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| Total No. 2/.3.9 Yearly No  | Date of Entry January 7 1947   |
|---|--|
| Name of Deceased. Betha Estella   | Deskin W   |
| Residence: Laureu   | or of Age of Husband or Wife (if living)   |
| Charge to: Verne Deskin   | 027  |
| Address. Lamoni   |  |
| Order given by. abave (or informant)  | Casket. Burial Vault or Box (State Kind)   |
| How Secured:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$Hair Dressing, \$  |
| Occupation Flacking noul  | Dressing Body, \$  |
| Employer and Address Graceland College  | Slippers, \$   |
| Date of Death. Janu. 5 1847. 5 1.11.  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth Sept (Date) 1899 1899   | Candelabrum, \$  |
| Age 47. 3 17  | Funeral Car. \$ Ambulance, \$  |
| Date of Funeral (Days) (Days) (Days) (Days) (Days) (Days) (Hour)              | Limousines to Cemetery   |
| Services at:: Suslum (Hour)   | Autos to R. R. Station @ \$  |
| Services at: ::   | Getting Remains from   |
| Clergyman: (Address)  | Trip to Coroner's Inquest  |
| Clergyman: Sleager Fambam, Clevelle Religion of the Deceased, Lad & (Address) | Delivering Box to  |
| Birthplace Jour ,   | Pomoval Charges  |
| Resided in the State (or U. S. or City or County) (Yeass) (Months)            | Procuring Burial Permit. Certif.Copiesof Death Certificates No. Gate Physician for Grongr's) |
| Place of Death & ecatur Co Hosp Lean, of                                      | Certif.Copiesof Death CertificatesNo   |
| Cause of Death . Septicina  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes. Rectal abscess   | Gross Total for Sales Tax. \$ 337  |
|   | Cremation  |
| Certifying Physician In E. C. Samet   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$                  |
| His Address Lamoni (or Coronar)   | Opening of Grave or Tomb. Lo A. Markatt 12   |
| Name of Father Anthony Robinson   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.                          |
| His Birthplace. Jeliuon   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Estella Kemff   | Clergyman,\$Singers,\$Organist,\$<br>Rallroad \ Tickets, \$plans Service,\$                  |
| Her Birthplace. Jowa  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to  | Out of town Undertaker's Charges   |
| a ca i sa lat. Cedar Reviera  | Personal Service   |
| Manufactured by   | line Death Notices inPapers  |
| Cemetry A ose Hell  | (Names of Newspapers)  |
| 1481  |  |
| acopella chon & Grave No. 3   | Sales Tax 337  |
| Acadella chon & Grave No 3. Section No  | Total Footing of Bill  |
| Block No.   | Less 570 at 34031 17,02 \$   |
| Ommon Verne Deskin  | Entered into Ledger, pageor below.   |
| Anagement Lift to - see.  | Date Amount Paid Balance   |
| Date Amount Paid Balance  |  |
| To Above Balance \$ \$  | To Balance Forward\$   |
| By Payment \$ \$  | By Payment \$\$  |
| # # e e   | и и д д  |
| я я 2 2   | # # \$ s   |
| « 4   | \$\$   |
|   |  |
| я я 8 8   | * *\$\$  |
| Names of Lodges   | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have a    | ufficient resources Legally available to.  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa       | y the same within  |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Address  |

| Total No. 2140 Yearly No  |                               | f Entry   | iary 8              | 19.4%   |
|---|-------------------------------|---|---------------------|---------|
| Name of Deceased. Joseph Bogi                                     | re.                           |   |                     |         |
| Married / Single Widowed  | Divorced                      | □Wife□Widow)  | (What Race)         |         |
| Residence:  |                               | of Age of Husband o   | Wife (if living)    | Years   |
| Charge to My auf Works  | Complete Fu                   | neral (except outlays)  | \$                  |         |
| Address. Zamoni   |                               |   |                     |         |
| Order given by. atwe  | ····· Burial Vault            | or Box Sex  |                     | 00      |
| How Secured   | Embalming I                   | Body(Name of Embalmer)  |                     |         |
| If Veteran, State War   | Barber, \$                    |   |                     |         |
| Occupation (Social Security N                                     |                               | y,\$Underwear,  | •                   |         |
| Employer and Address'   | Slippers, \$                  | (State Kind and Color)  |                     |         |
| Date of Death, Jan. 7 1947  | Folding Chair                 | rs, \$ Tarpaulin, \$  |                     |         |
| Date of Birth   | (Hour) Candelabrum            | , \$ Candles, \$  |                     |         |
| Acre 9/   | Funeral Car,                  | \$ Ambulance, \$  |                     |         |
| (Years) (Months) (Days)   | Limousines to                 | o Cemetery @ \$<br>sines @ \$   |                     |         |
| - ADate) A (Day of Week) (Ho                                      | our) Autos to R. I            | R. Station @ \$   |                     |         |
| Services at. Chapel   | Getting Rem                   | ains from clair limit   | City                | 100     |
| Clergyman (Address)   | Trip to Coro                  | ner's Inquest ox to Row Hell  | pee                 |         |
| Religion of the Deceased  | Delivering Bo                 | ox to More Hell.  | /                   | 0.0     |
| Birthplace  | Removal Cha                   | ers to  |                     |         |
| Resided in the State  | (Months) Procuring Bu         | rial Permit   |                     |         |
| Place of Death. Tuplett, New                                      | Certif.Con                    | piesof Death Certificates No  | Autrict)            |         |
| Cause of Death Megocarelli  | Pall Bearer S                 | rial Permit. (State Number and I<br>piesof Death Certificates No<br>(State Physician's or Cor<br>ervice, \$ Use of Chapel | ,\$ <u></u>         | ,       |
| Contributory Causes   | Gross Total f                 | or Sales Tax  | \$                  |         |
| Continuony Causes   | Outlay for La                 |   |                     |         |
| Certifying Physician.   | Flowers, \$                   | Palms, \$ Matting,  | \$                  |         |
| (or Coroner)  | Opening of G                  | t, \$of Temporary Vaul<br>rave or Tomb. To A: MARS  | t,\$                | 00      |
| His Address   | Lining Grave                  | , \$Lowering Device,  | \$                  |         |
| Name of Father  | Outlay for Sh                 | , \$Lowering Device,<br>ipping Charges.<br>Singers, \$ # Organist   |                     | 00.     |
| His Birthplace  | Railroad Ticke                | ets, \$ Aero-Service  | \$                  |         |
| Maiden Name of Mother   | Telegr., Phon                 | e, Cable or Radio Charges.  |                     |         |
| Her Birthplace  | Out of town 1                 | ed<br>Undertaker's Charges  |                     |         |
| Motor Ship Remains to   | Personal Serv                 | ice Me of cars clop   | el, 29              | 00      |
| Size of Casket(State Color and Number)                            | curetary.                     | rice We of Cars, chop<br>equificant of after<br>th Notices in Papers  | deut                |         |
| Manufactured by   |                               |   |                     |         |
| Cemetery Crematory  | Flages Ca                     | (Names of Newspapers)   |                     |         |
| Lot No 70.7   | Sales Tax                     | 17: Je 35 17 00   |                     | 34      |
| Grave No3   | Total Footing                 | of Dill   | 6 4                 | 34      |
| Section No  | Tess                          | - O - hell  |                     | 33-     |
| Block No  |                               | Para Balance 3/3/9  | 7 6.3.              | 16.9    |
| Diagram of Lot or Vault Owner                                     | Entered into                  | Ledger, page or belov   | γ.                  |         |
| Date Amount Paid  | Balance Date                  | An  | nount Paid Ba       | lance   |
| To Above Balance. \$  |                               | To Balance Forward  |                     |         |
| By Payment  |                               | By Payment  | 8                   |         |
| # #   |                               | " " \$  | 8                   |         |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                            |                               |   |                     |         |
| # #   |                               | . " "   | \$                  |         |
| \$  |                               | . " "   | \$                  |         |
|   |                               | . " "   | \$                  |         |
|   |                               | . " "   | \$                  |         |
| Names of Lodges   |                               | Insurance   |                     |         |
| Insurance \$  | I have sufficient resources L | egally available to   | of Binard Blanch    |         |
| for the payment of aforesaid sum, and I hereby covenant and agree | ee to pay the same within     | days from da  | te. Interest to acc | ue from |
| maturity at the rate of% per annum.                               | Signed                        |   |                     |         |
| Tilitness   | Addres                        | s   |                     |         |

| Total No. 2/4/ Yearly No3  | Date of Entry January 18.19.47.   |  |
|--|---|--|
| Name of Deceased Francis Lillian Diverged Diverged Diverged Diverged   | Boswell   |  |
| Residence. Farrison Co. Lo of Davis City   | Husband Wife Widow) William Worwell   |  |
| Charge to. WM Boswell  | cr  |  |
| Address  |   |  |
| Order given by 2000 Bowell (or informant)  | Casket  |  |
| How Secured:   | Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)  |  |
| If Veteran, State War  |   |  |
| Occupation lousewife ume   | Dressing Body, \$. Underwear, \$. Suit or Dress   |  |
| Employer and Address   | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$.   |  |
| Date of Death . fan 16 1947 6 AM   | Folding Chairs, \$ Tarpaulin, \$  |  |
| Date of Birth Jan 1. 1865  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |  |
| Age. 82 0 /3   | Funeral Car, \$ Ambulance, \$   |  |
| Date of Funeral. (Date) (Day of Week) (Hour)   | Extra Limousines  |  |
| Services at: Cho hel Day of Week) (Hour)   | Autos to R. R. Station  |  |
| Clergyman: Chas Hayle  | Getting Remains from  |  |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to   |  |
| Birthplace Cairo, Ja   | Deliver Flowers to  |  |
|  | Procuring Burial Permit.  |  |
| Resided in the State. of Mb. (Yearn) (Mooths) Place of Death. Chown Res., No. of Lauren  | Procuring Burial Permit. (State Number and District)  Certif. Copies of Death Certificates No. (State Physicales of Concurs)  Pall Bearer Service, \$\(^{\infty}\). Use of Chapel, \$\(^{\infty}\). |  |
| Cause of Death:  |   |  |
| Contributory Causes  | Outlay for Lot:   |  |
|  | Cremation   |  |
| Certifying Physician. E. E. Samet  | Rental of Tent, \$ of Temporary Vault, \$   |  |
| His Address. Lauren  | Opening of Grave or Tomb.   |  |
| Name of Father, Hes. Hould   | Outlay for Shipping Charges   |  |
| His Birthplace,  | Clergyman,\$. Singers,\$. Organist,\$.  Railroad   Tickets, \$. Aero-Service,\$.  Telegr., Phone, Cable or Radio Charges.   |  |
| Maiden Name of Mother Ellen Cramer   | Telegr., Phone, Cable or Radio Charges  |  |
| Her Birthplace   | Cash Advanced.:: Out of town Undertaker's Charges:  |  |
| Motor Remains to Love rel state than And El  | Personal Service  |  |
|  | line Death Notices in Papers  |  |
| Manufactured by (State Color and Number)  Manufactured by (State Color and Number)  Learned Commenter (State Color and Number) | (Names of Newspapers)   |  |
| Cometery } Swark Cemetary Cremstony & Lot No.  | 777   |  |
| Crave No.  | Sales Tax 377   |  |
| Section No   | Total Footing of Bill.  Less 5% by Jon 18th on 35702 1785 \$ 17.85  |  |
| Block No   | Paid in Battle \$ 362/2   |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page 1 3.0% or below.  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |  |
| To Above Balance. \$   | To Balance Forward\$  |  |
| By Payment \$ \$   | By Payment \$ \$  |  |
| * *  | \$  |  |
|  |   |  |
|  | a a \$ \$   |  |
| # # \$ \$\$.   | « "   |  |
| * " \$\$\$   | « « s s   |  |
| Names of Lodges.   | Insurance<br>   |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to             |   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p   | ay the same within  |  |
| maturity at the rate of% per annum. Signed   |   |  |
| Witness  |   |  |

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

| Total No. 2143 Yearly No. 5  | . Date of Entry January 29 1947.  |
|--|---|
| Name of Deceased. Jufant of Clan Char  | unbors (Still behow) w (What Race)  |
| Residence:   | or  |
| Charge to:   |   |
| Address  | Complete Funeral (except outlays)\$   |
| Order given by   | Casket. Burial Vault or Box box sucheded  |
| How Secured::  | Casket Burial Vault or Box . by   |
| If Veteran, State War  | (Name of Embilimet) Barber, \$. Hair Dressing, \$. Dressing Body, \$ Judices Underwear, \$.                           |
| Occupation   |   |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.  |
| Date of Death fau 28 1947  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth Stallborn (Hour)   | Candelabrum, \$Candles, \$  |
| Age  | Door Spray, \$ ::   |
| Date of Funeral 1/29/47 Weel 3 G. M.   | Limousines to Cemetery @ \$4  |
| (Date) (Day of Week) (Hour)  | Autos to R. R. Station . @ \$ Getting Remains from Seem Suchelly  |
| Services at::: Stone Clergyman:: Dave Yamet  | Getting Remains from Jean, Michaeld. Taking Remains to  |
|  | Trip to Coroner's Inquest   |
| Religion of the Deceased  Birthplace Lew Lorfetal  | Delivering Box to   |
|  |   |
| Resided in the State. (or U. S. or City or County) (Years) (Mouths) Place of Death. Lecature County, Grand | Procuring Burial Permit. Subudia.  (State Number and District)  — Certif. Copies of Death Certificates No.            |
| Place of Death Mecalin County, Host  | Certif. Copies of Death Certificates No.  (State Physician's or Coroner's)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:  |   |
| Contributory Causes  | Outlay for Lot: 50 2 4 4 5 2 2 2 4 3 4 5 2 2 3 4 4 5 2 2 4 3 4 4 5 2 2 4 3 4 4 5 2 4 4 5 2 4 4 5 2 4 4 5 4 4 4 4 4    |
|  |   |
| Certifying Physician O1 Samet  | Flowers, \$ Palms, \$ i. Matting, \$ Rental of Tent, \$ Palms, \$ Temporary Vault, \$                                 |
| His Address.   | Opening of Grave or Tomb & Markell 500. Lining Grave, \$ Lowering Device, \$  |
| Name of Father. Clair Chambers   | Outlay for Shipping Charges   |
| His Birthplace. Cheyen, Wyo.   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$   |
|  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace Clearwater, Metraska.   | Cash Advanced   |
| Motor Ship Remains to  | Personal Service.   |
| Size of Casket 2/0 (State Color and Number)  | line Death Notices in Papers 3 50   |
| Manufactured by (State Color and Number)   | inte Death Notices in Tapers  |
| Cemetery Crematory   | 1-deep to he was not have been 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| Lot No   | Sales Tax 36  |
| Grave No. fort of #  | Total Footing of Bill   |
| Section No   | Less Police Full 2/1/47 \$  |
| Block No   | Balance\$ A.31.   |
| Diagram of Lotor Vault Owner.  | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   |   |
| To Above Balance \$  | To Balance Forward \$   |
|  | By Payment \$ \$  |
|  |   |
| # # \$ \$  | # # S. S  |
| # # \$ \$  |   |
| # #sss   |   |
| ж ж \$ \$  |   |
| Names of Lodges  | Insurance Companies   |
| I hereby sutherize the above Funeral, and 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                                   | y the same withindays from date. Interest to accrue from  |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |

| Total No. 2(44. Yearly No  | Date of Entry. January 31 19%7.   |
|--|---|
| Name of Deceased Colward W. Coo  | her w   |
| ☑ Married ☐ Single ☐ Widowed ☐ Divorce   |   |
| Residence Lamoni Ja  | orof Age of Husband or Wife (if living)   |
| Charge to Enery Martin   | Complete Funeral (except outlays)\$ 238 00  |
| Address Lauri la   | Casket  |
| Order given by. above (or informant)   | Burial Vault or Box   |
| How Secured:   | Embalming Body(Name of Embalmer) Barber, \$   |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |
| Occupation Farming (Social Security Number)  | Dressing Body, \$   |
| Employer and Address   | Slippers, \$  |
| Date of Death. January 28, 1947 5.44   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth luguet 24, 1957  | Candelabrum, \$   |
| Age. 89 5 4  | Funeral Car, \$ Ambulance, \$   |
| Date of Funeral /3/47 Fix J. M.  | Limousines to Cemetery @ \$   |
| Services at Charles (Day of Week) (Hour)   | Autos to R. R. Station  |
| Clergyman Chas Herpe art Lane,   | Getting Remains from  |
| (Address)  | Trip to Coroner's Inquest   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Chico   | Removal Charges   |
| Resided in the State (or U. S., or City or County) (Years) (Months)                            | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$                 |
| Place of Death State Hoft, Clarinda  | Certif.Copiesof Death CertificatesNo  |
| Cause of Death Arteriosclerosis  |   |
| Contributory Causes  | Gross Total for Sales Tax   |
|  | Cremation   |
| Certifying Physician M. Dundu  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Yault, \$   |
| His Address. Claruda (or Coroner)  | Opening of Grave or Tomb & A. Manhall   |
| Name of Father. Not known  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace''   | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother.   | Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$. Aero- plane Service,\$. Telegr., Phone, Cable or Radio Charges. |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  Cash Advanced   |
| Motor) ptt.  | Out of town Undertaker's Charges.   |
| The Red Stories  | Personal Service.   |
| Size of Casket. (State Color and Number)  Manufactured by R. 1727                              | line Death Notices in Papers  |
| Cemetery Crematory A. FR. Hell   | (Names of Newspapers)   |
|  |   |
| Lot No   | Sales Tax   |
| Section No.  | Total Footing of Bill   |
| Block No   | Less 5/00:259 3 12 79   |
|  | Pc Balange 37.4.7. \$ 25403   |
| Different of Dot of vents  | Entered into Ledger, page. 7or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
|  | To Balance Forward\$  |
| By Payment \$ \$   | By Payment  |
|  |   |
| и и е е  | ***************************************   |
| " " \$ \$  | 4 4   |
| " " \$ S   | и и   |
|  |   |
| Insurance \$   | Insurance Companies.  |
| Insurance \$Longes I hereby authorize the above Funeral, and I hereby represent that I have su |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                       |   |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |
| Compiled by F. J. F  | RINEMAN, St. Louis, Mo.   |

| Total No. 2/45 Yearly No.   | . Date of Entry. Feb. 7. 1947.  |  |  |
|---|---|--|--|
| Name of Deceased. Jola & Davis  | - w   |  |  |
| Residence: Frost Museum Home, Lean, J.  | or  |  |  |
| Address.  | Complete Funeral (except outlays) \$ /PD 00   |  |  |
| Order given by This Hoffman   | Casket. Burial Vault or Box   |  |  |
| How Secured:  |   |  |  |
| If Veteran, State War to  | Barber, \$ (Name of Embalmer) Hair Dressing, \$   |  |  |
| Occupation housewife have   | Dressing Body. \$ Underwear \$  |  |  |
| Employer and Address . our house (Social Security Number)                         | Suit or Dress ALEM (State Kind and Color) Slippers, \$ Hose, \$   |  |  |
| Date of Death Feb 3 1947 12 Non   | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$  |  |  |
| Date of Birth, fune 5 1868 (Hour)   | Candelabrum, \$Candles, \$  |  |  |
| Age 78 7 28   | Door Spray, \$ :  |  |  |
| Date of Funeral 7/47 (Months) (Days)  | Limousines to Cemetery  |  |  |
| Date of Funeral 7/47. Fig. 2. P. M<br>Services at::: Checkel (Day of Week) (Hour) | Extra Limousines @ \$ Autos to R. R. Station @ \$   |  |  |
| Clergyman: Cleas Harple   | Getting Remains from  |  |  |
|   | Taking Remains to.  Trip to Coroner's Inquest   |  |  |
| Religion of the Deceased & S. S. S. S. Birthplace Malad, Islaho                   | Delivering Box to   |  |  |
|   | Deliver Flowers to  |  |  |
| Resided in the State. 50 yrs. (Months) (Yours), (Months)                          | Procuring Burial Permit.  |  |  |
| Place of Death Recatur Co. Horsetal   | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$   |  |  |
| Contributory Causes   | Gross Total for Sales Tax. N.O. TAL \$ Outlay for Lot:  |  |  |
|   | Cremation   |  |  |
| Certifying Physician . R. Osrown (or Coroner)                                     | Rental of Tent, \$ of Temporary Vault, \$   |  |  |
| His Address Lean Ia   | Opening of Grave or Tomb.   |  |  |
| Name of Father Outlay for Shipping Charges.                                       |   |  |  |
| His Birthplace. Leogetown, Cheo   | Clergyman,\$Singers,\$Organist,\$<br>Railroad \ Tickets, \$plane Service,\$                                   |  |  |
| Maiden Name of Mother Celia Jung  | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace Muustu Ulus  | Cash Advanced   |  |  |
| Motor Ship Remains to Zamani Ja   | Out of town Undertaker's Charges.   |  |  |
| Size of Casket (State Color and Number)   |   |  |  |
| Manufactured by R Fat   | line Death Notices inPapers   |  |  |
| Cemetery Crematory } Or me Will   | (Names of Newspapers)   |  |  |
| Lot No  | Sales Tax   |  |  |
| Grave No  | Total Footing of Bill   |  |  |
|   | Less paquent fordrew \$ 8 50  |  |  |
| Block No  | Palin fell Batance 4.7. \$ 100,00   |  |  |
| Diagram of Lot or Vault   | Entered into Ledger, page or below.   |  |  |
| Date Amount Paid Balance  |   |  |  |
| To Above Balance \$   | To Balance Forward\$  |  |  |
|   | By Payment\$\$  |  |  |
|   |   |  |  |
| 4 4 5 5   | а а 8 8   |  |  |
| « « \$\$  | # #\$\$   |  |  |
| « «   |   |  |  |
| « « "sss  | * *\$\$   |  |  |
| Names of Lodges   | Insurance<br>   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have s        | ufficient resources Legally available to.   |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay          | the same withindays from date. Interest to accrue from  |  |  |
| maturity at the rate of% per annum.   | Signed  |  |  |
| Witness   | Address   |  |  |

| Total No. 2/46                                   | Yearly No                 | 8                       | Date of I  | Cntry                    | He             | bruar                               | 1.01      | 94%.    |
|--|---------------------------|-------------------------|--|--------------------------|----------------|-------------------------------------|-----------|---------|
| Name of Deceased                                 | ebecca y                  | aul<br>Divorced         | Cooper   |                          |                | (What Race)                         |           |         |
| Residence: Ringald                               | o west of Las             |                         | [Husband]  | Vite   Widow             | Ed W           | Cooper                              | auc       | lare    |
| Charge to Eurory M                               | Yartin                    |                         | or   | ot §                     | Age of Husbar  | id or Wife (if living               | 7.17      | CO      |
| Address Laurin                                   |                           |                         | Complete Fune                                      | ral (except              | outlays)       | \$                                  | 327.      |         |
|  |                           |                         | Casket   |                          |                |                                     |           |         |
| Order given by                                   | (or informant)            |                         | Burial Vault or                                    |                          | (State Kind)   |                                     |           |         |
| How Secured                                      |                           |                         | Embalming Bo                                       | dy                       | ame of Embalme | r) e                                |           |         |
| If Veteran, State War                            | 2                         |                         | Barber, \$<br>Dressing Body,                       | \$Ha                     | ir Dressing    | ar,\$                               |           |         |
| Occupation . Amsery                              | The state Comme           | ity Number)             | Suit or Dress                                      |                          | Wind and Color |                                     |           |         |
| -mprojer and radarcos                            | y house (Social Secur     |                         | Slippers, \$                                       |                          | Hose, \$       |                                     |           |         |
| 0  | (Pate)                    | (Hour)                  | Folding Chairs,<br>Candelabrum,                    | S                        | rarpaunn,      |                                     |           |         |
| Date of Birth Jan. 10                            | 1865                      |                         | Door Spray, \$                                     |                          | Gloves, \$     |                                     |           |         |
| Age. 82  | 0 27                      | 1 - 10 - 14             | Funeral Car, \$<br>Limousines to                   | A                        | mbulance,      | §                                   |           |         |
| Date of Funeral. 2/11/47                         | Tulk (Days)               | 2 PM                    | Extra Limousin                                     | es                       | @\$            |                                     |           |         |
| Services at . Charles                            | (Day of Week)             | (Hour)                  | Autos to R. R.                                     | Station                  | @\$            |                                     |           |         |
|  | ahe.                      |                         | Getting Remai<br>Taking Remair                     |                          |                |                                     |           |         |
| Clergyman . Charle He                            | (Address)                 |                         | Trip to Corone                                     | r's Inques               |                |                                     |           |         |
| Religion of the Deceased                         |                           |                         | Delivering Box                                     |                          |                |                                     |           |         |
| Birthplace Decates Co                            | muly, sowa.               |                         | Deliver Flower<br>Removal Char                     |                          |                |                                     |           |         |
| Resided in the State.                            | or City or County) (Years | (Months)                | Procuring Buri                                     | al Permit.               | Otata Number o | nd District)                        |           |         |
| Place of Death. Ringold                          | Co, west of &             | amorii.                 | Procuring Buri<br>—Certif.Copie<br>Pall Bearer Ser | sof Death                | Certificates   | No                                  |           |         |
| Cause of Death                                   |                           |                         |  |                          |                | pel, \$                             |           |         |
| Contributory Causes                              |                           |                         | Gross Total for<br>Outlay for Lot                  |                          |                | \$                                  | 32/       |         |
|  |                           |                         | Cremation  |                          |                |                                     |           |         |
| Certifying Physician                             | Hill                      |                         | Flowers, \$  | .Palms, \$               | . : Matti      | ng, \$                              |           |         |
| His Address M.f.                                 | Cyr (or Coroner)          |                         | Rental of Tent,<br>Opening of Gra                  | ve or Ton                | 1b. 6 A M      | andale                              | /2        | 00      |
| Name of Father. Www.                             | Wadley                    | Section 1               | Lining Grave,                                      | \$Lo                     | wering Devi    | ice, \$                             |           |         |
| His Birthplace                                   | aturky                    | A STATE OF THE STATE OF | Outlay for Ship<br>Clergyman,\$                    | Singers                  | \$ Organ       | nist \$                             |           |         |
|  | min Born                  | th                      | Railroad Ticket or Motor                           | s, \$                    | Aero-Ser       | rice,\$                             |           |         |
| Maiden Name of Mother                            | Busile                    |                         | Telegr., Phone,                                    | Cable or I               | Radio Charg    | es                                  |           |         |
| Her Birthplace                                   | <i>.</i> 44.44.1          |                         | Cash Advanced<br>Out of town U                     |                          |                |                                     |           |         |
| Motor   Remains to                               |                           |                         | Personal Service                                   | e                        |                |                                     |           |         |
|  | State Color and Number)   |                         | line Death   | Notices in               |                | ard .                               |           |         |
| Manufactured by                                  | -0                        |                         |  | (Names of Ne             |                |                                     |           |         |
| Cemetery Crematory Rose He                       |                           |                         |  | (Names of Ne             | vapapers)      |                                     |           |         |
|  | Lot No3.8                 | /·                      | Sales Tax  |                          |                |                                     | 3         | 27:     |
|  | Grave No2                 |                         | Total Footing                                      | of Bill                  |                |                                     | 342       | 27      |
|  | Section No                |                         | Less . 5.7.0 M                                     | 330 270                  | .0             | \$                                  | 16        | 51      |
|  | Block No                  |                         | al   | in The                   | lance          | 2                                   | 7.25      | 76      |
| Diagram of Lot or Vault                          | Owner                     |                         | Entered into L                                     |                          | or b           | elow.                               | ******    | *****   |
| Date   | Amount Paid               | Balance                 | Date   | M. B. Smith              |                | Amount Paid                         | Ba        | lance   |
| To Above Balance                                 | e .                       | 9                       |  | To Balance               | Formed         |                                     |           | T       |
| By Payment                                       | S                         | 8                       |  | By Paymer                |                |                                     | . \$      |         |
|  | s.                        | s                       |  | и и                      |                | ę                                   |           |         |
|  | s                         | \$                      |  | и и                      |                | 2                                   |           |         |
| 4 4  | \$                        | \$                      |  |                          |                | s                                   |           |         |
| a a  | \$                        | \$                      |  |                          |                | \$                                  | 8         | 1       |
| # #  | \$                        | \$                      |  | a a                      |                | s                                   | 2         |         |
| и и  | \$                        | s                       |  | u u                      |                | s                                   | . s       |         |
|  | Names ofLodges            |                         |  | Insurance<br>.Companies. |                |                                     | 7         |         |
| Insurance \$ I hereby authorize the above Funer. |                           | that I have sui         | ficient resources Le                               |                          | le to          |                                     |           |         |
| for the payment of aforesaid sum, a              | and I hereby covenant and | agree to pay            | he same within                                     |                          |                | Name of Funeral D<br>m date. Intere | rectors.) |         |
| maturity at the rate of                          | % per annum.              |                         | Signed,  |                          |                | THERE                               | e to accr | ne Ilom |
| Witness  |                           |                         | Address  |                          |                |                                     |           |         |
| 1130   | Cox                       | apiled by F. J. FF      | INEMAN, St. Louis,                                 |                          |                |                                     |           |         |

| Total No. 2/47. Yearly No 9   | Date of Entry March 17 1947.   |
|---|--|
| Name of Deceased Clifford Asaph   | Silsty w   |
| Residence: Lamori Ja  | MHuaband Wife Wildow) any Sileby   |
| Charge to:  | or of Age of Husband or Wife (if living)   |
| Address   | Complete Funeral (except outlays)\$ .3/7.6.0   |
| Order given by  | Casket   |
| How Secured:  | Burial Vault or Box (State Kind) Embalming Body (State Kind)   |
| If Veteran, State War Vo  | Barber, \$(Name of Embalmer)  Hair Dressing, \$  |
| Occupation Farming settled none   | Dressing Rody \$ Underweer \$  |
| Employer and Address (Social Security Number)                           | Suit or Dress. (State Kind and Color)  |
| Date of Death. March 15 1947 1148AM                                     | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| Date of Birth. Feb 17 1869 (Hour)                                       | Candelabrum, \$Candles, \$   |
| Age   | Door Spray, \$   |
| (Years) / (Months) (Days)   | Limousines to Cemetery   |
| (Date) P (Day of Week) (Hour)   | Extra Limousines @\$   |
| Services at::: Lucyu  | Getting Remains from Taking Remains to Essgal & Little Stony 29 00   |
| Clergyman:  | Trip to Coroner's Inquest  |
| Religion of the Deceased  | Delivering Box to  |
| Birthplace Soldier Valley, Ja   | Deliver Flowers to   |
| Resided in the State Decates Co. 11 474.                                | Procuring Burial Permit.   |
| Place of Death. Lamoni da   | Procuring Burial Permit. Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\( \) Use of Chaple, \$\( \)\$. |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes   | Gross Total for Sales Tax. \$ 346 00.  |
|   | Cremation  |
| Certifying Physician E & Samet  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address . Lauri (or Coroneg)  | Opening of Grave or Tomb   |
| Name of Father. Millon felsby   | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.   |
| His Birthplace. Verlunt   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother abigal Clefford                                   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$  |
| Her Birthplace Theo York state  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to . Pesgal , la  | Out of town Undertaker's Charges   |
| or couch Market.  | Personal Service.  |
| Manufactured by (State Color and Number)                                | line Death Notices in Papers   |
| Cemetery Crematory Little Line, In                                      | (Names of Newspapers)  |
| Crematory } Lot No  |  |
| Grave No.   | Sales Tax  |
| Section No  | Total Footing of Bill \$ 277 96.   |
| Block No  | Plin full plat 3/47 \$ 33> 00  |
| Owner   | Entered into Ledger, page or below.  |
| Diagram of Let er Vault   |  |
| Date  | To Balance Forward\$.  |
| To Above Balance\$  | By Payment \$  |
| By Payment\$\$  |  |
| # # S\$   |  |
| g g s \$  |  |
| a a   | \$   |
| # #\$\$   |  |
|   | Traurance  |
| Names of Lodges   | Insurance<br>Companies   |
| Insurance \$  | sufficient resources Legally available to (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa | y the same within days from date. Interest to accrue from  |
| maturity at the rate of% per annum.                                     |  |
| Witness   | Address. FEINEMAN St. Louis, Mo.   |

| Total No. 2/48 Yearly No 10  | Date of Entry   |
|--|---|
| Total No. 2/48 Yearly No   | (What Race)   |
| Residence:   |   |
| Charge to:   | or  |
| Address.   | Complete Funeral (except optings)   |
| Order given by. Mus dallum.  | Casket. June 12 00 Burial Vault or Box Gisto Kind)  |
| How Secured:   | Embalming Body(Name of Embalmer)  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |
| Occupation (Social Security Number)  | Dressing Body, \$   |
| Employer and Address   | Slippers, \$  |
| Date of Death(Date) (Hour)   | Folding Chairs \$ Tarpaulin, \$   |
| Date of Birth  | Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$                                     |
| Age  | Funeral Car. S Ambulance, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery  |
| Date of Funeral. 3/15/47. Trues. 2. P. M. Services at (Hour)   | Autos to R. R. Station @ \$   |
| Clergyman Chas Harfel  | Getting Remains from  |
| (Address)  | Trip to Coroner's Inquest   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace   | Removal Charges   |
| Resided in the State   | Procuring Burial Permit (State Number and District)                                       |
| Place of Death   | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No                          |
| Cause of Death   |   |
| Contributory Causes  | Gross Total for Sales Tax \$  |
|  | Cremation   |
| Certifying Physician. (or Coroner)   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ *** of Temporary Vault, \$ 5.00      |
| (or Coroner)   | Opening of Grave or Tomb. 40 A Mountall 12 00   |
| Name of Father   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges                        |
| His Birthplace   | Clergyman, \$. Singers, \$. Organist, \$. 2. 00. Railroad Tickets, \$. plane Service, \$. |
| Maiden Name of Mother  | Asing a Tickets, \$   |
| Her Birthplace   | Cash Advanced.  |
| Motor Remains to   | Out of town Undertaker's Charges  |
|  | Personal Service /5 00  |
| Size of Casket. (State Color and Number)  Manufactured by  | line Death Notices inPapers   |
| Cemetery Crematory   | (Names of Newspapers)   |
| Lot No 2 4.7-  |   |
| Grave No. 24.3   | Sales Tax   |
| Section No   | Total Footing of Bill   |
| Block No   | Balance s   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance \$  | To Balance Forward.   |
|  |   |
| # # \$ \$  |   |
|  |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |
| " " \$ \$  |   |
|  | ***************************************   |
| Names of   | Instrumen   |
| Names of Lodges.   | Insurance Companies.  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                       | (Firm Name of Puneral Discostant)   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. | and a strom date. Interest to accrue from   |
|  | Signed  |

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

| Total No. 21.7.8 Yearly No  | Date of Entry March 21 19.4.7   |
|---|---|
| Name of Deceased Thomas Brini   | gar W   |
| Residence: Plythedale, Meo  | (What Race)   |
| Charge to: Estate   | orof Age of Husband or Wife (if living)   |
| Address   | Complete Funeral (except outlays)\$ .298.00.  |
| Order given by  | Casket  |
| How Secured: :  | Burial Vault or Box   |
| If Veteran, State War   | Barber \$ (Name of Embalmer) Hair Dressing \$   |
| Occupation Farming  | Dressing Body, \$ Underwear, \$ Suit or Dress   |
| Employer and Address areu farm (Social Security Number)                   | Suit or Dress   |
| Date of Death March 19 1947 10AM  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. July 23 1852 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |
| Age   | Funeral Car, \$ Ambulance, \$   |
| Date of Funeral. 2-1/47. (Months) (Days)  Date of Funeral. 2-1/47. (Days) | Limousines to Cemetery \$   |
| Services at : : A lytheolate , Mio . (Hour)                               | Autos to R. R. Station @ \$   |
| Clergyman: Carl Bollautyne  | Taking Remains to   |
| Religion of the Deceased(Address)   | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace Mescousin  | Deliver Flowers to  |
| Resided in the State 73 TT  | Removal Charges.  Procuring Burial Permit.  |
| Place of Death. Mear Blythedale, No.                                      | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$\(^{\text{the Population Vectors*}}_{\text{the Death Permits No.}}\) |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes   | Gross Total for Sales Tax. \$ 3/4.50  |
|   | Cremation   |
| Certifying Physician. Dr. Hyer  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$Of Temporary Vault, \$   |
| His Address . Eagleville, Mo.   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$  |
| Name of Father Michael Grungar  | Outlay for Shipping Charges, so   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad \Tickets,\$plan Service,\$  |
| Maiden Name of Mother,  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace.   | Cash Advanced   |
| Motor Remains to  | Personal Service.   |
| Size of Casket (State Color and Number)                                   | line Death Notices in Papers  |
| Manufactured by Royal Commenters & Blythedale —                           | (Names of Newspapers)   |
| Crematory ) · · · · · · ·   |   |
| Lot NoGrave No  | Sales Tax 3 /4  |
| Section No.   | Total Footing of Bill   |
| Block No  | Ralance 5775777 \$  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance\$  | To Balance Forward\$  |
| By Payment. \$ \$   |   |
|   |   |
| \$  |   |
|   | a a \$ 3  |
| * * * * * * * * * * * * * * * * * * *                                     |   |
| и и   |   |
| Insurance \$ Lodges   | Insurance<br>Companies  |
| Thombur and a land the share Fungral and I hereby represent that I have s | sufficient resources Legally available to.  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay  | y the same within   |
| maturity at the rate of % per annum.                                      | Signed  |
| Witness   | Address   |

| Total No.   | Date of Entry1927.  |
|---|---|
| Name of Deceased. Lennis Lee Z  | ovell. W  |
| Magried Single Widowed Divor  | gd (What Race)  |
| Residence: Lamoni Ja<br>Charge to: Dlay & Lovell  | or of Age of Husband or Wife (if living)  |
| Address Lamoni  | Complete Funeral (except outlays)\$   |
| Order given by  | Casket  |
| How Secured :   | Buriat Value of Box (State Vied)  |
|   | Embalming Body  Name of Embalmer  Barber, \$  |
| If Veteran, State War   | Dressing Body, \$   |
| Occupation (Social Security Number)   | Suit or Dress   |
| Employer and Address  | Slippers, \$  |
| Date of Death March 31 1947 20M   | Folding Chairs, \$  |
| Date of Birth. June 16 1943   | Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$   |
| Age   | Funeral Car, \$ Ambulance, \$   |
| Date of Funeral 3/23/97 Shun & Ph   | Extra Limousines  |
| Services at (Date) (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |
| Clergyman V. Weskin & Willard Betti   | Getting Remains from Lew V Taking Remains to  |
| Religion of the Deceased (Address)  | Trip to Coroner's Inquest   |
| Birthplace Lean Ja  | Delivering Box to Curetary Deliver Flowers to   |
|   | Removal Charges   |
| Resided in the State (or U.S. or City or County) (Years) (Months) Place of Death (Low Horself and Months) | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  State Payadan's or Corone's)  Pall Bearer Service, S. Use of Chapel, \$. |
| Place of Death. & Low Hospital  | Certif. Copies of Death Certificates No. (State Physician's or Coroner's)   |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes Fell from rear door   | Gross Total for Sales Tax. \$ 47 50<br>Outlay for Lot. #. (480  |
| of moving ear.  | Cremation   |
| Certifying Physician Dy Doss  | Flowers, \$Palms, \$Matting, \$   |
| His Address Lean (or Cooner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave of Tomb . G.A. Warshall \$ 0.0   |
| Name of Father Deaue & Lavell   | Lining Grave, S Lowering Device \$  |
| His Birthplace Decatur Co. Ja   | Outlay for Shipping Charges.  |
| Maiden Name of Mother Leana Pake  | Clergyman,\$. Singers,\$. Organist,\$. Railroad \Tickets,\$. Aero- or Motor \( \) Tickets,\$. \( \) plane Service,\$.                     |
| Her Birthplace Mautica, Calif   | Telegr., Phone, Cable or Radio Charges  |
| Motor Remains to  | Cash Advanced. Out of town Undertaker's Charges   |
|   | Out of town Undertaker's Charges. Personal Service. including all town White + vs. of Cleanfeld anielant 50 00                            |
| Size of Casket 9/ White Color and Number)   | line Death Notices in Papers 50 00  |
| Manufactured by   | (Names of Newspapers)   |
| Cemetery } . Rose Hell  | (Names of Newspapers)   |
| Lot No  | Sales Tax   |
| Grave No/.  | Total Footing of Bill 1/1/47 \$ 17/6 45   |
| Section No  | Less DI Lul 32  |
| Block No  | Balance. s  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance \$   | To Balance Forward  |
| By Payment \$ \$  |   |
| * *ssss   |   |
| " " \$ \$   | « « s e   |
|   |   |
| " " \$ \$   |   |
|   |   |
|   | я и \$ \$   |
| Names of Lodges   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                | afficient resources Legally available to  |
|   | the same within   |
| maturity at the rate of% per annum.   | Signed  |
| Witness   | Address   |

| Total No. 2/5/ Yearly No  |  | Date of E                        | ntry apri  | 1 14   | 194.7.  |
|---|--|----------------------------------|--|--|---------|
| Name of Deceased. Paul M. Married Single, Widowed                               | Basset Divorced  | t                                |  | (What Race)                                  |         |
| Residence: St. Joseph, Mrs  |  | UHusband W                       | lfe□Widow}   |  | Voors   |
| Charge to: Gima Bassett   |  | or                               | ol ) Age of Hysband  | or Wife (if living)                          | I I     |
| Address. Launi da   |  |                                  | al (except outlays)  | \$   |         |
| Order given by Counce Bassett (   |  | Casket<br>Burial Vault or        | Box  |  | 25 00   |
| How Secured:  |  | Embalming Bod                    | (State Kind) (Name of Embalmer)  |  |         |
| If Veteran, State War World Wor   |  | Barber, \$                       | Hair Dressing,   | 8  |         |
| Occupation  | curity Number)   | Dressing Body,<br>Suit or Dress  | \$Underwear  | r,\$   |         |
| Employer and Address  |  |                                  | (State Kind and Color)   |  |         |
| Date of Death. April 11 1947  |  | Folding Chairs,                  | \$ Tarpaulin, \$.  |  |         |
| Date of Birth   | (Hour)   | Candelabrum, \$                  | Candles, \$  |  |         |
| Age. 56   |  | Funeral Car, \$.                 | Gloyes, \$   |  | 3 00    |
| Date of Funeral. 4/14/47 Mon (Da  | 2;30 P.M.  | Limousines to                    | Cemetery @ \$<br>es @ \$   |  |         |
| (Date) (Day of Week)  | (Hour)   | Autos to R. R.                   | Station @ \$   |  |         |
| Services at :: ! Mufe!  |  | Getting Remain                   | as from  |  |         |
| Clergyman: :  |  | Taking Remain<br>Trip to Coroner | s to's Inquest   |  |         |
| Religion of the Deceased  |  | Delivering Box                   | to   |  |         |
| Birthplace  |  | Deliver Flowers<br>Removal Charg | to   |  |         |
| Resided in the State  | (Months)   | Procuring Buris                  | l Permit   |  |         |
| Place of Death . It fough . Mo  | ,  | Certif:Copie                     | (State Number and<br>sof Death Certificates N<br>(State Physician's or C<br>vice, \$ Use of Chap | O  |         |
| Cause of Death Coronay Throub   | ases :   | Pall Bearer Ser                  | rice, \$ Use of Chap   | el, \$                                       |         |
| Contributory Causes.  |  | Gross Total for                  | Sales Tax<br>No. 12 lot 1573   | \$   | 20 00 0 |
| ***************************************   |  | Cremation                        |  |  |         |
| Cortifuing Physician  |  | Flowers, \$                      | Palms, \$ Mattin<br>\$4 of Temporary Va  | ıg, \$                                       |         |
| His Address. (or Coroner)   | 2-3-2  | Opening of Gra                   | ve or Tomb. to A.Ma  | whell  | 19 00   |
| Name of Father.   |  | Lining Grave, \$                 |  | e, \$  | .3. 00  |
|   |  | Clergyman,\$                     | ping Charges<br>Singers,\$Organ  | ist,\$                                       | 400     |
| His Birthplace  Maiden Name of Mother   |  | Railroad Tickets or Motor        | Singers,\$Organ  | ice,\$                                       |         |
| Her Birthplace  |  | Telegr., Phone,<br>Cash Advanced | Cable or Radio Charge  | s  |         |
|   |  | Out of town Ur                   | dertaker's Charges   | نفاة   | **      |
| Motor Ship Remains to   |  | Personal Servic                  | ndertaker's Charges<br>e. myseef + Rich<br>ie of chapter i ke                                    | person.                                      | 23      |
| Size of Casket (State Color and Number)   |  | line Death                       | Notices in Paper   | rs   |         |
| Manufactured by   |  |                                  | (Names of Newspapers)  |  |         |
| Lot No/.5   | 73   |                                  | 7 . A 25 C   |  | 8 00    |
| Grave No3   | Control of the Contro | Sales Tax?                       |  |  | 20 80   |
| Section No  |  | Total Footing                    | of Bill . fiel 4/16/47   | 7  |         |
| Block No  |  | Less                             | Balance  |  |         |
| Owner   |  | Entered into La                  | edger, pageor be   | low.   |         |
| Diagram of Lot or Vault   |  | Date                             |  | Amount Paid                                  | Balance |
| Date  |  |                                  | To Balance Forward   | ss.  |         |
| To Above Balance  | s  | `.]                              | By Payment   | ş ş.   |         |
| g a s   | \$   |                                  | а а  | ş ş.   |         |
| # # \$  | \$   |                                  | а а  | \$\$.  |         |
| a a\$   | \$   |                                  | и и  | šs.  |         |
| # # #   | \$   |                                  | * *  | ss.  |         |
|   | \$   |                                  |  | \$   |         |
| и и   | \$   |                                  | Theurence  | »\s.   |         |
| Names of Lodges   |  |                                  | Insurance<br>Companies   |  |         |
| I hereby authorize the above Foreral, and I hereby repres                       | ent that I have su   | fficient resources Le            | gally available to(Firm N  | fame of Funeral Direct<br>n date. Interest t | ors.)   |
| for the payment of aforesaid sum, and I hereby covenant maturity at the rate of | and agree to pay   | Signed.                          |  |  |         |

| Total No. 2/52 Yearly No  | 17          | Date of  | Entry                  | May as   | 1            | 19 42       |
|---|-------------|--|------------------------|--|--------------|-------------|
| Name of Deceased. This Cora   | 000         | 7  |                        |  |              |             |
| ☐ Married ☐ Single ☑ Widowed  | ☐ Divorced( |  | west Abrilans /        | Y. T. Boy  | decu         | eslet       |
| Charge to: Mrs Rett Glevo   | ,           | or   | 1 A                    | se of Husband or Wife if livi  | ıg)          | Years       |
| 2. 0 1/1  |             | Complete Fund  | eral (except ou        | lays)\$  |              |             |
| Address Quicali, Mes  |             | Casket   |                        |  |              |             |
| Order given by(or informant)  |             | Burial Vault o   | r Box(Stat             | e Kind)  |              |             |
| How Secured::   |             | Embalming Body(Name of Embalmer)                             |                        |  |              | • • • • • • |
| If Veteran, State War   |             | Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ |                        |  |              |             |
| Occupation . House  | ty Number   | Suit or Dress.   |                        | ad and Color)  |              |             |
| Employer and Address  |             | Slippers, \$   | Hos                    | 3, \$  |              |             |
| Date of Death. May 2/ 1947  | (Hour)      | Folding Chairs   | , \$ Tar               | paulin, \$   |              | ,           |
| Date of Birth   |             | Door Spray, \$   | \$Glo                  | ves, \$  |              | .00.        |
| Age. 70 10 5  |             | Door Spray, \$<br>Funeral Car, \$                            | & clauAmb              | alance, \$   | 3.           |             |
| Date of Funeral. 123/47. [Months] (Days)  | 2 PM        | Extra Limousi  | Cemetery nes           | .@\$   |              |             |
| Services at .: Che fel (Day of Week)  | (Hour)      | Autos to R. R.<br>Getting Remai                              | Station                | . @  |              | 65          |
| Clergyman Maron Traxler   |             | Getting Remai  | ins from               | <i></i>  | y.           |             |
| (Address)   |             | Trip to Corone   | er's Inquest           |  |              | 00          |
| Religion of the Deceased  |             | Trip to Corone<br>Delivering Box<br>Deliver Flower           | c to                   | oze Hell   | J.           |             |
| Birthplace Meekigan   |             | Removal Char   | ges                    |  |              |             |
| Resided in the State. (or U.S. or City or Country (Yearn)  Place of Death. Lucalu, Reb.   | (Months)    | Procuring Buri   | ial Permit             | Number and District)   |              |             |
|   |             | Certif.Copi  | esof Death Cer         | Number and District) tificatesNo ysician's or Coroner's) e of Chapel, \$ |              |             |
| Cause of Death Careliac faelure   |             |  |                        |  |              |             |
| Contributory Causes   |             | Gross Total for<br>Outlay for Lot                            | r Sales Tax            | \$   |              | • • • • • • |
|   |             | Cremation  |                        |  |              |             |
| Certifying Physician Lev & Walker   |             | Flowers, \$  | .Palms, \$ . : :       | . Matting, \$  | ,            |             |
| His Address Luculu (or Comment)   |             | Opening of Gra   | ave or Tomb.           | To a Wainel  |              | 00          |
| Name of Father. Frank Harrington  | 4           | Rental of Tent, \$ . of Temporary Vault, \$                  |                        |  |              | 00          |
| His Birthplace  |             | Clergyman, \$ 5.   | oning Charges          | Organist.\$5   | 15           | 00          |
| Maiden Name of Mother. Clara Horen  | ian         | Railroad<br>or Motor Ticket                                  | s, \$ A                | ero-Service,\$   |              |             |
|   |             | Telegr., Phone,  | , Cable or Radi        | Charges  |              |             |
| Her Birthplace  | 1000        | Cash Advanced<br>Out of town U                               | ndertaker's Ch         | arges  |              |             |
| Motor Ship Remains to   |             | Personal Service   | P. D. surgel           | anutaros   |              | 44          |
| Size of Casket (State Color and Number)   |             | line Death   | Notices in             | Panere   |              |             |
| Manufactured by:  |             |  | W                      |  |              |             |
|   | ······      |  | Civames of Newspape    |  |              |             |
| Lot No 8.0.4  |             | Sales Tax  | illo Tax a             | cl: xerver   |              |             |
| Grave No/   |             | Total Footing  | of Bill                | 0.0. 8   | 7.1          | 00          |
| Section No  |             | Less   | Paling                 | cell,  |              |             |
| Block No  |             |  | Balanc                 | es   |              |             |
| Diagram of Lot or Vault Owner   |             | Entered into L   | edger, page            | or below.  |              |             |
| Date Amount Paid  | Balance     | Date   |                        | Amount Pai   | i Bal        | ance        |
| To Above Balance\$  |             |  | To Balance For         | vard   | 3            | I           |
| By Payment \$   |             |  | By Payment             | \$   |              |             |
| " "   |             |  | a a                    | \$   | . \$         |             |
| * *   |             |  | u u                    | \$   | . \$         |             |
|   |             |  |                        | \$   | . \$         |             |
| и и   |             | 1  |                        | ······ \$  | . \$         |             |
| и и g g   |             |  |                        | \$   | . \$         |             |
| Insurance\$ Names of Lodges.  |             |  | Insurance              | \$   | . \$         |             |
|   | hat T have  | Moint rocourses  | Insurance<br>Companies |  |              |             |
| I hereby authorize the above Funeral, and I hereby represent the<br>for the payment of aforesaid sum, and I hereby covenant and a |             |  | gany available to.     | (Firm Name of Funeral I<br>days from date. Inter                         | irectors.)   |             |
| maturity at the rate of   | Jan Jan D   | Signed   |                        | ays from date. Inter-  | est to accru | e from      |
| Witness   |             | Address  |                        |  |              |             |
| 11344000  |             | Audress.   |                        |  |              |             |

| Total No. 4/3 Yearly No/5   | Date of Entry Mary 26 19.  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Deceased. Arabelle Redi   | ker-   |  |  |  |  |
| Married Single   Widowed   Divorced (What Race)   |  |  |  |  |  |
| Residence: Lauts Houl   | or of Age of Husband or Wife (if Hving)  |  |  |  |  |
| Charge to: Lewis Landblerg - Bully  | 1 1.0  |  |  |  |  |
| Address   | Complete Funeral (except outlays)\$  |  |  |  |  |
| Order given by Lewis Landsferg  | Casket   |  |  |  |  |
| How Secured : (or informant)  | Burial Vault or Box  |  |  |  |  |
|   | Embalming Body(Name of Embalmer)   |  |  |  |  |
| If Veteran, State War   | Barber, \$   |  |  |  |  |
| Occupation . Kousework . work (Social Security Number)  | Dressing Body, \$Underwear, \$   |  |  |  |  |
| Employer and Address  | Suit or Dress. (State Kind and Color)  |  |  |  |  |
| Date of Death. May 24 1947 2014   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |  |  |  |  |
| Date of Birth. July 4 1854 (Hour)   | Candelabrum \$ Candles \$  |  |  |  |  |
|   | Door Spray, \$   |  |  |  |  |
| Age. (Yeary) / (Months) (Days)  | Limousines to Cemetery @\$   |  |  |  |  |
| Date of Funeral 5/26/47 Mon. 2:30 P.M.  | Extra Limousines   |  |  |  |  |
| Services at: House (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |  |  |  |  |
| Clergyman: Chas Harpe   | Getting Remains from   |  |  |  |  |
| Religion of the Deceased L. D. J. (Address)   | Trip to Coroner's Inquest  |  |  |  |  |
| Rengion of the Deceased &   | Delivering Box to Rose Hul   |  |  |  |  |
| Birthplace Wheeling West Va.  | Deliver Flowers to   |  |  |  |  |
| Resided in the State. 14 97 (Years) (Months)  |  |  |  |  |  |
| Place of Death. Str Hour.   | Certif.Copiesof Death CertificatesNo   |  |  |  |  |
| Cause of Death  | Procuring Burial Permit.  (State Number and District)  Certif. Copiesof Death Certificates No.  (State Payadian's or Coroset's)  Pall Bearer Service, \$\frac{8}{2}\times \text{Use of Chapel, \$\frac{8}{2}\times}. |  |  |  |  |
| 0-47-4-0  | Gross Total for Sales Tax  |  |  |  |  |
| Contributory Causes.  | Outlay for Lot   |  |  |  |  |
| Contifuing Physician Il Famel   | Cremation Flowers, \$ Matting, \$  |  |  |  |  |
| Certifying Physician (or Coroner)   | Rental of Tent, \$ . of Temporary Vall \$ \$   |  |  |  |  |
| His Address. Lamain (or Coroner)  | Opening of Grave or Tomb. to A. Maura  |  |  |  |  |
| His Address & aman Name of Father John Rediker His Birthplace work Russia                         | Outlay for Shipping Charges  |  |  |  |  |
| His Birthplace ust known.   | Clergyman, \$5. Singers, \$. Organist, \$5.  |  |  |  |  |
| Maiden Name of Mother Harnell Hannan  | or Motor Tickets, \$ plane Service,\$  |  |  |  |  |
| Her Birthplace. Vurgue  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |
|   | Cash Advanced  |  |  |  |  |
| Motor Ship Remains to   | Personal Services, use of chopel, and  |  |  |  |  |
| Size of Casket  | assessand .  |  |  |  |  |
| Wandlactured by   | line Death Notices inPapers  |  |  |  |  |
| Cemetery Crematory R vzl Kill   | (Names of Newspapers)  |  |  |  |  |
| Lot No. 12 49   | P  |  |  |  |  |
| Grave No3   | Sales Tax //t / 550  |  |  |  |  |
| Section No  | Total Footing of Bill  |  |  |  |  |
| Block No  | Less\$   |  |  |  |  |
|   | Balance\$  |  |  |  |  |
| Diagram of Lot or vault   | Entered into Ledger, pageor below.   |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |
| To Above Balance \$   | To Balance Forward\$   |  |  |  |  |
| By Payment \$ \$  |  |  |  |  |  |
| * * \$ \$   |  |  |  |  |  |
| * * * \$ \$   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| * * \$ \$   | # #\$\$  |  |  |  |  |
| Names of Lodges.  | Insurance<br>Companies   |  |  |  |  |
| Insurance \$ Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su | officient resources Legally available to   |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                          | the same within  |  |  |  |  |
| you ame bay ment or atoresaid some and a notes, or comme and affect to bay                        |  |  |  |  |  |
|   | Signed   |  |  |  |  |
| maturity at the rate of% per annum.   |  |  |  |  |  |

| Name of Deceased. Wilhu Paul  | . Date of Entry   |
|---|---|
| Name of Deceased Melbur Veur.   | d (What Rare)   |
| Residence: Fuele Grandence Mo.  |   |
| Charge to: Speaks Firmeral Home.  | orof Age of Husband or Wife (if living)   |
| Address,  | Complete Funeral (except outlays)\$   |
|   | Casket  |
| Order given by(or informant)  | Burial Vault or Box   |
| How Secured   | Embalming Body  |
| If Veteran, State War   | Barber, \$Hair Dressing, \$   |
| Occupation (Social Security Number)   | Suit or Dress.  |
| Employer and Address  | Suit or Dress   |
| Date of Death (Date) (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |
| Date of Birth   | Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$  |
| Age   | Funeral Car, \$   |
| Date of Funeral. 1747 Janus 2 P. M. Services at July (Day of Week) (Hour)   | Extra Limousines  |
| Services at Steel Seed (Hour)   | Autos to R. R. Station  |
| Clergyman John Sawer  | Taking Remains to   |
| Religion of the Deceased . L. D . (Address)   | Trip to Coroner's Inquest   |
| Birthplace  | Delivering Box to   |
| B. 11.11. (I. 6).   |   |
| Resided in the State. (or U.S. or City or County) (Years) (Months) Place of Death,  | Removal Charges. Procuring Burial Permit (State Number and District)  Certif. Copies of Death (Certificates No.  Certif. Copies of Death (State Physician or Certoner's)  Company Company (State Physician or Certoner's) |
|   | Pall Bearer Service, \$ Use of Chapel, \$   |
| Cause of Death:   | Gross Total for Sales Tax   |
| Contributory Causes   | Outlay for Lot  |
|   | Flowers, \$Palms, \$Matting, \$   |
| Certifying Physician. (er Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$  |
| Name of Father  |   |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced. Out of town Undertaker's Charges.  |
| Motor Remains to  | Personal Service.   |
| Size of Casket(State Color and Number)  | line Death Notices inPapers   |
| Manufactured by   | (Names of Newspapers)   |
| Cemetery Crematory  | (Names of Newspapers)   |
| Lot No  | Sales Tax / go  |
| Section No.   | Total Footing of Bill \$ 97 50  |
| Block No.   | Less Police Taligh 4.7. \$  |
|   | Balance   |
| Disgram of Lot or value   | Entered into Ledger, page or below.   |
|   | Date Amount Paid Balance  |
|   | To Balance Forward\$  |
|   |   |
| u u g g   |   |
|   | и и   |
|   |   |
|   |   |
|   |   |
| Names of Lodges   | Insurance   |
| Insurance \$. Names of Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to payment that the part of the payment of aforesaid sum, and I hereby covenant and agree to paymentificat the part of th | fficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay-<br>maturity at the rate of % per annum.   | the same within   |
| maturity as the rate of   | Signed  |
| Witness   | Address   |

| Total No. 2/56 Yearly No /6                                      | Date of E  | intry May   | 3/ 1947.                   |
|--|--|---|----------------------------|
| Name of Deceased. Everett WC                                     | ultu Bell  | - 00 SW   | hat Rage)                  |
| Residence: Lamani Ja   | Husband W  | He∏Widow  | el                         |
| Charge to:   |  |   | 1 227 . 2                  |
| Address  | The second secon | al (except outlays)   | \$                         |
| Order given by . Keeth Bell.                                     | Casket Burial Vault or   | Box Saleon Vacult   | 125 00                     |
| How Secured:   | Embalming Bod  | (Name of Embalmer)  |                            |
| If Veteran, State War  |  | Hair Dressing, \$<br>\$Underwear, \$.   |                            |
| Occupation. Ford Dealer u  | Suit or Dress  | (State Kind and Color)  |                            |
| Employer and Address   | · · · · · Slippers, \$   |   |                            |
|  | Gondelahmum  | \$Tarpaulin, \$<br>Candles, \$  |                            |
| Date of Birth. Jeff (Date) 1892                                  | Door Spray, \$ :   | :Gloves, \$   |                            |
| Age. 54 8 /3   | Funeral Car, \$.   | Ambulance, \$<br>Cemetery @ \$  |                            |
| Date of Funeral (Date) (Day of Week) (Ho                         | A.M. Extra Limousin  | es @ \$   |                            |
| Services at :: Couseum (Ho                                       |  | Station@\$  |                            |
| Clergyman: Ted Beek  | Taking Remain  | ns froms to   |                            |
|  | Trip to Coroner  | 's Inquest  |                            |
| Religion of the Deceased L. Birthplace Harrison County, Mo       |  | to  |                            |
| Di dipiaco : ix in tri tri                                       | Removal Chara  | pog   |                            |
|  | Months) Procuring Buris  | al Permit. (State Number and Dist   | riet)                      |
| Place of Death   | Certif.Copie   | al Permit. (State Number and Dist. sof Death Certificates No. (State Physician's or Corone vice, \$ Use of Chapel, \$ | r's)                       |
| Cause of Death Stroke  |  | Sales Tax   | . 462 00                   |
| Contributory Causes  | Outlay for Lot   |   |                            |
|  | Cremation  | D.L. 0 W-W 0  |                            |
| Certifying Physician. X. N. Hells,                               | Rental of Tent.  | .Palms, \$ : : : : Matting, \$<br>\$ of Temporary Vault.  | \$7.                       |
| His Address Lauran Gordonner Va                                  | Opening of Gra   | \$of Temporary Vault,<br>ve or Tomb. To A. Man  | 1600                       |
| Name of Father, Mark Bell  | Outlay for Ship  | Lowering Device, \$<br>ping Charges   |                            |
| His Birthplace. Indiana  | Clergyman,\$   | Singers,\$Organist,\$<br>s,\$Aero-Service,\$  |                            |
| Maiden Name of Mother Josephine Cou                              | or Motor Ticket  | s, \$ plane Service,\$  |                            |
| Her Birthplace Sentucky  |  | Cable or Radio Charges  |                            |
| Motor   Remains to   | Out of town U  | ndertaker's Charges   |                            |
| Size of Casket. Sq. State Strong mole                            | Personal Service   |   |                            |
|  | line Death   | Notices in Papers   |                            |
| Manufactured by Rose Hiel Cemetery Crematory                     |  | (Names of Newspapers)   |                            |
| Lot No / 6 4 3   |  |   | 1 En                       |
| Grave No7  | Sales Tax  |   | 100 / 1                    |
| Section No   | Total Footing  | of Bill.  | 3 70 4 64                  |
| Block No   | Less   |   | \$                         |
|  | T-4-3:-07  | edger, page or below.   | \$ 447. 28                 |
| Disgram of Botor Fault   | Balance Date   |   | ount Paid   Balance        |
|  | Baiance Date   |   | January Danaster           |
|  |  | To Balance Forward  | \$                         |
| By Payment. \$\$.  |  | By Payment \$   | 2                          |
| # # S  |  | « «s.   | \$                         |
| u u s s  |  | « «s  | \$                         |
| \$   |  |   |                            |
| # # \$ \$  |  | * *\$   | \$                         |
| и и \$ \$  |  | 4 4 \$  |                            |
| Insurance \$ Names of Lodges                                     |  | Insurance   |                            |
| I hereby authorize the above Funeral, and I hereby represent tha | at I have sufficient resources Le  |   | ( Kingral Directors )      |
| for the payment of aforesaid sum, and I hereby covenant and ag   |  |   | e. Interest to accrue from |
| maturity at the rate of% per annum.                              | Signed.  |   |                            |
| Witness  | - Address  |   |                            |
| Compile  | ed by F. J. FEINEMAN St. Louis,  | Mo.   |                            |

| Total No. 2/56 Yearly No/8   | Date of Entry June 5 1947  |  |
|--|--|--|
| Name of Deceased. Sarl Hall  |  |  |
| D. 11 10 0. 11 - 1.4.  | □Hueband□WHe□Widow)  |  |
| Charge to Mus Carl Hall  | orof Age of Husband or Wife (if living)  |  |
| Address  | Complete Funeral (except outlays)  |  |
| Order given by   | Casket.  Burial Vault or Box Lahon Cufflorium 125 00  (State Kint)   |  |
| How Secured:   | Embalming Body(State Kinft)  |  |
| If Veteran, State War  | Barber, \$   |  |
| Occupation   | Dressing Body, \$ Underwear, \$<br>Suit or Dress   |  |
| Employer and Address (Social Security Number)  | Suit or Dress(State Kind and Color) Slippers, \$. Hose, \$.  |  |
| Date of Death  | Folding Chairs \$ Tarnaulin, \$  |  |
| Date of Birth (Boate) (Hour)   | Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ 2000 Ambulance, \$ 500   |  |
| Age6.7   | Funeral Car, \$ and Americae, \$   |  |
| Date of Funeral 4.747 Thurs P  | Limousines to Cemetery @ \$  |  |
| Services at Chapel (Day of Week) (Hour)  | Extra Limousines   |  |
|  | Autos to R. R. Station @ North /6 00  Getting Remains from 22 North /6 00  Taking Remains to   |  |
|  | Trip to Coroner's Inquest  |  |
| Religion of the Deceased. J. B. Staddress)   | Delivering Box to  |  |
| Birthplace   | Deliver Flowers to   |  |
| Resided in the State. (or U.S. or Day or County) (Years) (Months) Place of Death. (1997) (Years) (Years) (Months)  | Paul Bearer Service, \$\times \text{. Use of Ongar's} \tag{\text{Balance Manager}}.  |  |
|  | Certif. Copiesof Death Certificates No.  |  |
| Cause of Death Cardiac Decomposition   | Pall Bearer Service, \$ Use of Chapel, \$  |  |
| Contributory Causes.   | Gross Total for Sales Tax. \$ Outlay for Lot.  |  |
| ••••••   | Cremation. Flowers, \$ Palms, \$ Matting, \$   |  |
| Certifying Physician(or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$  |  |
| His Address  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb to h. Maulall 16 00 Lining Grave, \$. Liming Grave, \$. Lowering Device, \$.etc 500   |  |
| Name of Father   | Outlay for Shipping Charges, 9. Clergyman, \$. Singers, \$. Organist, \$. Acro-Service, \$. Cleryman, \$. Charges, \$. Organist, \$. Acro-Service, \$. Cr. Motor, Phone, Cable or Radio Charges. |  |
| His Birthplace   | Clergyman,\$Singers,\$.4Organist,\$  |  |
| Maiden Name of Mother  | or Motor Tickets, \$ plane Service,\$  |  |
| Her Birthplace   |  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |  |
| Size of Casket(State Color and Number)   | Out of town Undertaker's Charges.  Personal Service, on which services to the personal service of Charles.   |  |
| Manufactured by  | line Death Notices inPapers  |  |
| Cemetery Crematory }   | (Names of Newspapers)  |  |
| Lot No/3.9.5   | 5). 72   |  |
| Grave No/  | Sales Tax on Vault 1/6 250   |  |
| Section No   | Total Footing of Bill \$ 19850   |  |
| Block No   | Plin Balapoe 31 450  |  |
| Diagram of Lot or Vanit Owner  | Entered into Ledger, page or below.  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |
| To Above Balance.  | To Balance Forward 9   |  |
|  | By Payment \$  |  |
| # # \$ \$  |  |  |
| \$   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Names of Lodges.   | Insurance \$\$   |  |
| Insurance \$   |  |  |
| Insurances.  Interest without a three thre |  |  |
| for the payment of anoresaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of  | interest to accrue from  |  |
|  | Signed.  |  |
| Witness  |  |  |

| Total No. 215.7 Yearly No 19   | Date of Entry  |  |
|--|--|--|
| Name of Deceased. Clara & Cof  | left w   |  |
| Residence, Rural ular Len  |  |  |
| Charge to: Coffet  | Complete Funeral (except outlays)  |  |
| Address. Lean Jan  | Casket.  |  |
| Order given by about   | · Rurial Vault or Rox per Lex  |  |
| How Secured:   | Embalming Body   |  |
| If Veteran, State War  | Rorbor & Hair Drossing \$  |  |
| Occupation konsemple none  | Dressing Body, \$ Underwear, \$ Suit or Dress blue belocat (State Kind and Color)  |  |
| Employer and Address   | Slippers, \$   |  |
| Date of Death June 3 1947 7 9H (Date) (Hour)   | Folding Chairs, \$ Tarpaulin, \$   |  |
| Date of Birth. Aug 15 1884   | Candelabrum, \$Candles, \$Door Spray, \$::Gloves, \$   |  |
| Age. 62 9 18   | Funeral Car, \$ Ambulance, \$  |  |
| Date of Funeral 1947 Fuday 20  | Limousines to Cemetery   |  |
| Services at :: Chake (Day of Wolk) (Hour)  | Autos to R. R. Station   |  |
| Clergyman: Art Laul  | Getting Remains from. Taking Remains to.   |  |
| (Address)  | Trip to Coroner's Inquest  |  |
| Religion of the Deceased   | Delivering Box to  |  |
| Birthplace Skelly Co. Lowa   | Removal Charges  |  |
| Resided in the State (or U.S. or City-or County) (Years) / Months  | Procuring Burial Permit(State Number and District)   |  |
| Place of Death. Decatur County Horketal  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Stynistics or Consum:)  Pall Bearer Service, \$. Use of Chapter, \$.  |  |
| Cause of Death Cerebral Hemorkage  | Pall Bearer Service, \$ Use of Chapet, \$ Gross Total for Sales Tax \$ 3 6 3 0 0   |  |
| Contributory Causes Letterio Lelevonio   | Outlay for Lot:  |  |
| De Doss  | Flowers, S Palms, S Matting, S   |  |
| Certifying Physician (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. 19. Marshall 14.00.  |  |
| His Address Zean   | Lining Grave, \$Lowering Device, \$  |  |
| Name of Father. Joseph & auc   | Outlay for Shipping Charges.   |  |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ Pane Service, \$ Organist, \$  |  |
| Maiden Name of Mother Citer One  | Telegr., Phone, Cable or Radio Charges   |  |
| Her Birthplace   | Cash Advanced  |  |
| Motor Remains to Lamoni  | Personal Service.  |  |
| Size of Casket Oct State Uslane Dewlind  | line Death Notices in Papers   |  |
| Manufactured by Rrot   | (Names of Newspapers)  |  |
| Cemetery Crematory   A Me Hill   | (Names of Newspapers)  |  |
| Lot No   | Sales Tax 3 6 3  |  |
| Grave No3  | Total Footing of Bill \$ #08 83  |  |
| Section No   | Less 5 % on 383 - 41 76 4 8 19 15  |  |
| Block No   | Pa im Balance \$ 3.8.1.6.8.  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |
| Date Amount Paid Balan   | ce Date Amount Paid Balance  |  |
| To Above Balance \$  | To Balance Forward \$  |  |
| By Payment \$ \$   | By Payment   |  |
| ·  | \$   |  |
|  |  |  |
|  | u a e  |  |
| # # S S  | и и в д  |  |
| # # S S  | " " S S  |  |
| Names of   | Insurance<br>Companies   |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have  | with the management of the second of the sec |  |
| I hereby authorize the above Funeral, and I hereby represent that I have summent resources Legany available to (Firm Name of Funeral Directors.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within |  |  |
| maturity at the rate of% per annum. Signed   |  |  |
| Address  |  |  |

| RECORD (   | OF FUNERAL  |  |
|--|---|--|
| Total No. 3/5/ Yearly No 29  | Date of Entry June 7 1977   |  |
| Name of Deceased Clara amanda (  | Roberts (What Raco)   |  |
| Married   Single   Widowed   Divorce Residence: Amoun , Sa   | Charles   Wille   Wildow)   |  |
| Charge to: Glen Roberts when to care   | che all   |  |
| Address Lamossi Stanting   | Complete Funeral (except outlays)\$   |  |
| Order given by above   | Casket Burial Vault or Box(State Kind)  |  |
| (or informant)   | Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)  |  |
| If Veteran, State War  | Hoir Dressing, \$   |  |
| Occupation Housewife NONE  | Dressing Body, \$ Underwear, \$   |  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.  |  |
| Date of Death May 30 1947 9 AM (Hour)  |   |  |
| Date of Birth. New 17 1875 (Hour)  | Candelabrum, \$   |  |
| Age  | Runeral Car. S  |  |
| (Years) . (Months) (Days)  | Limousines to Cemetery  |  |
| (Date) (Day of Week) (Hour)  | Autos to R. R. Station  |  |
| Services at . Chapel   | Autos to R. R. Station  |  |
| Clergyman (Address)  | Taking Remains to   |  |
| Religion of the Deceased   | Delivering Box to   |  |
| Birthplace   | Deliver Flowers to  |  |
| Resided in the State (Years) (Years) (Months)  | Procuring Burial Permit. (State Number and District)  |  |
| Place of Death. San Dicgo, Calif.  | Procuring Burial Permit.  (State Number and District)  (Certif. Copiesof Death Certificates No.  (State Physician's coronaria)  Pall Bearer Service, \$. Use of Chapel, \$. |  |
| Cause of Death Palmonery Ederna  | Pall Bearer Service, \$ Use of Chapel, \$   |  |
| Contributory Causes  | Gross Total for Sales Tax   |  |
|  | Cremation   |  |
| Certifying Physician. H. A. Dall   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ f Temporary Vault, \$  |  |
| His Address  | Opening of Grave or Tomb/9  |  |
| Name of Father Ebeneger Robinson   | Lining Grave, \$ Lowering Device, \$  |  |
| His Birthplace / luw fork  | Outlay for Shipping Charges. Clergyman,\$ Singers,\$ Organist,\$ 400 Railroad \ Tickets, \$ Aero-glane Service,\$   |  |
| Maiden Name of Mother. Clase Grang   | or Motor Tickets, \$  |  |
| Her Birthplace. January  | Cash Advanced   |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges  |  |
| Size of Casket(State Color and Number)   | Personal Service use of Charle have 2500  |  |
| Manufactured by  | line Death Notices inPapers   |  |
| Cemetery Crematory }   | (Names of Newspapers)   |  |
| Lot No. 527  | 2 30  |  |
| Grave No3  | Sales Tax all sewite no tay   |  |
| Section No   | Total Footing of Bill \$ 3550<br>Less Ly each \$ 2550   |  |
| Block No.  | Balance \$ 3.5 0.0  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |
| Date Amount Paid Balance   |   |  |
| To Above Balance. \$   | To Balance Forward g  |  |
| By Payment \$ \$   | By Payment e  |  |
| sigt fley W. Roberts &   |   |  |
| Headquisting Fredum  | s s   |  |
| Special Servicia della   |   |  |
| lan Diego 45   |   |  |
| "( pel, s s  | \$  |  |
| Names of Lodges.   | Theurenes \$  |  |
| Insurance \$   |   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from activity at the rate of |   |  |
| maturity at the rate of% per annum   |   |  |
| Witness  | Address   |  |
| Compiled by F. J. FEINEMAN, St. Louis, Mo.   |   |  |

| Total No 2/.32  | early No21.              |            | Date  | of Entry            |                             | ue !                           | ·           | 19.4.7   |
|---|--------------------------|------------|---|---------------------|-----------------------------|--------------------------------|-------------|----------|
| Name of Deceased  | Breny                    | ٩          |   |                     |                             | w                              |             |          |
| Residence: . Lamour                                       | □ Widowed 4 :            | Divorced   | Chron-  | d Xweet Twister     | charle                      | What Rac                       | eger        |          |
| 00  | usu                      |            | or  | of                  | } Charles                   | nd or Wife (if livi            | nn) 74      | Years    |
| Address. Lamon  |                          |            |   |                     | pt outlays)                 |                                | 352         | 00       |
| Order given by  |                          |            | Casket  |                     | 1.0:2:0:::                  | A WELL SO                      |             |          |
| How Secured:  | formant)                 |            | Casket<br>Burial Vault  | or Box 4.           | alicu Cry<br>(State Kind)   | pico min.                      | 125         |          |
| If Veteran, State War Lo                                  |                          | 0000       | Embalming   |                     |                             |                                |             |          |
| Occupation Avusewife                                      | non                      | 0          | Dressing Bo   | dy,\$,,             | fair Dressing<br>Underwe    | ar,\$                          |             |          |
| Employer and Address                                      | (Social Security Nur     | mber)      | Suit or Dress   | Mary                | Underwe                     |                                | /3.         |          |
|   | 947 91                   | 1 11       | Slippers, \$  | ira &               | .Hose, \$<br>.Tarpaulin, \$ |                                |             |          |
|   | 874 (H                   | lour)      | Candelabrur   | n, \$               | . Candles, \$.              |                                |             |          |
| Age78 3   | //                       |            | Door Spray  | \$ ::               | . Gloves, \$<br>Ambulance,  |                                |             |          |
| (Years) , (Mont   | the (Days) 2 (           | P          | Limousines  | to Cemeter          | y@\$.                       |                                |             |          |
| (Date) / /(Day  | of Week) (Hour           |            | Extra Limos<br>Autos to R.  |                     | @\$.<br>@\$.                |                                |             |          |
| Services at Charles                                       |                          |            | Getting Rer   | nains from .        |                             |                                |             |          |
| Clergyman: Carl Walle                                     | (Address)                |            | Taking Rem  |                     |                             |                                |             |          |
| Religion of the Deceased                                  | D                        |            | Delivering I  | Box to              |                             |                                |             |          |
| Birthplace Decatur -                                      |                          |            | Deliver Flor<br>Removal Ch  | arges               |                             | •••••                          |             |          |
| Resided in the State (or U. S. or City                    | or County) (Years) (M    | onths)     | Procuring B   | urial Permi         | t                           | nd Dietelet                    |             |          |
| Place of Death. Lameni                                    | Ja                       |            | Certif.Co   | piesof Deat         | t                           | No                             |             |          |
| Cause of Death:   |                          |            | Pall Bearer   | Service, \$         | Use of Cha                  | pel,\$                         | 1/9 9       |          |
| Contributory Causes                                       |                          |            | Gross Total<br>Outlay for l   |                     | ax                          | \$                             | .7.7.2      | 0.0.     |
|   |                          |            | Cremation   |                     |                             |                                |             |          |
| Certifying Physician . DA . So                            | met.                     |            | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Yault, \$                                     |                     |                             |                                |             |          |
| His Address Lamen   | (r Coroner) Ja           |            | Opening of Grave or Tomb To M: Maukall  |                     |                             |                                |             |          |
| Name of Father. Juin &                                    | you.                     |            | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges  |                     |                             |                                |             |          |
| His Birthplace K. er                                      | itucky                   |            | Clergyman,\$Singers,\$Organist,\$Railroad Tickets, \$plane Service,\$Telegr., Phone, Cable or Radio Charges |                     |                             |                                |             |          |
| Maiden Name of Mother Auer                                | ica Tonly                |            | or Motor Tic  | kets, \$            | plane Ser                   | vice,\$                        |             |          |
| Her Birthplace Jud  | eana                     |            | Cash Advar  | ced                 |                             |                                |             |          |
| Motor Remains to  |                          |            | Out of town<br>Personal Ser   |                     | r's Charges                 | ••••••                         |             |          |
| Size of Casket  | cedar.                   |            |   |                     |                             |                                |             |          |
| Manufactured by . E . B                                   | M. Co ,                  |            | line De   |                     | inPap                       | ers                            |             |          |
| Cemetery Crematory . R 529 Aul                            |                          |            |   | (Names of )         | Newspapers)                 |                                |             |          |
| Lo  | t No 14.9.4              |            | Sales Tax .   |                     |                             |                                | 4           | 92       |
| Gr  | ave No                   |            | Total Footi   | ng of Bill          |                             | s                              | 518         | 9.8      |
|   | etion No                 |            | Less . 5.70.4   |                     | - K. O.                     |                                | 2.4         | 60       |
| Blo   | ock No                   |            |   | Paid                | Balance Balance             | 247 \$                         | .4.8.8.     | .3.2     |
| Dingram of Lot or Vault OW                                | mer                      |            | Entered into  | Ledger, pa          | igeor b                     | élow.                          | '           | 1        |
| Date  | Amount Paid I            | Balance    | Date  |                     |                             | Amount Pa                      | aid B       | alance   |
| To Above Balance  | \$                       |            |   | To Bala             | nce Forward                 |                                | \$          |          |
| By Payment  | . \$ \$                  |            |   | By Payr             | nent                        | \$                             | \$          |          |
| " "   | \$                       |            |   | "                   | «                           | \$                             | \$          |          |
| * *   |                          |            |   | "                   | "                           | \$                             | \$          |          |
|   | \$                       |            |   |                     | α                           | \$                             | \$          |          |
|   | 9 9                      |            |   |                     | a                           | \$                             | s           |          |
| * *   | \$8                      |            |   | «                   | a                           | \$                             | \$          |          |
| , Na  | mes of                   | 3.5        | 112 113   | Insurano<br>Compani | 8                           | -100                           | 1           |          |
| Insurance \$Loo I hereby authorize the above Funeral, and |                          | have su    | fficient resource   |                     | abla to                     | <b></b>                        |             |          |
| for the payment of aforesaid sum, and I h                 | ereby covenant and agree | e to pay   | the same within   |                     |                             | Name of Funera<br>om date. Int | erest to ac | rue from |
| maturity at the rate of% P                                |                          |            |   | ed                  |                             |                                |             |          |
| Witness   |                          |            |   | iress               |                             |                                |             |          |
|   | Compiled b               | y F. J. F. | EINEMAN St. L   | uis, Mo.            |                             |                                |             |          |

| RECORD (  | OF FUNERAL   |
|---|--|
| Total No. 2/53. Yearly No 2.2   | . Date of Entry  |
| Name of Deceased Clies Mark   | Bell (What Race)   |
| Residence: Lamoru La Widowed Divorce  | Titueband Wite Widow) Josephine Bell desen   |
| Charge to: children   | or II  |
| Address.  | Complete Funeral (except outlays) 376 00   |
| Order given by(or informant)  | Casket. Burial Vault or Box Halian Casket.  State Kinds  |
| How Secured   |  |
| If Veteran, State War 200   | Hair Dressing, \$  |
| Occupation farming of Common Later 178:32-701;  | Dressing Body, \$. Underwear, \$. Suit or Dress. (State Kind and Color)  |
| Employer and Address  |  |
| Date of Death July 11 1847 2 4M   | Folding Chairs, \$Tarpaulin, \$<br>Candelabrum, \$Candles, \$  |
| Date of Birth. 19 18 71 (nour)  | Door Spray, \$   |
| Age. /6 3 2.2-<br>(Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 6/13/47 Fix 2 P M (Date), (Day of Week) (Hour)  | Extra Limousines   |
| Services at Chapel  | Getting Remains from   |
| Clergyman. Charles Harfe, Rolt Faruham  | Taking Remains to  |
| Religion of the Deceased.  Birthplace Andlana   | Delivering Box to  |
|   | Removal Charges.   |
| Resided in the State. (or U.S. or City or County) (Years) (Months)  | Procuring Burial Permit  |
|   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{State}}_{\text{USe of Chouser}}\). Use of Chaple, \$\(^{\text{State}}_{\text{State}}\).  |
| Cause of Death.   | Gross Total for Sales Tax. \$ 57/100   |
| Contributory Causes   | Outlay for Lot.  |
| Certifying Physician. Is Samet  | Flowers, \$Palms, \$Matting, \$  |
| His Address Lamoni (or Corpose)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. To. A. Marshall /6 0 D   |
| Name of Father Sahiel Bell  | Lining Grave, \$ Lowering Device, \$   |
| His Birthplace. Indiana   | Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist.\$   |
| Maiden Name of Mother Suchaug Bagerley  | Clergyman,\$Singers,\$Organist,\$.  Railroad \ Tickets, \$Aero- or Motor / Tickets, \$plane Service,\$.  Talegr. Phono Cables Pair Company Compa |
| Her Birthplace. Judiana   | Cash Advanced  |
| Motor Ship Remains to   | Out of town Undertaker's Charges   |
| Size of Casket . 9022 - Stay Broad Cloth  |  |
| Manufactured by (State Color and Number)  | line Death Notices in  |
| Cemetery Crematory }  | (Names of Newspapers)  |
| Lot No  | Sales Tax  |
| Grave No 3 * > Section No   | Total Footing of Bill  |
| Block No.   | Less 570 on 514.11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| Diagram of Lot or Vault Owner   | Balance \$ 5.9.6 3.4.  |
| Date Amount Paid Balance  | Entered into bedger, page or below.  |
| To Above Balance  | Amount Paid Balance  |
|   | To Balance Forward. \$   |
|   | a a s  |
|   | a a \$   |
| и и у   |  |
|   | *  |
|   | ж ж \$   |
| Names of Lodges   | Insurance S. S   |
| I hereby authorize the above Funeral, and I hereby represent that I have suf                                    | ficient resources T and II   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay to maturity at the rate of% per annum. | he same within (Firm Name of Funeral Directors.) days from date. Interest to accrue from   |

Witness Address Compiled by F. J. FRINDMAN, St. Lesis, Mc.

Signed....

| Total No. 2/54 Yearly No 2 3   | Date of Entry June 14 19.4%  |
|--|--|
| Name of Deceased. James Otis &   | ittle w  |
| Residence: rural, near Lamorii   | Ulitusband   Witte   Wyttle X IIII   or  |
| Charge to: Mis Mystle Little   |  |
| Address. Lamoni  | Complete Funeral (except outlays)\$317   |
| Order given by. (or informant)   | Casket. Burial Vault or Box Hahm Peerless //5.00   |
| How Secured:   | Embalming Body (State Kind) (Name of Embalmer)   |
| If Veteran, State War 210  | Barber, \$ Hair Dressing, \$   |
| Occupation Larring None  | Dressing Body, \$  |
| Employer and Address   | Slippers, \$   |
| Date of Death. June 11. 1947 2:30 m  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Mov., 23, 1887 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |
| Age59 6 18   | Funeral Car, \$Ambulance, \$   |
| Date of Funeral. 6/14/9.7 (Months) (Days) 2.P.   | Limousines to Cometery @ \$  |
| Services at::: (Date) (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |
|  | Getting Remains from Taking Remains to   |
| Clergyman: (Address)   | Trip to Coroner's Inquest  |
| Religion of the Deceased   | · Delivering Box to  |
| Birthplace   | Deliver Flowers to   |
| Resided in the State. (or U. S. or City, or County) (Years) (Months  | Procuring Burial Permit.   |
| Place of Death. 2 con Horning (Yearn) (Months  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physicant or Concur's)  Pall Bearer Service, 8. Use of Chapel, \$ |
| Cause of Death   | Gross Total for Sales Tax\$ ##55 7.5   |
| Contributory Causes  | Outlay for Lot: Cremation  |
| and De De Reed.  | Flowers, S Palms, S : Matting, S   |
| Certifying Physician. A. Reld. His Address. Davis City   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. To A. Manhall 16 00.   |
| His Address  | Lining Grave, \$Lowering Device, \$  |
| Name of Father. Wanen Little   | Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$plane Service,\$<br>plane Service,\$  |
| Maiden Name of Mother Martha Staham  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Personal Service.  |
| Size of Casket (State Color and Number)  | line Death Notices inPapers  |
| Manufactured by . : (State Folor and Number)   | (Names of Newspapers)  |
| Manufactured by Rose Hull Cemetery Crematory   | (Names of Newspapers)  |
| Lot No 8 38  | Sales Tax 4 73   |
| Grave No   | Total Footing of Bill \$ 46620.  |
| Section No   | Less 5% on 450 = 1 1 1947 \$ 2251.   |
| Block No   | Po un Balance \$ 44349.  |
| Diagram of Lot or Vault Owner  | ··· Entered into Ledger, pageor below.   |
| Date Amount Paid Balan   | ce Date Amount Paid Balance  |
| To Above Balance\$   | To Balance Forward\$   |
| By Payment   | By Payment \$ \$   |
| \$   | * * \$ \$  |
| \$   |  |
| \$   |  |
|  | 4 4 5 8  |
|  | * * \$ s   |
| Names of   | Insurance<br>Companies   |
| Names of Lodges.   | Companies  |
| Insurance \$ I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to 1 | e sufficient resources Legally available (Firm Name of Funeral Directors.)  pay the same within  |
| for the payment of aforesaid sum, and I hereby covenant and agree to a maturity at the rate of   | Signed   |
|  | Address  |
| Witness  |  |

| Total No. 2155 Yearly No 1.4.  | Date of Entry  |
|--|--|
| Name of Deceased Mattie Co.  | (What Race)  |
| ☐ Married , ☐ Single , ☑ Widowed ☐ Divorce   |  |
| Residence Lad J. St. Ame   | or, of Age of Husband or Wife (it Hving) Years   |
| Charge to: J. W. Jones   | Complete Funeral (except outlays)\$  |
| Address Pittleburg, Passer   | Casket   |
| Order given by Asharks   | Burial Vault or Box(State Kind)  |
| How Secured By Januaberg Jours .   | Embalming Body   |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$   |
| Occupation thouse wife my  | Dressing Body, \$ United West, \$ Suit or Dress (State Kind and Color)   |
| Employer and Address(Social Security Number)   | Clinners & Hose, J   |
| Date of Death . June 22- 2 Pm.   | Folding Chaire & Tarpaulin, 5  |
| Date of Birth, Only 18 - 1867 (Hour)   | Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$.   |
| Age. 79 11 4   | Funeral Car, \$ Ambulance, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery   |
| Date of Funeral 6-26 Zhounted  | Autos to R. R. Station   |
| Services at  | Autos to R. R. Station   |
| Clergyman(Address)   | Taking Remains to  |
| Religion of the Deceased.  | Delivering Box to  |
| Birthplace Leroy dellinos  | Deliver Flowers to   |
| Resided in the State   | Removal Charges.   |
| Place of Death. Pesative Co. (Years) (Months)  | Certif.Copiesof Death CertificatesNo.  |
| Cause of Death arterial Thrombons  | Procuring Burial Permit.  (State Student and District)  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{Custoff and Polymerics}}\)  - Use of Chaple, \$\(^{\text{Custoff and Polymerics}}\) |
|  | Gross Total for Sales Tax  |
| Contributory Causes. Jeanling.   | Outlay for Lot.  |
| 10 0   | Flowers, \$Palms, \$Matting, \$  |
| Certifying Physician   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address.   | Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$   |
| Name of Father. M. actor. / aylor  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$. Aero-plane Service,\$.   |
| Maiden Name of Mother Maria Hazelwood  | or Motor / Tickets, \$   |
| Her Birthplace. Canada   | Cash Advanced  |
| Motor Remains to Littleburg Hammes   | Out of town Undertaker's Charges.  |
| Gine of Coglect  | rersonal Service.  |
| Manufactured by (State Color and Number)   | line Death Notices inPapers  |
| Cemetery Crematory   | (Names of Newspapers)  |
| Lot No.  |  |
| Grave No.  | Sales Tax  |
| Section No.  | Total Footing of Bill  |
| Block No.  | Less   |
| Company Street, Street | Balance. F. 6 At \$  |
| Diagram of Lot or vanit  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward \$  |
| By Payment   |  |
|  |  |
| ······································   |  |
|  |  |
|  | \$   |
| " " S S  | \$\$   |
| Names of Lodges.   | Y  |
| Insurance \$Lodges   | Insurance  |
| Insurance \$Logges.  I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to pay  | discient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum.  | date. Interest to accrue from  |
|  | Signed   |
| Witness  |  |

| Total No. 2/36                               |                   | .=                                      | 1 1 6   | -<br>) I A IT      |   |   |               |          |          |             |
|--|-------------------|---|---|--------------------|---|---|---------------|----------|----------|-------------|
| Name of Deceased                             | early No          |   | Date  | of Ent             | ry. Joan                                | ء.به                                    | 2.5           |          | 1        | 19.4.       |
| Residence: Passale                           | □ Widowed         | Divorces                                | Ø   |                    |   | • • • • • • •                           | (What         | Race)    |          | •••••       |
| Charge to: Lucie Per                         | un IW             | de.)                                    |   | ottW[]ba           | Widow }                                 | of Husbane                              |               |          |          | Years       |
| Address                                      | 1                 | ·····                                   | Complete I  | uneral             | (except outl                            | ava)                                    |               | 8 4      | -72      | 00          |
| Order given by Above                         |                   | *******                                 | Casket  |                    |   | ays)                                    |               |          |          |             |
| How Secured By                               | ormant) -00       |   | Burial Vau  | lt or Bo           | x                                       | #4.W                                    |               |          | 1.1.5.   | 0.0.        |
| If Veteran, State War                        |                   | ••••••                                  | Embalming   | Body               |   | Embalmer                                |               |          |          |             |
| Occupation Returned Ca                       | 110 - 16. 1       |   |   |                    |   |   |               |          |          |             |
| Employer and Address                         | (Social Secur     | ity Number)                             | Suit or Dre   | ss                 |   |   | г, ֆ          |          |          |             |
|  | //7               | 8 Pm.                                   | Slippers, \$.   |                    | Hose,                                   | D                                       |               |          |          |             |
| Date of Death                                | 7                 | (Hour)                                  | Folding Ch  | airs, \$.          | Tarp                                    | aulin, \$                               |               | -        |          |             |
| Date of Birth. July . 3.1                    |                   | • | Door Sprag  | 7, \$ : : .        | Glove                                   | es, \$                                  |               |          |          |             |
| Age92 (Years) (Month                         | a) (Days)         | • • • • • • • • •                       | Funeral Ca  | r, \$              | Ambul                                   | ance. \$                                |               |          |          |             |
| Date of Funeral 4 2.5. Month                 | Week              | 2.P.M.                                  | Extra Lim   | ousines            |   | @\$                                     |               |          |          |             |
| Services at: Americano                       | ,                 | (mour)                                  | Autos to R  | . R. Sta           | tion                                    | @\$                                     |               |          |          |             |
| Clergyman: Blum                              | I. show           | nentone                                 | Taking Rea  | nains t            | 0                                       |   |               |          |          |             |
| Religion of the Deceased . Chan              | sting (Address)   | huch                                    | Trip to Co  | oner's             | Inquest                                 |   |               |          |          |             |
| Birthplace Metraska.                         | Indias            | -d.                                     | Deliver Flo   | wers to            |   |   |               |          |          |             |
| Resided in the State                         |                   |   | Removal C   | harges.            |   | • |               |          |          |             |
| Place of Death for U. S. or City o           | r County) (Years) | (Months)                                | Cortif C  | onice of           | Permit<br>Death Certi                   | Tumber an                               | d District)   |          |          |             |
| Cause of Death Stake                         | 1                 | v. A                                    | Pall Bearer   | Service            | (State Physic, \$ Use                   | of Char                                 | Coroner's)    |          |          |             |
|  | 0-                | ••••••                                  |   |                    | les Tax                                 |   | , ωι, φ       | 8 7      | 47       | 0.0         |
| Contributory Causes                          | my.               |   | Outlay for<br>Cremation   | Lot                |   |   |               |          |          |             |
| Certifying Physician                         | Hill              |   | Flowers, \$   | Pa                 | lms, \$<br>of Tempo                     | Mattin                                  | g, \$         |          |          |             |
| His Address                                  | Coroner)          |   | Opening of  | Grave              | or Tomb                                 |   |               |          |          |             |
| Name of Father Mathemia                      | 2 Pesas           | 4                                       | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.      |                    |   |   |               |          |          |             |
| His Birthplace Ok                            | منه               | đ                                       | Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-Service,\$ |                    |   |   |               |          |          |             |
| Maiden Name of Mother Cother                 | ine Pater         | tree                                    | or Motor Ti   | kets, \$           | Ae                                      | ro- Servi                               | ice,\$        |          |          |             |
| Her Birthplace West V                        | idini             |   | Cash Adva   | one, Ca<br>nced    | ble or Radio                            | Charge                                  | S             |          |          |             |
| Motor Remains to America                     | 2.0               |   | Out of town Undertaker's Charges.                                     |                    |   |   |               |          |          |             |
| Simo of Contrat 6/2 - W                      | almet &           | tate                                    |   |                    |   |   | • • • • • • • |          |          |             |
| Manufactured by State Color                  | and Number)       |   | line De   |                    | tices in                                |   | s             |          |          |             |
| Cemetery Crematory Lucius                    | ton               |   |   | (Na                | mes of Newspapers                       | )                                       |               |          |          | • • • • • • |
|  |                   |   |   |                    |   |   |               |          |          |             |
|  | No<br>ve No       |   | Sales Tax .   |                    |   |   |               |          | 6        | 47          |
|  | ion No            |   | Total Footi   |                    | Sill                                    | 0                                       |               | .\$ .5   | 53       | 7./-        |
|  | k No              |   | Less  | Pal                | in fell                                 | £                                       |               | .\$      | 3.7      | 7.0         |
|  | er                |   | Entered int   | o Ledge            | Balance<br>er, page                     |   | ow.           | .\$ .4   |          |             |
| Diagram of Lot or Vault                      | Amount Paid       | Balance                                 | Date  |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | Amount        | Paid     | Rel      | ance        |
| Date   | Amount Find       | Dalalice                                |   |                    | Balance Forw                            |   |               |          | -        | 1           |
| To Above Balance                             |                   | \$                                      | "   | 4                  | Payment                                 | sru                                     |               |          | e        |             |
| By Payment                                   | \$                |   |   |                    | "                                       | \$                                      |               |          | s        |             |
|  | \$                | \$                                      |   | 4                  | u                                       | \$                                      |               |          | \$       |             |
|  | S                 | \$                                      |   |                    |   | \$                                      |               |          | \$       |             |
| g g  | \$                | \$                                      |   | «                  | #                                       | \$                                      |               |          | \$       |             |
|  | ş                 | \$                                      |   |                    | *                                       | \$                                      |               |          | \$       |             |
| M  | 8                 | 8                                       |   | · · · · · · ·      | u                                       | \$                                      |               |          | 8        |             |
| Insurance \$ Lodge                           | es of             |   |   | Cor                | urance<br>npanies                       |   |               |          |          |             |
| The target of the target and I               | hereby represent  | that I have st                          | efficient resource  | s Legally          | available to                            | (Firm N                                 | me of Fun     | eral Dir | etors.)  |             |
| for the payment of aforesaid sum, and I here | eby covenant and  | agree to pay                            | one name  | -                  |   | days from                               | date.         | nteres   | to accru | e from      |
| maturity at the rate of % per                | annum,            |   | Dig   |                    |   |   |               |          |          |             |
| Witness                                      | Com               | piled by F. J. F.                       | Add<br>EINEMAN St. L  | iress<br>ouis, Mo. |   |   |               |          |          |             |

| RECORD C  |  |
|---|--|
| Total No. 2157. Yearly No 2.6.  | Date of Entry July 8   |
| Name of Deceased. Mary Margeret K.  | ulledler (What Race)   |
| Residence: Houston Texpes   | What Race   Wildow   Extend of the first Resident   Was Race   W |
| Charge to: Leonard Trippell   | orof ) Age of Husband of Weyl and a 352 00   |
| Address. 2138 Charles, Houston Tex.   | Complete Funeral (except outlays)  |
| Order given by about  | Casket   |
| How Secured: (or informant)   | Burial Vault or Box (State Kind)   |
| If Veteran, State War   | Embalming Body(Name of Embalmer) Barber, \$Hair Dressing, \$   |
| Occupation Aprilewife 451-30-9/36   | Dressing Body, \$Underwear, \$   |
| Employer and Address (Social Security Number)   | Suit or Dress (State Kind and Color)   |
| Date of Death. July 7 1947 3:37 PM  | Slippers, \$ Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$  |
| Date of Death (Hour)  | Candelabrum, \$ Candles, \$  |
| Date of Birth. AST 25 1926  | Door Spray, \$   |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |
| Date of Funeral . Shiffed to Hourton, Tel. M.  Services at  | Extra Limousines   |
| Services at   | Getting Remains from   |
| Clergyman (Address)   | Taking Remains to  |
| Religion of the Deceased  | Delivering Box to  |
| Birthplace Cakland Calif  | Deliver Flowers to   |
| Resided in the State  | Procuring Burial Permit.   |
| Place of Death Road Near Turklyo School   | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapte, \$   |
| Cause of Death Rento accident, Fractary   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes Skull & Crushed Chest   | Gross Total for Sales Tax  |
|   | Cremation  |
| Certifying Physician & & Lamet  | Flowers, \$ Palms, \$ Matting, \$  |
| His Address aum (or Coroner) Ce   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb.  |
| Name of Father Karl Tripfull  | Lining Grave, S Lowering Device, S   |
| His Birthplace. Ressure   |  |
| Maiden Name of Mother Clus Selkenich  | Clergyman,\$Singers,\$Organist,\$<br>Rallroad \ Tickets, \$plane Service,\$  |
| Her Birthplace Finland  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to Aprilar Tex  | Cash Advanced Out of town Undertaker's Charges.  |
| Size of Casket 2011 - 1/5" Oslue Berkely  | Personal Service.  |
| Manufactured by: R (State Color and Number)   | line Death Notices in Papers   |
| Cemetery Crematory  | (Names of Newspapers)  |
|   |  |
| Lot No  | Sales Tax 352  |
| Section No.   | Total Footing of Bill \$ 4/15/98   |
| Block No.   | Less 16 % descount and st. 8 35 55   |
| Diagram of Lot or Vault Owner.  | Balance Balance 38 380 43  |
| Date Amount Paid Balance  | Date   |
| To Above Balance. \$  | Amount Paid Balance To Balance Forward   |
| By Payment \$ \$  | By Payment.  |
| * *   | ж и е  |
| " " \$ \$   |  |
| \$\$  |  |
| \$ \$   |  |
| ······································  | " "  |
| Names of  | ······································   |
| Insurance \$ Names of Lodges.   | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have su                                     | fficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | and the state of the secretary from  |
|   | Signed   |
| Witness   | Address  |

| Total No. 21.5.8 Yearly No 27   | - Oules  | **                              | 47      |
|---|--|---------------------------------|---------|
| Name of Deceased Searge Washington  | Lasswell July 12   | 19.                             |         |
| Residence: Ringold County Widowed of Divorce  | What Race Carrie Lasswell  | 9                               | •••     |
| Charge to: B. en & Wayne Lasswell   | or   | (g)Yer                          | ars     |
| Address   | Complete Funeral (except outlays)\$  | 327 0                           | ٥       |
| Order given by about (or informant)   | Casket Burial Vault or Box Halin Jacobis   | 115 0                           | Ď.      |
| How Secured   |  |                                 |         |
| If Veteran, State War 100   | Barber \$ (Name of Embalmer)   |                                 |         |
| Occupation farming une  | Dressing Body, \$. Underwear, \$. Suit or Dress & A. R. Marie & A. S. Simpare & (State Kind and Color)   | 180                             |         |
| Employer and Address own farm (Social Security Number)  | Slippers, \$   |                                 | · · · · |
| Date of Death. July 10 1947 7:30 AM   | Folding Chairs, \$Tarpaulin, \$  |                                 |         |
| Date of Birth   | Candelabrum, \$Candles, \$   |                                 |         |
| Age 7.9 0 3   | Door Spray, \$   |                                 |         |
| Date of Funeral 7/12/47 (Months) (Days)   | Limousines to Cemetery @ \$  |                                 |         |
| Services at: :  | Extra Limousines @ \$ Autos to R. R. Station @ \$  |                                 | •       |
| 6 , 0   | Getting Remains from   |                                 |         |
| Clergyman: (Mas Harfe   | Taking Remains to  |                                 |         |
| Religion of the Deceased  | Delivering Box to  |                                 |         |
| Birthplace Harrison County, Mrs.  | Deliver Flowers to   |                                 | • • • • |
| Resided in the State  |  |                                 |         |
| Place of Death Neugald County, Ward   | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.  (State Physician's or Coronn's)  Pall Bearer Service, \$ Use of Chapel, \$ |                                 |         |
| Cause of Death. Culturuma   |  |                                 |         |
| Contributory Causes. Supluenza  | Gross Total for Sales Tax\$ Outlay for Lot:  | 4.620                           | 0       |
|   | Cremation  |                                 |         |
| Certifying Physician, D. Hills  | Flowers, \$ Palms, \$ Matting, \$<br>Rental of Tent, \$ of Temporary Vault, \$   |                                 |         |
| His Address Lamour (or Coroner)   | Opening of Grave or Tomb.  |                                 |         |
| Name of Father John Lasswell  | Lining Grave, \$Lowering Device, \$  |                                 |         |
| His Birthplace Reutucky   | Outlay for Shipping Charges  |                                 |         |
| Maiden Name of Mother Amanda Finl   | Clergyman,\$Singers,\$Organist,\$<br>Railroad<br>or Motor}Tickets, \$Aero-Service,\$   |                                 |         |
| Her Birthplace ust known  | Telegr., Phone, Cable or Radio Charges<br>Cash Advanced  |                                 |         |
|   | Out of town Undertaker's Charges   |                                 |         |
| Motor Remains to Ship Remains to State - gray woll on   | Personal Service   |                                 |         |
| Size of Casket (15 Sq. state Coor and Number)   | line Death Notices in Papers   |                                 |         |
|   | (Names of Newspapers)  |                                 |         |
|   |  |                                 | •••     |
| Lot No  | Sales Tax Plin hell 19/3/47  | 4 60                            | 2       |
| Grave No  | Total Footing of Bill\$  | 46666                           | 2       |
| Block No  | Less \$  |                                 | •••     |
| 0-00  | Balance  |                                 | • • •   |
| Date Amount Paid Balance  | Date Amount Pai  | d Balanc                        | xe xe   |
| To Above Balance  | To Balance Forward   | \$                              |         |
| By Payment\$\$  |  | \$                              |         |
| \$  |  | \$                              |         |
| 4 4   |  | \$                              | ••••    |
| \$  |  |                                 | ****    |
|   | u u g  | 8                               |         |
|   | w «\$  |                                 | ****    |
| Names of  | Insurance<br>Companies   |                                 |         |
|   |  |                                 | ***     |
| I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay | ufficient resources Legally available to(Firm Name of Funeral the same withindays from date. Inter   | Directors.)<br>rest to accrue f | rom     |
| for the payment of aforesaid sum, and I hereby covenant and agree we pay<br>maturity at the rate of % per annum.                                    | ' Signed   |                                 |         |
|   | Address  |                                 |         |

| RECORD C   | OF FUNERAL   |
|--|--|
| Total No. 2159 Yearly No. 28   | Date of Entry July 24 19 47  |
| Name of Deceased Alice Biehl   | (What Race)  |
| ☐ Married ☐ Single ☒ Widowed ☐ Divorce Residence:                                  | [Husband Wife Widow] Oell W  |
| Charge to New Bartlett   | 07   |
| Address Lamoni La  | Complete Funeral (except dutays)   |
| Order given by Serl Bartlett   | Casket. 90 00 Burial Vault or Box Achia Councits 90 00   |
| How Secured:   | Embaiming Body (Name of Embainer)  |
| If Veteran, State War  | Barber, \$   |
| Occupation Koresewife More (Social Security Number)                                | Dressing Body, \$. Butter Weet   Suit or Dress (State Kind and Color)  |
| Employer and Address   | Slippers, \$   |
| Date of Death July 22 1947 11 AN   | Folding Chairs, \$Tarpaulin, \$<br>Candelabrum, \$Candles, \$  |
| Date of Birth. March 5 1870 (Hour)   |  |
| Age77417   | Funeral Car, \$  |
| Date of Funeral 7/24/47 Thurs 2 P M  | Extra Limousines   |
| Services at . Methodist Chirol (Hour)  | Autos to R. R. Station @ \$  |
| Clergyman Rev Weight   | Getting Remains from   |
| Religion of the Deceased Methodist   | Trip to Coroner's Inquest  |
| Birthplace Newaull, Ill  | Delivering Box to Deliver Flowers to Delivering Box to Deliver Flowers The Deliver Flowers  |
| THE TAMERAL  | Removal Charges  |
| Place of Death From Musing Home, (Meanly)  | Procuring Burial Permit. (State Number and District)   |
|  | Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. (State State St |
| Cause of Death:  | Gross Total for Sales Tax. \$ 2.75.00  |
| Contributory Causes.   | Outlay for Lot   |
| 10 10  | Cremation  |
| Certifying Physician (or Corone)   | Rental of Tent. \$ of Temporary Vault. \$  |
| His Address. Lean Ja   | Opening of Grave or Tomb. t.A. Marihal. 16 00<br>Lining Grave, \$Lowering Device, \$   |
| Name of Father Charles Newman  | Outlay for Shipping Charges  |
| His Birthplace not known   | Clergyman, \$ Singers, \$ Organist, \$ Raifroad   Tickets, \$ plane Service, \$  |
| Maiden Name of Mother Along Viola Jordon   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced Out of town Undertaker's Charges   |
| Motor Ship Remains to  | Personal Service.  |
| Size of Casket 3450 /4 August Coff (State Color and Number)                        | line Death Notices in Papers   |
| Size of Casket. 97.50 //4. A State Color and Number)  Manufactured by . P. J. 20 d | (Names of Newspapers)  |
| Crematory }  | (Names of Newspapers)  |
| Lot No   | Sales Tax 273  |
| Grave No2  | Total Footing of Bill \$ 29375   |
| Section No   | Less . 5/6 acc 275 g 13 75   |
| Block No   | Entered into Ledger, pageor below.   |
| Diagram of Lot or Vault Owner.   |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  | To Balance Forward \$  |
|  | By Payment \$ \$   |
|  | \$ \$  |
| а и 2 2  | *  |
| \$\$   | и и и  |
| « « ş ş  |  |
| * * \$ \$  | и и  |
| Names of Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s         | sufficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay           | y the same within  |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
|  | The second Dio.  |

| Total No. 2/60 Yearly  | No 29                    |  | a  | egust 2               |                         |         |  |  |  |
|--|--------------------------|--|--|-----------------------|-------------------------|---------|--|--|--|
| Name of Deceased. Bertha Elizebth Haroff w   |                          |  |  |                       |                         |         |  |  |  |
| Residence: Rual, Man Lamon Diverced (What Race)  |                          |  |  |                       |                         |         |  |  |  |
| Charge to Jadia Haroly   | <u></u>                  | or   | of \ Age of Hush   | and or Wife (if livin | 100 100 100 100 100 100 | Years   |  |  |  |
| Address  | Ja.                      |  | ral (except outlays).  | \$                    | 322                     | 00      |  |  |  |
| (or late   | ·······                  | Casket Burial Vault or   | Box  |                       |                         |         |  |  |  |
| How Secured  | ,<br>                    | . Embalming Bo   | dy (State Kind) (Name of Embala                                  |                       |                         |         |  |  |  |
| If Veteran, State War Lo   |                          |  |  |                       |                         |         |  |  |  |
| Occupation   | ume                      | Dressing Body  | \$Underw   | ear,\$                |                         |         |  |  |  |
| Employer and Address Love  | (Social Security Number) | Suit or Dress  | (State Kind and Col  | or)                   |                         |         |  |  |  |
| Date of Death  | 19.47 1. PX              | 1 Folding Chairs   | , \$ Tarpaulin,  | \$                    |                         |         |  |  |  |
| Date of Birth. Sept. 27  | 1883 (Hour)              | Candelabrum,   | \$Candles, \$<br>Gloves, \$.                                     |                       |                         |         |  |  |  |
| Age 6.3 10   | 27                       | Funeral Car, \$  | Ambulance,   | \$                    |                         |         |  |  |  |
| Date of Funeral aug. 26 th Tu  | (Days)                   | Limousines to  | Cemetery @ \$  |                       |                         |         |  |  |  |
| Date of Funeral Aug. 26 Vi Ju. Services at: Clarkel (Day of Week)  | (Hour)                   | Autos to R. R.   | Station @ \$.  |                       |                         |         |  |  |  |
| Clergyman Robf Farmhar   | и                        | Getting Remair<br>Taking Remair  |  |                       |                         |         |  |  |  |
| Religion of the Deceased.  | (Address)                | Trip to Corone   | r's Inquest  |                       |                         |         |  |  |  |
| Birthplace Harrison Court  | tu VIII.                 | Delivering Box<br>Deliver Flower   | to   |                       |                         |         |  |  |  |
| Resided in the State 7 6 3 4   | : 4. 9. 2. 109           | Removal Char   | zes  |                       |                         |         |  |  |  |
| (or U. S. or City or Com   | nty) (Years) (Months)    | Procuring Buri   | al Permit<br>(State Number<br>esof Death Certificate             | and District)         |                         |         |  |  |  |
|  |                          | Certif.Copie   | esof Death Certificate<br>(State Physician's ovice, \$ Use of Ch | r Coroner's)          |                         |         |  |  |  |
| Cause of Death   |                          |  | Sales Tax  | aper, ø s             | 322                     | ٥٥      |  |  |  |
| Contributory Causes  |                          | Outlay for Lot:  |  |                       |                         |         |  |  |  |
| Guitair - Blantain   |                          | Flowers, \$ Palms, \$ Matting, \$  |  |                       |                         |         |  |  |  |
| Certifying Physician   | er)                      | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb. To A. Marshall 14 0.0. |  |                       |                         |         |  |  |  |
| His Address YM T   | all                      | Lining Grave, \$ Lowering Device, \$   |  |                       |                         |         |  |  |  |
| Name of Father   | O Lin                    | Outlay for Shipping Charges.   |  |                       |                         |         |  |  |  |
| His Birthplace Shelly to   | the of a mules           | Clergyman,\$Singers,\$Organist,\$  |  |                       |                         |         |  |  |  |
| Maiden Name of Mother.   | Mara                     | Telegr., Phone,  | Cable or Radio Char  | ges                   |                         |         |  |  |  |
| Her Birthplace. North hampton  | had.                     | Out of town U  | Cash Advanced  |                       |                         |         |  |  |  |
| Motor Remains to Qualtur   | dar                      | Personal Service   | e  |                       |                         |         |  |  |  |
| Size of Casket / D State Color and   | XXXX                     |  | Notices in Par   | ers                   |                         |         |  |  |  |
| Manufactured by Comments   |                          | (Names of Newspapers)  |  |                       |                         |         |  |  |  |
| Cemetery Crematory Lot No.   |                          |  |  | 4                     |                         |         |  |  |  |
| Grave N  |                          | Sales Tax  |  |                       | 230                     | 22      |  |  |  |
| Section 1  |                          | Total Footing  | of Bill  | \$                    | 227                     | 9/      |  |  |  |
| Block N  |                          | Less   | Balance  |                       | 99                      | 01      |  |  |  |
| Owner  |                          | Entered into L   | edger pageor l   | elow.                 | છે.વ્યુ છ્યુ            | .44.    |  |  |  |
| Diagram of Lot or Vault  Date  Am  | ount Paid Balanc         | e Date   | APL WEIGHT   | Amount Paid           | i Ba                    | lance   |  |  |  |
| To Above Balance   | \$                       |  | To Balance Forward   |                       | . \$                    |         |  |  |  |
| By Payment\$   | \$                       |  | By Payment   | . \$                  | . \$                    |         |  |  |  |
| # #\$  | \$                       |  | и и  | . \$                  | . \$                    |         |  |  |  |
| \$   | \$                       |  |  | \$                    | . \$                    |         |  |  |  |
| « "  | \$                       |  |  | \$                    | . \$                    |         |  |  |  |
|  | \$                       |  | * *  | s                     | \$                      |         |  |  |  |
| *  |                          |  | « «  | \$                    | . s                     |         |  |  |  |
| Names of Insurance \$ Lodges   |                          |  | Insurance<br>.Companies  | 24272                 |                         |         |  |  |  |
| Insurance \$ Lodges Lodges   | ov represent that I have | sufficient resources Le  | gally available to   | Name of Funeral I     |                         | ******  |  |  |  |
| I hereby authorize the above Funeral, and I hereby of<br>for the payment of aforesaid sum, and I hereby of | ovenant and agree to p   | y the same within  | days fr  | om date. Inter        | st to acer              | ue from |  |  |  |
| maturity at the rate of% per annu  | m.                       | Digiteu.   |  |                       |                         |         |  |  |  |
| Witness  |                          | Address<br>FEINEMAN St. Louis, I   |  |                       |                         |         |  |  |  |

| RECORD (   | OF FUNERAL   |
|--|--|
| Total No. 21.6/ Yearly No. 30  | Date of Entry Left 4 1947  |
| V. Clifford Dance  | e anderson w   |
| Residence: Rural New Caglevelle, No.   | Husband   Wife   Widow   Age of Husband or Wife (if living)   Years  |
| Charge to:   | Factus   |
| Address  | Complete Funeral (except of the complete Funeral (except of th |
| Order given by Mis Telore Juruer   | Casket Burial Vault or Box (State Kind)  |
| How Secured:   | Embalming Body   |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$ Underwear, \$ Underwear, \$   |
| Occupation Banker & Farmer none  | Suit or Dress  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$   |
| Date of Death Sept 2 1947 10 15 (Blour)  | Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$   |
| Date of Birth Mug. 16 1871   | . Door Spray, \$ Gloves, \$  |
| Age  | Funeral Car, \$  |
| Date of Funeral 94/47 Thurs. ZO  | Extra Limousines   |
| Services at Coliseum   | Autos to R. R. Station @ \$  |
| Clergyman Rev. Seo F. Boom (Address)   | Taking Remains to  |
| Religion of the Deceased (Address)   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Harrison Co Mo  | Deliver Flowers to   |
| Resided in the State   | Removal Charges. Procuring Burial Permit.  |
| Resided in the State (or U. S. or City or County) (Years) (Months) Place of Death. | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physician or Occounts)  Pall Bearer Service, \$ Use of Chaptel, \$  |
| Cause of Death   |  |
| Contributory Causes  | Gross Total for Sales Tax. \$ .3.73  |
|  | Cremation  |
| Certifying Physician, Dr. G. E. Sawet  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Vault, \$  |
| Ta . 11 2011   | Opening of Grave or Tomb.  |
| Name of Father for accolored   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Clya Yang Chory  | Clergyman, \$. Singers, \$. Organist, \$. Raifroad Tickets, \$. dero- Service, \$. Telegr., Phone, Cable or Radio Charges.   |
| Her Birthplace. not Green  | Cash Advanced  |
| Motor Ship Remains to 02   | Out of town Undertaker's Charges.  |
| Size of Casket 6 State Color Ound Nymber) 0  | line Death Notices inPapers  |
| Manufactured by: Planta Colonial Namber Co   |  |
| Manufactured by: Cagleville Cemetery Crematory Cagleville                          | (Names of Newspapers)  |
| Lot No   | Sales Tax 1/0 a-59500 5 95   |
| Grave No   | Total Footing of Bill. \$ 60095  |
| Section No   | Less . 5% by . 14 19 plet \$ 0.05  |
| Block No.  | Batance 14 \$ 57.000   |
| Diagram of Lot or vauit  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balan   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward \$  |
|  | By Payment \$ \$   |
| " " s s  | *  |
| " " \$ \$  |  |
|  |  |
| \$ \$  |  |
| " " \$ \$  | « « \$ \$  |
| Names of Lodges.   | Insurance<br>  |
| I hereby authorize the above Funeral, and I hereby represent that I have           | (Firm Name of Barrell W.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to p             | ay the same withindays from date. Interest to accrue from  |

Signed.... 

maturity at the rate of ......% per annum.

| Total No. 2/6 2 Yearly No. 3/  | Date of Entry Sept 24 1947   |
|--|--|
| Name of Deceased Daisy Hertrude Bu   | ggs w  |
| Residence: Lamoni la   | (What Race)   (B 1492)   (Carrier of the state of t |
| Charge to: The Ely Rabbins   | orof Age of Husband or Wife (Flyling)  |
| Address Lingeles Calif   | Complete Funeral (except outlays)  |
| Order given by Mad & Spanner   | Casket. Burial Vault or Box Concerts trault 105 00   |
| How Secured  | Embalming Body   |
| If Veteran, State War  | Embalming Body (Name of Embalmer) Barber, \$. (Hair Dressing, \$.  |
| Occupation Housewife none (Social Security Number)   |  |
| Employer and Address   | Suit or Dress.  Slippers, \$   |
| Date of Death Left 22 1947 9130 AM   | Total Chairs, p Larpaulin, p   |
| Date of Birth. Feb. 4. 1874 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |
| Age  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 1/2 9/9. Wed 2 9 M   | Limousines to Cemetery   |
| Services at :: Chapel (Day of Week) (Hour)   | Autos to R. R. Station   |
| Clergyman: Chas, Harpe Gob Faruhan   | Getting Remains from   |
| Religion of the Degeased.  | Trip to Coroner's Inquest  |
| Birthplace Salem, Ja   | Delivering Box to  |
| Resided in the State   | Removal Charges  |
| (or U.S. or City or County) (Years) Amonths)   | Procuring Burial Permit  |
|  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{State Number and Datatety}}\)  Use of Chaple, \$\(^{\text{State Physicatety}}\)  |
| Cause of Death.  Contributory Causes.  | Gross Total for Sales Tax\$ 47300  |
| Contributory Causes.   | Outlay for Lot.  |
| Certifying Physician & & Samet   | Flowers, \$Palms, \$:::::Matting, \$   |
| His Address. Laurin (or Corpner)   | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb. 6.3. Marchael. /6 0 2  |
| Name of Father My N. Spurier   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges   |
| His Birthplace Harrison Co, Ohio   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Sara Jane Cammack  | Clergyman,\$Singers,\$Organist,\$Railroad   Tickets, \$plane Service,\$  |
| Her Birthplace Salem Ja  | Telegr., Phone, Cable or Radio Charges   |
| Motor) Daniel to   | Out of town Undertaker's Charges   |
| 1 - 7 / hue 132 100 12 2   | Personal Service.  |
| State Color and Number)  | line Death Notices inPapers  |
| Cemetary Rose Hell   | (Names of Newspapers)  |
| Lot No 7.70  |  |
| Grave No 3   | Sales Tax  |
| Section No.  | Total Footing of Bill \$ 7.9.3 7.3   |
| Block No   | Less 5/0 on 477273 13, 89 8 . 13, 99   |
| Omno   | Entered into Ledger, page or below.  |
| Diagram of Let or Vault  Date Amount Paid Balance  |  |
| To Above Balance. \$   | To Balance Forward.  |
| By Payment. \$ \$  | By Payment \$ \$   |
| # # S. S.  | « « » » » » »  |
| 4 4 \$ \$\$  |  |
|  | я я \$ \$  |
| 4 4 \$ \$  |  |
|  |  |
|  |  |
| Names of Lodges  | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have                                       | sufficient resources Legally available to(Firm Name of Funeral Directors.)  y the same withindays from date. Interest to accrue from   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa<br>maturity at the rate of% per annum. | y the same within  |
|  | Signed. Address.   |
| Witness  | PEINEMAN St. Louis, Mo.  |

| Total No.               | 163                       | T COULTY TION. 1. P                   | 2  | Date of                         |                           | Oc                                    | loker o                                 | 3           | 19 %.2.     |
|-------------------------|---------------------------|---------------------------------------|--|---------------------------------|---------------------------|---------------------------------------|---|-------------|-------------|
| M 1 D                   | · Pa                      | ground alu                            | questine   | Hamme                           | ۸                         |                                       | w                                       |             |             |
|                         | Married She               | tle Widowed                           | Divorces   | 1                               | ]Wife[]Widow)             | Putl                                  | What Rac                                | iel         |             |
| Residence:              | Zamou                     | Lowa                                  | •  |                                 | ]Wife[]Widow {            | Age of Husb                           | and or Wife (if liv                     | ing) 56     | Years       |
| Charge to:              |                           |                                       |  | Complete Fur                    | eral (except              | outlays).                             |   | 327         | 00          |
| Address                 | W . D                     | · · · · · · · · · · · · · · · · · · · | •  | Casket                          |                           |                                       |   |             |             |
| Order given l           | y Mrs Ruth 9              | Max Haun                              | uer_   | Burial Vault                    | or Box                    | (State Kind)                          |   |             |             |
| How Secured             |                           |                                       |  | Embalming B                     | ody                       | (State Kinu)                          |   |             |             |
| If Veteran, S           | tate War 200              |                                       |  | Barber, \$                      | Ha                        | ar Dressing                           | ,                                       |             |             |
| Occupation _            | fuseven me                | en n                                  | one  | Dressing Body<br>Suit or Dress. |                           |                                       |   |             |             |
| Employer and            | d Address 1994.           | employed                              | arity Number)  | Slippers, \$                    |                           | te Kind and Col<br>Hose, \$           | ar)                                     |             |             |
| Date of Deat            | h. Oct 23                 |                                       |  | Folding Chair                   | s. \$                     | Tarpaulin,                            | \$                                      |             |             |
| Date of Birth           | Mar 28 (Di                | (te) 1888                             | (Hour)   | Candelabrum,                    | \$                        | Candles, \$                           |   |             |             |
| Age                     |                           | 4 25                                  | -  | Door Spray, S<br>Funeral Car,   | 8A                        | mbulance,                             | \$                                      |             |             |
|                         | (Years) 25/47             | 6 25<br>Months) (Days                 | )  | Limousines to                   | Cemetery                  | @\$.                                  |   |             |             |
| Date of Fune            |                           | Day of Week)                          | . /O A M.  | Extra Limous<br>Autos to R. R   |                           |                                       |   |             | • • • • • • |
| Services at.            | napel                     |                                       | n  | Getting Rema                    |                           |                                       |   |             |             |
| Clergyman.              | Rolf Faruh                | am am (Address)                       | ene  | Taking Rema                     |                           |                                       |   |             |             |
| Religion of th          | e Deceased                | (Address)                             |  | Trip to Coron<br>Delivering Bo  | er's Inques<br>x to       |                                       |   |             |             |
| Birthplace              | Lamoni                    | Ja.                                   |  | Deliver Flowe                   | rs to                     |                                       |   |             |             |
|                         |                           | 0.                                    |  | Removal Char                    | rges                      |                                       | • |             |             |
| Place of Deat           | e State 14 30 h. Lamoni   | City or County) (Yea                  | rs) (Months)   | Procuring But —Certif.Cop       | ice of Death              | (State Number                         | and District)                           |             |             |
|                         | 0                         | Do Dornia                             |  | Pall Bearer Se                  | rvice. \$                 | Ilse of Ch                            | Coroner's)                              | 3.2.7.      | .02         |
| Cause of Dea            | U                         |                                       |  | Gross Total fo                  |                           |                                       | \$                                      | 10.2.7.     |             |
| Contributory            | Causes                    |                                       | •••••  | Outlay for Lo                   | t                         |                                       |   |             |             |
|                         |                           | 0 00 4                                | •  | Cremation<br>Flowers, \$        | Dolma e                   | Mott                                  |   |             |             |
| Certifying Ph           | ysician. In. C.           | (or Coroner)                          |  | Rental of Tent                  | ,\$of T                   | emporary \                            | ault, §                                 |             |             |
| His Address.            | Lamoni                    | Towa                                  |  | Rental of Tent<br>Opening of Gr | ave or Ton                | 1b. To. A. A.                         | autal.                                  | 14.         | 00          |
| Name of Fath            | er. Frank                 | Hammer                                | ~  | Lining Grave,<br>Outlay for Shi | pping Char                | wering Dev                            | ıce, \$                                 |             |             |
| His Birthplac           | · Term                    | any                                   |  | Clergyman,\$. Railroad Ticke    | Singers                   | ,\$Orga                               | nist,\$                                 |             |             |
|                         | e of Mother. Bu           | lak Wilker                            | un   | or Motor Ticke                  | ts, \$                    | Aero-Ser                              | vice,\$                                 |             | ,           |
| Her Birthplac           | 1                         | Lowa                                  |  | Telegr., Phone<br>Cash Advance  | , Cable or H              | ladio Charg                           | es                                      |             |             |
| Motor<br>Ship Remai     |                           |                                       |  | Out of town T                   | Indertaker's              | Charges                               |   |             |             |
| Size of Caske           |                           | tate Gra                              | 1.   | Personal Servi                  | ce                        |                                       |   |             |             |
| Manufactured            | A) (Stat                  | e Color and Number)                   |  | line Deatl                      |                           |                                       | ers                                     |             | •••••       |
|                         |                           | iel                                   |  |                                 | (Names of New             |                                       |   |             |             |
| Cemetery<br>Crematory } |                           |                                       |  |                                 |                           |                                       |   |             |             |
|                         |                           | Lot No                                |  | Sales Tax                       |                           |                                       | •••••                                   | 3           | 27          |
|                         |                           | Grave No                              |  | Total Footing                   | of Bill                   |                                       | 8                                       | 344         | 27          |
|                         | DESCRIPTION OF THE PARTY. | Section No                            |  | Less 5.7.2.                     | by Hav                    | 5                                     |   | 1.6         | ۲۱          |
|                         |                           | Block No                              |  |                                 | (Ba                       | Ince                                  | s                                       | 3.2.7.      | 76          |
| Diagram of              | Lot or Vault              | Owner                                 |  | Entered into I                  | edger, page               | Xor b                                 | elow.                                   |             | ,           |
| Date                    |                           | Amount Paid                           | Balance  | Date                            |                           | of the latter                         | Amount Pai                              | d Bal       | lance       |
|                         | To Above Balance          |                                       | 8  |                                 | To Balance                | Forward                               |   |             |             |
|                         | By Payment                | ss                                    | s  |                                 | . By Paymen               |                                       |   |             |             |
|                         |                           | \$                                    | \$   |                                 |                           |                                       | \$                                      |             | 1           |
|                         | a a                       | \$                                    | \$   |                                 |                           |                                       | \$                                      |             | 1           |
|                         | a a ,                     | \$                                    | \$   |                                 |                           |                                       | \$                                      |             |             |
|                         | и и                       | \$                                    | \$   |                                 |                           |                                       | \$                                      |             |             |
|                         | и и                       | \$                                    | \$   |                                 |                           |                                       | \$                                      |             | 1           |
|                         | и и                       | \$                                    | \$   |                                 | u u                       |                                       | \$                                      |             |             |
| Insurance S             | 1                         | Names of<br>Lodges                    |  |                                 | Insurance<br>. Companies. |                                       |   |             | 200         |
| I hereby authori        | ze the above Funeral, a   | nd I hereby represent                 | that I have su   | fficient resources L            | gally available           | to                                    |   |             |             |
| for the payment         | of aforesaid sum, and     | I hereby covenant an                  | d agree to pay   | the same within                 |                           | (Firm )                               | Mame of Funeral<br>m date. Inter        | Directors.) | no from     |
|                         | rate of                   |                                       |  |                                 |                           |                                       | THE THE                                 | www to neer | ae irom     |
| Witness                 |                           |                                       |  | Address                         |                           | · · · · · · · · · · · · · · · · · · · |   |             |             |
| ** 1 Calcas             |                           |                                       | The state of the s | Adures                          | ***********               |                                       |   | Victorion   | The same    |

| Total No. 4.14.4. Yearly No   | Date of Entry October 2.8.19.4.7   |
|---|--|
| Name of Deceased. Milliam Herry.  | /Vayua (What Race)   |
| Residence: Hamilton Timp - Nelle of Caglin  | llo   Husband   Wile   Widow   Sadle   Mattur decea  |
| Charge to . Wingil Mathis   | Complete Funeral (except outlays)  |
| Address. Cumutaburg Ja  | Complete Function (cheeps as 2 )   |
| Order given by. Ceboul  | Burial Vault or Box . Gentless - 130 00  |
| How Secured:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$   |
| Occupation January  | Suit or Dress (State Kind and Color)   |
| Employer and Address  | Slippers, \$   |
| Date of Death Oct 135 47 2145 OM  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. Oct. 3 1872  | Door Spray, \$ : :   |
| Age. 75 72  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$   |
| Date of Funeral 1/28/47 Juls 20 M   | Extra Limousines   |
| Services at : Law Rock Church   | Autos to R. R. Station   |
| Clergyman: Rev Webber, Eagleville   | Taking Remains to  |
| Religion of the Deceased Centacastal  | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Nashvilly Ind  | Deliver Flowers to   |
| Resided in the State. 5-3 474   | Removal Charges.   |
| Place of Death. Rucal N. W. J. Eaglwill   | Certif.Copiesof Death CertificatesNo   |
| Cause of Death: Coronary & humbarn  | Procuring Burial Permit. (State Number and Datrict)  Certif. Copiesof Death Certificates No.  Certif. Copiesof Death Certificates No.  (State Physicistry Cornect*)  Pall Bearer Service, \$. Use of Chapel, \$. |
| Contributory Causes.  | Gross Total for Sales Tax\$ 2.1.2.   |
| Contributory Causes.  | Outlay for Lot:  |
| Certifying Physician, Jos W hull Colone   | Flowers, \$Palms, \$:.Matting, \$<br>Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb   |
| Name of Father Henry Mathis   | Lining Grave, \$Lowering Device, \$  |
| His Birthplace Judiana  | Outlay for Shipping Charges.  Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother. Lut Rusun  | Railroad Tickets, \$ Aero- Service, \$ Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace. not kumm  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to  | Out of town Undertaker's Charges   |
| Size of Casket Per Sh. gray   | Personal Service   |
| Manufactured by Ristate Colorand Number Cu -  | line Death Notices in Papers   |
| Cemetery } Payne Cerutery (Lane Roch)   | (Names of Newspapers)  |
| Lot No.   | Shert I sex 3 97.  |
| Grave No  | Sales Tax  |
| Section No.   | Total Footing of Bill  |
| Block No.   | Balance S 3 6 0 7 /  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |
| Date Amount Paid Balance  | Balance Amount Paid Balance  |
| To Above Balance\$  | To Balance Forward \$  |
|   |  |
| ,   | \$ \$ \$   |
|   | \$ \$  |
| \$  |  |
| " " S S   | * * *  |
|   | " " s s  |
| Insurance \$  | Insurance  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pr                       |  |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Address  |

| Total No. 2/65  | Yearly No3             | 4                                       | Date of                         | Entry  | ev                | 1           | 19 %      |
|---|------------------------|---|---------------------------------|--|-------------------|-------------|-----------|
| Name of Deceased Zee  | wis Fran               | icis K                                  | odl (Fra                        | 4)   |                   |             |           |
| Residence: Laman  | gle Widowed            | ☐ Divorced                              | [Fillingham]                    | Wife Widow ?   | earl do           | 11          |           |
| Charge to AA Dy Mu  | · Dage                 |   |                                 | Age of Hu  | earl Rv           | g) 66       | Years     |
|   |                        | •••••                                   | Complete Fun                    | eral (except outlays)  | \$                | 150         | 00        |
| Address.  |                        | • | Casket                          |  |                   |             | v 2000    |
| Order given by/WY (P)   | (or informant)         | •••••                                   | Burial Vault o                  | r Box Coucult<br>(State Kind)<br>dy (Name of Emba                                      | value             | . 7.0.3.    |           |
| How Secured   |                        |   | Embalming Bo                    | ody(Name of Emba   | imer)             |             |           |
| If Veteran, State War   | 2                      |   | Barber, S                       | ,\$Under   | 1K, φ             |             |           |
| Occupation Janua -  | 488 - 2                | 2 - 6060<br>rity Number)                | Suit or Dress                   | (State Kind and C  |                   |             |           |
| Employer and Address  |                        |   | Slippers, \$                    |  |                   |             |           |
| Date of Death . Oct 30  | 1947                   | (Hour)                                  | Folding Chairs                  | \$ Tarpaulin<br>\$ Candles, \$   | , \$              |             |           |
| Date of Birth   | <sup>nte)</sup> /87 →  |   | Door Spray, \$                  | Gloves, \$.  |                   |             |           |
| Age   | 0 16                   |   | Funeral Car, \$                 | Ambulance<br>Cemetery @ \$   | , \$              |             |           |
| Date of Funeral. 11/1/47  | Lut (Days)             | 2 P M                                   |                                 | nes  |                   |             |           |
| Date of Funeral   | Day of Week)           | (Hour)                                  | Autos to R. R.                  | Station @ \$   |                   |             |           |
| Clergyman Clearles  | Harpe                  |   | Taking Remai                    | ins fromns to  |                   |             | <br>      |
| Religion of the Deceased  | (Address)              |   | Trip to Corone                  | er's Inquest   |                   |             |           |
| Birthplace Clay Cour  | ty Vis.                |   |                                 | tos to   |                   |             |           |
| Resided in the State  | 474                    |   | Removal Char                    | mor  | 9                 |             |           |
| Place of Death. Secates   | City or County) (Your  | (Months)                                | Procuring Bur                   | al Permit  | and District)     |             |           |
| Cause of Death Meptic   | every Hors.            | 7.7                                     | Poll Boaron Son                 | al Permit.  (State Number esof Death Certificat (State Physician's rvice, \$ Use of C. | or Coroner's)     |             |           |
|   | ococi pyrin            | rigius                                  | Gross Total for                 | r Sales Tax  | napeι, φ          | 255         | 00        |
| Contributory Causes   |                        |   | Outlay for Lot                  |  |                   |             |           |
| ν Δ   | ······                 |   | Cremation                       | .Palms, \$ Mai   | ting \$           |             | ,         |
| Certifying Physician K. R.  | (or Coroner)           |   | Rental of Tent                  | \$of Temporary   | Vault. \$         |             | 10.0      |
| His Address Lean S  | 1                      |   |                                 | ave or Tomb<br>\$Lowering De   |                   |             |           |
| Name of Father. John  | non                    |   | Outlay for Shir                 | ming Charges   |                   |             |           |
| His Birthplace Sucle  | ana                    | · · · · · · ·                           | Clergyman, \$ Railroad \ Ticket | Singers,\$Org s, \$Aero- plane Se Cable or Radio Char                                  | ganist,\$         |             |           |
| Maiden Name of Mother   | ua C curu              | 4                                       | Telegr., Phone.                 | Cable or Radio Cha   | rges              |             |           |
| Her Birthplace  | aguna                  |   | Cash Advanced                   | 1  |                   |             |           |
| Motor Ship Remains to   |                        |   | Personal Service                | ndertaker's Charges.   |                   |             |           |
| Size of Casket Heigh  | te Color and Number)   |   |                                 |  |                   |             |           |
| Manufactured by (Star   | Thapel.                |   |                                 | Notices in Pa  | pers              |             |           |
| Cemetery Crematory } ELR  | sugar.                 |   |                                 | (Names of Newspapers)  |                   |             |           |
|   | Lot No                 |   | Soles Tow M                     | vailt 2%   |                   |             | 15        |
|   | Grave No               |   | Total Footing                   | of Rill  |                   | 257         | 10        |
|   | Section No             |   | Less descr                      | of 2 - 4 Cochi   | 0500              | 107         | /D        |
|   | Block No               |   |                                 | Balance h.   | my OAP &          | 150         | 00        |
| Diagram of Lot or Vault   | Owner                  |   | Entered into L                  | edger, pageO.Kr  | beid#47           |             |           |
| Date  | Amount Paid            | Balance                                 | Date                            |  | Amount Paid       | Bala        | ince      |
| To Above Balance  |                        | \$                                      |                                 | To Balance Forward   |                   | 2           |           |
| By Payment  | \$                     | \$                                      |                                 | By Payment   |                   | . s         |           |
| " "   | \$                     | \$                                      |                                 | # # · · · · · · · · · · · · · · · · · ·  |                   | . \$        |           |
|   | \$                     | \$                                      |                                 | и и  | \$                | . \$        |           |
|   |                        | \$                                      |                                 | « « ······   | \$                | . \$        |           |
| и и   | 8                      | 8                                       |                                 |  | \$                | . \$        |           |
| # #   | 8                      | s                                       |                                 | и и  |                   | . \$        |           |
|   | Names of<br>Lodges     |   |                                 | Insurance<br>.Companies.   |                   | . \$        | <u></u> . |
| Insurance \$  | and I hereby represent | that I have suf                         | ficient resources To            | .Companies   |                   |             |           |
| I hereby authorize the above Funeral, a for the payment of aforesaid sum, and | I hereby covenant and  | agree to pay t                          | he same within                  | (Fire  | Name of Funeral D | irectors.)  |           |
| maturity at the rate of   | per annum.             |   | Signed.                         | days I   | om date. Intere   | st to accru | e from    |
| Witness   |                        |   | Address                         |  |                   |             |           |
| Water and a second  | Com                    | piled by F. J. SR                       | INTEMAN OF Tank                 |  | *************     | *******     |           |

| Total No 2/66 Yearly No 35   | Date of Entry 2/ 19.42   |
|--|--|
| Name of Deceased. Earnest allen & Married   Single   Widowed   Divorc  | ubsan w  |
| Charge to Carl theen other children  | Ced SWhate Race)  Mitunband Wife Widow May Status  or of Age of Haband or Wife (if living)       |
| Address  | Complete Funeral (except outlays)  |
| Order given by MisCarl Green   | Casket   |
| How Secured::(or informant)  | (State Kind)   |
| If Veteran, State War  | Barber, \$   |
| Occupation Carpenter 485-07-1016   | Drossing Rody & Undownson &  |
| Employer and Address Lamani Coal of Walter   | Suit or Dress (State Kind and Color)   |
| Date of Death. Mov 19 1947 3:45A   |  |
| Date of Birth. Sept (Date) 1890 (Hour)   | Candelabrum, \$Candles, \$   |
| Age577 / 29  | Door Spray, \$ Gloves, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |
| Date of Funeral 1/2/1/97 Fu > P M  | I. Extra Limousines  |
| Services at::: Church  | Getting Remains from   |
| Clergyman::(Address)   | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace . Stated Jewes , Sa   | Deliver Flowers to   |
| Dovidad in the Chara Kele Time   | Removal Charges  |
| (or U. S. or City or County (Years) (Months)   | Procuring Burial Permit. (State Number and District)  — Certif. Copies of Death Certificates No. |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 185 00   |
|  | Cremation  |
| Certifying Physician.  | Flowers, \$Palms, \$:::::Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$                 |
| His Address  | Opening of Grave or Tomb. 40.4 Manhall 1400  |
| Name of Father. John Sedan   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.                              |
| His Birthplace Illinois  | Clergyman, \$Singers, \$Organist, \$<br>Railroad   Tickets, \$plane Service, \$                  |
| Maiden Name of Mother Catherine ) he dowell  | or Motor Tickets, \$   |
| Her Birthplace. Jawa   | . Cash Advanced  |
| Motor   Remains to   | Out of town Undertaker's Charges   |
| - 6/2 Atulas (- Ph.  | Personal Service.  |
| Manufactured by (State Color and Number)   | line Death Notices in Papers   |
| Cemetery Crematory & Rose MW   | (Names of Newspapers)  |
| Lot No 5 t - S   | 1,270  |
| Grave No   | Sales Tax  |
| Section No.  | Total Footing of Bill \$ 200 85<br>Less 57 M 1865 by Dec 1 \$ 8 33                               |
| Block No   | - 0 \1 0001117   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance\$   | To Balance Forward   |
|  |  |
| a a \$ \$  | ssssss   |
| « " ş ş  |  |
| # # \$ \$  |  |
|  |  |
|  |  |
| Names of   |  |
| Insurance \$ Names of Lodges.  | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have st                                      | ufficient resources Legally available to (Firm Name of Funeral Directors.)                       |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. | y the same within  |
| Witness  | Address  |
| # 1000000  |  |

|  |                              | Car C             | /A A O  | _ ,                  | -0                              |   |             |         |
|--|------------------------------|-------------------|---|----------------------|---------------------------------|---|-------------|---------|
| Total No. 21. 4. 7   | Yearly No3                   | 6                 | Date o  | of Entry             | Dec                             |   |             | 19 4.7  |
| Name of Deceased 24  | elta Fern<br>ingle   Widowed | Har               | p.  |                      |                                 |   |             |         |
| Married C 8  |                              | Divorced          |   | ent Class            | Pols                            | What Rac                                | (e)<br>-    |         |
| Residence Zaman  | ,                            |                   | UHunband of                                       | Wite□Widow of        | Age of Husb                     | land or Wite (if liv                    | ing)        | Years   |
| Charge to Col. Hay   | P                            |                   | Complete Fu                                       |                      | E. West and Controls            |   |             | 00      |
| Address Lauran   | <i>i</i>                     |                   |   |                      |                                 |   |             | - only  |
| Order given by   | (or informant)               |                   | Casket<br>Burial Vault                            | or Box               |                                 |   |             |         |
| How Secured  | (or informant)               |                   | Embalming 1                                       | Body                 | (State Kind)                    |   |             |         |
| If Veteran, State War  |                              |                   | Embalming l<br>Barber, \$                         | н                    | Name of Embalm<br>air Dressing  | er)<br>(, \$                            |             |         |
| Occupation Housewif  |                              | rity Number)      | Dressing Bor                                      | lv. S                | Underw                          | ear, \$                                 |             |         |
| Employer and Address   | (Social Secu                 | rity Number)      | Suit or Dress                                     | (St                  | te Kind and Cole                | я) .                                    |             |         |
| Date of Death. Dec.  | 4 1947                       | 9 AM              | Slippers, \$<br>Folding Chai                      | irs. \$              | Tarpaulin,                      | \$                                      |             |         |
| Date of Birth. April   | Date) 188 3                  | (Hour)            | Candelabrum                                       | 1. \$                | Candles, \$.                    |   |             |         |
| /.   |                              | •••••             | Door Spray,<br>Funeral Car,                       | \$                   | Gloves, \$                      | \$                                      |             |         |
| (Years)  | (Months) (Days)              |                   | Limousines t                                      | o Cemetery           | @\$.                            |   |             |         |
| Date of Funeral. 176/4.7   | Sect<br>(Day of Week)        | O .M.             | Extra Limou<br>Autos to R. I                      |                      |                                 |   |             |         |
| Services at  |                              | ,                 | Getting Rem                                       | nains from           | w w.                            |   |             |         |
| Clergyman . art Lane   | A Pave San                   | cet               | Taking Rema                                       | ains to              |                                 |   |             |         |
| Religion of the Deceased   |                              |                   | Trip to Coro<br>Delivering B                      | ner's Inques         | t                               |   |             |         |
| Birthplace . Lawrence  | e, Much.                     |                   | Deliver Flow                                      | ers to               |                                 |   |             |         |
| Resided in the State 6. 7  | CARROL AND A                 |                   | Removal Cha                                       | arges                |                                 |   |             |         |
| Place of Death . Laur  | or City or County) (Years    | ) (Months)        | Certif Co   | nies of Death        | (State Number                   | and District)                           |             |         |
|  | replinition                  |                   | Procuring Bu —Certif.Co Pall Bearer S             | ervice.\$            | ute Physician's of<br>Use of Ch | Coroner's)                              |             |         |
|  |                              |                   | Gross Total i                                     |                      |                                 |   | 349         | 00      |
| Contributory Causes  | processor                    |                   | Outlay for L                                      | ot:                  |                                 |   |             |         |
| P.   | CE Hame                      | <i>†</i>          | Cremation Flowers, \$                             | Palms, \$            | .:Matt                          | ing. \$                                 |             |         |
| Certifying Physician.  | (or Coroner)                 | /                 | Rental of Ter                                     | nt, \$ of 7          | emporary V                      | ault.\$                                 |             |         |
| His Address . Laura  |                              | ,                 | Opening of G<br>Lining Grave                      | rave or To           | nb                              | ice \$                                  |             |         |
| Name of Father John W.   | mayoroon                     |                   | Outlay for Sh                                     | inning Cha           | rope                            |   |             |         |
| His Birthplace   |                              |                   | Clergyman,\$ Railroad or Motor Tick Telegr., Phon | Singer               | s,\$Orga                        | nist,\$                                 |             |         |
| Maiden Name of Mother.   | una sas                      | ······            | Telegr., Phon                                     | ιe. Cable or 1       | plane Ser<br>Radio Charo        | vice, p                                 |             |         |
| Her Birthplace   | auch .                       |                   | Cash Advanc                                       | ed                   |                                 |   |             |         |
| Motor Remains to   |                              |                   | Out of town<br>Personal Serv                      | Undertaker<br>zice   | s Charges                       |   |             |         |
| Size of Casket.  | Rose Tan.                    |                   |   |                      |                                 |   |             |         |
| Manufactured by . Euch   | 15 Care Co                   |                   | line Dea  | th Notices i         | 1Pap                            | ers                                     | .,          |         |
| Cemetery Crematory   | Heel                         |                   |   | (Names of Ne         | wspapers)                       |   |             |         |
|  | Lot No /50                   | 7                 |   |                      |                                 |   |             | 77.5°   |
|  | Grave No                     |                   | Sales Tax<br>Total Footing                        |                      | ••••••                          | • | 2//         | 77      |
|  | Section No                   |                   | Less 5.70.00                                      |                      | /                               | \$                                      | 3.66        | 49.     |
|  | Block No                     |                   |   | 100 151              | alance                          | \$                                      | !7.         | 6.2.    |
| Diagram of Lot or Vault  | Owner                        |                   | Entered into                                      | Ledger, pag          | enance<br>eor b                 | \$<br>elow                              | .34.8       | .8.7.   |
| Date   | Amount Paid                  | Balance           | Date  | Mar Ton              |                                 | Amount Pa                               | i .         | ance    |
| To Above Balance   |                              | s                 |   | The Deliver          |                                 | Amount Fa                               | Bal         | ance    |
| By Payment   | s.                           | 8                 |   | By Paymer            | Forward                         |   | \$          |         |
| и и  | \$                           | \$                |   | u u                  | 16                              | \$                                      | \$          |         |
| и и и  | \$                           | \$                |   |                      |                                 | 9                                       | \$          |         |
|  | \$                           | \$                |   | " "                  |                                 | \$                                      |             |         |
| " " "  | \$                           | \$                |   | " "                  |                                 | \$                                      |             |         |
|  | \$                           | \$                |   | " "                  |                                 | \$                                      | \$          |         |
|  | Names of                     | •                 |   | a a                  |                                 | \$                                      | \$          |         |
| Insurance \$   | Names of .Lodges             |                   |   | Insurance Companies. |                                 |   |             |         |
| I hereby authorize the above Funeral,                            | and I hereby represent       | that I have su    | fficient resources I                              | Legally availab      | (Firm )                         | lame of Funeral                         |             |         |
| for the payment of aforesaid sum, and<br>maturity at the rate of | % per annum.                 | agree to pay      |   |                      | days from                       | m date. Inter                           | est to accr | ae from |
|  |                              |                   | Signed  |                      |                                 | ······                                  |             |         |
| Witness  | Com                          | piled by F. J. FR | Addres  |                      |                                 |   |             |         |

| Total No. 2/48 Yearly No. 37   | Date of Entry Dec 9 1947.  |
|--|--|
| Name of Deceased Mrs Clva Jones (  | (Misfolin M)   |
| Married Single Widows Com  | (What/Race)  |
| Residence: davis City  | or of Man of Husband or Wiff (if Iving) Years  |
| Charge to: Q A Q   |  |
| Address.   | Complete Funeral (except outlays)  |
| Order given by Mus Norm Boswell.   | Burial Vault or Box (State Kind)   |
| How Secured::  | Embalming Body(State Kind)   |
| If Veteran, State War  | Rarber \$ Hair Dressing \$   |
| Occupation Housewife Manu (Social Security Number)   | Dressing Body, \$ Undgrwear, \$ Suit or Dress. Glate Kind and Color) Slippers, \$ Hose, \$   |
| Employer and Address   | Slippers, \$   |
| Date of Death. Dec. 8 1947 5AM (Hour)  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. June / 1873   | Door Spray, \$ : :   |
| Age  | Funeral Car, \$Ambulance, \$Limousines to Cemetery   |
| Date of Funeral 179/47 Jules 20 M.   | Extra Limousines @ \$  |
| Services at: St. Church Dewis City   | Autos to R. R. Station   |
| Clergyman: Oty Sulather  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace May Osenlugton, La  | Deliver Flowers to   |
| Resided in the State   | Removal Charges.   |
| Place of Death were War Davis City   | Procuring Burial Permit.  Certif. Copiesof Death (State Number and District)  Certif. Copiesof Death Certificates No.  (State Psysidian's or Genoral's)  |
| Cause of Death / ferrorabge of Brain   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes. Hy hertenting   | Gross Total for Sales Tax  |
| Continuo, Canada de la casa de la | Outlay for Lot:<br>Cremation   |
| Certifying Physician, J.J. Rud   | Flowers, \$ Palms, \$ :  |
| His Address . Dewis Growing  | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
| Name of Father Offiel Lovell   | Lining Grave, \$Lowering Device, \$  |
| His Birthplace. Eugland  | Outlay for Shipping Charges  |
| Maiden Name of Mother. right hum   | Clergyman,\$Singers,\$Organist,\$.  Railroad Tickets, \$dero-Service,\$  Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace and human   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| a stude cay - 4 mg   | Personal Service.  |
| No   | line Death Notices inPapers  |
| Cemetery Cold Fellows - Davis City Crematory   | (Names of Newspapers)  |
| Lot No   | 9, 6,  |
| Grave No   | Sales Tax Acotour-   |
| Section No   | Total Footing of Bill \$ 15t 6/1 Less Polly Norm Or pamell \$ 5 6.7  |
| Block No   | Od in full per Balance \$ 15.000   |
| Diagram of Lot or Vauit Owner  | Entered into Leager, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward.  |
| By Payment\$\$   | By Payment \$ \$   |
|  |  |
| \$\$   |  |
|  |  |
| \$   |  |
|  | " " \$ \$  |
| Names of Lodges.   | Insurance<br>Companies   |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have so  | we to the west of the second o |
| I hereby authorize the above Funeral, and I hereby represent that I have so<br>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  |
| Witness  | EINEMAN St. Louis, Mo.   |

| Total No. 2/69 Yearly, No. 38  | Date of Entry  |
|--|--|
| 4 · · · (K   | ry Sharp (What Race)   |
| Name of Deceased. Surganum Will  |  |
| Residence: Widowed Divorce Residence: Differ Turney Harris Co. H   | Allusband   Wife   Widow   Well Line   Wife (If living)   Years   Or   Years   Years |
| Charge to Mrs Ida Sharf  |  |
| Address  | Complete Funeral (except outlays)  |
| Order given by abue  | Casket A Obid Cuttle 1,0,5 00 Burial Vault or Box (State Kind) Embalming Body Smithern   |
| How Secured:   | Embalming Body (Name of Embalmer)  |
| If Veteran, State War. 200   |  |
| Occupation Farming none  | Barber, \$ Har Dressing, 97. Underway, \$ Underway, \$ 17.00 Suit or Dress. (Sake Rind and closer) Slippers, \$ Hose, \$ Dadding Chairs, \$ Tarpaulin, \$  |
| (Social Security Number)   | Stilt of Diess. (State Kind and Color) Hose, \$  |
| Date of Death. Plc. 14 1947. 3 PM. (Hour)  | Folding Chairs, \$Tarpaulin, \$  |
| Date of Death. Dec. 14, 1947. 3 P.M. Date of Birth. Nov. 15, 1858. (Hour)  | Candelabrum, \$. Candles, \$   |
|  | Euneral Car \$Ambulance, \$  |
| Age. 89 3 39 (Months) (Days)   | Limousines to Cemetery   |
| Date of Funeral / //4/4? Thus M  | Extra Limousines   |
| Services at M. E. Church Caglewill   | Getting Remains from   |
| Cleroyman Charles Harpe  | Taking Remains to  |
| Religion of the Deceased L. S. (Redress)   | Delivering Box to  |
| Birthplace Harrison Co. Mo   | Deliver Flowers to   |
| Paridad in the State lefeture  | Removal Charges.   |
| Place of Death. Hamis Co, Mrs. M. Eastern  | Certif.Copiesof Death Certificates No.   |
|  | Procuring Burial Permit.  (State Number and District)  Certif.Copiesof Death Certificates No.  (State Physician's or Commer's)  Pall Bearer Service, \$\frac{8}{2}\$. Use of Chappel, \$\frac{8}{2}\$.   |
| Cause of Death   | Gross Total for Sales Tax\$ 4.3.9.0.0  |
| Contributory Causes  | Outlay for Lot.  |
|  | Flowers, \$Palms, \$Matting, \$  |
| Certifying Physician   | Rental of Tent. \$ of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb   |
| Name of Father. Ouestin Sharf  | Outlay for Shipping Charges  |
| His Rirthplace / euulall   | Clergyman,\$Singers,\$Organist,\$<br>  Railroad of Motor   Tickets, \$  Peinae Service,\$  |
| Waidon Nama of Mother Eleveleth Millims.   | or Motor Tickets, \$   |
| Her Birthplace English Remains to Eaglisell  | . Cash Advanced.   |
| Motor Remains to Saglwell  | Out of town Undertaker's Charges.  |
| Size of Casket OC / To Couch To  |  |
| Manufactured by Rooms Cook and Humber  | line Death Notices in Papers   |
| Cemetery Englished   | (Names of Newspapers)  |
| Lot No.  |  |
| Grave No.  | Sales Tax  |
| Section No   | Total Footing of Bill  |
| Block No.  | Less. 5/11 by Let 2611 \$ 2.2.17.  Balance 47 \$ 42122   |
| Oumon  | Entered into I   |
| Diagram of Lot of value  | Entered into Ledger, pageor below.   |
|  | Amount Paid Baiance  |
|  | To Balance Forward \$  |
|  | By Payment \$ \$   |
|  |  |
| , , , , , , , , , , , , , , , , , , ,  |  |
| « » s e  | ***************************************  |
| # # \$ \$  | \$   |
| « « ss   | \$   |
| Names of Lodges  | Insurance  |
| Insurance \$Lodges.  Thereby authorize the above Funeral, and I hereby represent that I have   | Insurance Companies  |
| Insurance \$  I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to present the payment of aforesaid sum, and I hereby covenant and agree to present the payment of a foresaid sum, and I hereby covenant and agree to present the payment of the paym | ty the same within (Firm Name of Funeral Directors.)   |
| maturity at the rate of% per annum.  | ty the same within   |
| Witness  | Address  |
| Compiled by F. J.  | FRINEMAN, St. Louis, Mo.   |

| Total No. 2/.70 Yearly No  | Date of Entry Jan 11 1948.  |
|--|---|
| Name of Deceased Bertha Me   | artin w   |
| Residence: Mural year Lamoni   | THERMOTHER WILLIAM Slee Martin  |
| Charge to: Leave Martin  | orof ) Age of Husband or Wife (if living)   |
| Address.   | Complete Funeral (except outlays)\$ .2.78.00.   |
| Order given by Mus Harrington  | Burial Vault or Box   |
| How Secured:   | Embalming Body(State Kind)  |
| If Veteran, State War  | Embalming Body (Name of Embalmer) Barber, \$  |
| Occupation larsewife none  | Dressing Rody \$ Underwear \$   |
| Employer and Address . our her Social Security Number)                       | Suit or Dress (State Kind and Color) Slippers, \$. (State Kind and Color)   |
| Date of Death. Jan 7. 1948 115° PM   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. May 2 1878 (Hour)   |   |
| Age. 69 8 5<br>(Years) (Months) (Days)                                       | Door Spray, \$  |
|  | Limousines to Cemetery @ \$   |
|  | f. Extra Limousines @ \$  |
| Services at Chafel   | Getting Remains from  |
| Clergyman: : (Address)   | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Kewanee . Iel   | Deliver Flowers to  |
| Resided in the State. 6.0 473. (or F. 5. or City or County) (Years) (Months) | Procuring Burial Permit.  |
| Place of Death Acural, Man Lamon   | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physician or Concord)  Pall Bearer Service, S. Use of Chapter S. |
| Cause of Death Cerebral Hemorahge  | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes. 24 pettertim  | Gross Total for Sales Tax\$ 298 00  |
|  | Outlay for Lot:   |
| Certifying Physician. & Samut  | Flowers, \$ Palms, \$ : Matting, \$   |
| (or coroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. To A. Marchaell. 14 00  |
| His Address  | Lining Grave, \$Lowering Device, \$   |
| Name of Father. Robert Garland   | Outlay for Shipping Charges.  |
| His Distantage   | Clergyman,\$Singers,\$Organist,\$Railroad } Tickets, \$plane Service,\$   |
| Maiden Name of Mother. Mahala Shark  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace. Alwand all   | Cash Advanced   |
| Motor Ship Remains to  | Personal Service.   |
| Size of Casket. Simpsons - Nose ton<br>(State Color and Number)              | P. D. d. M. diagram   |
| Manufactured by  | line Death Notices inPapers   |
| Manufactured by Rose Hell Crematory }  | (Names of Newspapers)   |
| Lot No   | Sales Tax   |
| Grave No   | Total Footing of Bill\$   |
| Section No   | Less Plist 15.05 by Jan 21,21 8   |
| Block No   | Od in Balance Sun 1948 8  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance   | ce Date Amount Paid Balance   |
| To Above Balance. \$   | To Balance Forward  |
| By Payment. \$ \$  | By Payment\$\$  |
| a a \$\$   |   |
| я и  |   |
| « « ", ", ", ", ", ", ", ", ", ", ", ", ",                                   | \$ \$ \$  |
| # # \$ \$  | \$  |
| « « \$ \$  |   |
|  |   |
| Insurance \$ Names of Lodges   | Insurance<br>   |
| I hereby sutherize the shove Funeral, and I hereby represent that I have     | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to p       | ay the same withindays from date. Interest to accrue from   |
| maturity at the rate of% per annum.  | Signed  |

| )   | RECO                                | RD O           | F FUN                          | IERAL  |                                       | 10    |        |
|---|-------------------------------------|----------------|--------------------------------|--|---------------------------------------|-------|--------|
| Total No. 4/.7./  | Yearly No                           | z              | Date of                        | Entry  | meary                                 |       | 19 %,8 |
| Name of Deceased  | aspert a.                           | Balle Divorced | entipul                        | WHO Widow \ May  | (What Race)                           | uty   | ·····  |
| Residence . Augal, n  | ear Lamoni                          |                | [Husband]                      | wite Widow Age of He   | aband or Wife (if livin               | 92    | Years  |
| Charge to:  |                                     | г              | 01                             | eral (except outlays)  | \$                                    | 352   |        |
| Address   | ,                                   |                | Complete Func                  | arati (except outday -)  | · · · · · · · · · · · · · · · · · · · |       |        |
| Order given by . Leau   | (or informant)                      |                | Burial Vault or                | Box Halian (State Kind   | erger                                 |       | 00     |
| How Secured:  | (or informant)                      |                | Embalming Bo                   | dy(Name of Embi  | dmer)                                 |       |        |
| If Veteran, State War   |                                     |                | Barber, \$                     | Hair Dressi  | ng, \$                                |       |        |
| Occupation Farmi  | ug Ko                               | rity Number)   | Dressing Body<br>Suit or Dress | \$Under  |                                       |       |        |
| Employer and Address  | (Social Secu                        | ity Number)    | Ciliamona &                    | Hose, \$   |                                       |       |        |
| Date of Death Jane  | 16 1948                             | 1,30 8 M       | Folding Chairs                 | STarpauli  | 1, φ                                  |       |        |
| Date of Birth Oct   | 4 1870                              | (Hour)         | Door Spray, \$                 | \$Candles, Gloves, \$  |                                       |       |        |
| Age   | 3 /2                                |                | Funeral Car. \$                | Ambulanc   | e, \$                                 |       |        |
| Date of Funeral. 1/18/4.5.  | (Months) (Days)  (Day of Week)      | 2/30 PM.       | Extra Limousi                  | Cemetery @ :   |                                       |       |        |
| Services at Coline  | (Day of Week)                       | (Hour)         | Antos to R. R.                 | Station @  | 5                                     |       |        |
| Clergyman E   | Glean                               |                | Taking Remain                  | ns from  |                                       |       |        |
| Religion of the Deceased.   | D Address)                          |                | Trip to Corone                 | r's Inquest  |                                       |       |        |
| Birthplace Lolo   | lues - I                            |                | Deliver Flower                 | tos to   |                                       |       |        |
|   | 2-70                                |                | Removal Char                   | Por  |                                       |       |        |
| Resided in the State  | S. or City or County (Year          | (Months)       | Procuring Buri                 | al Permit (State Numb<br>esof Death Certificat<br>(State Physician)<br>vice, \$ Use of C | er and District)                      |       |        |
| Place of Death  | Accorded to                         |                | Certif.Copi                    | (State Physician'  | s or Coroner's)                       |       |        |
| Cause of Death Corone   | ny o celesion                       |                |                                | Sales Tax  |                                       | 482   | 0 0    |
| Contributory Causes.  | gterosialeious                      |                | Outlay for Lot                 |  |                                       |       |        |
| ,   |                                     |                | Cremation                      | .Palms, \$ Ma  | tting 0                               |       |        |
| Certifying Physician.   | 1 C. C. Same                        | ·····          | Rental of Tent,                | \$of Temporary   | Vault,\$                              |       |        |
| His Address Lau   | cour.                               |                | Opening of Gra                 | ve or Tomb 49.9  | Marinall                              |       | 00.    |
| Name of Father.   | es Ballaury                         |                | Outlay for Shir                | Lowering D<br>pping Charges  |                                       |       |        |
| His Birthplace  | collored                            |                | Clergyman,\$                   | Singers,\$Or<br>s,\$Plane S  | ganist,\$                             |       |        |
| Maiden Name of Mother C   | Emelene Cellare                     | ws             | or Motor   Ticket              | s, \$ plane S<br>Cable or Radio Cha  | ervice,\$                             |       | •••••  |
| Her Birthplace  | ennesee.                            |                | Cash Advanced                  | 1  |                                       |       |        |
| Motor Remains to  | State                               | LOWELL TO      | Out of town U                  | ndertaker's Charges  |                                       |       |        |
| Size of Casket  | rag-mole                            |                |                                |  |                                       |       |        |
| Manufactured by   | 100                                 |                | line Death                     | Notices in P   | apers                                 |       |        |
| Cemetery Crematory  | se Hill                             |                |                                | (Names of Newspapers)  |                                       |       |        |
|   | Lot No                              | 8              |                                |  |                                       |       |        |
|   | Grave No?                           |                | Sales Tax                      |  |                                       | 622   | 82     |
|   | Section No                          |                | Less . 5 % on 4                | of Bill  | \$                                    | 502   | 3//    |
| DELLES CONTRACTOR OF THE PARTY | Block No                            |                | 1000.17                        | - 0 1 1 Let 1 A. N.  | \$                                    | 2.4.  | Y.T    |
| Diagram of Lot or Vauit   | Owner                               |                | Entered into L                 | Balanceor  | holow                                 |       |        |
| Date  | Amount Paid                         | Balance        | Date                           |  | Amount Paid                           | Bali  |        |
| To Above Bala   | ance                                | 8              |                                | The Delt In Inc.   |                                       | Ditti | anos   |
| By Payment.   | and the second second second second | \$             |                                | To Balance Forward<br>By Payment   |                                       | . \$  |        |
|   |                                     | \$             |                                | a a  |                                       | . \$  | 1      |
| и и   |                                     | \$             |                                | и и  |                                       |       | 1      |
| и и и   | \$                                  | \$             |                                | a a  |                                       | \$    | 1      |
|   | \$                                  | \$             |                                | u u  | \$                                    | \$    |        |
|   | s                                   | \$             |                                | и и  | \$                                    | \$    |        |
|   | Names of                            |                | <u> </u>                       | и и  | \$                                    | \$    |        |
| Insurance \$  | Lodges                              |                |                                | Insurance  |                                       |       |        |

Insurance 5. Lodges ... Lodges ... Lodges ... Lodges ... Lodges ... Lodges ... Long ... Long

| Total No Yearly No 3   | Date of Entry Feb 19 1948.   |
|--|--|
| Name of Deceased. Jeanette Rene B  | eldin  |
| Residence: Bloomington Turks   | d (What Race)  |
| Charge to: Ster Bellelin   | orYears  |
| Address  | Complete Funeral (except outlays)\$  |
| Order given by Stelly Ob elolin  | Casket. 30 00  |
| How Secured: :   | Burial Vault or Box (State Kind) Embalming Body  |
| If Veteran, State War  | Barber, \$   |
| Occupation   | Dressing Body, \$ Underwear, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress  |
| Date of Death . F. 18 18 1948  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$  |
| Date of Birth. Seft 2 9 Date 1947 (Hour)   | Candelabrum, \$Candles, \$   |
| Age  | Door Spray, \$   |
| Date of Funeral. 1948 Thurs 28 M.  | Limousines to Cemetery @ \$  |
| Services at ::. Checkel (Day of Week) (Hour)   | Autos to R. R. Station   |
| Clergyman: Art Lane  | Getting Remains from.  Taking Remains to.  |
| Religion of the Deceased (Address)   | Trip to Coroner's Inquest  |
| Birthplace Lea   | Delivering Box to  |
| Resided in the State   | Removal Charges.   |
| Place of Death Blowington Turnshif.  | Procuring Burial Permit. (State Number and District)  —Certif. Copies of Death Certificates No |
|  | — Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$           |
| Cause of Death   | Gross Total for Sales Tax\$  |
| Contributory Causes  | Outlay for Lot:  |
| ····   | Cremation Flowers, \$  |
| Certifying Physician. (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address  | Opening of Grave of Tomb.  |
| Name of Father. Hey Collins  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman, \$. Singers, \$. Organist, \$. J. D. Railroad Tickets, \$. Aero-plane Service, \$.  |
| Maiden Name of Mother. Kay Korman  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace. Meason   | Cash Advanced. Out of town Undertaker's Charges.   |
| Motor Ship Remains to  | Personal Service. 7 rese of Chapel 10 00   |
| Size of Casket   | line Death Notices in Papers   |
| Manufactured by  | tapers   |
| Cemetery Crematory   | (Names of Newspapers)  |
| Lot No 10. 9. 7  | Sales Tax 60   |
| Grave No. kedd K. Y  | Total Footing of Bill . 4 49 3 3 45 00   |
| Section No   | Less If early fulf s   |
| Block No   | Balance  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   |  |
| To Above Balance \$  | To Balance Forward \$  |
| By Payment\$   | a a g g  |
|  | a a s s  |
| * *  | * * \$ \$ \$   |
| \$   |  |
| a a  |  |
| « «ss  |  |
| Names of Lodges  | Insurance  |
| The second of th | ifficient resources Legally available to.  (Firm Name of Funeral Directors.)                   |
| for the novment of sforesaid sum, and I hereby covenant and agree  | the same withindays from date. Interest to accrue from  Signed                                 |
| maturity at the rate of% per annum.  | Address.   |
|  |  |

| RECORD (  | OF FUNERAL   |
|---|--|
| Total No. 2/73 Yearly No. 4   | . Date of Entry  |
| Name of Deceased Illiam Edga  | 1. Larance (What Race)   |
| Residence: Xauum Jo   | [Vittusband] Wife Widow)   |
| Charge to:  | 9 9 7 9 9  |
| Address.  | Complete Funeral (except outlays)  |
| Order given by Harry Lorance  | Casket Burial Vault or Box (State Kind)  |
| How Secured: (or informant)   | Embalming Body (Name of Embalmer)  |
| If Veteran, State War   | Barber, \$   |
| Occupation Farming usue (Social Security Number)                            | Dressing Body, \$. Underwear, \$. Suit or Dress. Chara Kind and Color)   |
| Employer and Address (Social Security Number)                               | Slinners \$ Hose, \$   |
| Date of Death. Feb 17 1948 12 Med.  | Folding Chairs, S Tarpaulin,   |
| Date of Birth. July 23, 1874 (Hour)   | Candelabrum, \$ Candles, \$.  Door Spray, \$ Gloves, \$.   |
| Age73 6 24  | Funeral Car. \$ Ambulance, \$  |
| Date of Funeral. 721/48 Set 29 Months) (Days)                               | Limousines to Cemetery   |
| Services at . Cheepel (Day of Wesk) (Hour)                                  | Autos to R. R. Station @ \$  |
| Clergyman Dan Sorden-Robt Farukan   | Getting Remains from   |
| Religion of the Deceased 20 S (Address)                                     | Trip to Coroner's Inquest  |
| Birthplace Illinois   | Delivering Box to  |
| Resided in the State 50 %.  | Removal Charges  |
| Place of Death, Lauren Ja (Months)  | (State Number and District)  Certif Conject Death Certificates No.   |
| Cause of Death.   | Pall Bearer Service, \$. Use of Chapel, \$.  |
| Contributory Causes.  | Gross Total for Sales Tax\$ 327  |
|   | Outlay for Lot.  |
| Certifying Physician & & Samet  | Flowers & Polms & Motting &  |
| His Address   | Rental of Tent, \$of Temporary Vault, \$   |
| Name of Father Joseph Lorance   | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb Lot. Metallal 1/4 oc. Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges. |
| His Birthplace del  | Outlay for Shipping Charges.  Clergyman, S. Singers S. Organist S.   |
| Maiden Name of Mother Alice Greaford  | Clergyman,\$Singers,\$Organist,\$<br>Rallroad \Tickets,\$plane Service,\$  |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges   |
| Motor Ship Remains to   | Out of town Undertaker's Charges.  |
| Size of Casket 6/3 /2 couch gray  | Personal Service.  |
| Manufactured by Sunface   | line Death Notices in Papers   |
| Cemetery }  | (Names of Newspapers)  |
| Lot No /37.4  |  |
| Grave No  | Sales Tax 3 27   |
| Section No  | Total Footing of Bill \$ Less 10. an 324, 27 - 1621 \$   |
| Block No  | Balance  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
|   | To Balance Forward   |
|   | By Payment.  |
|   |  |
|   |  |
| # # \$ \$   | *  |
| # # \$ \$   | * *************************************  |
| # # \$ \$   | \$   |
| Names of Lodges.  | Insurance \$   |
| I hereby authorize the above Funeral, and I hereby represent that I have so | efficient resources I emilia II  |
| 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 Interest to accrue from   |
| Witness   | Address  |

| Total No 21.73 Yearly No 5  | Date of Entry. [-6 29 1948.  |
|---|--|
| Name of Deceased. Johnston John   Married   Single   Wildowed   Divorced  | Percey w   |
| Residence: Laman.  Charge to: A G.  |  |
|   |  |
| Address. Order given by Valua Lanian                                      | Complete Funeral (except outlays)  |
| (or informant)  | Burial Vault or Box  |
|   | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$ Hair Dressing, \$   |
|   | Suit or Dress.  (State Kind and Color)   |
| Employer and Address . P. VVVI . Pro void                                 | Suppers, \$Hose, \$  |
| Date of Death / eb 27 1948 6/30 AM  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. July 10 1861   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |
| Age   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 72/48 (Months) (Days)                                     | Limousines to Cemetery @ \$  |
| Services at : : Charlet (Day of Week) (Hour)                              | Autos to R. R. Station   |
| Clergyman: Syd Barrows  | Getting Remains from   |
|   | Trip to Coroner's Inquest  |
| Religion of the Deceased.   | Delivering Box to  |
| Birthplace Canada   | Deliver Flowers to   |
| Resided in the State  | Procuring Burial Permit.   |
| Place of Death Secatur Co Hosp.   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaptel \$             |
| Cause of Death. Brucho puenturia  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes Cerefiel Hemoretan                                    | Gross Total for Sales Tax. \$  |
|   | Cremation.   |
| Certifying Physician Dr & & Samet   | Flowers, \$ Palms, \$ Matting, \$  |
|   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb   |
| Name of Father John Johnston  | Lining Grave, \$Lowering Device, \$  |
|   | Outlay for Shipping Charges.   |
| His Birthplace. Califada  | Clergyman,\$. Singers,\$. Organist,\$. Railroad   Tickets, \$. dero-Service,\$. Telegr., Phone, Cable or Radio Charges |
| Maiden Name of Mother Mary leun almett                                    | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace. Cauada  | Cash Advanced. Out of town Undertaker's Charges.   |
| Motor Remains to  | Personal Service   |
| Size of Casket (State Color and Number)                                   | line Death Notices inPapers  |
| Manufactured by (State Color and Number)                                  | (Names of Newspapers)  |
| Cemetery Rose Hell Crematory  | (Names of Newspapers)  |
| Lot No  | Sales Tax Vio Tak-   |
| Grave No2   | Total Footing of Bill fall \$ .150.00  |
| Section No  | Less D. Rin Ang. L. D. S   |
| Block No  | Balange \$   |
| Diagram of Lot or Vault Owner   | Balange \$ S   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance\$  | To Balance Forward \$  |
| By Payment\$\$  |  |
| By rayment  |  |
| u u "\$\$   |  |
| g . g   |  |
| # #sss  |  |
| # #\$\$   |  |
| и и   | Theurence  |
| Names of Lodges   | Insurance<br>Companies   |
| TY bearing conveyent that I have  | sufficient resources Legally available to(Firm Name of Funeral Directors.)  The same within                            |
| to the assessment of aforesaid sum, and I hereby covenant and agree to pe |  |
| maturity at the rate of% per annum.                                       | Signed   |

| Total No. 2/.7.4 Yearly No 6               | Date of Entry March 7 19 18.   |
|--|--|
| Name of Deceased. Alexandu Na              | th (Sandy) 20,   |
| Residence: A amou                          | MIIIIIband Wife Widow Mayord Will (II living) 2. Years   |
| Charge to: Mrs. Margeret Watt.             | Complete Funeral (except outlays)  |
| Address. Zemnii                            | Complete Funeral (except outlays).   |
| Order given by a bace (or informant)       | Casket. Burial Vault or Box Alba (mulls 105 00   |
| How Secured:                               | Embalming Body(Name of Embalmer)   |
| If Veteran, State War 100                  | D 1 2 Hois Decema \$   |
| Occupation Farming + Tlameter 484-10-859.  | Barber, \$ Hall Diessing, \$ Underwear, \$ 79.50  Suit or Dress \$ Underwear, \$ 79.50  Suit or Dress \$ Hose, \$ Hose, \$ Hose, \$ Paraulin \$ 10.50  |
| Employer and Address Famers Stan & Lee Co. | Slippers, \$   |
| Date of Death March 4 1948 7 AM            | Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$   |
| Date of Birth. Alec, 7 1882                | Door Spray, \$   |
| Age. 65 2 27                               | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 3/7/48 See 2:30 M          | Extra Limousines   |
| Services at Columnia (Day of Week) (Hour)  | Autos to R. R. Station   |
| Clergyman, Charles Harpe                   | Taking Remains to  |
| Religion of the Deceased                   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Mcbraska                        | Deliver Flowers to   |
| Desided in the Chate 21 MM.                | Removal Charges  |
| Place of Death. (Months)                   | (State Number and District)  Certif. Copies of Death Certificates No.  |
| Cause of Death trake                       | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$\(^{\text{(State Psychology of Copies of Dayle)}}_{\text{1}}\)  Certif. Copiesof Death Certificates of Consume*s)  Use of Chaplel, \$\(^{\text{3}}\) |
| Contributory Causes.                       | Gross Total for Sales Tax\$ 45150  |
| Containation Causes.                       | Outlay for Lot.  |
| Certifying Physician W. M. Hills           | Flowers, \$Palms, \$.::Matting, \$   |
| (or Coroner)                               | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb & A. Mauskall 16 00   |
| Name of Father. Www Watt                   | Lining Grave, \$Lowering Device, \$  |
| His Birthplace. Lilluros                   | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$ Organist \$   |
| Maiden Name of Mother. Phoele Clements     | Clergyman,\$Singers,\$Organist,\$Railroad   Tickets, \$plane Service,\$  |
| Her Birthplace. Mebraska                   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to                           | Out of town Undertaker's Charges   |
| Size of Casket. 43 1/2 couch gray          | Personal Service.  |
| Manufactured by                            | line Death Notices in Papers   |
| Cemetery Crematory Rose Hill               | (Names of Newspapers)  |
| Lot No. 1454                               |  |
| Grave No                                   | Sales Tax  |
| Section No.                                | Total Footing of Bill  |
| Block No.                                  | Less . 70 . 456.01 - Piet 3/2/100 \$ \$  |
| Diagram of Lot or Vault Owner              | Entered into Ledger, page or below.  |
| Date Amount Paid Balance                   |  |
| To Above Balance \$                        | To Balance Forward.  |
|  | By Payment.  |
| # # \$ \$                                  | a a s  |
|  | и и \$   |
|  |  |
|  |  |
|  | *  |
| Insurance \$ Names of Lodges.              | Insurance \$\$   |
| Insurance \$                               | Insurance Companies.   |
| Insurance \$                               | y the same within  |
| maturity at the rate of % per annum.       | y the same withindays from date. Interest to accrue from  Signed   |
| Witness                                    | Address  |
| Compiled by P. J. I                        | PRINEMAN St Louis No.  |

| Total No Yearly No 7  | Date of Entry March 2 6 1948.  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name of Deceased. Jella Meloma He   | overs w  |  |  |  |  |  |  |  |
| Residence: Man Lamoni Ja  | Utusband Willow Wildow) Richard Monuers  |  |  |  |  |  |  |  |
| Charge to: Richard Flowers  | or   |  |  |  |  |  |  |  |
| Address. Zamom  | Complete Funeral (except outlays)\$ 3/1  |  |  |  |  |  |  |  |
| Order given by  | Casket. Burial Vault or Box  |  |  |  |  |  |  |  |
| How Secured::   | Embalming Body (State Kind)  |  |  |  |  |  |  |  |
| If Veteran, State War   | Embalming Body (State Kind)  Barber, \$. (Name of Embalmer)  Hair Dressing, \$.  |  |  |  |  |  |  |  |
| Occupation Asservife  | Dressing Body,\$Underwear,\$   |  |  |  |  |  |  |  |
| Employer and Address . au /caul (Social Security Number)                          | Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$.  |  |  |  |  |  |  |  |
| Date of Death. March 23 1948 12/45 11)  | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |  |
| Date of Birth. Jeb 8 1903 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |  |  |  |  |  |  |  |
| Age   | Funeral Car, \$Ambulance, \$   |  |  |  |  |  |  |  |
| Date of Funeral. 3/2 6/48 Friday 2PM  | Limousines to Cemetery @ \$  |  |  |  |  |  |  |  |
| Services at: .: Character (Boar of Week) (Hour)                                   | Autos to R. R. Station @ \$  |  |  |  |  |  |  |  |
| Clergyman:  | Getting Remains from   |  |  |  |  |  |  |  |
| Religion of the Deceased & D. S. (Address)  | Trip to Coroner's Inquest Delivering Box to  |  |  |  |  |  |  |  |
| Birthplace South Dahota   | Deliver Flowers to   |  |  |  |  |  |  |  |
| Resided in the State 6 40   | Removal Charges.   |  |  |  |  |  |  |  |
| Place of Death. (or U.S. or City or County) (Years) (Months)                      | Certif Copies of Death Certificates No.  |  |  |  |  |  |  |  |
| Cause of Death  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |  |  |  |  |  |
| Contributory Causes.  | Gross Total for Sales Tax. \$ 3/2 00 Outlay for Lot.   |  |  |  |  |  |  |  |
|   | Cremation  |  |  |  |  |  |  |  |
| Certifying Physician & Samet  | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |  |  |
| His Address Lauren  | Opening of Grave or Tomb   |  |  |  |  |  |  |  |
| Name of Father. Leonard Wellaughby  | Outlay for Shipping Charges.   |  |  |  |  |  |  |  |
| His Birthplace ust Musuu.   | Clergyman,\$Singers,\$Organist,\$  |  |  |  |  |  |  |  |
| Maiden Name of Mother Hatte Shuth   | Clergyman,\$Singers,\$. Organist,\$.  Railroad   Tickets, \$dero-Service,\$.  Telegr., Phone, Cable or Radio Charges                                 |  |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced  |  |  |  |  |  |  |  |
| Motor Remains to  | Personal Service.  |  |  |  |  |  |  |  |
| Size of Casket (State Color and Number)   | line Death Notices in Papers   |  |  |  |  |  |  |  |
| Manufactured by   | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Cemetra Crematory Rose Hill.  | How for grove in alle  |  |  |  |  |  |  |  |
| Lot No. 1414  | Sales Tax  |  |  |  |  |  |  |  |
| Grave No  | Total Footing of Bill  |  |  |  |  |  |  |  |
| Section No  | Less. /1/0 31,51, U  |  |  |  |  |  |  |  |
| Block No  | Balance\$ .2.83 .4./ Entered into Ledger, pageor below.  |  |  |  |  |  |  |  |
| Diagram of Lot or Vault  Date Amount Paid Balance                                 |  |  |  |  |  |  |  |  |
| Date  | To Balance Forward\$   |  |  |  |  |  |  |  |
| To Above Balance\$\$  |  |  |  |  |  |  |  |  |
| g g s s s s s s s s s s s s s s s s s s   | \$   |  |  |  |  |  |  |  |
| \$\$  | \$   |  |  |  |  |  |  |  |
| 4 4   |  |  |  |  |  |  |  |  |
| * * \$ \$   | « « § s  |  |  |  |  |  |  |  |
| e S   | " " ss.  |  |  |  |  |  |  |  |
| Names of Insurance S Lodges.  | Insurance<br>Companies.  |  |  |  |  |  |  |  |
|   | mfficient resources Legally available to   |  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby covenant and agree to pa       | (Firm Name of Funeral Directors.)  y the same within   |  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I leady maturity at the rate of% per annum. | Signed   |  |  |  |  |  |  |  |
|   | Address  |  |  |  |  |  |  |  |

| Total No. 21.7. Yearly No 8   | Date of Entry March 26 1948.   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name of Deceased. Melissa O Z   | ovel w   |  |  |  |  |  |  |  |
| ☐ Magnied ☐ Single ☑ Widowed ☐ Divor  |  |  |  |  |  |  |  |  |
| Residence: Lamoni   | orof Age of Husband or Wife (if living)  |  |  |  |  |  |  |  |
| Charge to: Q.A. y.  | Complete Funeral (except outlays)\$ . 1500   |  |  |  |  |  |  |  |
| Address.  | Casket   |  |  |  |  |  |  |  |
| Order given by State Lovell.  | Burial Vault or Box(State Kind)  |  |  |  |  |  |  |  |
| How Secured:  | Embalming Body(Name of Embalmer)   |  |  |  |  |  |  |  |
| If Veteran, State War   | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.   |  |  |  |  |  |  |  |
| Occupation Husewife Horse   | Suit or Dress (State Kind and Color)   |  |  |  |  |  |  |  |
| Employer and Address  | Slippers \$ Hose, \$   |  |  |  |  |  |  |  |
| Date of Death. March 24 /948 1/30 A. (Hour)   | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |  |
| Date of Birth. June 28 1855 (Hour)  | Candelabrum, \$  |  |  |  |  |  |  |  |
| Age. 092 8 26   | Funeral Car. \$Ambulance, \$   |  |  |  |  |  |  |  |
| Date of Funeral.  | Limousines to Cemetery@\$  |  |  |  |  |  |  |  |
| Services at .: Classel (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |  |  |  |  |  |  |  |
|   | Getting Remains from   |  |  |  |  |  |  |  |
| Clergyman Luias Landaber  | Trip to Coroner's Inquest  |  |  |  |  |  |  |  |
| Religion of the Deceased  | Delivering Box to  |  |  |  |  |  |  |  |
| Birthplace Veineumes Jud  | Deliver Flowers to   |  |  |  |  |  |  |  |
| Resided in the State (or U.S. or City, or County) (Years) (Months   | Procuring Burial Permit.   |  |  |  |  |  |  |  |
| Place of Death. Lem Hory (Years) (Montas  | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.  (State Physician or Coccur's)  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |  |  |  |  |  |
| Cause of Death:   |  |  |  |  |  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax  |  |  |  |  |  |  |  |
|   | Cremation  |  |  |  |  |  |  |  |
| Certifying Physician Etgamet  | Flowers, \$ Palms, \$ Matting, \$  |  |  |  |  |  |  |  |
| His Address Lauum   | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |  |  |
| Name of Father Ira Parish   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |  |  |  |  |  |  |  |
| His Birthplace. Cauada  | Clergyman, S. Singers, S. Organist, S.   |  |  |  |  |  |  |  |
| 1 - A //  | Clergyman, \$. Singers, \$. Organist, \$. Railroad Tickets, \$. Aero- plane Service, \$. Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |  |
| Maiden Name of Mother. Lot Musik  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |  |
| Her Birthplace.   | Cash Advanced  |  |  |  |  |  |  |  |
| Motor Remains to  | Personal Service.  |  |  |  |  |  |  |  |
| Size of Casket. (State Color and Number)  Manufactured by   | line Death Notices in Papers   |  |  |  |  |  |  |  |
|   | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Cemetery Crematory R & S & HIII   | (Names of Measbapers)  |  |  |  |  |  |  |  |
| Lot No / 4. 8 2   | Sales Tax Lo Tay   |  |  |  |  |  |  |  |
| Grave No3   | Total Footing of Bill Dil May 7/4 V . \$ 150 00  |  |  |  |  |  |  |  |
| Section No  | Less . D. J. Jack M. S.  |  |  |  |  |  |  |  |
| Block No  | Balance.   |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |  |  |  |  |  |  |  |
| Date Amount Paid Balance  | e Date Amount Paid Balance   |  |  |  |  |  |  |  |
| To Above Balance \$   | To Balance Forward   |  |  |  |  |  |  |  |
| \$  | By Payment \$ \$   |  |  |  |  |  |  |  |
| \$  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   | \$ \$  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| * *   | \$   |  |  |  |  |  |  |  |
| Names of  | Insurance \$\$   |  |  |  |  |  |  |  |
| Names of Lodges.  | Insurance Companies sufficient resources Legally available to (Pira Name of Purea Director.) y the same within days from date. Interest to accrue from                   |  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have                                      | sumcient resources Legally available to (Firm Name of Funeral Directors)   |  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p<br>maturity at the rate of% per annum. | days from date. Interest to accrue from  |  |  |  |  |  |  |  |
|   | signed   |  |  |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |  |  |  |

| Total No Yearly No 9   | Date of Entry March 3 / 19.49   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| Name of Deceased. Traures Lewis  | Servley   |  |  |  |  |  |  |  |  |
| Married   Single   Widowed   Divorce Residence: Laurau                   | ed (What Race)  |  |  |  |  |  |  |  |  |
| Charge to: Q.A.F.  | or of Age of Husband or Wife (if living)  |  |  |  |  |  |  |  |  |
| Address  | Complete Funeral (except outlays)   |  |  |  |  |  |  |  |  |
| Order given by Lewis Landburg  | Casket  |  |  |  |  |  |  |  |  |
| (or informant)   | Burial Vault or Box   |  |  |  |  |  |  |  |  |
| How Secured::  | Embalming Body  |  |  |  |  |  |  |  |  |
| If Veteran, State War  | . Darber, o   |  |  |  |  |  |  |  |  |
| Occupation Musel   | Dressing Body, \$ Underwear, \$<br>Suit or Dress.   |  |  |  |  |  |  |  |  |
| Employer and Address Resigning Scripity Number                           | Slippers, \$(State Kind and Color) Slippers, \$Hose, \$   |  |  |  |  |  |  |  |  |
| Date of Death March 29 1948 1030P.                                       | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |  |  |  |
| Date of Birth. Nov (Bate) 1863 (Hour)                                    | Candelabrum, \$ Candles, \$   |  |  |  |  |  |  |  |  |
| Age  | Funeral Car, \$ Ambulance, \$   |  |  |  |  |  |  |  |  |
| Date of Funeral 3/31/45 Week 26  | Limousines to Cemetery @ \$   |  |  |  |  |  |  |  |  |
| Services at :  | Autos to R. R. Station @ \$   |  |  |  |  |  |  |  |  |
| Clergyman Chas Hayle   | Getting Remains from Taking Remains to  |  |  |  |  |  |  |  |  |
| Religion of the Deceased . L. D. L(Address)                              | Trip to Coroner's Inquest   |  |  |  |  |  |  |  |  |
| Birthplace Senesce . It is   | Delivering Box to   |  |  |  |  |  |  |  |  |
| Resided in the State 20 m.   | Removal Charges.  |  |  |  |  |  |  |  |  |
| Place of Death. (Months) Place of Death.                                 | Contif Comissed Death Contifered and District)  |  |  |  |  |  |  |  |  |
| Cause of Death:  | Procuring Burial Permit (State Number and District)  Certif. Copiesof Death Certificates No. (State Supermixes of Consumers)  Pall Bearer Service, \$\( \) Use of Chapel, \$\( \) . |  |  |  |  |  |  |  |  |
|  | Gross Total for Sales Tax   |  |  |  |  |  |  |  |  |
| Contributory Causes.   | Outlay for Lot.   |  |  |  |  |  |  |  |  |
| e & Homet  | Cremation Palms, \$ Matting, \$   |  |  |  |  |  |  |  |  |
| Certifying Physician.  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |  |  |  |
| His Address Zaman  | Opening of Grave or Tomb.   |  |  |  |  |  |  |  |  |
| Name of Father. Daron Sauley   | Outlay for Shipping Charges   |  |  |  |  |  |  |  |  |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$Plane Service,\$   |  |  |  |  |  |  |  |  |
| Maiden Name of Mother Sarah & Pelton                                     | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |  |  |
| Her Birthplace. New York   | Cash Advanced   |  |  |  |  |  |  |  |  |
| Motor Ship Remains to  | Personal Service.   |  |  |  |  |  |  |  |  |
| Size of Casket   | line Death Notices in Papers  |  |  |  |  |  |  |  |  |
| Manufactured by  | (Names of Newspapers)   |  |  |  |  |  |  |  |  |
| Cemetery Rose Hiel   | (Names of Newspapers)   |  |  |  |  |  |  |  |  |
| Lot No/2.4.9   | Sales Tax No Toxt   |  |  |  |  |  |  |  |  |
| Grave No   | Total Footing of Bill / \$ /50 00   |  |  |  |  |  |  |  |  |
| Section No   | Less Pd 1/2/48 \$   |  |  |  |  |  |  |  |  |
| Block No   | Balance\$   |  |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |  |  |  |  |  |  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |  |  |  |  |  |  |  |  |
|  | To Balance Forward \$   |  |  |  |  |  |  |  |  |
| By Payment \$ \$   |   |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
| " " \$   |   |  |  |  |  |  |  |  |  |
|  | α α   |  |  |  |  |  |  |  |  |
| # # \$   | a a\$   |  |  |  |  |  |  |  |  |
| # # \$\$.  | и и \$ \$   |  |  |  |  |  |  |  |  |
| Names of Lodges.   | Insurance<br>Companies  |  |  |  |  |  |  |  |  |
| I hereby sutherize the shove Funeral, and I hereby represent that I have | sufficient resources Legally available to   |  |  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | sufficient resources Legally available to   |  |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.                                      | Signed  |  |  |  |  |  |  |  |  |
| Witness  | Address   |  |  |  |  |  |  |  |  |
| WILLIAM TO THE P. T.   | PUNEMAN St. Louis, Mo.  |  |  |  |  |  |  |  |  |

|                                       | RECO                              | KD U   | r fur  | NEKA                                  | ligh          | ril.                                    |             |             |
|---------------------------------------|-----------------------------------|--|--|---------------------------------------|---------------|---|-------------|-------------|
| Total No. 2178                        | Yearly No                         |  | Date of  | Entry                                 | Mar           |   | //          | 19.43       |
| Name of Deceased                      | roge Ma                           |  |  |                                       |               | (What Be                                | ·····       |             |
| Residence: Lamoni                     | ngle Z Widowed                    | ☐ Divorced   | ₩ Huaband  | Wife   Widow   .                      | Berth         | a Mar                                   | tin - de    | ceas        |
| Charge to : Helen Har                 | rington                           | г  | 07   | of \$                                 | Age of Husb   | and or Wife (if li                      | II          | Years       |
| Address Lamon                         | i den                             |  | Complete Fun                                     | eral (except                          | outlays).     |   | \$ .28.6.   | .00         |
| Order given by                        | ve -                              |  | Casket   |                                       |               |   |             |             |
| How Secured                           | (or informant)                    | The second secon | Burial Vault o<br>Embalming Bo                   |                                       | State Kind)   |   |             |             |
|                                       | co                                |  | Barber, \$                                       |                                       | me of Embalm  | er)                                     |             |             |
| Occupation farus                      | 40 /                              | ene  | Dressing Body                                    | .\$                                   | Underw        | ear,\$                                  |             |             |
| Employer and Address                  | (Social Secur                     | ity Number)  | Suit or Dress.                                   | (State                                | Kind and Col  | or)                                     |             |             |
| Date of Death. March                  | 10 1948                           |  | Slippers, \$<br>Folding Chairs                   |                                       | lose, \$      |   |             |             |
| 1. 0.4                                | Date) 7 1866                      | (Hour)   | Candelabrum,                                     | \$                                    | andles, \$.   |   |             |             |
| Date of Birth.                        | 7/8.02                            |  | Door Spray, \$                                   |                                       | loves, \$     |   |             |             |
| Age                                   | (Months) (Days)                   |  | Funeral Car, \$<br>Limousines to                 | Cemetery.                             | @\$.          | <b></b>                                 |             |             |
| Date of Funeral. 4/11/4.8             | Jeu.                              | 2,30 PM.   | Extra Limousi                                    | nes                                   | @\$.          |   |             |             |
| Services at Cue pe                    | (                                 |  | Autos to R. R.<br>Getting Remai                  |                                       |               |   |             |             |
| Clergyman Out &                       | ane,                              |  | Taking Remain                                    | ns to                                 |               |   |             |             |
| Religion of the Deceased              | (Address)                         |  | Trip to Corone<br>Delivering Box                 | er's Inquest                          |               |   |             |             |
| Birthplace Kewa                       | nee, Il                           |  | Deliver Flower                                   | s to                                  |               |   |             |             |
| Resided in the State                  |                                   |  | Removal Char                                     | ges                                   |               | • |             |             |
| Place of Death. of Cor U.S.           | r City or County (Years           | ) (Months)   | Certif Coni                                      | erof Death                            | tate Number   | and District)                           |             |             |
|                                       |                                   | -A   | Procuring Buri<br>—Certif.Copi<br>Pall Bearer Se | vice. \$                              | Physician's o | Coroner's)                              | 1           |             |
| Cause of Death:                       |                                   |  | Gross Total for                                  | Sales Tax.                            |               | -p, y                                   |             |             |
| Contributory Causes                   |                                   |  | Outlay for Lot                                   |                                       |               |   |             |             |
|                                       | 9. A                              |  | Cremation<br>Flowers, \$                         | Palms, \$                             |               | ing \$                                  |             |             |
| Certifying Physician.                 | Jamet (or Coroner)                |  | Rental of Tent,                                  | \$ of Te                              | mporary V     | ault,\$                                 |             |             |
| His Address Zauch                     | W                                 | The late of  | Opening of Gra<br>Lining Grave,                  |                                       | .00.          |   |             |             |
| Name of Father.                       | yarun                             |  | Outlay for Ship                                  |                                       |               |   |             |             |
|                                       | gland                             | y  | Clergyman,\$<br>Railroad<br>or Motor}Ticket      |                                       |               |   |             |             |
| Maiden Name of Mother. M.             | artha Tuc                         | Rec !  | Telegr., Phone,                                  |                                       |               |   |             |             |
| Her Birthplace                        | regland                           |  | Cash Advanced                                    | 1                                     |               |   |             |             |
| Motor Ship Remains to                 | ,                                 |  | Out of town U<br>Personal Service                | ndertaker's                           | Charges       | • • • • • • • • • •                     |             |             |
| Size of Casket 6/3 - /                | cuch gra<br>ate Golor and Number) | 7.   |  |                                       |               |   |             |             |
| Manufactured by R                     | ate Golor and Number)             |  | line Death                                       | Notices in.                           |               | ers                                     |             |             |
| Cemetery Crematory }                  | Hill                              | ,  |  | (Names of News                        | oapers)       | ••••••                                  |             |             |
| Orematory 7                           | Lot No 7.9/                       |  |  |                                       |               | • • • • • • • • • • •                   |             |             |
|                                       | Grave No3                         | Commission of the Commission o | Sales Tax  |                                       |               |   |             | 86          |
|                                       | Section No                        |  | Total Footing                                    |                                       | 1 000 28 5    | £4\$                                    | 302         | 86          |
|                                       | Block No                          |  | Less . 5.70.13.                                  |                                       |               | \$                                      | 19          | <i>y.y.</i> |
| Diagram of Lot or Vault               | Owner                             |  | Entered into L                                   | You Bar                               | ing 1.3/4     | Y                                       | 28.8.       | 4.2.        |
| Date                                  | Amount Paid                       | Balance  | Date Date  | l l l l l l l l l l l l l l l l l l l | or b          |   |             |             |
|                                       |                                   | Dalance  | Date   |                                       |               | Amount Pa                               | id Ba       | ance        |
| To Above Balance.  By Payment.        |                                   |  |  | To Balance F                          |               |   | \$          |             |
| By Fayment                            |                                   |  |  | By Payment                            |               | \$                                      | \$          |             |
|                                       | s                                 |  |  |                                       |               | •                                       | \$          |             |
| и и                                   | \$                                |  |  | u u                                   |               | s                                       |             | 1           |
|                                       | \$                                |  |  | и и                                   |               | \$                                      | \$          |             |
| н н                                   | \$                                |  |  |                                       |               | \$                                      | \$          |             |
| # #                                   | \$                                |  | J  | u u                                   |               | \$                                      | \$          |             |
| Insurance \$                          | Names of<br>Lodges                |  |  | Insurance<br>Companies                |               |   |             | 35          |
| I hereby authorize the above Funeral, |                                   | hat I have suffi   | cient resources Les                              | gally available                       | ø             |   |             |             |
| for the payment of aforesaid sum, and | I hereby covenant and             |  |  |                                       | (Firm )       | fame of Funeral<br>m date. Inte         | Directors.) | e from      |
| maturity at the rate of               | % per annum.                      |  | Signed.,   |                                       |               |   |             |             |
| Witness                               |                                   |  | Address.   |                                       |               |   |             |             |
|                                       | Com                               | olled by F. J. FRII  | NEMAN, St. Louis, A                              | io.                                   |               | 1                                       |             | -           |

| Total No. 21.7.9   | Yearly No             | ·                                       | Date of   | Entry4   | april !                               | ····.19        | 4.8       |  |  |  |
|--|-----------------------|---|---|--|---------------------------------------|----------------|-----------|--|--|--|
| Name of Deceased . Eslev   | and Led               | Divorced                                | Schake  | l  | O - What Rac                          | (c) p (        |           |  |  |  |
| Residence  | da                    | ,                                       |   | Wite  Widow  Age of  | G Level                               | essex          | Yanna     |  |  |  |
| Charge to Vay Dyk  | Fundal A              | fame.                                   |   | eral (except outla   |                                       |                | -         |  |  |  |
| Address Oulla !  | Jay                   |   | Casket  | erai (except outia   | ys)                                   |                |           |  |  |  |
| Order given by   | reps                  |   | Burial Vault  | r Box  |                                       |                |           |  |  |  |
| How Secured : pel Carl   | `                     |   | Embalming B   | ody . A . Kick of I.<br>(Name of I.<br>Hair Dre                                | of corpu.                             | 35             | OD.       |  |  |  |
| If Veteran, State War.,  |                       |   | Barber, \$  |  |                                       |                |           |  |  |  |
| Occupation Curpert   | A                     | itu Numbar                              | Suit or Dress.  | ,\$Un  |                                       |                |           |  |  |  |
| Employer and Address   | employed              |   | Slippers, \$  | (State Kind a Hose,  | nd Color)<br>\$                       |                |           |  |  |  |
| Date of Death. Que!  | 1948 2                | M.S. P.M                                | Folding Chairs  | s, \$Tarpa<br>\$Candle   | ulin, \$                              |                |           |  |  |  |
| Date of Birth. O. J. 11  | 1886                  |   | Door Spray, \$  | Gloves   | 3, \$                                 |                |           |  |  |  |
| Age6/  | onths) (Days)         |   | Funeral Car,  | Cemetery   | ince, \$                              |                |           |  |  |  |
| Date of Funeral  |                       | м.                                      | Extra Limous  | nes  | @\$                                   |                |           |  |  |  |
| Services at:::   | y of Week)            | (Hour)                                  |   | Station  | @ \$                                  |                |           |  |  |  |
| Clergyman::  |                       |   | Taking Remai  | ns to  |                                       |                |           |  |  |  |
| Religion of the Deceased   | (Address)             |   | Trip to Coron   | er's Inquest   |                                       |                |           |  |  |  |
| Birthplace   |                       |   | Deliver Flower  | s to   |                                       |                |           |  |  |  |
|  |                       |   | Removal Char  | ges  |                                       |                | • • • • • |  |  |  |
| Place of Death   | ity or County) (Years | (Months)                                | ' Certif Con  | esof Death Certif  | umber and District)                   |                |           |  |  |  |
| Cause of Death:  |                       |   | Pall Bearer Se  | ial Permit(State No<br>esof Death Certifi<br>(State Physic<br>rvice, \$ Use of | dan's or Coroner's)                   |                |           |  |  |  |
|  |                       |   | Gross Total fo  | r Sales Tax  |                                       |                |           |  |  |  |
| Contributory Causes  |                       | • | Outlay for Lo<br>Cremation  |  |                                       |                |           |  |  |  |
| Certifying Physician. 2. W.  | Mills                 | •••••                                   |   | .Palms, \$ : : : :   | Matting, \$                           |                |           |  |  |  |
| His Address Laurun   | (or Coroner)          |   | Rental of Tent  | ,\$of Tempor<br>ave or Tomb  | ary Vault, \$                         |                |           |  |  |  |
| Name of Father. John L   | linkel                |   | Lining Grave,   | \$Lowering   | Device, \$                            |                |           |  |  |  |
| Name of Father.  | Marid:                |   | Outlay for Shi  | oping Charges  |                                       |                |           |  |  |  |
| His Birthplace   | carrier.              | • | Railroad Ticker   | S. S Aero  | Service.\$                            |                |           |  |  |  |
| Maiden Name of Mother  |                       |   | Clergyman,\$Singers,\$Organist,\$. Railroad   Trickets, \$Aero- plane Service,\$ Telegr., Phone, Cable or Radio Charges |  |                                       |                |           |  |  |  |
| Her Birthplace   | Ja                    |   | Cash Advanced   |  |                                       |                |           |  |  |  |
| Motor Remains to Pella<br>Size of Casket Wa W  | alor hear             | 2                                       | Personal Service  |  |                                       |                |           |  |  |  |
|  | Color and Number)     |   |   | Notices in   | Paners                                |                |           |  |  |  |
| Manufactured by  |                       |   |   | (Names of Newspapers)  |                                       |                |           |  |  |  |
| Cemetery }   |                       |   |   | (Names of Newspapers)  |                                       |                |           |  |  |  |
|  | ot No                 | •••••                                   | Sales Tax   |  | · · · · · · · · · · · · · · · · · · · |                | ••••      |  |  |  |
| THE RESIDENCE OF THE PARTY OF T | rave No               |   | Total Footing   | of Bill Tod.   | ş                                     | 35             | 00        |  |  |  |
| The year of the state of the st | ection No<br>Block No |   | Less  | 0,   |                                       |                |           |  |  |  |
| The state of the s | )wner                 |   |   | Balance  |                                       |                |           |  |  |  |
| Diagram of Lot of Vacat  |                       |   |   | edger, page  |                                       |                |           |  |  |  |
| Date   | Amount Paid           | Balance                                 | Date  |  | Amount Pa                             | aid Bala       | nce       |  |  |  |
|  |                       | \$                                      |   | To Balance Forwa   | rd                                    | \$             |           |  |  |  |
| By Payment   | \$                    | \$                                      |   | . By Payment   | \$                                    | \$             |           |  |  |  |
| 4 4  |                       | s                                       |   |  | \$                                    | \$             |           |  |  |  |
|  | \$                    | 8                                       |   |  | e                                     | \$             |           |  |  |  |
|  | \$                    | \$                                      |   |  | \$                                    | \$.            |           |  |  |  |
| * *  | \$                    | \$                                      |   |  | \$                                    | \$             |           |  |  |  |
| # #  | 8                     | 8                                       |   | , a à ,  | \$                                    | \$             |           |  |  |  |
| Insurance \$   | Vames of<br>∠odges    |   |   | Insurance<br>Companies   |                                       |                |           |  |  |  |
| I hereby authorize the above Funeral, as   | nd I hereby represent |   | ifficient resources L   | egally available to  | (Firm Name of Funera                  |                |           |  |  |  |
| for the payment of aforesaid sum, and I  | hereby covenant and   | l agree to pay                          | the same within   | d  | ays from date. Int                    | erest to accru | e from    |  |  |  |
| maturity at the rate of%   | per annum.            |   | Signed  |  |                                       |                |           |  |  |  |
| Witness  |                       |   | Addres  | 8  |                                       |                |           |  |  |  |

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

|                                     | T.                           |                   |                |   | . 02                   | 1222 22                   |   | .1.               |               |           |  |
|-------------------------------------|------------------------------|-------------------|----------------|---|------------------------|---------------------------|---|-------------------|---------------|-----------|--|
| Total No. Z/                        | (8.) Ye                      | arly No/          | 2              |   | Date of                | Entry                     | up  | rel 25            |               | 19.48.    |  |
| Name of De                          | ceasedFlor                   | a L               | Scor           | 4   |                        |                           |   | (What Race        |               |           |  |
| Residence: Sta How Saugu   Diverces |                              |                   |                |   |                        |                           |   |                   | rou           | Years     |  |
|                                     | Bestop Law                   | diding            |                |   |                        | t outlays)                | \$  | 150               | 00            |           |  |
| Address                             |                              |                   |                | Caske   | t                      |                           |   |                   |               |           |  |
| Order given b                       | (or infe                     | ormant)           |                | Burial  | Vault or               | · Box                     | (State Kind)                                      |                   |               |           |  |
| How Secured                         |                              |                   |                | . Emba  | lming Bo               | dy                        | lame of Embalm                                    | er)               |               |           |  |
| If Veteran, St                      |                              |                   |                | . Barbe   | r, \$<br>ng Body       | H                         | air Dressing<br>Underw                            | ear,\$            |               |           |  |
|                                     | compation                    |                   |                |   |                        |                           |   |                   |               |           |  |
|                                     | Slippers, \$                 |                   |                |   |                        |                           |   |                   |               |           |  |
| Date of Deat                        | h. April 23.                 | 1055              | (Hour)         | Cande   | labrum,                | , φ                       | Candles, \$.<br>Gloves, \$.                       |                   |               |           |  |
| Date of Birth                       | 11-                          | ۷۵ کـ ۵           | ٠,             | Door  | Spray, \$              |                           | Gloves, \$<br>mbulance,                           | g                 |               |           |  |
| Age                                 |                              | s) (Days)         | •••••          | Limou   | sines to               | Cemetery                  | @\$.  |                   |               |           |  |
| Date of Fune                        | ral. 4/+5/48 (Day of         | Week)             | (Hour)         | Extra   | to R. R.               | nes Station               | @\$.  |                   |               |           |  |
| Services at.                        | chapel                       | - D - 31          |                | Gettir  | g Remai                | ns from                   |   |                   |               |           |  |
| Clergyman                           | Ray Chiville                 | (Address)         | ye.            | Takin<br>Trin t   | g Remair               | ns to<br>or's Inques      | t   |                   | • • • • • • • |           |  |
| Religion of th                      | e Deceased . J               | 100               |                | Delive  | ering Box              | to                        |   |                   |               |           |  |
| Birthplace ×                        | sewiere.                     | ru us.            |                | Remo  | r Flower               | ges                       |   |                   |               |           |  |
| Resided in the                      | e State 4                    | er County) (Years | ) (Months)     | Procu   | ring Buri              | al Permit.                | (State Number<br>Certificates                     | and District)     |               |           |  |
| Place of Deat                       | h. Lamon                     | ······            |                | Ce  | rtif.Copi              | esof Death                | Certificates<br>ate Physician's o<br>. Use of Ch: | No                |               |           |  |
| Cause of Dear                       | th Cerebral H                | eword             | age:           |   |                        | vice, \$<br>Sales Tax     |   | apel, \$          | , Ca          | 40        |  |
| Contributory                        | Causes                       |                   |                | Outla   | y for Lot              |                           |   |                   |               |           |  |
|                                     |                              |                   |                | Cremation.  |                        |                           |   |                   |               |           |  |
| Certifying Ph                       | ysician E E                  | Lawet Coroner)    |                | Flowers, \$ Palms, \$ Matting, \$  Rental of Tent, \$ of Temporary Vault, \$    |                        |                           |   |                   |               |           |  |
| Win Address                         | Lauren                       | 30.77             |                | Opening of Grave or Tomb  |                        |                           |   |                   |               |           |  |
| Name of Fath                        | ner Sett O.                  | or ass            |                | Outlay for Shipping Charges.  |                        |                           |   |                   |               |           |  |
| His Birthplac                       |                              | Jork              |                | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$ |                        |                           |   |                   |               |           |  |
| Maiden Name                         | e of Mother.                 | e Ba              | ven            | or Moto   | or Motor / Tickets, \$ |                           |   |                   |               |           |  |
| Her Birthplac                       |                              | v you             |                | . Cash  | Advance                | i<br>ndertaker'           |   |                   |               |           |  |
| Motor   Remai                       | ns to. 43 Hug                | 0. A. J.          | 4.7            |   |                        | e                         |   |                   |               |           |  |
| Size of Caske                       | t/                           | or and Number)    |                |   | na Daath               | Notices in                | Pap   |                   |               | • • • • • |  |
| Manufactured                        | l by Resistate Col           |                   |                |   |                        | (Names of Ne              |   |                   |               |           |  |
| Cemetery Crematory                  |                              |                   |                |   |                        | (Names of Ne              | respapers)  |                   |               |           |  |
| 1                                   |                              | No 41.6.          |                | Sales Tax 7 70 J'b'   |                        |                           |   |                   |               |           |  |
|                                     |                              | ve No/<br>ion No  |                | Total Footing of Bill feel \$ 151.50  |                        |                           |   |                   |               |           |  |
|                                     |                              | k No              |                | Less  |                        |                           |   |                   |               |           |  |
| -                                   |                              | er                |                |   |                        |                           | alance  | \$                |               |           |  |
| Disgram of Date                     | Leter Vault OWI              | Amount Paid       | Balance        | 1   | Date                   | euger, pag                | eor b   | Amount Paid       |               | ance      |  |
| Date                                |                              | Amount Faid       | Dalane         |   | Date                   |                           |   | Amount Paid       | Bal           | ance      |  |
|                                     | To Above Balance  By Payment |                   | \$             |   |                        | By Paymer                 | Forward   |                   | . \$          |           |  |
|                                     | n #                          | \$                | \$             |   |                        | u u                       |   | \$                |               |           |  |
|                                     | шш                           | \$                | \$             |   |                        |                           |   | \$                | \$            | 1         |  |
|                                     | a a                          | \$                | \$             |   |                        |                           |   | \$                | . \$          |           |  |
|                                     | a a                          | \$                | \$             |   |                        |                           |   | \$                | . \$          |           |  |
|                                     | а и                          | \$                | \$             |   |                        |                           |   | \$                | . \$          |           |  |
|                                     |                              | ιδ                | 8              |   |                        | Transpare                 | *********   | \$                | . \$          |           |  |
| Insurance \$                        |                              | es of             |                |   |                        | Insurance<br>. Companies. |   |                   |               |           |  |
|                                     | ize the above Funeral, and I |                   |                |   |                        |                           |   | Name of Funeral I | irectors.)    |           |  |
| for the payment                     | of aforesaid sum, and I her  | annum.            | agree to pa    | y the same  |                        |                           | days fro  | m date. Inter     | st to accr    | ue from   |  |
|                                     | 78 pa                        |                   |                |   | Signed.                |                           |   |                   |               |           |  |
| Witness                             |                              | Con               | piled by F. J. | PRINEMAN  |                        |                           | ••••••  | ************      |               |           |  |

| Total No. 2/8/   | Yearly No!            | 3                | Date   | of Entry                        | as   | ril ,                         | 1.7          | 19.48    |  |  |
|--|-----------------------|------------------|--|---------------------------------|--|-------------------------------|--------------|----------|--|--|
| Name of Deceased ☐ Single  | Weny &                | aestu            | er   |                                 |  | (What Rac                     |              |          |  |  |
| Residence Zamoni   |                       |                  | EHusband   | wobiW[]ollW[]                   | Martha Age of Husbar   | Kaest                         | ner,         |          |  |  |
| Charge to Martha   | Laestuer.             |                  |  | ACTION CONTRACTOR OF THE PERSON |  |                               | 11           | Years    |  |  |
| Address Lamen  | i da                  |                  |  |                                 | pt outlays)  | \$                            | 368.         |          |  |  |
| Order given by   |                       |                  | Casket<br>Burial Vault   |                                 |  |                               |              |          |  |  |
| How Secured  | informant)            | 1                | Embalming  | Body                            | (State Kind)   |                               |              |          |  |  |
| If Veteran, State War 20   |                       |                  | Barber, S  | E                               | (Name of Embalmer<br>Iair Dressing,                                      | \$                            |              |          |  |  |
| Occupation Farmer  | ملا                   |                  |  |                                 |  |                               |              |          |  |  |
| Employer and Address . aun .                                     | Social Security       | y Number)        | Suit or Dress  | (S                              | tate Kind and Color  |                               |              |          |  |  |
| Date of Death . april . 25.                                      | 1948                  |                  | mppera, φ  |                                 | .Hose, \$<br>.Tarpaulin, \$  |                               |              |          |  |  |
| Date of Birth, Aug. 2/   | 1872                  | (Hour) (         | Candelabrur  | n, \$                           | .Candles, \$.  |                               |              |          |  |  |
| Age  | - 4                   |                  | Door Spray,<br>Funeral Car   | \$                              | Ambulance, §   |                               |              |          |  |  |
| (Years) (Mc  | nths) (Days)          |                  | Limousines   | to Cemeter                      | y @ \$   |                               |              | i        |  |  |
| Date of Funeral 4/27/48 (Date) 0 0 (Date)                        | ruls:                 | 2.0.M.           | Extra Limor<br>Autos to R.   | R. Station .                    | @\$  |                               |              |          |  |  |
| Services at Checkel  | m- Bit La             |                  | Getting Ren  | nains from.                     |  |                               |              |          |  |  |
| Clergyman: Roff: Faula   | O a (Addense)         | ···              | Faking Rem<br>Frip to Core   | ains to<br>mer's Inque          | est.   |                               |              |          |  |  |
| Religion of the Deceased   | A.S.                  | ]                | Delivering E   | lox to                          |  |                               |              |          |  |  |
| Birthplace . Burlingt  | in, da                |                  | Deliver Flov<br>Removal Ch   |                                 |  |                               |              |          |  |  |
| Resided in the State   | ty or County) (Years) | (Months)         | Procuring B  | urial Permit                    | t. <u> </u>  |                               |              |          |  |  |
| Place of Death . Lamon   | i da -                | ,                | Certif.Co  | piesof Deat                     | (State Number a<br>h Certificates)<br>State Physician's or<br>Use of Cha | No                            |              |          |  |  |
| Cause of Death Mionoryte   | Leuke                 | ener ]           | Pall Bearer  | Service, \$                     | Use of Cha   | pel, \$                       | 368          | 00       |  |  |
| Contributory Causes  |                       |                  | Gross Total for Sales Tax. \$ 368 C<br>Outlay for Lot:<br>Cremation  |                                 |  |                               |              |          |  |  |
| Certifying Physician. 2.2.                                       | Samet                 | 1                | Flowers, \$Palms, \$ Matting, \$   |                                 |  |                               |              |          |  |  |
| -  | (or Coroner)          |                  | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb. TeA. Marihall. 19 00.  |                                 |  |                               |              |          |  |  |
| 220 2200 000 11111111111111111111111111                          | NAPITURA              | c. 1             | Lining Grave, \$Lowering Device, \$  |                                 |  |                               |              |          |  |  |
| Name of Father.  | Some and              | 216:             | Outlay for Shipping Charges.  Clergyman, \$ Singers, \$ Organist, \$.  Rairoad // Tickets, \$ plane, Service, \$.  Telegr., Phone, Cable or Radio Charges. |                                 |  |                               |              |          |  |  |
| His Birthplace   | 7. 20                 | 2 i              | Railroad Ticl  |                                 |  |                               |              |          |  |  |
| Maiden Name of Mother Mug  | usia Meei             | ٠٠               | Telegr., Pho   |                                 |  |                               |              |          |  |  |
| Her Birthplace   | ruany                 |                  | Cash Advan   |                                 |  |                               |              |          |  |  |
| Motor   Remains to . #3  | 1 - D - To            |                  | Personal Service.  |                                 |  |                               |              |          |  |  |
| Size of Casket   | Colgrand Number)      |                  | line De  | th Notices                      | inPape   | ·······                       |              |          |  |  |
| Manufactured by  | 11 00                 |                  | · · · · · · · · · · · · · · ·  | (Names of h                     |  |                               |              |          |  |  |
| Cemetery Crematory }   |                       |                  |  | (Names of I                     | (emspapers)  |                               |              |          |  |  |
|  | ot No                 | ۶                | Sales Tax  |                                 |  |                               | 3            | 18.9     |  |  |
|  | rave No               |                  | Total Footin   | of Bill                         |  | 1                             | 385          | 68       |  |  |
| S  | ection No             |                  | Less . 570.  |                                 | Police &   | ell s                         | 18.          | 58.      |  |  |
| В  | lock No               |                  | . 1366   | 1                               | Balance 4/2/9,   | 148 8                         | 3.4.7.       | 1.0.     |  |  |
| Diagram of Lot or Vault O  | wner                  |                  | Entered into   | Ledger, pa                      | geor be  | low.                          |              |          |  |  |
| Date   | Amount Paid           | Balance          | Date   |                                 |  | Amount Pa                     | aid Ba       | lance    |  |  |
| To Above Balance   | s                     |                  |  | To Balan                        | ce Forward   |                               | \$           |          |  |  |
| By Payment   | \$ \$                 |                  |  | By Paym                         | nent   | \$                            | \$           |          |  |  |
| * *  | \$                    |                  |  | # #                             | ٠  | \$                            | \$           |          |  |  |
| " " "  | \$ \$                 |                  |  | " *                             | ·  | \$                            | \$           |          |  |  |
| # #  | \$\$                  |                  |  | " "                             | ·  | \$                            | \$           |          |  |  |
|  | \$\$                  |                  |  | "                               |  | \$                            | \$           |          |  |  |
|  | \$                    |                  |  |                                 |  | •                             | \$           |          |  |  |
| monutari " man   | Sames of              |                  |  | Insurance<br>Companie           | *********  |                               | 9            |          |  |  |
|  | fames of odges        |                  |  |                                 | Ma to  |                               |              |          |  |  |
| I hereby authorize the above Funeral, an                         |                       |                  |  |                                 |  | Vame of Funera<br>m date. Int | Directors.)  |          |  |  |
| for the payment of aforesaid sum, and I maturity at the rate of% |                       | agree to pay t   | ne same within<br>Sign   |                                 |  | m date. Int                   | erest to acc | rue from |  |  |
|  |                       |                  |  |                                 |  |                               |              |          |  |  |
| Witness  | Comp                  | ded by F. J. FEI | Add:<br>NEMAN St. Lo   |                                 |  |                               |              | ******   |  |  |

| Total No. 218 2 Yearly No 14  | Date of Entry19%   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name of Deceased. Many &  | Goode (What Reco)  |  |  |  |  |  |  |  |
| Married   Single   Myldowed   Divorce                                       | me a Thomas (March )   |  |  |  |  |  |  |  |
| Charge to: My But Saulty  | or Years   |  |  |  |  |  |  |  |
| P   | Complete Funeral (except outlays)\$352 06  |  |  |  |  |  |  |  |
|   | Casket   |  |  |  |  |  |  |  |
| Order given by  | Burial Vault or Box(State Kind)  |  |  |  |  |  |  |  |
| How Secured:  | Embalming Body(Name of Embalmer) Barber, \$  |  |  |  |  |  |  |  |
| If Veteran, State War   | Dressing Rody \$Underwear, \$  |  |  |  |  |  |  |  |
| Occupation Ausewife une (Social Security Number)                            | Suit or Dress Wind and Color)  |  |  |  |  |  |  |  |
| Employer and Address  | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |  |
| Date of Death. May 5 1948 4 9 M   | Candelabrum, \$Candles, \$   |  |  |  |  |  |  |  |
| Date of Birth   | Door Spray, \$   |  |  |  |  |  |  |  |
| Age. (Years), (Months) (Days)   | Funeral Car, \$  |  |  |  |  |  |  |  |
| Date of Funeral 5/7/48 Fuclay 2. P.M.                                       | Extra Limousines   |  |  |  |  |  |  |  |
| Services at e Mafel   | Autos to R. R. Station   |  |  |  |  |  |  |  |
| Clergyman Robt Faruham  | Taking Remains to  |  |  |  |  |  |  |  |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to   |  |  |  |  |  |  |  |
| Birthplace Taber Ja   | Deliver Flowers to   |  |  |  |  |  |  |  |
| Resided in the State 4.0 90   | Removal Charges  |  |  |  |  |  |  |  |
| Place of Death. A Con City or County) (Years) (Months)                      | (State Number and District) Certif. Copies of Death Certificates No.   |  |  |  |  |  |  |  |
| Cause of Death Carcinoma of Leng  | Procuring Burial Permit.  —Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chaplet, \$   |  |  |  |  |  |  |  |
| Contributory Causes.  | Gross Total for Sales Tax  |  |  |  |  |  |  |  |
| Containation Causes   | Outlay for Lot   |  |  |  |  |  |  |  |
| Certifying Physician & E. Samet   | Flowers & Palme & Matting &  |  |  |  |  |  |  |  |
| His Address aumon   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Lo B. Moultall 14 00                          |  |  |  |  |  |  |  |
| Name of Father. R. J. Troth   | Lining Grave, \$Lowering Device, \$  |  |  |  |  |  |  |  |
| His Birthplace. Texas   | Outlay for Shipping Charges.   |  |  |  |  |  |  |  |
| Maiden Name of Mother, Saia, Jan. Creach                                    | Clergyman,\$ Singers,\$ Organist,\$ Railroad Tickets, \$ plane Service,\$ Telegr., Phone, Cable or Radio Charges |  |  |  |  |  |  |  |
| Her Birthplace.   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |  |
| Motor Remains to  | Cash Advanced Out of town Undertaker's Charges   |  |  |  |  |  |  |  |
|   | Personal Service.  |  |  |  |  |  |  |  |
| Size of Casket (Stand Color and Number) B                                   | line Death Notices inPapers  |  |  |  |  |  |  |  |
| Cemetry A Dre Hill  | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Crematory Lot No. 708   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |  |  |
| Grave No  | Sales Tax 362  |  |  |  |  |  |  |  |
| Section No.   | Total Footing of Bill \$ 36952   |  |  |  |  |  |  |  |
| Block No.   | Less 570 au 355 52 full 49 8 17 7.2.   |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner.  | Entered into Ledger, page or below   |  |  |  |  |  |  |  |
| Date Amount Paid Balance  | D  |  |  |  |  |  |  |  |
|   | Amount Faid Balance  |  |  |  |  |  |  |  |
| To Above Balance  | To Balance Forward \$  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| u u g g   | *  |  |  |  |  |  |  |  |
| * * \$  |  |  |  |  |  |  |  |  |
| * *   |  |  |  |  |  |  |  |  |
| # # \$ \$   | я и  |  |  |  |  |  |  |  |
|   | а и \$ \$  |  |  |  |  |  |  |  |
| Names of Lodges.  | Insurance Companies.   |  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su | ficient resources Legally available to   |  |  |  |  |  |  |  |
|   | the same within  |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.   | Signed.  |  |  |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |  |  |  |
| Complete by P. S. C.  | manney, are nouse, and,  |  |  |  |  |  |  |  |

| Total No. 2/93 Yearly No. /5   | Date of Entry May 2 0 1918.   |
|--|---|
| Name of Deceased. Benjamin Frank   | plin Graham w   |
| Residence: Lamoni Ja   | (Husband Willow) alece Stahou   |
| Charge to: Effic Brenzer   | or  |
| Address. Lamon   | Complete Funeral (except outlays)\$ .25600                                  |
| Order given by   | Casket Burial Vault or Box Connect: 10.5. 00                                |
| How Secured::  | Embalming Body (State Kind) (Name of Embalmer)                              |
| If Veteran, State War  | Barber, \$  |
| Occupation farming une   | Dressing Body,\$Underwear,\$  |
| Employer and Address . (Social Security Number)                          | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$                  |
| Date of Death May 18 1948 7/30 PM  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. Aug. (Date) 1856 (Hour)                                   | Candelabrum, \$Candles, \$  |
| Age91 9 7  | Door Spray, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| (Date) (Dav of Week) (Hour)  | Extra Limousines @ \$ Autos to R. R. Station @ \$                           |
| Dervices at: 11  | Getting Remains from  |
| Clergyman Vivient Stay   | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace for Davies County, Jel.                                       | Deliver Flowers to  |
| Resided in the State 80 42   | Removal Charges.  |
| Place of Death Sause de (Montas)   | Pall Bearer Service, \$. Use of Chapel, \$.                                 |
| Cause of Death Brancho Premoria  | Pall Bearer Service, \$ Use of Chapel, \$                                   |
| Contributory Causes. Levelity  | Gross Total for Sales Tax   |
|  | Outlay for Lot:   |
| c 9 Samet  | Flowers, \$ Palms, \$ : . Matting, \$                                       |
| Certifying Physician & Sauel (or, Coroner)                               | Rental of Tent, \$of Temporary Vault, \$                                    |
| His Address Lawin  | Lining Grave, \$Lowering Device, \$   |
| Name of Father. The Coelor & Canal                                       | Outlay for Shipping Charges   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$ |
| Maiden Name of Mother A ethia Success                                    | Telegr., Phone, Cable or Radio Charges                                      |
| Her Birthplace   | Cash Advanced.: Out of town Undertaker's Charges.                           |
| Motor Ship Remains to  | Personal Service.   |
|  |   |
| Size of Casket   | line Death Notices inPapers   |
| Cemetery Crematory Rose Hull   | (Names of Newspapers)   |
| Lot No   | Sales Tax 367   |
| Grave No   | Total Footing of Bill   |
| Section No   | Less 5/0 pain full \$   |
| Block No   | Balance 8 362 33  |
| Diagram of Lot or Vault Owner.   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |
| To Above Balance. \$   | To Balance Forward \$   |
| By Payment \$ \$   | By Payment \$ \$  |
| * *  |   |
| # #ssss  |   |
|  |   |
| \$   | \$ \$   |
| *                                  | \$ \$   |
|  |   |
| Insurance \$ Names of Lodges.  | InsuranceCompanies  |
| I hereby authorize the above Funeral, and I hereby represent that I have | sufficient resources Legally available to (Firm Name of Funeral Directors.) |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | ty the same within  |
| maturity at the rate of% per annum.                                      | Signed  |

| Total No. 2/8 4 Yearly No / C   | Date of Entry   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Name of Deceased. Many Elisabet   | H Southly   |  |  |  |  |  |  |  |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorces   | Husband Wite Widow } John Ford frey sterlass  |  |  |  |  |  |  |  |
| Residence:  | or  |  |  |  |  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)   |  |  |  |  |  |  |  |
| Address.  | Casket  |  |  |  |  |  |  |  |
| Order given by Mis Day (daughter)   | Burial Vault or Box(State Kind)   |  |  |  |  |  |  |  |
| How Secured:  | Embalming Body  |  |  |  |  |  |  |  |
| If Veteran, State War   | Dawlon @ Hair Dressing, D   |  |  |  |  |  |  |  |
| Occupation (Social Security Number)   | Dressing Body, \$ Underwear, \$   |  |  |  |  |  |  |  |
| Employer and Address  | Suit or Dress. (State Kind and Color) Slippers, \$Hose, \$  |  |  |  |  |  |  |  |
| Date of Death May 14 1948   | Folding Chairs, S Tarpaulin, p  |  |  |  |  |  |  |  |
| Date of Birth. (Hour)   | Candelabrum, \$   |  |  |  |  |  |  |  |
| . 47  | Funeral Car, \$ Ambulance, \$   |  |  |  |  |  |  |  |
|   | Limousines to Cemetery @ \$   |  |  |  |  |  |  |  |
| Date of Funeral. 5/1/48 Fu 10 A.M.  | Extra Limousines  |  |  |  |  |  |  |  |
| Services at Chaptel   | Autos to R. R. Station @ \$ 500   |  |  |  |  |  |  |  |
| Clergyman & ewis Sandekery  | Taking Remains to   |  |  |  |  |  |  |  |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to A or Hill - 100   |  |  |  |  |  |  |  |
| Birthplace  | Deliver Flowers to  |  |  |  |  |  |  |  |
| Resided in the State  | Removal Charges Procuring Burial Permit.  |  |  |  |  |  |  |  |
| Place of Death Ellers Luy Wash  | Certif.Copiesof Death Certificates No   |  |  |  |  |  |  |  |
| Cause of Death. Brancho Pulimonia   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |  |  |  |  |  |
|   | Gross Total for Sales Tax\$   |  |  |  |  |  |  |  |
| Contributory Causes   | Outlay for Lot  |  |  |  |  |  |  |  |
|   | Flowers S Palms, S Matting, S   |  |  |  |  |  |  |  |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ . V. of Temporary Vault, \$  |  |  |  |  |  |  |  |
| His Address   | Lining Grave \$ Lowering Device \$ K 750  |  |  |  |  |  |  |  |
| Name of Father  | Outlay for Shipping Charges   |  |  |  |  |  |  |  |
| His Birthplace  | Outlay for Shipping Charges Clergyman, \$. Singers, \$. Organist, \$  |  |  |  |  |  |  |  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced   |  |  |  |  |  |  |  |
| Motor Ship Remains to   | Personal Service of Linear discilled keller   |  |  |  |  |  |  |  |
| Size of Casket(State Color and Number)  | Out of town Undertaker's Charges Personal Service of Lunes thereto kelfen case of heart, chaffe et 2,500  |  |  |  |  |  |  |  |
| Manufactured by   | line Death Notices inPapers   |  |  |  |  |  |  |  |
| Cemetery Crematory Rol Hell   | (Names of Newspapers)   |  |  |  |  |  |  |  |
| Lot No 1568   |   |  |  |  |  |  |  |  |
| Grave No?   | Sales Tax   |  |  |  |  |  |  |  |
| Section No  | Total Footing of Bill   |  |  |  |  |  |  |  |
| Block No.   | Less  |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner   | Balance\$  Entered into Ledger, pageor below.   |  |  |  |  |  |  |  |
| Date Amount Paid Balance  |   |  |  |  |  |  |  |  |
|   | Datalité Datalité   |  |  |  |  |  |  |  |
|   | To Balance Forward\$  |  |  |  |  |  |  |  |
| By Payment  | By Payment \$ \$  |  |  |  |  |  |  |  |
|   | **************************************  |  |  |  |  |  |  |  |
|   | a a   |  |  |  |  |  |  |  |
| я я   |   |  |  |  |  |  |  |  |
| 4 4 \$ \$.  |   |  |  |  |  |  |  |  |
| « «   | a a \$ \$   |  |  |  |  |  |  |  |
| Names of Lodges   | Insurance<br>Companies  |  |  |  |  |  |  |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have s | sufficient resources Lorelly evallable to   |  |  |  |  |  |  |  |
|   | (Firm Name of Funeral Directors.)  y the same within  |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.   | Signed  |  |  |  |  |  |  |  |
|   | Address   |  |  |  |  |  |  |  |

| Total No. 2.                                      | 1.8=35               | Yearly No.                            | 17              |             | Data  | of Entry  | . 0.                                    | une                                     | 24                       | 7                        | 10               | 48     |  |
|---|----------------------|---------------------------------------|-----------------|-------------|---|-----------|---|---|--------------------------|--------------------------|------------------|--------|--|
| Name of Deceased. William alva (al.) Lasley w     |                      |                                       |                 |             |   |           |   |   |                          |                          |                  |        |  |
| Residence: Jamoni Bushand Wille Willow, Sarah Las |                      |                                       |                 |             |   |           |   | ile                                     | Y                        |                          |                  |        |  |
| Charge to:  | mes gra              | Lasley                                |                 |             | or  |           | of \$                                   | Age of Husban                           |                          |                          | Y                | ears   |  |
| Address   | Lamon                |                                       |                 |             | omplete F   |           |   | utlays)                                 | ,                        | \$ .29.                  | 8                | ٥      |  |
| Order given by                                    | 7                    | 12122233                              |                 | C           | asket<br>urial Vauli  | or Box    |   | Box                                     | ·                        |                          | :::              |        |  |
| How Secured:                                      |                      | · · · · · · · · · · · · · · · · · · · |                 | E           | mbalming  | Body      | (8                                      | ate Kind)                               |                          |                          |                  |        |  |
| If Veteran, Sta                                   | ate War!             | 10                                    |                 | D           | arner,  |           | nair                                    | Dressing,                               | Ф                        |                          |                  |        |  |
| Occupation  | farme                | 4                                     | une             | E           | ressing Bo  | dy,\$     | • | .Underwe                                | ır,\$                    |                          |                  |        |  |
| Employer and                                      | Address              | CSocs                                 | l Security Numb | er) S       | uit or Dres<br>lippers, \$  | 3         | (State )                                | Kind and Color<br>ise, \$               |                          |                          |                  |        |  |
| Date of Death                                     | frene                | 26 194                                | 8. 8.A.         | M F         | olding Cha  | irs, \$   | Ta                                      | rpaulin, \$                             |                          |                          |                  |        |  |
| Date of Birth.                                    | Sept 2               | (ato) 1859                            | (Hou            |             | andelabru<br>loor Spray   | n, \$     | Gl                                      | oves, \$                                |                          |                          |                  |        |  |
| Age   | .88                  | (Months)                              | 27              | F           | uneral Car  | , \$      | Am                                      | bulance, \$                             |                          |                          |                  |        |  |
| Date of Funer                                     | al. 6/2 8/48         | Men                                   | (Days) 2,3c P   | M E         | imousines<br>atra Limo  | to Cem-   | etery                                   | @\$                                     |                          |                          |                  |        |  |
| Services at:::                                    | (Date)               | (Day of Week)                         | (Hour)          | A           | utos to R.  | R. Stat   | ion                                     | @\$                                     |                          |                          |                  |        |  |
| Clergyman::.                                      | 00 11                | upe                                   |                 |             | etting Ren<br>aking Ren   |           |   |   |                          |                          |                  |        |  |
| Religion of the                                   |                      | (A                                    | Idress)         | T           | rip to Cor  | oner's I  | nquest .                                |   |                          |                          |                  |        |  |
| Birthplace 4                                      | . 0                  | Llee                                  |                 |             | Delivering I<br>Deliver Flo   |           |   |   |                          |                          |                  |        |  |
| Resided in the                                    |                      |                                       |                 |             | 1 (1  |           |   | • |                          |                          |                  |        |  |
| Place of Death                                    | Gr U.S.              | or City or County)                    | (Years) (Mon    | tha)        | rocuring E<br>Certif.C  | oniocof I | Dooth C                                 | ate Number a                            | d District)              |                          |                  |        |  |
|   |                      | 7.27                                  |                 | P           | all Bearer  | Service.  | SI                                      | Physician's or<br>Jse of Cha            | Coroner's)               |                          |                  |        |  |
| Cause of Deat                                     |                      |                                       |                 |             |   |           |   |   |                          | .\$                      |                  |        |  |
| Contributory                                      | Causes               |                                       |                 | · · · ·   C | Gross Total for Sales Tax\$ Outlay for Lot:   |           |   |   |                          |                          |                  |        |  |
|   | ه ه                  | A                                     | ¿               | F           | Cremation   |           |   |   |                          |                          |                  |        |  |
|   | ysician 🔑 🚉          | (or Coroner)                          |                 | F           | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb 19.4. Mullel 14.00 |           |   |   |                          |                          |                  |        |  |
| His Address.                                      | 0 0.0.               | - F. 1                                |                 | I           | Lining Grave, \$Lowering Device, \$   |           |   |   |                          |                          |                  |        |  |
| Name of Fath                                      | G                    | aasi                                  | .7              | 0           | Outlay for Shipping Charges.  |           |   |   |                          |                          |                  |        |  |
| His Birthplace                                    |                      | nu P                                  | +               | R           | Clergyman,\$Singers,\$Organist,\$   |           |   |   |                          |                          |                  |        |  |
| Maiden Name                                       | 15/10                | 1111                                  | i iiii.         |             | Telegr., Phone, Cable or Radio Charges  |           |   |   |                          |                          |                  |        |  |
| Her Birthplac                                     |                      |                                       |                 |             | Cash Advanced   |           |   |   |                          |                          |                  |        |  |
| Motor<br>Ship Remain                              | 6/2 -                | 1/2 CM                                | ch. nev         |             | Personal Service  |           |   |   |                          |                          |                  |        |  |
| Size of Casket                                    | n (S                 | tate Color and Numb                   | #)              |             | line De   |           |   | Pap                                     | ers                      |                          |                  |        |  |
| Manufactured                                      | by R. V              | e Hill                                | <i>g</i>        |             | (Names of Newspapers)   |           |   |   |                          |                          |                  |        |  |
| Cemetery  |                      | Lot No                                | 249             |             |   |           |   |   |                          |                          |                  |        |  |
|   |                      | Lot No<br>Grave No                    |                 | 8           | ales Tax .  |           |   |   |                          | -                        | 2 9              | 8      |  |
| CONTRACT.   |                      | Section No                            |                 |             | Total Footing of Bill   |           |   |   |                          |                          |                  |        |  |
|   |                      | Block No                              |                 | I           | Less 5/1 by July 811,74/98 \$   |           |   |   |                          |                          |                  |        |  |
|   |                      | Owner                                 |                 | F           | Intered int   | o Ledge   | r. page.                                | ince/.:.<br>or b                        | elow.                    | .\$                      |                  | •••••  |  |
| Diagram of Date                                   | Lot of Vault         | Amount                                | Paid Ba         | lance       | Date  |           |   |   | Amount                   | Paid                     | Bala             | nce    |  |
|   | To Above Balance     |                                       | \$              | I           |   | То        | Balance I                               | orward                                  |                          | 8.                       |                  |        |  |
|   | By Payment           | 8                                     | \$              |             |   | Ву        | Payment                                 |   | \$                       | \$.                      |                  |        |  |
|   | и и                  | \$                                    | \$              |             |   | "         | a                                       |   | \$                       | \$.                      |                  |        |  |
|   | и и                  | \$                                    | \$              |             |   | "         | и                                       |   | \$                       | \$.                      |                  |        |  |
|   | a a                  | \$                                    | \$              |             |   |           |   |   | \$                       | \$.                      |                  |        |  |
|   | и и                  | \$                                    | \$              |             |   | "         | a                                       |   | 8                        | \$.                      |                  |        |  |
|   |                      | \$                                    | \$              |             |   |           | и                                       |   | \$                       | \$.                      |                  |        |  |
|   | 1 7 000              | Names ofLodges                        |                 |             |   | Insu      | irance<br>npanies                       | 5,187                                   |                          |                          |                  |        |  |
| Insurance \$                                      | ize the above Funera | Lodges                                | nnegent that Th | ove m       | cient resource  |           |   | to                                      |                          |                          |                  |        |  |
| I hereby authori                                  | of aforesaid sum, a  | nd I hereby cover                     | ant and agree 1 | to pay th   | e same withi  | n         |   | days fro                                | Name of Fun<br>m date. ] | eral Direct<br>nterest t | ors.)<br>o accru | e from |  |
| naturity at the                                   | rate of              | .% per annum.                         |                 |             | Sig   | ned       |   |   |                          |                          |                  |        |  |
|   |                      |                                       |                 |             | Adi   | iress     |   |   |                          |                          |                  |        |  |

| RECORD OF FUNERAL   |   |
|---|---|
| Total No. 2/84 Yearly No. 18  | Date of Entry 19%8  |
| Name of Deceased Sterry Maxing I  | ono pasek (Winat Raco)  |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorce  | d   |
| Residence: Lawan  | OF A COLOR  |
| Charge to Ny Kewo hash  | Complete Funeral (except outlays)\$   |
| Address, & Euroni   | Casket. 63 64 Burial Vault or Box (State Kind)  |
| Order given by(or informant)  | Embalming Body (State Kind) 25 00   |
| How Secured:  |   |
| If Veteran, State War   | Descring Body, S  |
| Employer and Address (Social Security Number)   | Suit or Dress. (State Kind and Color) Slippers, \$  |
| Date of Death July 28 1948 8 PM   |   |
| Date of Birth. July (Date) 1946 (Hour)  | Candelabrum, \$ Candles, \$  Door Spray, \$ Gloves, \$  Ambulance \$  |
| Age.  |   |
| (Years) , (Months) (Days)   | Limousines to Cemetery  |
| Date of Funeral 7/31/48 Sat Month (Hour)  | Autos to R. R. Station  |
| Services at . Chapel  | Getting Remains from  |
| Clergyman Wew Faruham (Address)   | Trip to Coroner's Inquest/  |
| Religion of the Deceased  | Delivering Box to Ascur Superint Deliver Flowers to Deliver Flowers to Removal Charges Procuring Burial Permit. |
| Birthplace Lean   | Removal Charges. Ja Juneal 25 00  |
| Resided in the State. (or U.S. or City or County) (Years) (Months)  | Procuring Burial Permit. (State Number and District)  |
| Place of Death Les Moines   | Procuring Burial Permit. Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$       |
| Cause of Death. Polio   | Gross Total for Sales Tax\$ / 3 \$ 0.0  |
| Contributory Causes   | Outlay for Lot. Lot 1101- 20 00   |
| 10 Pa   | Cremation   |
| Certifying Physician. An Daoc.  | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address. Jes Mouls  | Opening of Grave or Tomb. To A Manual 7 5 5 Lining Grave, \$ Lowering Device, \$                                |
| Name of Father Ray Nous Lack His Birthplace Clearwater, Net   | Outlay for Shipping Charges   |
| Maiden Name of Mother Hina allen  | Clergyman,\$. Singers,\$. Organist,\$. Railroad or Motor Tickets, \$. Aero-plane Service,\$.                    |
|   | Leiegr., Phone, Cable or Radio Charges  |
| Her Birthplace Lanuir Jan   | Cash Advanced Out of town Undertaker's Charges  |
| Motor Remains to  | Personal Service  |
| Size of Casket  | Sing Double N. at   |
| Manufactured by  Cemetery Crematory Asse Acel   | line Death Notices in Papers  |
|   |   |
| Lot No  | Sales Tax gd by harb keel 1500  |
| Section No  | Total Footing of Bill. /5-8 80  |
| Block No.   | Lesss   |
|   | Balance   |
|   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance Balance  | Date Amount Paid Balance  |
| By Payment &  | To Balance Forward \$   |
| # # S e   | By Payment \$\$   |
| \$\$  | ······································  |
| " " \$ \$   | \$  |
|   |   |
|   |   |
| Names of  |   |
| Insurance \$. Lodges Insurance  Ibereby authorize the above Funeral, and I hereby represent the I bar. Companies. |   |
| A nave summent of a forestid sum and I la   |   |
| maturity at the rate of   |   |
| Witness   |   |
| Compiled by F. J. PEINEMAN, St. Look M.   |   |
| St. Louis, Mo.  |   |

| Total No Ye                                  | arly No 19                 |                     |  | _                      | 2   | ,                  |             |
|--|----------------------------|---------------------|--|------------------------|---|--------------------|-------------|
| Name of Deceased                             | Cliam P.                   | en                  | Date of  | Entry                  | aug 2   |                    | 19.7.1      |
| Residence: X autorii                         | ☐ Widowed ☐ I              | Divarced            | · J  |                        | (What R   | ٠٠٠٠٠٠             |             |
| Charge to: Cash -                            |                            |                     | Efflusband   | ]Wite[]Wislow          | (What Roads of Wife (if is  | der                | y           |
| Address                                      |                            |                     |  |                        |   | The section of the | TO THE CARE |
| Order given by                               |                            |                     | Conlect  |                        | outlays)  | \$                 |             |
| Corinfo                                      | rmant)                     |                     | Burial Vault c   | r Box                  |   |                    |             |
| How Secured:                                 |                            |                     |  | ouy                    |   |                    |             |
| If Veteran, State War                        |                            |                     |  |                        |   |                    |             |
| Occupation refued (fa                        | (Social Security Num       | ber)                | Suit or Dress.   |                        | .Underwear,\$   |                    |             |
| Employer and Address                         |                            | 100                 | Slippers, \$   | (State                 | Kind and Color)   |                    |             |
| Date of Death aug , 9                        | .1.9.4.8 7.3.6             | WW.                 | Folding Chair.<br>Candelabrum,   | s, \$ T                | arpaulin, \$  |                    |             |
| Date of Birth                                | 1866                       | ]                   | Door Spray, \$   |                        | loves, \$   |                    |             |
| Age85 10                                     | (Dave)                     |                     | Funeral Car, {<br>Limousines to  | An                     | bulance, \$   |                    |             |
| Date of Funeral.                             | 2,30                       | .P.M. ]             | Extra Limous   | nes                    | @\$   |                    |             |
| Services at Cleanel                          | week) (Hour)               | 4                   | Autos to R. R<br>Getting Rema  | . Station              | @\$   |                    |             |
| Clergyman Rev Furn                           | ham                        |                     | <b>Faking Remai</b>  | ns to                  |   |                    |             |
| Religion of the Deceased                     | . S. (Address)             | 1                   | Trip to Coron<br>Delivering Bo   | er's Inquest           |   |                    |             |
| Birthplace England                           | ١                          | ]                   | Deliver Flower   | rs to                  |   |                    |             |
| Resided in the State //                      | w.                         | ;                   | Removal Char   | ges                    | •••••   |                    |             |
| Place of Death Lawan                         | County) (Years) (Mo        | nths)               | Certif.Cop   | esof Death C           | ate Number and District) ertificates No. Physician's or Coroner's |                    |             |
| Cause of Death Bucho P                       | neumonia                   | 1                   | Pall Bearer Se   | rvice, \$ T            | Physician's or Coroner's) Jse of Chapel, \$                       |                    |             |
| Contributory Causes. Cerebral                | / ferrorabe                | 1. 8                | Gross Total fo<br>Outlay for Lo  | r Sales Tax.           |   | 3.52               | νο          |
|  |                            |                     | Cremation  |                        |   |                    |             |
| Certifying Physician.                        | Lamet                      | ;                   | Plowers, \$<br>Rental of Tent  | Palms, \$ . :          | ::: Matting, \$   |                    |             |
| His Address Lamm                             |                            | 9                   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. & 91 Markall |                        |   |                    |             |
| Name of Father 2004 Pu                       | ny                         |                     | Outlay for Shi   | pping Charge           | es  |                    |             |
| His Birthplace. Engl                         | and                        | (                   | Clergyman,\$.  | Singers,               | Organist,\$<br>Aero- Service,\$                                   |                    |             |
| Maiden Name of Mother Sara Boswell           |                            | 0                   | r Motor   Ticke<br>Telegr., Phone  | ts, \$<br>Cable or Ra  | plane Service, \$   |                    |             |
| Her Birthplace. Eugla                        | M                          | (                   | Cash Advance   | d                      |   |                    |             |
| Motor Remains to                             |                            |                     | Out of town U<br>Personal Servi  |                        | Charges   |                    |             |
| Size of Casket . / Couch State               | gray Mry.                  |                     |  |                        |   |                    |             |
| Manufactured by R.b                          |                            |                     | line Deat  | (Names of News         |   |                    |             |
| Cemetery } Rund. Hull.                       |                            |                     |  | (Names of News)        | apers)  |                    |             |
| Lot  | No. 5.6.2                  |                     | Sales Tax  |                        |   | 3                  | 500         |
|  | re No                      |                     | Total Footing  | of Bill                |   | 368                | 50          |
| Secti  | on No                      | Your and the second | Less   |                        | d. 8/20/4.V.  | 1.7.               | 7.8         |
|  | k No                       |                     |  | Bala                   | nce   | .351               | 7.7         |
| Diagram of Lot or Vault Own                  | er                         | ····  I             | Intered into I   | edger, page.           | or below.   |                    |             |
| Date   | Amount Paid Ba             | lance               | Date   | 1000                   | Amount P  | aid Ba             | lance       |
| To Above Balance                             | \$                         |                     |  | To Balance F           |   | \$                 |             |
| By Payment                                   | \$                         |                     |  | . By Payment.          | \$  | \$                 |             |
|  | \$                         |                     |  |                        | \$  | \$                 |             |
|  | \$                         |                     |  |                        | \$  | \$                 |             |
|  | \$ \$                      |                     |  |                        |   | ss                 |             |
|  | ş ş                        |                     |  |                        |   | \$                 |             |
| и и  | ss                         |                     |  |                        | ss  | \$                 |             |
| Insurance \$ Lodge                           | a management of the second |                     |  | Insurance<br>Companies | ,   |                    |             |
| I hereby authorize the above Funeral, and I  | hereby represent that I h  | ave suffi           | cient resources L  | egally available t     | (Firm Name of Fores   | 1 Director         |             |
| for the payment of aforesaid sum, and I here | by covenant and agree t    | o pay th            | e same within  |                        | days from date. Int   | erest to accr      | ue from     |
| maturity at the rate of% per                 | annum.                     |                     | Signed.  |                        |   |                    |             |
| Witness                                      | Compiled by                | f. J. FEU           | Address<br>NEMAN St. Louis,  | Мо.                    |   |                    |             |

| Total No. 4 J. F. Yearly No ? O  | Date of Entry  |
|--|--|
| Name of Deceased Slorge F To   | 21   |
| Residence: Lucal Mean Cagliorille  | Ced (What Race)  |
| Residence: mual near Eagliville<br>Charge to: Claudo Redburn               | or undows!" of Age of Husband or Wildel living) Years  |
| Address, Hatfield, Mu  | Complete Funeral (except outlays)\$ .3.17.00   |
|  | Casket   |
| (or informant)   | Burial Vault or Box  |
| How Secured:   | Embalming Body   |
| If Veteran, State War  | Barber, \$   |
| Occupation retried farmer  | Dressing Body, \$ Underwear, \$ Suit or Dress  |
| Employer and Address   | Slippers. \$   |
| Date of Death. Aug 22 1998 7,45 PA   | 7 Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. June 11 1868 (Hour)   | Candelabrum, \$  |
| Age. 688 2 11  | Funeral Car, \$Ambulance, \$   |
| Date of Funeral 2-6/48 Thus. (Days)  | Limousines to Cemetery   |
| Services at .: Line Rock (Day of Week) (Hour)                              | Autos to R. R. Station @ \$  |
|  | Getting Remains from   |
| Clergyman Ul Laue (Address)  | Trip to Coroner's Inquest  |
| Religion of the Deceased.  | Delivering Box to  |
| Birthplace Illinois  | Deliver Flowers to   |
| Resided in the State   | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  |
| Place of Death Miss Eagliville. 1160                                       | Certif.Copiesof Death Certificates No.   |
| Cause of Death arters Scherotic Heart                                      | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes.   | Gross Total for Sales Tax\$ 3/7 00   |
|  | Outlay for Lot.  |
| Certifying Physician. 191 Hyer   | Flowers, \$Palms, \$Matting, \$  |
| His Address Cogliville   | Rental of Tent, \$ of Temporary Vault, \$  |
|  | Lining Grave, \$ Lowering Device, \$   |
| Name of Father. Reubin Jok   | · Outlay for Shipping Charges  |
| His Birthplace.  | Clergyman, \$. Singers, \$. Organist, \$. Railroad Tickets, \$. plane Service, \$. Telegr., Phone, Cable or Radio Charges.                               |
| Maiden Name of Mother. Mancy Mulkly  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced Out of town Undertaker's Charges   |
| Motor Remains to 12 12 Couch gay pluch                                     | Personal Service.  |
| Dize of Casket// Distate Color and Number)                                 |  |
| Manufactured by  | line Death Notices inPapers  |
| Cemetery Crematory }   | (Names of Newspapers)  |
| Lot No   |  |
| Grave No   | Sales Tax  |
| Section No   | Total Footing of Bill  |
| Block No   |  |
| Diagram of Lot or Vault Owner  | Balance\$  |
| . Date Amount Paid Balance   |  |
| To Above Balance   | Amount Paid Balance  |
| By Payment, \$ \$  | To Balance Forward\$   |
| a a e  | By Payment\$\$   |
| # # S S  | ***************************************  |
|  | ***************************************  |
| " " \$. \$   |  |
| # # \$ \$  | и и  |
| « и  | и и в  |
| Insurance \$   | Insurance Companies.   |
| I hereby authorize the above Funeral, and I hereby represent that I have a | Tourisance Companies  ufficient resources Legally available to (Princ Name of Passed Directors)  the same within days from date. Interest to accrue from |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa    | y the same within days from plate formal Directors.)   |
| maturity at the rate of% per annum.  |  |
|  |  |
| Witness.   | Signed   |

| Total No. 2.1.8.9. Yearly No. 2.1                                 | Date of Entry Left 2 19 48   |
|---|--|
| Name of Deceased.   | nahari   |
| Residence: Independence, Mo                                       |  |
| Charge to:  | or   |
| Address   | Complete Funeral (except outlays)\$  |
| Order given by(or informent)                                      | Casket. Burial Vault or Box (State Kind)   |
| How Secured::   | Embalming Body (State Kind)  |
| If Veteran, State War   | Barber, \$   |
| Occupation  |  |
| Employer and Address  | tumber) Slippers, \$   |
| Date of Death. Cong 31 1948                                       | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth   | (Hour) Candelabrum, \$   |
| Age (Months) (Days)   | Funeral Car, \$Ambulance, \$   |
| Date of Funeral Lift Thus 3                                       | 3. P.M. Extra Limousines   |
| Services at:::  | Autos to R. R. Station @ \$  |
| Clergyman : Chwill  | Taking Remains to  |
| Religion of the Deceased . J. S (Address)                         | Trip to Coroner's Inquest  |
| Birthplace  | Delivering Box to Deliver Flowers to Delivering Box to Deliver Flowers to Deliv |
| Resided in the State  | Removal Charges  |
| Place of Death (Years) (Years)                                    | Months) (State Number and District)  Certif, Copies of Death Certificates No.  |
| Cause of Death Acute Circulatory Fa                               | Montha) Procuring Burial Permit. (Shan Number and District)  — Certif. Copies of Death Certificaties No. (Shan Special Consume)  — Allun Pall Bearer Service, 8. Use of Chapel, 8.   |
| Contributory Causes.  | Gross Total for Sales Tax\$  |
| Contributory Causes.  | Outlay for Lot:  |
| Certifying Physician.   | Flowers, \$ Palms, \$ Matting, \$  |
| (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb.   |
| His Address   | Lining Grave, \$Lowering Device, \$  |
| Name of Father  | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$. Organist.\$.   |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ Aero-Service, \$   |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  Cash Advanced  |
| Her Birthplace  | Out of town Undertaker's Charges   |
| Motor Remains to  | Personal Service   |
| Size of Casket  | line Death Notices in Papers   |
| Manufactured by  Cemetery Crematory                               | (Names of Newspapers)  |
| Crematory   Lot No  | Ship 7 40 00   |
| Grave No3   | Sales Tax  |
| Section No  | Total Footing of Bill  |
| Block No  | Less Poly Huystahl \$ 40 00  |
|   | Entered into Ledger, pageor below.   |
| Date Amount Paid  | Balance Date Amount Paid Balance   |
| To Above Balance. \$  | To Balance Forward\$   |
| By Payment. \$\$  | By Payment   |
| \$\$  | \$   |
| \$ \$   |  |
| \$\$  |  |
| * *\$   | # # \$ \$  |
|   | и и "\$\$.   |
| Names of Lodges   | Insurance<br>Companies   |
| Insurance \$ Lodges Lodges  | t I have sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree | ree to pay the same within   |
| maturity at the rate of% per annum.                               | Signed   |
|   | Address  |
| Compiled 1  | d by F. J. FEINEMAN St. Louis, Mo.   |

| Total No. 2190 Yearly No. 22   | Data of Water Septemb   | ec 3 1948   |
|--|---|-------------|
| 211  | Date of Endy  | )           |
| Name of Deceased   | d Barrett (What Ro  | ce)         |
| Residence: Laurui  | d (What Re  | Nett        |
| Charge to: Fred Bernett  | or. S of ) Age of Husband or Wife (if it  | /ing)Years  |
| Address.   | Complete Funeral (except outlays)   | .425.00     |
| Order given by   | Casket  | 11.5.00     |
| How Secured:   | Embalming Body(State Kind)  [Name of Embalmer]  |             |
| If Veteran, State War L W  | Barber \$ Hair Dressing, \$   |             |
| Occupation Student NONE (Social Security Number)   | Drossing Rody \$ Underwear, \$  |             |
| Employer and Address (Social Security Number)  | Suit or Dress   |             |
| Date of Death Left 1 1948 11 PM  | Slippers, \$ Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$   |             |
| Date of Birth. May 15 1930 (Hour)  | Candelabrum, \$Candles, \$  |             |
|  | Door Spray, \$  |             |
| Age. /8 3 /6 (Yongs) / (Months) (Days)   | Limousines to Cemetery @ \$   |             |
| Date of Funeral 7/1/8 Fix 4 P. M. (Date) (Day of Week) (Hour)  | Extra Limousines @ \$   |             |
| Services at : Chapel (Day of Week) (Hour)  | Autos to R. R. Station @ \$   |             |
| Clergyman Robt Farrham   | Taking Remains to   |             |
| Religion of the Deceased(Address)  | Trip to Coroner's Inquest Delivering Box to   |             |
| Birthplace Centerville In  | Deliver Flowers to  |             |
| Resided in the State   | Pomoval Charges   |             |
| Place of Death & lank Meruona Hory Months  | Procuring Burial Permit. (State Number and District)  |             |
| Cause of Death Pulbar Polio  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Payadant or Corporer)  Pall Bearer Service, \$ Use of Chapel, \$ |             |
| Cause of Death: VHLLVIII & BLLD  Contributory Causes.  | Gross Total for Sales Tax\$   | 54000       |
| Contributory Causes.   | Outlay for Lot.   |             |
| Certifying Physician   | Flowers, \$ Palms, \$ Matting, \$   |             |
| (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb & A. Mauhell.  | 1600        |
| Name of Father. A. W. Barrett (Fred)   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |             |
| His Birthplace Mystic Ja   | Outlay for Shipping Charges.  |             |
| Maiden Name of Mother Mayory Tayla   | Clergyman, \$. Singers, \$. Organist, \$. Railroad \ Tickets, \$. plane Service, \$. Telegr., Phone, Cable or Radio Charges               |             |
| Maiden Name of Mother May War Jan  | Telegr., Phone, Cable or Radio Charges  |             |
| Her Birthplace   | Cash Advanced   |             |
| Motor Remains to   | Personal Service.   |             |
| Size of Casket (State Color and Number)  |   |             |
| Manufactured by  | line Death Notices in Papers  |             |
| Cemetery Crematory Rpa Hill  | (Names of Newspapers)   |             |
| Lot No /37.3   | Sales Tax   | 15 00       |
| Grave No   | Total Footing of Bill   | 57640       |
| Section No   | Less 5 % on 545   | 47. 27.     |
| Block No   | Balance e   |             |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |             |
| Date Amount Paid Balance   | Date Amount Pai   | d Balance   |
| To Above Balance S   | To Balance Forward  | Datance     |
| By Payment. \$ \$\$  | By Payment S  |             |
|  |   |             |
|  | и и \$  |             |
| a a  |   | e           |
|  |   |             |
| \$   | " "   |             |
| 8 \$   |   |             |
| Names of Lodges  | Insurance   |             |
| Insurance \$   | fficient resources Legally available to   |             |
| and the property of the party o | the same within   | Directors.) |
| maturity at the rate of% per annum.  | Signed  |             |
| Witness  | Address   |             |
| Compiled by F. J. Fl   | INEMAN, St. Louis, Mo.  |             |

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

| Total No. 21.91. Yearly No. 23   | Date of Entry Sept 9 19.48  |
|--|---|
| Name of Deceased. Qual albut Sa  | udage w   |
| Residence: Mula Caglerille   | Musband Wite Widow, Zena Sandage  |
| Charge to: My Sandage  | orot S Age of Husband or Wife (if living)   |
| Address  | Complete Funeral (except outlays)\$368 05   |
| Order given by (or informant)  | Casket Burial Vault or Box Case Kind) /// // (State Kind)                                     |
| How Secured:   |   |
| If Veteran, State War World Wew !  | Embaiming Body  (Name of Embaimer)  Barber, \$. Hair Dressing, \$.                            |
| Occupation farming none  | Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$                                    |
| Date of Death de ft. 6 1948 between 7 4 9 A  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. June 9 1895 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |
| Age53 3 38   | Funeral Car, \$Ambulance, \$  |
| Date of Funeral S. of 19/48 Thurs. (Days) 2 PM   | Limousines to Cemetery @ \$   |
| Services at : Louis R Church Church  | Autos to R. R. Station  |
| Clergyman: Rev Rolt Farrham  | Getting Remains from  |
| Religion of the Deceased(Address)  | Trip to Coroner's Inquest  Delivering Box to  |
| Birthplace Ringold County Sa   | Deliver Flowers to  |
| Resided in the State of Messeur 4  | Removal Charges   |
| Place of Death Wall Mela Cag levell  | Procuring Burial Permit.  State Number and District)  Certif. Copies of Death Certificates No |
| Cause of Death strangulation by hanging  | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes Surerde  | Gross Total for Sales Tax. \$ 48.3 0.0.   |
|  | Cremation   |
| Certifying Physician. John William Colonia   | Flowers, \$Palms, \$:Matting, \$ Rental of Tent, \$of Temporary Vault, \$                     |
| His Address Bethany . Mo   | Opening of Grave or TombLining Grave, \$Lowering Device, \$                                   |
| Name of Father albam Sanday!   | Outlay for Shipping Charges   |
| His Birthplace. Suchana  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                   |
| Maiden Name of Mother Adllla Leth.   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace. not know.  | Cash Advanced   |
| Motor Remains to Remains to  | Personal Service  |
| Size of Casket 6/3 state Certain   | line Death Notices in Papers  |
| Manufactured by Caul (Love Rick)   | (Names of Newspapers)   |
| Cemetery Crematory Payne (doublikk)  | •   |
| Lot No   | Sales Tax 4 3   |
| Grave No   | Total Footing of Bill   |
| Block No   | Less 5 / 9 Paris Tall 5 1 3 4 3 9   |
|  | Entered into Ledger, page or below.   |
| Diagram of Let or Vault  |   |
| Date   | To Balance Forward.   |
| To Above Balance   | By Payment \$ \$  |
| By Payment\$\$   | a a   |
| a a  |   |
| a a  | « « \$ \$ \$  |
| s \$   |   |
|  | а а 2 е   |
| a a  | Insurance   |
| Names of Lodges.   | Insurance Companies.  |
| Insurance \$. Longes I hereby authorize the above Funeral, and I hereby represent that I have I hereby coverent and stree to p | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to participate the rate of% per annum.                       | Signed  |
|  | Address   |
| Witness  | FEINEMAN St. Louis, Mo.   |

| RECC   | ORD C                                   | of fur                                       | VERAL   | 0.  |                |
|--|---|--|---|---|----------------|
| Total No. 2.19. Yearly No  | 24                                      | Date of                                      | Entry   | Leptemb                                     | 2. 2.6. 19.4.  |
| Name of Deceased. John Ke  | lson                                    | Brad   | ley   |   | رد             |
| Residence: Widowe  | d Divorced                              | □Husband□                                    | ]Wife□Widow)  | ora Bra                                     | alley          |
| Charge to: Donce Bradley.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | or   | of } Ag   | e of Husband or Wife (if                    |                |
| Address Laureni Sa   |   |  | eral (except out                                      |   | \$ 352 00      |
| Order given by a bace  |   | Casket                                       | r Box   | 2.24  |                |
| How Secured : (or informant)   |   | Durius Tudas                                 | /State  | Kind)                                       |                |
| If Veteran, State War  |   | Barber, S                                    | ody(Name o<br>Hair D                                  | ressing, o                                  |                |
|  | - 5201<br>Security Number)              | Dressing Body                                | .\$U  | nderwear, \$                                |                |
| Employer and Address Lane (Social S  | Security Number)                        | Suit or Dress.                               | (State Kim  | d and Color)                                |                |
| Date of Death Left 24 1948   | 5- OM.                                  | Folding Chair                                | Hose<br>s, \$Tarp                                     | aulin, \$                                   |                |
| Date of Birth. July 28 1877  | (Hour)                                  | Candelabrum,                                 | \$Glov  | iles, \$                                    |                |
| Age  | 6                                       | Funeral Car,                                 |   | lance, \$                                   |                |
| Date of Funeral 726/4 (Months) (D  | 2;30 CM                                 |  | Cemetery ines   |   |                |
| Services at .: Chapel (Day of Week)  | (Hour)                                  | Autos to R. R.                               | . Station   | .@ \$                                       |                |
| Clergyman Ort Lave   |   | Getting Remai                                | ins from  |   |                |
| Religion of the Deceased   | 255)                                    | Trip to Coron                                | er's Inquest  |   |                |
| Birthplace Jones County  | la.                                     | Delivering Box<br>Deliver Flower             |   |   |                |
| Resided in the State.  |   | Domestal Ches                                | mon   |   |                |
| Place of Death Austral Wear four   | ears) . (Months)                        | Certif Coni                                  | ial Permit<br>(State<br>esof Death Cert<br>(State Phy | Number and District)                        |                |
|  |   | Pall Bearer Se                               | rvice, \$ Use   | of Chapel, \$                               |                |
| Cause of Death   |   | Gross Total fo                               | r Sales Tax   |   | \$ 352 00      |
| Contributory Causes  |   | Outlay for Lo                                |   |   |                |
| Certifying Physician. & & Same   | +                                       | Flowers, \$                                  | .Palms, \$  | .Matting, \$                                |                |
| His Address (or Coroner)   | 2                                       | Rental of Tent                               | ,\$of Tempe<br>ave or Tomb.                           | prary Vault, \$                             | 14 00          |
| Name of Father John R. Bra   | dle                                     | Lining Grave,                                | \$Lowering  | g Device, \$                                |                |
| His Birthplace England   |   | Outlay for Ship                              | pping Charges.  | Organist \$                                 |                |
| Maiden Name of Mother Catherine Wor  | Menta                                   | Railroad or Motor Ticket                     | Singers,\$<br>s,\$pl                                  | ro-Service,\$                               |                |
| Her Birthplace . Justiana  |   | Telegr., Phone                               | , Cable or Radio                                      | Charges                                     |                |
| Motor Remains to   |   | Out of town U                                | ndertaker's Cha                                       | rges  |                |
| Size of Casket // State gree   | 1                                       | Personal Service                             | ce  |   |                |
| Manufactured by . Subtate The and Norther  | re                                      | line Death                                   | Notices in  | Papers                                      |                |
| Cemetery Rose Hell   |   |  | (Names of Newspaper                                   | s) · · · · · · · · · · · · · · · · · · ·    |                |
| Lot No   | 103                                     |  |   |   |                |
| Grave No?  |   | Sales Tax                                    |   |   | 352            |
| Section No   |   | Total Footing                                | of Bill   | On 1 44 6                                   | \$ 3.6.9.52.   |
| Block No   |   | Less   | ()  |   | \$ 17. 7.8     |
| Diagram of Let or Vault Owner  |   | Entered into L                               | Balance<br>edger, page                                |   | \$ .35.1.7.4.  |
| Date Amount Pai  |   | Date   |   | Amount I                                    | aid Balance    |
| To Above Balance   |   |  | To Balance Forw                                       |   | Dalatice .     |
|  | \$                                      |  | By Payment  |   | \$             |
|  | \$                                      |  | и и   |   | 8              |
| * *  | \$                                      |  |   | \$  | \$             |
|  | \$                                      |  |   |   | \$             |
| и и  |   |  | « «   | \$  | \$             |
| и и \$   |   | <u>                                     </u> | и и   | \$  | \$             |
| Insurance \$ Names of Lodges.  |   |  | Insurance<br>Companies                                |   |                |
| I hereby authorize the above Funeral, and I hereby represe   | nt that I have suf                      | ficient resources Le                         | gally available to                                    |   |                |
| for the payment of aforesaid sum, and I hereby covenant a  |   |  |   | (Firm Name of Funers<br>lays from date. Int | l Directors.)  |
| maturity at the rate of % per annum.   |   | Signed                                       |   |   | ro active from |
| Witness  | <br>Compiled by F. J. FR                | Address                                      |   |   |                |
| the second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the sec | Computer by F. w. F.K.                  | INEMAN, St. Louis, M                         | 10.   |   |                |

| Name of Deceased.    Complete   Deceased   D   | Total No. 2.1.9.3 Yearly No 2.5                         | Date of Entry Left 29 1948   |
|--|---|--|
| Residence: Manual Address.  Clarge to a Date of Puneral (except outlays)  Date of Birth. May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Name of Deceased. Edward R. Bo                          | ncher w  |
| Charge to  | Residence: Sarut Home, Lamoni                           | □Husband□Wife□Widow)   |
| Order given by.  How Secured:  If Veteran, State War  Cocapation.  Employer and Address  Silipens, S. Hair Dressing, S. Underwear, S. Sili or Dress.  Employer and Address  Silipens, S. Hair Dressing, S. Underwear, S. Sili or Dress.  Employer and Address  Age.  19 19 19 19 19 19 19 19 19 19 19 19 19 1  | Charge to: QAP  | 1 150 00   |
| How Secured:    Burial Vault or Box   Burial Manifer Box   Burial Factor   Burial Manifer Box   Burial Factor  | Address,  | Complete Funeral (except outlays)  |
| Barber, \$   The Tressing, \$   The Dressing Body, \$   Underwear, \$  | (or informant)  | Burial Vault or Box  |
| Barber, \$   The Tressing, \$   The Dressing Body, \$   Underwear, \$  |   | Embalming Body(Name of Embalmer)   |
| Employer and Address Date of Death Address Date of Birth. Ag. 1948 (Otter) Date of Birth. Ag. 1948 (Otter) Date of Birth. Ag. 1948 (Otter) Date of Funcaria? 1948 (Otter) Date of Funcaria   |   | Barber, S  |
| Employer and Address   | (Carial Counties Munchas)                               |  |
| Date of Birth. May 1 Date) 184 (Offer) 184 (Offer) 184 (Candles) 2 Candles) 2   | Employer and Address                                    | (State Rind and Color)   |
| Date of Furneral 1, 19, 18, 100 or Spray, \$ Gloves, \$ Pursural Car, \$ Ambulance, \$ Limousines to Genetery @ \$ Limousines to Genetery @ \$ Limousines to Genetic Remains from Taking Remains to  |   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Funeral (1974) (Days)  | Date of Birth May 19 1869                               | Door Spray, \$   |
| Date of Funeral 1998 Med 3,32 % Extra Limousines (§ \$ Autos to R. R. Station (6 \$ Services at:: 1993 Med (6000) (6   | Age   | Funeral Car, \$Ambulance, \$   |
| Services at: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | Date of Funeral 9/48 Weel 3,30 Pm                       | Extra Limousines   |
| Religion of the Deceased Removal Charges Resided in the State Removal Charges Rem   | (Day of Week) (Hour)                                    |  |
| Religion of the Deceased Birthplace Birthplace Resided in the State  Will a Coley of Compt.  Cause of Death.  Countributory Causes  Contributory Causes  Contributory Causes  Contributory Causes  Certifying Physician.  His Address.  Certifying Physician.  Low of Chappel, S.  Flowers, S.  Pall Bearer Service, \$  Use of Chappel, S.  Certifying Physician.  Flowers, S.  Palms, \$  Rental of Tent, \$  Of Temporary Vault, \$  Opening of Careve or Tomb.  Lining Grave, \$  Lowering Device, \$  Outhy for Shipping Charges.  His Birthplace  Cause of Death.  Careved Contributory  Certifying Physician.  His Birthplace  Cause of Death.  Careved Contributory  Careved Contributory  Careved Contributory  Lining Grave, \$  Lining Grave, \$  Lowering Device, \$  Outhy for Shipping Charges.  Clergyman, \$  Singers, \$  Organist, \$  Rathodal Pickets, \$  Date Contributory  Canada.  Careved Contributory  Careved Contributory  Contributory  Lot No.  Sales Tax  Manufactured by  Contributory  Contributory  Lot No.  Sales Tax  Manufactured by  Contributory  Lot No.  Sales Tax  Manufactured by  Contributory  Contributory  Contributory  Lot No.  Sales Tax  Manufactured by  Contributory  Contri  | Clongramon  | Taking Remains to  |
| Birthplace  Resided in the State  or U. s. or City or County)  Place of Death.  Cause of Death.  Contributory Causes  Canada Advanced  Cause Cause Tax   | (Address)   | Trip to Coroner's Inquest  |
| Resided in the State.    Place of Death  |   |  |
| Contributory Causes  Contributory Causes  Contributory Causes  Certifying Physician  Certifying Physician  Contributory  Certifying Physician  Control Control Control  Certifying Physician  Control Control  Certifying Physician  Control Control  Control  Control  Certifying Physician  Control  Contr   | D. 11.12. 41. Girte                                     | Removal Charges  |
| Contributory Causes  Contributory Causes  Contributory Causes  Certifying Physician  Certifying Physician  Contributory  Certifying Physician  Control Control Control  Certifying Physician  Control Control  Certifying Physician  Control Control  Control  Control  Certifying Physician  Control  Contr   | (or U. S. or City or County) (lears) (Montals)          | Procuring Burial Permit. (State Number and District)  Cortif Conjugat Death Cartificates No. |
| Contributory Causes  Contributory Causes  Contributory Causes  Certifying Physician  Certifying Physician  Contributory  Certifying Physician  Control Control Control  Certifying Physician  Control Control  Certifying Physician  Control Control  Control  Control  Certifying Physician  Control  Contr   |   | Pall Bearer Service, \$. Use of Chapel, \$   |
| Contributory Causes  Contributory Causes  Certifying Physician  Certifying Physician  Coremation  Flowers, \$ Palms, \$ :: Matting, \$ . Flow | Cause of Death  | Gross Total for Sales Tax\$  |
| Certifying Physician   | Contributory Causes                                     | Outlay for Lot:  |
| Opening of Grave or Tomb.  Lining Grave, \$ . Lowering Device, \$ .  Outlay for Shipping Charges.  Shipping Shipping Charges.  Again-Service, \$ .  A  | e +   | Flowers, \$ Palms, \$ Matting, \$  |
| His Birthplace   Carada   Courty for States  | Certifying Physician. (or Coroner)                      | Rental of Tent, \$ of Temporary Vault, \$  |
| Name of Father.    Country   Cherymans, S. Singers, S. Organist, S. Ralivada   Tickets, S. S. Singers, S.   |   | Lining Grave, \$ Lowering Device, \$   |
| Maiden Name of Mother:  Her Birthplace  Can Advanced - Cash Ad   | Name of Father. Melson Boucher.                         | Outlay for Shipping Charges  |
| Maiden Name of Mother:  Her Birthplace  Can Advanced - Cash Ad   | His Birthplace  | Railroad Tickets S Aero-Service,\$   |
| Cash Advanced   Cash Advanced   Cash Advanced   Cout of town Undertaker's Charges  | Maiden Name of Mother. Flore Rollin                     | Telegr., Phone, Cable or Radio Charges   |
| Remains to   Personal Service.   Personal Service.   Personal Service.   Papers  |   | . Cash Advanced  |
| Manufactured by:    Cemetry  | Motor Ship Remains to                                   | Personal Service   |
| Manufactured by (Censtery Crematory)  Lot No. Sales Tax  | Size of Casket Huy Caf                                  | line Death Notices in Papers   |
| Connectory   Crematory    Crema   |   |  |
| Grave No. Sales Tax Total Footing of Bill Section No. Less Control   | Crematory   | *  |
| Section No. Less Balance \$  Block No. Less Balance \$  Bound I Let or Violt   |   | Sales Tax 15000  |
| Block No.  |   | Total Footing of Bill  |
| Date Amount Faid Balance Date Amount Faid Balance  To Above Balance Balance Balance By Fayment S.  |   |  |
| Date  Amount Paid Balance  To Above Balance  By Payment. \$  |   |  |
| Amount Fau  Amount Fau  To Above Balance  By Payment   | Diagram of Lot or Vauit                                 |  |
| By Payment. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | Date Amount Paid Balan                                  | CG   |
| ## ## ## ## ## ## ## ## ## ## ## ## ##   | To Above Balance \$                                     |  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  |   | By Payment \$\$  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  |   |  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  | \$\$  | « « \$\$.  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  |   | « « " ss   |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  |   |  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  | # # \$\$\$  | и и  |
| Insurance 5.  I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Direction.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to across from maturity at the rate of.  % per annum.  Address.  | Names of  | Insurance<br>Companies   |
| for the payment of atoreaus sum, and a many term of the payment of atoreaus sum, and a maturity at the rate of   | insurance \$  | e sufficient resources Legally available to  |
| maturity at the rate of% per annum. Signed   | for the payment of aforesaid sum, and I hereby coverned | pay the same withindays from date. Interest to accrue from                                   |
|  | maturity at the rate of% per annum.                     | Signed   |
|  | Witness   |  |

|   |                    |                                       |                           |                          | 0   | 11.                    | ,           |           |
|---|--------------------|---------------------------------------|---------------------------|--------------------------|---|------------------------|-------------|-----------|
| Total No 4.19.4   | Yearly No          | 24                                    |                           | e of Entry.              | teg                                       | 4.1                    |             | 19 %      |
| Name of Deceased  | Widowed            | Divor                                 |                           |                          | an .                                      | (What Race             |             |           |
| Residence Les Mon   | nes                |                                       | Hust                      | band   Wife   Wi         | of Arnof Hus                              | band or Wife (if livis |             | Venr      |
| Charge to . Fool Hick   | olson              |                                       |                           |                          |   |                        |             |           |
| Address. Let M  | rus                |                                       |                           |                          | cept outlays).                            |                        |             | ****      |
| Order given by  |                    |                                       | Burial Va                 | ult or Box .             | Couriete.                                 | Vault                  | 11.5        | 00        |
| How Secured   | rinformant)        |                                       |                           |                          | (State Kind) (Name of Embals              |                        |             |           |
| If Veteran, State War   |                    |                                       | Barber, S.                |                          | . Hair Dressin                            | g, \$                  |             |           |
| Occupation  |                    |                                       | Dressing I                | Body, \$                 | Underv                                    | vear,\$                |             |           |
| Employer and Address  | (Social Sec        | urity Number)                         | Suit or Dr                | ess                      | (State Kind and CoHose, \$                | lor)                   |             |           |
| Date of Double  |                    |                                       | Slippers, \$<br>Folding C | hairs, \$                | Hose, \$<br>Tarpaulin,                    | \$                     |             |           |
| Date of Birth. Aug. 1   |                    | (Hour)                                | Candelabr                 | um, \$                   | Candles, \$                               |                        |             |           |
| Age. 93 /   | 2.4                | (                                     | Funeral C                 | ar, \$                   | Gloves, \$.<br>Ambulance,                 | \$                     |             |           |
| Date of Funeral 9/29/48 L   | onthe) (Day        | s)                                    | Limousine                 | s to Cemete              | ery @ \$                                  |                        |             |           |
| (Date) . / (Day   | y of Week)         | (Hour)                                | Autos to F                | ousines<br>R. R. Station | @\$<br>1,@\$.                             | k4                     |             |           |
| Services at Chaple  | ····A···a···       |                                       | Getting R                 | emains fron              |   | Morries                | 20          | 00        |
| Clergyman. Ry Chwill  | In Day             |                                       | Taking Re                 | mains to                 | uest                                      |                        |             | • • • • • |
| Religion of the Deceased.   | 20.5               |                                       | · Delivering              | Box to                   |   |                        |             |           |
| Birthplace East Paw Paw   | Ill                |                                       |                           | owers to<br>Charges      |   |                        |             |           |
| Resided in the State  | ty or County) (Yea | rs) (Months)                          | . Duconnina               | David Down               |   |                        |             |           |
| Place of Death Der Mo   | ines               |                                       | Cortif (                  | Conject De               | (State Number                             | and District)          |             |           |
| Cause of Death  |                    |                                       | Pall Beare                | r Service, \$.           | (State Physician's co Use of Ch           | apel,\$                |             |           |
| Contributory Causes   |                    |                                       |                           |                          | Гах                                       | \$                     |             |           |
| Commission Causes   |                    | •••••                                 | Outlay for Cremation      | Lot                      | •   |                        |             |           |
| Certifying Physician  |                    | •••••                                 | Flowers, \$               | Palms                    | , \$ Matt                                 | ting, \$               |             |           |
|   | (or Coroner)       | •••••                                 | Rental of T               | Crave co                 | f Temporary                               | Vault, \$              |             | 00        |
| His Address.  Name of Father. W. W.   | Blain              |                                       | Lining Gra                | ve, \$                   | Comb. A.A.A.<br>Lowering Dev              | rice, \$ . V.          |             | 00        |
|   |                    |                                       | Outlay for                | Shipping C               | harges Orga<br>ers,\$ 4 Orga<br>Aero- Ser | mist o                 |             | 00        |
|   |                    |                                       | Railroad Ti               | ,φsing<br>ckets, \$.     | Aero- Ser                                 | vice.\$                |             |           |
| Maiden Name of Mother   | · langua           |                                       | Telegr., Ph               | one, Cable o             | r Radio Char                              | ges                    |             |           |
| Her Birthplace  |                    | · · · · · · · · · · · · · · · · · · · | . Cash Adva               | nced                     | or's Charge                               |                        |             |           |
| Motor Ship Remains to   |                    |                                       | Personal S                | ervice.                  | er's Charges<br>muel Due                  | tu t                   |             |           |
| Size of Casket(State C  | Color and Number)  |                                       | dissistant.               | MAR OF M                 | s in Pap                                  | releto                 | 35          | 00        |
| Manufactured by   | . 00 .             |                                       | D                         |                          |   | ers                    |             |           |
| Crematory J   |                    |                                       |                           | (Names of                | Newspapers)                               |                        |             |           |
|   | ot No4.2           | 9                                     | Sales Tow                 | mvaul                    | g   |                        |             | 35        |
| 0   | rave No3.          |                                       | Total Foot                |                          | 1   | . 11                   |             | 30        |
| Se  | ection No          | 40                                    | Less                      | Do                       | who to                                    | M                      | 76.7.       |           |
| BI  | lock No            | V                                     |                           | 1.0                      | Balance                                   | \$                     | •••••       | ••••      |
| Diagram of Lot or Vault Ov  | wner               |                                       | Entered int               |                          | ageor b                                   | elow.                  |             |           |
| Date  | Amount Paid        | Balance                               |                           |                          |   | Amount Paid            | Balar       | nce       |
| To Above Balance  |                    | \$                                    |                           | To Bala                  | nce Forward                               |                        | 8           |           |
| By Payment  | \$                 | \$                                    |                           | By Payr                  |   | \$                     | \$          |           |
| и и   | \$                 | \$                                    |                           |                          | «   | \$                     | 8           |           |
|   | \$                 | \$                                    |                           |                          | α   | \$                     | \$          |           |
| a a   | \$                 | \$                                    |                           | «                        | «   | \$                     | \$          |           |
| « «   | \$                 | \$                                    |                           | α                        | a   | \$                     | \$          |           |
|   |                    | \$                                    |                           | u                        | · · · · · · · · · · · · · · · · · · ·     | \$                     | \$          |           |
|   |                    | 8                                     |                           |                          |   | s                      | \$          |           |
| Insurance \$ Nat  | mes of<br>dges     |                                       |                           | Insurance<br>Compani     | 9   |                        |             |           |
| I hereby authorize the above Funeral, and   | I hereby represent | that I have s                         | ufficient resource        | s Legally avail          | able to                                   | Vamo of Popper         | *******     |           |
| and the property of the same and a same a | orony coronant and | i agree to pay                        |                           | ***********              | days from                                 | m date. Interes        | t to accrue | from      |
| maturity at the rate of% pe   | or annum:          |                                       |                           | ed                       |   |                        |             |           |
| Witness,  | Com                | oplied by F. J. i                     | Add                       | reas                     |   |                        |             |           |
|   | Con                |                                       | many, of Lo               | me, ato.                 |   |                        |             |           |

| Total No. 2195 Yearly No 27  | Date of Entry Left 30 1948  |  |  |
|--|---|--|--|
| Name of Deceased.  | Ivie w  |  |  |
| Residence: Laris City:   | d    (White, Race)  |  |  |
| Charge to L. E. dvil   | Will  |  |  |
| Address Davis City   | Complete Funeral (except outlays)\$ .41.5   |  |  |
| Order given by   | Casket. Burial Vault or Box. Caucata ///5 00  |  |  |
| How Secured:   | Embalming Body (State Kind)  (Name of Embalmer)   |  |  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |  |  |
| Occupation Amelouffe work (Social Security Number)                         | Dressing Body, \$   |  |  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.  |  |  |
| Date of Death. Left 26 1948 9 AM.  | Folding Chairs, \$ Tarpaulin, \$  |  |  |
| Date of Birth. Seft 24 1883 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |  |  |
| Age. 65 0 2  | Funeral Car, \$ Ambulance, \$   |  |  |
| Date of Funeral 930/48 Thurs 2 P.M   | Limousines to Cemetery @ \$   |  |  |
| Services at: : of church Davis City  | Autos to R. R. Station @ \$   |  |  |
| Clergyman: John Lane   | Getting Remains from  |  |  |
| Religion of the Deceased. L. D. S (Address)                                | Trip to Coroner's Inquest   |  |  |
| 1 000  | Delivering Box to   |  |  |
|  | Removal Charges   |  |  |
| Resided in the State   | Procuring Burial Permit. (State Number and District)  |  |  |
| Place of Death & aury Cun da   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Calculate Notice of Comments  Pall Bearer Service, \$\(^{\text{(State Physicales Not Comments)}}\)  Calculate Theorem (Use of Chappel, \$\text{(State Physicales Not Comments)}}\) |  |  |
| Cause of Death   | Gross Total for Sales Tax   |  |  |
| Contributory Causes  | Outlay for Lot: 20 1/2 1463 20 00   |  |  |
| c c 10 +   | Cremation   |  |  |
| Certifying Physician.  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |
| His Address  | Opening of Grave or Tomb A: Manual 16 00 Lining Grave, \$ Lowering Device, \$   |  |  |
| Name of Father. John W. Crawford   | Outlay for Shipping Charges   |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$  |  |  |
| Maiden Name of Mother Mace Me Douald                                       | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace. Canada   | Cash Advanced   |  |  |
| Motor Remains to gray. State, Swadely                                      | Personal Service.   |  |  |
| One of Chamber of the Colored Manager                                      | line Death Notices in Papers  |  |  |
| Manufactured by  | (Names of Newspapers)   |  |  |
| Crematory J  | (tvames of tvewspapers)   |  |  |
| Lot No / 4 6 3   | Sales Tax 330   |  |  |
| Grave No   | Total Footing of Bill   |  |  |
| Section No   | Less . 5 /2 1 in full of \$ 26 76.  |  |  |
| Block No   | Patance 4/- 8/4 8 . 5.4.4. 5.4.   |  |  |
| Diagram of Lot or Vault  | Entered into Ledger, pageor below.  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |  |  |
| To Above Balance \$  | To Balance Forward\$  |  |  |
| By Payment\$\$   |   |  |  |
| " "  | 2 2 u   |  |  |
| 4 4 5 5  | a a \$ \$   |  |  |
| # # \$\$   | # # s s   |  |  |
| \$   |   |  |  |
| \$\$   | и и \$  |  |  |
| Insurance \$ Names of Lodges.  | Insurance<br>   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have a | sufficient resources Legally available to(Firm Name of Funeral Directors.)  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | y the same withindays from date. Interest to accrue from  |  |  |
| maturity at the rate of% per annum.  | Signed.   |  |  |
| Witness  |   |  |  |

| Total No. 2196. Yearly No. 28   | Date of Entry Oct 22  |  |  |
|---|---|--|--|
| Name of Deceased. Budget Parothy.   Single   Widowed   Divorced             | Wicker (What Race)  |  |  |
| Residence: Lamori Sa  | Ulusband Wife Widow C. A. W. W. Martin Years of Ago of Husband or Wife (if living). Years   |  |  |
| Charge to: QA P.  | Complete Funeral (except outlays)\$   |  |  |
| Address   | Complete Funeral (except duality)   |  |  |
| Order given by Lillian Shuth  | Burial Vault or Box(State Kind)   |  |  |
| How Secured:  | Embalming Body of Embalmer)   |  |  |
| If Veteran, State War   | Barber, \$  |  |  |
| Occupation Kousewife noul (Social Security Number)                          | Dressing Body, \$   |  |  |
| Employer and Address  | Slinners & Hose, \$   |  |  |
| Date of Death. Oct 20 1848 6AM  | Folding Chairs, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.  |  |  |
| Date of Birth. Feb. 2 a 1859 (Hour)   | Door Spray S Gloves, &  |  |  |
| Age. 89 8   | Funeral Car, \$   |  |  |
| Date of Funeral 10/2 7/4 F. Fii 2. P.M.                                     | Extra Limousines  |  |  |
| Services at . : (Date) (Day of Week) (Hour)                                 | Autos to R. R. Station  |  |  |
| Clergyman New Father Harken, Lean   | Taking Remains to   |  |  |
| Religion of the Deceased Cathalic   | Trip to Coroner's Inquest  Delivering Box to  |  |  |
| Birthplace Melevanhee Win   | Deliver Flowers to  |  |  |
| Resided in the State. 16 W  | Removal Charges   |  |  |
| Place of Death. Jaman (Months)  | (State Number and District)   |  |  |
| Cause of Death Reart attach   | Certif. Copiesol Death Cer Interaction. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$  |  |  |
| Contributory Causes. Alchage  | Gross Total for Sales Tax\$   |  |  |
| Contributory Causes   | Outlay for Lot.   |  |  |
| Certifying Physician. H. W. Hill  | Flowers, \$ Palms, \$ Matting, \$   |  |  |
| (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |
| His Address Lawren Mauly  | Lining Grave, \$Lowering Device, \$   |  |  |
| Name of Father. James Many  | Outlay for Shipping Charges.  Clergyman,\$ Singers,\$ Organist,\$   |  |  |
| His Birthplace. Maiden Name of Mother. Budget Shung                         | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Trickets, \$ Aero- Service, \$ Organist, \$ Telegr., Phone, Cable or Radio Charges  |  |  |
|   | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace  | Out of town Undertaker's Charges  |  |  |
| Size of Casket. OA P. hugs caf  | Personal Service.   |  |  |
| Manufactured by   | line Death Notices inPapers   |  |  |
| Cemetery Crematory }  | (Names of Newspapers)   |  |  |
| Crematory J Lot No. 2 > 3   |   |  |  |
| Grave No/   | Sales Tax Ho Tax  |  |  |
| Section No  | Total Footing of Bill \$ 150 00   |  |  |
| Block No  | Less \$   |  |  |
| Diagram of Lot or Vanit Owner   | Entered into Ledger, page or below.   |  |  |
| Date Amount Paid Balance  |   |  |  |
| To Above Balance \$   | To Balance Forward. \$  |  |  |
| By Payment. \$\$  | By Payment S S  |  |  |
|   |   |  |  |
| \$  |   |  |  |
| \$  |   |  |  |
|   |   |  |  |
| a * \$. 8.  | * *\$   |  |  |
| Names of  |   |  |  |
| Theurance \$ Lodges   | Insurance Companies   |  |  |
| I hereby authorize the above the man, and I hereby covenant and agree to pa | I hereby authorize the above Funeral, and 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. I flaterest to accuse from |  |  |
| maturity at the rate of% per annum.   | Signeddays from date. Interest to accrue from   |  |  |
| Witness   | Address   |  |  |
| Witness Compiled by F. J.   | FRINEMAN, St. Louis, Mo.  |  |  |

| Total No 2197 Yearly No 29   | Date of Entry. Mov > 19 48   |
|--|--|
| Name of Deceased Eller Joyce Ashl  | What Race)   |
| Residence: Lamani  |  |
| Charge to: Marroe ashbur   | or   |
| Address. Lauran Ia   | Complete Funeral (except outlays)\$  |
| Order given by   | Casket.  Burial Vault or Box (State Kind)  |
| How Secured:   | Embalming Body (State Kind) 1.0.00   |
| If Veteran; State War  | Barber, \$ Hair Dressing, \$   |
| Occupation.  | Dressing Body, \$Underwear, \$   |
| Employer and Address (Social Security Number)  | Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$.  |
| Date of Death Pet 31 1448  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. July 12 1948 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |
| Age  | Funeral Car, \$Ambulance, \$   |
| Date of Funeral. 19.8 (Months) (Days)  Date of Funeral. 19.8 (Months) (Days)   | Limousines to Cemetery @ \$  |
| Services at::: Chapel (Day of Week) (Hour)   | Autos to R. R. Station   |
| Clergyman: Rev Wenham  | Getting Remains from   |
| Religion of the Deceased   | Trip to Coroner's Inquest  |
| Birthplace Lean Ja Horf.   | Delivering Box to  |
| Resided in the State.  | Removal Charges  |
| (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit  |
| Place of Death. Lamon da   | Procuring Burial Permit. (State Number and District)   |
| Cause of Death   | Gross Total for Sales Tax. \$ 52 00  |
| Contributory Causes  | Outlay for Lot: #./3.6.3.  |
| Certifying Physician. Ly 2 & Samuet  | Flowers, \$ Palms, \$::::: Matting, \$   |
| His Address . Laurum Ja  | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
| Name of Father Maurae ashbur   | Lining Grave, \$Lowering Device, \$  |
| His Birthplace Alcatur Co. Ja  | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$. Organist.\$.   |
| Maiden Name of Mother Welia Elston   | Clergyman, \$. Singers, \$. Organist, \$. % Railroad   Tickets, \$. plane Service, \$. Telegr., Phone, Cable or Radio Charges.   |
| Her Birthplace Davis City Ja   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Size of Casket 7/6 asker of Rose,  | Personal Service of the general control of the service of the serv |
| Manufactured by  | line Death Notices inPapers  |
| Cemetery Crematory A vie Hul   | (Names of Newspapers)  |
| Lot No / 3 § 3   |  |
| Grave No 4   | Sales Tax  |
| Section No.  | Total Footing of Bill  |
| Block No.  | Less\$   |
| Diagram of Let or Vault Owner  | Balance\$  |
| Date Amount Paid Balance   |  |
| To Above Balance.  | To Balance Forward 76 52 3 4 5   |
| By Payment. \$ \$  | By Payment \$42.00 s   |
| и и "\$  | "(") s s s   |
| # # \$ \$  | 91.20 8  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | " A . G . G  |
|  | * 779  |
| * *  | 420231948  |
| Names of   | Insurance  |
| Names of Lodges.   | Insurance Companies.   |
| I hereby authorize the above Funeral, and I hereby represent that I have s<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | sufficient resources Legally available to  |
| for the payment of aforesaid sum, and I nerely covenant and agree to pay<br>maturity at the rate of % per annum.                                       | Signed.  |
|  | Address  |
| Witness Compiled by F. J. I  |  |

|  | 10 19 1048  |
|--|---|
| Total No. 219.8 Yearly No 3.0  | Date of Entry   |
| Name of Deceased Enery Austin  | Velson (What Race)  |
| Name of Deceased.    Married   Single   Widowed   Divorce   Residence:   Deceased   Divorce  | [ trushand Wife Widow ] Cr  |
| Residence: Wews City, Can  | 07  |
| Charge to  | Complete Funeral (except outlays)\$ .256 66   |
| Address. 1511 & 9th St Der Morner J.   | Casket  |
| Order given by Harvey D Wilson   | Burial Vault or Box (State Kind)  |
| How Secured  | Embalming Body(Name of Embalmer)  |
| If Veteran, State War  | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.  |
| Occupation Mechanic 485-05-5327 (Social Socurity Number)   | Suit or Dress   |
| Employer and Address   | Hose, \$  |
| Date of Death / W 17 /949 11 AM. (Bote) (Hour)   | Folding Chairs, \$ Tarpating  |
| Date of Birth June 12 1888   |   |
| Age. (Keeth) (Day)  Date of Funeral. (Day)  (Court) (Day)  (Court) (Day)  (Court) (Day)  (Court) (Day)  (Court) (Day)  (Court) (Rour)                  | Funeral Car, \$ Ambulance, \$   |
| Date of Funeral. 1/17/48 Fri 2/30 P.M.   | Extra Limousines  |
| Services at . Chaple (Day of Week) (Hour)  | Autos to R. R. Station  |
| Clergyman Ray MC Donald Lawrelly   | Taking Remains to   |
|  | Trip to Coroner's Inquest   |
| Religion of the Deceased.  Birthplace Aussian County. Mo:  | Delivering Box to   |
|  | D 1 Channes   |
| Resided in the State (or U.S. or City or County) (Yeags) (Magnths)   | Procuring Burial Permit.  (State Number and District)  Certific Copies of Death Certificates No.  (State Physician or Corone's) |
| Resided in the State. (or U. S. or City or County) (Years) (Months) Place of Death County Lond 3- Mu - 40 of Kame                                      | Certif.Copiesof Death Certificates NO. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$               |
| Cause of Death:  | Gross Total for Sales Tax   |
| Contributory Causes  | Outlay for Lot  |
|  | Cremation   |
| Certifying Physician Joe Wheele Corner   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |
| HissAddress Metherny Mo  | Opening of Grave or Tomb  |
| Name of Father. John Willem  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges  |
| His Birthplace Oluo  | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother. not known   | Clergyman,\$Singers,\$Organist,\$Railroad   Tickets,\$plane Service,\$Telegr., Phone, Cable or Radio Charges                    |
| Her Birthplace. Not human  | Telegr., Phone, Cable or Radio Charges  |
| Motor Remains to   | Out of town Undertaker's Charges.   |
| Size of Casket. Parf shrine gray.  | Personal Service.   |
| Manufactured by . E . B(State Color and Number)  | line Death Notices in Papers  |
| Cemetery . R. 526 Hell   | (Names of Newspapers)   |
| Lot No. 398  |   |
| Grave No   | Sales Tax 2 5 C   |
| Section No.  | Total Footing of Bill   |
| Block No.  | Less. 17a 14 Nav 241 1 00 8 17 73   |
|  | Balance full \$ 345 63  |
| Diagram of Lot of vacat  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance \$  | To Balance Forward \$   |
|  |   |
| , * * \$ \$  |   |
|  |   |
|  |   |
| и и 2 2  | ***************************************   |
| и « \$   | \$  |
| Names of Lodges  | Thursday  |
| Insurance \$   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have s<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay |   |
| maturity at the rate of% per annum.  | days from date. Interest to accrue from   |
|  | Signed  |
| Witness Compiled by F. J.  | Address   |

| Total No. 2/49 Yearly No 3/  | Date of Entry 71 or 23   |
|--|--|
| Name of Deceased. Inex Mac &c  | allantyne w  |
| Residence: A amou  | Husband Wite Widow) 1. Carl Ballantyn  |
| Charge to: Carl Ballantyne   | or   |
| Address  | Complete Funeral (except outlays)\$ .327.00  |
| Order given by   | Casket   |
| How Secured: (or informant)  | Burial Vault or Box(State Kind)  |
| If Veteran, State War  | Embalming Body(Name of Embalmer)   |
| Occupation America House   | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.                     |
| Employer and Address (Social Security Number)  | Suit or Dress(State Kind and Color)  |
| 74   | Slippers, \$   |
| 70 ± (P-ts)  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$                            |
| Date of Birth. UCA 4 1887 (mour)   | Door Spray, \$ :   |
| Age (Years) (Months) (Days)  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@\$                                |
| Date of Funeral 1/23/48 Tulk 2,30 P.M.   | Extra Limousines   |
| Services at::: Collseum  | Autos to R. R. Station   |
| Clergyman: Ray Cheville, lest dane   | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest  |
| Birthplace Mosellad, In  | Deliver Flowers to   |
| Resided in the State   | Removal Charges  |
| Place of Death. (or U.S. or City or County) (Years) (Months)   | (State Number and District)  |
| Cause of Death Caronary O Column   | Pall Bearer Service, \$ Use of Chapel, \$  |
| A () -0  | Gross Total for Sales Tax\$ 327 0.0  |
|  | Outlay for Lot:  |
| strabitis Mellities  | Cremation  |
| Certifying Physician & & Samet   | Rental of Tent. \$ of Temporary Vault. \$  |
| His Address  | Opening of Grave or Tomb. To A. Massall. 1400<br>Lining Grave, \$Lowering Device, \$ |
| Name of Father. Alpha Adams  | Outlay for Shipping Charges  |
| His Birthplace Maschead da   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother. Jane & West   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Out of town Undertaker's Charges.  |
| Size of Casket 6/2 Oct Cedar   |  |
| Manufactured by  | line Death Notices in Papers (Names of Newspapers)                                   |
| Cemetery Rose Hill   | (Names of Newspapers)  |
| Lot No /3.75   | Sales Tax 317  |
| Grave No   | Total Footing of Bill \$ 34427.  |
| Section No   | Less 570 am 330 2 by Dec 3/48 \$ 16.51   |
| Block No   | PS Balanted 4.8 \$ 3.2.7.7.6.  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | e Date Amount Paid Balance   |
| To Above Balance\$   | To Balance Forward \$ \$   |
| By Payment   |  |
| # #  |  |
| \$   |  |
| \$   |  |
| \$\$   | a a  |
| "  | а а \$ \$  |
| Names of Lodges.   | Insurance<br>Companies   |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have s   | Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have to for the payment of aforesaid sum, and I hereby covenant and agree to pay | (Firm Name of Funeral Directors.)  by the same within                                |
| for the payment of aforesaid sum, and I hereby tovenant and agree to payment the rate of   | Signed   |
|  | Address  |
|  |  |

|   |                        |   |                         | Mar                           | 27   |             |         |
|---|------------------------|---|-------------------------|-------------------------------|--|-------------|---------|
| Total No. 2200 Yearly No 32   |                        | Date of   | Entry                   | April                         |  |             | 197.8   |
| Name of Deceased James & B  | lack.                  |   |                         |                               | (What Ras  |             |         |
| Married Single Widowed  | ☐ Divorced             |   | one-("Ismidone)         |                               |  |             |         |
| Residence mual, west of Lamoni.   | .,                     | Of  | wite□Widow} · · ·       | Age of Husban                 | d or Wife (if liv  | ing)        | Years   |
| Charge to Mis Alta Krazel, deing  | hets                   | Complete Fund   | ral (except o           | utlays)                       | \$   | 3.58        | 00      |
| Address Lamoni In   |                        | complete Full   | rai (cas-p              |                               |  |             |         |
| Order given by  |                        | Casket<br>Burial Vault o                                    | Box all                 | ca Couc                       | ied  | 11.5.       | 00      |
| How Secured :   | The second of the last | Cmhalming BC  | Qy                      | e Timbelmon                   |  |             |         |
| If Veteran, State War   |                        |   |                         |                               |  |             |         |
| Occupation farming Us   |                        | Dressing Body   | \$                      | . Officer wes                 | ω,φ  |             |         |
| Employer and Address (Social Securi   | y Number)              | Suit or Dress   | (State )                | Kind and Color                | )  |             | 0.00    |
| Employer and Address  | dinte                  | Calding Chairs  | S Ta                    | rpaulin, b                    |  |             |         |
| Date of Death. New 23 1948 Year  Date of Birth. March 41862   | (Hour)                 | Condelahrum.  | S                       | indies, p.                    |  |             |         |
| Date of Birth   |                        | Door Spray, \$  | Am                      | bulance, \$                   |  |             |         |
| Age. 86 8 19. (Yearp) (Months) (Days)   |                        | imousines to  | Cemetery                | w w                           |  |             |         |
| Date of Funeral 1/27/48 Sat   | 2. C. M.               | Extra Limousi<br>Autos to R. R.                             | nes                     | @\$<br>@\$                    |  |             |         |
| Services at Maker   |                        | Getting Remai   | ns from                 |                               |  |             |         |
| Clergyman Rev. Buthi  |                        | Taking Remain   | ns to                   |                               |  |             |         |
| Religion of the Deserved M.E.   |                        | Trip to Corone<br>Delivering Box                            | to                      |                               |  |             |         |
| Birthplace Illuvoi  |                        | Deliver Flower  | s to                    |                               |  |             |         |
|   |                        | Removal Char  | ges                     |                               |  |             |         |
| Resided in the State. (eg U. S. or City or County) (Years) Place of Death. West of Xamerica         | (Months)               | Certif Coni   | esof Death C            | ate Number an<br>ertificates? | d District)  |             |         |
| Cause of Death. Queunous  |                        | Procuring Bur<br>Certif.Copi<br>Pall Bearer Se              | vice, \$ U              | Physician's or<br>Ise of Cha  | pel, \$  |             |         |
| Contributory Causes. Ay fertuition  |                        | Gross Total for   | Sales Tax.              |                               |  | 4.73        | 00      |
|   |                        | Outlay for Lot<br>Cremation                                 |                         |                               |  |             |         |
| BELL +  |                        | Flowers, \$   | .Palms. \$ . :          | Matti                         | ng, \$   |             |         |
| Certifying Physician. (or Coroner)  |                        | Rental of Tent<br>Opening of Gr                             | \$ of Ter               | nporary V                     | ault, \$   |             | 00      |
| His Address Lauren  |                        | Opening of Grave.   | sve or Tomb             | ering Devi                    | ce. 8  |             |         |
| Name of Father. John Mach   |                        | Lining Grave,<br>Outlay for Shi                             | oping Charge            | s                             |  |             |         |
| His Birthplace Juland   |                        | Clergyman,\$. Railroad Ticket or Motor Phone Telegr., Phone | Singers,\$              | Aero- Com                     | ist,\$   |             |         |
| Maiden Name of Mother Jame Bear   |                        | Telegr., Phone  | Cable or Ra             | dio Charge                    | S  |             |         |
| Her Birthplace  |                        | Cash Advance  | 1                       |                               |  |             |         |
| Motor Ship Remains to   |                        | Out of town U<br>Personal Servi                             | ndertaker's C           | harges                        | •  |             |         |
| Size of Casket Sley Trouto State (State Color and Number)   |                        |   |                         |                               |  |             |         |
| Manufactured by G U Cast  |                        | line Death  |                         |                               | rs   |             |         |
| Cemetery Crematory . R. M. Hill   |                        |   | (Names of Newsp         | apers)                        |  |             |         |
| Lot No/33.6   | 1500                   | 7-1- m  |                         | 46785                         |  | ,           | 73      |
| Grave No  |                        | Sales Tax<br>Total Footing                                  |                         | 423.8.2                       |  | 1/02        | -       |
| Section No  |                        | Less . 5 %  | V77.73                  | 0 1                           |  | .4.9.3      | \$ 8    |
| Block No  |                        |   | Bala                    | DA W                          | rox  | 469         | # F     |
| Diagram of Lot or Vauit Owner   |                        | Entered into L  | edger, page             | or be                         | low  | .7. 5. 7.   | 2.5     |
| Date Amount Paid  | Balance                | Date  | EX SIX                  |                               | Amount Pa  | id Po       | lance   |
| To Above Balance  |                        |   | m. n.i                  |                               | AMMOUNT 12   | IU Da       | T       |
| By Payment\$  |                        |   | To Balance F            |                               |  | \$          |         |
| \$  |                        |   | a a                     |                               |  | \$          |         |
| \$  |                        |   | « «                     |                               |  | \$          |         |
| \$  |                        |   |                         |                               |  | e           | 1       |
|   |                        |   | a a                     |                               |  | 3           |         |
|   |                        |   |                         |                               |  | s           |         |
|   |                        |   | и и                     |                               |  | \$          |         |
| Insurance \$ Names of Lodges.   |                        |   | Insurance<br>.Companies | 11/2                          |  |             |         |
| I hereby authorize the above Funeral, and I hereby represent  | hat I have suff        | icient resources Le   | gally available t       | 0                             |  |             |         |
| for the payment of aforesaid sum, and I hereby covenant and<br>maturity at the rate of % per annum. | agree to pay th        | e same within   |                         | (Firm N days from             | ame of Funeral   | Directors.) | ue from |
| maturity at the rate of   |                        | Signed.   |                         |                               |  |             |         |
| WitnessCom  | ded by P. J. gov       | Address   |                         |                               |  |             |         |
|   |                        | St. Louis,  | 10.                     | 1 7/0                         | The state of the s |             | 1000000 |

| Total No 22 p                      |                | Yearl  | y No      | 3.3.      |             |             | Date                               | of En            | try         |                 | sle                | -8            |          | 1         | 9.45      |
|------------------------------------|----------------|--|-----------|-----------|-------------|-------------|------------------------------------|------------------|-------------|-----------------|--------------------|---------------|----------|-----------|-----------|
|                                    | ased           | Jufan  | it of     | B         | ill B.      | an          | ritt (                             | cya              | thial       | lun).           |                    | (What R       | <br>nce) |           |           |
| Residence:                         |                |  |           |           |             |             | ☐Husband<br>or                     | wite             | Widow       | ļ               |                    | or Wife (if 1 |          |           | Years     |
| Charge to:                         |                |  |           |           |             | 1           | 12 1                               |                  | -           |                 |                    | -             | IVIDE)   |           | zears     |
| Address                            |                |  |           |           |             |             | nplete Fu                          |                  |             |                 | ys)                | • • • • • • • | \$       | 20        | 00        |
| Order given by.                    |                | , . , . ,  |           |           |             |             | ket<br>rial Vault                  |                  |             |                 |                    |               |          |           |           |
| How Secured::                      |                | (or inform   | ant)      |           |             |             | balming                            |                  |             | (State B        | ind)               |               |          |           |           |
| If Veteran, Sta                    | te War         |  |           |           |             | Bar         | ber, \$                            |                  |             | Name of E       | essing.            | S             |          |           |           |
| Occupation                         |                |  |           |           |             | Dr          | essing Bo                          | dy, \$           |             | Un              | derwear            | ,\$           |          |           |           |
| Employer and                       | Address        |  | (Social   | Security  | Number)     | J. Bernelli | t or Dress                         |                  |             | tate Kind a     | nd Color)          |               |          |           |           |
| Date of Death.                     |                |  |           |           |             | Fol         | pers, \$                           | irs. S           |             | Hose,           | ulin, \$.          |               |          |           |           |
| Date of Birth.                     | Dec. 7         | (Date)<br>19.48  |           | - 1       | (Hour)      | Ca          | ndelabrur                          | n, \$.           |             | .Candl          | es, \$             |               |          |           |           |
| AgeSt                              | ill for        | ou   |           |           |             | Fu          | or Spray,<br>neral Car             | , \$ : :<br>. \$ |             | Ambula          | s, \$<br>ince, \$. |               |          |           |           |
|                                    | (Years)        | (Months)   |           | Days)     |             | Lir         | nousines                           | to C             | emetery     | 7 !             | @\$                |               |          |           |           |
| Date of Funera                     | (Date)         | (Day of We   | ook)      |           | Hour)       | M. Ex       | tra Limo                           | usine<br>R. S    | s<br>tation |                 | @\$<br>@\$         |               |          |           |           |
| Services at: : >                   |                | ·  |           |           |             | · Ge        | tting Rer                          | nains            | from.       |                 |                    |               |          |           |           |
| Clergyman: : C                     | has A          | orpe.  | (Adi      | dress)    |             |             | king Ren<br>ip to Core             |                  |             |                 |                    |               |          |           |           |
| Religion of the                    | 0              |  | ,         |           |             | · De        | livering I                         | 3ox t            | 0           |                 |                    |               |          |           |           |
| Birthplace .                       | ear            | Hoy  | .:        |           |             |             | liver Flor<br>moval Ch             |                  |             |                 | • • • • • •        |               |          |           |           |
| Resided in the                     | State          | TI S or City or (  | 4.        | (Vann)    | (Months     | Pr          | ocuring B                          | urial            | Permit      | t               |                    | District.     |          |           |           |
| Place of Death                     |                | n Ho   | 7         |           |             |             | curing B<br>Certif.Co              | opies            | of Deat     | h Certif        | icates             | O             |          |           |           |
| Cause of Death                     | Stil           | l Bou  | ,         |           |             | Pa          | ll Bearer                          | Serv             | ice, \$     | Use             | of Char            | el,\$         |          |           |           |
| Contributory C                     |                |  |           |           |             | Gr          | oss Total                          | for S            | Sales Ta    | ax              | 148                | 2             | \$ 1.    | -30       | 00        |
| Containation                       | Jauaca         |  |           |           |             | 1 Cr        | emation.                           |                  |             |                 |                    |               |          |           |           |
| Certifying Phy                     | ulaian &       | 8. 2   | Pam       | et        |             | Flo         | owers, \$.                         |                  | Palms,      | \$:::::         | Mattir             | g, \$         |          |           |           |
|                                    |                | (or C  | oroner)   | • • • • • |             | Or          | ntal of To<br>ening of             | ent, q<br>Grav   | e or To     | omb.4           | A. yh              | uhel          |          | .5        | 00        |
| His Address                        |                |  |           |           |             | Li          | ning Grav                          | re, \$           | I           | owerin          | g Devic            | e,\$          |          |           |           |
| Name of Fathe                      |                |  |           |           |             | ·· Ot       | tlay for s                         | smpr<br>\$       | Singe       | arges<br>ers.\$ | .Organ             | ist,\$        |          | <br>      |           |
| His Birthplace                     |                |  |           |           |             | Ra          | ergyman,<br>ilroad<br>Motor<br>Tic | kets,            | \$          | Ae              | ro-Serv            | ice,\$        |          |           |           |
| Maiden Name                        |                |  | •••••     | • • • • • |             | 116         | elegr., Pho<br>sh Adva             | one,             | Janie or    | Radio           | Charge             | s             |          |           |           |
| Her Birthplace                     |                |  |           |           |             | 0           |                                    | TIM              | dowtolen    | r's Cha         | rges               | <del></del>   | -:  ::   |           |           |
| Motor<br>Ship Remain               |                |  |           |           |             | Pe          | ersonal Se                         | rvjce            | Di P        | mesa            | Pell               | in.           |          | . 1.0.    | 00.       |
| Size of Casket                     |                | (State Color   | and Numb  | er)       |             | 0           | line De                            | eath             | Notices     | in              | Pape               | rs            |          |           |           |
| Manufactured                       | by             |  |           |           |             |             |                                    |                  |             | Newspaper       |                    |               |          |           |           |
| Cemetery                           |                |  |           | 2         |             |             |                                    |                  | .71         | 9               |                    |               |          | • • • • • |           |
| 1                                  | A PORT .       | 0.000  | 10        | 4         |             | ·· Sa       | les Tax .                          |                  | (rox        |                 |                    |               |          |           | 40        |
| 100                                |                |  | e No      |           |             | · T         | otal Footi                         | ing o            | f Bill      |                 |                    |               | \$       |           |           |
|                                    |                | 1000000  | on No     |           |             | L           | ess                                |                  |             |                 |                    |               | .\$      |           |           |
|                                    |                | A CONTRACTOR OF THE PARTY OF TH | No        |           |             | • •         |                                    |                  |             | Balance         |                    |               | .\$      |           |           |
| Diagram of I                       | Lot or Vault   | Owne   | er        |           |             | ·   E       | ntered int                         | to Le            | dger, pa    | age             | or be              |               |          |           |           |
| Date                               | LANT ME        |  | Amount    | Paid      | Bala        | nce         | Date                               | _                | 14/1-19     |                 |                    | Amount        | Paid     | В         | alance    |
|                                    | To Above B     | Salance  |           |           | \$          |             | 164                                |                  |             | nce Forw        | ard                |               |          | \$        |           |
|                                    | By Paymen      | 70.00  | B         |           | ş           |             |                                    |                  | By Pay      | ment            |                    | \$            |          | \$        |           |
|                                    | u u            |  | <b>5</b>  |           | \$          |             |                                    |                  |             |                 |                    | •             |          | 9         |           |
|                                    |                |  | B         |           | \$          |             |                                    |                  |             |                 |                    |               |          | 9         |           |
|                                    |                |  |           |           | \$          |             |                                    |                  | ar          |                 |                    | \$            |          | \$        |           |
|                                    | a a            |  | \$        |           |             |             |                                    |                  | ĸ           | u               |                    | \$            |          | \$        |           |
|                                    | a a            |  |           |           | 8           |             |                                    |                  | æ           |                 |                    | \$            |          | \$        |           |
|                                    | a a            | Name   | a of      |           |             | 15.5        | Walle.                             |                  | Insurant    | e loc           |                    |               |          |           |           |
| Insurance \$ I hereby authori      |                | Name<br>Lodge  | S         | nrocart   | that I ho   | ve suffic   | ient resoure                       | ces Le           |             |                 |                    |               |          |           |           |
| I hereby authori                   | ze the above l | Funeral, and I   | nereby re | ant an    | d agree to  | pay th      | e same with                        | in               |             |                 | days fro           | m date.       | Interes  | t to ac   | crue from |
| for the payment<br>maturity at the | of aforesaid s | um, and 1 her  | annum.    | -         |             |             | Si                                 | gned.            |             |                 |                    |               |          |           |           |
|                                    | rate of        |  | 1         |           |             |             |                                    | ldress           |             |                 |                    |               |          |           |           |
| Witness                            |                |  |           | Cor       | mpiled by F | J. FER      | NEMAN St.                          | Louis, l         | Mo.         |                 |                    |               |          |           |           |

| Total No. 22.0.2   | Yearly No 3            | Y                                       | Date of  | Entry                 | lec                            | <i>.</i> ?  |           |   | 19 4.8. |
|--|------------------------|---|--|-----------------------|--------------------------------|-------------|-----------|---|---------|
| Name of Deceased   | Us Elize               | beth &                                  | swine  |                       |                                | (Wha        | Rape)     |   |         |
| Residence: Rual, Mar   | Parroui.               | ☐ Divorced                              | []Husband[                                     | wite Widow .          | Achte Age of Husba             |             |           |   |         |
| Charge to: Q A. O.   | YF                     | т                                       | 0f   | )                     | Wise or Muses                  | and or who  |           |   | Years   |
| Address.   |                        |   | Complete Fun                                   |                       | outlays)                       |             | \$        | 150                                     | 00      |
| Order given by O.A.P.  |                        |   | Casket   |                       |                                |             | :::       |   |         |
| How Secured  | rinformant)            |   | Burial Vault o                                 |                       | State Kind)                    |             |           |   |         |
| If Veteran, State War  |                        |   | Embalming Be<br>Barber, \$                     | Hai                   | r Dressing                     | . S         |           |   |         |
| Occupation Housewife   |                        |   | Dressing Body                                  | ,\$                   | Underwe                        | ar,\$       |           |   |         |
| Employer and Address   | (Social Secur          | ity Number)                             | Suit or Dress.                                 |                       | Wind and Colo                  |             |           |   |         |
| Date of Death. Sec 6   | 1948 6                 | 10 PM                                   | Slippers, \$<br>Folding Chairs                 | . S                   | arpaulin,                      | P           |           |   |         |
| Date of Birth. March   |                        | (Hour)                                  | Candelabrum.                                   | \$                    | andles, \$.                    |             | • • • •   |   |         |
| Age  | 19                     |   | Door Spray, \$<br>Funeral Car, \$              | AI                    | nbulance,                      | <b>\$</b>   |           |   |         |
|  | onths) (Days)          | - @                                     | Limousines to                                  | Cemetery.             | @ \$ .                         |             |           | ·····                                   |         |
| Date of Funeral. 79/48   | y of Week)             | 2- P.M.                                 | Extra Limousi<br>Autos to R. R.                | nes                   | @\$.                           |             |           |   |         |
| Services at Lillahel (Da   | esheare                |   | Getting Rema                                   | ins from              |                                |             |           | • • • • • •                             |         |
| Olergyman  | (Address)              |   | Taking Remai                                   | ns to<br>er's Inquest |                                |             |           |   |         |
| Religion of the Deceased   |                        |   | Delivering Box                                 | c to                  |                                |             |           |   |         |
|  |                        |   | Deliver Flower<br>Removal Char                 | ges                   |                                |             |           |   |         |
| Resided in the State   | ity of County) (Years) | (Months)                                | Procuring Bur                                  | ial Permit.           | itate Number s                 | nd District |           |   |         |
|  |                        | un.                                     | Procuring Bur<br>Certif.Copi<br>Pall Bearer Se | esof Death C          | Certificates<br>Physician's or | No          | -         | • • • • • • •                           |         |
| Cause of Death . Culmon  | ary 1:05,              |   |  |                       |                                | pel,\$      | :::       |   |         |
| Contributory Causes  |                        |   | Gross Total for<br>Outlay for Lot              |                       |                                |             | \$        |   |         |
|  |                        |   | Cremation                                      |                       |                                |             |           |   |         |
| Certifying Physician   | (or Coroner)           |   | Flowers, \$<br>Rental of Tent                  |                       |                                |             |           | • • • • • •                             |         |
| His Address  | 50                     |   | Opening of Gra                                 | ave or Tom            | b                              |             |           |   |         |
| Name of Father. Robert   | Tarland                |   | Lining Grave,<br>Outlay for Ship               | oping Charg           | es                             |             | • • • •   |   |         |
| His Birthplace   | Finner.                | ,                                       | Clergyman,\$<br>Railroad<br>or Motor}Ticket    | Singers,              | Orga                           | nist,\$     |           |   |         |
| Maiden Name of Mother. M.R.  | hala I ha              | yel                                     | or Motor   Ticket<br>Telegr., Phone,           | S, \$<br>Cable or Pe  | plane Ser                      | rice,\$     | • • • •   |   |         |
| Her Birthplace   | Ill.                   |   | Cash Advance                                   | 1                     |                                |             | ::::      |   |         |
| Motor Remains to   | 3                      |   | Out of town U<br>Personal Service              | ndertaker's           | Charges                        |             |           |   |         |
| Size of Casket Q. A.   | Color and Number)      |   |  |                       |                                |             |           |   |         |
| Manufactured by  |                        |   | line Death                                     |                       |                                | ers         |           |   |         |
| Cemetery } Rose He   | el                     |   |  | (Names of News        | papers)                        |             |           | • |         |
|  | ot No/5.2.7            | · · · · · · · · ·                       | Sales Tax                                      | more.                 | .,                             |             |           |   |         |
|  | rave No                |   | Total Footing                                  |                       | 7                              |             |           | 100                                     | 00      |
|  | ection No              |   | Less feet                                      | well was              | 20/4                           | 8           | \$        | 150.                                    |         |
| The second secon | lock No                |   | No to the                                      | Pal Men               | -14/48                         |             |           | •••••                                   |         |
| Disgram of Doron Vanna   | wner                   | • | Entered into L                                 | edger, page.          | ····or be                      | low.        |           |   | •••••   |
| Date   | Amount Paid            | Balance                                 | Date   |                       | 100 100                        | Amount      | Paid      | Bal                                     | ance    |
| To Above Balance   |                        | B                                       |  | To Balance F          | orward                         |             |           | •                                       | T       |
| By Payment   | \$                     |   |  | By Payment            |                                | \$          |           | \$                                      |         |
| а а  | \$                     |   |  | и и                   |                                | 3           |           | \$                                      |         |
| a a  |                        |   |  |                       |                                | 3           |           | \$                                      |         |
|  |                        |   |  |                       | ••••••                         | B           |           | \$                                      |         |
|  |                        |   |  |                       |                                |             |           | \$                                      |         |
| <u></u> * *  | \$ \$                  |   |  | а «                   |                                |             |           | \$                                      |         |
| Insurance \$   | imes of<br>idges       |   |  | Insurance             |                                |             |           | *                                       |         |
| I hereby authorize the above Funeral, and  | l I hereby represent t | hat I have suff                         | cient resources Le                             | gally available       | io                             |             |           |   |         |
| for the payment of aforesaid sum, and I  | nereby covenant and    | agree to pay th                         | e same within                                  |                       | (Firm N                        | ame of Fun  | eral Dire | to noon                                 | o from  |
|  |                        |   | Signed   |                       |                                |             |           | - David                                 |         |
| Witness  | ***************        |   | Address  |                       |                                |             |           |   |         |

| Total No. 22.0.3. Yearly No   | 5                   | Date of Ent  | ry                      | C 13.   | 19.5            | 18.       |
|---|---------------------|--|-------------------------|---|-----------------|-----------|
| Name of Deceased  | M. Tea              | rli.   |                         |   |                 |           |
| Residence: Julsa a Kla.   | ☐ Divorced          | □Husband□Wife  | Widon L                 | (What Race)<br>Onse   La<br>usband or Wife (if livin  | le:             |           |
| Charge to:  |                     | or,,,,,,,  | of \ Age of I           | CONTRACTOR OF THE PARTY OF THE | Z)Yet           | ira       |
| Address   |                     | omplete Funeral  |                         |   |                 |           |
| Order given by  | C                   | asketurial Vault or B                                  | . sun.                  |   |                 |           |
| How Secured:  |                     | mbalming Body  | (State Kin              | 4)  |                 |           |
| If Veteran, State War   |                     | arber, \$  |                         | balmer)<br>sing, \$   |                 |           |
| Occupation  | I                   | ressing Body, \$                                       | Und                     | erwear,\$   |                 |           |
| Employer and Address (Social Se   |                     | uit or Dress   | (State Kind and         | (Color)   |                 |           |
| Date of Death Dec 10 1948   | S                   | lippers, \$<br>olding Chairs, \$                       | Hose, \$                | in, \$  |                 |           |
| Date of Birth. Aug 4 (Date) 1875  | (Hour) C            | andelabrum, \$.  | Candles                 | , \$  |                 | • • •     |
|   | I                   | oor Spray, \$ ::<br>uneral Car, \$                     | Ambular                 | ce, \$  |                 |           |
| Age. 73 4 6 (Years) (Months) (Da  | (a) I               | imousines to Ce  | emetery @               | \$  |                 | • • • •   |
| Date of Funeral. (Date) (Day of Week)   | 10 A .M. H          | extra Limousine  | ation@                  | \$ Mie  |                 |           |
| Services at: Statesed   |                     | autos to R. R. Si<br>detting Remains<br>aking Remains  | from                    | oseph, ho   |                 | ٥         |
| Clergyman:  | s)                  | Taking Remains<br>Trip to Coroner's                    | Inquest                 |   |                 |           |
| Religion of the Deceased  | 1                   | Delivering Box to                                      | 0.::                    |   |                 |           |
| Birthplace  | 1                   | Deliver Flowers t<br>Removal Charge                    | S                       |   |                 |           |
| Resided in the State  | ears) (Months)      | Procuring Burial                                       | Permit                  | mber and District)  |                 |           |
| Place of Death Julsa, a Ma.   |                     | Procuring Burial<br>Certif.Copies<br>Pall Bearer Servi | of Death Certific       | atesNo  |                 |           |
| Cause of Death: Lymphosarcoma   |                     |  |                         |   |                 |           |
| Contributory Causes   |                     | Gross Total for S<br>Outlay for Lot:                   |                         |   |                 |           |
|   |                     | Cremation  |                         |   |                 |           |
| Certifying Physician. Paul Strong.  |                     | Flowers, \$  | of Tempor               | ary Vault, \$   | 16 6            |           |
| His Address Aulsa a kla   |                     | Rental of Tent, S<br>Opening of Grav                   | e or Tomb. 4.           | Doving &  |                 |           |
| Name of Father. W M albangl   |                     | Lining Grave, \$<br>Outlay for Shipp                   | oing Charges.           | Device, w   |                 |           |
| His Birthplace Judiqua  |                     | Clergyman,\$ Railroad Tickets, Telegr., Phone, 0       | Singers,\$              | Organist,\$   |                 | • • • • • |
| Maiden Name of Mother & outton  |                     | Telegr Phone   | Pable or Radio (        | Charges   |                 |           |
| Her Birthplace kunu.  |                     | Cash Advanced  |                         |   |                 |           |
| Motor   Remains to  |                     | Out of town Un<br>Personal Service                     | dertaker's Char         | ges eti   | 15              | 00        |
|   |                     |  |                         |   |                 |           |
| Size of Casket (State Color and Number)  Manufactured by  |                     |  | Notices in              | .Papers   |                 |           |
| Cemetery Crematory  |                     |  | (Names of Newspapers)   |   |                 |           |
| Crematory \ Lot No  | 77                  |  |                         |   |                 |           |
| Grave No  | 1                   | Sales Tax<br>Total Footing o                           | f Bill A.T              | full  | \$ 53           | 00        |
| Section No  |                     | Less   | Par                     |   | \$              |           |
| Block No  |                     |  | Balance                 |   | \$              |           |
| Owner   |                     | Entered into Le  | edger, page             | .or below.  |                 | CUS.      |
| Diagram of Lot or Vault  Date  Amount I   | aid Balance         | Date   |                         | Amount 1  | Paid Bala       | ance      |
|   | \$                  |  | To Balance Forw         | ard   | 8               |           |
| To Above Balance\$  | \$                  |  | By Payment              | \$  | \$              |           |
| g #\$   | \$                  |  | и и                     | \$  | \$              |           |
| # #\$   | \$                  |  |                         |   | 9               |           |
| « «\$   | \$                  |  |                         | \$  | 8               |           |
| * *   | \$                  |  | и и                     | \$  | \$              |           |
| \$  | \$                  |  | α. α                    | \$  | \$              |           |
| и и\$   |                     |  | Insurance<br>.Companies |   |                 |           |
| Names of Lodges   | enont that I have a | afficient resources La                                 | egally available to     | (Firm Name of Fund  | ral Directors   |           |
| Insurance \$ Lodges.  I hereby authorize the above Funeral, and I hereby repi for the payment of aforesaid sum, and I hereby covena | nt and agree to pay | the same within  |                         | days from date. I   | nterest to accr | ue from   |
| for the payment of aforesaid sum, and I hereby covens<br>maturity at the rate of % per annum.                                       |                     | Signed.  |                         |   |                 |           |
| maturity at the rate of   |                     | Address  |                         |   |                 |           |

| RECORD OF | r runekal |
|-----------|-----------|
|-----------|-----------|

| Total No. 2204                                   | Yearly No 34                  |   | D. 4 6                    | Entry  | ec: 12                     |              | 19.46   |
|--|-------------------------------|---|---------------------------|--|----------------------------|--------------|---------|
|  | yearly No                     | 100                                     | Date of .                 | Set U.   | SAAF W                     |              |         |
| Name of Deceased                                 | Single   Widowed              | Divorce                                 |                           |  | (What Ra                   | ie)          |         |
| Residence: was kea                               | andover, the                  |   |                           | Wife□Widow}  | of Husband or Wife (if liv | ing)         | Years   |
| Charge to:                                       |                               | I                                       |                           |  |                            | .            |         |
| Address  |                               |   |                           | eral (except outl  | ays)                       |              |         |
| Order given by                                   |                               |   | Casket<br>Burial Vault or |  |                            |              |         |
| How Secured                                      | (or informant)                |   |                           | Box(State  | Kind)                      |              |         |
| If Veteran, State War                            | vold Wert                     |   | Rorber \$                 | Hair Di  | essing, D                  |              |         |
| Occupation Level # 37                            | 10579                         |   | Dressing Body             | ,\$Uı  | nderwear, \$               |              |         |
| Employer and Address                             | (Social Securit               | y Number)                               | Suit or Dress             | (State Kind  | and Color)                 |              |         |
| Date of Death                                    |                               |   | Slippers, \$              |  | aulin, \$                  |              |         |
|  | (Date)                        | (Hour)                                  | Candelabrum.              | \$Cand   | les, \$                    |              |         |
| Date of Birth                                    |                               | • | Door Spray, \$            | Glove  | es, \$                     | 5            | 00      |
| Age(Years),                                      | (Months) (Days)               |   | Limousines to             | Cemetery   | @\$                        |              |         |
| Date of Funeral. 719.41                          | (Day of Week)                 | /, 3 A.M.                               | Extra Limousi             | nes  | .@\$                       |              |         |
| Services at . Chak                               | L                             |   | Getting Remai             | Station  | hotal damain               | 5            | 00      |
| Clergyman . Ray Co                               | will                          |   | Taking Remain             | as to  |                            |              |         |
| Religion of the Deceased                         | (Address)                     |   |                           | r's Inquest  |                            |              |         |
| Birthplace . Zeeas Qu                            | where Mo                      |   | Deliver Flower            | s to   |                            |              |         |
| Resided in the State                             |                               |   | Removal Char              | ges  |                            |              |         |
| (or U.   | S. or City or County) (Years) | (Months)                                | Certif Coni               | esof Death Certi   | Number and District)       |              |         |
| Place of Death                                   | eserally                      |   | Pall Bearer Ser           | al Permit<br>esof Death Certi<br>(State Phy-<br>vice, \$ Use | of Chapel, S               |              |         |
|  |                               | •••••                                   |                           | Sales Tax  |                            |              |         |
| Contributory Causes                              |                               |   | Outlay for Lot            |  |                            |              |         |
|  |                               | •••••                                   | Cremation                 | .Palms, \$   | Matting, \$                |              |         |
| Certifying Physician                             | (or Coroner)                  |   | Rental of Tent            | \$of Tempo<br>ave or Tomb.4                                  | rary Vault, \$ 00.         | ,            | 00      |
| His Address                                      |                               |   | Opening of Grave          | eve or Tomb. 4.  | g Device, \$ X.            |              | 00      |
| Name of Father John                              | Merguan                       |   | Outlay for Shir           | ming Charges   |                            |              |         |
| His Birthplace.                                  |                               |   | Clergyman,\$              | Singers,\$ s, \$Ae pla Cable or Radio                        | .Organist,\$               | 6.           | 00      |
| Maiden Name of Mother                            |                               |   | or Motor Ticket           | S, \$ pla  | Charges                    |              |         |
| Her Birthplace                                   |                               |   | Cash Advanced             |  |                            |              |         |
| Motor Remains to                                 |                               |   | Out of town U             | ndertaker's Cha  | Profit for                 |              |         |
| m 10 11  | (State Color and Number)      |   | sower, it                 | ndertaker's Cha<br>e. Use of C<br>tember ibou                | et !                       | 35           | 00      |
| Manufactured by                                  | (State Color and Number)      |   | line Death                | Notices in   | Papers                     |              |         |
| Cemetery Crematory                               |                               |   |                           | (Names of Newspapers   | 9                          |              |         |
| Grematory )                                      | Lot No. 1404                  |   |                           |  | 0. 00                      |              |         |
|  | Grave No3                     |   | Sales Tax                 | ·····xil·w   |                            |              |         |
|  | Section No                    |   | Total Footing             | of Bill  | ¥s                         | 72           | 00.     |
|  | Block No                      |   | Less                      |  |                            |              |         |
|  | Owner                         |   | Water diet T              | Balance  | \$                         |              |         |
| Diagram of Let or Vault                          |                               |   | The second second         | edger, page  |                            | I - SALES    |         |
|  | Amount Paid                   | Balance                                 | Date                      |  | Amount Pa                  | id Ba        | lance   |
| To Above Balan                                   | ce                            |   | **                        | To Balance Forwa   | ard                        | \$           |         |
| By Payment                                       | \$\$                          |   |                           | By Payment   | \$                         | \$           |         |
| и и  |                               |   |                           |  | \$                         | \$           |         |
| и и  | \$                            |   |                           | u u  |                            | \$           |         |
|  | \$                            |   |                           | u u  | \$                         | \$           |         |
| и и  | ss                            |   |                           |  | \$                         | \$           |         |
| и и  | ss                            |   |                           | и и  | \$                         |              |         |
|  | Names of<br>Lodges            |   |                           | Insurance<br>Companies                                       |                            | [0           |         |
| Insurance \$  I hereby authorize the above Funer | ral, and I hereby represent t | hat I have su                           | fficient resources TA     | gally available to   |                            |              |         |
| Insurance \$                                     |                               |   |                           |  |                            |              |         |
| maturity at the rate of                          |                               |   | Signed                    |  | . Inte                     | rest to accr | ue from |
| Witness  |                               |   | Address                   |  |                            |              |         |
| 111111111111111111111111111111111111111          | Comp                          | Hed by F. J. FI                         |                           | Mo.  |                            |              |         |

| Total No. 22.0.5 Yearly No. /  | Date of Entry Feb 5 1949.  |
|--|--|
| Name of Deceased. A wight Howard Divorced Single Widowed Divorced    | Mc Lain w  |
| Residence: Rual, Man Caglwill  | Withusband   With   Widow   Con   What Race   Aun   Withusband   Withusband or Withu |
| Charge to: Address. Eagleville, Mo                                   | Complete Funeral (except outlays)\$ .415   |
| Order given by   | Casket Burial Vault or Box Altia Vault   |
| How Secured:   | Embalming Body (Name of Embalmine)   |
| If Veteran, State War  | Darber, \$   |
| Occupation farming   | Dressing Body, \$ Underwear, \$  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$   |
| Date of Death  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Dec 17 187/ (Hour)                                    | Candelabrum, \$  |
| Age//  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 7.7.49 Sat 2 P M                                     | Limousines to Cemetery @ \$  |
| Services at: Christian Day of Week Cagleville                        | Autos to R. R. Station   |
| Clergyman: Rev al Collund  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest  |
| Birthplace Names County, Mrs.  | Deliver Flowers to   |
| Resided in the State   | Removal Charges  |
| Place of Death. Rual, was Caylevell                                  | (State Number and District)  Certif. Copiesof Death Certificates No  |
| Cause of Death Carcuma of Face                                       | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Cartif.Copiesof Death CertificatesNo.  Ball Bearer Service, \$ Use of Chapel, \$  |
|  | Gross Total for Sales Tax\$ \$30.00.   |
| Contributory Causes.   | Outlay for Lot:  |
| M. Never D. O  | Flowers, \$ Palms, \$ Matting, \$  |
| Certifying Physician.  | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
| His Address. By the value. Mo.  Name of Father Duright Fully M. Lam. | Lining Grave. S Lowering Device, S   |
| Name of Father. Name of Father. Name of Father. Olub                 | Outlay for Shipping Charges.  Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother. Manuel Lylvesty                               | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother.  Her Birthplace.                              | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Ship Remains to<br>Size of Casket 4/5 Ruel End St. gray B. C.        | Personal Service.  |
| Manufactured by (State Color and Number)                             | line Death Notices in Papers   |
| Cemetrory Caghwell   | (Names of Newspapers)  |
| Lot No.  | 730  |
| Grave No   | Sales Tax  |
| Section No   | Less Story Love Eebu 48 . s 2676   |
| Block No   | Odin Jul Balance \$ 5.0.8.5.4.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | e Date Amount Paid Balance   |
| To Above Balance\$   | To Balance Forward \$  |
| By Payment\$\$   |  |
| * * ,\$\$  |  |
| \$   |  |
| \$   | # # \$ S   |
|  | g g\$\$  |
| # # \$\$   | а а \$ \$  |
| Names of Lodges.   | Insurance<br>Companies.  |
| Insulance 4 I want and I horoby represent that I have                | sufficient resources Legally available to (Firm Name of Popular Directors )  |
| of oforesaid sum, and I hereby covenant and agree to pa              | y the same withindays from date. Interest to accrue from   |
| maturity at the rate of% per annum.                                  | Signed   |

| Total No. 220.6. Yearly No   | . Date of Entry F. &B. 22 1949.  |  |  |  |
|--|--|--|--|--|
| Name of Deceased. Temme N. Hind  |  |  |  |  |
| Married ☐ Single ☐ Widowed ☐ Divorce Residence:  | d  |  |  |  |
| Charge to: Mayou Huderhs   |  |  |  |  |
| Address Des Wouls  | Complete Funeral (except outlays)\$ .284.06.   |  |  |  |
| Ouden along to   | Casket   |  |  |  |
| How Secured:: (or informant)   | Casket. Burial Vault or Box. Gate Kind)  Embelming Rody.   |  |  |  |
|  | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$   |  |  |  |
| Occupation Cabust making Kolure muchant  | Dressing Body, \$  |  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color)   |  |  |  |
| Date of Death Feb. 20 1949 #30 PM. (Date) (Hour)   | Slippers, \$ Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$  |  |  |  |
| Date of Birth. May 16 (Date) 872 (Hour)  | Candelabrum, \$Candles, \$   |  |  |  |
| Age  | Door Spray, \$   |  |  |  |
| Date of Funeral Feb >> /49 Tues > P. M.  | Limousines to Cemetery @ \$  |  |  |  |
| Date of Funeral Party of Week) (Hour)  | Extra Limousines   |  |  |  |
| Services at (Date) (Day of Week) (Hour)  | Getting Remains from   |  |  |  |
| Clergyman Robt Farnheur  | Taking Remains to  |  |  |  |
| Religion of the Deceased   | Delivering Box to  |  |  |  |
| Birthplace Meas Benlington, Ja   | Deliver Flowers to   |  |  |  |
| Resided in the State (or U. S. or City or Counts) (Years) (Months)   | Procuring Burial Permit.   |  |  |  |
| Place of Death. Aummu Ja.  | Procuring Burial Permit.  Certif. Copiesof Death (State Number and District)  Certif. Copiesof Death Certificates No.  (State Physiciaty or Coronor's) |  |  |  |
| Cause of Death Cormany Occlusion   | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |
| Contributory Causes  | Gross Total for Sales Tax  |  |  |  |
|  | Cremation  |  |  |  |
| Certifying Physician E E Samet   | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Yault, \$  |  |  |  |
| His Address . Laman Ja   | Opening of Grave or Tomb. 4. 7. Marshall   |  |  |  |
| Name of Father. Hung Hundlich  | Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$.  Railroad Tickets, \$Aero-plane Service,\$  |  |  |  |
| Maiden Name of Mother Mary Diepergerden  | or Motor   Tickets, \$plane Service, \$<br>Telegr., Phone, Cable or Radio Charges  |  |  |  |
| Her Birthplace   | Cash Advanced  |  |  |  |
| Motor Remains to   | Out of town Undertaker's Charges.  |  |  |  |
| Size of Casket /3- //s ench - gray hole  |  |  |  |  |
| Manufactured by  | line Death Notices inPapers  |  |  |  |
| Cemetery Crematory } Rose New Y  | (Names of Newspapers)  |  |  |  |
| Lot No / 4.9.6   | 0.1 m  |  |  |  |
| Grave No   | Sales Tax  Total Footing of Bill S 3 0 A 8 4   |  |  |  |
| Section No   | * 5% DA 261.64 - 1 TIN - 16/1  |  |  |  |
| Block No   | 277  |  |  |  |
| Diagram of Lot or Vault Owner.   | Entered into Ledger, page or below.  |  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |  |  |
| To Above Balance \$  | To Balance Forward   |  |  |  |
|  | By Payment s   |  |  |  |
| \$   |  |  |  |  |
| *  |  |  |  |  |
| # # e e  |  |  |  |  |
| * * \$ s   | * \$ \$ \$   |  |  |  |
| s s s  | \$\$   |  |  |  |
| Names of Lodges.   | Insurance \$   |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral, and I hereby represent that I have sufficient resurrose I can be above Funeral and I hereby represent that I have sufficient resurrose I can be above Funeral and I hereby represent that I have sufficient resurrose I can be above Funeral and I hereby represent that I have sufficient resurrose I can be above Funeral and I hereby represent that I have sufficient resurrose I can be above Funeral and I hereby represent that I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can be above Funeral and I have sufficient resurrose I can b |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay t   | he same of Russell Diseases Diseases   |  |  |  |
| maturity at the rate of% per annum.  | Signeddays from date. Interest to accrue from  |  |  |  |
| Witness  | Address  |  |  |  |
| Compiled by F. J. FF   | INEMAN, St. Louis, Mo.   |  |  |  |

| Total No 22 D. 7  | Yearly No3  | Date of Entry Feb 2 5 1949.   |  |  |
|---|---|---|--|--|
| Name of Deceased. 744 (   |   | , ,   |  |  |
| Residence: W. Los Quall   | Divorce Divorce   | od (What Race)  |  |  |
| Charge to . Mus Octavi  | ia armold   | or  |  |  |
| Address 1611. Cotur   | W. Los Quelles Co   | Complete Funeral (except continue). Qui. \$   |  |  |
| Order given by Sater, Kein                                      | gsly & Gate   | Casket  |  |  |
| How Secured   | informantal Anni  | Burial Vault or Box Albera Vault  (State Kind)  |  |  |
| If Veteran, State War   | ٠   | Embalming Body  |  |  |
| Occupation kousewy  | <u>A</u>  | Dressing Rody & Underweer &   |  |  |
| Employer and Address  | (Social Security Number)  | Suit or Dress   |  |  |
| Date of Death. Feb 19   |   | Folding Chairs, \$ Tarpaulin, \$  |  |  |
| Date of Birth. Left 25  | 1869  | Candelabrum, \$   |  |  |
| Age   | ontha) (Days)   | Wuneral Car, \$   |  |  |
| Date of Funeral. 72 5/49  | Fri A. N<br>y of Week) (Hour)   | LEXTRA Limousines   |  |  |
| Services at : : strave stid                                     | (Hour)  | Autos to R. R. Station  |  |  |
| Clergyman: Lewis La   | udilary.  | Taking Remains to   |  |  |
| Religion of the Deceased  | (Address)   | Trip to Coroner's Inquest Delivering Box to   |  |  |
| Birthplace Salum,   | la  | Deliver Flowers to  |  |  |
| Resided in the State O (or U.S. or C                            | ity on County) (Yeafs) / (Months)   | Procuring Burial Permit.  |  |  |
| Place of Death. W. L. M. Cung                                   | pell Caly   | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  (State Engineers of Connects)  Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |
| Cause of Death Carrier  | ua Cervy  | Pall Bearer Service, \$ Use of Chapel, \$ Gross Total for Sales Tax\$   |  |  |
| Contributory Causes   |   | Outlay for Lot:   |  |  |
|   | ··*   | Cremation Palms, \$ Matting, \$   |  |  |
| Certifying Physician 2. J. M.                                   | (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |
| His Address Sauta Mou   | ica cary  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. A Markall 1400 Lining Grave, \$ Lowering Device, \$ 500                 |  |  |
| Name of Father  | Jurus   | - Outlay for Shipping Charges   |  |  |
| His Birthplace  | ·   | Clergyman, \$Singers, \$Organist, \$<br>Railroad Tickets, \$plane Service, \$   |  |  |
| Maiden Name of Mother   | ······  | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace  |   | Out of town Undertaker's Charges  |  |  |
| Motor<br>Ship Remains to  |   | Personal Service. 5 0.0   |  |  |
| Manufactured by (State  | Color and Number)   | line Death Notices inPapers   |  |  |
| Cemetery Crematory  |   | (Names of Newspapers)   |  |  |
| Crematory )   | Lot No 7.7.0  | Sales Tax on Vault 230  |  |  |
|   | Frave No/   | Sales Tax  Total Footing of Bill \$ \sqrt{x} 30   |  |  |
| S   | Section No  | Less X-Cis Amts   |  |  |
|   | Block No  | 3/3/Balance   |  |  |
| Diagram of Lot or Vault   | Owner   |   |  |  |
| Date  | Amount Paid Balance   | ce Date Amount Paid Balance   |  |  |
| To Above Balance  | \$  | To Balance Forward\$  |  |  |
| By Payment  | \$  | By Payment \$ \$  |  |  |
|   | s s   | и и \$  |  |  |
| a a   | \$  |   |  |  |
|   | \$  | \$ \$   |  |  |
| " "   | \$  | \$\$  |  |  |
|   | \$  \$ .  | Traurance   |  |  |
| Insurance \$  | Names of<br>Lodges  | Insurance Companies   |  |  |
| thering the shove Funeral, a                                    | Insurance \$. (Firm Name of Peneral Disorders)  I hereby atthorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Peneral Disorders).  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within |   |  |  |
| for the payment of aforesaid sum, and I maturity at the rate of | per annum.  | Signed  |  |  |
|   |   | Address   |  |  |
| Witness   | Compiled by F. J  | 7, FEINEMAN St. Louis, Mo.  |  |  |

| RECORD (  |  |
|---|--|
| Total No. 2208 Yearly No. 4   | Date of Entry March 4 1948   |
| Name of Doggood William E. a. Acr   | tt (Edl) W   |
| Residence: Rura, No, W, of Lamon  | Thusband   Wife   Widow   Or   |
| Charge to: Mrs Ellstatt   | Complete Funeral (except outlays)\$ .575.08  |
| Address   |  |
| Order given by Rothwey Scott  | Casket. Burial Vault or Box Allacamult 115 20 (State Kind) Embalming Body (Name of Embalmer)   |
| How Secured .:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.   |
| Occupation farming Mont (Social Security Number)  | Suit or Dress(State Kind and Color)  |
| Employer and Address  | Slippers, S  |
| Date of Death. March 2 1949 4AM   | Folding Chairs, \$Tarpaulin, \$  |
| Date of Birth. Mov. (Date) 1870 (Hour)  | Candelabrum, \$. Candles, \$. Door Spray, \$. Gloves, \$.  |
| Age   | Funeral Car, \$ Ambulance, \$  |
| (Years) (Months) (Days)  Date of Funeral. 3/4/4.9 F.U M  Services at Kellerten Christian Ch. (Hour) | Extra Limousines @ \$  |
| Services at Kellerten Christian Ch  | Autos to R. R. Station   |
| Clergyman Whicken   | Taking Remains to  |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Ringald Co - Ja  | Deliver Flowers to   |
| Resided in the State. Rel life (or U.S. or Clev or County) (Years) a (Months)                       | Removal Charges.   |
| Place of Death, Rural hand relar Kampu  | Certif.Copiesof Death CertificatesNo   |
| Cause of Death Hypertatic Premions  | Procuring Burial Permit.  Certif. Copies of Death Certificates No.  Certif. Copies of Death Certificates No.  (Basa Physical Rev.  (Bas |
| Contributory Causes. Paralysis. agutana   | Gross Total for Sales Tax\$ 7.000  |
| (Palsey)  | Outlay for Lot.  |
| Certifying Physician & E. Harret  | Flowers, \$Palms, \$Matting, \$  |
| His Address Laman (or Caroner)  | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
| Name of Father. John Scott  | Lining Grave, \$Lowering Device, \$  |
| His Birthplace  | Outlay for Shipping Charges.   |
| Maiden Name of Mother Aun Jackson   | Clergyman,\$Singers,\$Organist,\$. Rallroad \Tickets,\$plane Service,\$  |
| Her Birthplace.   | Telegr., Phone, Cable or Radio Charges   |
| Motor Domains to  | Out of town Undertaker's Charges   |
| Sing of Control 6/6 Metal (brouge fru.)   | Personal Service.  |
| Manufactured by .: Alexander (State Color and Number)   | line Death Notices inPapers  |
| Cemetry Crematory Kellertan   | (Names of Newspapers)  |
| Lot No.   |  |
| Grave No.   | Sales Tax  |
| Section No.   | Total Footing of Bill  |
| Block No  | Less. 5-/0 diseard \$ 35-85.   |
| Diagram of Lot or Vault Owner   | Balance \$ 6.8.1 25  |
| Date Amount Paid Balance  | Date Date Atmount Daily Chalinger  |
| To Above Balance.   | Authorit Pale   Chainne  |
| By Payment \$ \$  | To Balance Forward\$   |
| * * \$ \$   | By Payment \$\$  |
|   |  |
| « # \$ \$   |  |
|   |  |
| \$ \$ \$ \$   |  |
|   |  |
| Insurance \$Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                          | ufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                            | the same within  |

| Total No. 2209 Yearly No   | Date of Entry March 8 19.49.   |  |
|--|--|--|
| Name of Deceased Jella Lyder C   | Butta  |  |
| Residence: dawere  |  |  |
| Charge to: A Chris Buts  | What the   |  |
| Address  | Complete Funeral (except outlays)  |  |
| Order given by   | Casket. Burial Vault or Box.   |  |
| How Secured:   |  |  |
| If Veteran, State War  | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$   |  |
| Occupation Ausewife 478, 300 1481  | Dressing Body, \$ Underwear, \$  |  |
| Employer and Address formally danient files  | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$.  |  |
| Date of Death Musich 5 1949 4:30 PH  | roiding Chairs, \$ Tarpaulin, \$   |  |
| Date of Birth, January 20 1901   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |  |
| Age. Variation (Paris)   | Funeral Car, \$ Ambulance, \$  |  |
| Date of Funeral 3/8/49 Tues 2,30PM   | Extra Limousines   |  |
| Services at: (Day) (Day of Week) (Hour)  | Autos to R. R. Station   |  |
| Clergyman. Rev Fanham  | Taking Remains to  |  |
| Religion of the Deceased. 4. 0 S, (Address)  | Trip to Coroner's Inquest  |  |
| Birthplace Mebraska  | Deliver Flowers to   |  |
| Resided in the State 13 4V   | Removal Charges  |  |
| Place of Death (or U. S. or City or County) (Years) (Mosths)                                       | Certif. Copies of Death Certificates No.   |  |
| Cause of Death:  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Chaptel, \$. |  |
| Contributory Causes.   | Gross Total for Sales Tax\$ 425  |  |
| Contributory Causes  | Outlay for Lot:  |  |
| Certifying Physician & & Samuel  | Flowers, \$Palms, \$:::::Matting, \$   |  |
| (er Coroner)   | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb. & T. Marchaell 14  |  |
| Lining Grave, \$Lowering Device, \$  |  |  |
| Name of Father   | Outlay for Shipping Charges.  Clergyman.\$. Singers,\$. Organist,\$.   |  |
| His Birthplace. Leucle Truessell   | Clergyman, \$. Singers, \$. Organist, \$. Railroad   Tickets, \$. plane Service, \$. Telegr., Phone, Cable or Radio Charges                            |  |
| Maiden Name of Mother & June purch   | Telegr., Phone, Cable or Radio Charges   |  |
| Motor Remains to   | Out of town Undertaker's Charges   |  |
| a cold by the same and   | Personal Service.  |  |
| Manufactured by . R. V. (State Color and Number)   | line Death Notices in Papers   |  |
| Cemetery R. v. Chill Crematory . R. v. Chill   | (Names of Newspapers)  |  |
| Crematory Lot No /38.5   |  |  |
| Grave No   | Sales Tax  |  |
| Section No   | Total Footing of Bill  |  |
| Block No   | Less 5/100 444.15 by Man 18 18 8 4 / 46.   |  |
| Owner  | Entered into Ledger, page or below.  |  |
| Diagram of Lotor Vault OWNEY   | Date Amount Paid Balance   |  |
| Date   | To Balanca Forward, 1.5 s.   |  |
| To Above Balance\$   | By Payment \$ \$   |  |
| By Payment\$\$\$   | U "CAMAM S. S.   |  |
| я и "\$  |  |  |
| # # \$ \$  | \$   |  |
| # # <sub>.</sub> \$ \$   |  |  |
| \$   |  |  |
| sss  | Insurance<br>Companies   |  |
| Names of Lodges  |  |  |
| Insurance \$. Longes.  I hereby authorize the above Funeral, and I hereby represent that I have:   | sufficient resources Legally available to.  (Firm Name of Funeral Directors.)  y the same within   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa<br>maturity at the rate of | Signed   |  |
|  | Address  |  |
| Witness  | FEINEMAN St. Louis, Mo.  |  |

|  | Date of Entry March 31 195  |
|--|---|
| Total No. 2210 Yearly No 6   |   |
| Name of Deceased flasel & eigh !!  | hite  |
| Married ☐ Single ☐ Widowed ☐ Divorce Residence:  | Husband Wife Widow) Howard While  |
| Charge to: Nevald White + brothers   | or of Age of Husband or Wife (if Hving)   |
|  | Complete Funeral (except outlays)\$ . 473 00  |
| Address.   |   |
| Order given by a face (or informant)   | Casket. Burial Vault or Box. Albred Vault (State Kind)  |
| How Secured  | Embalming Body(Name of Embalmer)  |
| If Veteran, State War  | Barber S Hair Dressing, \$  |
| Occupation Housewife nous (Social Security Number)   | Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$  |
| Date of Death March 29 1949 5 PM   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. Left 30 1878 (Hour)   | Candelabrum, \$Candles, \$  |
|  | Door Spray, \$  |
| Age. 70 5 2-9 (Years) (Months) (Days)  Date of Funeral 3/31/49 Thurs 3/30 P.M.   |   |
| Date of Funeral 13/4/9 Thurs 3/30 P.M. (Boar) (Boar)   | Extra Limousines  |
| Services at. Charge (Day of Week) (Hour)   | Getting Remains from  |
| Clergyman . Robt Farrham   | Taking Remains to   |
| Religion of the Deceased . A. D. S. (Address)  | Trip to Coroner's Inquest   |
| Birthplace Maskosuri   | Deliver Flowers to  |
| Resided in the State   | Removal Charges   |
| Place of Death. Lear, Horfulal (Months)  | (State Number and District)  Cartif Conject Death Cartificates No.  |
| Cause of Death. Perutinitis  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Cartif. Copiesof Death Certificates No.  Pall Bearer Service, \$\(\sigma\). Use of Chapital, \$\(\sigma\). |
|  | Gross Total for Sales Tax   |
| Contributory Causes  | Outlay for Lot  |
|  | Cremation   |
| Certifying Physician. Dr. Down (or Coroner)  | Flowers, \$Palms, \$ Matting, \$<br>Rental of Tent, \$of Temporary Vault. \$  |
|  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. Took Mariel 14.00  |
| His Address Den Hunt   | Lining Grave, \$ Lowering Device, \$ . Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother. Margeret J. Refer.  | or Motor Tickets, \$ Aero-Service,\$  |
| Her Birthplace.  | Telegr., Phone, Cable or Radio Charges  Cash Advanced   |
| Motor) -   | Out of town Undertaker's Charges.   |
| Size of Cooket 6-5/ State - Ree Celar  | Personal Service  |
| Ship \ Remains to \ Size of Casket \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | line Death Notices in Papers  |
| Cemetrary Cemetry R vzl Hill   | (Names of Newspapers)   |
|  | (Aumino of Monopapers)  |
| Lot No / ? . 7   | Sales Tax 5 38  |
| Grave No3  | Total Footing of Bill . \$ 55938  |
| Section No.  | Less > /2 on 543 - 1.0 ll 8 27 17   |
| Block No.  | Balancer, 149 8 5333/   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page. Of or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
|  | To Balance Forward.   |
| By Payment \$ \$   | By Payment e  |
| " " \$ \$  | а и   |
|  | \$  |
| \$ \$ \$   |   |
|  | a a \$  |
|  | « « \$ s  |
|  | ss  |
| Insurance \$ Names of Lodges.  | Insurance   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have suff for the payment of aforesaid sum, and I hereby covenant and agree to pay the sum of the payment of aforesaid sum, and I hereby covenant and agree to pay the sum of the payment of aforesaid sum, and I hereby covenant and agree to pay the sum of the | ficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay to  | he same within  |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |
| Compiled by F. J. PRI  | INEMAN, St. Louis, Mo.  |

| Total No  | Date of Entry April 7 1949.   |
|---|---|
| Name of Deceased. Munic Angeling  | Norman  |
| ☐ Merried ☐ Single ☐ Widowed ☐ Divore Residence: ✓ Guille                       |   |
| Charge to:  | orof \ Age of Husband or Wife (if living)Years  |
| Address   | Complete Funeral (except outlays)   |
| Order given by Mus Leo Blake  | Casket  |
| How Secured:  | Burial Vault or Box(State Kind)   |
| If Veteran, State War   | Embalming Body (State Kind)  Barber, \$. (Name of Embalmer)  Hair Dressing, \$.   |
|   |   |
| Occupation  | Dressing Body, \$ Underwear, \$ Suit or Dress. (74.1) 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.  |
|   | Slippers, \$  |
| Date of Death. AM. 19.49. AM. Date of Birth. Aw. 1846.7 (Hour)                  | Candelabrum, \$Candles, \$  |
| Age   | Door Spray, \$ :  |
| (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |
| Date of Funeral. 7.7.49 7 Mus. 2.30. ff. M  (Date) (Day of Week) (Boar)  (Boar) | Extra Limousines @ \$ Autos to R. R. Station @ \$   |
| Services at::: Chiefel  | Getting Remains from  |
| Clergyman all Laul  | Taking Remains to Trip to Coroner's Inquest   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace Cisco, Jel.  | Deliver Flowers to  |
| Resided in the State(or U.A. or City or County) (Years) (Months)                | Procuring Burial Permit.  |
| Place of Death, meal near Laman   | Procuring Burial Permit. (Siste Number and District)  Certif.Copiesof Death CertificatesNo.  (State Physiciant or Concerts)  Pall Bearer Service, \$\Sigma_{\text{U}}\$ Use of Chapel, \$\Sigma_{\text{U}}\$. |
| Cause of Death Hypertennes, Carcho  | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes. Vascaleer desease  | Gross Total for Sales Tax. \$ 3.6.6.5.2. Outlay for Lot:  |
| ·······   | Cremation   |
| Certifying Physician & E. Slawet  | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$  |
| His Address Lauran  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. To A. Manhall /4 0.0   |
| Name of Father Outu a. Boyer  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$.  Railroad Tickets, \$plane Service,\$  |
| Maiden Name of Mother May & Hartiell  | or Motor / Tickets, \$plane Service, \$<br>Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | . Cash Advanced   |
| Motor Ship Remains to   | Out of town Undertaker's Charges.   |
| Size of Casket. Oly Shire   |   |
| Size of Casket  | line Death Notices inPapers   |
| Cemetery Crematory }  | (Names of Newspapers)   |
| Lot No 17.35  | Sales Tax 2 5 3   |
| Grave No  | Total Footing of Bill \$ 283 0 3  |
| Section No  | Less desct 13,32 \$ 13 3 2  |
| Block No  | Pal 1/6/Balance \$ .2 .9 7.   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance  | Balance Amount Paid Balance   |
| To Above Balance  | To Balance Forward\$  |
| By Payment \$ \$  | \$ \$ \$ \$   |
| \$\$  |   |
| , , , , , , , , , , , , , , , , , , ,   |   |
| a a \$  | и и 3 6   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |
| я я , , , , , , , , , , , , , , , , , ,   | и и "\$   |
| Insurance \$ Names of Lodges  | Insurance<br>Companies.   |
| I hereby authorize the above Funeral, and I hereby represent that I have        |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay        | y the same within   |
| maturity at the rate of% per annum.   | Signed  |
| Witness   | Address   |

| Total No. 22/2 Yearly No  | Date of Entry Rhil 10 199   | 18. |  |  |  |
|---|---|-----|--|--|--|
| Name of Deceased. Lara & Clue   | 2 really rounding   |     |  |  |  |
| Married ☐ Single ☐ Widowed ☐ Divol  | Ced   |     |  |  |  |
| Residence: Lamon  | orof ) Age of Husband or Wife (if living)   | ars |  |  |  |
| Charge to:  | Complete Funeral (except outlays)   | 0   |  |  |  |
| Address.  | Casket  |     |  |  |  |
| Order given by Larly John Anderson  | Burial Vault or Box   |     |  |  |  |
| How Secured:  | Embalming Body(Name of Embalmer)  |     |  |  |  |
| If Veteran, State War   | Barber, \$  |     |  |  |  |
| Occupation housewife (Social Security Number)   | Suit or Dress (State Kind and Color)  |     |  |  |  |
| Employer and Address  | Slippers, \$ Hose, \$   |     |  |  |  |
| Date of Death Life 6 1949 6:30 PM   | Folding Chairs, \$ Tarpaulin, \$  |     |  |  |  |
| Date of Birth. 160 7 1870   | Door Spray, \$  |     |  |  |  |
| Age. (Months) (Dave)  | Funeral Car, \$   |     |  |  |  |
| Date of Funeral. 4/10/49 Sun 2:30 F   | Extra Limousines  |     |  |  |  |
| Services at . Chapel (Day of Wook) (Hour)   | Autos to R. R. Station  |     |  |  |  |
| Clergyman. Robe Faruham   | Taking Remains to.  | ••• |  |  |  |
| Religion of the Deceased(Address)   | Trip to Coroner's Inquest   |     |  |  |  |
| Birthplace Ellston da   | Delivering Box to Deliver Flowers   | • • |  |  |  |
| Resided in the State  | Removal Charges   |     |  |  |  |
| Place of Death (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit (State Number and Datatet)  Certif. Copies of Death Certificates No. (State Number and Datatet)  Pall Bearer Service, \$1.08 of Chapel, |     |  |  |  |
| Cause of Death Coronary O column  | Pall Bearer Service \$ Use of Change \$   |     |  |  |  |
|   | Gross Total for Sales Tax. S 487 00   | D   |  |  |  |
| Contributory Causes   | Outlay for Lot.   |     |  |  |  |
| - 50 11 .1  | Cremation Flowers, \$Palms, \$Matting, \$   |     |  |  |  |
| Certifying Physician (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ . Opening of Grave or Tomb & Mulate 14 . oo   |     |  |  |  |
| His Address.  | Opening of Grave or Tomb & Mulicipal 19 66 Lining Grave, \$Lowering Device, \$  |     |  |  |  |
| Name of Father John & Cooper  | · Outlay for Shinning Charges   |     |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$. Railroad   Tickets, \$Aero- plane Service,\$   |     |  |  |  |
| Maiden Name of Mother Cassanda Unuald   | or Motor and Tickets, 5   |     |  |  |  |
| Her Birthplace  | Cash Advanced   |     |  |  |  |
| Motor Ship Remains to   | Out of town Undertaker's Charges.   |     |  |  |  |
| Size of Casket Size Color and Number)   |   | •   |  |  |  |
| Manufactured by .: OTO T.   | line Death Notices in Papers  |     |  |  |  |
| Cemetery Crematory } R 122 Heel   | (Names of Newspapers)   |     |  |  |  |
| Lot No  | Sales Tax 4/69  |     |  |  |  |
| Grave No  |   | =   |  |  |  |
| Section No  | Less 507 99   |     |  |  |  |
| Block No  | autry 9 Balance 8 48310   | ••  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Legged, page. In olberow.  | ••  |  |  |  |
| Date Amount Paid Balance  | Date Carry 16 Amount Paid Balance   | =   |  |  |  |
| To Above Balance  | Togsalance Forward  | _   |  |  |  |
|   |   | ••• |  |  |  |
|   |   | ••• |  |  |  |
| \$  |   |     |  |  |  |
|   |   |     |  |  |  |
|   |   |     |  |  |  |
| и и 8   |   |     |  |  |  |
| Names of Lodges.  |   |     |  |  |  |
| Insurance \$Lodges.   | Insurance Companies   | 1   |  |  |  |
| Insurance 5. Companies  Inhereby surhorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Fire Name of Funeral Directors.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within |   |     |  |  |  |
| maturity at the rate of% per annum.   | the same withindays from date. Interest to accrue from Signed   | n   |  |  |  |
|   | Address   |     |  |  |  |
| Witness Compiled by F. J. 8   | Address   |     |  |  |  |

| Total No. 27/3                                 | Yearly No9                    |                   | Data of  | Entry  | april                           | 18                                  | 15100    | - 1/0     |
|--|-------------------------------|-------------------|--|--|---------------------------------|-------------------------------------|----------|-----------|
| Name of Deceased                               | harles Purt                   | is C              | analt  | - Ishtry   |                                 |                                     | 1        | 19.7.7.   |
| Residence: Wete                                | Single Widowed                | ☐ Divorced        | 10   | Q  | 10                              | (What Race)                         |          |           |
| Charge to: Mary F                              | also or ody                   | eluru             |  | Defendant of   |                                 | and or Wife (if livin               |          |           |
| Address Laur                                   | ······                        |                   |  |  |                                 | 11                                  | 1        | .Years    |
|  | ····                          |                   | Casket   |  | outlays)                        | <u>.</u> \$                         |          |           |
| Order given by                                 | (or informant)                |                   | Burial Vault   | or Box   |                                 |                                     |          |           |
| How Secured                                    | ······                        |                   | Embalming B  | and the same of th | (State Kind)<br>ame of Embalm   |                                     |          |           |
| If Veteran, State War                          | vorce was                     | #                 | Barber, \$   | Ha   | ir Dressing                     | . \$                                |          |           |
| Occupation                                     | (Social Security              | Number            | Dressing Body<br>Suit or Dress.<br>Slippers \$                 | 7,\$   | Underwe                         | ear, \$                             |          |           |
| Employer and Address                           |                               |                   |  |  |                                 |                                     |          |           |
| Date of Death                                  | (Date)                        | (Hour)            | Folding Chair  | s, \$  | Parpaulin,                      | 8                                   |          |           |
| Date of Birth                                  |                               |                   | Candelabrum,<br>Door Spray, §                                  | )ه   | loves, \$.                      |                                     |          |           |
| Age(Years)                                     | (Months) (Days)               |                   | Door Spray, \$<br>Funeral Car, \$<br>Limousines to             | Compton  | nbulance,                       | \$                                  |          | 00        |
| Date of Funeral                                | (Day of Week) (F              | M.                | Extra Limous   | ineg   | (A) 4                           |                                     |          |           |
| Services at:::                                 | (Day of Week) (E              |                   | Autos to R. R<br>Getting Rema                                  | . Station  | de lest                         |                                     |          | 47        |
| Clergyman::                                    |                               |                   | Taking Remai   | ns to  |                                 |                                     |          |           |
| Religion of the Deceased                       | (Address)                     |                   | Trip to Coron<br>Delivering Bo                                 | er's Inquest   | etan                            |                                     |          |           |
| Birthplace                                     |                               |                   | Deliver Flowe  | rs to  |                                 |                                     |          |           |
| Resided in the State                           | S. or City or County) (Years) | (Montha)          | Removal Char<br>Procuring Bur                                  | ges  | • • • • • • • • • •             |                                     |          |           |
| Place of Death . Euro                          | S. or City or County) (Years) | (Months)          | Certif.Cop   | iesof Death  | State Number of<br>Certificates | nd District)                        |          | ••••      |
| Cause of Death . Kille                         | din Battle                    |                   | Procuring Bur —Certif.Copi Pall Bearer Se                      | rvice, \$  | e Physician's or<br>Use of Cha  | Coroner's) pel, \$                  |          |           |
| Contributory Causes                            |                               | STATE OF STATE OF | Gross Total fo   | r Sales Tax.   |                                 | \$                                  |          |           |
|  |                               |                   | Outlay for Lo<br>Cremation                                     |  |                                 |                                     |          | • • • • • |
| Certifying Physician                           | ,                             |                   | Flowers, \$  | . Palms, \$:   | Matti                           | ng, \$                              |          |           |
| His Address                                    | (or Coroner)                  |                   | Rental of Tent<br>Opening of Gr                                | ave or Tom   | mporary V                       | ault, S                             | 18       | 00        |
| Name of Father                                 |                               |                   |  |  |                                 |                                     |          | 00        |
| His Birthplace                                 |                               |                   | Outlay for Shi<br>Clergyman,\$.<br>Railroad<br>or Motor}Ticket | pping Charg  | esOrga                          | nist.\$                             | 40       | 90        |
| Maiden Name of Mother                          |                               |                   | Railroad<br>or Motor Ticke                                     | ts, \$   | Aero-Serv                       | rice,\$                             |          |           |
| Her Birthplace                                 |                               |                   | Telegr., Phone<br>Cash Advance                                 | , Cable or R   | adio Charg                      | es                                  |          |           |
| Motor Remains to                               |                               |                   | Out of town II   | ndertaker's  | Charges.                        | .n                                  |          |           |
| Size of Casket                                 |                               |                   | Personal Servi   | ce. Hee. of  | enoqu                           | £.\$                                | 250      | 00        |
| Manufactured by                                | (State Color and Number)      |                   | Ine Deatl  |  |                                 | ers                                 |          |           |
| Cemetery Crematory                             |                               |                   |  | (Names of News   | papers)                         |                                     |          |           |
| Crematory )                                    | Lot No                        |                   |  |  |                                 |                                     |          |           |
|  | Grave No                      |                   | Sales Tax  |  | Jay                             |                                     |          | _         |
|  | Section No                    | The second of     | Total Footing  |  | (                               | \$                                  | 72 0     | .0        |
|  | Block No                      |                   | Less   | . J 7.24/  | 77<br>ance                      | \$                                  |          | • • • • • |
| Diagram of Lot or Vault                        | Owner                         | ]                 | Entered into L   |  |                                 | low.                                |          |           |
| Date   | Amount Paid                   | Balance           | Date   |  |                                 | Amount Paid                         | Bala     | nce       |
| To Above Balar                                 | nce\$                         |                   |  | To Balance l   | Corward                         |                                     |          |           |
| By Payment                                     | s\$                           |                   |  | By Payment   |                                 | 8                                   | \$       |           |
|  | \$ \$                         |                   |  | и и  |                                 | ş                                   | \$       |           |
|  | \$ \$                         |                   |  | и и  |                                 | \$                                  | \$       |           |
|  | \$\$                          |                   |  | и и  |                                 | 3                                   | \$       |           |
|  |                               |                   |  |  |                                 | B                                   | \$       |           |
|  | \$\$                          |                   |  |  |                                 |                                     | \$       |           |
|  | Names of Lodges               |                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        | Insurance<br>.Companies  |                                 | 2                                   | \$       |           |
| Insurance \$ I hereby authorize the above Fune | Lodges                        | T have and        | giant resources To   | . Companies  |                                 |                                     |          |           |
| for the payment of aforesaid sum,              | and I hereby covenant and sor | ee to pay th      | e same within  | Perry available  | (Firm N                         | ame of Funeral Dir<br>date. Interes | ectors.) | from      |
| maturity at the rate of                        |                               |                   |  |  |                                 | v. Interes                          | accide   | ATOM      |
| Witness  |                               |                   | Address  |  |                                 |                                     |          |           |
| Witness  | Compiled                      | he P. J. PRI      | NEMAN St. Louis A  | do.  |                                 |                                     |          |           |

|   | 11 pul 1 1948   |
|---|---|
| Total No. 22/9 Yearly No / P.   | Date of Entry   |
| Name of Deceased. Edward & Me   | Cliams (What Raco)  |
| Maggied Single Widowed Divorces   | d — Clare Claridor)   |
| Residence: Lamani   | oret Age of Husband or Wife (if living)   |
| Charge to: QA . U   | Complete Funeral (except outlays)\$\$   |
| Address.  | Complete Funeral (except outsity)   |
| Order given by.   | Casket  |
| (or informant)  | Burial Vault or Box (State Kind)  |
| How Secured :   | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.  |
| If Veteran, State War   | Barber, \$ Hair Dressing, \$ Underwear, \$ Underwear, \$  |
| Occupation well digger unu  | Suit or Dress (State Kind and Color)  |
| Employer and Address (Social Security Number)                                   | Citianana e Hose, S   |
| Det 10 11 18/12 10 1949   | Folding Chairs \$ Tarpaulin, \$   |
|   | Candelabrum, S Candles, D   |
| Date of Birth June 15 18.72   | Door Spray, \$  |
| Age. (Menths) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral. (Date) (Days) (Days) (Days) (Days) (Days) (Days) (Days) (Hour) | Extra Limousines  |
| Commission of IVAL 41 BVY .   | Autos to R. R. Station  |
| Clergyman. Rott Faruheun Carl Ballant   | Taking Remains to   |
|   |   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace Wanen Co. Ind.   | Deliver Flowers to  |
| Resided in the State  | Procuring Burial Permit.  |
| Place of Death, Museursty Loss (Vars) (Manthes)                                 | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |
|   | Pall Rearer Service \$ Use of Chanel \$   |
| Cause of Death Chemoura   | Gross Total for Sales Tax\$   |
| Contributory Causes arterosclerotic Heart                                       | Outlay for Lot.   |
|   | Cremation   |
| Certifying Physician.   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |
| (or Coroner)  | Opening of Grave or Tomb.   |
| His Address   | Lining Grave, \$Lowering Device, \$   |
| Name of Father Joseph L. Williams   | Outlay for Shipping Charges.  |
| His Birthplace  | Clergyman,\$Singers,\$. Organist,\$. Railroad   Trickets, \$dero- Service,\$. Telegr., Phone, Cable or Radio Charges.                               |
| Maiden Name of Mother Queundy Celhuson  | or Motor Tickets, \$ plane Service,\$   |
| Her Birthplace  | Cash Advanced.  |
| Motor Remains to  | Out of town Undertaker's Charges.   |
| Ship Itemanis 6/3 Huy, Cal  | Personal Service  |
| Size of Casket  | line Death Notices inPapers   |
| Manufactured by P. we Only  | (Names of Newspapers)   |
| Cemetery Crematory  | (Names of Newspapers)   |
| Lot No 17 0 8   |   |
| Grave No  | Sales Tax No. 7 a.y.  |
| Section No  | Total Footing of Bill   |
| Block No.   | Less Jaluer 47 \$   |
|   | V Balance\$   |
| Diagram of Lotor Vanut  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance  | To Balance Forward \$   |
| By Payment. \$ \$   |   |
| # # S S   | 4 4   |
| « « s s   | \$\$  |
| и и " \$  | 4 4   |
| и я \$  | \$  |
| и и \$  | \$  |
| a a   | # # **********************************  |
| Names of Tnsurance \$. Lodges.  | Transa  |
|   | Insurance<br>   |
| I hereby authorize the above Funeral, and I hereby represent that I have s      |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay        | the same within   |
| maturity at the rate of% per annum.   | Signed  |
| Witness   | Address   |
| Compiled by F. J. S   | PRINEMAN, St. Louis, Mo.  |

| Total No2215 Yearly No!!   | Date of Entry  | May 27 1949  |
|--|--|--|
| Name of Deceased. Beruice  | enio   |  |
| Residence: Lamoru  | Utusband Wife Widow)   | E.a. Dewis   |
| Charge to:   | OT   | (What Raco)  Age of Husband or Wife (if living)                          |
| Address  | Complete Funeral (except   | outlays)\$/50.00   |
| Order given by   | Casket   |  |
| How Secured: (or informant)  | Burial Vault or Box  | (State Kind)   |
| If Veteran, State War Lo   | Embalming Body   | me of Embalmer)  |
| Occupation . housewife un  | Dressing Body,\$   | Underwear,\$   |
| Employer and Address (Social Security N  |  | Kind and Color)  |
| Date of Death May 25 1949  | Slippers, \$   | Iose, \$   |
| Date of Birth. July (Date) 1876  |  | Candles, \$  |
| Age. (Years) (Months) (Dave)   | Door Spray, \$   | rioves, \$   |
|  | Limousines to Cemetery.  | @\$  |
| Services at::: (Date) Pay of Week) (Ho   | Autos to R. R. Station   | @\$<br>@\$   |
| Services at:::. Chapat   | ···· Getting Remains from  |  |
| Clergyman: Rubt (Address)  | Taking Remains to Trip to Coroner's Inquest                              |  |
| Religion of the Deceased   | Delivering Box to  |  |
| Birthplace Michegan  | Removal Charges  |  |
|  | Procuring Burial Permit.  —Certif.Copiesof Death Pall Bearer Service, \$ | State Number and District)   |
|  | Certif.Copiesof Death  | CertificatesNo   |
| Cause of Death Cormany Occhesion   | Pall Bearer Service, \$  | Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax Outlay for Lot:                                | •••••  |
|  | Cremation Palms, \$:   | Watting 8  |
| Certifying Physician.  | Rental of Tent, \$of Te  | emporary Vault, \$   |
| His Address . Laman - Ja   | Opening of Grave or Tom  | b  |
| Name of Father Rilly Brand   | Lining Grave, \$Lov Outlay for Shipping Char                             | zes  |
| His Birthplace Francis Obailey   | Clergyman, \$Singers Railroad or Motor Tickets, \$                       | \$Organist,\$  |
| Maiden Name of Mother  | or Motor   Ilckets, \$ Telegr., Phone, Cable or R                        | adio Charges   |
| Her Birthplace   | Cash Advanced  |  |
| Motor Ship Remains to  | Out of town Undertaker's Personal Service                                |  |
| Size of Casket CA.P.   |  |  |
| Manufactured by . Pur (State Copy and Nyther)  | line Death Notices in  |  |
| Cemetery Crematory Communication (Company)   | (Names of New  | spapers)   |
| Lot No / . 3 . 8 . 4   | Sales Tax Ho Tax   |  |
| Grave No   | Total Footing of Bill,   | \$ 150 00  |
| Section No   | Less July 24/4)  | 7 8  |
| Block No   | ···· Ja July Ba  | lance\$  |
| Diagram of Lot or Vault Owner  | ····· Entered into Ledger, page  | or below.  |
| Date Amount Paid   | Balance Date   | Amount Paid Balance  |
|  | To Balance   | Forward \$   |
| By Payment \$ \$   | By Paymen  | t \$ \$  |
| \$   |  | ······ \$  |
| \$   |  |  |
| * *\$\$  | и и  | \$   |
| # # S  | u u  | s s  |
|  | α α  | ss   |
| Names of Lodges.   | Insurance<br>Companies.  |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that |  | to   |
| for the payment of aforesaid sum, and I hereby covenant and agr                        | e to pay the same within   | (Firm Name of Funeral Directors.)days from date. Interest to accrue from |
| maturity at the rate of% per annum.  | Signed   |  |
| Witness  | Address  |  |
| Compiled   | y F. J. FEINEMAN St. Louis, Mo.  |  |

|   |                                 |   |                                       | _  | ma  | 4 32                                  | 10          | 40        |
|---|---------------------------------|---|---------------------------------------|--|---|---------------------------------------|-------------|-----------|
| Total No. 2214  | Yearly No                       | 2,                                      | Dat                                   | e of Entry.                              |   | 4.33                                  |             |           |
| Name of Deceased  | Frank                           | Wat                                     | T                                     |  |   | (What Race)                           |             |           |
| ☐ Married ☐ Single  | led widowed                     | Divorc                                  | ed Chronic                            | and Wife Wid                             | om)   |                                       |             |           |
|   | ed in co                        | rojne                                   | or                                    |  | of Age of Husba   | nd or Wife (if living)                |             | Years     |
| Charge to M. S. Sa  | <i></i>                         |   |                                       |  | ept outlays)  | \$                                    |             |           |
| Address   |                                 |   | Casket                                |  |   |                                       |             |           |
| Order given by saul   |                                 |   | Burial Van                            | ilt or Box .                             | (State Kind)  |                                       |             |           |
| How Secured:  | informant)                      |   |                                       |  | (Name of Embalme  |                                       |             |           |
| If Veteran, State War World   | War to                          |   | n 1 0                                 |  | Hair Dressing   | . \$                                  |             |           |
| Occupation H. S. Qui Fo   | 700                             |   | Dragging F                            | Rody. S                                  | Under we  | αι, φ                                 |             |           |
|   | (Social Secu                    | rity Number)                            | ·   Suit or Dr                        | ess                                      | 1211 4211 4214  | · · · · · · · · · · · · · · · · · · · |             |           |
| Employer and Address  |                                 |   |                                       |  | Hose, \$  |                                       |             | ••••      |
| Date of Death   |                                 | (Hour)                                  |                                       |  |   |                                       |             |           |
| Date of Birth   |                                 |   | - Door Spra                           | у, \$ ; . у .                            | Gloves, \$<br>Ambulance,  |                                       | 100         | ····      |
| Age   |                                 |   | Funeral C                             | ar, \$                                   | Ambulance,  | \$                                    | 19.         | · · · · · |
| Date of Funeral. 5/39/49  | nths) (Days                     | 2:30 P.                                 | . Detro Lim                           | ongines                                  |   |                                       |             |           |
| Services at Graves  |                                 |   | Autos to I                            | R. R. Station                            | Defeat  | ć                                     |             |           |
|   | am Le                           | <i>a</i>                                | Getting R                             | emains fron                              | 1V. 19  |                                       | 9.          |           |
| ClergymanV. F.W.Y.  | (Address)                       | from.                                   | Trip to Co                            | roner's Ind                              | uest  |                                       |             |           |
| Religion of the Deceased  |                                 |   | Delivering                            | Box to                                   | dose Held   |                                       | 2           |           |
| Birthplace  |                                 |   | Deliver Fl                            | owers to<br>Charges                      |   |                                       |             |           |
| Resided in the State  | y or County) (Year              |   | Procuring                             | Burial Pern                              | nit   |                                       |             |           |
| Place of Death. Fuch  | e                               |   | Certif.                               | Copiesof De                              | nit (State Number ath Certificates<br>(State Physician's or<br>Use of Cha | No                                    |             | ,         |
| Cause of Death Stataloun  | during a                        | in can                                  | Pall Beare                            | r Service, \$.                           | Use of Cha  | pel, \$                               |             |           |
| Contributory Causes   | 1                               |   |                                       |  | Tax   | \$                                    |             |           |
| Contributory Causes   |                                 |   | Cremation                             | Lot                                      |   |                                       |             |           |
| Certifying Physician  |                                 |   | Flowers, \$                           | Palms                                    | , \$ . : Matt   | BES                                   |             | . b       |
|   | (or Coroner)                    |   | Opening o                             | Centre                                   | Tomb 44 Ma  | ault \$                               | 14 0        |           |
| His Address   | Mar                             | r                                       | Lining Gra                            | Lining Grave, \$ Lowering Device, \$ 500 |   |                                       |             |           |
| Name of Father. Saud  | y au                            |   | · Outlay for                          | Shipping C                               | harges  |                                       |             |           |
| His Birthplace  |                                 | 1 att                                   | Railroad T                            | ickets, \$                               | gers,\$Orga<br>Aero-<br>plane Ser   | vice.\$                               |             |           |
| Maiden Name of Mother. Ma   | Teles of                        | Jan                                     | Telegr., Pl                           | ione, Cable                              | or Radio Charg  | es                                    |             |           |
| Her Birthplace  |                                 | • | Out of ton                            | anced                                    |   |                                       |             |           |
| Motor Ship Remains to   |                                 |   | Personal S                            | ervice,                                  | e of eleas  | el +                                  |             |           |
| Size of Casket(State of   | Color and Number)               |   | egu                                   | epin                                     | es in Pap   |                                       | 25          | D         |
| Manufactured by   |                                 |   | · · · · · · · · · · · · · · · · · · · | eath Notice                              | s inPap   | ers                                   |             |           |
| Cemetery Crematory . Arse Fiel  |                                 |   |                                       | (Names o                                 | ( Newspapers)   |                                       |             |           |
| L   | ot No. 145.7                    |   |                                       |  |   |                                       |             |           |
| G   | rave No                         |   | Sales Tax                             | ting of Bill).                           |   | =                                     | 1 0         | _         |
| Se  | ection No                       |   | Less.                                 | J le                                     | ille .  | Tr\$                                  | 6.8         | Q         |
| В   | lock No                         |   |                                       | Juny.                                    | Balance   | /9. <del>7</del> \$                   |             | •••••     |
| Diagram of Lot or Vault O   | wner                            |   | Entered in                            | to Ledger, 1                             |   | \$                                    |             |           |
| Date  | Amount Paid                     | Balane                                  |                                       |  |   | Amount Paid                           | Ralar       | 100       |
| To Above Balance  |                                 | s                                       |                                       | To Pol                                   | ance Forward  |                                       |             |           |
| By Payment  | \$                              | \$                                      |                                       | By Pay                                   |   |                                       | \$          |           |
|   | \$                              | \$                                      |                                       | «  | «   |                                       |             |           |
| " "   | \$                              | \$                                      |                                       | «  | 4   | 3                                     | e           |           |
| " "   | \$                              | \$                                      |                                       | a  | ш   | 2                                     |             |           |
| u a   | \$                              | \$                                      |                                       | и  | «   | \$                                    | 8           |           |
| " "   | \$                              | \$                                      | ••••                                  | "  | "   | \$                                    | \$          |           |
|   | 8                               | \$                                      |                                       | J a                                      | и   | \$                                    | \$          |           |
| Insurance \$Lo  | ames of<br>dges                 |   |                                       | Insuran<br>Compar                        | ce<br>iles  |                                       |             | and I     |
| I hereby authorize the above Funeral, and                               | I I hereby represen             | that I have                             | sufficient resource                   | es Legally ava                           |   | Jame of Funeral Dir                   |             |           |
| for the payment of aforesaid sum, and I i<br>maturity at the rate of% I | ereby covenant ar<br>per annum. | a agree to pa                           |                                       |  | days from   | m date. Interes                       | t to accrue | from      |
| Signed  |                                 |   |                                       |  |   |                                       |             |           |
| Witness   | Co                              | mplied by F. J.                         |                                       | dress                                    |   |                                       |             |           |

| Total No. 22/7 Yearly No/3   | Date of Entry June 3 1948   |
|--|---|
| Name of Deceased Sarah Elizabet  | Brooks 1927.  |
| Residence: Aural Neu Laman   | [What Raco] (What Raco) Levi As works deep  |
| Charge to: Isaac Slauty  | orof Age of Husband or Wife (if living)Years  |
| Address.   | Complete Funeral (except outlays)   |
| Order given by   |   |
| How Secured: (or informant)  | Burial Vault or Box Or uchulla  |
| If Veteran, State War  | Embalming Body (State Alma)  (State Alma) |
| Occupation housenfe une  | Barber, \$Hair Dressing, \$<br>Dressing Body, \$Underwear, \$   |
| Employer and Address (Social Security Number)  | Dressing Body, \$. Underwear, \$. Suit or Dress. 37.27 hard Aless. 16.00. Slippers, \$. Hose, \$.   |
| Date of Death June 1 1949 Tiso PM  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$   |
| Date of Birth (Hour)   | Candelabrum, \$ Candles, \$   |
| Age  | Door Spray, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery  |
| Date of Funeral 7.49 Fun. 3 P.M. Services at::: (Date) (Day of Week) (Hour)                                  | Autos to R. R. Station  |
| Clergyman: Dave Samet - 1 Ban  | Getting Remains from  |
| Religion of the Deceased   | Trip to Coroner's Inquest   |
| Birthplace Lowa  | Delivering Box to   |
| Resided in the State   | Removal Charges   |
| (or H. S. or City or County) (Years) (Months) Place of Death,  | Procuring Burial Permit.  (State Number and District)  Contrict Conjugat Death Continue to Number and District)   |
| Cause of Death.  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Cartif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$     |
| Contributory Causes.   | Gross Total for Sales Tax\$\$   |
| Contributory Causes  | Outlay for Lot:   |
| Certifying Physician & & Samut   | Flowers, \$Palms, \$:::::Matting, \$  |
| His Address . Laman (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$<br>Opening of Grave or Tomb. To A. Meudall /// O. a<br>Lining Grave, \$ Lowering Device, \$                     |
| Name of Father John Jones  | Outlay for Shinning Charges   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$. Railroad Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges  |
| Maiden Name of Mother. South   | Tickets, \$plane Service,\$   |
| Her Birthplace   | Cash Advanced   |
| Motor Ship Remains to  | Out of town Undertaker's Charges  |
| Size of Casket State Funch Hose Mayflown   |   |
| Manufactured by . Surfian  | line Death Notices in   |
| Cemetery R. W. S. Hull   | (Names of Newspapers)   |
| Lot No ! 4.7.3   | Sales Tax 5 11  |
| Grave No. 3  | Total Footing of Bill   |
| Section No   | Less 570 by June 13 \$ 25 80.   |
| Block No   | Ballange , 1/4 9 \$ .50 4 .3 /.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pagel for below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance \$  | To Balance Forward \$   |
| By Payment\$   | a a s s   |
|  | « « \$ \$   |
| a a\$  |   |
| \$   |   |
| \$ \$  |   |
|  | Transpare   |
| Names of Lodges  | Insurance Companies   |
| Insurance \$   | ifficient resources Legally available to.  (Firm Name of Funeral Directors.)  the same within   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of% per annum. | Signed  |
|  | Address   |
| Witness  |   |

| RECORD (   | OF FUNERAL  |
|--|---|
| Total No. 22/8 Yearly No. 14   | Date of Entry June // 19 //   |
| V Il I Larly   | w w   |
| ☐ Magried ☐ Single ☐ Widowed ☐ Diver   |   |
| Residence: Lamour Charles to audiew Lasley 1/27 1/2/2/   | Complete Funeral (except outlays)\$ 307 00  |
| Address. It foreth Mw.   | Casket  |
| Order given by Seo go Lanley   | Burial Vault or Box(State Kind)   |
| How Secured:   | Embalming Body  |
| If Veteran, State War  | Ballon & Hair Dressing, \$  |
| Occupation howeville More  | Dressing Body, \$. Underwear, \$. Suit or Dress . (State Kind and Color)  |
| Employer and Address(Social Security Number)   |   |
| Date of Death fune 8 1949 9 A.M.   |   |
| Date of Birth. July 6 1865   | Candesardin, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$   |
| Age. 83  | Funeral Car, \$ Ambulance, \$<br>Limousines to Cemetery @ \$  |
| Date of Funeral 9/17/49 Sunday 2pm   | Fxtra Limousines  |
| Services at . Charlel (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |
| Clergyman Charles Harfil   | Taking Remains to   |
| Religion of the Deceased   | Trip to Coroner's Inquest   |
| Birthplace Decater County, Ja  | Deliver Flowers to  |
| Resided in the State. (or U. S. or City, or County) (Yeage) (Mosths)   | Removal Charges   |
| Place of Death. Jew Months) (Years) (Months)   | (State Number and District)  Certif Copiesof Death Certificates No.   |
|  | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  —State Paylatine or Corone's  Pall Bearer Service, 8. — Use of Chaptel, 8. |
| Cause of Death:  | Gross Total for Sales Tax   |
| Contributory Causes  | Outlay for Lot.   |
| E & flamet   | Flowers, \$Palms, \$Matting, \$   |
| Certifying Physician. C. Coroner)  His Address damen.  | Rental of Tent, \$ of Temporary Vault, \$   |
| This Address.  | Lining Grave, \$ . Lowering Device, \$  |
| Name of Father. all M. Med.  | Outlay for Shipping Charges.  |
| His Birthplace (Not ) 10) a lol n  | Clergyman,\$ Singers,\$ Organist,\$ Railroad Tickets, \$ Aero- or Motor Tickets, \$ plane Service,\$ Telegr., Phone, Cable or Radio Charges   |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Cash Advanced   |
| Motor Remains to Wallows Way 1   | Personal Service  |
| Size of Casket   | line Death Notices in Papers  |
| Manufactured by .: Company   | (Names of Newspapers)   |
| Cemetery Crematory 2 // 9  | 0 00  |
| Lot No   | Sales Tax John full 4.9 307   |
| Section No.  | Total Footing of Bill flue 1 31.0 67  |
| Block No   | Less byduddet   |
| The same of the sa | Balance\$   |
| Diagram of Lot or vault  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance   | To Balance Forward\$  |
| By Payment. \$\$   | By Payment \$ \$  |
|  | ***************************************   |
| a « s s  |   |
| и и , , , , , , , , , , , , , , , , , ,  |   |
| \$   |   |
| я • я , \$ \$  | и и \$ \$   |
| Names of Lodges  | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have   | sufficient resources Legally available to.  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pe  | ay the same within  |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |

| Total No. 2219 Yearly Nos. 15  | Date of Entry June 18   |
|--|---|
| Name of Deceased. Ollie James  | Watt w.   |
| Residence:   |   |
| Charge to:   |   |
| Address  | Complete Funeral (except outlays)\$\$   |
| Order given by Mes Watt (mother)   | Casket. Burial Vault or Box   |
| How Secured:   | Embalming Body (Name of Embalmer)   |
| If Veteran, State War Lo   |   |
| Occupation Kone  | Dressing Body, \$ Underwear, \$ Suit or Dress (Katar Kind and Color)  Slippers, \$ Hose, \$   |
| Employer and Address (Social Security Number)  | Suit or Dress   |
| Date of Death frue 17 1949   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. March 13 1909 (Hour)  | Candelabrum, \$Candles, \$  |
| Age40. \ 25  | Door Spray, \$ :  |
| Date of Funeral. 4/19/49. (Months) (Days)  | Limousines to Cemetery @ \$   |
|  | Extra Limousines @ \$   |
| Services at :: . Chapel  | Autos to R. R. Station (3) Getting Remains from Woodward /2 50  |
| Clergyman: Chas Hayl   | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Alver Creek, Neb.   | Deliver Flowers to  |
| Resided in the State 36 72   | Procuring Burial Permit.  |
| Place of Death. Wordward State Hory,   | Certif.Copiesof Death CertificatesNo  |
| Cause of Death   | Procuring Burial Permit.  Certif.Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax   |
|  | Cremation   |
| Certifying Physician   | Flowers, \$Palms, \$Matting, \$   |
| His Address  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. 4.7 Marchall  |
| Name of Father Alexander Watt  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman, \$Singers, \$Organist, \$  |
| Maiden Name of Mother Margent Watt   | Clergyman,\$Singers,\$Organist,\$Railroad   Tickets, \$plane   Service,\$Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced   |
| Motor) P   | Out of town Undertaker's Charges.   |
| Size of Casket 43 Vranch grayplush   | Personal Service.   |
| Manufactured by . Surge Color and Number)  | line Death Notices inPapers   |
| Cemetery Crematory }   | (Names of Newspapers)   |
| Lot No. 1454   |   |
| Grave No 3   | Sales Tax   |
| Section No   | Total Footing of Bill   |
| Block No   | Del 6/2 3 Balance 8 355 59  |
|  | P. Company of the Property of |
| Disgram of Lot or Vault  Date Amount Paid Balance  |   |
|  | To Balance Forward \$   |
| To Above Balance\$   | By Payment. \$ \$   |
| a a s s  | и и \$ \$   |
| и и \$   |   |
| # #\$\$  | s s   |
| # #  |   |
| # # \$ \$  |   |
| # #\$\$  | Trentrance  |
| Names of Lodges.   | Insurance Companies.  |
| Insurance \$  I hereby authorize the above Funeral, and I hereby represent that I have s | sufficient resources Legally available to (Firm Name of Funeral Directors.)  y the same withindays from date. Interest to accrue from   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                 | y the same within   |
| maturity at the rate of% per annum.  | Address   |
| Witness  |   |

| RECORD OF FUNERAL   |  |  |  |  |
|---|--|--|--|--|
| Total No. 2 2 2 0 Yearly No. 16   | Date of Entry July 13 19 4   |  |  |  |
| Name of Deceased. Ida May Ta  | epscott w  |  |  |  |
| Residence: Zamon Guidowy Divor  | [Husband Wife Widow] along Jackson   |  |  |  |
| Charge to:  | or of } Age of Husband or Wife (if living)   |  |  |  |
| Address   | Complete Funeral (except outlays)\$ . 3.98.00.   |  |  |  |
| Order given by  | Casket. Burial Vault or Box Lidender Mausle 395 00   |  |  |  |
| How Secured: (or informant)   |  |  |  |  |
| If Veteran, State War 100   | Embalming Body(Name of Embalmer) Barber, \$  |  |  |  |
| Occupation Housewiff Herre  | Dressing Rody \$ Underwear, \$   |  |  |  |
| Employer and Address (Social Security Number)                               | Suit or Dress  |  |  |  |
| Date of Death Lucly 10 1949 10 PA   | Slippers, \$   |  |  |  |
| Date of Birth. Col. Pate) 1873 (Hour)                                       |  |  |  |  |
| Age75 9 /   | Door Spray, \$   |  |  |  |
| (Years) / (Months) (Dava)   | Limousines to Cemetery @ \$  |  |  |  |
| Date of Funeral. 7/13/49 Wed 29   | M. Extra Limousines  |  |  |  |
| Services at . M.E. Church   | Getting Remains from   |  |  |  |
| Clergyman (Address)   | Taking Remains to  |  |  |  |
| Religion of the Deceased  | Delivering Box to  |  |  |  |
| Birthplace Mecatin County, Ja   | Deliver Flowers to   |  |  |  |
| Resided in the State (Years) (Months)                                       | Procuring Burial Permit.   |  |  |  |
| Place of Death Lamori Ja  | Pall Bearer Service, \$ Use of Chiapel, \$   |  |  |  |
| Cause of Death. Coronary Occlusion  | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax. \$ .79.3 0.5  |  |  |  |
| ***************************************                                     | Cremation  |  |  |  |
| Certifying Physician . E. E. Samet  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Vault, \$                        |  |  |  |
| His Address. Lamon &  | Opening of Grave or Tomb A Manhall 16 p.b.<br>Lining Grave, \$ Lowering Device, \$             |  |  |  |
| Name of Father. Tom Chasey  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.                               |  |  |  |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ Aero-Service, \$ Diane Service, \$ |  |  |  |
| Maiden Name of Mother Menni Thorkworts                                      | or Motor Tickets, \$ Aero- Service, \$   |  |  |  |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges.  Cash Advanced.  |  |  |  |
| Motor Remains to  | Out of town Undertaker's Charges.  |  |  |  |
| Size of Casket. 6/5 State - gray  | r ersonar pervice.   |  |  |  |
| Manufactured by . Euro : State Court Carl                                   | line Death Notices inPapers  |  |  |  |
| Cemetery Crematory . R. rse Hill  | (Names of Newspapers)  |  |  |  |
| Lot No /573   |  |  |  |  |
| Grave No  | Sales Tax 7 73   |  |  |  |
| Section No  | Total Footing of Bill \$ 5.16 9.3<br>Less . 575 by 1450 3 7 850 8 40 05                        |  |  |  |
| Block No  | 1 1 /off July 15/4 3 \$  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |  |  |  |
| Date · Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |
| To Above Balance  | To Balance Forward.  |  |  |  |
| By Payment  |  |  |  |  |
| " " \$ \$   |  |  |  |  |
|   |  |  |  |  |
| " " " " " " " " " " " " " " " " " " "                                       |  |  |  |  |
| а и д   | ***************************************  |  |  |  |
| « « s s s s s s s s   | \$\$   |  |  |  |
| Names of Lodges   | Insurance \$\$   |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su | ufficient resources I continue I amilia I  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay    |  |  |  |  |
| maturity at the rate of% per annum.   | the same within  |  |  |  |
| Witness.  | Address  |  |  |  |
|   |  |  |  |  |

| Total No Yearly No   | Date of Entry Luly 22 1949.   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Name of Deceased Curing Alice McGullough 2 1977.   |   |  |  |  |  |  |  |  |
| Residence: Amari da   [Hushand   Wish   Wishow Chars Mi Cullary Charge to: Acoust Mi Cullary Charge to: Acoust Mi Cullary Year   |   |  |  |  |  |  |  |  |
| Charge to: Atoward M. Cullargh   |   |  |  |  |  |  |  |  |
| Address  | Complete Funeral (except outlays),  |  |  |  |  |  |  |  |
| Order given by   | Casket.  Burial Vault or Box . Albia Concreti 115 00  |  |  |  |  |  |  |  |
| How Secured  | Embalming Body (State Kind) (Name of Embalmer)  |  |  |  |  |  |  |  |
| If Veteran, State War 40   | Barber, \$  |  |  |  |  |  |  |  |
| Occupation Housewife none  | Dressing Body,\$Underwear,\$Suit or Dress   |  |  |  |  |  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress. (State Kind and Color) Slippers, \$  |  |  |  |  |  |  |  |
| Date of Death July 20 1949 > AN  | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |  |  |
| Date of Birth. March 30 1865 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |  |  |  |  |  |  |  |
| Age8#  | Funeral Car, \$Ambulance, \$  |  |  |  |  |  |  |  |
| Date of Funeral. 7/2 2/49 Friday 29  | Limousines to Cemetery @ \$   |  |  |  |  |  |  |  |
| Services at: :: Chapil (Day of Week) (Hour)  | Autos to R. R. Station  |  |  |  |  |  |  |  |
| Clergyman: Carl Ballantine - art Lay   | Getting Remains from  |  |  |  |  |  |  |  |
| Religion of the Deceased. (Address)  | Trip to Coroner's Inquest Delivering Box to   |  |  |  |  |  |  |  |
| Birthplace Juchana   | Deliver Flowers to  |  |  |  |  |  |  |  |
|  | Removal Charges   |  |  |  |  |  |  |  |
| Place of Death Rugwell County (Years) (Months  | Certif, Copies of Death Certificates No.  |  |  |  |  |  |  |  |
| Resided in the State. (or U.S. of Oly or County) (Year) (Months Place of Death. Annagoria County) (Year) (Months Cause of Death. Myoranchal Januffician  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physical Rev. Coccuert)  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |  |  |  |  |  |
| Catalo di Dosali.  | Gross Total for Sales Tax\$ .4.4.2 .0.0   |  |  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot:   |  |  |  |  |  |  |  |
| Certifying Physician & & Samet   | Flowers, S Palms, S.::: Matting, S  |  |  |  |  |  |  |  |
|  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb & A. Maulell /6.00.  |  |  |  |  |  |  |  |
| His Address Name of Father Mathaniel Pearcy  | Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |  |  |
| 0  | Outlay for Shipping Charges.  Clergyman.\$Singers,\$. Organist,\$   |  |  |  |  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$   |  |  |  |  |  |  |  |
|  | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |  |
| Her Birthplace   | Out of town Undertaker's Charges  |  |  |  |  |  |  |  |
| Motor Remains to / Couch gray plush  | Personal Service.   |  |  |  |  |  |  |  |
| (State Golor and Number)   | line Death Notices inPapers   |  |  |  |  |  |  |  |
| Manufactured by Ruse full  | (Names of Newspapers)   |  |  |  |  |  |  |  |
| Cemetery Crematory Lot No. 14/21   |   |  |  |  |  |  |  |  |
| Grave No3  | Sales Tax Pal Joseph 9 6 S 462 42   |  |  |  |  |  |  |  |
| Section No   | Total Footing of Bill \$ 76 d 7 F   |  |  |  |  |  |  |  |
| Block No   | Balance \$ 440.10.  |  |  |  |  |  |  |  |
| Owner  | ·· Entered into Ledger, page or below.  |  |  |  |  |  |  |  |
| Diagram of Lot or Vault  Date Amount Paid Balan  | nce Date Amount Paid Balance  |  |  |  |  |  |  |  |
|  | To Balance Forward\$  |  |  |  |  |  |  |  |
| To Above Balance.  By Payment. \$\$  | By Payment \$ \$  |  |  |  |  |  |  |  |
| By Payment\$\$   | « × \$ \$   |  |  |  |  |  |  |  |
| # #\$\$  |   |  |  |  |  |  |  |  |
| \$   |   |  |  |  |  |  |  |  |
|  | « « \$ S  |  |  |  |  |  |  |  |
| \$   | # # S\$   |  |  |  |  |  |  |  |
| Names of   | Insurance<br>Companies  |  |  |  |  |  |  |  |
| Names of Companies Lodges. Lodges Egally available to  |   |  |  |  |  |  |  |  |
| Insurance \$. Lodges.  [Pron Name of Passeal Direction.] Interest the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  [Pron Name of Passeal Direction.]  [Pron Name of Passeal Direction.]  [Pron Name of Passeal Direction.]  [Pron Name of Passeal Direction.] |   |  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and sum as Signed.  Maturity at the rate of% per annum.  Signed  |   |  |  |  |  |  |  |  |
| Address  |   |  |  |  |  |  |  |  |
| Witness Compiled by F. J. FEINEMAN St. Louis, Mo.  |   |  |  |  |  |  |  |  |

| 2  | RECOR                   | RD C                                    | F FUI                          | NERAL  | 1                                     |            |         |
|--|-------------------------|---|--------------------------------|--|---------------------------------------|------------|---------|
| Total No. 2 L 2 Z  | Yearly No18             |   | Date of                        |  | ly 24                                 | 1          | 194%    |
| Name of Deceased Max   | then Lo                 | renz                                    | Morte                          | more   | (Wlint Race)                          |            |         |
| □ Married □ Single Residence: Auum   | widowed                 | ☐ Disocod                               | ☐Husband[                      | WHe□Widow}   |                                       |            |         |
| Charge to Roy, Floyd & M.  | Jamice HOT              | Tuises .                                |                                |  | and or Wife (if living                |            | Years   |
| Address.   | )mm mm.:km.v            |   | Complete Fun                   | eral (except outlays).   | \$                                    | 269        |         |
| Order given by Floyd Y   | Minusia                 |   | Casket                         |  |                                       |            |         |
|  | r informant)            |   | Burial Vault o                 | r Box (State Kind)   |                                       |            |         |
| How Secured  |                         |   | Embaining De                   | ody(Name of Embals<br>Hair Dressin   | ner)<br>g. S                          |            |         |
| If Veteran, State War  |                         | 4                                       | Dressing Body                  | ,\$Underw  | rear,\$                               |            |         |
| Employer and Address   | (Social Securi          | ty Number)                              | Suit or Dress.                 | (State Kind and Co   | lor)                                  |            |         |
| Date of Death July   | 71 1949                 | CAN                                     | Slippers, \$                   | Hose, \$   | \$                                    |            |         |
| Date of Death(Dat  | (e) 10 CO               | (Hour)                                  | Candelabrum.                   | \$ Candles, \$   |                                       |            |         |
| (10)   | 1.8.5.9                 | • | Door Spray, \$                 | Gloves, \$Ambulance,   | \$                                    |            |         |
| Age (Years) (M   | (Days)                  |   | Limousines to                  | Cemetery @ \$  |                                       |            |         |
| Date of Funeral. 724/49  | ay of Weeks             | (Hour)                                  | Extra Limous                   | ines   |                                       |            |         |
| Services at . My Jim Ch  | wich, Hear              | 1 aous                                  | Getting Rema                   | ins from   | · wear                                |            |         |
| Clergyman  | (Address)               |   | Taking Remai                   | ins from ns to Mr Jenser's Inquest   | amber                                 |            |         |
| Religion of the Deceased   |                         |   | Delivering Bo                  | x to   |                                       |            |         |
| Birthplace Howard Co   | unly . 1. Is            | ب                                       | Deliver Flowe<br>Removal Char  | gog  |                                       |            |         |
| Resided in the State   | Sity or County) (Years) | (Months)                                | Procuring Bur                  | ial Permit.  | and District                          |            |         |
| Place of Death Laur  | ni                      |   | Certif.Cop                     | ial Permit. (State Number less of Death Certificate (State Physician's rvice, \$ Use of Ch | sNo                                   |            |         |
| Cause of Death Myscara   | hal, Farlus             | ٩                                       | Pall Bearer Se                 | rvice, \$ Use of Ch  | apel, \$                              | 101        |         |
| Contributory Causes Acute  | Cholecust               | itis                                    | Outlay for Lo                  | r Sales Taxt   | \$                                    | 3.9.1      |         |
|  | <i>u</i>                | <i>*</i>                                | Cremation                      | . Palms, \$ Mat  | ting. \$                              |            |         |
| Certifying Physician   | (or Coroner)            | 7                                       | Rental of Tent                 | ,\$of Temporary  | Vault, \$                             |            |         |
| His Address  |                         |   |                                | ave or Tomb<br>\$Lowering De   |                                       |            |         |
| Name of Father. Aclau. 7.  | Mollin                  | ore                                     | Outlay for Shi                 | pping Charges  |                                       |            |         |
| His Birthplace   |                         | ·····                                   | Clergyman, \$. Railroad \Ticks | Singers,\$Org ts, \$Plane Se plane Se Cable or Radio Char                                  | anist,\$                              |            |         |
| Maiden Name of Mother Sar  | ah Sare                 | luh                                     | Telegr., Phone                 | . Cable or Radio Char  | ges                                   |            |         |
| Her Birthplace   | 0:                      |   | Cash Advance                   | :d   |                                       |            |         |
| Motor Remains to Tool  | or da                   | neolo                                   |                                | Indertaker's Charges.  |                                       |            |         |
| Size of Casket 6/5 //> Size of Casket 6/5 //> Size of Casket 6/5 //>   | Color and Number)       | ,                                       |                                |  |                                       |            |         |
| Manufactured by  | ie slugg                |   | line Deat                      | h Notices inPa   | pers                                  |            |         |
| Cemetery Crematory   |                         |   |                                | (Names of Newspapers)  |                                       |            |         |
| PANAMETER STATE  | Lot No                  |   | Sales Tax                      |  |                                       | 1          | 97      |
|  | Grave No                |   | Total Footing                  |  | \$                                    | 293        | 91      |
|  | Section No              |   | Less                           | * augy- 14,70  | ms                                    | .1.4.      | 7.3     |
| The second secon | Block No                |   |                                | (Tal Balance   | 3                                     | 2.7.9.     | 2.1.    |
| Diagram of Let or Vault  | Owner                   |   | Entered into I                 | edger, page or   | below.                                |            |         |
| Date   | Amount Paid             | Balance                                 | Date                           |  | Amount Paid                           | Bal        | lance   |
| To Above Balance   |                         | \$                                      |                                | To Balance Forward   |                                       | . \$       |         |
| By Payment   | \$                      | \$                                      |                                | . By Payment   | . \$                                  | . \$       |         |
|  | \$                      | \$                                      |                                |  | . \$                                  | . \$       |         |
| и и  | \$                      | 2                                       |                                | u u  |                                       | \$         |         |
|  | \$                      | s                                       |                                |  | 3                                     |            |         |
|  | \$                      | \$                                      |                                |  | . \$                                  | . s        | 1       |
| и и  | s                       | ş                                       |                                |  | . \$                                  | . \$       |         |
| Insurance \$   | Names of<br>Lodges      |   |                                | Insurance  |                                       |            |         |
| I hereby authorize the above Funeral, a  | nd I hereby represent   |   |                                | egally available to  | Name of Funeral D                     |            |         |
| for the payment of aforesaid sum, and  |                         | agree to pay                            | the same within                | days fi  | Name of Funeral D<br>com date. Intere | st to accr | ue fron |
| maturity at the rate of  | per annum.              |   | Signed                         |  |                                       |            |         |

Witness.....

| Total No/9   | Date of Entry August 7. 1949.   |
|--|---|
| Name of Deceased. Sarah Diana   Married   Single   Wildowed   Divo   | Oithin (What Hard)  |
| Residence: Charge to: children                                       | Husband   Wite   Widow   W. W. Putter   |
| Address  |   |
|  | Complete Funeral (except outlays)\$   |
| Condition  | Burial Vault or Box   |
| How Secured::  | Embalming Body  |
| If Veteran, State War 200  | Darber, \$  |
| Occupation Marshvill More  | Dressing Body, \$   |
| Employer and Address . (Social Security Number)                      | Slippers \$ (State Kind and Color)  |
| Date of Death. Chuy 5 1949 11:45)                                    | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |
| Age  | Funeral Car, \$Ambulance, \$  |
| Date of Funeral day 7/49 Jun 2:30 f                                  | Limousines to Cemetery @ \$   |
| Services at : Charlet (Day of Week) (Hour)                           | Autos to R. R. Station  |
| Clergyman:   | Taking Remains to   |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace West Verginia   | Deliver Flowers to  |
| Resided in the State 47 4  | Removal Charges   |
| Place of Death Zawaw (Years) (Months                                 | (State Number and District)  Certif, Copies of Death Certificates No.   |
| Cause of Death:  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$              |
| Contributory Causes.   | Gross Total for Sales Tax\$ 3.7.00  |
| Contributory Causes.   | Outlay for Lot:   |
| Certifying Physician & E. Samet                                      | Flowers, \$Palms, \$ : Matting, \$  |
| O (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb 5.4 Manhall 14 00.                                   |
| His Address. Lancour Name of Father Lsaac Crlur                      | Lining Grave, \$Lowering Device, \$   |
| Ivalle of Pacifer  | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$. Organist.\$.  |
| His Birthplace. Elizabeth Salton                                     | Clergyman,\$Singers,\$Organist,\$Rallroad } Tickets, \$plane Service,\$   |
| Maiden Name of Mother. Chighoun Newson                               | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Out of town Undertaker's Charges  |
| Motor Remains to Ir land Oct graypust                                | Personal Service  |
| Size of Casket (State Color and Number)                              | line Death Notices inPapers   |
| Manufactured by Cemetery R. M. Hill Cremetery R. M. Hill             | (Names of Newspapers)   |
| 1/1/0  |   |
| Lot No   | Sales Tax   |
| Section No.  | Total Footing of Bill   |
| Block No   | Less 5. /2 by tue 17 19 \$ 1651   |
| Owner  | Entered into Ledger, pageor below.  |
| Diagram of Lot or Vault  |   |
| Date   | To Balance Forward \$   |
| To Above Balance   | By Payment \$ \$  |
| By Payment   |   |
| « « \$\$   |   |
| и и  | * * * \$ \$   |
| # #\$\$  |   |
| # #  |   |
|  | Insurance   |
| Names of Lodges  | Insurance Companies.  |
| Insurance \$   | e sufficient resources Legally available to  (Firm Name of Funeral Directors.)  days from date. Interest to accrue from |
| for the payment of aforesaid sum, and I hereby covenant and agree to | Signed  |
| maturity at the rate of% per annum.                                  | Address   |
| Witness  | annoward to Same Mo.  |

| Total No 2.2.7 Yearly No  | . Date of Entry   |                |
|---|---|----------------|
| Name of Deceased  | garden W. (What Rec   |                |
| Residence: Sarried   Single   Widowed   Diverg                                | Husband Wife Widow)   | 7.0            |
| Charge to Family  | or Age of Husband or Wife (if livi  | ng)Years       |
| Address.  | Complete Funeral (except outlays)\$   | 415.00         |
|   | Casket  |                |
| Order given by Mes La Medgarden   | Burial Vault or Box   |                |
| How Secured   | Embalming Body(State Kind) (Name of Embalmer)   |                |
| If Veteran, State War   | Barber, \$  |                |
| Occupation. Retered Labour 482-07-0272  | Dressing Body, \$ Underwear, \$<br>Suit or Dress  |                |
| Employer and Address  | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$   |                |
| Date of Death. aug 11 - 1949 4 em (Hour)                                      | Folding Chairs, \$ Tarpaulin, \$  |                |
| Date of Birth. Januar 12 - 1.8.9.   | Candelabrum, \$ Candles, \$<br>Door Spray, \$ Gloves, \$  |                |
| Ann   | Door Spray, \$  | # 00           |
| (Years) (Months) (Days)  Date of Funeral A 13 20 M                            | Limousines to Cemetery @ \$   |                |
| Date of Funeral. (Day of Week) (Hour)  Services at Charles (Hour)             | Autos to R. R. Station @ \$   |                |
| Clergyman Char Ballantynes C. Herde   | Getting Remains from  |                |
|   | Taking Remains to   |                |
| Religion of the Deceased.   | Delivering Box to   |                |
| Birthplace Massilla del   | Deliver Flowers to  |                |
| Resided in the State  |   |                |
| Place of Death. Lamouri Da  | Procuring Burial Permit. (State Number and District)  — Certif. Copies of Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |                |
| Cause of Death care wary acclusion  | Pall Bearer Service, \$ Use of Chapel, \$   |                |
| Contributory Causes Canonary achronic   | Gross Total for Sales Tax\$   | 415 00         |
|   | Outlay for Lot  |                |
| Certifying Physician. & & Lant  | Flowers, \$ Palms, \$ Matting \$  |                |
| His Address (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |                |
| 2   | Opening of Grave or TombLining Grave, \$Lowering Device, \$   |                |
| Name of Father Cla Hongdgordon  | Outlay for Shinning Charges   |                |
| His Birthplace  | Clergyman,\$ Singers,\$ Organist,\$ Railroad   Tickets, \$ Aero-gervice,\$ Telegr., Phone, Cable or Radio Charges                           |                |
| Maiden Name of Mother Mary Nelson   | Telegr., Phone, Cable or Radio Charges  |                |
| Her Birthplace.   | Cash Advanced   |                |
| Motor Remains to A are Hill   | Out of town Undertaker's Charges.  Personal Service.  |                |
| Size of Casket . Reg state Calor and Number                                   | Intalle 10 10 10 100  |                |
| Manufactured by   | line Death Notices/inPapers   |                |
| Cemetery Crematory  | (Names of Newspapers)   |                |
| Lot No 7.1. Q   |   |                |
| Grave No  | Sales Tax   | 4 15           |
| Section No  | Total Footing of Bill /4 9  | 33 1.5.        |
| Block No.   |   | 1.1.9. 1.5     |
| Disgram of Lot or Vault Owner   | Balance \$  | 20 62          |
| Date Amount Paid Balance  | Entered into Ledger, page or below.   | 198 20         |
| To Above Balance g  | Date Amount Paid  | Balance        |
| By Payment \$ \$  | To Balance Forward  | \$             |
| a a   | By Payment  | \$             |
| и и е е   | · · · · · · · · · · · · · · · · · · ·   | \$             |
| a a s   | *   | \$             |
| # # \$ \$   | \$  | \$             |
| я я \$ \$   | и и   | \$             |
| 8 8   | а а   | \$             |
| Insurance \$ Names of Lodges.   | Insurance   | •              |
| I hereby authorize the above Funeral, and I hereby represent that I have suff | icient resources Logolly available to   |                |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay t    | he same within (Firm Name of Funeral Din  | ectors.)       |
| maturity at the rate of% per annum.   | Signed  | to accrue from |
| Witness   | Address   |                |
| A   |   | ************   |

| Total No 2.2.2.5 Yearly No   | Date of Entry. Ang. 1.5   |  |  |
|--|---|--|--|
| Name of Deceased & B. &  | Date of Entry. 12.1.2.  |  |  |
| Residence: Sample Widowed Divorce  | d (What Race)   |  |  |
| Charge to: Chuldren  | orof Age of Husband or Wife (if living)   |  |  |
| Address. Lamoni  | Complete Funeral (except outlays)\$ 3.95.0.0  |  |  |
| Order given by. Clasence & Sease   | Casket  |  |  |
| How Secured: (or informant)  | Burial Vault or Box   |  |  |
| If Veteran, State_War  | (Name of Embalmer)  |  |  |
| Occupation douse buyer at do some  | Barber, \$ Hair Dressing, \$  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color)  Slimpers & Hose &   |  |  |
| Date of Darth / // .//   |   |  |  |
| Date of Birth. (Date) 26 - 1865 (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |  |  |
| Age  | Door Spray, \$  |  |  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |  |  |
| Date of Funeral. (Date) (Day of Week) (Hour)  Services at::: (Hour) (Hour)   | Extra Limousines @ \$   |  |  |
| Clergyman: Pro Butter  | Getting Remains from  |  |  |
| Religion of the Deceased Mathro And  | Taking Remains to.  Trip to Coroner's Inquest   |  |  |
| Birthplace Sowa  | Delivering Box to   |  |  |
| Resided in the State.  | Deliver Flowers to Removal Charges.   |  |  |
| (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapt. \$  Les of Chapt. \$ |  |  |
| Place of Death. January Level Hospital   | Certif. Copiesof Death Certificates No.  (State Physician's or Coroner's)   |  |  |
| Cause of Death Corebus Hemorhage   | Gross Total for Sales Tax   |  |  |
| Contributory Causes. Lyfisteness.  | Outlay for Lot:   |  |  |
| +  | Cremation Flowers, \$ Palms, \$ Matting, \$   |  |  |
| Certifying Physician.  | Rental of Tent, \$of Temporary Vault, \$  |  |  |
| His Address  | Opening of Grave or Tomb A. Marsh   |  |  |
| Name of Father Navid Huston  | Outlay for Shipping Charges   |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$Railroad }Tickets,\$plane Service,\$   |  |  |
| Maiden Name of Mother Land. Helmon   | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace   | Cash Advanced   |  |  |
| Motor Remains to   | Personal Service.   |  |  |
| Size of Casket   | line Death Notices in Papers # 0.0  |  |  |
|  | (Names of Newspapers)   |  |  |
| Cemetery Crematory   | 1,9   |  |  |
| Lot No   | Sales Tax 3 25  |  |  |
| Section No   | Total Footing of Billian article \$ 41.7.9.8.   |  |  |
| Block No   | Less 5/0 Mine \$ 12.1. 9.5.   |  |  |
| Diagram of Lot or Vault Owner  | Balance   |  |  |
| Date Amount Paid Balance   |   |  |  |
| To Above Balance\$   | To Balance Forward  |  |  |
| By Payment\$\$   |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | а в з   |  |  |
| 4 # S S  | a a S S   |  |  |
| a a  | и и \$ \$   |  |  |
| Names of Lodges.   | Insurance<br>   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Directors.) |   |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within   |   |  |  |
| maturity at the rate of % per annum.   | Signed  |  |  |
| Witness  | Address   |  |  |

| Total No. 2.2.2.4  | Yearly No?                | ?                       | Date of  | Entry4                  | Rug.                        | 1.2                    |             | 19/1.2    |
|--|---------------------------|-------------------------|--|-------------------------|-----------------------------|------------------------|-------------|-----------|
| Name of Deceased %.o.  | notorch                   | tak                     | y still  | borns                   | much.                       | bonned                 | W.          |           |
|  | Single Widowed            | ☐ Divorce               | []tturband[  | ]Wite[]Widow}           |                             | (What Race)            |             |           |
| Residence: Jane  |                           |                         | 07   |                         | Age of Husb                 | and or Wife (if living | 0           | Years     |
| Charge to: Pay Harra   | Jusen.                    |                         | Complete Fun   |                         | toutlays).                  | \$                     | . 25.       | 00        |
|  |                           |                         | Casket   |                         |                             |                        |             |           |
| Order given by Pay.  | (or informant)            |                         | Burial Vault   | r Box                   | (State Kind)                |                        |             |           |
| How Secured  |                           |                         | Embalming Be   | ody                     | Jame of Embalm              | ier)                   |             |           |
| If Veteran, State War  |                           |                         | Barber S   | Hi                      | air Dressini                | L. D                   | •••••       |           |
| Occupation   |                           |                         | Dressing Body<br>Suit or Dress.                                | 7, \$                   | te Kind and Col             | еаг, ф                 |             |           |
| Employer and Address   | (Social Sect              | · · · · · · · · · · · · | Slippers, \$   | (Sta                    | te Kind and Col<br>Hose, \$ | or)                    |             |           |
| Date of Death Aug / .  | 5-49                      | .6.PM                   | Folding Chairs   | s, \$                   | Tarpaulin,                  | \$                     |             |           |
| Date of Birth. Carry   | .5 H.9                    | (Hour)                  | Candelabrum,<br>Door Spray, \$                                 |                         |                             |                        |             |           |
| Age. Nolife  |                           |                         | Funeral Car, §   | A                       | mbulance,                   | \$ /                   | 4.          | 00        |
| Data of Funoval  | (Months) (Days)           |                         | Limousines to<br>Extra Limousi                                 | Cemerery                | ٠٠٠٠٠ الله ١٠٠٠٠            |                        | • • • • • • |           |
| Date of Funeral.   | (Day of Week)             | (Hour)                  | Autos to R. R.   | . Station               | @\$.                        |                        |             |           |
| Services at . William  | um nogge                  | 0                       | Getting Remai<br>Taking Remai                                  | ins from                |                             |                        |             |           |
| Clergyman. Jana  | (Address)                 | 9                       | Trip to Corone   | er's Inques             | t                           |                        |             |           |
| Religion of the Deceased   |                           | · f · · · · · · · ·     | Delivering Box   |                         |                             |                        |             |           |
| Birthplace Leo.  | •••••                     |                         | Deliver Flower<br>Removal Char                                 | ges                     |                             |                        |             |           |
| Resided in the State   | or City or County) (Years | (Months)                | Procuring Bur  | ial Permit.             |                             |                        |             |           |
| Place of Death Leo.  | <b></b>                   |                         | Procuring Bur —Certif.Copi Pall Bearer Se                      | esof Death              | Certificates                | No                     |             |           |
| Cause of Death   |                           |                         | Pall Bearer Se   | rvice, \$               | Use of Ch                   | apel, \$               |             |           |
| Contributory Causes  |                           |                         | Gross Total fo<br>Outlay for Lo                                |                         |                             | \$                     |             |           |
|  | •                         |                         | Cremation  |                         |                             |                        |             |           |
| Certifying Physician   | Brown                     |                         | Flowers, \$  | . Palms, \$             | Matt                        | ing, \$                |             |           |
| His Address Les  | (or Coroner)              |                         | Rental of Tent<br>Opening of Gra                               | ave or Ton              | emporary v                  | auit,\$                |             | OD        |
| Name of Father Pass  | Nandas                    | h                       | Lining Grave,  | \$Lo                    | wering Dev                  | ice, \$                |             |           |
| His Birthplace   | 24. 2. 2                  | ,                       | Outlay for Ship<br>Clergyman,\$                                | pping Char              | ges<br>S. Orga              | nist \$                |             |           |
| Maiden Name of Mother 22   | - 110-                    | /                       | Clergyman,\$<br>Railroad \ Ticket<br>or Motor \ Telegr., Phone | ts, \$                  | Aero-Ser                    | vice,\$                |             |           |
|  | and alas                  |                         | Telegr., Phone   | Cable or F              | adio Charg                  | es                     |             |           |
| Her Birthplace   |                           | *********               | Cash Advance<br>Out of town U                                  | ndertaker's             | Charges                     |                        | • • • • • • |           |
| Motor Remains to   |                           |                         | Personal Service   | ce                      |                             |                        |             |           |
| Size of Casket   | State Color and Number)   |                         | line Death   | Notices in              |                             | ore .                  |             |           |
|  |                           |                         |  | (Names of New           |                             |                        |             |           |
| Cemetery Crematory   |                           |                         |  | (Names of New           | spapers)                    |                        |             |           |
|  | Lot No                    |                         | Sales Tax  |                         |                             |                        | • • • • • • | 25        |
|  | Grave No                  |                         | Total Footing  | of Bill                 |                             | 100                    | 34          | 25        |
|  | Section No                |                         | Less DAG   | ma 29                   | 97 3                        | 3                      | 30          | 00        |
|  | Block No                  |                         |  | ∥ Ba                    | lance                       | s                      | 4           | -15       |
| Diagram of Lot or Vault  | Owner                     |                         | Entered into L   | edger, page             | or b                        | elow.                  |             | •••••     |
| Date   | Amount Paid               | Balance                 | Date   |                         |                             | Amount Paid            | Bali        | ance      |
| To Above Balance   |                           | \$                      |  | To Balance              | Forward                     |                        |             |           |
| By Payment   | \$                        | \$                      |  | By Paymen               |                             | 8                      | \$          |           |
| " "  | \$                        | \$                      |  | и и                     |                             | \$                     | \$          |           |
| " "  | \$                        | \$                      |  |                         |                             | \$                     | \$          |           |
| и и  | \$                        | \$                      |  | и и                     |                             | \$                     | \$          |           |
| " "  | \$                        | \$                      |  |                         |                             | \$                     | \$          |           |
|  | \$                        | •                       |  |                         |                             | \$                     | \$          |           |
| arrania di Caran   | Names of                  |                         |  | Thomas                  |                             | \$                     | \$          | <u></u> . |
| Insurance \$   | Names of                  |                         |  | Insurance<br>.Companies |                             |                        |             |           |
| Insurance \$  I hereby authorize the above Funeral for the payment of aforesaid sum, are waterity at the rate of | , and I hereby represent  | that I have sui         | ficient resources Le   | gally available         | to(Firm )                   | lame of Funeral Dis-   | ectors.)    |           |
| for the payment of aforesaid sum, ar<br>maturity at the rate of  | on a hereby covenant and  | agree to pay i          | ne same within   |                         | days from                   | m date. Interes        | t to accru  | e from    |
| maturity at the race of  | . yo per minidity         |                         | Signed.  |                         | ······                      |                        |             |           |
| Witness  | Com                       | piled by F. J. FR       | Address<br>INEMAN, St. Louis, 1                                |                         |                             |                        |             |           |

| Total No. 227 Yearly No. 23  | Date of Entry Little 13 19.49   |  |  |
|--|---|--|--|
| Name of Deceased Single Widowed Divoro   | alla What Been  |  |  |
| Residence:   | Husband WHO WHOW John Michaels, alecen  |  |  |
| Charge to: Clara Nichollo  | Complete Funeral (except outlays) \$ 327 00   |  |  |
| Address  | Property of the Control of the Contr  |  |  |
| Order given by   | Casket. Burial Vault or Box   |  |  |
| How Secured:   | Embalining Body (State Kind)  Embalining Body (Name of Embaliner)   |  |  |
| If Veteran, State War  |   |  |  |
| Occupation Housewift world   | Dressing Body, \$ Underwear, \$. Suit or Dress. MANY Heart Sippers, \$ Hose, \$ Aleip, etc. 2 85  |  |  |
| Employer and Address   | Slippers. \$ (State Kind and Color) Slippers. \$ Hose. \$ slep, etc. 285  |  |  |
| Date of Death. Left !! 1949 5-9M (Hour)  | Folding Chairs, \$ Tarpaulin, \$  |  |  |
| Date of Birth Feb 11 1864  | Candelabrum, \$Candles, \$Door Spray, \$::Gloves, \$  |  |  |
| Age. (Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$   |  |  |
| Date of Funeral. 1/13/49 (Montha) (Days)  Date of Funeral. 1/13/49 (Mouth) (Bour)  | Limousines to Cemetery @ \$   |  |  |
| Services at : : (Dato) (Day of Week) (Hour)  | Autos to R. R. Station  |  |  |
| Clergyman: Louis Landsley, But Land<br>Religion of the Deceased. L. D. S. (Address)  | Getting Remains from  |  |  |
| Policion of the Deceased L. D. S (Address)   | Trip to Coroner's Inquest   |  |  |
| Birthplace Colderville, Ja   | Delivering Box to   |  |  |
| Resided in the State.  | Pamoval Charges   |  |  |
| Place of Death. L. D. Sauts House  | Contif Conjugat Death Contiferation and District)   |  |  |
| Cause of Death Brenchil Intumous   | Pall Bearer Service, \$\times \text{Use of Chapet, \$\frac{1}{2}\$} \ |  |  |
| Cause of Death JAMCHUCUMCUTT   | Gross Total for Sales Tax. \$ 37.0 8.5  |  |  |
| Contributory Causes R Journa Tolk arthutis   | Outlay for Lot  |  |  |
| Certifying Physician Co. Samet   | Cremation Palms, \$::::Matting, \$  |  |  |
| (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |  |  |
| His Address  | Lining Grave, \$Lowering Device, \$   |  |  |
| Name of Father Court Wilhilm Rohlman   | Outlay for Shipping Charges.  |  |  |
| His Birthplace. Service  | Clergyman, \$. Singers, \$. Organist, \$.  Railroad   Tickets, \$. plane Service, \$.  Telegr., Phone, Cable or Radio Charges.  |  |  |
| Maiden Name of Mother Dorothla Herry g   | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace. Jenuary  | Cash Advanced   |  |  |
| Motor Remains to   | Personal Service.   |  |  |
| Size of Casket /6 / Court gray future  | line Death Notices in Papers  |  |  |
| Manufactured by State Golor and Number V Cemetery Crematory } Rive Number V  | (Names of Newspapers)   |  |  |
| Cemetery Crematory Crematory   | (Names of Newspapers)   |  |  |
| Lot No 3.87  | Sales Tax 3 46  |  |  |
| Grave No?  | Total Footing of Bill   |  |  |
| Section No   | Less 5.72.00 3.44.75  |  |  |
| Block No   | Balance\$3.4.4 \( \Delta \).0.  |  |  |
| Diagram of Lotor Vault Owner.  | Entered into Ledger, pageor below.  |  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |  |  |
|  | To Balance Forward \$   |  |  |
| \$ \$ \$   |   |  |  |
| \$   |   |  |  |
|  |   |  |  |
| # # g g  | 4 4 S S   |  |  |
| 4 4 \$. \$.  | 4 4 \$ \$   |  |  |
| # # \$ \$  | « « s s   |  |  |
| Names of Lodges.   | Insurance<br>   |  |  |
|  |   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have suncent resources Legally available to  (Firm Name of Puneral Directors.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within |   |  |  |
| maturity at the rate of% per annum.  | maturity at the rate of% per annum. Signed  |  |  |
| Witness  | Address   |  |  |
| Complied by P. J. FEINEMAN St. Louis, Mo.  |   |  |  |

| Total No. 2228 Yearly No. 24  | Date of Entry  |  |  |  |
|---|--|--|--|--|
| Name of Deceased Ray Clifford L   | equare 20  |  |  |  |
| Residence: Weral north of January   | to produce follows a   |  |  |  |
|   | oref Age of Husband or Wife (if living)  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)\$ .39.1-08   |  |  |  |
| Address   | Casket   |  |  |  |
| Order given by(or informant)  | Burial Vault or Box(State Kind)  |  |  |  |
| How Secured:  | Embalming Body(Name of Embalmer)   |  |  |  |
| If Veteran, State War   | Barber, \$   |  |  |  |
| Occupation farmer none (Social Security Number)   | Suit or Dress (State Kind and Color)   |  |  |  |
| Employer and Address,   | Slippers, \$   |  |  |  |
| Date of Death. Jeft 18 1849 30 M. (Hour)  | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |
| Date of Birth. Jan 1888   | Door Spray, \$   |  |  |  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$  |  |  |  |
| Date of Flynn 1 9/21/49 Weld I P  | Extra Limousines @ \$  |  |  |  |
| Services at . Close (Day of Week) (Hour)  | Autos to R. R. Station   |  |  |  |
| Clerovman art Lane  | Taking Remains to  |  |  |  |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to  |  |  |  |
| Birthplace Decatus County Ja  | Deliver Flowers to   |  |  |  |
| Desided in the Chate left .   | Removal Charges  |  |  |  |
| Place of Death. Alcottu (or t. S. or City or County) (Yearn) (Months)   | (State Number and District) Certif Conject Death Certificates No.  |  |  |  |
| Cause of Death floute Seworkagie Concrestition  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Call Copiesof Death CertificatesNo.  Pall Bearer Service, \$. Use of Chapter, \$. |  |  |  |
| 2010년 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200 : 1200  | Gross Total for Sales Tax  |  |  |  |
| Contributory Causes   | Outlay for Lot.  |  |  |  |
| 5 9 Hant  | Flowers, \$Palms, \$Matting, \$  |  |  |  |
| Certifying Physician (or Caroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb   |  |  |  |
| His Address   | Lining Grave, \$Lowering Device, \$  |  |  |  |
| Name of Father Defred Learnand  | Outlay for Shipping Charges  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Rallroad \ Tickets, \$plane Service,\$  |  |  |  |
| Maiden Name of Mother. Susan E. Wlaste  | Telegr., Phone, Cable or Radio Charges   |  |  |  |
| Her Birthplace  | Cash Advanced. Out of town Undertaker's Charges.   |  |  |  |
| Motor Remains to Size of Casket 45 State Rine Tau   | Personal Service.  |  |  |  |
| Size of Casket / (State Color and Number)   | line Death Notices in  |  |  |  |
| Manufactured by (Giato Color and Number)  | (Names of Newspapers)  |  |  |  |
| Cemetery   Llavis City -  | (Aumes of Asispapers)  |  |  |  |
| Lot No  | Sales Tax 5 / b  |  |  |  |
| Grave No  | Total Footing of Bill \$ 57.5 10   |  |  |  |
| Section No.   | Less Suct \$ 25  |  |  |  |
| Block No.   | Jo Se Balance . 9 , \$ .489. 85.   |  |  |  |
| Diagram of Lot or Vauit Owner.  | Entered into Ledger, page or below.  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |
|   | To Balance Forward \$  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| и и е е   |  |  |  |  |
| a 4 S S   | u u ç  |  |  |  |
| s s s s s s s s s s s s s s s s s s s   | a a s  |  |  |  |
| # #sssssss.   |  |  |  |  |
| Names of Lodges   | Insurance Companies.   |  |  |  |
| Insurances. I thereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. The navment of aforesaid sum, and I hereby covenant and sares to pay the same within |  |  |  |  |
|   |  |  |  |  |
| maturity at the rate of % per annum.  | Signed   |  |  |  |
| Witness Address   |  |  |  |  |
| Compiled by F. J. PHINEMAN, St. Louis, Mo.  |  |  |  |  |

| Total No229 Yearly No25  | Date of Entry Det 28 19.49   |
|--|--|
| Name of Deceased Julia au  | What Race)   |
| Residence: Divorce   | [Husband Wife Widow] R. W. Arusting, olecas  |
| Charge to: Copyrda Chamberlain   | orof ) Age of Husband or Wife (if living)Years   |
| Address. Polythedale Mo  | Complete Funeral (except outlays)\$3.60.08   |
| Order given by   | Casket   |
| How Secured::  | Burial Vault or Box (State Kind)  Embalming Body (State Kind)  |
| If Veteran, State War No   | Rowhon & Hoir Draceing &   |
| Occupation Mangewife Many  | Dressing Body, \$  |
| Employer and Address (Social Security Number)  | Dressing Body, \$ Underwear, \$ Suit or Dress ALL 17.50  |
| Date of Death Oct 17 1949  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| Date of Birth. Feb, (Date) 1857 (Hour)   | Candelabrum, \$Candles, \$   |
| Age. 9.2. 8 5  | Door Spray, \$ Gloves, \$  |
| (Years) , (Months) , (Days)  | Limousines to Cemetery @ \$  |
| Date of Funeral (2/20/49 Week) 2-0.1   | M. Extra Limousines  |
| Services at Oslythedale  | Getting Remains from Danenfort & 5000  |
| Clergyman: Clarence Heidl  | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Judiana   | Deliver Flowers to   |
| Resided in the State   |  |
| Place of Death sural near Beligthedas  | Procuring Burial Permit. (State Number and District)  — Certif. Copiesof Death Certificates No. (State Projections or Coroners)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death Ceubal Humorhage  |  |
| Contributory Causes  | Gross Total for Sales Tax  |
| Ovaliancy of the control of the cont | Cremation  |
| Certifying Physician. 19 Hyer  | Flowers, \$Palms, \$:::::Matting, \$   |
| His Address O'z let the date   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb   |
|  | Lining Grave, \$Lowering Device, \$  |
| Name of Father. John Montagnilly   | Outlay for Shipping Charges.  Clergyman \$ Singers \$ Organist \$  |
| His Birthplace. Not pursue   | Clergyman, \$ Singers, \$ Organist, \$ Railread } Tickets, \$ plane Service, \$  |
| Maiden Name of Mother Rebecca Meadl  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace.  | Cash Advanced  |
| Motor Remains to   |  |
| Size of Casket/. MState Colorgand Number)  | line Death Notices in Papers   |
| Manufactured by  | (Names of Newspapers)  |
| Cemetery Crematory & Comment Sawa  | •••••••••••••••••••••••••••••••••••••••  |
| Lot No   | Sales Tax  |
| Grave No   | Total Footing of Bill  |
| Section No   | Less 5 /v discourd \$21.59.  |
| Block No   | 8d Oct 2149 \$ .410.18.  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balan   | ce Date Amount Paid Balance  |
| To Above Balance \$  | To Balance Forward\$   |
| By Payment   | By Payment \$ \$   |
| \$   |  |
|  | a a e e  |
|  | a a \$. \$.  |
| " " S S  |  |
| u u  | a a s  |
| Names of   | Insurance<br>Companies   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have  | e sufficient resources Legally available to  |
| I hereby authorize the above Funeral, and I hereby covenant and agree to p<br>for the payment of aforesaid sum, and I hereby covenant and agree to p   | (Firm Name of Funeral Directors.) pay the same withindays from date. Interest to accrue from   |
| maturity at the rate of% per annum.  | Signed.  |
|  | Address  |
| Witness Compiled by F.   | J. PEINEMAN St. Louis, Mo.   |

| Total No. 2229 No. 26  | Date of Entry   |
|--|---|
| Name of Deceased david Cerry   | (What Race)   |
| Married Single Widowed Divosed   | □   |
| Residence: Lauri da  | or of ) Age of Husband or whe th nying Years  |
| Charge to My David Perry   | Complete Funeral (except outlays)\$3.47.00  |
| Address Lamoni da  | Casket  |
| Order given by(or informant)   | Burial Vault of Dox (State Kind)  |
| How Secured  | Embalming Body(Name of Embalmer)  |
| 7077   | Barber, \$ Hair Dressing, \$ Underwear, \$  |
| Occupation Farmer 478- 34 -5145  | Dressing Body, \$ Suit or Dress. (State Kind and Color)   |
| Employer and Address   | Hose S  |
| Date of Death. Oet 21 1949 134 M. (Hour)   |   |
| Date of Birth. Nov 29 1878 (Hour)  | Folding Chairs, \$. Candles, \$. Candles Spray, \$. Gloves, \$.   |
|  | Funeral Car \$ Ambulance, \$  |
| Age. 70 8 >> - (Years), (Months) (Days)  | Limousines to Cemetery 9  |
| Date of Funeral Date   (Monthly) (Days) 2/30 P.M. Services at Charles (Monthly) (Days) (Bour) (Bour)   | Extra Limousines @ \$   |
| Services at Chafel   | Getting Remains from  |
| Clergyman Coul Balloutque  | Taking Remains to   |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace Newaule, Jel  | Deliver Flowers to  |
|  | Removal Charges   |
| (or U. S. or City or County) (Xears) (Months)  | (State Number and District)  Contrif Company Death Continues No.  |
| Place of Death. Xem Harfital   | Procuring Burial Permit.  (giate Number and District)  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$. Use of Classel, \$. |
| Cause of Death:  | Gross Total for Sales Tax. \$ 347 00  |
| Contributory Causes  | Outlay for Lot  |
|  | Cremation   |
| Certifying Physician . A. Rued.  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |
| His Address Davis City   | Opening of Grave or Tomb  |
| Name of Father. Wir Oerry  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges  |
| Uia Dirthplace   | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother Sarah Boswell  | Clergyman,\$Singers,\$Organist,\$Railroad }Tickets,\$plane Service,\$   |
|  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace.  | Cash Advanced   |
| Motor Remains to Audole Ship Remains to Audole Size of Casket 1/5   Coul Oct Cole New Cole and Number  | Personal Service.   |
| Size of Casket   | line Death Notices in Papers  |
| Manufactured by Cult   | (Names of Newspapers)   |
| Cemetery Crematory   | (Names of Newspapers)   |
| Lot No   | Sales Tax 327   |
| Grave No   | Total Footing of Bill   |
| Section No   | Less 50 00 pol Octa/49 \$ 50 co   |
| Block No   | Balance \$ 28 9 27.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance \$ 280 2  |   |
| By Paymentlist \$ \$ 16.5  |   |
| MA-7 " Carl \$ \$263 7   |   |
| я и \$ \$  | « «   |
| " "  |   |
|  |   |
| " " \$ \$  | « « « «   |
| <u> </u>   | # # \$ E  |
| Names of Lodges  | Insurance   |
| Insurance \$. Names of Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to payment yet the rate of | afficient 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 Company from   |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |
| Complied by F. J. S  | EINEMAN, St. Louis, Mo.   |

| Total No. 2.2.3 b Yearly No 2.7   | Date of Entry Oct 24 1949.   |
|---|--|
| Name of Deceased. Lelice L. Muc.  | kelson w   |
| Residence: Lamour   | Ultuband With Witow Paywould Mickels   |
| Charge to: Raymond Michelson  |  |
| Address   | Complete Funeral (except outlays)\$\$\$  |
| Order given by  | Casket Burial Vault or Box Celbia Vault 115 06   |
| How Secured   | Embalming Body (State Kind) (Name of Embalmer)   |
| If Veteran, State War   | Barber, \$   |
| Occupation Ameenife une   | Dressing Body,\$Underwear,\$Suit or Dress  |
| Employer and Address (Social Security Number)   | Slippers, \$ (State Kind and Color) Slippers, \$   |
| Date of Death. Oct 23 1949 10 AM  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. July 5 Date 1914 (Hour)  | Candelabrum, \$Candles, \$   |
| Age 35  | Door Spray, \$ Gloves, \$  |
| Date of Funeral 1/25/49 (Months) (Days) 2 6 M.  | Limousines to Cemetery   |
|   | Extra Limousines   |
| 1 0   | Getting Remains from   |
| Clergyman: Service (\$ddress)   | Taking Remains to.  Trip to Coroner's Inquest  |
| Religion of the Deceased. Methodust.  | Delivering Box to  |
| Birthplace Pugold County  | Deliver Flowers to   |
| Resided in the State(or U. S. or City or County) (Years) (Months)                               | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No. |
| Place of Death weel, near Lamour  | Certif.Copiesof Death Certificates No  |
| Cause of Death Mephiles Menua   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes   | Gross Total for Sales Tax. \$ 7.0.5 0.0. Outlay for Lot:                                       |
|   | Cremation  |
| Certifying Physician N. M. Hells  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$                    |
| His Address Lamour  | Opening of Grave or Tomb   |
| Name of Father. R. W. Jackson   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.                            |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                    |
| Maiden Name of Mother. Lue Holl   | rancoad Tickets, \$  |
| Her Birthplace  | Cash Advanced  |
| Motor Remains to  | Out of town Undertaker's Charges.  |
| Size of Casket 6/6 gray State Metal   |  |
| Manufactured by   | line Death Notices inPapers  |
| Cemetery Maple Row, Rellector   | (Names of Newspapers)  |
| Lot No  | Sales Tax 7 05   |
| Grave No  | Total Footing of Bill \$ 7/2 05  |
| Section No  | Less 5/0 by lw 5th 25 Uhy \$ 35 40.  |
| Block No  | Pd @ Balance \$ .6.74 4.5.   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance \$   | To Balance Forward\$   |
|   |  |
|   |  |
| * *\$   |  |
| * * * * * * * * * * * * * * * * * * *   | и и \$   |
| u u s s   | я я \$ \$  |
| # # \$\$  | u u \$\$   |
| Names of Insurance \$   | Insurance<br>Companies.  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have a | sufficient resources Legally available to(Firm Name of Funeral Directors.)                     |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa                         | y the same within  |
| maturity at the rate of% per annum.   | Signed   |

|   | Opt 31 10 40   |
|---|--|
| Total No. 223/ Yearly No  | Date of Entry  |
| Name of Deceased. David alfred Vis  | (What Race)  |
| Residence Laureni   | □Hosband□Wife□Widow},,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| Charge to Od he L. F. & La Rag H. Trumas                                    |  |
| Charge to Il by L. F. J. L. Bog A. Truman<br>Address. Lal gout allowers     | Complete Funeral (except outlays)\$3.75  |
| Outress.  | Casket   |
| Order given by(or informant)  | Burial Vault or Box (State Kind)   |
| How Secured:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War . World War I   | Barber, \$. Hair Dressing, \$.  Dressing Body, \$. Underwear, \$.  |
| Occupation Painter 5-54-07-6524   | Suit or Dress  |
| Employer and Address  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| Date of Death Oct 29 1949 5 AM (Hour)                                       | Folding Chairs, \$Tarpaulin, \$Candlelabrum, \$Candles, \$   |
| Date of Birth Seft 13 1891  |  |
| 1 58  | Funeral Car. SAmbulance,   |
| (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| (Data) A (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |
|   | Getting Remains from   |
| Clergyman Carl B allautyne  | Taking Remains to  |
| Religion of the Deceased  | Delivering Box to  |
| Birthplace Laure  | Deliver Flowers to   |
| Resided in the State World of lefe (Years) (Months)                         | Procuring Burial Permit.   |
| Place of Death. (or U.S. or City or County) (Years) (Months)                | Certif.Copiesof Death Certificates No  |
| Cause of Death Heart, found clead in Fed                                    | Procuring Burial Permit.  (State Number and District)  Certif.Copiesof Death Certificates No.  (State District Coroner's)  Pall Bearer Service, \$ Use of Chapel, \$ |
|   | Gross Total for Sales Tax\$ 39.5 00  |
| Contributory Causes   | Outlay for Lot.  |
| Da E AA P. A. A.  | Flowers, \$ Palms, \$ Matting, \$  |
| Certifying Physician tred Ozov Man, Coroner                                 | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$   |
| Name of Father. Leonge a. Truman  | Outlay for Shipping Charges  |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Trickets, \$ Aero-plane Service, \$ Telegr., Phone, Cable or Radio Charges   |
| Maiden Name of Mother Victoria a. Burking de                                | or Motor Tickets, \$ plane Service,\$  |
| Her Birthplace  | Cash Advanced  |
| Motor Ship Remains to   | Out of town Undertaker's Charges.  |
| Size of Casket Ame Rolen State  | Personal Service.  |
| Manufactured by . Euro State Copyr and Number                               | line Death Notices in Papers   |
| Cemetery Rose Hiel  | (Names of Newspapers)  |
| Grematory)  | (Crande of Menopapers)   |
| Lot No  | Sales Tax 3 75   |
| Grave No  | Total Footing of Bill A \$ 3 98 95   |
| Section No  | Less. 5/0 R. 18 85   |
| Block No  | Balance 379 00   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance  | To Balance Forward.  |
| ly d. F. Turnay<br>By Payment 8 1/4 50 8                                    | By Payment \$  |
| ly Ly Ray H. Transum \$ 114 50 8  | a a a  |
| 1 Vol Bregester \$ 150 00 \$ 70   | Less "   |
| * *\$   | 4 "  |
| " " \$  |  |
| \$ \$   |  |
|   |  |
| Insurance \$ Names of Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have su | ifficient resources Legally and 1.1  |
| for the payment of atolesate sum, and I hereby covenant and agree to pay    | the same with the (Firm Name of Funeral Dissertors )   |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Add  |
| Compiled by F. J. F.  | RINEMAN, St. Louis, Mo.  |

| Total No. 2232 Yearly No 29  | Date of Entry. Nov 3 1949.   |  |  |
|--|--|--|--|
| Name of Deceased. Hannah Rem   | ber Derry w  |  |  |
| Residence: Lamoni Jan  | Ultusband   Wife (Widow)   |  |  |
| Charge to: Chas Hydle  | orof } Age of Husband or Wife (if living)  |  |  |
| Address  | Complete Funeral (except outlays) \$ #446 00   |  |  |
| Order given by   | Casket   |  |  |
| How Secured: (or informant)  | Burial Vault or Box August // 5 00   |  |  |
| If Veteran, State War  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.   |  |  |
| Occupation housewife none  | Dressing Body, \$  |  |  |
| Employer and Address (Social Security Number   | Dressing Body, \$ Underwear, \$ 5 Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$ Hose, \$ Shippers, \$ Shippers Sh |  |  |
| Date of Death. Det. 31 1949 11 P.M.  | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth. Dec 28 (Date) (Hour)  | Candelabrum, \$Candles, \$   |  |  |
| Age 91   | Door Spray, \$ :   |  |  |
| Date of Funeral." 3/48 Thurs. Days)  | Limousines to Cemetery @ \$  |  |  |
|  | M. Extra Limousines  |  |  |
| Services at :: Cheshel (bay of week) (Hour)  | · · Getting Remains from   |  |  |
| Clergyman: Cheville + famham   | Taking Remains to. Trip to Coroner's Inquest   |  |  |
| Religion of the Deceased A. A.   | ·· Delivering Box to   |  |  |
| Birthplace Harrism County, Inia  | Deliver Flowers to   |  |  |
| Resided in the State. (or U.S. or City or County) (Years) (Month   | Procuring Burial Permit.   |  |  |
| Place of Death tost hursing Home, a lou  | Procuring Burial Permit. (State Number and District)  Certif. Copiesof Death Certificates No. (State University)  Pall Bearer Service, \$ Use of Chapel, \$.   |  |  |
| Cause of Death Cerebral Henroldye  | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |
| Contributory Causes Luclity  | Gross Total for Sales Tax  |  |  |
|  | Cremation  |  |  |
| Certifying Physician & & Samut   | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$   |  |  |
| His Address  | Opening of Grave or Tomb. 45.4, Mauhel   |  |  |
| Name of Father Lavid Sauct   | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.   |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$. Railroad Tickets, \$plane Service,\$  |  |  |
| Maiden Name of Mother Haury Hutchusm   | or Motor Tickets, \$   |  |  |
| Her Birthplace   | Cash Advanced  |  |  |
| Motor   Remains to   | Out of town Undertaker's Charges/ Personal Service.  |  |  |
| Size of Casket 6/5-Oct- Pelul Marlborns  | Z Telsonal Belvice.  |  |  |
| Motory Remains to - Act - Achie Markhong<br>Size of Casket - 45 - Act - Achie Markey<br>Manufactured by A rachas Coor and Number<br>Manufactured by Rote HEL | line Death Notices in Papers   |  |  |
| Manufactured by R. R. Hill Cemetery Crematory R. M. Hill   | (Names of Newspapers)  |  |  |
| Lot No 15.2.9  |  |  |  |
| Grave No/  | Sales Tax  Total Footing of Bill  \$ 59.650  |  |  |
| Section No   | Less 570 by Nov. 13th \$ 29.02   |  |  |
| Block No   | Balance \$ 56.7 48   |  |  |
| Diagram of Lot or Vault Owner  | Entered into League, page or below.  |  |  |
| Date Amount Paid Balan   | ce Date Amount Paid Balance  |  |  |
| To Above Balance\$   | To Balance Forward\$   |  |  |
| By Payment\$\$   |  |  |  |
|  | * * 550 \$   |  |  |
| \$\$   |  |  |  |
|  |  |  |  |
| \$\$   | * * *  |  |  |
|  | * * \$ \$  |  |  |
| Names of Lodges.   | Insurance<br>Companies   |  |  |
| Insurance \$   |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have<br>for the payment of aforesaid sum, and I hereby covenant and agree to I           | e sufficient resources Legally available to  |  |  |
| maturity at the rate of% per annum.  | Signed   |  |  |
|  | Address  |  |  |
| Witness Compiled by F. J. FEINEMAN St. Louis, Mo.  |  |  |  |

| Total No. 2233 Yearly No 3.6   | Date of Entry  |
|--|--|
| Name of Deceased. Erwin A. M. Married Single M Widowed Divorced          | (What Race)  |
| Residence: Laurau Sta  | ☐ Husband ☐ Wife ☐ Widow }   |
| Charge to: Q. A.P.   | Complete Funeral (except outlays)  |
| Address  | Casket   |
| Order given by   | Burial Vault or Box (State Kind)   |
| How Secured  | Embalming Body (Name of Embalmer)  |
| If Veteran, State War  | Barber, \$   |
| Occupation grocery merchant 482-07-2821                                  | Suit or Dress (State Kind and Color)   |
| Employer and Address   | Hose, S  |
| Date of Death 16-19.4 12,15 P.M (Bour)                                   | Silppers, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.   |
| Date of Birth. June 23 1881  |  |
| Am 68  | Funeral Car, \$  |
| (Years) (Months) (Days)  | Extra Limousines   |
| (Pour of Work) (Hour)  | Antos to R. R. Station   |
| Services at Clearful   | Getting Remains from   |
| Clergyman . art Lane (Address)   | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Waneus Mills, Wis   | Removal Charges  |
| Resided in the State (Years) (Months)                                    | Procuring Burial Permit  |
| Place of Death Lear de   | Procuring Burial Permit. (Saits Number and District)  —Certif. Copiesof Death Certificates No. (Saits Physician's or Corporate)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:  | Gross Total for Sales Tax\$  |
| Contributory Causes  | Outlay for Lot.  |
|  | Cremation  |
| Certifying Physician. Mr. Reed   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$  |
| His Address Davis Cely   | Opening of Grave or Tomb   |
| Name of Father. John Demi  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Elizabeth Strang                                   | Clergyman,\$. Singers,\$. Organist,\$.  Railroad   Tickets, \$. plans Service,\$.  Telegr., Phone, Cable or Radio Charges.   |
| Her Birthplace.  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Size of Casket   | Personal Service   |
| Manufactured by Pull (State Color and Number)                            | line Death Notices in Papers   |
| Comptery   | (Names of Newspapers)  |
| Cemetory Crematory Lot No  |  |
| Grave No.  | Sales Tax  |
| Section No.  | Total Footing of Bill 1 1046   |
| Block No.  | Less   |
|  | Balance\$  |
| Diagram of Lot or Vault  | Entered into Ledger, pageor below.   |
|  | Amount raid Danies   |
| To Above Balance\$\$   | To Balance Forward\$   |
| By rayment   | By Payment \$ \$   |
| я я е  | \$   |
| # # \$ \$  | \$ \$  |
| « « ss.  | и и  |
| * * \$ \$  |  |
|  | и и \$   |
| Names of Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have | sufficient resources Lorolly available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  |  |
| maturity at the rate of% per annum.                                      | Signed   |

| Total No   | ··· Year                                | rly No 3        | <i>!</i>        |           | . Date o                       | f En    | trv                   |                | Nov            | 7 21          |          | 1        | 949.     |
|--|---|-----------------|-----------------|-----------|--------------------------------|---------|-----------------------|----------------|----------------|---------------|----------|----------|----------|
| Name of Deceased                                       | X.yle                                   | Widowed.        | Per Divorce     | ik        | hurst                          | 2       |                       |                |                | (What Re      |          |          |          |
| Residence:   | nee Par                                 | Rhust           | <u>.</u>        |           | □Husband<br>or                 |         | Wobiw   }             | Age o          | f Husband      | or Wife (if i | ving)    |          | Years    |
| Address  |   |                 |                 | Con       | nplete Fu                      | nera    | 1 (except             | outla          | vs)            |               | \$       | 75       | 00       |
| Order given by   |   |                 | • • • • • • • • |           | ket                            |         |                       |                |                |               |          |          |          |
| How Secured:   | (or inform                              | mant)           |                 | Bur       | ial Vault                      | or B    | Box                   | (State B       | (ind)          |               |          |          |          |
|  | • |                 |                 | . Em      | balming l                      | Body    |                       | Inmo of F      | (mbalmer)      |               |          |          |          |
| If Veteran, State War                                  |   |                 |                 | . Bar     | ber, \$                        |         | на                    | air Dre        | essing,        |               |          |          |          |
| Occupation   |   | (Social Securi  |                 | Sui       | essing Boot<br>t or Dress      | 1y, \$  |                       |                |                |               |          |          |          |
| Employer and Address                                   |   |                 |                 | Slir      | pers, \$                       |         | (Star                 | te Kind a      | nd Color)      |               |          |          |          |
| Date of Death  | 19.19                                   | 49              | . Y. P.K.       | [ Fol     | ding Cha                       | irs, \$ |                       | Tarpa          | ulin, \$.      |               |          |          |          |
| Date of Birth  | 4.13.19                                 | 4.8             |                 | · Do      | ndelabrun<br>or Spray,         | \$ ::   |                       | Glove          | s, \$          |               |          |          |          |
| Age (Years)  | Months                                  | 6.              |                 | Fu        | neral Car,                     | , \$    | A                     | mbula          | ince, \$.      |               |          |          |          |
| Date of Funeral. 1/2                                   | 1/49 Mo                                 | 4               | 2 10            | Ext       | nousines tra Limou             | isine   | emetery<br>s          |                | @ \$<br>@ \$   |               |          |          |          |
| Services at:   | n (Day of V                             | Churc           | (Hour)          | Au        | tos to R.                      | R.S     | tation                |                | @\$            | ·····         |          |          |          |
| Clergyman:   | Lane                                    |                 |                 |           | tting Ren<br>king Rem          |         |                       |                |                |               |          |          |          |
| Religion of the Decea                                  | end                                     | (Address)       |                 | Tri       | p to Core                      | ner'    | s Inques              | t              |                |               |          |          |          |
| Birthplace   | acu                                     |                 |                 | De        | livering E<br>liver Flov       | sox t   | 0<br>to               |                |                |               |          |          |          |
|  |   |                 | - 0             | Re        | moval Ch                       | arge    | s                     |                |                |               |          |          |          |
| Resided in the State.                                  |   | County (Years   | (Months)        | Pro       | ocuring B                      | urial   | Permit.               | (State N       | umber and      | District)     |          |          |          |
| Place of Death Han                                     | ultar gun                               |                 |                 | 1 -       | Certif.Co                      | opies   | of Death              | tate Phys      | ician's or C   | Coroner's)    | -        |          |          |
| Cause of Death:  | ulek fa                                 | ssug we         | icaest          | Pa        | oss Total                      | Servi   | Ice, p<br>Calan To    | . Use          | or Onar.       | ει, φ         | 0        | 75       | -00      |
| Contributory Causes.                                   |   |                 |                 |           | tlay for l                     |         |                       |                |                |               |          |          |          |
|  |   |                 |                 | . Cr      | emation.<br>owers, \$.         |         | Dolma e               |                | Mottin         |               | • • •    |          |          |
| Certifying Physician.                                  | Robt R. B                               |                 | Cara            | u Re      | ntal of Te                     | ent, \$ | Sof                   | Tempo          | rary Va        | ult,\$        |          |          |          |
| His Address Re   |   | Mo              | ,               | Op        | ening of                       | Grav    | e or To               | mb             |                |               |          |          |          |
| Name of Father.  | Carence.                                | Park            | urst            | 0,,       | ning Grav<br>tlay for S        | Thinr   | ing Cha               | PODE           |                |               |          |          |          |
| Uir Dirthplace   |   |                 |                 | Cle       | ergyman,<br>lroad<br>Motor Tic | \$      | Singer                | rs,\$          | .Organ         | ist,\$        |          |          |          |
| Maiden Name of Mo                                      | than Daris                              | Os rue          | n               | or I      | Motor Tic                      | kets,   | \$                    | ··· pla        | Serv.          | ice,\$        |          |          |          |
| Her Birthplace   | ciici                                   |                 |                 | Ca        | sh Advar                       | nced.   |                       |                |                |               |          |          |          |
| Motor Remains to                                       |   |                 |                 | Ou        | it of town                     | Un      | dertaker              | 's Cha         | rges           |               |          |          |          |
|  | 3-0                                     |                 |                 | Pe        | rsonal Se                      |         | 1                     |                |                |               |          |          |          |
| Size of Casket   | Co State Colg                           | and Number      | e               |           | line De                        | ath l   | Notices i             | in             | Pape           | rs            |          |          |          |
| Manufactured by . : 4                                  | . Lane. a                               | Dir k.          |                 |           |                                |         | Names of N            | ewspaper       | 5/             |               |          |          |          |
| Cemetery   |   |                 |                 |           |                                |         |                       |                | ĵ              |               |          |          | 66       |
|  |   | No              |                 |           | les Tax .                      |         |                       | P              |                |               |          | 0.       | 75       |
|  | 200                                     | ve No           |                 |           | otal Footi                     | ng o    | f Bill                |                | <b>&gt;</b> :- |               | .\$      | . 1.4.   | .7.9.    |
|  | 4, 200                                  | k No            |                 | Le        | ess                            | • • • • |                       |                |                | •••••         | .\$      |          |          |
|  |   |                 | T. AS           | , Tr.     | atered int                     | o T o   |                       | Balance<br>ore |                | low.          | .\$      |          |          |
| Diagram of Lot or Vau                                  | lt Own                                  | er              | Balar           | - 1       | Date                           | J.C     | uger, pu              | 501111         | 100            | Amount        | Paid     | В        | alance   |
| Date   |   | Amount Paid     | Baiar           | 108       | Duto                           |         | To Balan              | on Form        | ford           |               |          |          | T        |
| To Ab  | ove Balance                             |                 | . \$            |           |                                |         | By Paym               |                |                | s             |          | \$       |          |
| By Pa  | yment                                   | \$              | . \$            |           |                                |         | и п                   |                |                | \$            |          | \$       |          |
| * * *  | *                                       | \$              |                 |           |                                |         | a a                   |                |                | \$            |          | \$       |          |
|  | *                                       | \$              | 3               |           |                                |         | и п                   |                |                | \$            |          | \$       |          |
|  | *                                       |                 |                 |           |                                |         | α α                   |                |                | \$            |          | \$       |          |
| * "  |   | \$              | . \$            |           |                                |         | ac a                  | *              |                | \$            |          | \$       |          |
| · · · · · · · · · · · · · · · · · · ·                  |   | \$              | . \$            |           |                                |         | a .                   | ×              |                | \$            |          | \$       |          |
|  | Nam<br>Lodg                             | nes of          |                 |           |                                |         | Insurance<br>Companie | BS             |                |               |          |          |          |
| Insurance \$  I hereby authorize the al                |   |                 | t that I hav    | ve suffic | ient resourc                   | es Le   | gally avails          | able to.       | (Firm)         | Name of Fur   | noral Di | ectors.) |          |
| I hereby authorize the al-<br>for the payment of afore | ove Funeral, and I                      | reby covenant a | ad agree to     | pay the   | same with                      | in      |                       |                | days fro       | m date.       | Interes  | t to ac  | crue fro |
| for the payment of afore<br>maturity at the rate of.   | said sum, and I no.                     | r annum.        |                 |           | Sig                            | med     |                       |                |                |               |          |          |          |
|  |   |                 |                 |           | Ad                             | ldress  |                       |                |                |               |          | ·····    |          |
| Witness  |   | C               | omplied by F.   | J. FEIN   | EMAN St. I                     | ouls, 1 | 110.                  |                |                |               |          |          |          |

| Total No. 2 > 35 Yearly No 3 >  | . Date of Entry. Sec. 19. 1949.  |
|---|--|
| Name of Deceased. Llong Charl   | atto Chonese w   |
| Married Single Widowed Divorce  |  |
| Residence: Lamoni Ja  | d  |
| Charge to:  |  |
| Address   |  |
| Order given by  | Casket. Burial Vault or Box Clark Manday 1.50 0.5. Embelming Body (State Kind)   |
| How Secured::   | Embalming Body (State Kind)  [Name of Embalmer)                                  |
| If Veteran, State War   | Bankon e Hair Dressing, \$   |
|   | Dressing Body, \$  |
| Occupation Address (Social Security Number)   | Dressing Body, \$ Underwear, \$ Suitor Dress (State Kind and Color) Slippers, \$ |
|   |  |
| Date of Death. Sept. 17. 1849. 6:30 P.M. Date of Birth. Sept. 14. 1876. (Hour)  | Candelabrum, \$Candles, \$   |
| Date of Birth. 14. 18.76  | Door Spray, \$   |
| Age. 73 (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral 1/19/99 Mon > C M. (Date) (Day of Week) (Hour)  | Extra Limousines   |
| Services at & one Work Church   | Autos to R. R. Station   |
| Clergyman Oct Lane - Carel Campbell   | Taking Remains to  |
| Religion of the Deceased 2-40-9 (Address)   | Trip to Coroner's Inquest  Delivering Box to                                     |
| Birthplace Juoliana   | Deliver Flowers to   |
| Resided in the State  | Removal Charges  |
| Place of Death. Rural, Wr Xaurou (Months)   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.                  |
|   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Cause of Death  | Gross Total for Sales Tax. \$ 75375  |
| Contributory Causes   | Outlay for Lot   |
| 0 0 68 4  | Cremation  |
| Certifying Physician. & & Lound (or Coroser)  | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$                   |
| Name of Father. Jacob Saudage   | Outlay for Shipping Charges  |
| His Birthplace  | Clergyman, \$Singers, \$Organist, \$Raliroad   Tickets, \$Aaro-Service, \$       |
| Maiden Name of Mother Namett Crown  | or Motor Tickets, \$plane Service,\$<br>Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced  |
| Motor Ship Remains to   | Out of town Undertaker's Charges.  |
| let - Henry Mo Xal State  | reisonal pervice.  |
| Manufactured by Faul  | line Death Notices in Papers   |
| Cemetery } Love Rock (Page)   | (Names of Newspapers)  |
| Lot No.   |  |
| Grave No.   | Sales Tax  |
| Section No.   | Total Footing of Bill  |
| Block No.   | Less 5 90 by Dec 29 \$ 38 26   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  |  |
| Dataile Dataile   | Date Amount Paid Balance   |
| To Above Balance  | To Balance Forward\$   |
|   |  |
| *   |  |
|   | ***************************************  |
|   | ······································   |
| a a s s   | *\$  |
| « « S. S  | # # "S\$\$   |
| Names of Lodges.  | Insurance  |
| Insurance \$Lodges.   | Insurance<br>Companies   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to pay | meient resources Legally available to  |
| maturity at the rate of% per annum.   | and and an arrivered to accrue from  |
| Witness   | Signed.  |
| Compiled by F. J. 83  | Address  |

| Total No. 22.3.6 Yearly No. 2  | Date of Entry Jan 12 1950  |
|--|--|
| Name of Deceased. Cuma Bog   | ue Thomas O w  |
| Residence: Lamoni  | Wint Race)   |
| Charge to: Les Hilterhand  | orof ) Age of Husband or Wife (if living)  |
| Address. Launi   | Complete Funeral (except outlays)  |
| Order given by   | Casket   |
| How Secured:   | Burial Vault or Box(State Kind)  |
| If Veteran, State War 200  | Embalming Body   |
| Occupation housewell none  | Barber, \$Hair Dressing, \$Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Numb                           | Suit or Dress (State Kind and Color)   |
| Date of Death Jour (Date)  | Slippers, \$. Hose, \$ Folding Chairs, \$. Tarpaulin, \$.  |
| Date of Birth. Nov (Date) 1859 (Hou                                  | Candelabrum, \$Candles, \$   |
| Acro 90  | Door Spray, \$ :   |
|  | Limousines to Cemetery @ \$  |
| Date of Funeral (Date) (Days)  Control (Date) (Day of Week) (Hour)   | M. Extra Limousines @ \$   |
| Clergyman: Aut Laul  | ···· Getting Remains from  |
| (Add)  | Taking Remains to. Trip to Coroner's Inquest   |
| Religion of the Deceased   | ···· Delivering Box to   |
| Birthplace Mechegan  | Deliver Flowers to Removal Charges.  |
| Resided in the State (or U. S. or City or County) (Years) (Mon       |  |
| Place of Death. Lamon  | Certif.Copiesof Death CertificatesNo   |
| Cause of Death:  | Gross Total for Sales Tax  |
| Contributory Causes  | ···· Outlay for Lot:   |
| antituing Physician & & Lamet  | Cremation. Flowers, \$Palms, \$Matting, \$   |
| (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$   |
| His Address Lauren (or Corener)                                      | Opening of Grave or Tomb Total Manager 1, 600.  Lining Grave, \$Lowering Device, \$  |
| Name of Father Isaac Bogue   | Outlay for Shinning Charges  |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges. |
| Maiden Name of Mother Sorah G. Wells                                 | Telegr., Phone, Cable or Radio Charges.  |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Personal Service.  |
| Size of Casket 93 O taxen Shay Me.                                   | line Death Notices in Papers   |
| Manufactured by . Sur Color and Number Cast                          | (Names of Newspapers)  |
| Cemetery Crematory   | (Names of Newspapers)  |
| Lot No/.8.9  | Sales Tax  |
| Grave No   | Total Footing of Bill  |
| Section No   | Less . 5 /2 . 4 . 4  |
| Block No.  | Balancer 14 11 \$ 3.61.4.2.  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Bal   | ance Date Amount Paid Balance  |
| To Above Balance \$  | To Balance Forward. \$   |
|  | g a a g g  |
|  | я я \$ \$  |
| a a \$\$   | a a\$\$  |
| # #\$\$  |  |
| \$\$   |  |
| я я \$ \$  |  |
| Names of Lodges  | Insurance<br>  |
| Y  | ave sufficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to | o pay the same within  |
| maturity at the rate of% per annum.                                  | Signed   |
| Witness  | Address  |

| Total No. 2237                                    | Yearly No                   | n               | Date of                          | Entry   | an/y                    | 19A?           |
|---|-----------------------------|-----------------|----------------------------------|---|-------------------------|----------------|
| Name of Deceased                                  | ellie a x                   | trech           | eu                               |   | (What Dare)             |                |
| ☐ Married ☐                                       | Single Widowed              | ☐ Divorced      | □Hosband□                        | WHO Widows Jokey  | Streck                  | Les Cleres     |
| Residence:<br>Charge to: Novueled &               | Ptrecher                    | •••••           | of                               | of Age of Hush  | and or Wife (if living) | Years          |
|   | 0                           |                 | Complete Fun                     | eral (except outlays).  |                         | 254.00.        |
|   | ·#                          |                 | Casket                           |   |                         |                |
| Order given by                                    | (or informant)              |                 | Burial Vault o                   |   |                         |                |
| How Secured                                       |                             |                 | Embalming Bo                     |   | er)                     |                |
| If Veteran, State War                             |                             |                 | Barber, \$                       | ,\$Underw   | g, \$                   |                |
| Occupation  | (Social Securit             | v Number        | Suit or Dress                    | (State Kind and Col   |                         |                |
| Employer and Address                              |                             |                 | Slippers, \$                     |   |                         |                |
| Date of Death. Jan.                               | (Date) 1950                 | (Hour)          | Folding Chairs                   | \$Tarpaulin,<br>\$Candles, \$   | \$                      |                |
| Date of Birth.                                    | 1885                        |                 | Door Spray, \$                   |   |                         |                |
| Age   | .6                          |                 | Funeral Car, \$                  | Ambulance,  | \$                      |                |
| Date of Funeral. 1.9/49                           | Thurs.                      | 2 0 M           | Extra Limousi                    | Cemetery @ \$ .<br>nes  |                         |                |
| Services at Charles                               | (Day of Week)               |                 |                                  | Station @ \$.   |                         |                |
| Clergyman Carl Ball                               | untyne                      |                 | Taking Remai                     | ins from  |                         |                |
| Religion of the Deceased                          | PD & (Address)              |                 | Trip to Corone                   | er's Inquest  |                         |                |
| Birthplace Ellston                                | Ja -                        |                 | Delivering Box<br>Deliver Flower | tos to  |                         |                |
| Resided in the State                              | A                           |                 | Removal Char                     | mog   |                         |                |
| (or U. S.   | or City or County)   Years) | (Months)        | Procuring Buri                   | al Permit(State Number  | and District)           |                |
|   | s. Gity., Mo.               |                 | Certif.Copi                      | al Permit.  (State Number esof Death Certificates (State Physician's o vice, \$ Use of Ch | r Coroner's)            |                |
| Cause of Death                                    |                             |                 | Cross Total for                  | Sales Tax   | aper, o                 | 254 00         |
| Contributory Causes                               |                             |                 | Outlay for Lot                   |   |                         |                |
|   |                             |                 | Cremation<br>Flowers, \$         | .Palms, \$ Matt   | ing. \$                 |                |
| Certifying Physician                              | (or Coroner)                |                 | Rental of Tent,                  | \$of Temporary Vave or Tomb. Tolk   | ault,\$                 |                |
| His Address                                       | Till lite                   |                 | Opening of Gra<br>Lining Grave.  | \$Lowering Dev  | ice. \$                 | 1.6 .00        |
| Name of Father. Walty                             | mule                        |                 | Outlay for Shir                  | oping Charges   |                         |                |
| His Birthplace                                    |                             |                 | Railroad Ticket                  | Singers,\$Orga<br>s, \$ Aero-<br>plane Ser<br>Cable or Radio Charg                        | nist,\$                 |                |
| Maiden Name of Mother                             |                             |                 | Telegr., Phone,                  | Cable or Radio Charg  | es                      |                |
| Her Birthplace                                    |                             |                 | Cash Advanced                    | l   |                         |                |
| Motor Remains to                                  | 26                          |                 |                                  |   |                         |                |
| Size of Casket                                    | State Color and Number)     |                 | line Dooth                       | H. K. C. J. B.<br>Notices in Pap  | vdy                     | 16 21          |
| Manufactured by                                   | 11:00                       |                 | ·····                            | (Names of Newspapers)   | ers                     |                |
| Cemetery } Q. D.11                                | NGC                         |                 |                                  | (Names of Newspapers)   |                         |                |
|   | Lot No///9                  | 2               | Sales Tax                        |   |                         | 3 54           |
|   | Grave No                    | commendate ?    | Potal Footing                    | of Bill   |                         | 28875          |
|   | Section No                  |                 | Less                             | 77:1.1/18/49  | s                       | 1370           |
|   | Block No                    |                 |                                  | Balance   | s                       | 276 05         |
| Diagram of Lot or Vault                           | Owner                       | ]               | Entered into L                   | edger, pageor b   | elow.                   |                |
| Date  | Amount Paid                 | Balance         | Date                             |   | Amount Paid             | Balance        |
| To Above Balance                                  | s\$.                        |                 |                                  | To Balance Forward  |                         | s              |
| By Payment  | \$ \$.                      |                 |                                  | By Payment  | \$                      | \$             |
| ***************************************           | \$ \$.                      |                 |                                  |   | \$                      | 8              |
|   | \$\$.                       |                 |                                  | u u   | \$                      | \$             |
|   | 5.                          |                 |                                  |   | \$                      | \$             |
| и и   | s s                         |                 |                                  | « «   | \$                      | \$             |
|   | 8                           |                 |                                  | « «   | •                       | h              |
|   | Names of                    |                 |                                  | Insurance<br>Companies  | *                       | <u></u> .      |
| Insurance \$  I hereby authorize the above Funera |                             | at I have suffi | cient resources I a              | **  |                         |                |
| for the payment of aforesaid sum, as              |                             |                 |                                  |   | Vame of Funeral Dire    | etors.)        |
| maturity at the rate of                           |                             |                 | Signed                           | (Firm )   | m date. Interest        | to accrue from |
| Witness   |                             |                 | Address                          |   |                         |                |
|   |                             |                 |                                  |   |                         |                |

| Total No. 4. 2. 9 Yearly No 3  | Date of Entry Feb 3 1952   |
|--|--|
| Name of Deceased. James Erwin  | buith  |
| Residence: Single   Widowed   Divorce  | ed (Whys Race)   |
| Charge to:   | ed (Whys Reco)  [Husband] Wife   Widow   Slopes Wife (Il Wings)  or of   Age of Husband or Wife (Il Wings) Years   |
| Address  | Complete Funeral (except outlays)  |
| Order given by Mus Smith & children How Secured. (or informant)              | Casket Burial Vault or Box Judius Manuelum 395 00 Embalming Body  Gate Kind)   |
| How Secured: (or informant)  | Burial Vault or Box Sudwal Manselman 395.00  |
| If Veteran, State War 100  |  |
| Occupation seteral al station man  | Drossing Rody & Underwoor &  |
| Employee and A.J. (Social Security Number)                                   | Suit or Dress  |
| Date of Death  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$  |
| Date of Birth. Nov (Date) 1890 (Hour)  | Candelabrum, \$ Candles, \$  |
| Age59  | Door Spray, \$   |
|  | Limousines to Cemetery @ \$  |
| Date of Funeral. 3/50 (Day of Week) (Hour) Services at:::                    | Extra Limousines @ \$  |
| Services at::: (Day of Week) (Hour)  Clergyman:: Rall Fambour                | Getting Remains from   |
| (Address)  | Taking Remains to.  Trip to Coroner's Inquest  |
| Religion of the Deceased  Birthplace Hantsvill Alabama                       | Delivering Box to  |
|  | Removal Charges  |
| Resided in the State   | Procuring Burial Permit(State Number and District)   |
| Place of Death . Zamun Ja  | Procuring Burial Permit (Manis Number and District)  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ (State Physicals or Coroner's)  The of Chappel, \$ |
| Cause of Death:  | Gross Total for Sales Tax  |
| Contributory Causes.   | Outlay for Lot:  |
| ee A. +  | Cremation Flowers, \$ Palms, \$ Matting, \$  |
| Certifying Physician & & Samt  (or Coroner)  His Address                     | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address. Lamani  | Opening of Grave or Tomb   |
| Name of Father Quelue W. Smith   | Outlay for Shipping Charges  |
| His Birthplace Matter & Erwun  | Clergyman,\$. Singers,\$. Organist,\$. Railroad   Tickets,\$   |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Personal Service.  |
| Size of Casket Sawktolog and Number)  Manufactured by                        | line Death Notices in Papers   |
| Manufactured by Hill Cemetery \ Rose Hill                                    | (Names of Newspapers)  |
| Cemetery Crematory Lot No  | Sales Tax on cosket grewin 10 595  |
| Grave No   | Sales Tax . on Fault 7/9   |
| Section No   | Total Footing of Bill  |
| Block No   | Less 3% Ay Feb 13 \$ 50 19   |
| Diagram of Let or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance\$   | To Balance Forward \$  |
| By Payment   | By Payment   |
| s s  |  |
|  |  |
| # # \$   | и и \$   |
|  |  |
| sss  | « «sss   |
| Names of Lodges.   | Insurance<br>Companies   |
| Insurance \$   | sufficient resources Legally available to.   |
| I hereby authorize the above runeral, and I hereby covenant and agree to pa  | sufficient resources Legally available to  |
| for the payment of aforesaid sum, and a maturity at the rate of % per annum. | Signed   |
|  | Address  |

|  | RECUI                     | RD C           | if fui   | VERP             |                |   |                                       |         |
|--|---------------------------|----------------|--|------------------|----------------|---|---------------------------------------|---------|
| Total No. 2 2 39   | Yearly No                 | , —            | Date of  | Entry            | 9              | cb 5                                    | -                                     | .19     |
| Name of Deceased   | Biddie                    | lane           |  | in               |                | (What Re                                |                                       |         |
| Residence: Lamour  | Single Midowed            | Divorced       | [Hunband]  | wite Dwidow !    | .a.            | and or Wife (if ii                      | you                                   | 本       |
| Charge to: Q: A : P  |                           | I              |  | t \$             |                |   | 11                                    | 00      |
| Address  |                           |                | Complete Fun   |                  | outlays).      | <b>=</b> ·······                        | 1.50                                  |         |
| Order given by   |                           |                | Casket   |                  |                |   |                                       |         |
| How Secured :  | (or informant)            |                | Burial Vault of<br>Embalming Be                                | ndv              | (State Kind)   |   |                                       |         |
| If Veteran, State War  |                           |                | Parhar 9   | Ha (Ni           | me of Embala   | r. S                                    |                                       |         |
| Occupation leneser   | le u                      | are            | Dressing Body  | , \$             | Underw         | ear,\$                                  |                                       | سن بـ ا |
| Employer and Address   | (Social Secu              | rity Number)   | Dressing Body<br>Suit or Dress.<br>Slippers, \$                | (Stat            | Kind and Col   | or)                                     | · · · · · · · · · · · · · · · · · · · |         |
| Date of Death F. S. 2  | 1950                      | 10 G.K.        | Slippers, \$<br>Folding Chairs                                 | h                | lose, \$       | \$                                      |                                       |         |
|  | (Date)<br>/864            | (Hour)         | Candelabrum,   | \$:              | Candles, \$.   |   |                                       |         |
| Age  | Talain Allanda            |                | Door Spray, \$<br>Funeral Car, \$                              | 3Aı              | nbulance,      | \$                                      |                                       |         |
| (Years)  | (Months) (Days)           | -0             | Limousines to  | Cemetery.        | @ \$ .         |   |                                       |         |
| Date of Funeral. 75/5.0  | (Day of Weak)             | (Hour) M.      | Extra Limousi<br>Autos to R. R                                 |                  |                |   |                                       |         |
| Services at . Chake  | O                         |                | Getting Rema   | ins from         |                |   |                                       |         |
| Clergyman . New Car  | (Address)                 | is Coly        | Taking Remai   |                  |                |   |                                       |         |
| Religion of the Deceased   | ······                    |                | Delivering Box   | c to             |                |   |                                       |         |
| Birthplace Harrisa   | Corner, Ms                |                | Deliver Flower<br>Removal Char                                 |                  |                |   |                                       |         |
| Resided in the State 30  | or City or County). (Year | (Months)       | Procuring Bur  | ial Permit.      |                |   |                                       |         |
| Place of Death X eu  | ou de                     |                | Procuring Bur  Certif.Copi                                     | esof Death       | Pertificates   | No                                      |                                       |         |
| Cause of Death   |                           |                | Pall Bearer Se   | rvice, \$        | Use of Ch      | apel,\$                                 |                                       |         |
| Contributory Causes  |                           | ,              | Gross Total fo   | r Sales Tax.     |                |   | .15.8                                 | 7.5     |
|  |                           |                | Outlay for Lot<br>Cremation                                    |                  |                |   |                                       |         |
| Certifying Physician.  | : Samet                   | 7              | Flowers, \$  | .Palms, \$.      | Matt           | ing, \$                                 |                                       |         |
| His Address La   | (or Coroner)              |                | Rental of Tent<br>Opening of Gra                               | ,\$of Te         | mporary V<br>h | ault,\$                                 |                                       |         |
| Name of Father. Pat.   | Senhon                    |                | Lining Grave,  | \$Low            | ering Dev      | ice, \$                                 |                                       |         |
| His Birthplace   | /                         |                | Outlay for Shir  | oning Chare      | PS             |   |                                       |         |
|  | Person Dore               | ney            | Clergyman,\$<br>Railroad<br>or Motor}Ticket<br>Telegr., Phone, | s, \$            | Aero- Ser      | vice.\$                                 |                                       |         |
| Maiden Name of Mother  | K                         | /              | Telegr., Phone,  | Cable or Ra      | dio Charg      | es                                      |                                       |         |
| Her Birthplace   |                           |                | Cash Advanced<br>Out of town U                                 | i<br>ndertaker'e | Charges        | • |                                       |         |
| Motor Ship Remains to  | P                         |                | Personal Service   | e                |                |   |                                       |         |
| 0 10   | State Color and Number)   |                |  | Notices in       | Pan            |   |                                       |         |
|  | el.                       |                |  | (Names of News   |                |   |                                       |         |
| Cemetery } Let   |                           |                |  | (Names of News   |                |   |                                       |         |
|  | Lot No                    |                | Sales Tax  | an die           | w:.!           |   |                                       | 19      |
| BREWALL DEED   | Grave No                  |                | Total Footing  | of Bill          |                |   | 158                                   | 9.0     |
|  | Section No                |                | LessC  |                  | dies           |   | 8                                     | 92      |
|  | Block No                  |                | OA   | 3 16 Bal         | ince           |   | 150                                   | 00      |
| Diagram of Lot or Vault  | Owner                     |                | Entered in L   | edger, page.     | or b           | elow.                                   | 1700                                  |         |
| Date   | Amount Paid               | Balance        | Date   |                  |                | Amount Pa                               | d Ba                                  | lance   |
| To Above Balance   |                           | \$             |  | To Balance I     | orward         |   |                                       | I       |
| By Payment   | \$                        | \$             |  | By Payment       |                | \$                                      |                                       |         |
| и и  | \$                        | \$             |  | и и              |                | \$                                      | \$                                    |         |
|  | \$                        | \$             |  | u u              |                | \$                                      | \$                                    |         |
|  |                           | \$             |  | и и              |                | \$                                      | \$                                    |         |
| и и  | e                         |                |  |                  |                | \$                                      | \$                                    |         |
| и и .  | \$                        |                |  |                  |                | \$                                      | \$                                    |         |
|  | Names of<br>Lodges        |                |  | Ingurar          |                | s                                       | \$                                    |         |
| Insurance \$   |                           |                |  |                  |                |   |                                       |         |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to |                           |                |  |                  | Directors.     |   |                                       |         |
| maturity at the rate of  | .% per annum.             | agree to pay t |  |                  | days from      | n date. Inter                           | est to accr                           | ue from |
| Witness  |                           |                | Signed   |                  |                |   |                                       |         |
| Witness  |                           |                |  |                  |                |   |                                       |         |

| Total No 1 4 40 Yearly No 5  | Date of Entry Feb. 16 1950.  |  |  |  |  |
|--|--|--|--|--|--|
| Name of Deceased. Rosa Elizabeth W   | Date of Entry Feb. 16 1950   |  |  |  |  |
| Residence: A Howel Lauren L.   | od (What Race)   |  |  |  |  |
| Charge to: O. A. O.  | or of Age of Husband or Wife (if living)   |  |  |  |  |
| Address.   | Complete Funeral (except outlays)  |  |  |  |  |
| Order given by Landsherg   | Casket   |  |  |  |  |
| How Secured::(or informant)  | Burial Vault or Box  |  |  |  |  |
| If Veteran, State War  | Embalming Body (State Kind)  Raybon & Haise of Embalmen  Haise Demoirer &  |  |  |  |  |
| Occupation   | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.   |  |  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress  |  |  |  |  |
|  | Slippers, \$ Hose, \$  |  |  |  |  |
| Date of Death Feb /3 /950 SAN  Date of Birth (Date)                                      | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |  |  |  |  |
|  | Door Spray, \$ :   |  |  |  |  |
| (Years) (Mostle) (Dans)  | Limousines to Cemetery   |  |  |  |  |
| Date of Funeral. 2/16/50 Thurs 20 M  | Extra Limousines @\$   |  |  |  |  |
| Det 11000 40111111111111111111111111111111   | Autos to R. R. Station   |  |  |  |  |
| Clergyman::  | Taking Remains to.  Trip to Coroner's Inquest  |  |  |  |  |
| Religion of the Deceased.  | Delivering Box to  |  |  |  |  |
| Birthplace Cuses, 4a   | Deliver Flowers to   |  |  |  |  |
| Resided in the State   | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$\(^{\text{(State Number and District)}}\)  Certif. Opiesof Death Certificates No.  Pall Bearer Service, \$\(^{\text{(State Physicates to Coreners)}}\)  Use of Chaplet, \$\(^{\text{(State Physicates to Coreners)}}\) |  |  |  |  |
| Place of Death Lucle fendence San.   | Certif.Copiesof Death CertificatesNo   |  |  |  |  |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |  |
| Contributory Causes  | Gross Total for Sales Tax  |  |  |  |  |
|  | Cremation  |  |  |  |  |
| Certifying Physician. (or Coroner)   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |
| His Address  | Opening of Grave or Tomb   |  |  |  |  |
| Name of Father   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$  |  |  |  |  |
| Maiden Name of Mother  | or Motor Tickets, \$   |  |  |  |  |
| Her Birthplace   | Cash Advanced  |  |  |  |  |
| Motor Remains to Size of Casket  | Out of town Undertaker's Charges.  |  |  |  |  |
| Size of Casket O A. T.  (State Colorand Number)  Manufactured by (State Colorand Number) |  |  |  |  |  |
| Manufactured by  | line Death Notices in  |  |  |  |  |
| Cemetery Crematory   | (Names of Newspapers)  |  |  |  |  |
| Lot No 4.4.0   | Sales Tax Wo Text  |  |  |  |  |
| Grave No   | Tetal Pasting of Pill 1/ 8 / 68 75   |  |  |  |  |
| Section No   | Less Pd Ly 0 4.0- 75/50 \$ 150 00  |  |  |  |  |
| Block No   | Balance\$\$  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.   |  |  |  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance   |  |  |  |  |
| To Above Balance \$  | To Balance Forward\$   |  |  |  |  |
|  | By Payment \$\$.   |  |  |  |  |
| * *  |  |  |  |  |  |
|  | # # \$ s.  |  |  |  |  |
| a a 3, \$\$.   | * *sss   |  |  |  |  |
| а а "\$  |  |  |  |  |  |
| а а \$ \$  | sss  |  |  |  |  |
| Names of Lodges  | Insurance<br>  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have                 | I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to   |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa                  | for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within   |  |  |  |  |
| maturity at the rate of% per annum.  | Signed   |  |  |  |  |
| Witness  | Address  |  |  |  |  |
|  |  |  |  |  |  |

| Total No. 724/ Yearly No. 6.  | Date of Entry 1950  |
|---|---|
| Name of Deceased. Allie Grenaw  | alt grazer w  |
| Name of Deceased   Single   Widowed   Divorce   | od (What Race)  |
| Charge to: Maron Trasle   |   |
|   | Complete Funeral (except outlays)\$ .360.00   |
| Address.  |   |
| Order given by(orinformant)   | Casket. Burial Vault or Box Albia Cruste //5 00 Embalming Body  |
| How Secured:  |   |
| If Veteran, State War   | Barber, \$. Hair Dressing, \$   |
| Occupation Mousewife  | Suit or Dress. (State Kind and Color)   |
| Employer and Address  | Sippers, \$   |
| Date of Death. Feb 14. 1950 6 PM (Bour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |
| Date of Birth. Feb. 14. 1872  | Door Spray, \$  |
| Age. 78 (Months) (Days)   | Funeral Car, \$   |
| Date of Funeral 2/9/50 Jun 2 0 M  | Extra Limousines  |
| Services at . Collishum (Day of Week) (Hour)  | Autos to R. R. Station  |
| Clergyman Ray Cheville  | Taking Remains to   |
| Religion of the Deceased.   | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace Harrison County, No.   | Deliver Flowers to  |
| Desided in the Otate 47 474.  | Removal Charges   |
| Place of Death. Lamon (Months)  | Cortif Conject Death Cartificates No.   |
|   | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  (State Physician's or Coroner's)  Pall Bearer Service, \$\script{\script{State Physician's or Coroner's}}\$  Use of Chaplel, \$\script{\script{State Physician's or Coroner's}}\$ |
| Cause of Death:   | Gross Total for Sales Tax. \$ 475 00  |
| Contributory Causes   | Outlay for Lot  |
| e 2 H +   | Cremation Palms, \$ Matting, \$   |
| Certifying Physician.   | Rental of Tent. \$ of Temporary Vault. \$.  |
| His Address.  | Opening of Grave or Tomb & A. Mendall 1800<br>Lining Grave, \$Lowering Device, \$   |
| Name of Father. John J. Silvawalt   | Outlay for Shipping Charges   |
| His Birthplace.   | Clergyman, \$. Singers, \$. Organist, \$. Railroad   Tickets, \$. plane Service, \$. Telegr., Phone, Cable or Radio Charges.  |
| Maiden Name of Mother. Faure Catus m.   | or Motor / Lickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | . Cash Advanced   |
| Motor   Remains to  | Out of town Undertaker's Charges  |
| Size of Casket 5 Octagen gray Wellan  |   |
| Manufactured by . (Syste Color and Number) Case   | line Death Notices inPapers   |
| Cemetery Crematory  | (Names of Newspapers)   |
| Lot No / 4 8 3  |   |
| Grave No  | Sales Tax   |
| Section No  | Total Footing of Bill   |
| Block No  | Bafance 7 s 473 75  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page G. 102 below ull  |
| Date Amount Paid Balance  | 0 0 0 0 0   |
| To Above Balance \$.  | To Balance Forward.   |
| By Payment. \$ \$   | By Payment \$ \$  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |
| 4 4 \$ \$   |   |
|   |   |
|   | « « \$ \$   |
|   | \$  |
| \$ \$ \$  | ······································  |
| Names of Lodges.  | Insurance<br>   |
| Inhereby authorize the above Funeral, and I hereby represent that I have s                                      | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | y the same within days from date. Interest to accrue from   |
|   | Signed.   |
| Witness   | Address   |

| Total No Yearly No   | . Date of Entry 19.50  |  |  |
|--|--|--|--|
| Name of Deceased. Ruty Anou  | d Banker What Race)  |  |  |
| Residence: Lauroui   | or   |  |  |
| Charge to: M. Brand Banker   | Complete Funeral (except outlays)  |  |  |
| Address  |  |  |  |
| Order given by(or informant)   | Burial Vault or Box & Lift 9 Soult 115 00 0  (State Kind)  Embalming Body (Name of Embalmer)   |  |  |
| How Secured:   | Embalming Body   |  |  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$   |  |  |
| Occupation Store outer _ 478-27-8529   | Dressing Body, \$Underwear, \$<br>Suit or Dress  |  |  |
| Employer and Address   | Slippers, \$   |  |  |
| Date of Death. Feb > 0 1950 (Hour)   | Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth. May > 1880  | Candelabrum, \$. Candles, \$. Door Spray, \$ : Gloves, \$.   |  |  |
| Age. 69 (Years) (Months) (Days)  | Funeral Car, \$ Ambulance, \$  |  |  |
| Date of Francis 2/2450 Week 2:30 Pre   | Limousines to Cemetery   |  |  |
| Services at::: (Day of Week) (Hour)  |  |  |  |
| Clergyman: Cheville & Lane   | Getting Remains from   |  |  |
| Religion of the Deceased L. D. S (Address)   | Trip to Coroner's Inquest  |  |  |
| Birthplace Muchegow  | Delivering Box to  |  |  |
| Resided in the State.  | Removal Charges  |  |  |
| (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{Consumers}}_{\text{Use of Onjoint's}}\)  Certif.Copiesof Death CertificatesNo.  Death Physicals or Corporat's)  Pall Bearer Service, \$\(^{\text{Consumers}}_{\text{Use of Onjoint's}}\) |  |  |
| Place of Death. & ear Horfulal   | Certif. Copiesof Death Certificates No.  (State Physician's or Coroner's)  Dell Popper Commiss & Live of Cheerle   |  |  |
| Cause of Death. Carynan, acalumian   | Gross Total for Sales Tax. \$ 50/00  |  |  |
| Contributory Causes.   | Outlay for Lot:  |  |  |
|  | Cremation Flowers, \$  |  |  |
| Certifying Physician. E & Samet  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |
| His Address Lauren   | Opening of Grave or Tomb 5.4. Markall 18 0.<br>Lining Grave, \$ Lowering Device, \$  |  |  |
| Name of Father A fley Brand  | Outlay for Shipping Charges  |  |  |
| His Birthplace   | Clergyman,\$, Singers,\$   |  |  |
| Maiden Name of Mother Franke (Sailey   | or Motor Tickets, \$ plane Service, \$   |  |  |
| Her Birthplace   | Cash Advanced  |  |  |
| Motor   Remains to   | Out of town Undertaker's Charges   |  |  |
| Size of Casket /3 - Oct 1/2 Cuch Clicke  |  |  |  |
| Manufactured by Leavy City Coesty &  | line Death Notices inPapers  |  |  |
| Cemetery Crematory A oze bill  | (Names of Newspapers)  |  |  |
| Lot No   |  |  |  |
| Grave No3  | Sales Tax Sol  |  |  |
| Section No   | Less 570 by May - 3 45 30  |  |  |
| Block No   | D. 1 Balange, \$49.8.7/  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |
| Date Amount Paid Balance   | Date March 7 Amount Paid Balance   |  |  |
| To Above Balance.  | To Balance Forward.  |  |  |
| By Payment \$ \$   | By Payment \$ \$   |  |  |
| " " \$ \$ \$   |  |  |  |
|  | sss  |  |  |
| " "  |  |  |  |
| \$ \$  | \$ \$  |  |  |
| * *\$\$  |  |  |  |
|  | * Transpage  |  |  |
| Insurance \$ Names of Lodges.  | Insurance<br>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<br>maturity at the rate of% per annum.    |  |  |  |
|  | Signed   |  |  |
| Witness  | Address  |  |  |

| m  | Date of Entry March 2 1950   |  |  |  |  |
|--|--|--|--|--|--|
| Total No 2. 2. 4.3 Yearly No 9   | Date of Entry 1950.  |  |  |  |  |
| Name of Deceased. All Marsied Single Widowed Divor   | red (What Race)  |  |  |  |  |
| Residence: Lamone Ja   | [Husband Wile Widow] Januer Bake   |  |  |  |  |
| Charge to: Maximo Orocher  | 202 40   |  |  |  |  |
| Address Laman la   | Complete Funeral (except outlays)  |  |  |  |  |
| Order given by Maxime & wither   | Casket. Burial Vault or Box. Acception best 25 05  |  |  |  |  |
| How Secured: (or informant)  | Embalming Body (State Kind)  Embalming Body (Name of Embalmer)   |  |  |  |  |
| If Veteran, State War  | Barber, \$   |  |  |  |  |
| Occupation Housewife une   | Dressing Body, \$  |  |  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.   |  |  |  |  |
| Date of Death Feb 28 1950 5- PM  | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |
| Date of Birth. Jan. 26 /885 (Hour)   | Candelabrum, \$  |  |  |  |  |
| Age  | Funeral Car, \$Ambulance, \$   |  |  |  |  |
| Date of Funeral 3/3/50   | Limousines to Cemetery   |  |  |  |  |
| Services at .: (Day of Week) (Hour)  | Autos to R. R. Station @ \$  |  |  |  |  |
| Clergyman art Lave.  | Getting Remains from   |  |  |  |  |
| Religion of the Deceased. (Address)  | Trip to Coroner's Inquest  |  |  |  |  |
| Birthplace Buskington for Mo.  | Delivering Box to Deliver Flowers to .   |  |  |  |  |
| Resided in the State 42 fgm  | Removal Charges  |  |  |  |  |
| Place of Death, Lauren (Years) (Months)  | Certif Conject Death Certificates No.  |  |  |  |  |
| Cause of Death   | Procuring Burial Permit.  Certif. Copies of Death Certificates No.  Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |  |  |
| Contributory Causes.   | Gross Total for Sales Tax  |  |  |  |  |
| Contributory Causes  | Outlay for Lot.  |  |  |  |  |
| Certifying Physician. L. S. O. Reed  | Flowers, \$Palms, \$Matting, \$  |  |  |  |  |
| His Address Davis City   | Rental of Tent, \$ of Temporary Vault, \$ /6 6 c.  |  |  |  |  |
| Name of Father. Not known  | Lining Grave, \$Lowering Device, \$  |  |  |  |  |
| His Birthplace   | Outlay for Shipping Charges.  Clergyman. S. Singers S. Organiet S.   |  |  |  |  |
| Maiden Name of Mother. Susan Weable  | Clergyman,\$. Singers,\$. Organist,\$. Railroad \Tickets,\$. \frac{\text{Aero-}}{\text{plane}} Service,\$.     |  |  |  |  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |
| Motor Remains to   | Out of town Undertaker's Charges   |  |  |  |  |
| Size of Casket 4/3-Oct /- Couch - Fray Of  | Personal Service.  |  |  |  |  |
| Manufactured by . Eufstate (Stor and Number)   | line Death Notices inPapers  |  |  |  |  |
| Cemetery Crematory } Arze Kill   | (Names of Newspapers)  |  |  |  |  |
| Lot No. 696  |  |  |  |  |  |
| Grave No.  | Sales Tax 352  |  |  |  |  |
| Section No   | Total Footing of Bill \$ 37152   |  |  |  |  |
| Block No   | Less. 5/0 \$   |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |  |  |
| Date Amount Paid Balance   | Pete   |  |  |  |  |
| To Above Balance.  | Balance Balance  |  |  |  |  |
| By Payment. S. S.  | To Balance Forward   |  |  |  |  |
| 4 4 \$ \$  | « « »  |  |  |  |  |
| " " \$ \$  |  |  |  |  |  |
|  |  |  |  |  |  |
| \$   |  |  |  |  |  |
|  |  |  |  |  |  |
| Names of Lodges.   |  |  |  |  |  |
|  | Insurance  |  |  |  |  |
| 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 defection.) |  |  |  |  |  |
| for the payment of accessal sum, and a percoy covenant and agree to pay the same within  |  |  |  |  |  |
| Witness  |  |  |  |  |  |
| Compiled by F. J. S.   | RINEMAN, St. Louis, Mo.  |  |  |  |  |

| Total No. 2.244 Yearly No. 9  | Date of Entry March 6 1950  |
|---|---|
| Name of Deceased. Caroling R. Married   Single   Widowed   Diverced     | oberls (What Raco)  |
| Residence: Charitan Ja<br>Charge to: Seraleline Rebert, Broles White    | Husband   Wife   Widow   et   |
| Address   | Complete Funeral (except outlays)\$   |
| Order given by & bare   | Casket. Burial Vault or Box Aug. 5-e4. A5 00. [State Kind]  |
| How Secured :   | Embalming Body (State Kind) (Name of Embalmer)  |
| If Veteran, State War   | Barber, \$  |
| Occupation lousewife  | Dressing Body, \$ Underwear, \$   |
| Employer and Address  | Suit or Dress. (State Kind and Color)   |
| Date of Death. Man. 3 1950  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$   |
| (Date) (Lion)   | Candelabrum, \$Candles, \$  |
| Date of Birth   | Door Spray, \$  |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral 36/50 Hou 2 P.M.  | Extra Limousines  |
| Services at :: Chafel   | Getting Remains from  |
| Clergyman Rev Cackler   | Taking Remains to   |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to  |
| Birthplace  | Deliver Flowers to  |
|   | Removal Charges   |
| (or U. S. or City or County) (Team) (Michigan)                          | (State Number and District)  Certif Conject Death Certificates No.  |
| Place of Death. Charton Sa.   | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$\(^{\text{(suber purplicates Commer*s)}}\)  Use of Chappel, \$\(^{\text{(suber purplicates Commer*s)}}\) |
| Cause of Death:   | Gross Total for Sales Tax   |
| Contributory Causes   | Outlay for Lot:   |
|   | Flowers, \$ Palms, \$ : : : : Matting, \$   |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Lining Grave, \$Lowering Device, \$   |
| Name of Father  | Outloy for Shipping Charges   |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$ Organist, \$ Telegr., Phone, Cable or Radio Charges   |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Out of town Undertaker's Charges.   |
| b/ und one Want love / Kell Xou   |   |
| Manufactured by Root.   | line Death Notices inPapers   |
| Cemetery Crematory . Rose Hell  | (Names of Newspapers)   |
| Lot No/70/  | 7.23  |
| Grave No4   | Sales Tax   |
| Section No  | Total Footing of Bill   |
| Block No  | 01 hell Ner 7/50 8 510 8 2  |
| Omnor   | Entered into Ledger, page or below.   |
| Date Amount Paid Balanc   | p Date Amount Paid Balance  |
| Date  | To Balance Forward \$   |
| To Above Balance \$   | By Payment \$ \$  |
| By Payment  | a a \$\$.   |
|   | 4 4 \$\$  |
| " " S S   | # #\$\$   |
| a a \$\$  | я \$ \$   |
| и и "\$\$   | # # \$ \$   |
| * *   | « «\$\$   |
| Names of Lodges.  | Insurance<br>Companies.   |
| Thereby outhorize the shove Funeral, and I hereby represent that I have | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to p  | ay the same within  |
| maturity at the rate of% per annum.                                     | Signed  |
|   | Address   |
| Witness Compiled by F. J  | FEINEMAN St. Louis, Mo.   |

|  | March 7 1950   |
|--|--|
| Total No. 2245 Yearly No   | , Date of Entry  |
| Name of Deceased. May Isabelle.    Married   Single   Wildowed   Diverce   | Scott Who Barel  |
| ☐ Married ☐ Single   | d winheld frost  |
| Residence: Pasadena Calif  |  |
| Charge to:   |  |
| Address,   | Complete Funeral (except outlings)   |
| Order given by Exold Scott   | Casket   |
| (or informant)   | Burial Vault or Box(State Kind)  |
| How Secured::  | Embalming Body (Name of Embalmer)  |
| If Veteran, State War  | Barber, \$   |
| Occupation   | Suit or Dress. (State Kind and Color)  |
| Providence and Address   | Hose, S  |
| Date of Death. Act 2 19.9.9 (Hour)   | Folding Chairs \$ Tarpaulin, \$  |
| (Date) (Hour)  |  |
| Date of Birth  | Candeastruit, \$ Gloves, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$  |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery   |
|  | Extra Limousines   |
| Services at Many (Day of Week) (Hour)                                      | Autos to R. R. Station   |
| Clergyman Asthur Lave  | Taking Remains to  |
|  | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace   | Deliver Flowers to   |
| Resided in the State   | Procuring Burial Permit.   |
| Place of Death. Pasadua California   | Certif, Copiesof Death Certificates No.  |
| Cause of Death Carolian Alcomplemation                                     | Procuring Burial Permit (State Number and District)  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes arterio Schrois  | Gross Total for Sales Tax\$  |
| Contributory Causes.   | Outlay for Lot   |
|  | Cremation.   |
| Certifying Physician   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb   |
| Name of Father.  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |
|  | Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$Railroad Tickets,\$plane Service,\$   |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
|  | Personal Service Glass Jac 3600  |
| Size of Casket. (State Color and Number)  Manufactured by                  | line Death Notices in Papers   |
| Cemetery Crematory Stythedale  | (Names of Newspapers)  |
| Crematory J  |  |
| Lot No.  | Sales Tax ue toy   |
| Grave No   | Total Footing of Bill.   |
| Section No   | -  |
| Block No   | Less Pol in feel Mai 150 \$  |
| Diagram of Let or Vault Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   |  |
| To Above Balance\$   | Amount Paid Balance  |
| By Payment. S S  | To Balance Forward\$   |
| by Payment   | By Payment \$ \$   |
|  | ***************************************  |
|  | ······································   |
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|  |  |
|  |  |
| Names of Lodges  | InsuranceCompanies,  |
| I hereby authorize the above Funeral, and I hereby represent that I have s | mental and a second a second and a second an |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | Affice the same within   |
| maturity at the rate of% per annum.  | Signed Signed  |
| Witness  | Address  |
| Compiled by F. J.  |  |

| Total No. 2 2 76 Yearly No //   | Date of Entry March 15 1955  |
|---|--|
| Name of Deceased. Sertrude Hartma   | u DeLarg   |
| Residence: Les Moures Widowed Divorce   | Ullushand Will Wildow Loky R. De Loug  |
| Charge to:  | or   |
| Address   | Complete Funeral (except outlays)\$  |
| Order given by  | Casket   |
| How Secured: (or informant)   | Burial Vault or Box  |
| If Veteran, State War   | Embalming Body (State Kind)  Rarbor S (Name of Embalmer)                     |
| Occupation  | Drossing Dada e  |
| Employer and Address (Social Security Number)   | Suit or Dress  |
| Date of Death. March 12 19 50 (Hour)  | Slippers, \$   |
| Date of Birth (Date) (Hour)   | Candelabrum, \$Candles, \$   |
| 7/  | Door Spray, \$   |
| Date of Funeral. 11.5 D Wed 2 P M   | Limousines to Cemetery @ \$  |
| Services at:: ( Day of Week) (Hour)   | Extra Limousines @ \$ Autos to R. R. Station @ \$                            |
|   | Getting Remains from   |
| Religion of the Deceased. L. J. ((Address)  | Taking Remains to Trip to Coroner's Inquest                                  |
|   | Delivering Box to  |
| Birthplace  | Deliver Flowers to   |
| Resided in the State (or U. S. pr, City or County) (Years) (Months)   | Procuring Burial Permit.   |
| Place of Death. De Mortes   | Procuring Burial Permit  |
| Cause of Death Eurhal Hemorlage   | Pall Bearer Service, \$ Use of Chapel, \$                                    |
| Contributory Causes   | Gross Total for Sales Tax  |
|   | Cremation Flowers, \$ Palms, \$ Matting, \$                                  |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$                                    |
| His Address   | Opening of Grave or Tomb & Monday (6 de Lining Grave, \$ Lowering Device, \$ |
| Name of Father  | Outlay for Shipping Charges  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$. Railroad \Tickets,\$plans Service,\$      |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges                                       |
| Her Birthplace  | Cash Advanced  |
| Motor Ship Remains to   | Out of town Undertaker's Charges.  Personal Service.                         |
| Size of Casket  | Personal Service. 35 00  |
| Manufactured by   |  |
| Cemetery Crematory  | (Names of Newspapers)  |
| Lot No/.0.9   | Sales Tax  |
| Grave No3   | Total Footing of Bill 1/15/50 \$ 53 00                                       |
| Section No  | Less S   |
| Block No  | Balances   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance. \$  | To Balance Forward   |
|   |  |
| " " \$ \$   |  |
|   |  |
| \$\$  |  |
|   |  |
| a a \$ \$   | a a s e  |
| Names of Lodges Lodges  | Insurance<br>Companies   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su  | fficient resources Levally available to                                      |
| I hereby authorize the above Funeral, and I hereby represent that I have su<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | (Firm Name of Funeral Directors.) the same within                            |
| maturity at the rate of% per annum.   | Signed   |
|   | Address  |

| Total No. 2247. Yearly No. 12  | Date of Entry   | )                  |
|--|---|--------------------|
| Name of Deceased Marla log De U  | northe (What Race   |                    |
| Residence was ky Lamou   | []Husband[]Wife[]Widow}   |                    |
|  | or of Age of Husband or Wife (if living   | The second second  |
| Charge to: J. J. De Bartle   | Complete Funeral (except outlays)\$   | 73 .00.            |
| AddressX Doctor  | Casket  |                    |
| Order given by(or informant)   | Burial Vault or Box(State Kind)   |                    |
| 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   | Hose S  |                    |
| Date of Death March 27 1950 4AM (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |                    |
| Date of Birth. 4. 6. 1948  | Door Spray, S   |                    |
| Age. / 5 >/ (Years) (Months) (Days)  | Funeral Car. S Ambulance, \$  |                    |
| Date of Funeral 3/27/50 Months) (Days) 3/30 Pm.  | Limousines to Cemetery @ \$   |                    |
| Age. (Yearly J. 5.6 (Months) (Days) 5,70 P. M. (Bour) 5,70 P. M. (Gost) Services at (Logs) (Days et Week) (Hour) | Autos to R. R. Station @ \$   |                    |
| Clergyman Clifford Cole Robt familiam  | Getting Remains from  |                    |
| Religion of the Deceased   | Trip to Coroner's Inquest   |                    |
| Birthplace Lean Su   | Delivering Box to   |                    |
|  | Removal Charges   |                    |
| Resided in the State. (Months) (Years) (Months)  | Procuring Burial Permit   |                    |
| Place of Death. Lamoni   | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.  (State Physicales or Coronara)  Pall Bearer Service, \$ Use of Chapel, \$ |                    |
| Cause of Death Locsan  | Pall Bearer Service, \$ Use of Chapel, \$   | 7500               |
| Contributory Causes  | Gross Total for Sales Tax\$ Outlay for Lot  |                    |
|  | Cremation   |                    |
| Certifying Physician & Samet   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |                    |
| His Address . Laure (or, Coroner)  | Opening of Grave or Tomb  | 10 1-0.            |
| Name of Father. J. N. D.o Chartho  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges   |                    |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$   |                    |
| Maiden Name of Mother Eucl Stubbart  | Clergyman,\$Singers,\$Organist,\$<br>Railroad or Motor Tickets, \$Aero-Service,\$   |                    |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |                    |
| Motor Remains to   | Out of town Undertaker's Charges.   |                    |
| 3-0 10/10/19   | Personal Service  |                    |
| Manufactured by Surface Color and Number 1   | line Death Notices in Papers  |                    |
| Cemetery Crematory   | (Names of Newspapers)   |                    |
| Lot No. 1152   |   |                    |
| Grave No   | Sales Tax   | 3.5                |
| Section No   | Total Footing of Bill   | 95 75              |
| Block No.  | Less Ool by N, T. s   | .25. 00.           |
|  | O'al Batanos cell, s  | 60.75              |
| Diagram of Dot of Fault  | Entered into Ledger, page or below.   |                    |
| Date Amount Paid Balance   | Date . Amount Pai   | l Balance          |
| To Above Balance \$  | To Balance Forward  |                    |
| By Payment \$ \$   |   |                    |
| \$   |   |                    |
| и и д д  |   | . \$               |
| « « S S  | ***************************************   | . \$               |
|  | *   | . \$               |
| * *ssssss  |   | . \$               |
| Names of Lodges.   | Insurance   | . 8                |
| Insurance \$   | officient resources Legally and Like  |                    |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | the same within. (Firm Name of Funeral I  | irectors.)         |
| maturity at the rate of% per annum.  | Signeddays from date. Inter-  | est to accrue from |
| Witness  | Address   |                    |
| Compiled by F. J. F  | RINEMAN, St. Louis, Mo.   |                    |

| Total No. 228 Yearly No. 13   | Date of Entry March 29 1950   |
|---|---|
| Name of Deceased. Mary and  | aaa)  |
| Magried ☐ Single ☐ Widowed ☐ Diverce Residence:   | ed (What Race)  |
| Charge to: Mrs. C. E. Glbson  | or. of Age of Husband or Wife (if Hving). Years   |
| Address   |   |
| Order given by above  | Complete Funeral (except outlays)\$ .32.7.0.8.  |
| for infrared and a second a second and a second a second and a second | Burial Vault or Box   |
| How Secured::   | (State Kind)  |
| If Veteran, State War VO  | Embalming Body (Name of Embalmer) Barber, \$  |
| Occupation housevife une  | Dressing Body, \$. Underwear, \$. Suit or Dress.  Slimpers \$ (State Kind and Color)  Here \$ 2 |
| Employer and Address (Social Security Number)   | Slippers, \$. (State Kind and Color) Hose, \$.  |
| Date of Death March 26 1950 5 PM  |   |
| Date of Birth. F.eb. 7. 1870 (Hour)   | Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$   |
| Age. (Years) (Months) 4 (Dave)  | Funeral Car, \$Ambulance, \$  |
| Date of Funeral. 729/50 (Months) Led (Days) > P. M  |   |
| Services at: : (Date) (Bay of Week) (Hour)  | Autos to R. R. Station @ \$   |
| Clergyman. Noy Chevelle   | Taking Remains to   |
| Religion of the Deceased. (Address)   | Trip to Coroner's Inquest   |
| Birthplace Freeze Courty la   | Delivering Box to   |
| Posided in the State  | Removal Charges   |
| Place of Death (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.                               |
| Cause of Death  | Pall Bearer Service, \$ Use of Chapel, \$   |
|   | Gross Total for Sales Tax   |
| Contributory Causes.  | Outlay for Lot: Cremation   |
| Certifying Physician E.E. Yamut   | Flowers, \$ Palms, \$ : . Matting, \$   |
| (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Ta A Manual 1998             |
| His Address . Lampii  | Lining Grave, \$Lowering Device, \$   |
| Name of Father John Matcher   | Outlay for Shipping Charges   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother Marquet O' Niel   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Remains to  | Personal Service  |
| Size of Casket / 5 / Casket / S /   | line Death Notices in Papers  |
| Manufactured by Cometery A var Hull   | (Names of Newspapers)   |
| Crematory )   |   |
| Lot No  | Sales Tax   |
| Grave No  | Total Footing of Bill   |
| Block No.   | Less 5.75 04 338 = \$16 5.3.  |
|   | Balance   |
| Diagram of Lot or Vault   |   |
| Date  |   |
| To Above Balance \$   | To Balance Forward\$  |
| Eustlal 329 74 s  | a a g g   |
| Marken : 8996 ;   | A   |
| " 18419 70 sOM  | en feel " " s s   |
| " " s s \$ 3/   | 00/50 " " " "   |
| # #ss   | \$  |
| 8 8   |   |
| Names of Lodges.  | Insurance   |
| I hereby sutherize the shove Funeral, and I hereby represent that I have a  | sufficient resources Legally available to(Firm Name of Funeral Directors.)                      |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay  | y 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. 2249 Date of Entry.... Yearly No.... /. #... Moses Sandage Name of Deceased ... Husband Wite Widow ) . Co Age of Hush Charge to: Complete Funeral (except outlays).... Address... Casket..... Burial Vault or Box . albia Correcte Order given by..... How Secured : : Embalming Body .. (Name of Embalmer) Hair Dressing, \$... If Veteran, State War Barber, \$..... Dressing Body, \$...........Underwear, \$ Occupation farmer Suit or Dress . . . . . (State Kind and Color) ...Hose, \$..... Employer and Address Date of Death Man. 30 1950 Folding Chairs, \$..... Tarpaulin, \$... Candelabrum, \$..... Candles, \$... Door Spray, \$ ..... .... Gloves, \$. . Age. Funeral Car, \$..... Ambulance, \$... Limousines to Cemetery . . . . @ \$ . . . Date of Funeral 1/2/50 Extra Limousines ..... @\$ Services at ... Cheshel Autos to R. R. Station . Clergyman. Rubt Farukam Getting Remains from . . . . Taking Remains to..... Trip to Coroner's Inquest ...... Religion of the Deceased . . . . Delivering Box to . . Birthplace Tell Cety Deliver Flowers to. Removal Charges.... Resided in the State Place of Death. & est - H Pall Bearer Service, \$... Use of Chapel. \$ Cause of Death . Gross Total for Sales Tax..... Contributory Causes... Outlay for Lot. Cremation . . . Certifying Physician E. E. Lamet Flowers, \$ . . . . Palms, \$ . . . . . Matting, \$ Rental of Tent, \$ . . . of Temporary Vault, \$ Opening of Grave or Tomb To A. Marikak Lining Grave, \$..... Lowering Device, \$ Outlay for Shipping Charges.... Name of Father ... 7 Clergyman,\$...Singers,\$...Organist,\$.
Railroad Tickets, \$....Plane Service,\$. His Birthplace. . Maiden Name of Mother Clarice Jefferies Telegr., Phone, Cable or Radio Charges . Her Birthplace . . Cash Advanced..... Motor Remains to Out of town Undertaker's Charges Personal Service..... Size of Casket . . . Flewtor and Rose Hell Manufactured by .... .line Death Notices in . . . . . Papers (Names of Newspapers) Lot No. . . 96.8 Sales Tax Grave No.... Total Footing of Bill 73510 Section No .. Block No. Owner..... Entered into Ledger, page . . . . or below. Date Amount Paid Balance Date Amount Poid To Ahove Relence To Balance Forward . . .

maturity at the rate of ..... % per annum. Address Compiled by F. J. FEINEMAN, St. Louis, M.

I hereby authorize the above Funeral, and I hereby represent that I have suffici

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

| Total No. 2250 Yearly No. 15  | . Date of Entry . april 6 1950  |  |  |  |
|---|---|--|--|--|
| Name of Deceased. Quality Res   | site w  |  |  |  |
| Residence: Laurani de   | Husband Wite Widow) acres Hossiter  |  |  |  |
| Charge to: Muse Hacke   | or  |  |  |  |
| Address.  | Complete Funeral (except outlays)   |  |  |  |
| Order given by  | Casket.   |  |  |  |
| How Secured::(orinformant)  | Burial Vault or Box (State Kind)  |  |  |  |
| If Veteran, State War   | Barber, \$  |  |  |  |
| Occupation  | Dressing Body, \$ Underwear, \$   |  |  |  |
| Employer and Address (Social Security Number)   | Suit or Dress (State Kind and Color)  |  |  |  |
| Date of Death. Okr 4 1950   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.  |  |  |  |
| Date of Birth (Hour)  | Candelabrum, \$Candles, \$  |  |  |  |
| Age 8 3   | Door Spray, \$ :  |  |  |  |
| Date of Funeral 1/6/50 Thurs. Days)   | Limousines to Cemetery @ \$   |  |  |  |
| Services at::: (Day of Week) (Hour)   | Extra Limousines @ \$   |  |  |  |
| Clergyman: But Lane   | Getting Remains from  |  |  |  |
| Religion of the Deceased. (Address)   | Trip to Coroner's Inquest   |  |  |  |
|   | Delivering Box to   |  |  |  |
|   | Permarral Changes   |  |  |  |
| (or U. S. or City of County) (Yests) (Months)   | Procuring Burial Permit. (State Number and District)  |  |  |  |
| Resided in the State (or U.S. or City of County) (Yeggs) (Months) Place of Death Set Words                      | Pall Bearer Service, \$\(^{\text{(Salas Number and District)}}\)  Light Search Service, \$\(^{\text{(Salas Number and District)}}\)  Pall Bearer Service, \$\(^{\text{(Suber Projections or Commarks)}}\) |  |  |  |
| Cause of Death:   | Gross Total for Sales Tax   |  |  |  |
| Contributory Causes   | Outlay for Lot:   |  |  |  |
|   | Cremation   |  |  |  |
| Certifying Physician. (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb J. 49, Meutell // 60   |  |  |  |
| His Address   | Lining Grave, \$Lowering Device, \$   |  |  |  |
| Name of Father  | Outlay for Shipping Charges   |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$. Railroad   Tickets, \$dero-Service,\$. Telegr., Phone, Cable or Radio Charges  |  |  |  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |  |  |  |
| Her Birthplace  | Cash Advanced   |  |  |  |
| Motor Remains to Ship Remains to 6/4. It couch Stap Mellon  | Personal Service  |  |  |  |
| Size of Casket(State Colorand Number) Case  | line Death Notices in Papers  |  |  |  |
| Manufactured by   | (Names of Newspapers)   |  |  |  |
| Crematory )   |   |  |  |  |
| Lot No. 14.7.9.   | Sales Tax   |  |  |  |
| Section No  | Total Footing of Bill   |  |  |  |
| Block No.   | Less 570 m 356.65 Res Pall afe 15/50 \$ 18 4.4.   |  |  |  |
|   | Fd au Balance \$ 38.5.4.1.  Entered into Ledger, page or below.   |  |  |  |
| Diagram of Lot or value   |   |  |  |  |
| - 240   | To Balance Forward \$   |  |  |  |
| To Above Balance\$  | By Payment \$ \$  |  |  |  |
|   | " " <u>\$</u> \$  |  |  |  |
| # # SS  |   |  |  |  |
| a a\$   |   |  |  |  |
| # # \$ \$   |   |  |  |  |
| # #   |   |  |  |  |
|   | Insurance<br>Companies.   |  |  |  |
| Names of Lodges.  |   |  |  |  |
| Insurance \$ I hereby authorize the above Funeral, and I hereby represent that I have a                         | ufficient resources Legany avanable (Firm Name of Funeral Directors.)  v the same within  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | Signed.   |  |  |  |
|   | Address   |  |  |  |
| Witness   | FEINEMAN St. Louis, Mo.   |  |  |  |

| RECORD | OF | <b>FUNERAL</b> |
|--------|----|----------------|
|        |    |                |

| Total No. 2 > 5/ Yearly No /6.   | Date of Entry Afril 7 19.57   |
|--|---|
| Name of Deceased Mary M. R.  | erry  |
| □ Married □ Single □ Widowed □ Divorce Residence: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | d   |
| Charge to: QAC.  |   |
| Address.   | Complete Funeral (except outlays)\$ ./50.00   |
| 0.4  | Casket  |
| (or informant)   | Burial Vault or Box(State Kind)   |
| How Secured:   | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$                                  |
| If Veteran, State War  Occupation usualewels county Number)  | Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress(State Kind and Color)   |
| Date of Death april 3 1950 9,30 PM   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.                                      |
| Date of Birth. Dec 2 4 1875 (Hour)   | Candelabrum, \$Candles, \$  |
| Age  | Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral 1/7/50 Fix 2 P. M.   | Extra Limousines  |
| Services at  | Getting Remains from  |
| Clergyman Call (hallautyve   | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Navison County, Mo.   | Deliver Flowers to  |
| Resided in the State (or U.S. or City or County) (Years) (Months)  | Procuring Burial Permit.  (State Number and District)  Certif. Copies of Death Certificates No. |
| Place of Death. a success da   | Certif.Copiesof Death CertificatesNo(State Physician's or Coroner's)                            |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes  | Gross Total for Sales Tax   |
|  | Cremation   |
| Certifying Physician.  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$                     |
| His Address.   | Opening of Grave or Tomb.   |
| Name of Father John a. Do Long   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.                                 |
| His Birthplace Caroline Bodenhoffer  | Clergyman,\$Singers,\$Organist,\$. Railroad \ Tickets, \$plane Service,\$                       |
| Maiden Name of Mother  | or Motor Tickets, \$  |
| Her Birthplace   | Cash Advanced   |
| Motor Ship Remains to Quelove  | Out of town Undertaker's Charges  |
| Size of Casket Q. A.P.   |   |
| Manufactured by O (State Cologund Number)  | line Death Notices in Papers  |
| Cemetery Crematory Queclave  | (Names of Newspapers)   |
| Lot No.  | Sales Tax Uo Tax  |
| Grave No   |   |
| Section No   | Less Dil July 27/5  |
| Block No   | Balance   |
| Diagram of Leter Vauit Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
|  | To Balance Forward 3  |
|  |   |
|  |   |
| * *************************************  |   |
| я « " , " , " ,  | ***************************************   |
| # # \$\$   | и и   |
| 8 8 8  |   |
| Names of Lodges  | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to pay | fficient resources Legally available to   |
|  | the same within   |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |

| Total No. 2.25 Year  | ly No., /.7.   | Date of Potos  | apre                                       | 1 28             | - 1         | 50       |
|--|--|--|--|------------------|-------------|----------|
| Name of Deceased.  | d Heury  | Leukus   |  | س                |             |          |
| Residence M. S. Josh   | Minn.  | Hunband Wife W   |  | (What Race)      |             |          |
| Charge to: Children  |  | 07   |  | - 1              |             | Years    |
| Address  |  | Complete Funeral (ex                                       |  | \$               | 360.        |          |
| Order given by children (or inform   | in the state of th | CasketBurial Vault or Box                                  | PINE GOX                                   |                  | 25          | 66       |
| How Secured::  |  | Embalming Body   | (State Kind) (Name of Embalmer)            |                  |             |          |
| If Veteran, State War  |  | Barber, \$   | Hair Dressing, \$.                         |                  |             |          |
| Occupation Farule  | · · · · · · · · · · · · · · · · · · ·  | Dressing Body, \$  | Underwear,                                 | \$               |             |          |
| Employer and Address   | (Social Security Number)   | Suit or Dress Slippers, \$                                 | (State Kind and Color)<br>Hose, \$         |                  |             |          |
| Date of Death  | /950   | Folding Chairs, \$   | Tarpaulin, \$                              |                  |             |          |
| Date of Birth  | (Hour)   | Candelabrum, \$<br>Door Spray, \$                          | Gloves, \$                                 |                  |             |          |
| Age  |  | Funeral Car, \$  | Ambulance, \$                              |                  |             |          |
| Date of Funeral. 4 2 8/50  | ii (Days) 2 PM   | Limousines to Ceme<br>Extra Limousines                     |  |                  |             |          |
| Services at Charles All of W   | feek) (Hour)   | Autos to R. R. Statio<br>Getting Remains fro               | on @ \$                                    | 19554            |             | 55       |
| Clergyman Bil Lau  | ٩  | Taking Remains to.   |  |                  |             |          |
| Religion of the Deceased   | (Address)  | Trip to Coroner's In<br>Delivering Box to . :              | quest                                      |                  |             |          |
| Birthplace Lamoni  | La   | Deliver Flowers to   |  |                  |             |          |
| Resided in the State   |  | Removal Charges  |  |                  |             |          |
| Place of Death. Parallel   | County) (Yes) (Months)   | Procuring Burial PerCertif.Copiesof D Pall Bearer Service, | (State Number and<br>)eath Certificates No | District)        |             |          |
| Cause of Death Carry   | Thrombosis   | Pall Bearer Service,                                       | \$ Use of Chape                            | roner's)         |             |          |
|  | (. / <del> </del>  | Gross Total for Sale                                       | s Tax                                      | \$               | 104         | 55.      |
| Contributory Causes  |  | Outlay for Lot:<br>Cremation                               |  |                  |             |          |
| 18.4   | espisa   | Flowers, \$ Palr   | ns, \$ Matting                             | , \$             |             |          |
| Certifying Physician.  | gones 1  | Rental of Tent, \$<br>Opening of Grave or                  | of Temporary Vau                           | lt,\$            |             |          |
| His Address. Selwore   | 200  | Lining Grave, \$   | Lowering Device                            | , \$             |             |          |
| Name of Father. John .   |  | Outlay for Shipping  | ChargesOrganis                             | st.\$            |             |          |
| His Birthplace   | a. Danie   | Clergyman,\$S<br>Railroad<br>or Motor Tickets, \$          | Aero- Service                              | e,\$             |             |          |
| Maiden Name of Mother.   | ou vowing.   | Telegr., Phone, Cabl                                       | le or Radio Charges                        |                  | • • • • • • |          |
| Her Birthplace   |  | Cash Advanced Out of town Undert                           | aker's Charges                             |                  |             |          |
| Motor Ship Remains to  | Hear Westry  | Personal Service   |  |                  |             |          |
| Size of Casket   | and Numbro   | line Death Not   | ices in Paper                              | 3                |             |          |
| Manufactured by Eugate Apr   | 11:10  | (Name  | es of Newspapers)                          |                  |             |          |
| Manufactured by  | 380  |  |  |                  |             |          |
| Lot 1  | No   | Sales Tax  |  | =                | 4           | 0.5      |
|  | re No  | Total Footing of Bi  | white our                                  | \$               | 4.9.8.      | .60      |
| 10 2 4   | on No  | Less   | X4/2                                       | \$               |             |          |
|  | k No   | Entered into Ledger  | Balance                                    | \$               |             |          |
| Diagram of Lot or Vault OWIN   | er   |  |  | Amount Paid      | Ro          | lance    |
| Date   | Amount Paid Balance  | 1 19   |  |                  |             | 1        |
| To Above Balance   |  |  | Balance Forward                            |                  |             |          |
| By Payment   | \$   | Бу   | rayment.                                   |                  |             |          |
| и и ,  | \$   | 45 "   | \$   |                  | . \$        |          |
| и и  | \$   |  | "s   |                  | . \$        |          |
| ***************************************  | \$   |  | , "s                                       |                  | . \$        |          |
|  | \$   |  | *s   |                  | . \$        |          |
| и и  | \$   |  | #§   |                  | . \$        |          |
| Yneuronee \$ Lodg  | es of  | Insu   | rance<br>ipanies                           |                  |             |          |
| And the second s | Lambur represent that I have   | sufficient resources Legally                               | available to (Firm No                      | ame of Funeral D | irectors.)  |          |
| for the neument of aforesaid sum, and I her  | Spà covernme anni  | y the same within  |  | uate. Intere     | ou to acc   | Luc from |
| maturity at the rate of% per   | annum.   |  |  |                  |             |          |
| Witness  |  | Address<br>FEINEMAN St. Louis, Mo.                         |  |                  |             | -        |
|  |  |  |  |                  |             |          |

|   | Total No. 2 - 5 3 Yearly No 18  | ,        | Date of                           | EntryM.a  | 7. 7                                     |            | 2.4.9     |
|---|---|----------|-----------------------------------|---|--|------------|-----------|
|   | Name of Deceased   Illiam O   | Vec      | thou                              |   | (What Bare)                              |            |           |
|   | Residence: Colfot Tourshif  | Divorced | #Hunband                          | Wife Widow Mis 1  | ellie Hu                                 | tton       |           |
| , | Charge to:  |          |                                   | eral (except outlays)                                       |  |            | O B       |
|   | Address   | 32       | Casket                            |   | ф  |            |           |
|   | Order given by M. J. Hutton, Oslytheole   | le, lu   | Burial Vault o                    |   |  | .11.5      | 00        |
|   | How Secured:  |          | Embalming Bo                      | ody (Name of Emba   | (mer)                                    |            |           |
|   | If Veteran, State War   |          | Barber, \$                        | Hair Dressi   | wear. \$                                 |            |           |
|   | Occupation Farmer Cocial Security No  | imber)   | Suit or Dress.                    | ,\$Under  | olor)                                    | !4.        | 50        |
|   | Employer and Address  | . PM     | Slippers, \$                      |   |  |            |           |
|   | Date of Death april 30 1950 13 Date of Birth Oct (Date) 1875                            | Hour)    | Candelabrum,                      | s, \$Tarpaulin<br>\$Candles, :                              | \$                                       |            |           |
|   | 74  |          | Door Spray, \$                    | Gloves, \$  | . S                                      |            |           |
|   | Age. (Years) (Months) (Days)  |          | Limousines to                     | Cemetery @ \$   |  |            |           |
|   | Date of Funeral(Date) (Day of Week) (Hou  | M.       | Autos to R. R.                    | nes @ §<br>. Station @ §                                    |  |            |           |
| , | Services at   |          | Getting Rema                      | ins from  |  |            |           |
|   | Clergyman Roy Roff: (Address)   | •••••    | Trip to Corone                    | er's Inquest  |  |            |           |
|   | Religion of the Deceased  |          | Delivering Box<br>Deliver Flower  | to  |  |            |           |
|   | Birthplace  |          | Removal Char                      | ges   |  |            |           |
|   | Resided in the State  | fonths)  | Procuring Bur                     | ial Permit<br>(State Number<br>esof Death Certificat        | r and District)                          |            |           |
|   | Place of Death  |          | Pall Bearer Se                    | esof Death Certificat (State Physician's rvice, \$ Use of C | or Coroner's)                            |            |           |
|   |   |          | Gross Total to                    | r Sales Tax   | \$                                       | 593        | 50        |
|   | Contributory Causes   | •••••    | Outlay for Lo                     | t   |  |            |           |
|   | Certifying Physician  |          | Flowers, \$                       | Palms, \$ Ma  | tting, \$                                |            |           |
|   | His Address   |          | Rental of Tent<br>Opening of Gr   | ,\$of Temporary<br>ave or Tomb                              | Vault,\$                                 | .2.2       | 00        |
|   | Name of Father Marcellenes Hertton  | _        | Lining Grave,                     | \$Lowering De   | vice, \$                                 |            |           |
|   | His Birthplace  |          | Clergyman,\$                      | pping Charges<br>Singers,\$Org                              | ganist,\$                                |            |           |
|   | Maiden Name of Mother Aun Siaha   | m        | or Motor Ticket                   | Singers,\$Org   | ervice,\$                                |            |           |
|   | Her Birthplace  |          | Cash Advance                      | Cable or Radio Cha  | rges                                     |            |           |
|   | Motor Remains to  |          | Out of town U<br>Personal Service | ndertaker's Charges   |  |            |           |
|   | Size of Casket 6/5- Sizay State   |          |                                   |   |  |            |           |
|   | Manufactured by F. (State Color and Number)   |          | line Death                        | Notices inPa  | pers                                     |            |           |
|   | Cemetery Crematory . Audam  |          |                                   | (Names of Newspapers)                                       |  |            |           |
|   | Lot No  |          | Sales Tax                         |   |  |            | :57       |
|   | Grave No  |          |                                   | of Bill   |  | 623        | 75        |
|   | Section No  |          | Less                              | Vint  | \$                                       | 30         | 94.       |
|   |   |          |                                   | Balance   | \$                                       | 59.3.      | 79.       |
|   | Diagram of Act of Facts   |          |                                   | edger, pageor   |  | 1          |           |
|   |   | Balance  | Date                              |   | Amount Paid                              | Bala       | ince      |
|   | To Above Balance\$  |          |                                   | To Balance Forward<br>By Payment                            |  | \$         |           |
|   | " " \$ \$   |          |                                   | a a   | \$ 1                                     |            |           |
|   |   |          |                                   | "~"   | · Lu                                     | SL         |           |
|   | \$ \$   |          |                                   | ( B) f  | J  | W          |           |
|   | \$  |          |                                   | XTO.M.  |  | \$         |           |
|   | u u g g   |          |                                   | - CAN   | 0 X                                      | \$         |           |
|   | Names of Lodges.  |          | Albert B                          | Insurance 7   | 0  | 10         | <u></u> . |
|   | Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I | have sui | ficient resources Le              | .Companiesgally available to                                | .,,                                      |            |           |
|   | for the payment of aforesaid sum, and I hereby covenant and agree                       |          |                                   | (Firm   | Name of Funeral Di-<br>com date. Interes | t to accru | e from    |
|   | maturity at the rate of% per annum.   |          | Signed.                           |   |  |            |           |
|   | Witness   |          | Address                           |   |  |            |           |
|   | Compiled by   | Z        | INEMAN, St. Louis, 1              | 40,   |  |            |           |

| RECORD (  | OF FUNERAL  |
|---|---|
| Total No. 2259 Yearly No. 19  | Date of Entry leave 11 19.5   |
| Name of Deceased. Charles Taylor  | Buch  |
| Residence: Flagle Colo . Widowed Divorce                                | ed (What Race)  |
| Charge to:  | or of } Age of Husband or Wife (if living)  |
| Address.  | Complete Funeral (except for 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| Order given by Ralph Obecch   | Casket  |
| How Secured::   | Burial Vault or Box   |
| If Veteran, State War   | Barber, \$  |
| Occupation  | Droseing Rody @ Undowwoon @   |
| Employer and Address (Social Security Number)                           | Suit or Dress. (State Kird and Color)   |
| Date of Death. June 9 1950  | Slippers, \$  |
| Date of Birth. Lange 33 1857 (Hour)                                     | Candelabrum, \$Candles, \$  |
| Age 11 16   | Door Spray, \$  |
| Date of Funeral /// 50 (Months) Cays) 3 P                               | Limousines to Cemetery  |
| Services at: : W. E. (Day of Week) (Hour)                               | Autos to R. R. Station  |
| Clergyman:  | Getting Remains from Cacala 7.00 Taking Remains to  |
| Religion of the Deceased  | Trip to Coroner's Inquest   |
| Birthplace . Augus Ja   | Delivering Box to   |
|   | Pamoval Charges   |
| Resided in the State (or U. S. or City on County) ( Frealph, ( Months)  | Procuring Burial Permit.  (State Number and District)  Certif. Copiesof Death Certificates No.  (State Physician's or Corone's) |
| Place of Death.   | Certif.Copies of Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$              |
| Cause of Death:   | Gross Total for Sales Tax\$   |
| Contributory Causes   | Outlay for Lot:   |
|   | Cremation Palms, \$ : : : Matting, \$   |
| Certifying Physician  | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Opening of Grave or TombLining Grave, \$Lowering Device, \$   |
| Name of Father  | Outlay for Shipping Charges   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Personal Service Vusa of Laufact  |
| Size of Casket(State Color and Number)                                  | line Death Notices in Papers  |
| Manufactured by   | (Names of Newspapers)   |
| Cemetery Crematory  | (Names of Newspapers)   |
| Lot No  | Sales Tax KoTex   |
| Grave No  | Total Footing of Bill . A. O  |
| Section No  | Less Plinger \$   |
| Block No  | Balance\$   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance  |   |
|   | To Balance Forward  |
| By Payment\$  | By Payment \$\$   |
| \$  |   |
| \$  | и и \$\$  |
| * * * * * * * * * * * * * * * * * * *                                   |   |
| g g g s s s s s s s s s s s s s s s s s                                 |   |
| # # \$ \$   | * *\$\$   |
| Names of Lodges   | Insurance<br>   |
| and I have the represent that I have                                    | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pr | ay the same within  |
| maturity at the rate of% per annum.                                     | Signed  |
| Witness   | Address   |

| RECORD C   | F FUN                             | ERAL   |                    |                           |          |
|--|-----------------------------------|--|--------------------|---------------------------|----------|
| Total No. 2 2 5 3 Yearly No. 20  | Date of F                         | intryful   | 7.3                | 1                         | 9.4.     |
| Name of Deceased. John Smire   | 1                                 | 0 0  |                    |                           |          |
| ☐ Married  |                                   | zue ( Widow )  | (What Race)        |                           |          |
| Residence: La Ja   | or                                | of Age of Husband  | or Wife (if living |                           | Years    |
| Charge to Maude Suively  |                                   | ral (except outlays)   | \$                 | 635                       | 00       |
| Address  | Carlet                            |  |                    |                           |          |
| Order given by(or informant)   | Burial Vault or                   | Box (State Kind)   |                    |                           |          |
| How Secured:   | Embalming Boo                     | ly Olema of Embelmer   |                    |                           |          |
| If Veteran, State War UO   | Barber, \$                        | Hair Dressing,   | r,\$               |                           |          |
| Occupation Farming 485-26-2098-4   | Suit or Dress                     | Street Vind and Color  |                    | 1.9                       | 5.0      |
| Employer and Address   | Slippers, \$                      | \$   |                    |                           |          |
| Date of Death. June 30 1950 // PM  | Candelabrum.                      | S Candles, \$  |                    |                           |          |
| Date of Birth. T. Ph. 2 18.79  | Door Spray, \$                    |  |                    |                           |          |
| Age. 76  | Limousines to                     | Ambulance, \$<br>Cemetery @ \$   |                    |                           |          |
| Age. (Years) 5-0 (Mostle) (Days) 2;30 M. (Days) 4;00 (Days) 4;00 (Hour) (Hour)   | Extra Limousir                    | nes @ \$   |                    |                           |          |
| Services at Company and Compan | Autos to R. R.<br>Getting Remai   | Station @ \$   |                    |                           |          |
| Clergyman Rolf Farudam - art Lane  | Taking Remain                     | is to  |                    |                           |          |
| Religion of the Deceased . Z. D. 9 (Address)   | Trip to Corone                    | r's Inquest  |                    |                           |          |
| Birthplace Outario, Canada   | Deliver Flower                    | s to   | n                  |                           |          |
|  | Removal Charg                     | al Permit  |                    |                           |          |
| Resided in the State. (or U. S. or City or County, (Years) (Months) Place of Death. (Months)   | Certif.Copie                      | esof Death Certificates  | d District)        |                           |          |
| Cause of Death:  | Pall Bearer Ser                   | al Permit. (State Number are<br>esof Death Certificates)<br>(State Physician's or<br>vice, \$ Use of Cha   | pel,\$             |                           |          |
|  | Gross Total for                   | Sales Tax  | \$                 | 653                       | 5-0      |
| Contributory Causes  | Outlay for Lot<br>Cremation       |  | •••••              |                           |          |
| Certifying Physician 2. 2. Lasself   | Flowers, \$                       | .Palms, \$ Matti   | ng, \$             |                           |          |
| Certifying Physician. (or Coroner)   | Rental of Tent,<br>Opening of Gra | \$of Temporary Valve or Tomb.  | estal 18           | <u>a</u>                  |          |
| His Address. Laudh & Lauvelle  | Lining Grave,                     | Lowering Devi  | ce, \$             |                           |          |
| Name of Father. Joseph S. Study  | Outlay for Ship                   | pping Charges<br>Singers \$ Organ  | ist.\$             |                           |          |
| His Birthplace   | Railroad Ticket                   | Singers,\$Organ<br>s,\$plane Serv  | ice,\$             |                           |          |
|  | Telegr., Phone.                   | Cable or Radio Charge  | s                  |                           |          |
| Her Birthplace. 6/4 Pollertone Wetal   | Out of town U                     | ndertaker's Charges  |                    |                           |          |
| Motor Remains to . 6/6 Coffeetone Metal  | Personal Service                  | e  |                    |                           |          |
| Size of Casket   | line Death                        | Notices in Pape  | rs                 |                           |          |
| Manufactured by F (State Roler and Number)  Cemetery Crematory \ R 72 / Hell   |                                   | (Names of Newspapers)  |                    |                           |          |
| Crematory \  |                                   |  |                    |                           |          |
| Lot No. 7 2 9<br>Grave No.   | Sales Tax                         |  |                    | 6                         | 23       |
| Section No.  |                                   | of Bill  | \$                 | 660                       | 0.3      |
| Block No.  | Less / ?.                         |  | \$                 | 23.                       | 0.0      |
|  | Or Or                             | galarice<br>edger, pageor be   | \$                 | .6.7.7                    | 0.3      |
| Diagram of Locor value   |                                   | edger, page or be  |                    | 1                         |          |
| Date Amount Paid Balance   | Date                              | The state of the s | Amount Paid        | i Ba                      | lance    |
|  |                                   | To Balance Forward   |                    | \$                        |          |
| By Payment   |                                   | By Payment   | \$                 | \$                        |          |
|  |                                   |  | \$                 | \$                        |          |
| u u g S  |                                   | и и  |                    |                           |          |
| и и \$   |                                   | u u  | 8                  | \$                        |          |
| « « \$ \$  |                                   | ч и  | \$                 |                           |          |
|  |                                   | α α  | 8                  |                           |          |
| Names of Lodges  |                                   | Insurance<br>.Companies  |                    | 10                        |          |
| I hereby authorize the above Funeral, and I hereby represent that I have   | sufficient resources Le           | gally available to   |                    |                           |          |
| for the payment of aloresaid sum, and I hereby covenant and agree to pa  | y the same within                 | days from  | n date. Inter      | Directors.)<br>est to acc | rue from |
| maturity at the rate of% per annum.  | Signed.                           |  |                    |                           |          |
| Witness  | Address<br>FRINEMAN, St. Louis.   |  |                    |                           |          |
| Compand by F. J.   | Eman, ot. Louis,                  | ato.   |                    |                           |          |

| Total No. F. Yearly  | No 2/                                   | , Date of I  | Entry                                  | luly.                                   | 15          |            | 19.50       |
|--|---|--|--|---|-------------|------------|-------------|
| Name of Deceased Clauding  | e F Sun                                 | th   | 6                                      | 7                                       | w           |            |             |
| Residence: Per Would   | Widowed Divor                           | red  |  | (Wh                                     | t Race)     |            |             |
| Charge to: Q.A.Q.  |   | Husband V  |  | ige of Husband or Wife                  | (if living) |            | Years       |
| Address  |   |  |  |   | ell         |            | 00          |
| Order given by Manaleway   | · D · · · · · · · · · · · · · · · · · · | Casket   |  | tiays)                                  | ф           | /.ч        |             |
| Coninforman  | Country                                 | · Burial Vault or  | · Box                                  |   |             |            |             |
| How Secured::  |   | . Embalming Bo   | dy(Str                                 | te Kind)                                |             |            |             |
| If Veteran, State War  |   | .   Βαι Βει, φ   |  | Dressing, q                             |             |            |             |
| Occupation hog buyer   | nou                                     | Dressing Body,<br>Suit or Dress  |  |   |             |            |             |
| Employer and Address   | (cocial Security Number)                | Slippers, \$   |  | nd and Color)                           |             |            |             |
| Date of Death feely 13   | 1950                                    | . Folding Chairs,  | , \$ Tai                               | paulin, \$                              |             |            |             |
| Date of Birth  | 1867 (Hour)                             | Candelabrum,   | \$Cai                                  | idles, \$                               |             |            |             |
| Age 82   |   | Door Spray, \$<br>Funeral Car, \$                                      | Amb                                    | ulance, \$                              |             |            |             |
| Date of Funeral 7/15/5-0 (Months)  | 1 (Days) 2: 30P                         | Limousines to  | Cemetery                               |   |             |            |             |
| Services at: Chath) (D) of Wook  | ) (Hour)                                | A. Extra Limousir<br>Autos to R. R.<br>Getting Remain<br>Taking Remain | Station                                |   |             |            |             |
| Clergyman : Roy Chevel   | lo                                      | Getting Remain   | ns from .                              | Mous                                    |             | /.         | 00          |
| Charles and Aller and Alle | (Adoffess)                              | Trip to Corone   | is to<br>r's Inquest                   |   |             |            |             |
| Religion of the Deceased   | 0                                       | · Delivering Box   | to                                     |   |             |            |             |
| Birthplace Zaman   | ler                                     | Deliver Flowers<br>Removal Charg                                       | 700                                    |   |             |            |             |
| Resided in the State   | nty) (Years) (Months)                   | · Procuring Buris  | al Permit                              |   |             |            |             |
| Place of Death of eg Mount   | ?                                       | Procuring Buris  Certif.Copie Pall Bearer Ser                          | esof Death Ce                          | tificatesNo                             | 1           |            |             |
| Cause of Death . O experated   | Men                                     | . Pall Bearer Ser  | vice, \$ U                             | e of Chapel, \$.                        | ···/-       |            | • • • • • • |
| Contributory Causes  |   | Gross Total for<br>Outlay for Lot                                      |  | • | \$          |            |             |
| ***************************************  |   | Cremation  |  |   |             |            |             |
| Certifying Physician   |   | Flowers, \$  | .Palms, \$ : ::                        | ::Matting, \$                           |             |            |             |
| His Address  | er)                                     | Rental of Tent,<br>Opening of Gra<br>Lining Grave, \$                  | ve or Tomb.                            | EA. Markel                              | 7           | 48         | 20          |
| Name of Father J. A. Shurt   | A                                       | Lining Grave, S<br>Outlay for Ship                                     | ning Charges                           | ing Device, \$                          |             |            |             |
| His Birthplace   |   | Clergyman,\$   | Singers,\$.                            | Organist,\$.                            |             |            |             |
| Maiden Name of Mother. Eliga.  | Grahau                                  | Clergyman,\$<br>Railroad<br>or Motor Tickets                           | s, \$                                  | plane Service,\$                        |             |            |             |
| Her Birthplace   |   | Telegr., Phone,<br>Cash Advanced                                       | Cable or Rad                           | to Charges                              |             |            |             |
| Motor Ship Remains to  |   | Out of town Un   | ndertaker's Cl                         | narges                                  |             |            |             |
| Size of Casket A   |   | Personal Service   | ·e                                     |   |             |            | • • • • • • |
| Manufactured by  | DOGH!                                   |  | Notices in                             | Papers                                  |             |            |             |
| Cemetery Crematory   |   |  | (Names of Newspa)                      | ers)                                    |             |            |             |
| Crematory J  | 853                                     |  |  |   |             |            |             |
| Grave N  |   | Sales Tax  |  | <i>f</i>                                | =           |            | _           |
| Section  |   | Total Footing  | of Bill                                | Q. B A D                                | \$          | 183        | 500         |
| Block N  |   | Less Jd.   | ear pass.                              | 7.0.70                                  | \$          | 16.5.      | ē.Q         |
|  |   | Entered into Le  |  |   | \$          |            |             |
| Diagram of Lot or vault  | ount Paid Balanc                        |  | l l                                    | Amoun                                   | + Daid      | l no       | ance        |
|  | ount Faid Balance                       | e Date   |  |   | T aid       | Dai        | ince        |
| To Above Balance   | \$                                      |  | To Balance Fo<br>By Payment            | rward                                   |             | \$         |             |
| By Payment\$   | e                                       |  | a a                                    | 2                                       |             | 9          |             |
| и и у  | 3                                       |  |  | s                                       |             | \$         |             |
| a a\$  | \$                                      |  |  | \$                                      |             | \$         |             |
| \$   |   |  | « «                                    | \$                                      |             | \$         |             |
| # # \$   | \$                                      |  |  | \$                                      |             | \$         |             |
| " " \$   | s                                       |  | а а                                    | \$                                      |             | \$         |             |
| Insurance \$ Lodges  |   |  | Insurance<br>Companies                 |   |             |            |             |
| I hereby authorize the above Funeral, and I herel  | oy represent that I have                | sufficient resources Leg   | gally available to                     | (Firm Name of Ft                        | meral Dir   | ectors.)   |             |
| for the payment of aforesaid sum, and I hereby of  | ovenant and agree to p                  | ay the same within   |  | . , days from date.                     | Interes     | t to accru | e from      |
| maturity at the rate of% per annu  | im.                                     | Signed   |  |   |             |            |             |
| Witness  |   | Address  | ······································ |   |             |            |             |

| Total No. 2257 Yearly No. 22  | Date of Entry July 16  | 19.5.0            |
|---|--|-------------------|
| Name of Deceased. Esther adelais  | le Porish  |                   |
| Residence: Single   Widowed   Divorced  | Ullusband Wille Wildow John Souse  |                   |
| Charge to:  | or   |                   |
| Address.  | Complete Funeral (except outlays)\$.   | 436 00            |
| Order given by  | Casket. Burial Vault or Box  | 11500             |
| How Secured:  | Embalming Body(State Kind)  (Name of Embalmer)   |                   |
| If Veteran, State War. Lo   | Dankan & Hois Decemer &  |                   |
| Occupation housewife none (Social Security Number)  | Dressing Body, \$  | 14 75             |
| Employer and Address  | Darrier, S. Han Dressing, V. Dressing Body, S. Underwear, S. Suit or Dress (State Kind and Color) Slippers, S. Hose, S. Hose, S. Townsulin, S. |                   |
| Date of Death July 13 1950  | rolding Chairs, \$ tarpaum, \$   |                   |
| Date of Birth Que 25 1872 (Hour)  | Candelabrum, \$Candles, \$  Door Spray, \$Gloves, \$   |                   |
| Age. /9   | Funeral Car, \$ Ambulance, \$ Limousines to Cemetery   |                   |
| Date of Funeral 7/16/50 June 2:30 PM  | Extra Limousines @ \$  |                   |
| Services at Cuchel (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |                   |
| Clararman   | Taking Remains to  |                   |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to   |                   |
| Birthplace Outario Canada   | Deliver Flowers to   |                   |
| Resided in the State  | Removal Charges  |                   |
| Place of Death. (Months)  | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Chapel, \$  |                   |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |                   |
| Contributory Causes   | Gross Total for Sales Tax  | 56500             |
|   | Cremation  |                   |
| Certifying Physician E. & Samet   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Yault, \$  |                   |
| His Address   | Opening of Grave or Tomb Tory Marian.  | 2000              |
| Name of Father Joseph Swith Survey  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |                   |
| His Disthuland  | Clergyman,\$Singers,\$Organist,\$<br>Railroad<br>or Motor}Tickets,\$plane Service,\$   |                   |
| Maiden Name of Mother Clern Martha Traylur  | or Motor   Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges  |                   |
| Her Birthplace  | Cash Advanced  |                   |
| Motor Ship Remains to   | Out of town Undertaker's Charges   |                   |
| Size of Casket Cesles H. O'cle State  |  |                   |
| Manufactured by   | line Death Notices in  |                   |
| Cemetery Crematory A. R. R. Hell  | (Names of Newspapers)  |                   |
| Lot No  | Sales Tax /2   | 566               |
| Grave No  | Total Footing of Bill  | 59141             |
| Section No  | Less . 5.7 6 by July 26 17 \$ .  | . 28. 5.7         |
| Block No  | Balance\$  | 5.62. 44.         |
| Diagram of Lotor Vault Owner,   | Entered into Ledger, pageor below.   |                   |
| Date Amount Paid Balance  | Date Amount Paid   | Balance           |
| To Above Balance\$  | To Balance Forward   | . \$              |
| By Payment\$\$  | By Payment \$  | \$                |
| " " \$ \$\$   | « « s  | \$                |
| # # \$ \$   | « «  | \$                |
| \$  |  | . \$              |
|   |  | . \$              |
| # # \$ \$  <br>Names of   | Thurstone  | . \$              |
| Insurance \$Lodges.   | Insurance Companies.   |                   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to pay | the same within  | irectors.)        |
| maturity at the rate of% per annum.   | Signed   | ar to accine flom |
| Witness   | Address  |                   |
| Compiled by F. J. S   |  |                   |

| Total No. 2 - 5 8 Yearly No. 2 3   | Date of Entry. Aug 31 1950  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of Deceased John W. Sutherlin w   |   |  |  |  |  |  |
| Residence: Danenfort Da  | UHusband Wile Wildow Xella Mage Seltaerum or of Age of Husband or Wife (if living) Years  |  |  |  |  |  |
| Charge to: Leila Maye Litherlin  | Complete Funeral (except outlays)\$   |  |  |  |  |  |
| Address 414 Central Office Island  | Casket  |  |  |  |  |  |
| Order given by   | Burial Vault or Box . Manuallum . 393 00  |  |  |  |  |  |
| How Secured:  If Veteran, State War, Ler. W. W.  | Embalming Body  |  |  |  |  |  |
| If Veteran, State War. Jet. W. W. 2. Occupation Mechanic   | Dressing Body, \$Underwear, \$  |  |  |  |  |  |
| Cocupation (Social Security Number)  Employer and Address  | Suit or Dress(State Kind and Color)   |  |  |  |  |  |
| Date of Death. Aug 18 1950   | Slippers, \$  |  |  |  |  |  |
| Date of Birth. Of 15 1919 (Hour)   | Candelabrum, \$Candles, \$  |  |  |  |  |  |
| 36   | Door Spray, \$ :  |  |  |  |  |  |
|  | Limousines to Cemetery @ \$   |  |  |  |  |  |
| Date of Funeral Aug 31/50 Thurs. 2,30 M. M. (Bour)   | Autos to R. R. Station  |  |  |  |  |  |
| Services at: Colisium  | Getting Remains from Dascusus 33 %. Taking Remains to   |  |  |  |  |  |
| Clergyman : . Rost Farukam (Address)   | Trip to Coroner's Inquest   |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |  |  |  |
| Di dipido 11 de la companya de la co | Removal Charges   |  |  |  |  |  |
| Resided in the State. (or U.S. or City or County) (Years) (Months)   | Procuring Burial Permit.  (State Number and District)  (Certif. Copies of Death Certificates No  (State Physician's or Coroner's) |  |  |  |  |  |
| Place of Death. Saveryart da   | Certif.Copiesof Death Certificates No. (State Physician's or Ceroner's) Pall Bearer Service, \$ Use of Chapel, \$                 |  |  |  |  |  |
| Cause of Death: Burus  | Gross Total for Sales Tax.  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot:   |  |  |  |  |  |
| 2006   | Cremation   |  |  |  |  |  |
| Certifying Physician & . L. & lock   | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |
| His Address . Downfort   | Opening of Grave or Tomb. 71.2 Mainall 20.60. Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |
| Name of Father, Carl Sutterlin   | Outlay for Shipping Charges   |  |  |  |  |  |
| His Birthplace. Mather Blauche Hauner  | Clergyman, \$Singers, \$Organist, \$  |  |  |  |  |  |
| Maiden Name of Modiler.  | Cash Advanced Collins Reutel 500  |  |  |  |  |  |
| Her Birthplace.  | Out of town Undertaker's Charges.   |  |  |  |  |  |
| Motor Ship Remains to  | Personal Service, use of clickel Reads  |  |  |  |  |  |
| Size of Casket   | and equipulit 5000  |  |  |  |  |  |
| Manufactured by  | (Names of Newspapers)   |  |  |  |  |  |
| Cemetery Crematory }   | (vanues of rewspapers)  |  |  |  |  |  |
| Lot No   | Sales Tax olegel above  |  |  |  |  |  |
| Section No.  | Total Footing of Bill   |  |  |  |  |  |
| Block No.  | Less  |  |  |  |  |  |
| Diagram of Lot or Vault Owner Mrs. A. Smith  | Balance   |  |  |  |  |  |
| Date Amount Paid Balance   |   |  |  |  |  |  |
| To Above Balance \$  | Daniele Daniele   |  |  |  |  |  |
| By Payment S S   | To Balance Forward \$   |  |  |  |  |  |
| " " s s  | a a s   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | a a \$ \$   |  |  |  |  |  |
| ······ * · * · · · · · · · · · · · · ·   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | ······································  |  |  |  |  |  |
| Insurance \$ Names of Lodges.  | Insurance<br>Companies.   |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su  | (Firm Name of Funeral Directors.)   |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum.  |   |  |  |  |  |  |
|  | Signed  |  |  |  |  |  |
| Witness  | Address   |  |  |  |  |  |

| Total No. 2259 Yearly No. 24.  | Date of Entry Left  | 19.5               |
|--|---|--------------------|
| Name of Deceased. Annie Elizabet   | th Widgordon  |                    |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorce   | d Husband WHo Widow) John Wish  | porden             |
| Residence: Zamoni Ja<br>Charge to:   | or  | ng)Years           |
| Address.   | Complete Funeral (except outlays)\$   | 436 00             |
| Order given by Stap sons of Sidney Pranows.  | Casket. Burial Vault or Box (State Kind)  | 2500               |
| How Secured::  | Embalming Body  |                    |
| If Veteran, State War  | Embalming Body(Name of Embalmer) Barber, \$   |                    |
| Occupation learnewife nous   | Dressing Body, \$Underwear, \$  |                    |
| Employer and Address(Social Security Number)   | Suit or Dress (State Kind and Cofor) Slippers, \$. Hose, \$.  | 3.                 |
| Date of Death Sept 17 1950 8:30A   | Folding Chairs, \$ Tarpaulin, \$  |                    |
| Date of Birth. May 18 1871 (Hour)  | Candelabrum, \$ Candles, \$   |                    |
|  | Door Spray, \$  |                    |
| (Years) Dr. olam (Months) (Days)   |   |                    |
| Date of Funeral (Date) (Day of Week) (Hour)  Services at . Chapter (Day of Week) (Hour)  |   |                    |
| Clergyman Roft Farnham, art Lang   | Getting Remains from  |                    |
|  | Trip to Coroner's Inquest   |                    |
| Religion of the Deceased L. D  | Delivering Box to   |                    |
| Birthplace Alton - Ill .   | Deliver Flowers to  |                    |
| Resided in the State   | Procuring Burial Permit (State Number and District)   |                    |
| Place of Death. a amou ya  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Programmer)  Pall Bearer Service, \$ Use of Chapel, \$ |                    |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$   | /// /              |
| Contributory Causes  | Gross Total for Sales Tax\$ Outlay for Lot  | 4.6.1.0.0.         |
| es el mot  | Cremation   |                    |
| Certifying Physician & & Sault (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb to A. Washall  | و منه این ال       |
| His Address Laman  | Lining Grave, \$ Lowering Device, \$  | 1 1                |
| Name of Father. James allen  | Outlay for Shipping Charges   |                    |
| His Birthplace Mary Whitehead  | Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-Service,\$   |                    |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges  |                    |
| Her Birthplace   | Cash Advanced   |                    |
| Motor Ship Remains to  | Out of town Undertaker's Charges  |                    |
| Size of Casket. Grand State  Manufactured by County State of National Natio |   |                    |
| Manufactured by Case General Rose Heal   | line Death Notices in Papers  |                    |
| Cemetery Crematory Rose Hell   | (Names of Newspapers)   |                    |
| Lot No 848   | Sales Tax   | 4 2.1              |
| Grave No   | Total Footing of Bill   | 46.511             |
| Section No   | Lesss   | ./                 |
| Block No   | Balances  |                    |
| Diagram of Let or Vault Owner  | Entered into Ledger, page or below.   |                    |
| Date Amount Paid Balance   | Date Amount Pai   | l Balance          |
|  | To Balance Forward  | 8                  |
| By Payment \$ \$   |   | s.                 |
|  |   |                    |
| \$   |   | \$                 |
| я а в  |   | \$                 |
| и и 8 6  | **************************************  | \$                 |
| 8 8.   |   | \$                 |
| Names of Lodges.   | Insurance   | 5                  |
| I hereby authorize the above Funeral, and I hereby represent that I have so  | Insurance   |                    |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | the same within   | Directors.)        |
| maturity at the rate of% per annum.  | Signeddays from date. Inter   | est to accrue from |
| Witness  | Address   |                    |

| Total No. > 2.60 Yearly No. 2.5  | Date of Entry. Oct1950   |
|--|--|
| Name of Deceased. Narvey albert to                                       | ylor (What Race)   |
| Residence: Sleuwood Spung Colo   |  |
| Charge to Tells Harve Wilcorn  | Husband Wife Widow Ago of Husband or Wife (if living)  |
| Address Lamon In   | Complete Funeral (except outlays)\$ .317. OD   |
| Order given by My Wilcom   | Casket 25 00   |
| How Secured: Janter Foruse R. R. worke                                   | Burial Vault or Box (Glass Kind) (Class Kind) (Class Kind) (Class Kind) (Class Kind) (Class Kind) (Class of Inhalains) (Class of Inhala |
| If Veteran, State War. 10  | Barber, \$   |
| Occupation   |  |
| Employer and Address Denne (Social Security Number)                      | Suit or Dress(State Kind and Color)  |
| Date of Death Left 26/50 7 P.M.  | Slippers, \$ Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. July 18 1878 (Hour)                                       | Candelabrum, \$Candles, \$   |
| 0 0  | Door Spray, \$   |
| Age. (Years) 2/50 Months (Days) 2 P. M.                                  | Limousines to Cemetery @ \$  |
| (Day of Week) 4 4 (Hour)   | Extra Limousines @ \$  |
| Services at Mr. Oleasant, Boltes Ch.                                     | Getting Remains from   |
| Clergyman::(Address)   | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Aarrison G. Mo.   | Deliver Flowers to   |
| Resided in the State. (or U. S. or City or County) (Yepfi) (Months)      | Procuring Burial Permit (State Number and District)  |
| Place of Death Welcokson home to glains                                  | Procuring Burial Permit.  Certif. Copiesof Death Certificates Noncerts  Pall Bearer Service, \$ Use of Chapel, \$  |
| Cause of Death   | Pall Bearer Service, \$ Use of Chapel, \$ Gross Total for Sales Tax.   |
| Contributory Causes  | Gross Total for Sales Tax. \$ 35.9 - 0.0. Outlay for Lot:  |
|  | Cremation  |
| Certifying Physician. de Swarran   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address . Laurin (or Coroner)  | Opening of Grave or Tomb   |
| Name of Father Issac Taylor  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |
| His Birthplace. 746  | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$   |
| Maiden Name of Mother. Mary & Coatts                                     | or Motor Tickets, \$   |
|  | Cash Advanced  |
| Motor Remains to Met Oleanant Centy                                      | Out of town Undertaker's Charges   |
| Size of Carlot 6/3 /2 Couch gilly Rush                                   | reisonal Service.  |
| Manufactured by Culb. Odur Care  | line Death Notices in Papers   |
| Cemetery } Ust Olasaut   | (Names of Newspapers)  |
| Lot No.  | 70 36  |
| Grave No   | Sales Tax Police feel 355552   |
| Section No   | Less To Wall of Jane Wales 17 78   |
| Block No   | Balance. \$ 3.3.7.7.7.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward \$  |
| Qct 3 50 By Payment Cash 5000 s  | By Payment \$ \$   |
| The Welcopson \$43 94 s  |  |
| Ord 18 00 4 " 11 143 7.4 s   |  |
| ······································                                   |  |
| ***************************************                                  |  |
| 4 4 9  |  |
| Names of   | Insurance S  |
| Insurance \$   | Insurance Companies.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay | (Firm Name of Funeral Directors.)  |
| maturity at the rate of% per annum.                                      | y the same within  |
| Witness  | Address  |
| Compiled by F. J. 1  |  |

| Total No. 2261 Yearly No. 26   | Date of Entry. Oct - 19.50  |  |  |  |  |
|--|---|--|--|--|--|
| Name of Deceased. # 03 Mechalism  A Married   Single   Widowed   Divorce   | d (What Race)   |  |  |  |  |
| Residence: De Moine  | Husband Wife Widow Age of Husband or Wife (if living)   |  |  |  |  |
| Charge to:   | Complete Funeral (except ontia vs)  |  |  |  |  |
| Address  | Complete Funeral (except outlays).  |  |  |  |  |
| Order given by(orinformant)  | Casket.  Burial Vault or Box  (State Kind)  (State Kind)  |  |  |  |  |
| How Secured:   |   |  |  |  |  |
| If Veteran, State War  | Loir Dressing, S  |  |  |  |  |
| Occupation   | Dressing Body, \$ Olider wear, 4  |  |  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress. (State Kind and Color) Slippers, \$  |  |  |  |  |
|  | Folding Chairs, S Tarpaulli,  |  |  |  |  |
| Date of Death. (Date) (Hour)   | Candelabrum, \$   |  |  |  |  |
| Date of Birth  | Funeral Car. S Ambulance, g   |  |  |  |  |
| Age. (Month) (Days)  Date of Funeral (15 (Days) (Days)  Services at Span 15 (Days (West) Mrs. (Hour) M  Services at Span 15 (Days (West) M  Services a | Limousines to Cemetery @ P  |  |  |  |  |
| Date of Funeral (Carlo) A Sal (Day of Week) (Hour)   | Extra Limousines  |  |  |  |  |
| Services at Scare Lead - Nove Hill (Hour)  | Getting Remains from  |  |  |  |  |
| Clergyman. J.W. Ban (Address)  | Taking Remains to   |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |  |  |
| Birthplace   | Deliver Flowers to  |  |  |  |  |
|  | Removal Charges   |  |  |  |  |
| Resided in the State. (or U. S. or City or County) (Years) (Months) Place of Death. Des Morries  | (State Number and District)  Cortif Corries of Death Certificates No.   |  |  |  |  |
|  | Procuring Burial Permit.  (State Funder and District)  —Certif. Copies of Death Certificates No.  (State Physical New Corners)  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |  |  |
| Cause of Death:  | Gross Total for Sales Tax\$   |  |  |  |  |
| Contributory Causes  | Outlay for Lot  |  |  |  |  |
|  | Cremation   |  |  |  |  |
| Certifying Physician (or Coroner)  | Rental of Tent. \$ of Temporary Vault. \$ . A   |  |  |  |  |
| His Address  | Opening of Grave or Tomb 72 Manual 2000<br>Lining Grave. \$ Lowering Device. \$ 300   |  |  |  |  |
| Name of Father   | Lining Grave, \$Lowering Device, \$   |  |  |  |  |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$   |  |  |  |  |
| Maiden Name of Mother  | or Motor Tickets, \$ Plane Service,\$   |  |  |  |  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |
| Motor Remains to   | Out of town Undertaker's Charges  |  |  |  |  |
|  | Personal Service.   |  |  |  |  |
| Size of Casket (State Color and Number)  | line Death Notices in Paners  |  |  |  |  |
| Manufactured by  | (Names of Newspagers)   |  |  |  |  |
| Cemetery Crematory   | (Names of Newspages)  |  |  |  |  |
| Lot No   | Sales Tax   |  |  |  |  |
| Grave No   | Total Footing of Bill \$ 140.00   |  |  |  |  |
|  | Less\$  |  |  |  |  |
| Block No   | Balances  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.  |  |  |  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |  |  |  |  |
| To Above Balance \$  | To Balance Forward \$   |  |  |  |  |
|  | By Payment  |  |  |  |  |
|  | s s   |  |  |  |  |
| " " \$ \$  |   |  |  |  |  |
| " "  |   |  |  |  |  |
| " "  |   |  |  |  |  |
| \$   | \$ \$ \$  |  |  |  |  |
|  | ssssss  |  |  |  |  |
| Names of Lodges  | Insurance   |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have   | sufficient resources Legally available to   |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pe  | (Firm Name of Funeral Directors.)  ay the same within   |  |  |  |  |
| maturity at the rate of% per annum.  | Signed  |  |  |  |  |
| Witness  | Address   |  |  |  |  |
| Compiled by F. J.  | FRINEMAN, St. Louis, Mo.  |  |  |  |  |

| Total No. 7.7.6.7.  | Yearly No              | 7                                       | Date of   | Entry              | Oe                                      |                    | <b></b>       | 19.5.    |
|---|------------------------|---|---|--------------------|---|--------------------|---------------|----------|
| Name of Deceased  | oly V Oar              | ish                                     |   |                    |   | 4                  | <i>V</i>      |          |
| ☐ Married   | Single Widowed         | ☐ Divorced                              | [<br>□mustuad□  | Wife   Widow       |   | (What Ra           | ce)           |          |
| Residence:  |                        |   |   | of }               | Age of Husba                            | nd or Wife (if liv | ring)         | Years    |
| Charge to . Daughter  | <b>1</b>               |   | Complete Fun  | eral (except       | toutlays)                               |                    | 740           | 00       |
| Address   |                        |   | Casket  |                    |   | -                  |               |          |
| Order given by Paug   | (or informant)         |   | Burial Vault o  | r Box              | (State Kind)                            |                    | 11.5.         | 00       |
| How Secured:  |                        |   | Embalming Bo  | ody                | Vicinity Purkalent                      |                    |               |          |
| If Veteran, State War   | no                     |   |   |                    |   |                    |               |          |
| Occupation farming  | (Social Secur          | coul                                    | Dressing Body<br>Suit or Dress                        | ,\$Be              | Underwe                                 | ar, \$             | 14            | 73~      |
| Employer and Address  |                        |   | Slippers, \$  | (Sta               | te Kind and Colo                        | r)                 |               |          |
| Date of Death Oct   | 9 1950                 | 1/45AM                                  | Folding Chairs  | 5, \$              | Tarpaulin,                              | \$                 |               |          |
| Date of Birth   | (Date)                 | (Hour)                                  | Candelabrum,  | \$                 | Cloves \$.                              |                    |               |          |
| Age9.5  |                        |   | Door Spray, \$<br>Funeral Car, \$                     | A                  | mbulance,                               | \$                 |               |          |
| (Years)   | (Months) (Days)        | - ' 2 o P                               | Limousines to   | Cemetery           | @\$.                                    |                    |               |          |
| Date of Funeral (Date)  Services at: (Page)                                 | (Day of Week)          | (Hour)                                  | Extra Limousi<br>Autos to R. R                        | nes                | @\$.                                    |                    |               |          |
| Services at: Charle   | 4,                     |   | Getting Rema  | ins from           |   |                    |               |          |
| Clergyman : Ray Che   | Will (Address)         |   | Taking Remai<br>Trip to Corone                        |                    |   |                    |               |          |
| Religion of the Deceased  |                        |   | Delivering Box  | c to               |   |                    |               |          |
| Birthplace  |                        |   | Deliver Flower<br>Removal Char                        | s to               |   |                    |               |          |
| Resided in the State  |                        |   | Procuring Bur   | ges<br>ial Permit. |   |                    |               |          |
| Resided in the State  | La Hasfil              | a Contas)                               | Procuring Bur  Certif.Copi Pall Bearer Se             | esof Death         | (State Number of<br>Certificates        | nd District)       |               |          |
| Cause of Death:   |                        |   | Pall Bearer Se  | rvice, \$          | ate Physician's or<br>Use of Cha        | cpel, \$           |               |          |
|   | A Transport Control    |   | Gross Total for                                       | r Sales Tax        |   |                    | 8.69          | 75.      |
| Contributory Causes   |                        |   | Outlay for Lot<br>Cremation                           | t:                 |   |                    |               |          |
|   |                        | • | Flowers, \$   | .Palms, \$         | Matti                                   | ng. \$             |               |          |
| Certifying Physician  | (or Coroner)           |   | Rental of Tent<br>Opening of Gr.                      | ,\$of T            | emporary V                              | ault \$ , n.       |               |          |
| His Address   |                        |   | Opening of Gr.<br>Lining Grave,                       | ave or Toff        | wering Dev                              | ico s              | 25            | 0.0      |
| Name of Father  |                        |   | Outlay for Shir                                       | pping Char         | res                                     |                    |               |          |
| His Birthplace  |                        |   | Clergyman,\$. Railroad or Motor Ticket Telegr., Phone | Singers            | ,\$Orga                                 | nist,\$            |               |          |
| Maiden Name of Mother   |                        |   | Tologa Phone  | Cobloor I          | plane Ser                               | vice,\$            |               |          |
| Her Birthplace  |                        |   | Cash Advance  | d                  |   |                    |               |          |
| Motor Remains to  |                        |   | Out of town U<br>Personal Service                     |                    |   |                    |               |          |
| Sing of Carlet Ceru   | ialith                 |   |   |                    |   |                    |               |          |
| Manufactured by   | tate Color and Number) |   | line Death  | Notices in         | 1Pap                                    | ers                |               |          |
| Cemetery Crematory  |                        |   |   | (Names of New      | vspapers)                               |                    |               |          |
| Crematory )   | Lot No. 1.5.81.        | - 3                                     |   |                    | • |                    |               |          |
|   | Grave No               |   | Sales Tax   |                    |   |                    | 8             | 69       |
|   | Section No             |   | Total Footing   |                    |   | \$                 | 903           | 1.4.     |
|   | Block No               |   | Less . 5 / 0.04 .                                     | 868                |   | \$                 | 4.3.          | 48       |
|   | Owner                  |   |   |                    | lance/                                  | ·· 10\$            | 14-1-4        | ٠٠٠,٠٠٠  |
| Diagram of Lot or Vault   |                        |   | Entered into L  | edgen page         | M. opbi                                 | e166/              | 357           | 96       |
| Date  | Amount Paid            | Balance                                 | Date  |                    | _/                                      | Amount Ps          | id Ba         | lance    |
| ····· To Above Balance  | e                      | \$                                      |   | To Balance         | Forward                                 |                    | \$            |          |
| By Payment  |                        | \$                                      |   | By Paymer          | at                                      | \$                 | \$            |          |
| * *   |                        | \$                                      |   | et et              |   | \$                 | \$            |          |
|   |                        | \$                                      |   |                    |   | \$                 | \$            |          |
|   |                        | \$                                      |   | " "                |   | \$                 | \$            |          |
|   | ę                      |   |   |                    |   | \$                 | \$            |          |
| * *   | ę                      |   |   |                    |   | \$                 | \$            |          |
|   | Names of               |   | ediamentales.   | Insurance          |   | ð                  | \$            | <u> </u> |
| Insurance \$  | Names of               |   |   | .Companies.        |   |                    |               |          |
| I hereby authorize the above Funera<br>for the payment of aforesaid sum, as | nd I hereby represent  | that I have su                          | fficient resources Le                                 | gally availab      | le to(Firm )                            | Name of Funeral    | Directors.)   |          |
| for the payment of aforesaid sum, as<br>maturity at the rate of             |                        | agree to pay                            |   |                    | days fro                                | m date. Inte       | erest to acci | ue from  |
| Witness   |                        |   |   | •••••              |   |                    |               |          |
|   |                        | piled by F. J. F.                       | Address<br>EINEMAN St. Louis.                         |                    |   |                    |               |          |

|  | RECO                                | KD (              | JF FC                     | MEI                                   |   | A 13   |              |          |
|--|-------------------------------------|-------------------|---------------------------|---------------------------------------|---|--|--------------|----------|
| Total No 2263  | Yearly No                           | 28                | . Date                    | of Entry                              | O.e.  | 1/   | J            | 19.4.0   |
| Name of Deceasedfc   | mes Ma                              | Divorce           | Luit                      | K                                     |   | (What Rac  | 0)           |          |
| Residence: 2004 Sin  | gle 🗷 Widowed                       | ☐ Divorce         | Husba                     | nd Wife Widos                         | Age of Husban   | d or Wife (if liv  | ing)         | Yoars    |
| Charge to A. P.  |                                     |                   |                           |                                       | pt outlays)   | \$   | 150          | 00       |
| Address  | ,                                   |                   | Casket                    |                                       |   |  |              |          |
| Order given by   | (or informant)                      |                   | Burial Vau                | lt or Box                             | (State Kind)  |  |              |          |
|  |                                     |                   | Embalming                 | Body                                  | (Name of Embalmer<br>Hair Dressing,                     | ) <sub>e</sub>   |              |          |
| If Veteran, State War  | e                                   |                   | Dressing B                | odv. \$                               | Underwe   | αι, φ  |              |          |
| Occupation   | (Social Sec                         | curity Number)    | Suit or Dre               | SS                                    | Trind and Color   |  |              |          |
| Employer and Address   |                                     |                   | 011                       |                                       | Hose, \$<br>Tarpaulin, \$                               |  |              |          |
| Date of Death. Oct 11  | /.9.3                               | (Hour)            | Candelabri                | ım. \$                                | Canules, v.   |  |              |          |
| Date of Birth  |                                     |                   | . Door Spray              | 7. 8                                  | Gloves, \$<br>. Ambulance, \$                           |  |              |          |
| Age  | (Months) (Day                       | (a)               | Limousines                | to Cemeter                            | y@ \$   | •  |              |          |
| Date of Funeral Oct 13/50  | (Months) (Day<br>Fu<br>Day of Week) | (Hour)            | Auton to D                | ousines<br>R. Station                 | @\$   |  |              |          |
| Services at  |                                     |                   | . Catting Re              | mains from                            |   |  |              |          |
| Clergyman . See La   | ulb (Address                        |                   | Taking Re                 | mains to<br>roner's Inqu              | est   |  |              |          |
| Religion of the Deceased   |                                     |                   | Delivering                | Box to                                |   |  |              |          |
| Birthplace   |                                     |                   | Pomorral C                | wers to                               |   |  |              |          |
| Resided in the State(or U.S.)  | City or County) (Yes                | ars) (Months)     | Procuring                 | Burial Permi                          | t(State Number a<br>th Certificates)                    | nd District)   |              |          |
| Place of Death Met. G  | - W                                 |                   | Certif.C                  | Copiesof Dea                          | th Certificates!<br>(State Physician's or<br>Use of Cha | Coroner's)   |              |          |
| Cause of Death   |                                     |                   |                           |                                       | Use of Cha  |  |              |          |
| Contributory Causes  |                                     |                   |                           |                                       | ax  |  |              |          |
|  |                                     |                   | Cremation                 | Polme                                 | \$Matti   | ng &   |              |          |
| Certifying Physician Edw.  | a- han                              | ea                | Rental of T               | ent, \$ of                            | Temporary V   | ault,\$  |              |          |
| His Address  | the way                             | , de              | Opening of                | Grave or T                            | omb<br>Lowering Devi                                    | co 8   |              |          |
| Name of Father. Seo. W.  | Suith                               | ٠                 | · Outlay for              | Shipping Ch                           | arges   |  |              |          |
| His Birthplace   |                                     |                   | Clergyman<br>Railroad \r. | ,\$Sing                               | ers,\$Organ<br>Aero-Serv                                | nist,\$  |              |          |
| Maiden Name of Mother Abe  | garl Whith                          | en                | Telegr., Ph               | one, Cable o                          | r Radio Charg   | es   |              |          |
| Her Birthplace   |                                     |                   | . Cash Adva               | nced                                  | er's Charges  |  |              |          |
| Motor   Remains to   |                                     | ••••              | Personal S                | ervice                                |   |  |              |          |
|  | ate Color and Number)               |                   |                           |                                       | inPape  |  |              |          |
|  |                                     |                   |                           | (Names of                             |   | 3.5  |              |          |
| Crematory }  |                                     | 84                |                           | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·                   |  |              |          |
|  | Lot No/3                            |                   | Sales Tax                 | · · · · · · · · · · · · · · · · · · · | no to   | 7  |              |          |
|  | Section No                          |                   | Total Foot                | ing of Bill .                         |   |  | 150          | 00       |
|  | Block No                            |                   | Less                      |                                       | ••••••  |  |              |          |
|  | Owner                               |                   |                           |                                       | Balance   |  |              |          |
| Diagram of Lot or Vault  Date  | Amount Paie                         | i Balano          |                           | to Ledger, p                          | ageor b   | No. of the last of |              |          |
|  |                                     | Danielo           | Date                      |                                       | aut la colo   | Amount P   | id B         | alance   |
| To Above Balance.  By Payment.   | e                                   | \$                |                           |                                       | nce Forward   |  | \$           |          |
| и и  | s                                   | 3                 |                           | By Payr                               | nent  | \$   | \$           |          |
|  | \$                                  | \$                |                           | «                                     | 4   | \$   | \$           |          |
| * *  | \$                                  | \$                |                           | и                                     | "   | S  |              |          |
| 4 4  | \$                                  | \$                |                           | «                                     | "   | \$   | \$           |          |
| " "  | \$                                  | \$                |                           | "                                     | <b>"</b>  | \$   | \$           |          |
|  | Names of                            | \$                |                           | «                                     | a   | \$   | \$           |          |
| Insurance \$   | Names of                            |                   |                           | Insurance<br>Compani                  | e<br>les  |  |              |          |
| I hereby authorize the above Funeral,<br>for the payment of aforesaid sum, and | and I hereby represe                | nt that I have    | sufficient resource       | es Legally avai                       | lable to (Firm )  | Name of Fupera   | Directors    |          |
| maturity at the rate of  |                                     | mu agree to pa    |                           |                                       | days fro  | m date. Int  | erest to acc | rue from |
| Witness  |                                     |                   | HER STATE                 | med                                   |   |  |              |          |
|  |                                     | Compiled by F. J. | FRINEMAN, St. I           | dress                                 |   |  |              |          |

| Total No. 22-63  | Yearly No 2.?  |                   | Date of I                                   | Ontry                   | Hov.                         | 3             |                                   | 19.50      |
|--|--|-------------------|---|-------------------------|------------------------------|---------------|-----------------------------------|------------|
|  | Plia land  | Lan               |   |                         |                              | w             |                                   |            |
| Name of Deceased   | ☐ Single   | ☐ Divorced        |   | ,                       | - O                          | (What Re      | 100)                              |            |
| Residence: Lame  | ui.  |                   | Husband 1                                   |                         | Age of Husban                | Lau           | vino)                             | Years      |
| Charge to . Eel La   | me .   | г                 |   | of \$                   |                              |               | 011                               | 00         |
| Address. Law   | eui.   |                   | Complete Fune                               |                         | outlays)                     | ,             | 3 360                             |            |
| Order given by   |  |                   | Casket<br>Burial Vault or                   | Boy 6                   | Pene Os                      | N             | 25                                | 80         |
| How Secured:   | (orinformant)  | 1 - 1 - 1 - 1 - 1 | Embalming Bo                                | dv                      | (State Kind)                 |               |                                   |            |
| If Veteran, State War  | 240  |                   | Barber, \$                                  |                         | ir Dressing.                 | \$            |                                   |            |
| Occupation Heuse   |  | me !              | Dressing Body,                              | \$                      | Underwe                      | ar, \$        |                                   |            |
| The second secon | (Social Security   | 211000000         | Suit or Dress                               | (Stat                   | e Kind and Color<br>Hose, \$ |               |                                   |            |
| Employer and Address   | r. 1850 1  | P.M.              | Slippers, \$<br>Folding Chairs              | I                       | Iose, \$<br>Parnaulin \$     |               |                                   |            |
| Date of Death  | (Date)   | (Hour)            | Candelabrum,                                | B                       | Candles, \$                  |               |                                   |            |
| Date of Birth. aft   | 21. 1875   |                   | Door Spray, \$                              |                         | Floves, \$                   |               |                                   |            |
| Age75  | (Months) (Days)  |                   | Funeral Car, \$<br>Limousines to            | Cemetery.               | $\dots$ @ \$                 |               |                                   |            |
| Date of Funeral  | charlel  | M.                | Extra Limousii                              | nes                     | @\$                          |               |                                   |            |
| (Services at: 11/3/50  | Friday   | 2; 6 M            | Autos to R. R.<br>Getting Remai             | Station                 | @ \$                         |               |                                   |            |
| Clergyman : Rolt.  | Farikan  | MALE TO BE        | Taking Remain                               | s to                    |                              |               |                                   |            |
| Religion of the Deceased.  | (Address)  |                   | Trip to Corone                              | r's Inquest             |                              |               |                                   |            |
| Birthplace Cau   | ada_   |                   | Delivering Box<br>Deliver Flower            | to                      |                              |               |                                   |            |
|  | 10 4M.   |                   | D 1 Ch                                      |                         |                              |               |                                   |            |
| Resided in the State.  | U. S. or City or County) (Years)   | (Months)          | Procuring Buri                              | al Permit.              | State Number a               | d District)   |                                   |            |
| Place of Death   |  |                   | Pall Bearer Ser                             | soi Death (Sta          | te Physician's or            | Coroner's)    |                                   |            |
| Cause of Death:  |  |                   | Gross Total for                             |                         |                              | ρει, ψ        | s 385                             | 00         |
| Contributory Causes  | .,   |                   | Outlay for Lot                              |                         |                              |               |                                   |            |
|  |  |                   | Cremation                                   | Dalam e                 | Maddi                        |               |                                   |            |
| Certifying Physician.  | O Swanson  |                   | Flowers, \$<br>Rental of Tent,              | Sof T                   | emporary V                   | ault.\$       |                                   |            |
| His Address Za   | unic (or Coroner)  |                   | Opening of Gra                              | ve or Ton               | ib                           |               |                                   |            |
| Name of Father.  | eorge Brown  | <u>ب</u>          | Lining Grave, Soutlay for Ship              | ning Char               | wering Devi                  | ce, \$        |                                   |            |
| His Birthplace   |  |                   | Clergyman,\$                                | Singers                 | ,\$Orgai                     | nist,\$       |                                   |            |
| Maiden Name of Mother.   | Mary aun &.  | ray               | Clergyman,\$<br>Railroad<br>or Motor}Ticket | s, \$                   | · plane Serv                 | rice,\$       |                                   |            |
| Her Birthplace   |  | 0                 | Telegr., Phone,<br>Cash Advance             | Cable or F              | ladio Charg                  | es            |                                   |            |
| Motor Remains to   |  |                   | Out of town U                               | ndertaker's             | Charges                      |               |                                   |            |
|  | Octopen. Ster  | Hulton            | Personal Service                            |                         |                              |               |                                   |            |
| Size of Casket   |  |                   | line Death                                  | Notices in              |                              | rs            |                                   |            |
| Manufactured by  | Page Will  |                   |   | (Names of Nev           |                              |               |                                   |            |
| Cemetery Crematory   |  |                   |   |                         |                              |               |                                   |            |
|  | Lot No   |                   | Sales Tax                                   |                         |                              |               | 3                                 | 85         |
|  | Grave No   |                   | Total Footing                               | of Bill                 |                              |               | \$ 388                            | 85         |
|  | Section No   |                   | Less . 5.7.9. 9.                            | 10 13                   | ±l                           |               | \$1.9.                            | 44         |
|  | Block No   |                   |   | Ba                      | lance                        |               | \$ 3.69.                          | 4.1        |
| Diagram of Lot or Vault  | Owner  |                   | Entered into L                              | edger, page             | or b                         | elow.         |                                   | Tuel       |
| Date   | Amount Paid  | Balance           | Date  | Cont Tenne              | 170                          | Amount I      | Paid B                            | alance     |
| To Above B   | alance§  |                   |   | To Balance              | Forward.                     | 192           | 1. 8.7                            | 7          |
| By Payment   | The state of the s |                   |   | By Paymer               |                              | \$            | \$                                | /          |
| и и  | \$   |                   |   | u u                     |                              | \$            | \$                                |            |
| и и  | \$   |                   |   | и и                     |                              | \$            | \$                                |            |
| и и  | \$   |                   |   | и и                     |                              | \$            | \$                                |            |
| 4 4  | \$   |                   |   | a a                     |                              | \$            | \$                                |            |
| и и  | \$\$   |                   |   | и . и                   |                              | \$            | \$                                |            |
| и и  | \$\$   |                   |   | ec et                   |                              | \$            | \$                                |            |
| Insurance \$   | Names of Lodges  |                   |   | Insurance . Companies . |                              |               |                                   |            |
|  | uneral, and I hereby represent t   |                   |   | gally availab           | le to                        | Name of Funer |                                   |            |
| for the payment of aforesaid su  | um, and I hereby covenant and  | agree to pay t    | the same within                             |                         | days fro                     | m date. In    | ral Directors.)<br>iterest to acc | crue from  |
| maturity at the rate of  | % per annum.   |                   | Signed.                                     |                         |                              |               |                                   |            |
| Witness  |  |                   | Address                                     |                         |                              |               |                                   |            |
|  | Comp   | iled by F. J. FE  | INEMAN St. Louis.                           | Mo.                     |                              |               |                                   | V-10000000 |

| Total No. 2265 Yearly No. 30  | . Date of Entry   |
|---|---|
| Name of Deceased Wichel Wagner  | 20  |
| Residence: J. D. S. Home Lamen  | □Husband□Wife□Widow)  |
| Charge to: A.A. P   | or, of Age of Husband or Wife (if living) Years   |
| Address.  | Complete Funeral (except outlays)   |
| Order given by Earl Headen  | Casket  |
| (or informant)  | Burial Vault or Box(State Kind)   |
| How Secured:  | Embalming Body(Name of Embalmer)  |
| If Veteran, State War   | Barber, \$Hair Dressing, \$Dressing Body, \$Underwear, \$   |
| Occupation Laborer name (Social Security Number)                            | Suit or Dress   |
| Employer and Address  | Slippers \$ Hose, \$  |
| Date of Death 18 1950 (Hour)  | Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$  |
| Date of Birth. Oct 8 1859 (Hour)  | Door Spray, \$  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$Ambulance, \$<br>Limousines to Cemetery@ \$  |
| Date of Funeral   | Extra Limousines@\$   |
| Services at :: HOU 21 1950  | Autos to R. R. Station  |
| Cloudeman   | Taking Remains to   |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace . Lermany  | Deliver Flowers to  |
|   | Removal Charges   |
| Resided in the State. (or U.S. or City or County) (Years) (Months)          | (State Number and District)  Certif Conject Death Certificates No.  |
| Cause of Death  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Cartif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$. Use of Chaple, \$. |
|   | Gross Total for Sales Tax\$   |
| Contributory Causes   | Outlay for Lot. Cremation   |
| and Es Samet  | Flowers, \$ Palms, \$ Matting, \$   |
| Certifying Physician. E. Z. Saut  | Rental of Tent, \$of Temporary Vault, \$  |
| His Address.  | Opening of Grave or Tomb  |
| Name of Pather  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.   |
| His Birthplace.   | Clergyman,\$Singers,\$Organist,\$Railroad }Tickets,\$plane Service,\$   |
| Maiden Name of Mother Laure Luks  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Personal Service  |
| Size of Casket A (State Color and Number)                                   |   |
| Manufactured by O State Color and Numbers                                   | line Death Notices in Papers  |
| Cemetery Crematory Rose Hell  | (Names of Newspapers)   |
| Lot No.   | Sales Tax   |
| Grave No  | Total Footing of Bill   |
| Section No  | PAFE 21 S   |
| Block No  | PA FOO Balance  |
| Diagram of Lot or Vault Owner   | Balance\$  Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance  | To Balance Forward e  |
| By Payment \$ \$  |   |
| \$  |   |
|   |   |
|   |   |
|   |   |
|   | *   |
| Names of Lodges.  | Transport   |
| Insurance \$Lodges.   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have su | ifficient resources Legally available to  |
| maturity at the rate of% per annum.   |   |
| Witness   | Signed  |
|   | Address   |

| Total No > > 6 Yearly No 3/  | Date of Entry Lec 4 19.5.  |
|--|--|
| Name of Deceased   | (What Race)  |
| Residence:   | □Husband □Wife □Widow}     orof } Age of Husband or Wife (if living)   |
| Charge to: Kus W. & Collins  | Complete Funeral (except outlays)\$ .2.5%  |
| Address Zamu La  | · ·  |
| Order given by   | Burial Vault or Box Burial Vault or Box  |
| How Secured::  | (Name of Embalmer)   |
| If Veteran, State War  | Barber, \$   |
| Occupation Teacher 567-28-376  | Suit or Dress (State Kind and Color)   |
| Employer and Address Redeling School                                   | Slippers \$  |
| Date of Death Locate 3 19.50 1 AM                                      | Folding Chairs, \$   |
| Date of Birth  | Door Spray, \$Gloves, \$   |
| Age. 49 (Months) (Days)  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@\$  |
|  | M. Extra Limousines  |
| Carlo Day of Week) (Hour)  | Autos to R. R. Station @ \$  |
| But Paul Rubt Farehau  | Taking Remains to  |
| Religion of the Deceased (Address)                                     | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace Fluit Much  | Deliver Flowers to   |
|  | Removal Charges  |
| (or U. S. of City of County) (Tours) (Mount                            | (State Number and District)  Certif Conject Death Certificates No.   |
| Place of Death.  | Procuring Burial Permit (State Number and Poterist)  Certif.Copiesof Death Certificates No. (State State Sta |
| Cause of Death:  | Gross Total for Sales Tax\$  |
| Contributory Causes  | Outlay for Lot:  |
|  | Flowers, \$ Palms, \$ Matting, \$  |
| Certifying Physician(or Coroner)                                       | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address.   | Lining Grave, \$ Lowering Device, \$   |
| Name of Father.  | Outlay for Shipping Charges.   |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$Aero-group or Motor Tickets, \$   |
| Maiden Name of Mother. Sophua Oslche                                   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Personal Service   |
| Size of Casket (State Color and Number)                                | line Death Notices inPapers  |
| Manufactured by  Cemetery Crematory Apre Hell                          | (Names of Newspapers)  |
| Crematory 77 572 1944  |  |
| Lot No   | Sales Tax 2 79   |
| Grave No   | Total Footing of Bill  |
| Block No.  | Less   |
| Owner:   | Balance\$2.47  |
| Diagram of Lot of vault  | Entered into Ledger, pageor below.  Date Amount Paid Balance   |
| Date Amount Paid Bala  |  |
| To Above Balance \$  | To Balance Forward. \$   |
| By Payment \$ \$   | By Payment \$\$  |
|  | " " S S  |
| a a \$. \$   |  |
| a a \$\$   |  |
| # # \$ \$  |  |
| я и \$ \$  | « «  |
| Insurance \$ Names of Lodges.  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I ha | ve 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 withindays from date. Interest to accrue from   |
| maturity at the rate of% per annum.                                    | Signed   |
| Witness  | Address  |

| Total No. 2267 Yearly No. 32  | Date of Entry Dec 10 1950  |
|---|--|
| Name of Deceased. Harry Clay  | Barnett W  |
| Residence: Rual near Zamoni   | Husband   Wife   Widow   Or  |
| Charge to:  |  |
| Address   |  |
| Order given by Mus Harry Barnett  | Casket Burial Vault or Box Albia Kind) Embalming Body (Cane of Embalmer)   |
| How Secured::   | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$   |
| Occupation January (Social Security Number)   | Suit or Dress  |
| Employer and Address  | ·   Slippers, \$   |
| Date of Death. Dec 18, 1450 12;30.A. (Hour)   | Candelabrum, \$ Candles, \$  |
| Date of Birth. Q. ct. 27 1886 (Hour)  | Door Spray, \$   |
| Age. (Years), (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral 1/20/50 Wed. 2 f. (Bour)  | M. Extra Limousines  |
| Camina of Callabara   |  |
| Clergyman Rott Faruham, But Lane, Ross lo   | Trip to Coroner's Inquest  |
| Religion of the Deceased. Z. D. C. (Address)  | · Delivering Box to  |
| Birthplace Chadron, M. 18.  | Deliver Flowers to   |
| Resided in the State (or U. S. or City or County) (Years), (Months  | Procuring Burial Permit.   |
| Place of Death . Lon , Sector or County) (Years) (Months  | Procuring Burial Permit. (State Number and District)  Certif. Copiesof Death Certificates No. (State Postate No. (State No. (State Postate No. (State Postate No. (State Postate No. (St |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes   | Gross Total for Sales Tax  |
|   | Cremation  |
| Certifying Physician.   | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb Tod. Marchell 25 00.  Lining Grave, S Lowering Device, \$ 25 00.  |
| Name of Father. John Barnett  | Outlay for Shipping Charges  |
| His Birthplace  | Clergyman,\$. Singers,\$. Organist,\$.  Railroad Tickets,\$. plans Service,\$.  Telegr., Phone, Cable or Radio Charges.  |
| Maiden Name of Mother Etta M iller  | or Motor Tickets, 5 plane Service, 5 Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges   |
| Motor   Remains to  | Personal Service.  |
| Ship   Remains to   Strong ferring that   State   Size of Casket   Strong ferring Color and Number)  Manufactured by   Flat (Stag Color and Number) | line Death Notices inPapers  |
| Manufactured by   | (Names of Newspapers)  |
| Cemetery } Rose Hill  | (traines of Newspapers)  |
| Lot No. 449.<br>Grave No. 3.  | Sales Tax  |
| Grave No  | Total Footing of Bill  |
| Block No.   | Less 5, 1004 3.7.7.2   |
|   | Balance\$ 374.3.16   |
| Diagram of Lot or vault   | Entered into Ledger, page O or below.  |
|   | January Talu Balance   |
|   | To Balance Forward   |
| # # \$. \$.   | a a g  |
| \$\$  | « «  |
| \$  | \$\$   |
|   |  |
|   | \$ \$ \$   |
| Names of  | Treurence  |
| Names of Lodges. Lodges.  | Insurance Companies  sufficient resources Legally available to (Piun Name of Paneral Directors)  pay the same within  days from date. Interest to accrue from  |
| I hereby authorize the above runeral, and I hereby represent that I have  | e summer resources Legally available to . (Firm Name of Funeral Directors.)  |
| maturity at the rate of   | Signed   |
| Witness   | Address  |
| Compiled by F.  | J. FRINEMAN, St. Louis, Mo.  |

|   | early No3.3                            | ,             | Date of                     | Entry                                      | Dec.                              | 2.8            | 1            | 19.5.6   |
|---|--|---------------|-----------------------------|--|-----------------------------------|----------------|--------------|----------|
| Name of DeceasedSteph                                 | en Centre                              | Divorced      | aras                        | Difait                                     |                                   | (What Race)    |              | ••••     |
| Residence: Charge to: Eline, Hatche                   | ······································ |               | UHusband                    | Wite   Widow                               | ige of Husband o                  | wife (if livin | g)           | Years    |
| Address   |  |               |                             | eral (except ou                            | tlays)                            | \$             |              | 00       |
| Order given by My Chu                                 | 1. Hotcher                             | C             | asket<br>urial Vault o      |  | ite Kind)                         |                |              |          |
| How Secured::   | · · · · · · · · · · · · · · · · · · ·  |               | mbalming B                  | (Sta                                       | of Embalmer)                      |                |              |          |
| If Veteran, State War                                 |  | В             | arber, \$                   | Hair                                       | Dressing, \$                      |                |              |          |
| Occupation  | (Social Security N                     | T.            | ressing Rods                | tr S                                       | Inderwear                         | \$             |              |          |
| Employer and Address                                  | (Social Security N                     | umber) S      | linners \$                  | (State K                                   | ind and Color)                    |                |              |          |
| Date of Death   | 271950                                 | F             | olding Chair                | s, \$ Ta                                   | rpaulin, \$.                      |                |              |          |
| Date of Birth. 26 26                                  | 1950                                   | I             | andelabrum                  | , \$                                       | ndles, \$                         |                |              |          |
| Age. (Years) (Month)  Date of Funeral. (Date) (Day of | 6 lus:                                 | F             | uneral Car,                 | \$Amb                                      | ulance, \$.                       |                |              |          |
| Date of Funeral. 17 -8/50 Monte                       | Teen (Days) 10                         | .А.м. E       | imousines to<br>atra Limous | Cemetery                                   | @\$                               |                |              |          |
| Services at:::  | (Ho                                    | A.            | utos to R. F                | R. Station                                 | @\$                               |                |              |          |
|   |  |               | etting Rema                 | ains from                                  |                                   |                |              |          |
| Clergyman:  | (Address)                              | T             | rip to Coror                | ner's Inquest .                            |                                   |                |              |          |
| Religion of the Deceased                              |  | I             | elivering Bo                | ers to                                     |                                   |                |              |          |
| Birthplace  |  | T             | lamanal Cha                 |  |                                   |                |              |          |
| Resided in the State(or U. S. or City                 | or County) (Years) (                   | Months) F     | rocuring Bu                 | rial Permit<br>State Diesof Death Ce       | te Number and                     | District)      |              |          |
| Place of Death  |  |               | _Certif.Cop                 | oiesof Death Ce<br>(State)<br>ervice, \$ U | rtificatesNo<br>Physician's or Co | roner's)       |              |          |
| Cause of Death:                                       | ,                                      |               |                             | ervice, \$ U<br>or Sales Tax               |                                   | ۵, پ           |              |          |
| Contributory Causes. Occura                           | hur birth                              |               |                             | or sales lax                               |                                   |                |              |          |
|   |  |               | remation                    |  |                                   |                |              |          |
| Certifying Physician Dr. E. E.                        | , Sainet                               | F             | lowers, \$<br>lental of Ten | Palms, \$ : :<br>it, \$ of Ten             | porary Vai                        | lt.\$          |              |          |
| His Address   | r Coroner)                             | 0             | pening of G                 | rave or Tomb                               |                                   |                |              |          |
| Name of Father Stauley R.                             | aros                                   | (             | butlay for Sh               | , \$Lowe                                   | S                                 |                |              |          |
| His Rirthplace  |  | į.            | lergyman,\$                 | Singers,\$<br>ets, \$                      | Organi                            | st,\$          |              |          |
| Maiden Name of Mother Belli                           | Hatcher                                | , 0           | Motor Tick                  | ets, \$                                    | plane Service                     | e,\$           |              |          |
| Her Birthplace  |  |               |                             | e, Cable or Rac                            |                                   |                |              |          |
| Motor Ship Remains to                                 |  | (             | out of town                 | Undertaker's C                             | harges                            |                |              | 00       |
| Size of Casket  |  | 1             |                             | rice                                       |                                   |                |              |          |
| Manufactured by (State Col                            | lor and Number)                        | CLEAR IS      | line Dear                   | th Notices in                              | Paper                             | 3              |              |          |
| Cemetery Crematory Rose Itels.                        |  |               |                             | (Names of Newspa                           | ipers)                            |                |              |          |
| Crematory S   | No. 762                                |               |                             |  |                                   |                |              |          |
| Lot   | ve No                                  |               | lales Tax                   |  |                                   |                | -            | 25       |
|   | tion Nofue                             | 1.            |                             | g of Bill                                  |                                   | \$             |              | ·        |
|   | ck No                                  | I             | ess                         |  |                                   | \$             |              | •••••    |
|   | mer                                    | тт            | Intered into                | Ledger, page                               | nce                               | \$             |              |          |
| Diagram of Lot or Vault                               |  | Balance       | Date                        | Ledger, page.                              |                                   | Amount Pa      | id D         | lance    |
| Date  | Amount Paid                            | Balance       | Date                        |  |                                   | 1              |              | l        |
| ····. To Above Balance                                | \$                                     |               |                             | To Balance F                               |                                   |                | \$           |          |
| By Payment  | . \$ \$                                |               |                             | By Payment.                                |                                   |                |              |          |
|   |  |               |                             | a a  | s                                 |                | S            |          |
|   | e s.                                   |               |                             | а и  | \$                                |                | \$           |          |
| и и   |  |               |                             | « «  | \$                                |                | \$           |          |
| a a   | . \$ \$                                |               |                             | a a  | \$                                |                | \$           |          |
| и и   | . \$ \$                                |               |                             | α π  |                                   |                | \$           |          |
| Indiana e   | mes of                                 |               |                             | Insurance<br>Companies                     |                                   |                |              |          |
| I hereby authorize the above Funeral, and             | I hereby represent tha                 | t I have suff | icient resources            |  | O CRiter N                        | me of Fun      | Directors    |          |
| for the payment of aforesaid sum, and I h             | ereby covenant and ag                  | ree to pay t  | ne same within .            |  | days from                         | date. Inte     | erest to acc | rue from |
| maturity at the rate of% P                            |  |               | Signe                       | db   |                                   |                |              |          |
| Witness   |  |               | Addr                        |  |                                   |                |              |          |
|   | Complie                                | d by F. J. FE | NEMAN St. Lou               | is, Mo.                                    |                                   |                |              |          |

|  | RECORD                              | OF FUI                     | NEKAL ,   |                            |  |  |  |  |
|--|-------------------------------------|----------------------------|---|----------------------------|--|--|--|--|
| Total No. 226.9  | Yearly No/                          | Date of                    | Entry Jaw   | .2195/.                    |  |  |  |  |
| Name of Deceased   | Minuie Ob.                          | d'onellou                  | - 0   | What Race)                 |  |  |  |  |
| Residence: Lamoui  |                                     | ☐Husband[                  | Wife   Widow   Age of Husband or V  | uelseu, ouen               |  |  |  |  |
| Charge to:estate   |                                     | -                          | neral (except outlays)  | \$ 595 00                  |  |  |  |  |
| Address. Order given by Efficial   | ell's Clella White                  | Casket                     | or Box . albia Daul   | 12500                      |  |  |  |  |
| How Secured:   | (or informant)                      | Embalming B                | ody (State Kind) (Name of Embalmer)   |                            |  |  |  |  |
| If Veteran, State War  | no                                  | Barber, \$                 |   |                            |  |  |  |  |
| Occupation . houses  | vife                                | Dressing Bod;              | y, \$ Underwear, \$ (State Kind and Color)  |                            |  |  |  |  |
| Employer and Address   | (out a county Num                   | ···· Slippers, \$          |   |                            |  |  |  |  |
| Date of Birth. Lee 1   | (Date) (C.1.9 (Ho                   | ur) Candelabrum            | s, \$ Tarpaulin, \$<br>\$ Candles, \$   |                            |  |  |  |  |
|  | ¢/9.54                              | Door Spray, S              | Gloves, \$<br>\$Ambulance, \$   |                            |  |  |  |  |
| Age(Years)   | (Months) (Days)                     | Limousines to              | Cemetery @ \$   |                            |  |  |  |  |
| Date of Funeral.   | (Day of Week) (Hour)                | Extra Limous               | ines  |                            |  |  |  |  |
| Services at . Chapel   | .,                                  | · · · · Getting Rema       | ains from   |                            |  |  |  |  |
| Clergyman . O. off Fare  | claim, art Lave                     | Taking Rema                | ins to  |                            |  |  |  |  |
| Religion of the Deceased   | (Address)                           | Delivering Bo              | er's Inquest  |                            |  |  |  |  |
| Birthplace Harrison  | Co. Mo.                             | Deliver Flower             |   |                            |  |  |  |  |
| Resided in the State   | · gra.                              | Removal Cha                | rges<br>rial Permit   |                            |  |  |  |  |
| Place of Death Laur  | s. or City or County) (Years) (Moi  | Certif.Cop                 | rial Permit. (State Number and Dis<br>iesof Death Certificates No.<br>(State Physician's or Coron<br>ervice, \$ Use of Chapel,  | trict)                     |  |  |  |  |
| Cause of Death   |                                     |                            |   | \$                         |  |  |  |  |
| Contributory Causes  |                                     | Gross Total for            | or Sales Tax  | \$ 720.00                  |  |  |  |  |
|  |                                     | Cremation                  | Cremation   |                            |  |  |  |  |
| Certifying Physician   | E. Samet                            | Flowers, \$                | Palms, \$ Matting, \$   | g.                         |  |  |  |  |
| His Address Laura  | (or Coroner)                        | Opening of G               | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. To A. Marshall 2500   |                            |  |  |  |  |
| Name of Father David   | adair                               | Lining Grave,              | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |                            |  |  |  |  |
| His Birthplace   |                                     | Clergyman,\$.              | Singers,\$Organist,   | 3                          |  |  |  |  |
| Maiden Name of Mother.   | Wargeret Young                      | or Motor Ticke             | Singers,\$Organist,<br>ts,\$Aero-Service,\$   | 5                          |  |  |  |  |
| Her Birthplace   | 0 0 '                               | Cash Advance               | e, Cable or Radio Charges   |                            |  |  |  |  |
| Motor)   |                                     | Out of town I              | Indertaker's Charges  |                            |  |  |  |  |
| Size of Casket 4/4.  | elva Metal                          | Personal Serv              | ice   |                            |  |  |  |  |
| Manufactured by F.L  | (State Golor and Number)            | line Deat                  | h Notices in Papers .   |                            |  |  |  |  |
| Cemetery Crematory Rose  | Hiel                                |                            | (Names of Newspapers)   |                            |  |  |  |  |
| Company of the Parkers   | Lot No. 1417                        |                            | •   |                            |  |  |  |  |
|  | Grave No 3                          | Sales Tax<br>Total Footing |   | 720                        |  |  |  |  |
|  | Section No                          | Less 5 % on 7.3            |   | 8 . / 32 20                |  |  |  |  |
|  | Block No                            | ···· Pol                   | Jan 7/5/  | s                          |  |  |  |  |
| Diagram of Lot or Vault  | Owner                               | Entered into 1             | Ledger, page or below.  | \$/12 0.1.                 |  |  |  |  |
| Date   | Amount Paid Ba                      | ance Date                  | Manager and the second | ount Paid Balance          |  |  |  |  |
| To Above Balan   | ce\$                                |                            | To Balance Forward  |                            |  |  |  |  |
| By Payment   | \$ \$                               | ļļ                         | . By Payment  | 3                          |  |  |  |  |
| и и и  | \$                                  |                            | . " "   |                            |  |  |  |  |
|  | \$                                  |                            | . " "   |                            |  |  |  |  |
| ***************************************  |                                     |                            | . " " \$  |                            |  |  |  |  |
|  | s e                                 |                            | \$  |                            |  |  |  |  |
|  | \$ \$                               |                            | \$  |                            |  |  |  |  |
| 70.23  | Names of Lodges                     |                            | Insurance<br>Companies  | \$                         |  |  |  |  |
| Insurance \$  I hereby authorize the above Funer                                   | al, and I hereby represent that I h | ave sufficient resources T | Companies   |                            |  |  |  |  |
| Insurance \$  I hereby authorize the above Funes for the payment of aforesaid sum, | and I hereby covenant and agree t   | o pay the same within      | (Firm Name o  | Funeral Directors.)        |  |  |  |  |
| maturity at the rate of  |                                     | Signed                     | usus mom usu  | e. Interest to accrue from |  |  |  |  |
| Witness  |                                     | Addres                     |   |                            |  |  |  |  |
|  | Compiled by                         | F. J. PRINEMAN, St. Louis, |   |                            |  |  |  |  |

|   | RECOR                  | D O              | F FUN                          | NERA            | L  |                  |           |          |           |
|---|------------------------|------------------|--------------------------------|-----------------|--|------------------|-----------|----------|-----------|
| otal No. 2.2.7.0  | Yearly No              | _                | Date of                        | Entry           | Jan.   | 3                |           | 195      | 7.        |
|   | vy Schen               | ck               |                                |                 | 0  | (What Race       |           |          |           |
| residence Decater Co.                                     | Widowed                | ☐ Divorced       | ☐Husband ☐                     | Wite□Widow}     |  |                  |           | Vet      |           |
| harge to . Decatur  | County                 | т                |                                | of §            | Age of Husband or  |                  |           | 0 00     |           |
| ddress. Lea   |                        |                  | Complete Fun                   |                 | outlays)   | \$               |           |          |           |
| order given by  |                        |                  | Casket<br>Burial Vault o       | r Box           |  |                  |           |          |           |
| Tow Secured:  | or informant)          |                  | Embalming B                    | ody             | (State Kind)   |                  |           |          |           |
| f Veteran, State War                                      | 10                     |                  |                                |                 |  |                  |           |          |           |
| Occupation Zucue  |                        |                  | Dressing Body                  | 7,\$            | Underwear,   | \$               |           |          |           |
| amployer and Address                                      | (Social Secur          | ity Number)      | Suit or Dress.<br>Slippers, \$ | (Sta            | Hose, \$   |                  |           |          |           |
| Date of Death. Dec. 3 %                                   | 50                     | 11 P.M. (Hour)   | Folding Chair<br>Candelabrum   | s, \$           | Tarpaulin, \$.   |                  |           |          |           |
| Date of Birth   | ate)                   | (1011)           | Door Spray, S<br>Funeral Car,  | φ<br>           | Gloves, \$   |                  |           |          |           |
| Age 65 yrs  | Months) (Days)         |                  | Funeral Car,<br>Limousines to  | \$A             | mbulance, \$.  |                  |           |          |           |
| (rears).  |                        | м.               | Extra Limous                   | sines           | @\$  |                  |           |          |           |
| Services at : . Classel                                   | Day of Week)           | (Hour)           | Autos to R. F.<br>Getting Rema |                 |  |                  |           |          |           |
| Olergyman: Out Lou  | ne                     |                  | Taking Rema                    | ins to          |  |                  |           |          |           |
| Religion of the Deceased.                                 | D. S. (Address)        |                  | Trip to Coron<br>Delivering Bo | ner's Inques    | t  |                  |           |          |           |
| Birthplace  |                        |                  | Deliver Flow                   | ers to          |  |                  |           |          |           |
|   |                        |                  | Removal Cha<br>Procuring Bu    | rial Permit     |  | Litter.          |           |          |           |
| Resided in the State(or U.S.<br>Place of Death. Decotor C | City or County) (Year  | (Months)         | Certif.Co                      | piesof Death    | (State Number and<br>CertificatesN<br>tate Physician's or C<br>. Use of Chap | District)        | -         |          |           |
| Cause of Death:   |                        |                  | Pall Bearer S                  | ervice, \$      | . Use of Chap  | el,\$            | :         |          |           |
| Contributory Causes                                       |                        |                  | Gross Total i                  |                 | ĸ  |                  | \$/2      | , 0      |           |
|   |                        |                  | Cremation                      |                 |  |                  |           |          | • • • •   |
| Certifying Physician                                      | Bournam                |                  | Flowers, \$                    | Palms, §        | Femporary Va   | g, \$<br>ult. \$ |           |          |           |
| Uis Address Lea   | (or Coroner)           |                  | Opening of G                   | rave or 10      | mb   |                  |           |          |           |
| Ills Address  |                        |                  | Outloy for S                   | hipping Cha     | owering Devic  |                  |           |          |           |
| Name of Father  |                        |                  | Clergyman,                     | Singe           | s,\$Organ<br>Aero-Servi  | ist,\$           |           |          |           |
| Maiden Name of Mother                                     |                        |                  | or Motor Tick                  | rets, \$        | Radio Charge   | ce,\$            |           |          |           |
| Her Birthplace  |                        |                  | Cash Advan                     | ced             |  |                  |           |          |           |
| Motor Ship Remains to                                     |                        |                  | Out of town<br>Personal Ser    | Undertake       | 's Charges   |                  |           | ••••     | • • • • • |
|   |                        |                  |                                |                 |  |                  |           |          |           |
| Size of Casket  | tate Color and Number) |                  | line De                        |                 | inPape   | rs               |           | :::::    |           |
| Cemetery Crematory  |                        |                  | 1                              | witte           | lewspapers)  | er               |           |          | 75        |
| Crematory J · · · ·                                       | Lot No                 |                  | Sales Tax                      | to Ca           | mener  |                  |           | 43       | 0         |
|   | Grave No               |                  | Total Footi                    | or of Bill      |  |                  | s         | 74       | 90        |
|   | Section No             |                  | Less O.                        | dy De           | ckflowe  | 7                | .\$       | 1.3.     | 75        |
|   | Block No               |                  |                                |                 | Balance  |                  | .\$ . /   | 50       | O.D.      |
| Diagram of Lot or Vault                                   | Owner                  |                  | Entered into                   | Ledger, pa      | geor be  | low.             |           | - 1      |           |
| Date  | Amount Pai             | d Balane         | e Date                         |                 |  | Amount           | Paid      | Bala     | ance      |
| To Above Balance  | se                     | \$               |                                | To Bala         | nce Forward  |                  |           | J        |           |
| By Payment  | \$                     | \$               |                                | By Payr         | nent   | \$               |           | J        |           |
|   | \$                     | \$               |                                | 36              | e (m   | \$               |           | Kr. Vin  |           |
| « «   | \$                     | \$               |                                |                 | * A. 3. 35   | \$               |           | \$       |           |
|   | \$                     |                  |                                | a               |  | \$               |           | \$       |           |
|   | s                      | s                |                                | "               | «  | \$               |           | \$       |           |
| 4 4   | \$                     |                  |                                | 4               | «  | \$               |           | \$       |           |
|   | Names of Lodges        |                  |                                | InsuranceCompan | e<br>ies   |                  |           |          |           |
| I hereby authorize the above Funes                        | 1 J T Laucher vonres   | ent that I hav   | sufficient resourc             | es Legally avai | lable to   | Name of Fu       | neral Dir | ectors.) |           |
| for the payment of aforesaid sum,                         | and I hereby covenant  | and agree to p   | ay the same with               | n               | days fr  | m date.          | Interes   | to acer  | ue fro    |
| maturity at the rate of                                   | % per annum.           |                  | Sig                            | ned             |  |                  |           |          |           |
| Witness,  |                        | Complied by P    | Ad<br>I. FEINEMAN St. I        | dress           |  |                  |           |          |           |
|   |                        | Complement of T. | -                              |                 |  |                  |           |          |           |

| Total No. 2 > 7/ Yearly No. 3  | . Date of Entry   |   |
|--|---|---|
| Name of Deceased Www Jacan Hedg  | en s  | (What Rage)                             |
| Residence: Ringald County Riley Tun  | lf. □Husband□Wife□Widow Hora S  | nd or Wife (if living)Years             |
| Charge to Mora & Hedge,  | Complete Funeral (except outlays)   |   |
| Address  | 0.11  | -                                       |
| Order given by   | Burial Vault or Box . Rebea Cou   | ere4 145 00                             |
| How Secured ; :  | Embalming Body  | m)_                                     |
| If Veteran, State War  | Barber, \$  | par S                                   |
| Occupation Farmer und  | Dressing Body, \$ Underwood Suit or Dress (State Kind and Cole  |   |
| Employer and Address   | Slippers, S   |   |
| Date of Death Jan 5 1951 6 AM  | Folding Chairs, \$ Tarpaulin, Candelabrum, \$ Candles, \$.  | ð                                       |
| Date of Birth. June 14 1875  | Door Spray, \$ Gloves, \$   |   |
| Age. (Months) (Dave)   | Funeral Car, \$Ambulance,<br>Limousines to Cemetery@\$.   | Φ                                       |
| Date of Funeral. 17/51 Seem. 2,70 P.   | Extra Limousines @ \$ -   |   |
| Services at Clearfel   | Autos to R. R. Station @ \$. Getting Remains from   |   |
| Clergyman Wei Shocklafeau (Address)  | Taking Remains to   |   |
| Religion of the Deceased.  | Delivering Box to   |   |
| Birthplace Messuri   | Deliver Flowers to  |   |
| Resided in the State . 2 3 W   | Procuring Burial Permit.  |   |
| Place of Death Riley Tweeth Ringold &  | Procuring Burial Permit.  (State Number Certif. Copies of Death Certificates (State Physician's o Pall Bearer Service, \$ Use of Ch | No                                      |
| Cause of Death:  |   | apel, \$                                |
| Contributory Causes  | Gross Total for Sales Tax Outlay for Lot  | s . 2 <b>% 1</b>                        |
|  | Cremation   |   |
| Certifying Physician , D. Swanson  | Flowers, \$Palms, \$Matt<br>Rental of Tent, \$of Temporary V  | ing, \$                                 |
| His Address. Lauraii (or Coroner)  | Opening of Grave or Tomb  |   |
| Name of Father Mallard Hedger  | Lining Grave, \$Lowering Dev<br>Outlay for Shipping Charges   |   |
| His Birthplace   | Clergyman,\$Singers,\$Orga<br>Railroad<br>or Motor Tickets, \$Plane Ser<br>Telegr., Phone, Cable or Radio Charg                     | mist,\$                                 |
| Maiden Name of Mother. Mary On Lack  | or Motor Phone Cable or Radio Char  | vice,\$                                 |
| Her Birthplace   | Cash Advanced   |   |
| Motor Ship Remains to  | Out of town Undertaker's Charges Personal Service   |   |
| Size of Casket Cey Shrue   |   |   |
| Manufactured by A  | line Death Notices inPap  | oers                                    |
| Gemetery Crematory   | (Names of Newspapers)   |   |
| Lot No   | Sales Tax   | 3 1                                     |
| Grave No   | Total Footing of Bill   | s 38541                                 |
| Section No   | Less  | \$ 38531                                |
| Block No.  | Balance   | \$                                      |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or l  |   |
| Date Amount Paid Balance   |   | Amount Paid Balance                     |
| 0  | / To Balance Forward  | · · · · · · · · s · · · · · · · · · · · |
| Muld 5/ By Payment \$ 185 3/ \$200 0   | By Payment  | \$                                      |
| 10 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   | \$                                      |
| " "Parful"   |   | \$                                      |
| 4 4 \$ \$  |   | \$                                      |
|  |   | \$                                      |
|  |   | ss                                      |
| Names of Lodges  | Insurance   |   |
| Insurance \$. Louges I hereby authorize the above Funeral, and I hereby represent that I have                  | sufficient resources Legally available to(Firm  | Name of Funeral Directors.              |
| for the payment of aforesaid sum, and I hereby covenant and agree to p<br>maturity at the rate of % per annum. | g the same within   | om date. Interest to accrue from        |
|  | Signed  |   |
| Witness  | Address   |   |

RECORD OF FUNERAL Date of Entry... Ben Graham or......of Age of Husband or Wife (if living) Casket..... Burial Vault or Box Albia Vault Order given by. . How Secured: : . Embalming Body . If Veteran, State War. Barber, \$..... Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Coler)
Slippers, \$ (State Kind and Coler) Occupation ... Kerrewife Jan 5 1951 Folding Chairs, \$..... Tarpaulin, \$ Candelabrum, \$..... Candles, \$... Mar 29 1856 Door Spray, \$ : : . . . . . Gloves, \$ . . Funeral Car, \$..... Ambulance, \$ (Days) Limousines to Cemetery . . . . @ \$ . . Extra Limousines . . . . . . Services at ... Weethodist Clurch Autos to R. R. Station . Getting Remains from . : Clergyman ... Rev Callism Taking Remains to . . Trip to Coroner's Inquest ... Religion of the Deceased ... Metho Delivering Box to . . . . . . . . . Birthplace ... Indiana Deliver Flowers to . . Removal Charges... Procuring Burial Permit....(State Number and District)

—Certif. Copies of Death Certificates No.... Pall Bearer Service, \$.... Use of Chapel, \$... Cause of Death : . . . Gross Total for Sales Tax..... Contributory Causes.... Outlay for Lot ..... Cremation.... Flowers, \$ . . . . Palms, \$ . . . : . Matting, \$ Certifying Physician. Samut Rental of Tent, \$...of Temporary Yault \$
Opening of Grave or Tomb pa Messiell
Lining Grave, \$....Lowering Device, \$
Outlay for Shipping Charges. Name of Father Saloman Deputy Clergyman, \$....Singers, \$...Organist, \$.
Railroad or Motor Tickets, \$....Aero-plane Service, \$. His Birthplace . . . Maiden Name of Mother Lucy Loronse Telegr., Phone, Cable or Radio Charges . . Her Birthplace. . Out of town Undertaker's Charges... Motor Remains to ... Personal Service..... ....line Death Notices in . . . . . Papers etery } Rose Hill (Names of Newspapers) Lot No.....7.7/ 391 Sales Tax ..... Grave No..... Total Footing of Bill . 21 8 42041 Section No .. Less . 5.70 M 395 \$ ... 1.9. 7.7. Block No... \$ 4.00.6.4. Owner. . . . . . . Entered into Ledger, page . . . . or below. Amount Paid Date Date Amount Paid Balance To Ahove Balance By Payment..... Insurance Companies maturity at the rate of ...... % per annum.

|  | RECOR                   | D O                   | F FUN  | ERAL                                       | ,                                   |            |            |         |
|--|-------------------------|-----------------------|--|--|-------------------------------------|------------|------------|---------|
| Total No. 1273   | Yearly No               |                       | Date of I  | Entry                                      | au 8                                |            | 1          | 9.5%    |
| N t D  | Herman                  | Vo                    | gel  |  | (What                               | Pace)      |            |         |
| Residence Rual, S. W.  | of Lauroni              | ☐ Divorced            | ☐Husband☐¶   |  |                                     |            |            |         |
| Charge to Zulis Herma  | 1/1911                  |                       | Control of the last of the las |  | f Husband or Wife (i                | f living)  |            | Years   |
| Address. Lauri   | M. V. F. J. W           |                       |  | ral (except outla                          | ys)                                 | \$         | 32         | 06      |
| 0.1  |                         | (                     | Casket   | Boy he                                     | ie box                              |            | 25         | 00      |
| How Secured:   | er informant)           | 1                     | Embalming Bo   | Box (State I                               | Cind)                               |            |            |         |
| If Veteran, State War  | -6                      | Sold and 1            | Barber, S  | Hair Dr                                    | essing, \$                          |            |            |         |
| Occupation . Januar  | · u                     | and I                 | Dressing Body,   | \$   | del wear, ψ                         |            |            |         |
| Employer and Address   | (Social Securi          | ty Number)            | Suit or Dress  | (State Kind :<br>Hose,                     | nd Color)                           |            |            |         |
| Date of Death. Jan. 5  | 1951                    | Stell Control of      | Folding Chairs.  | S Tarpa                                    | шп, ф                               |            |            |         |
| Date of Birth  | e)                      | (Hour) (              | Candelabrum.   | Candl<br>Glove                             | es, þ                               |            |            |         |
| Age 78   |                         | 74.5 J. L. C. C.      | Funeral Car, \$  | Ambula                                     | ince, \$                            |            |            |         |
| Date of Funeral 18/57  | Conths) (Days)          | 30 P.M.               | Limousines to<br>Extra Limousir  | Cemetery                                   | @\$                                 |            |            |         |
| (Date) (Date)  | ay of Week              | (Hour)                | Autos to R. R.   | Station                                    | @\$                                 |            |            |         |
| Services at ) Mullivolu  | keshiare                |                       | Getting Remai<br>Taking Remain   | ns from                                    | mon lity                            |            | 20         | 00      |
| Clergyman . 200 sluce  | (Address)               |                       | Trip to Corone   | r's Inquest Y                              | uu .                                |            |            |         |
| Religion of the Deceased   |                         |                       | Delivering Box<br>Deliver Flowers  | to   |                                     |            |            |         |
| Birthplace   |                         |                       | Removal Charg  | es   |                                     |            |            |         |
| (or U.S. of C  | City or County) (Years) | (Months)              | Cortif Conic   | al Permit<br>(State N<br>esof Death Certif | umber and District)                 |            |            |         |
| Place of Death Cause of Death pulluma  | · lhave - h             | A ma                  | Pall Bearer Ser  | vice, \$ Use                               | cian's or Coroner's ) of Chapel, \$ |            |            |         |
|  | ing. I become on        |                       |  | Sales Tax                                  |                                     | \$ .5      | 7.7        | 00      |
| Contributory Causes  |                         |                       | Outlay for Lot<br>Cremation  |  |                                     |            |            |         |
|  |                         | 1                     | Flowers, \$  | .Palms, \$                                 |                                     |            |            |         |
| Certifying Physician   | (or Coroner)            |                       |  | \$of Tempor                                |                                     |            |            |         |
| His Address  |                         |                       | Lining Grave, S  | Lowering                                   | Device, \$                          |            |            |         |
| Name of Father   |                         |                       | Outlay for Ship  | ping Charges                               | Organist \$                         |            |            |         |
| His Birthplace   |                         | i                     | Railroad Ticket  | Singers,\$<br>s, \$ Aer<br>plan            | Service,\$                          |            |            |         |
| Maiden Name of Mother  |                         | BATHER SAME OF STREET | l'elegr., Phone,   | Cable or Radio                             | harges                              |            |            |         |
| Motor Remains to Shaw  | um lity                 | Linear to             | Out of town U  | l<br>ndertaker's Char                      | ges                                 |            |            |         |
| Size of Casket Ling D. C. (Stage   | . Rudend                | state                 |  | e  |                                     |            |            |         |
| Manufactured by Ro   | Color and Number)       |                       |  | Notices in                                 | .Papers                             |            |            |         |
| Cemetery Crematory   | m lity                  |                       |  | (Names of Newspapers)                      |                                     |            |            |         |
| prince and the second s | Lot No                  |                       | ambalo   | eice to Iti                                | elependere                          | 9          | 25         | 00      |
|  | Grave No                |                       | Sales Tax  |  |                                     |            | 5          | 77      |
|  | Section No              |                       | Total Footing of   | of Bill                                    | 18-6.                               |            | 07         | 7.7.    |
|  | Block No                |                       | Less . v   | 1115 Balance                               |                                     | \$         | 170        | /.4     |
| Diagram of Lot or Vault  | Owner                   |                       | Entered into L   | edger, page                                | .or below.                          | \$         | 2 . 4 . 6. |         |
| Date   | Amount Paid             | Balance               | Date   | night have gold file                       | Amount                              | Paid       | Bal        | lance   |
| To Above Balance   |                         | 8                     |  | To Balance Forwa                           | rd                                  |            |            | T       |
| By Payment   | \$                      | s                     |  | By Payment                                 | \$                                  | 3          |            |         |
| " "  | \$                      | s                     |  |  | \$                                  | \$         |            |         |
| " "  | \$                      | \$                    |  | " "  | \$                                  | \$         |            |         |
| 4 4  | \$                      | \$                    |  | u u  | \$                                  |            |            |         |
| и и  | \$                      |                       | 1  | « «  | \$                                  | \$         |            |         |
| и и  | s                       |                       |  | « «  | ss                                  |            |            |         |
|  | Names of                |                       |  | Insurance<br>Companies                     |                                     |            |            |         |
| Insurance 5. Companies.  Lodges. Companies.  Lorendy authorize the above Function, and I hereby represent that I have sufficient resources Legally available to.  (Firm Name of Funeral Directors.)  |                         |                       |  |  |                                     |            |            |         |
| tot the payment of more min benefit and .  | a nerenj covenant and   | agree to pay th       | he same within   | d  | (Firm Name of Fur<br>ays from date. | erul Direc | to acer    | ue from |
| maturity at the rate of  | per annum.              |                       | Signad   |  |                                     |            |            |         |

| Total No. 2.2.7. Yearly No   | . Date of Entry   |
|--|---|
| Name of Deceased. Alongo (Tuck) Of   | ranus (What Race)   |
| Residence: Lamoni Ja   | Husband Wife Widow or   |
| Charge to:   | Complete Funeral (except outlays)   |
| Address  | Casket.   |
| Order given by   | Burial Vault or Box (State Kind)  |
| How Secured:   | Embalming Body(Name of Embalmer)  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |
| Occupation farmer not known  | Dressing Body, \$Underwear, \$<br>Suit or Dress.  |
| Employer and Address   | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$  |
| Date of Death Jan 9 1951 9:45 A  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. Feb 19 1875 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |
| Age. 75  | Funeral Car, \$ Ambulance, \$   |
| (Years) / (Months) (Days)  | Limousines to Cemetery @ \$   |
| (Date) a (Day of Week) (Hour)  | Extra Limousines @ \$   |
| Services at:::   | Getting Remains from  |
| Clergyman: Carl Ballantyne   | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Harrian Co, Mis   | Deliver Flowers to  |
| Resided in the State   | Procuring Burial Permit   |
| Place of Death of lear Horf.   | Certif.Copiesof Death CertificatesNo  |
| Cause of Death:  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Chapel, \$. |
| Contributory Causes.   | Gross Total for Sales Tax\$   |
| Containment of Contai | Outlay for Lot:   |
| Certifying Physician. In Swanson   | Flowers, \$ Palms, \$ : . Matting, \$   |
| (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address  | Lining Grave, \$Lowering Device, \$   |
| Name of Father James Of et week  | Outlay for Shipping Charges.  |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother Sung O) were   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Cash Advanced   |
| Motor   Remains to Caplwell  | Personal Service  |
| Size of Casket (State Color and Mymber)  | line Death Notices in Papers  |
| Manufactured by  | (Names of Newspapers)   |
| Cemetery Crematory \   | (Names of Newspapers)   |
| Lot No   | Sales Tax 140 Tex   |
| Grave No   | Total Footing of Bill \$ 150 00   |
| Section No   | Less S  |
| Block No   | Balance\$   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance   | To Balance Forward \$   |
|  | \$ \$ \$  |
|  |   |
|  |   |
| \$   |   |
| * "  |   |
| 4 4 8  | " " "   |
| Names of Lodges.   | Insurance<br>Companies  |
| Insurance \$Logges.  I hereby authorize the above Funeral, and I hereby represent that I have a  | nufficient vecesives T coully eveilable to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | (Pirm Name of Funeral Directors)  |
| maturity at the rate of  | Signed  |
| Witness.   | Address   |
| Witness  |   |

| RECO  | RD O              | F FUN                          | NERAL   |                                      |               |         |
|---|-------------------|--------------------------------|---|--------------------------------------|---------------|---------|
| Total No. 2275 Yearly No. 7   |                   | Date of                        | Entry four  | ٠١٥                                  |               | 19,5.7  |
| Name of Deceased. James 4   | · We              | lley                           |   | $\omega$                             |               |         |
| ☐ Married ☐ Single ☐ Widowed  | Divorced          | Terror and                     | WILLIAM Neless  | A. What Race)                        | ley           |         |
| Residence: Van West - Sa  | res               | Øltosomo                       | Wite□Widow} Neleu<br>of Age of Husb   | and or Wife (if living               | 170           | Years   |
| Charge to Mus Helen a. Welley   |                   | Complete Fune                  | eral (except outlays).  | \$                                   | 4.8.7.        | 00      |
| Address. Van Wert - Ja  |                   | Casket                         | Box albea Va  | ::00                                 |               |         |
| Order given by(or informant)  |                   |                                | Box . (State Kind)  |                                      |               |         |
| How Secured:  | 10                | Embalming Bo                   | dy(Name of Embalm<br>Hair Dressing  | eer)                                 |               |         |
| If Veteran, State War for Molf & Occupation Post office Inspects        |                   | Dressing Body                  | . s   | ear,\$                               |               |         |
| Occupation Nort Office Inspection Employer and Address U. S. Porter Sp. | rity Mumber)      | Suit or Dress                  | Contract Wind and Col   | or)                                  |               |         |
| Employer and Address  |                   | Slippers, \$                   | Hose, \$<br>, \$Tarpaulin,  | \$                                   |               |         |
| Date of Death Jan 15 1951   | (Hour)            | Candelabrum,                   | \$ Candles, \$  |                                      |               |         |
| Date of Birth. Nov 7 18 89  |                   | Door Spray, \$                 | Gloves, \$.<br>Ambulance,   | \$                                   |               |         |
| Age. (Yesys) (Months) (Days   |                   | Limousines to                  | Cemetery @ \$.  |                                      |               |         |
| Date of Funeral Jan 18 51 Thurs   | (Hour)            | Extra Limousi                  | nes   |                                      | • • • • • • • |         |
| Services at lauget  |                   | Getting Remai                  | ins from  |                                      |               |         |
| Clarence Mas Harde feel a   | aul               | Taking Remain                  | ns to<br>r's Inquest  |                                      |               |         |
| Religion of the Deceased.   |                   | Delivering Box                 | to  |                                      |               |         |
| Birthplace . Heury & . Ja   |                   | Removal Chan                   | s to  |                                      |               |         |
| Resided in the State  | s) . (Months)     | Procuring Buri                 | al Permit.  |                                      |               |         |
| Place of Death weral near Van   | West              | Certif.Copi                    | al Permit  (State Number esof Death Certificate (State Physician's c vice, \$ Use of Ch | sNo                                  |               |         |
| Cause of Death:   |                   | Pall Bearer Ser                | vice, \$ Use of Ch  | apel, \$                             | // 6          |         |
| Contributory Causes.  |                   | Gross Total for                | Sales Tax   | \$                                   | 6.1.2         | 0.0     |
|   |                   | Cremation                      |   |                                      |               |         |
| Certifying Physician . In Doss  |                   | Flowers, \$<br>Rental of Tent. | .Palms, \$ Matt   | ing, \$                              |               |         |
| His Address Lesur   |                   | Opening of Gra                 | \$ of Temporary we or Tomb . 5. 4. W  | aidel                                | 25            | 00      |
| Name of Father Olies & Willey   |                   | Lining Grave,                  | \$Lowering Dev  | rice, \$                             |               |         |
| His Birthplace  |                   | Clergyman,\$                   | Singers,\$Orga<br>s, \$Sero-Ser   | nist,\$                              |               |         |
| Maiden Name of Mother Ellen J. Stells                                   | ulen              | or Motor Ticket                | s, \$ Plane Ser<br>Cable or Radio Char  | vice,\$                              |               |         |
| Her Birthplace  |                   | Cash Advanced                  | 1   | ges                                  |               |         |
| Motor Ship Remains to   |                   | Out of town U                  | ndertaker's Charges   |                                      |               |         |
| Size of Casket  | austen            |                                | 1   |                                      |               |         |
| Manufactured by   |                   | line Death                     | Notices in Par  | ers                                  |               |         |
| Cemetery Crematory . R We Heel .  |                   |                                | (Names of Newspapers)   | 43                                   |               |         |
| Lot No. 1.54.8.   |                   | Sales Tax                      |   |                                      | ,             | ·4-5-   |
| Grave No 3  |                   | Total Footing                  | of BIN . Leek   |                                      | 643           | 12      |
| Section No  |                   | Less                           | Pote 3/51   |                                      | Þ. /v.        | 1 5.    |
| Block No  |                   |                                | Balance   | \$                                   |               |         |
| Diagram of Lot or Vault Owner   |                   | Entered into L                 | edger, pageor l   | pelow.                               |               |         |
| Date Amount Paid  | Balance           | Date                           |   | Amount Paid                          | Bal           | lance   |
| To Above Balance  | \$                |                                | To Balance Forward  |                                      | 9             |         |
| By Payment \$   | 8                 |                                | By Payment  | \$                                   | . s           |         |
| \$  | \$                |                                | и и   | \$                                   | . \$          |         |
| \$  | \$                |                                | и и   | \$                                   | . \$          |         |
| и и s   | \$                |                                | " " ········  | \$                                   | . \$          |         |
| и и   | \$                |                                | a a   | \$                                   | . \$          |         |
| и и 8   | \$                |                                | и и   | 9                                    | \$            |         |
| Insurance \$ Names of Lodges  |                   |                                | Insurance<br>.Companies   |                                      |               |         |
| I hereby authorize the above Funeral, and I hereby represent            | that I have suf   | ficient resources Le           | coller available to   |                                      |               |         |
| for the payment of aforesaid sum, and I hereby covenant an              | d agree to pay t  | he same within                 |   | Name of Funeral D<br>om date. Intere | irectors.)    | ne from |
| maturity at the rate of% per annum.                                     |                   | Signed.                        |   | 2110016                              | , so accir    |         |
| Witness   | noiled by T. Y    | Address                        |   |                                      |               |         |
|   | apart by F. J. FR | NEMAN, St. Louis, 1            | do.   |                                      | -             | 1       |

|   | F FUNERAL  |
|---|--|
| Total No. 2.2.7.6 Yearly No   | Date of Entry. June 2 3 19.5   |
| Name of Deceased. Stanley   | Wright o w   |
| Married   Single   Widowed   Divorced   | Husband Wife Widow)  |
| Charge to: Mus Stauly Wright  | or. of \ Age of Husband or Wife (if living) Years  |
| Address   | Complete Funeral (except outlays)\$  |
|   | Casket   |
| Order given by(orinformant)   | Burial Vault or Box(State Kind)  |
| How Secured:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$   |
| Occupation(Social Security Number)  | Suit or Dress  |
| Employer and Address  |  |
| Date of Death. 17 1951 (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth   | Door Spray, \$ : Gloves, \$  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$Ambulance, \$<br>Limousines to Cemetery@ \$   |
| Date of Theman 1/23/51 Tules 1:30 Pre   | Extra Limousines @   |
| Services at::: (Date) (Day of Week) (Hour)                                      | Autos to R. R. Station @ \$ 750 Getting Remains from Psecola 750   |
|   | Taking Remains to . extra man ?  |
| Clergyman: Aut Laul Religion of the Deceased L.D. S. (Address)                  | Trip to Coroner's Inquest  |
| Birthplace  | Deliver Flowers to   |
|   | Removal Charges  |
| Resided in the State(or U.S. or City or County) (Years) (Months) Place of Death | Procuring Burial Permit.  (State Number and District)  (Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |
|   | Pall Rearer Service \$ Use of Change \$  |
| Cause of Death:   | Gross Total for Sales Tax\$  |
| Contributory Causes   | Outlay for Lot:  |
|   | Cremation  |
| Certifying Physician. (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb.  |
| Name of Father  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges   |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ \$ \$4.00 Railroad or Motor Tickets, \$ Plane Service, \$   |
| Maiden Name of Mother   | or Motor Tickets, \$plane Service, \$ Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced.   |
| Motor Remains to  | Out of town Undertaker's Charges   |
| g: (G 1)  | Personal Service, use of Chapel, 45 00   |
| (State Color and Number)  | line Death Notices inPapers  |
| Manufactured by.  Cemetery } Rose Hull  Grematory }                             | (Names of Newspapers)  |
| Lot No. 7F50  |  |
| Grave No 3.   | Sales Tax no Tax, all server et  |
| Section No  | Total Footing of Bill\$  |
| Block No.   | Less got in feel   |
|   | Balance\$  |
| Diagram of Lot of vault   | Entered into Ledger, pageor below.   |
|   | Date Amount Paid Balance   |
| To Above Balance\$  | To Balance Forward \$  |
| By Payment 14 Col \$ 15 00 \$ 449 \$  | By Payment \$\$  |
| # # \$\$\$  | ***************************************  |
| " " S C   | a a g  |
| 4 4 8 8   | a a S. e   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |
| и и " \$ \$   | α α \$   |
| Names of  | Insurance  |

| RECORD C   | F FUNERAL  |
|--|--|
| Total No. > > 7.7 Yearly No?   | Date of Entry January 3/ 1957  |
| Total No. > > 7.7. Yearly No. 9.  Name of Deceased. Henry Octus                                    | Rever! (What Race)   |
| Name of Deceased Heury Cellus    Married   Single   Moved   Dispress   Residence: Laurui Sa Market | Ter. v. al Twite   Widow)  |
| Charge to: A.A.O.  | of Age of Husband or Wife (if living)  |
| Address.   | Complete Funeral (except outlays)  |
| Order given by Araboh Higden   | Casket. Burial Vault or Box (State Kind)                                     |
| How Secured:   | Embelming Body   |
| If Veteran, State War  |  |
| Occupation funt grown (Social Security Number)   | Dressing Body, \$  |
| (Social Security Number) Employer and Address  | Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$. Torngulin, \$. |
|  | Sippers, \$Tarpaulin, \$   |
| Date of Birth July 11 (Bate) 187 - (Hour)  |  |
|  | Candelabrum, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$      |
| Age. (Years) (Months) (Days)  Date of Funeral  | Limousines to Cemetery   |
| Services at 1/31/51 (Day of West) 2 (Hear) U.  | Autos to R. R. Station   |
| Clergyman J. Ban. Chees Harfe  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest  |
| Birthplace Hew York Stale  | Delivering Box to  |
|  | Removal Charges  |
| Resided in the State. (or U.S. or County) (Years) (Months)   | Cortif Conjecof Death Certificates No.                                       |
| Place of Death. & aman   | Pall Bearer Service, \$ Use of Chaple, \$                                    |
| Cause of Death:  | Gross Total for Sales Tax\$  |
| Contributory Causes  | Outlay for Lot   |
|  | Flowers, \$Palms, \$ Matting, \$   |
| Certifying Physician(or Coroner)   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb         |
| His Address Newerl   | Lining Grave, \$Lowering Device, \$  |
| Name of Father. Heury C. Rever   | Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$plane Service,\$    |
| Maiden Name of Mother Johanna Weulen   | Telegr., Phone, Cable or Radio Charges                                       |
| Her Birthplace   | Cash Advanced. Out of town Undertaker's Charges.                             |
| Motor Ship Remains to  | Personal Service   |
| Size of Casket (State Solor and Nyther)  | line Death Notices inPapers  |
| Manufactured by One Held<br>Cemetery Orac Held   | (Names of Newspapers)  |
| Crematory } Lot No.  |  |
| Grave No.  | Sales Tax . Me Text  |
| Section No.  | Total Footing of Bill Kien 20/5-1 \$ 15-0 00                                 |
| Block No.  | Less If the fact fact - 3  |
| Diagram of Lot or Vault Owner.   | Balance\$  Entered into Ledger, pageor below.                                |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  | To Balance Forward \$  |
| By Payment \$ \$   | By Payment \$ \$   |
| * *  |  |
|  |  |
| \$\$   |  |
| и и у 2  |  |
| и и \$ \$  |  |
| Names of Lodges.   | Insurance \$\$   |
| I hereby authorize the above Funeral, and I hereby represent that I have a                         | Insurance Companies.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                           | y the same within  |
| maturity at the rate of% per annum,  | Signed   |
| Witness  | Address  |
| Compiled by F. J.  | FRINEMAN, St. Louis, Mo.   |

| Total No. 227 9 Yearly No   | Date of Entry. Feb 15 19.51  |
|---|--|
| Name of Deceased Single Dividend Divorced   | Ossain. What Race)   |
| Residence: Lamoni de  | UHuaband Wife Wife Wife of Age of Husband or Wife (if living) Years  |
| Charge to: Verue Weskin   | Complete Funeral (except outlays)  |
| Address. Lamon  | Casket   |
| Order given by  | Burial Vault or Box  |
| How Secured:  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War   | Barber, \$ Hair Dressing, \$   |
| Occupation Housewife und  | Dressing Body, \$  |
| Employer and Address  | Dippers, o   |
| Date of Death Feb 14 1951 7 R.M. (Bote)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. Man 9 (Date) 1870 (Hour)   | Door Spray, \$ : :   |
| Age. (Years) (Months) (Days)  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$   |
| Age. (Years) (Months) (Days)  Date of Funeral -//6/5/ F (Bour)  (Date of AM. (Day of Week) (Hour) | Extra Limousines   |
| Services at: Hamiltonis , Der Moines  | Autos to R. R. Station   |
| Clergyman::   | Taking Remains to  |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to:  |
| Birthplace Marion County, Ja  | Deliver Flowers to   |
| Resided in the State  | Procuring Burial Permit.   |
| Place of Death Lamen  | Procuring Burial Permit. (State Number and District) Certif.Copiesof Death CertificatesNo.                       |
| Cause of Death Congestion Heart Failure   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes   | Gross Total for Sales Tax. \$ 365 DO Outlay for Lot:   |
| OPON Properties   | Cremation  |
| Certifying Physician. SW. Swausen   | Rental of Tent, \$of Temporary Vault, \$   |
| His Address Lauren Ja   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$   |
| Name of Father Ballhager Leutzinger   | Outlay for Shinning Charges  |
| His Birthplace.   | Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges |
| Maiden Name of Mother Many & Brown  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges.  |
| Size of Casket 43 Plush 1- couch  | Personal Service   |
| Size of Casket  | line Death Notices in Papers   |
| Manufactured by . G. P. (State Opies and Simber) Cemetery Cemetery Land Hell De Moule             | (Names of Newspapers)  |
|   |  |
| Lot No  | Sales Tax 3 65   |
| Section No.   | Total Footing of Bill  |
| Block No  | Less 57 & Fiel 25 \$ 1.8 7.3.  |
| Diagram of Lot or Vault Owner   | Od Febru Balance \$ 3.5.0 2.2.<br>Entered into Ledger, page or below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance.   | To Balance Forward s   |
| By Payment \$ \$  |  |
|   |  |
| * * * \$ \$   |  |
| ***************************************   |  |
|   | " " S S S  |
|   | 4 4 8  |
| Insurance \$ Lodges   | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have so                       |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                          |  |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Address EINEMAN St. Louis, Mo.   |

| Total No. 2279 Yearly No. 11  | Date of Entry195   |  |  |  |  |
|---|--|--|--|--|--|
| Name of Deceased. Zaura Cuma.   | Knott (What Race)  |  |  |  |  |
| Residence sural in Laugui   | Husband   Wife   Widow   Age of Husband or Wife (if living)   Years  |  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)\$376 00  |  |  |  |  |
| Address.  | Complete Funeral (except 1)  |  |  |  |  |
| Order given by  | Casket   |  |  |  |  |
| How Secured:  | Umbalming Hody   |  |  |  |  |
| If Veteran, State War   | Barber, \$   |  |  |  |  |
| Occupation Housewife none   |  |  |  |  |  |
| Employer and Address (Social Security Number)   | Hose S   |  |  |  |  |
| Date of Death. March 5 51 3 AM. (Hour)  | Folding Chairs, \$. Tarpaulin, \$.  Candelabrum, \$. Candles, \$.  |  |  |  |  |
| Date of Birth.  | Door Spray S   |  |  |  |  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$ Ambulance, \$  |  |  |  |  |
| Date of Funeral 7/5/ (Months) (Days)  | Extra Limousines   |  |  |  |  |
| Services at (Date) (Day of Week) (Hour)   | Autos to R. R. Station   |  |  |  |  |
| Clergyman we Shakesfeare  | Taking Remains to  |  |  |  |  |
| Religion of the Deceased.   | Trip to Coroner's Inquest  |  |  |  |  |
| Birthplace Harrison Co Mo   | Delivering Box to  |  |  |  |  |
| n   | Pamoual Charges  |  |  |  |  |
| Resided in the State. (or U.S. or City or County) (Years) (Months) Place of Death. (Months)   | Procuring Burial Permit. (State Number and District)   |  |  |  |  |
| Place of Death. & Low . Hospital  | Procuring Burial Permit.  (State Number and District)  —Certif. Copies of Death Certificates No.  Pall Bearer Service, \$\(^{\text{State Physician or Certoner*}}_{\text{USe of Chapel}}, \text{State Physician or Certoner*}_{\text{State Physician or Certoner*}}_{\text{USe of Chapel}}, \text{\$\text{State Physician or Certoner*}}_{\text{USe of Chapel}}, \text{\$\text{USe of Chapel}}_{\text{USe of Chapel}}, \text{\text{USe of Chapel}}_{\text{USe of Chapel}}_{\text{USe of Chapel}}, \text{\text{USe of Chapel}}_{\text{USe of Chapel}} |  |  |  |  |
| Cause of Death:   | Gross Total for Sales Tax. \$ 52/ 08   |  |  |  |  |
| Contributory Causes   | Outlay for Lot   |  |  |  |  |
|   | Cremation  |  |  |  |  |
| Certifying Physician, A. Moss-  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |
| Win Address   | Opening of Grave or Tomb   |  |  |  |  |
| Name of Father(?) Hass  | Outlay for Shipping Charges  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$  |  |  |  |  |
| Maiden Name of Mother. Not known  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |
| Her Birthplace  | Cash Advanced  |  |  |  |  |
| Motor Remains to Hatfield, Hee  | Out of town Undertaker's Charges.  |  |  |  |  |
| Ship   Remains to   Size of Casket   Of   Of   Of   Of   Of   Of   Of   O |  |  |  |  |  |
| Manufactured by   | line Death Notices inPapers  |  |  |  |  |
| Cemetery Hatfield, Mo.  | (Names of Newspapers)  |  |  |  |  |
| Lot No.   | Callan Manager                           |  |  |  |  |
| Grave No  | Sales Tax S2/ Total Footing of Bill S 5 2 4 -/   |  |  |  |  |
| Section No  | Less Lust by Man 17 s >6 3)  |  |  |  |  |
| Block No  | RA 9/M5 Balance S 500 As   |  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |
|   | To Balance Forward e   |  |  |  |  |
| By Payment  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| \$  |  |  |  |  |  |
| a a s   | ······································   |  |  |  |  |
|   | *  |  |  |  |  |
| Names of Lodges   | Trans  |  |  |  |  |
| Insurance \$Lodges.   | Insurance Companies  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to nev  | I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.    Transmiss   Press   December  |  |  |  |  |
| maturity at the rate of% per annum,   | interest to accrue iron  |  |  |  |  |
| Witness   | Signed.  |  |  |  |  |
| Address  Compiled by F. J. FRINEMAN, St. Louis, Mo.   |  |  |  |  |  |

| Total No. 12.80                   | Yearly No/                              | ٤                  | Date of   | Entry                        | Ma                         | ech 8              |               | 19.5%   |
|-----------------------------------|---|--------------------|---|------------------------------|----------------------------|--------------------|---------------|---------|
| Name of Deceased                  | Iscar Edu                               | vard (             | Riall   |                              |                            | (What Race)        |               |         |
| Residence: Dame                   | Single Widowed                          | ☐ Divorced         | ☐Husband ☐  | Wife Widow)                  |                            | (What Race)        |               |         |
| Charge to: Williams               |   | iall :             | от  | of } A                       | ge of Husban               | or Wife (if living |               | Years   |
| Address                           |   |                    | Complete Fun  | eral (except ou              | tlays)                     | \$                 | 3.4.5         | 06      |
| Order given by aba                | بف                                      |                    | Casket  |                              | Bini                       |                    |               | 06      |
| How Secured:                      | (or informant)                          |                    | Burial Vault o  | (Sta                         | te Kind)                   |                    |               |         |
| If Veteran, State War             | 200                                     |                    | Barber, \$  |                              | of Embalmer                | s                  |               |         |
| Occupation Farming                | (retired) us                            | ne                 | Dressing Body   | ,\$1                         | Underwea                   | r,\$               |               |         |
| Employer and Address              | (Social Secur                           | ity Number)        | Suit or Dress.  |                              | nd and Color)              |                    |               |         |
| Date of Death Wer                 | 6 1951                                  | 10,30AH            | Slippers, \$<br>Folding Chairs                        | , \$Tar                      | paulin, \$                 |                    |               |         |
| Date of Birth Nov. 2.5            | (Date) 1860                             | (Hour)             | Candelabrum,  | \$Car                        | idles, \$                  |                    |               |         |
| Age 90                            |   |                    | Door Spray, \$<br>Funeral Car, \$                     |                              | ulance, \$                 |                    |               |         |
| Date of Funeral. 3/8/51           | (Months) (Days)                         | 2 0                | Limousines to<br>Extra Limousi                        |                              |                            |                    |               |         |
| Services at Chafel                | (Day of Week)                           | (Hour)             | Autos to R. R.  | Station                      | @\$                        |                    |               |         |
| Clergyman: Rubt Ta                | ou ham                                  |                    | Getting Remai   | ins from                     |                            |                    |               |         |
| Religion of the Deceased          | P.D. Q (Address)                        |                    | Trip to Corone  | er's Inquest                 |                            |                    |               |         |
| Birthplace West                   | AA A                                    | **********         | Delivering Box<br>Deliver Flower                      |                              |                            |                    | • • • • • • • |         |
|                                   | ~ 16a.                                  |                    | Removal Char  | ges                          |                            |                    |               |         |
| Resided in the State5             | or City or County) (Years               | (Months)           | Procuring Bur   | ial Permit                   | o Number an                | d District)        | •••••         |         |
| Place of Death Laur               |   |                    | Procuring Bur<br>—Certif.Copi<br>Pall Bearer Se       | esoi Death Cer<br>(State Pi  | tincatesr<br>hysician's or | Coroner's)         | •••••         |         |
| Cause of Death:                   |   |                    | Gross Total fo  | r Sales Tax                  | o or ona,                  | ς, φς              | 390           | 00      |
| Contributory Causes               |   |                    | Outlay for Lot  | t:                           |                            |                    |               |         |
|                                   |   |                    | Cremation Flowers, \$                                 | Palme S                      | Mattir                     | g. \$              |               |         |
| Certifying Physician              | (or Coroner)                            |                    | Rental of Tent<br>Opening of Gr                       | ,\$of Temp                   | porary Va                  | ult, \$ . 70 .     |               |         |
| His Address                       | 1 0 .10                                 |                    | Lining Grave,   | ave or Tomb.<br>\$Lower      | ing Device                 | e. \$              |               |         |
| Name of Father. Edward.           | sa. Prad                                |                    | Outlay for Shi  | pping Charges                |                            |                    |               |         |
| His Birthplace                    | + + · · · · · · · · · · · · · · · · · · |                    | Clergyman,\$. Railroad or Motor Ticket Telegr., Phone | s. S                         | Organ                      | ice.\$             |               |         |
| Maiden Name of Mother.            | erenav.xxx                              | ,,,,,,,,,          | Telegr., Phone  | , Cable or Radi              | io Charge                  | s                  |               |         |
| Her Birthplace                    |   | •••••              | Cash Advance<br>Out of town U                         | d<br>Indertaker's Ch         | arges                      |                    | • • • • • • • |         |
| Motor   Remains to                | blush oct.                              |                    | Personal Servi  | ce                           |                            |                    |               |         |
| Size of Casket                    | State Color and Number                  | ,                  |   | Notices in                   | Pape                       | rs                 | • • • • • •   |         |
| Cemetery Crematory                | 0 400                                   | 7                  |   | (Names of Newspap            | ens)                       |                    |               |         |
| Crematory J                       |   |                    |   |                              |                            |                    |               |         |
|                                   | Lot No / 4.6.5. Grave No                |                    | Sales Tax   |                              |                            |                    | 3             | 90      |
|                                   | Section No                              |                    | Total Footing   | les -                        |                            | \$                 | 4.1.6.        | 90      |
|                                   | Block No                                |                    | Less  |                              | 18/8. 1                    | 5-1\$              | 1.9.          | 70      |
| Diagram of Lot or Vault           | Owner                                   |                    | Entered into L  | Od Balan                     | ce                         | \$                 | 3.9.7.        | 2.0.    |
| Date                              | Amount Paid                             | Balance            | Date  | louger, page                 | 1                          | Amount Paid        | D             |         |
| To Above Balan                    |   |                    |   | m nı n                       |                            | Zanoune Taio       | Da            | lance   |
| By Payment                        | S                                       | \$                 | "   | To Balance For<br>By Payment | rward                      |                    | . \$          |         |
| и и                               | \$                                      | \$                 |   | a a                          |                            |                    | \$            |         |
| и и                               | \$                                      | \$                 |   |                              |                            |                    | . s           |         |
| и и                               | \$                                      | \$                 |   | α α                          |                            |                    | . \$          |         |
|                                   |   | \$                 |   | . " "                        |                            |                    | . \$          |         |
|                                   | \$                                      | \$                 |   |                              |                            |                    | . \$          |         |
| proceeding                        | Names of Lodges.                        | W                  |   | Insurance                    |                            |                    | . \$          |         |
| Insurance \$                      |   | that I have a      | Molant recourses T                                    | Companies                    |                            |                    |               |         |
| for the payment of aforesaid sum, |   |                    |   |                              |                            | ame of Funeral D   | irectors.)    |         |
| maturity at the rate of           | % per annum.                            |                    | Signed.   |                              |                            | Intere             | se to acci    | ue from |
| Witness                           |   |                    | Address   |                              |                            |                    |               |         |
|                                   | Con                                     | aniled by W. J. P. | DINEMAN SE Louis                                      | Ma                           |                            |                    |               |         |

| Total No. 2 2 8/ Yearly No/3   | Date of Entry M. auch  |
|--|--|
| Name of Deceased. Clinabeth Bot  | Muau (What Race)   |
| Residence: Laurou  | Busband Wife Widow Clasence Os overnan   |
| Charge to: Wayne Baotinar  | orof \( \) Age of Husband or Wife (if living) Year   |
| Address. Des Moures  | Complete Funeral (except outlays)\$ .39.6 .0.5   |
| Order given by   | Casket. Burial Vault or Box (State Kind)   |
| How Secured :  | Embalming Body(State Kind)   |
| If Veteran, State War  | Embalming Body(Name of Embalmer) Barber, \$Hair Dressing, \$   |
| Occupation Houseoff usue   | Decoging Rody \$ Underwear, \$   |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$   |
| Date of Donth W/R1 6 1951 7:30 PM  | Folding Chairs, S Tarpaulin, \$  |
| Date of Birth Oct 10 1871 (Hour)   | Candelabrum, \$  |
| Age. 7.9   | Funeral Car, \$ Ambulance, \$  |
| (Years), (Months) (Days)   | Limousines to Cemetery @ \$  |
|  | Autos to R. R. Station @ \$  |
| Services at  | Getting Remains from.  |
| Clergyman  | Taking Remains to  |
| Religion of the Deceased.  | Delivering Box to  |
| Birthplace Swa   | Deliver Flowers to   |
| Resided in the State (or U. S. or City or County) (Years) (Months)                               | Procuring Burial Permit(State Number and District)   |
| Resided in the State (or U. S. of City of County) (Months)  Place of Death Meng Hory Wes Woulds  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  (State Physician to a Coroner's)  Pall Bearer Service, \$\script{\script{State Physician to a Coroner's}}\$ |
| Cause of Death:  |  |
| Contributory Causes  | Gross Total for Sales Tax  |
|  | Cremation.   |
| Certifying Physician.  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb & A. Masshall 15 06   |
| Name of Father George Braby  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$. Organist,\$.  Railroad Tickets, \$ Aero Service,\$.  Telegr., Phone, Cable or Radio Charges.   |
| Maiden Name of Mother. not known   | or Motor Tickets, \$   |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Ship Remains to 1/3 rose ceden state Size of Casket. 1/3 rose ceden state                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| Size of Casket / (State Color and Number) Manufactured by fleret                                 | line Death Notices in Papers   |
| Cemetery Rose Hul  | (Names of Newspapers)  |
| Lot No. /5.23  |  |
| Grave No   | Sales Tax 4 2/   |
| Section No   | Total Footing of Bill  |
| Block No   | Od Man Balance \$ 524 90   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  | To Balance Forward e   |
| By Payment \$ \$   | By Payment s   |
|  |  |
|  |  |
|  |  |
| # # S C  | ***************************************  |
| « « \$ s   | \$\$   |
| Insurance \$ Names of Lodges.  | Insurence  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su | Insurance Companies.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                         | the same within days from date. Interest to accrue from  |
| maturity at the rate of% per annum,  | Signeddays from date. Interest to accrue fro   |
| Witness  | Address  |
| Compiled by F. J. St   | EINEMAN, St. Louis, Mo.  |

| Total No 2282 Yearly No /4   | Date of Entry. March 17. 1951.  |
|--|---|
| Name of Deceased. Any Cligabeth   Magried   Single   M. Widgred   Divorced                   | Paur (What Race)  |
| Residence: Lamoni la   | ☐Husband☐Wife☐Widow}  |
| Charge to: Ruscal Former   | or  |
| Address  | Complete Funeral (except outlays)\$   |
| Order given by   | Casket Burial Vault or Box Description (State Kind)   |
| How Secured::  | Embalming Body (State Kind)  (Name of Embalmer)   |
| If Veteran, State War  | Barber, \$  |
| Occupation Warren (Social Security Number)   | Dressing Body, \$Underwear, \$  |
| Employer and Address   | (State Kind and Color)  |
| Date of Death. Man 14 1951 10 M  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. June 27 1861 (Hour)   | Candelabrum, \$   |
| Ama 89   | Funeral Car, \$ Ambulance, \$   |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral. M. (Day of Week) (Hour)   | Autos to R. R. Station  |
| Services at: :3/17/51 Set 2 PM   | Getting Remains from  |
| Clergyman: Rey Cheville Religion of the Deceased   | Taking Remains to   |
|  | Delivering Box to   |
| Birthplace Utah  | Deliver Flowers to  |
| Resided in the State   | Procuring Burial Permit.  |
| Place of Death. Zamoru   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{Gate Physical Set Connect's}}\)  Use of Chaple, \$\(^{\text{Set Connect's}}\) |
| Cause of Death:  |   |
| Contributory Causes  | Gross Total for Sales Tax. \$ 4,85 0.0. Outlay for Lot:   |
|  | Cremation   |
| Certifying Physician. & & Lamet  | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Yault, \$  |
| (or Coroner)   | Opening of Grave or Tomb. TeA. Marihall 25 00   |
| Name of Father Mark A. Forscutt  | Lining Grave, \$Lowering Device, \$   |
| His Birthplace. Elizabeth Unsworth   | Outlay for Shipping Charges   |
| Maiden Name of Mother.   | Clergyman,\$ Singers,\$ Organist,\$ Railroad   Tickets, \$ Aero-Service,\$   Telegr., Phone, Cable or Radio Charges   |
|  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Out of town Undertaker's Charges  |
| Motor Remains to  Size of Casket //6 - Uct St. Oschiol  Size of Casket //6 - Uct St. Oschiol | Personal Service  |
| Manufactured by (Statu(Color and Number)   | line Death Notices inPapers   |
| Manufactured by Rose Hill Cemetery Crematory   | (Names of Newspapers)   |
|  |   |
| Lot No   | Sales Tax 485   |
| Grave No4  | Total Footing of Bill   |
| Section No   | Less . 57/4 Ly . 11/4. 22 1/4   |
| Block No   | Entered into Ledger, page 7. for below.   |
| Diagram of Lot or Vault  Date  Amount Paid  Balance  |   |
|  | To Balance Forward  |
|  | By Payment \$ \$  |
| a a s s  | a u S. S.   |
| 4 4 5 5  |   |
| # # \$ \$  |   |
| s s  |   |
| # # \$ \$  | \$ \$ \$  |
|  | \$ \$ .   |
| Insurance \$   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have s                   |   |
|  | y the same withindays from date. Interest to accrue from  |
| maturity at the rate of% per annum.  | Signed  |

| Name of Deceased Wartha Lau  | Date of Entry1937  |
|--|--|
| Name of Deceased. Martha Law   | a Thorse   |
| Residence: Widowed Divorced  | Husband   Wife   Widow   See Thorse   Years or   |
| Charge to: A C   | or   |
|  | Complete Funeral (except outlays)\$ ./50.00  |
| Address  | Casket   |
| Order given by(or informant)   | Burial Vault or Box(State Kind)  |
| How Secured:   | Embalming Body(Name of Embalmer)   |
| If Veteran, State War  | Barber, \$   |
| Occupation housewife une   | Suit or Dress. (State Kind and Color)  |
| Employer and Address   | Slippers, \$   |
| Date of Death April 11/51 8 AM   | Folding Chairs, S Tarpaulin, \$  |
| Date of Birth. July 21/1860 (Hour)   | Candelabrum, \$  |
| Age. 90  | Funeral Car. \$ Ambulance, \$  |
| Date of Funeral. 4/14/51 SAT (Days) - P. M.  | Limousines to Cemetery @ \$  |
| Services at : Chaptel (Day of Week) (Hour)   | Autos to R. R. Station @ \$  |
| Services at . Complete   | Getting Remains from   |
| Clergyman Robt tarulaur (Address)  | Trip to Coroner's Inquest  |
| Religion of the Deceased.  | Delivering Box to  |
| Birthplace Chuada  | Deliver Flowers to   |
| Resided in the State. / Warth (North)  | Procuring Burial Permit.   |
| Place of Death Lamani  | Certif.Copiesof Death Certificates No  |
| Cause of Death:  | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Classific, \$ |
| Contributory Causes  | Gross Total for Sales Tax\$  |
| Contributory Causes  | Outlay for Lot.  |
| Certifying Physician 2. E. Samet   | Flowers, \$ Palms, \$ Matting, \$  |
| (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
|  | Lining Grave, \$Lowering Device, \$  |
| Name of Father Euoch Laraby  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$  |
| Maiden Name of Mother Famul Ligert   | Telegr., Phone, Cable or Radio Charges.  |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Out of town Undertaker's Charges<br>Personal Service.  |
| Size of Casket Casket  |  |
|  | line Death Notices inPapers  |
| Cemetery R MR Hell   | (Names of Newspapers)  |
| Lot No /364 -/   |  |
| Grave No   | Sales Tax  |
| Section No   | Total Footing of Bill  |
| Blöck No   | Less   |
| Diagram of Lot or Vauit Owner.   | Balance\$  Entered into Ledger, pageor below.  |
|  |  |
|  | Amount Faid Balance  |
|  | To Balance Forward \$  |
|  | By Payment \$ \$   |
| \$   | \$ \$  |
| \$   |  |
|  |  |
| и и в в  |  |
| # # \$ S   |  |
| Names of   | Insurance  |
|  | Insurance Companies.   |
| Insurance \$ I hereby authorize the above Funeral, and I hereby represent that I have such that I have suc | the same within (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum.  | days from date. Interest to accrue from  |
| maturacy at the rate of/o per annual   | Signed   |
| Witness  | Address  |

| Total No 2 2 8 9  | Yearly No/6                             |            | Date of E                           | ntry apri   | 1 17              | 19           | 5.1.        |
|---|---|------------|-------------------------------------|---|-------------------|--------------|-------------|
| Name of Deceased  | Cellian a                               | ebert -    | Stodde                              | rd  |                   |              |             |
| Residence: Halk Pla   | tte , Viel .                            | ☐ Divorced | ☐Husband ☐W                         | ife□Widow)  | (What Race)       | 2            |             |
| Charge to:  |   |            | or                                  | of Age of Husba   | Biffin            | Lu.          | Years       |
| Address   | *************************************** |            | Complete Funer                      | al (except outlays)   |                   |              |             |
| Order given by  |   |            | Casket                              |   |                   |              |             |
|   | (or informant)                          |            | Burial Vault or                     | Box(State Kind)   |                   |              |             |
| How Secured:  |   |            | Embaining Bod                       | y (Name of Embalme<br>Hair Dressing                             | r) e              |              |             |
| Occupation  |   |            | Dressing Body,                      | \$Underwe   | ar,\$             |              |             |
| Employer and Address  | (Social Securi                          | y Number)  | Suit or Dress                       | (State Kind and Colo  |                   |              | •••••       |
|   |   |            |                                     | Hose, \$<br>\$Tarpaulin, \$                                     |                   |              |             |
| Date of Death   |   | (Hour)     | Candelabrum, \$                     | Candles, \$.  | . ř               |              |             |
| Date of Birth   |   |            | Door Spray, \$ :<br>Funeral Car. \$ | Gloves, \$<br>Ambulance,  | 8                 |              |             |
| Age(Yenra)  | (Months) (Days)                         |            | Limousines to (                     | Cemetery @ \$.  |                   |              |             |
| Date of Funeral. 4/17/57  | (Day of Week)                           |            |                                     | es @ \$ .<br>Station @ \$ .                                     |                   |              |             |
| Services at:  |   |            | Getting Remain                      | s from  |                   |              |             |
| Clergyman: Carl Hego  | (Address)                               |            |                                     | s to  |                   |              |             |
| Religion of the Deceased  |   |            | Delivering Box                      | to  |                   |              |             |
| Birthplace  |   |            | Removal Charm                       | to  |                   |              |             |
| Resided in the State  | Hitypr Compty) (Nears)                  | (Months)   | Procuring Buria                     | l Permit  | and District)     |              |             |
| Place of Death Kerch .  | ream, in                                | 7          | Certif.Copies                       | Permit (State Number of State Physician's or ice, \$ Use of Cha | No                |              |             |
| Cause of Death:   |   |            | Pall Bearer Serv                    | nce, \$ Use of Una  | ipei, \$          |              |             |
| Contributory Causes   | ,,                                      |            | Outlay for Lot:                     | Sales Tax   |                   |              |             |
|   |   |            | Cremation                           | Palms, \$ Matt  | nor S             |              |             |
| Certifying Physician  | (or Coroner)                            |            | Rental of Tent,                     | \$of Temporary V  | ault, \$          |              |             |
| His Address   |   |            | Opening of Grave S                  | ve or Tomb<br>Lowering Dev                                      | ice \$            |              |             |
| Name of Father  |   |            | Outlay for Ship                     | ping Charges  |                   |              |             |
| His Birthplace  |   |            | Clergyman,\$<br>Railroad \Tielrota  | Singers,\$Orga<br>,\$Plane Ser                                  | nist,\$           |              | • • • • • • |
| Maiden Name of Mother   |   |            | Telegr., Phone,                     | Cable or Radio Charg  | es                |              |             |
| Her Birthplace  |   |            | Cash Advanced                       | dertaker's Charges  |                   |              |             |
| Motor Ship Remains to   |   |            | Personal Service                    | 9   |                   |              |             |
| Size of Casket (s   | tate Color and Number)                  |            | line Death                          | Notices in Pap  | ers               |              |             |
| Manufactured by   |   |            |                                     | (Names of Newspapers)   |                   |              |             |
| Cemetery Crematory  |   |            |                                     | (Names of Newspapers)   |                   |              |             |
|   | Lot No 7.1.2.                           |            | Sales Tax                           |   |                   |              |             |
|   | Grave No                                |            | Total Footing o                     |   | \$                | 300          | 00          |
|   | Section No Block No                     |            | Less                                | . Pd 4/17/51  | \$                |              |             |
|   | Owner                                   |            |                                     | Balance   | \$                |              |             |
| Diagram of Lot or Vault  Date   | Amount Paid                             | Balance    | Date                                | dger, pageor b  | Amount Paid       | Bala         |             |
|   |   | Balance    | Date                                |   | Amount Fait       | Data         | ince        |
| To Above Balance  |   | \$         |                                     | To Balance Forward<br>By Payment                                |                   | . \$         |             |
| By Fayment  | 3                                       | ss         |                                     | a a   | s                 | \$           |             |
| и и   | \$                                      | \$         |                                     | a a   | \$                | . \$         |             |
| 4 4   | \$                                      | \$         |                                     |   | \$                | . \$         |             |
|   | \$                                      | \$         |                                     | « «   | \$                | . \$         |             |
|   | \$                                      | \$         |                                     | a #   | 9                 | \$           |             |
| manufact and  | Names of                                | •          |                                     | Insurance   |                   | .10          | leses.      |
|   | Names of Lodges                         |            | Malant parameter T                  | Insurance<br>Companies  |                   |              |             |
| I hereby authorize the above Funera<br>for the payment of aforesaid sum, as |   |            |                                     |   | Name of Funeral I | est to accru | e from      |
| maturity at the rate of   |   |            | Signed                              |   |                   |              |             |

| Total No. 22 Yearly No. g. 7.  | Date of Entry193  |
|--|---|
| Name of Deceased. Jaske S. Sill  | Claud (What Race)   |
| Residence: Ulan W Cuy  | Pitroskensi Twite Twidow)   |
| Charge to: Q.A.D.  | orof \ Age of Husband or Wife (if living)   |
| Address, Mt Byr  | Complete Funeral (except outlays)   |
| Order given by   | Casket  |
| How Secured: (or informant)  | Burial Vault or Box(State Kind)   |
| If Veteran, State War  | Embalming Body  |
| Occupation   | Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color)  |
|  | Slippers, \$  |
| (Date) (Hour)  | Candelabrum, \$ Candles, \$   |
| Date of Birth  | Door Spray, \$  |
| Age. S (Years)  Date of Funeral. Hear, 3 Thus > P M  | Limousines to Cemetery @ \$   |
| Date of Funeral Mean 3 Thus > P. M. Services at . Older (Date) (Day of Week) (Hour)            | L Extra Limousines  |
| Services at . Quality  | Getting Remains from  |
| Clergyman But Xaux. (Address)  | Taking Remains to   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace " M( essouri  | Deliver Flowers to  |
| Resided in the State.  | Procuring Burial Permit.  |
| Place of Death County Farm Met (Gran) (Months)   | Procuring Burial Permit.  (State Number and District)  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Classel, \$.  |
| Cause of Death.  |   |
| Contributory Causes  | Gross Total for Sales Tax. \$ Outlay for Lot.   |
|  | Cremation   |
| Certifying Physician 21 Hell, Mt Ceyr  | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$   |
| His Address A A  | Opening of Grave or Tomb  |
| Name of Father Hugh Kelliland  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ Pero   Plane   Pero   Plane   Pero   Plane   Pero   Plane   Plane |
| Maiden Name of Mother  | or Motor Tickets, \$  |
| Her Birthplace   | Cash Advanced   |
| Motor Remains to Orffeyville Run.  | Out of town Undertaker's Charges.   |
| Size of Casket Huge Caf.   |   |
| Manufactured by O (State Colonia Sagreer)  | line Death Notices in Papers  |
| Cemetery Coffywell Ran.  | (Names of Newspapers)   |
| Lot No.  |   |
| Grave No   | Sales Tax   |
| Section No   | Less  |
| Block No   | Balance s   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
|  | To Balance Forward  |
|  | By Payment s  |
| \$ \$  |   |
| ,  | \$  |
|  | \$  |
| « « \$ \$  | \$  |
| " " \$ S   | я я в   |
| Names of Lodges Lodges   | Insurance \$  |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have a | mr (final and an annual Tourist an annual Tourist and an annual Tourist and an annual To  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa                        |   |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |

| Total No Yearly No   | Date of Entry. May 26199  |   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Name of Deceased. Narala Durana  | Boswell   |   |  |  |  |  |  |  |
| Residence: A aurau Ja  | (What Race)   |   |  |  |  |  |  |  |
| Charge to: Rufas Boswell   | orof } Age of Husband or Wife (if living)   |   |  |  |  |  |  |  |
| Charge to  | Complete Funeral (except outlays)\$ 448 06  |   |  |  |  |  |  |  |
| Aduless  | Codlet  |   |  |  |  |  |  |  |
| Order given by(or informant)   | Burial Vault or Box   |   |  |  |  |  |  |  |
| How Secured:   | (Name of Embalmer)  |   |  |  |  |  |  |  |
| If Veteran, State War. Cocupation State War High School  | Darber, \$  |   |  |  |  |  |  |  |
|  | Dressing Body, \$   |   |  |  |  |  |  |  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$   |   |  |  |  |  |  |  |
| Date of Death May 24 1957 /430 A   |   |   |  |  |  |  |  |  |
| Date of Birth. May At 1934   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |   |  |  |  |  |  |  |
| Age  | Funeral Car, \$ Ambulance, \$   |   |  |  |  |  |  |  |
| Date of Funeral (Date of Funeral (Hour) (Hour) | Limousines to Cemetery @ \$   |   |  |  |  |  |  |  |
| Services at: (Date) (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |   |  |  |  |  |  |  |
| A. T. Tares  | Getting Remains from  |   |  |  |  |  |  |  |
| (Address)  | Trip to Coroner's Inquest   |   |  |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |   |  |  |  |  |  |  |
| Birthplace Mussouri  | Deliver Flowers to  |   |  |  |  |  |  |  |
| Resided in the State   | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death CertificatesNo.  (State Physician's or Curonet's) |   |  |  |  |  |  |  |
| Resided in the State. (or U.S. or City County) (Years) (Months) Place of Death. Have Eagles 2 Out)                 | Certif.Copiesof Death CertificatesNo  |   |  |  |  |  |  |  |
| Cause of Death. Drymung  | Pall Bearer Service, \$ Use of Chaper, \$   |   |  |  |  |  |  |  |
| Contributory Causes  | Gross Total for Sales Tax\$ 473 08  |   |  |  |  |  |  |  |
| Containment Campan   | Outlay for Lot:   |   |  |  |  |  |  |  |
| Certifying Physician & Vine Coronh   | Flowers & Palms & Matting &   |   |  |  |  |  |  |  |
| (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ of Opening of Grave or Tomb. (cf. in actual)  |   |  |  |  |  |  |  |
| His Address & em de sharell  | Liming Grave, SLowering Device, G   |   |  |  |  |  |  |  |
| Name of Father. Of Manager 05 Manager  | Outlay for Shipping Charges.  Clergyman.\$. Singers,\$. Organist,\$.  |   |  |  |  |  |  |  |
| His Birthplace 2/ 4 to 1.04  | Clergyman,\$Singers,\$Organist,\$   |   |  |  |  |  |  |  |
| Maiden Name of Mother. Vava Hatcher  | Telegr., Phone, Cable or Radio Charges  |   |  |  |  |  |  |  |
| Her Birthplace   | Out of town Undertaker's Charges.   |   |  |  |  |  |  |  |
| Motor Remains to State - Row Ceder Okeverea Size of Casket . //6 State Colorand Number)                            | Personal Service  |   |  |  |  |  |  |  |
| Size of Casket . (State Colorand Number)   | line Death Notices in Papers  | • |  |  |  |  |  |  |
| Manufactured by Alexandra Colorand Number)   | (Names of Newspapers)   |   |  |  |  |  |  |  |
| Cemetery Rule Kell   | (Names of Memshapes)  |   |  |  |  |  |  |  |
| Lot No 1.7.3.6   | Sales Tax   |   |  |  |  |  |  |  |
| Grave No   | Total Footing of Bill \$ 908 73   |   |  |  |  |  |  |  |
| Section No   | Less . Pd Dec 13/1951 s   |   |  |  |  |  |  |  |
| Block No   | Balance\$   | _ |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.  |   |  |  |  |  |  |  |
| Date Amount Paid Balance   | e Date Amount Paid Balance  |   |  |  |  |  |  |  |
|  | To Balance Forward \$   |   |  |  |  |  |  |  |
| To Above Balance\$   | By Payment \$   |   |  |  |  |  |  |  |
|  | " " sssss   |   |  |  |  |  |  |  |
| # # SS   |   |   |  |  |  |  |  |  |
| « « ss   |   |   |  |  |  |  |  |  |
| # # \$ \$  | a a \$ \$   |   |  |  |  |  |  |  |
| \$\$   | \$ \$   |   |  |  |  |  |  |  |
| я и " \$ \$  |   |   |  |  |  |  |  |  |
| Names of Lodges  | Insurance<br>Companies  |   |  |  |  |  |  |  |
| I hereby authorize the shove Funeral, and I hereby represent that I have   | sufficient resources Legally available to   |   |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p   | ay the same within  | m |  |  |  |  |  |  |
| maturity at the rate of% per annum.  | Signed  |   |  |  |  |  |  |  |
|  | Address   |   |  |  |  |  |  |  |
| Compiled by F. J. FEINEMAN St. Louis, Mo.  |   |   |  |  |  |  |  |  |

RECORD OF FUNERAL

May 24 1957

| Total No   | A LA LO  |
|--|--|
| Name of Deceased.  | (What Race)  |
| Residence: Lamour  | □ Husband □ Wife □ Widow } orof } Age of Husband or Wife (if living) Years     |
| Charge to Morton Columnes.   |  |
| Address  |  |
| Order given by .T. apple   | Casket Casket 35 08 Burial Vault or Box (State Kind)                           |
| How Secured:   | Embalming Body(Name of Embalmer)   |
| If Veteran, State War  | Barber & Hair Dressing, \$   |
|  | Dressing Body, S Underwear,  |
| (Social Security Number)   | Suit or Dress (State Kind and Color)   |
| Employer and Address   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.                     |
| Date of Death May 27/51 30M (Hour)   | Candelabrum, \$ Candles, \$  |
| Date of Birth. Feb 21/51 (Hour)  | Door Spray \$  |
| Age  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral Way 16/51 Sat 3 P.M  | Extra Limousines   |
| Services at  | Autos to R. R. Station @ \$  |
| Services at Por Charille   | Getting Remains from   |
| Clergyman . Roy Chwille (Address)  | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Lean Ja   | Removal Charges  |
| Resided in the State (Years) (Months)  | Pall Bearer Service, \$\int_{\text{Use of Chapel},\\$}\$                       |
| Place of Death. Laure  | Certif.Copiesof Death CertificatesNo   |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$                                      |
|  | Gross Total for Sales Tax\$ ./0.5  |
| Contributory Causes.   | Outlay for Lot.  |
| o o Samet  | Flowers, \$Palms, \$Matting, \$  |
| Certifying Physician & & Samet   | Rental of Tent, \$ of Temporary Vault, \$                                      |
| His Address  | Opening of Grave or TombLining Grave, \$Lowering Device, \$                    |
| Name of Father E. T. affile  | Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$Plane Service,\$    |
| Maiden Name of Mother Oliyabeth Stuttures  | or Motor / Tickets, \$ plane Service,\$ Telegr., Phone, Cable or Radio Charges |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Out of town Undertaker's Charges.  |
| Size of Casket 2-0 White Land  | Personal Service   |
| (State Color and Number)   | line Death Notices inPapers  |
| Manufactured by Her Juli   | (Names of Newspapers)  |
| Cramstory  |  |
| Lot No /7 0 3  | Sales Tax / 05   |
| Grave No   | Total Footing of Bill  |
| Section No   | Less pol 5/2 6/5 chumas  |
| Block No   | Balance s  |
| Diagram of Lot or Vault. Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   |  |
| To Above Balance\$   | To Balance Forward   |
| 5. By Payment. \$  | By Payment s e   |
| a a \$   | 4 4 8  |
| и и \$ \$  | и и \$   |
| '«   |  |
|  | ш ш  |
| \$   | и и \$   |
| я я \$ \$  | а а\$\$  |
| Names of   | Insurance<br>  |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have | sufficient resources Legally available to                                      |
| for the navment of aforesaid sum, and I hereby covenant and agree to pa                      | y the same within  |
| maturity at the rate of% per annum.  | Signed   |
|  | Address  |
| Witness  |  |

| Total No. 2.2.88                     | Yearly No                | 20                | Date of   | Entry               | 74                                      | ey 2             | 9            | 19.5%    |
|--------------------------------------|--------------------------|-------------------|---|---------------------|---|------------------|--------------|----------|
| Name of Deceased. Let                | ender & Widowed          | Joues<br>Divorced | - Ke  | lley                |   | (What Race       |              |          |
| Residence: Zamoni                    | Ja                       |                   | Husband   | Wite□Widow} .       | Age of Husband                          | wit- of livin    |              |          |
| Charge to:                           |                          | ·····             |   |                     |   | ol Wile (it It's | 596          | 00       |
| Address Masing /                     | Yeller & Doris           | Ja A. (           | Complete Func<br>Casket                         |                     |   | φ                |              |          |
| Order given by Marion                | (or informant)           | 11.77             | Burial Vault or                                 | r Box               | 0.07                                    |                  | 7.           |          |
| How Secured:                         |                          |                   | Embalming Bo<br>Barber, \$                      | dy                  |   | e                |              |          |
| Occupation Merchant -                | linglement               |                   | Pressing Body                                   | S                   | Underwea                                | r,\$             |              |          |
| Employer and Address                 | (Social Secur            |                   | Suit or Dress                                   | (State              | Kind and Color)                         |                  |              |          |
| Date of Death. May 2 8               | -1951                    | 1.AM              | Slippers, \$<br>Folding Chairs                  |                     | ose, \$<br>arpaulin, \$                 |                  |              |          |
| Date of Birth. June 5                | Date) 889                | (Hour) (          | Candelabrum,                                    | \$C                 | andles, \$                              |                  |              |          |
| Age. 61                              | 11                       |                   | Door Spray, \$<br>Funeral Car, \$               | An                  | abulance, \$                            |                  |              |          |
| (Year)                               | (Months) (Days)          | 0                 | Limousines to                                   | Cemetery            | @\$                                     |                  |              |          |
| Date of Funeral. (Date)              | (Day of Week)            |                   | Extra Limousi<br>Autos to R. R.                 |                     |   |                  |              |          |
| Services at ::: Cultill              | ruham                    |                   | Getting Remai                                   | ins from            |   |                  |              |          |
|                                      | D. S. (Address)          |                   | Faking Remain<br>Trip to Corone                 |                     |   |                  |              |          |
| Religion of the Deceased             |                          |                   | Delivering Box                                  | c to                |   |                  |              |          |
| Birthplace . Kirthand                | arus                     |                   | Deliver Flower<br>Removal Char                  | s to                | • |                  |              |          |
| Resided in the State 5 4             | City or County) (Year    | (Months)          | Procuring Buri                                  | ial Permit.         |   |                  |              |          |
| Place of Death Laure                 | i la                     |                   | Procuring Buri<br>Certif.Copi<br>Pall Bearer Se | esof Death          | ertificates N                           | O                |              |          |
| Cause of Death:                      |                          |                   |   |                     |   |                  |              |          |
| Contributory Causes                  |                          |                   | Gross Total for<br>Outlay for Lot               |                     |   | \$               | .6.21.       | .00.     |
|                                      |                          |                   | Cremation                                       |                     |   |                  |              |          |
| Certifying Physician                 | 3.00                     |                   | Flowers, \$<br>Rental of Tent                   |                     |   |                  |              |          |
| Hin Address                          | (or Coroner)             |                   | Opening of Gr                                   |                     |   |                  |              |          |
| Name of Father. WM H.                | Neeley                   |                   | Lining Grave,                                   | \$Low               | ering Device                            | e, \$            |              |          |
| His Birthplace                       |                          |                   | Outlay for Shi                                  | Singers.            | es Organ                                | ist.\$           |              |          |
| Maiden Name of Mother. M.            | new Courpbe              | 4                 | Clergyman,\$.<br>Railroad<br>or Motor}Ticket    | ts, \$              | . Aero- Serv.                           | ice,\$           |              |          |
| Her Birthplace                       |                          |                   | Telegr., Phone<br>Cash Advance                  | , Cable or R        | adio Charge                             | s                |              |          |
| Material :                           |                          |                   | Out of town U                                   |                     |   |                  |              |          |
| 1-1 nul                              | end state                | and cla.          | Personal Servi                                  |                     |   |                  |              |          |
| Manufactured by Root                 | ate Color and Number     |                   | line Death                                      |                     |   |                  |              |          |
| Cemetery Crematory R M. H            | : el                     |                   |   | (Names of News      | papers)                                 |                  |              |          |
| Crematory } DC. Y. M/F               |                          |                   | . Opening .                                     | Course.             |   |                  | ;            |          |
|                                      | Lot No 9.6.              |                   | Sales Tax                                       |                     |   |                  | 6            | 21       |
|                                      | Section No               | Carlot V          | Total Footing                                   |                     |   | \$               | 627          | 2/       |
|                                      | Block No                 | 1                 | Less 5  | 7.7.1114.7.         | .4/43                                   | \$               |              |          |
|                                      | Owner                    |                   |   |                     | ance                                    | \$               | 3.1.         | 2.5.     |
| Diagram of Lot or Vault  Date        | Amount Paid              | Balance           | Entered into L                                  | eqger, page         | - Karbe                                 | Amount Pai       | 6 2 01       | lance    |
|                                      |                          | Daiance           | Date  | To Balance          | <i>U</i>                                | Amount Tal       | u Ba         | lance    |
| To Above Balance                     |                          | \$                |   | . By Payment        |   |                  | \$           |          |
| by rayment                           |                          | 9                 |   | a a                 |   |                  |              |          |
|                                      | \$                       | \$                |   |                     |   |                  |              |          |
|                                      | \$                       | \$                |   |                     |   |                  | \$           |          |
| # #                                  | \$                       | \$                |   |                     |   |                  | \$           |          |
| " "                                  | \$                       | \$                |   |                     |   |                  | \$           |          |
|                                      | s                        | s                 | <u></u>   |                     |   |                  |              |          |
| Insurance \$                         | Names of                 |                   |   | Insurance Companies |   |                  |              |          |
| I hereby authorize the above Funeral | , and I hereby represent | that I have suff  | icient resources L                              | egally available    | to(Firm N                               | ame of Funeral   | Directors    |          |
| for the payment of aforesaid sum, ar | d I hereby covenant an   | d agree to pay t  | he same within                                  |                     | days fron                               | date. Inte       | rest to acci | rue from |
| maturity at the rate of              | .% per annum.            |                   | Signed.   |                     |   |                  |              |          |

| Total No Yearly No   | Date of Entry  | 192./.             |
|--|--|--------------------|
| Name of Deceased. Clara Dertine  | d (What Race   | ······             |
| Residence: Lamoni Ja   | Husband Wife Widow or of Age of Husband or Wife (if livi   | ng) V              |
| Charge to:   |  | . 688 00           |
| Address  | Complete Funeral (except outlays)\$  | 600                |
| Order given by(or informant)   | Casket Burial Vault or Box . A (State Kind)  | 25 00              |
| How Secured:   | Embalming Body(Name of Embalmer) Barber, \$  |                    |
| If Veteran, State War 400  | Barber, \$   |                    |
| Occupation housewife une   | Dressing Body, \$ Underwear, \$ Suit or Dress  |                    |
| Employer and Address   | Slippers, \$   |                    |
| Date of Death June 6 (95) 1:30 PA  | Folding Chairs, \$ Tarpaulin, \$<br>Candelabrum, \$ Candles, \$  |                    |
| Date of Birth Nov 27 1879 (Hour)   | Door Spray, \$   |                    |
| Age. 2/ (Years) (Months) (Days)  | Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$  |                    |
| Date of Funeral 6/8/51 Fri > P.M.  | Extra Limousines @ \$ · · · · · · ·  |                    |
| Services at . Charlet (Day of Week) (Hour)   | Autos to R. R. Station   |                    |
| Clergyman Oroht Faruham  | Taking Remains to  |                    |
| Religion of the Deceased 7. D. 3 (Address)   | Trip to Coroner's Inquest  Delivering Box to   |                    |
| Birthplace Mitchell County, Ja   | Deliver Flowers to   |                    |
|  | Removal Charges  |                    |
| Resided in the State   | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Number and District)  (State Payadants or Coronar's)  Pall Bearer Service, \$ Use of Chapel, \$ |                    |
| Cause of Death   | Pall Bearer Service, \$ Use of Chapel, \$  |                    |
|  | Gross Total for Sales Tax\$  | 71300              |
| Contributory Causes  | Outlay for Lot.  |                    |
| Certifying Physician E. E. Samet   | Flowers, \$Palms, \$Matting, \$  |                    |
| His Address.   | Flowers, \$ Palms, \$ Matting, \$<br>Rental of Tent, \$ of Temporary Yault, \$<br>Opening of Grave or Tomb. (4.7. Maxwell)   | 25 00              |
| Name of Father Crush Helson  | Lining Grave, \$ Lowering Device, \$   |                    |
| His Birthplace Jugh Syverid  | Outlay for Shipping Charges  |                    |
| Maiden Name of Mother.   | Clergyman, \$Singers, \$Organist, \$ Railroad Tickets, \$Aero-plane Service, \$  |                    |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |                    |
| Motor) =   | Cash Advanced Out of town Undertaker's Charges   |                    |
| a can 6/1 Scar Melalis   | Personal Service   |                    |
| No. 1 1 - Flexe (State Color and Number)   | line Death Notices in Papers   |                    |
| Cemetry Rose Hill  | (Names of Newspapers)  |                    |
| Lot No 15-21   |  |                    |
| Grave No   | Sales Tax  | 7/3                |
| Section No   | Total Footing of Bill\$  | 745 13             |
| Block No   | Less .5 72. 17. 1448. 16   | 3.56.5.            |
| Diagram of Lot or Vault Owner  | Balance  | 7.09 4.8           |
| Date Amount Paid Balance   | Date Amount Pai  | d Balance          |
| To Above Balance.  | To Balance Forward   | Dalalice           |
| By Payment \$ \$   | By Payment.  |                    |
| ······ss   |  | \$                 |
|  | « « \$   | \$                 |
| ***************************************  |  | \$                 |
|  |  | \$                 |
| # # S S  |  | \$                 |
| Insurance \$   | Insurance  |                    |
| Insurance 8. Lodges. I hereby authorize the above Funoral, and I hereby represent that I have at for the payment of aforesald sum, and I hereby covenant and agree to pay maturity at the rate of % nor annum. | Companies.   |                    |
| for the payment of aforesaid sum, and I hereby covenant and agree to nav   | the same within (Firm Name of Funeral  | Directors.)        |
| maturity at the rate of% per annum.  | Signed   | est to accrue from |
| Witness.,  | Address  |                    |
|  | FINEMAN, St. Louis, Mo.  |                    |

| Total No. 2290                       | Yearly No                               | 2              | Date                      | of Entr          | yJr                                   | me 21.                | 1           | 9.5%    |
|--------------------------------------|---|----------------|---------------------------|------------------|---------------------------------------|-----------------------|-------------|---------|
| Married D.S                          | Mandewa (                               |                | uklii                     | <b>:</b> .       |                                       | (What Race)           |             |         |
| Residence: Wes W                     | comes.                                  |                | Husbar                    | d Wife           |                                       |                       |             |         |
| Charge to: Swith                     | Louklin                                 |                | or                        |                  | except outlays)                       | band of Wiledit livin |             | Years   |
| Address Lley                         | Mouls                                   |                |                           |                  |                                       | <u></u> \$            |             |         |
| Order given by                       |   |                | Casket                    |                  |                                       |                       |             |         |
|                                      | (or informant)                          |                | Duriai vaui               | D-J-             | (State Kind)                          |                       |             |         |
| How Secured:                         | 1 ~0                                    |                | Dawbon C                  | body .           | (Name of Embal<br>Hair Dressin        | mer)                  |             |         |
| If Veteran, State War                | worker                                  | •••••          |                           |                  |                                       |                       |             |         |
| O COCCUPATION                        | (Social Secur                           | ity Number)    | Suit or Dres              | s                | · · · · · · · · · · · · · · · · · · · |                       |             |         |
| Employer and Address                 |   |                | Suppers, &.               |                  | поse, ф                               |                       |             |         |
| Date of Death                        | Date)                                   | (Hour)         | Candelahru                | m. S.            | Tarpaulin                             | <b>3</b>              |             |         |
| Date of Birth.                       |   |                | Door Spray                | , \$             | Gloves, \$.                           |                       |             |         |
| Age5-6                               | and the same                            |                | Funeral Car               | r, \$<br>to Com  | Ambulance<br>etery @ \$               | , \$                  |             |         |
| Date of Funeral. 2//57               | Thus.                                   | 2. P. M.       | Extra Limo                | usines .         | @\$                                   |                       |             |         |
| Services at: (Date)                  | (Day of Weak)                           | (Hour)         |                           |                  | ion@\$                                |                       |             |         |
|                                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | Getting Ren<br>Taking Ren |                  |                                       |                       |             |         |
| Clergyman::                          | (Address)                               |                | Trip to Cor               | oner's I         | nquest                                |                       |             |         |
| Religion of the Deceased             |   |                |                           |                  |                                       |                       |             |         |
| Birthplace                           |   |                | Removal Cl                | harges           |                                       |                       |             |         |
| Resided in the State                 | or City or County) (Years               | (Months)       | Procuring E               | Burial Pe        | rmit                                  | and District)         |             |         |
| Place of Death                       |   |                | Certif.C                  | opiesof l        | ermit                                 | esNo                  |             |         |
| Cause of Death . Cauc                | er .                                    |                |                           |                  |                                       |                       |             |         |
| Contributory Causes                  |   |                | Gross Total               | for Sale         | s Tax                                 | \$                    |             |         |
| Constitution Community               |   |                |                           |                  |                                       |                       |             |         |
| Certifying Physician                 |   |                |                           |                  | ms, \$ : : : : Mat                    |                       |             |         |
|                                      | (or Coroner)                            |                | Rental of To              | ent, \$<br>Grave | of Temporary Tomb                     | Vault,\$              |             |         |
| His Address                          |   |                | Lining Grav               | re, \$           | Lowering De                           | vice, \$              |             |         |
| Name of Father                       |   |                | Outlay for S              | Shipping         | Charges                               |                       |             |         |
| His Birthplace                       |   |                | Railroad \Tic             | β≳<br>Irote €    | ingers,\$Org<br>Aero-Se<br>plane Se   | ganist, \$            |             |         |
| Maiden Name of Mother                |   |                | Telegr., Pho              | ne. Cab          | le or Radio Cha                       | rges                  |             |         |
| Her Birthplace                       |   |                | Cash Advar                | nced             |                                       |                       |             |         |
| Motor Ship Remains to                |   |                |                           |                  | aker's Charges.                       |                       |             |         |
| Size of Casket                       |   |                |                           |                  |                                       |                       |             |         |
| Manufactured by                      | tate Color and Number)                  |                | line De                   |                  | ices in Pa                            | pers                  |             |         |
| Cemetery Crematory                   |   |                |                           | (Nam             | es of Newspapers)                     |                       |             |         |
| Crematory )                          | Lot No 8.55                             | 9              |                           |                  |                                       | tay                   |             |         |
|                                      | Grave No                                | 2-             |                           |                  | sewir, no                             | ./χ                   | 35          | 00      |
|                                      | Section No                              |                | Total Footi               | ng of Bi         | 110                                   | \$                    |             |         |
|                                      | Block No                                |                | Less                      |                  | J. O                                  | \$                    |             |         |
|                                      | Owner                                   | 1              |                           |                  | Balance                               | \$                    |             |         |
| Diagram of Lot or Vault              |   |                | Mark Common               | Ledge            | , pageor                              | 1                     | -           |         |
| Date                                 | Amount Paid                             | Balance        | Date                      |                  | 160 St. 1 St. 1                       | Amount Paid           | Bal         | ance    |
| To Above Balance                     | B                                       | \$             |                           | To               | Balance Forward                       |                       |             |         |
| By Payment                           | \$                                      | \$             |                           | Ву               | Payment                               | \$                    | . \$        |         |
| " "                                  |   | \$             |                           | "                | <b>"</b>                              | \$                    | . \$        |         |
|                                      | \$                                      | \$             |                           | «                | a                                     | \$                    | . \$        |         |
|                                      | \$                                      | \$             |                           | "                | "                                     | \$                    | . \$        |         |
|                                      | \$                                      | \$             |                           | а                |                                       | \$                    | \$          |         |
|                                      | \$                                      | \$             |                           | "                |                                       | \$                    | . \$        |         |
| manufud " " uu                       | Names of                                | ðl             | استنسسانه                 | Y                | rance                                 |                       | . \$        | J       |
| Insurance \$                         | Names of Lodges                         |                |                           | Com              | panies                                |                       |             |         |
| I hereby authorize the above Funera  |   |                |                           |                  |                                       | n Name of Funeral I   | Olrectors.) |         |
| for the payment of aforesaid sum, as | nd I hereby covenant and                | I agree to pay | the same within           | 1                | days f                                | rom date. Inter       | est to accr | ae from |
| maturity at the rate of              | .% per annum.                           |                | Sign                      | ed               |                                       |                       |             |         |

Address.

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

| Total No. >> ?                                    | ·/         | Yea           | rly No.     | 25          | 3           | ~       | Date   | of E   | entry.           |             | yeur                                    | 4         | .4              |           |                   | 19.5.    |
|---|------------|---------------|-------------|-------------|-------------|---------|--|--------|------------------|-------------|---|-----------|-----------------|-----------|-------------------|----------|
| Name of Decease                                   | d. Eg      | lmur          | Wide        | <i>yai</i>  | ton (       | 19.     | uggs   |        |                  |             |   |           | (What           | Race)     |                   |          |
| - Juan  |            | Single ()     | Wide        | wed         | ☐ Divo      | rced    | Husba  | nd 🗆 V | ite Wid          | low).       | Ser                                     | eu        | ede o           | Br        | 1991.             |          |
| Residence: Zau                                    | 1 0 6      |               | g           | • • • • • • |             |         | or   |        |                  | of S        |   |           | d or Wife (     | if living | The second second | Years    |
| Charge to:  | red o      | Onto          | 7           | into        |             | ··   c  | omplete I  | une    | ral (exc         | ept o       | outlays                                 | )         |                 | \$        | 364               |          |
|   | 1 0 11     | 0             | 3.7         | ٠           | •••••       | c       | asket  |        |                  | 0:0%        | in P                                    | ille      | riete           |           | 72.6              | 46       |
| Order given by                                    |            | (or info      | mant)       | • • • • •   |             | · · B   | asket<br>urial Vau   | lt or  | Box 4            | 0           | State Kin                               | 1)        |                 |           |                   |          |
| How Secured:                                      |            |               |             |             | •••••       | 12      | шианние  | , 200  |                  | (Mar        | no of Emi                               | almer     | )               |           |                   |          |
| If Veteran, State V                               | War        | 10            | elEst       | tate.       | & Jus       | ) E     | arber, \$<br>ressing B   | odv.   | \$               | . mai       | .Unde                                   | rwe       | ar,\$           |           |                   |          |
| Occupation A                                      |            | 4 /           | (Soc        | al Securi   | ity Number  | · S     | uit or Dre   | ss     |                  | (State      | Kind and                                | Color     |                 |           |                   |          |
| Employer and Add                                  | iress      |               | 100         |             | 20          | S       | lippers, \$.<br>olding Ch  |        |                  | H           | ose. S.                                 |           |                 | • • • • • |                   |          |
| Date of Death                                     | your       | (Date)        | /7.3./      |             | . 3 P.      | 10      | andelabri  | ım. S  | S                |             | andles,                                 | ф.,       |                 |           |                   |          |
| Date of Birth                                     | Vec        | .12           | 1.84        | ·           |             | T       | oor Spra   | r. \$  |                  | G           | loves,                                  | \$        |                 |           |                   |          |
| Age 8   | <u>~</u>   | (Months       |             | (Days)      |             |         | uneral Ca  | r, \$  | Cemet            | ery.        | @                                       | \$        |                 |           |                   |          |
| Date of Funeral.                                  | 25/07      | Mo            | 4           |             | 20          | M E     | xtra Lim   | ousir  | ies              |             | @                                       | \$        |                 |           |                   | •••••    |
| Services at                                       | leap       | el Day of     | Week)       |             | (Hour)      | I A     | utos to R  | . R.   | Station          | n           | @                                       | <b>Ф.</b> |                 |           |                   |          |
| Clergyman . R.                                    | St F       | -aru          | har         | -           |             | T       | aking Re   | main   | s to             |             |   |           |                 |           |                   |          |
| Religion of the De                                |            |               | (A          | ddress)     |             | T       | rip to Co  | Roy    | r's Inq          | uest        |   | • • • •   |                 | :::       |                   |          |
| Birthplace .W.                                    |            | 2s .          | sel         |             |             | I       | eliver Flo   | wers   | to               |             |   |           |                 |           |                   |          |
| Resided in the Sta                                |            |               |             |             |             | R       | cemoval Crocuring  | harg   | es               |             |   | • • • •   |                 |           |                   |          |
| Place of Death.                                   | or U.      | S. or City or | County      | al          | (Month      | "       | Cortif (   | onie   | sof De           | ath C       | tate Num                                | ber a     | nd District     |           |                   | ]        |
|   |            | ./            | ./          |             |             | · P     | all Bearer   | Ser    | vice. \$         | (Stat       | Physician<br>Use of                     | Cha       | Coroner's       |           |                   |          |
| Cause of Death                                    |            |               |             |             |             |         |  |        |                  |             |   |           |                 | \$        | 4.8.5             | 00       |
| Contributory Caus                                 | es         |               |             |             | •••••       | 0       | Gross Total for Sales Tax  |        |                  |             |   |           |                 |           |                   |          |
|   | ;          |               | 111         | ·····       |             |         | Cremation  |        |                  |             |   |           |                 |           |                   |          |
| Certifying Physicia                               | an. U      | (or           | Coroner)    |             |             | R       | ental of T   | ent,   | \$               | of Te       | mpora                                   | y.V.      | ault, \$ .      | 00        |                   |          |
| His Address                                       | z-e        |               |             |             |             | 0       | Opening of Grave or Tomb Lett Marchall 25 08 Lining Grave, \$Lowering Device, \$ |        |                  |             |   |           |                 |           |                   |          |
| Name of Father.                                   |            | (15)          | ugg         | e           |             | C       | Outlay for Shipping Charges  |        |                  |             |   |           |                 |           |                   |          |
| His Birthplace                                    |            | Al A          | ,           |             |             | C       | Clergyman,\$Singers,\$Organist,\$  |        |                  |             |   |           |                 |           |                   |          |
| Maiden Name of I                                  | Mother, 4  | 2017          | m           | un          | <del></del> | or      | or Motor Tickets, \$   |        |                  |             |   |           |                 |           |                   |          |
| Her Birthplace                                    |            |               |             |             |             | C       | . Cash Advanced  |        |                  |             |   |           |                 |           |                   |          |
| Motor Remains to                                  |            |               |             | ,/          | 1.100:      |         | Out of town Undertaker's Charges.  |        |                  |             |   |           |                 |           |                   |          |
| Size of Casket                                    | 1/2.00     | uch           | and Num     | in          | (Va         | 24      |  |        | 1 .              |             |   |           |                 |           |                   |          |
| Manufactured by.                                  | Ene        | B. 92         | M           | - Car       | e           | :       | line D   |        |                  |             | ]                                       | Pape      | ers             |           |                   |          |
| Cemetery Crematory                                | 2.000      | Hill          |             |             |             |         |  |        | (Names o         | of Nown     | papers)                                 | •••       |                 |           |                   |          |
|   |            |               | No          | 7.7.        | D           |         |  | ٠      |                  |             |   |           |                 |           |                   | D.C.     |
|   |            | Grav          | re No       | ٠٢          | <b></b> .   |         | ales Tax   |        |                  | ••••        | • | • • • •   | • • • • • • •   | •••       | 514               | 9.5      |
|   |            | Secti         | on No.      |             |             |         | otal Foot  |        |                  | 48          | P. 45                                   | • • • •   |                 | \$        | 5.1.4             | 0.0      |
|   |            | Bloc          | k No        |             |             | 1       | ess  | 0      | )                |             |   | • • • •   | • • • • • • • • | \$        |                   |          |
| Diagram of Lot or                                 | Vault      | Own           | er          |             |             | F       | intered in   | U C    | K<br>edger.      |             | ance                                    | or be     | elow            | \$        | 4.9.0             | . 5.4    |
| Date  | de Name    |               | Amount      | Paid        | Balar       | _       | Date   |        |                  | 1-0-        |   |           | Amoun           | D-13      | T 20              | alance   |
| To  | Above Bala | 700           |             |             |             |         |  | T      | m n              |             |   |           | AMILOUIL        | Laid      |                   | aranoe   |
|   | Payment    | 100.,,,,,     | s           |             | gg          |         |  |        | By Pa            |             | Forward                                 |           |                 |           | . \$              |          |
| a   |            |               | \$          |             | \$          |         |  |        | a a              | « ymen      |   |           | •               |           |                   |          |
| a   |            |               | \$          |             | \$          |         |  |        | α                |             |   | ••••      | \$              |           |                   |          |
|   |            |               | \$          |             | \$          |         |  |        | ш                | ш           |   |           | s               |           | 2                 |          |
|   | u          |               | \$          |             | \$          |         |  |        | "                | a           |   |           | \$              |           |                   |          |
|   | "          |               | \$          |             | \$          |         |  |        | и                | a           |   |           | \$              |           | . \$              |          |
|   | " .,       |               | \$          |             | \$          |         |  | l      | и                | æ           |   |           | \$              |           | . s               |          |
| Insurance \$                                      |            | Lodg          | es of<br>es |             |             |         |  |        | Insurar<br>Compa | nce<br>nies |   |           | 7. 15           |           |                   |          |
| I hereby authorize the                            | above Fun  | eral, and I   | hereby re   | present     | that I hav  | e suffi | cient resourc  | es Le  | gally av         | ailable     | to                                      | 411       | Name of Fu      |           |                   |          |
| for the payment of ale<br>maturity at the rate of |            |               |             | ant and     | d agree to  | pay th  | e same with  | in     |                  |             | day                                     | s fro     | m date.         | Intere    | st to acc         | rue from |
| maturity at the rate of                           | ********   | % per         | aunum.      |             |             |         | · Sig  | med.   |                  |             |   |           |                 |           |                   |          |

| Total No. 2292 Yearly No. 24   | Date of Entryfune 28193/   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name of Deceased. Charles Viaux  | (What Race)  |  |  |  |  |  |  |  |
| Residence: Blythedale, No.   | Husband Wife Widow Florence France   |  |  |  |  |  |  |  |
| Charge to:   | The state of the s |  |  |  |  |  |  |  |
| Address  | Complete Funeral (except outlays). \$ 436 00 Casket. furl bot 25 00  |  |  |  |  |  |  |  |
| Order given by   | Burial Vault or Box  |  |  |  |  |  |  |  |
| How Secured:   | Embalming Body(Name of Embalmer)   |  |  |  |  |  |  |  |
| If Veteran, State War  | Barber, \$   |  |  |  |  |  |  |  |
| Occupation Farmer, Merchant none (Bocial Security Number)  | Dressing Body,\$Underwear,\$. Suit or Dress. (State Kind and Color)  |  |  |  |  |  |  |  |
| Employer and Address   | Slippers, \$   |  |  |  |  |  |  |  |
| Date of Death June 26 1951 2 AM  | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |  |
| Date of Birth. Lee 29 1865   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |  |  |  |  |  |  |  |
| Age. 85  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$   |  |  |  |  |  |  |  |
| Date of Funeral 6/2 8/51 Thurs. 2 P. M.  | Extra Limousines   |  |  |  |  |  |  |  |
| Services at: : Choful (Day of Week) (Hour)   | Autos to R. R. Station   |  |  |  |  |  |  |  |
| Clergyman: Rry Cheville  | Taking Remains to  |  |  |  |  |  |  |  |
| Religion of the Deceased(Address)  | Trip to Coroner's Inquest  |  |  |  |  |  |  |  |
| Birthplace   | Deliver Flowers to   |  |  |  |  |  |  |  |
| Desided in the Chate   | Removal Charges.  Procuring Burial Permit.   |  |  |  |  |  |  |  |
| Place of Death. Alytheldale, Mo.: (Months)   | (State Number and District)  Certif. Copiesof Death Certificates No.   |  |  |  |  |  |  |  |
| Cause of Death:  | Procuring Burial Permit. (State Number and District)  —Certif.Copiesof Death Certificates No. (State Physician's Coroser's)  Pall Bearer Service, \$. Use of Chapel, \$.   |  |  |  |  |  |  |  |
|  | Gross Total for Sales Tax\$ .4.8.1.0.0   |  |  |  |  |  |  |  |
| Contributory Causes.   | Outlay for Lot:  |  |  |  |  |  |  |  |
| G W Pl1  | Flowers, \$Palms, \$:::::Matting, \$   |  |  |  |  |  |  |  |
| Certifying Physician. (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb, to A. Marisall 25 00   |  |  |  |  |  |  |  |
| His Address  | Lining Grave, \$Lowering Device, \$  |  |  |  |  |  |  |  |
| Name of Father. Thomas & Saull   | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$. Organist.\$.   |  |  |  |  |  |  |  |
| His Birthplace Maiden Name of Mother Alice Cartle  | Clergyman,\$Singers,\$Organist,\$Raliroad } Tickets, \$plane Service,\$  |  |  |  |  |  |  |  |
|  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |  |
| Her Birthplace   | Out of town Undertaker's Charges   |  |  |  |  |  |  |  |
| Size of Casket. 6/5 Engl State   | Personal Service   |  |  |  |  |  |  |  |
| Manufactured by  | line Death Notices in Papers   |  |  |  |  |  |  |  |
| Cemetery Rose Hell Crematory   | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Lot No. 41.3   |  |  |  |  |  |  |  |  |
| Grave No 2   | Sales Tax  |  |  |  |  |  |  |  |
| Section No.  | Total Footing of Bill  |  |  |  |  |  |  |  |
| Block No   | Less   |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |  |  |  |  |  |
| Date Amount Paid Balance   |  |  |  |  |  |  |  |  |
| To Above Balance. \$   | To Balance Forward.  |  |  |  |  |  |  |  |
| By Payment. \$ \$  | By Payment \$ \$   |  |  |  |  |  |  |  |
| 4 4 \$ \$ \$   | a a \$ \$  |  |  |  |  |  |  |  |
| · « " \$ \$  |  |  |  |  |  |  |  |  |
| \$ \$  | s s  |  |  |  |  |  |  |  |
| \$   |  |  |  |  |  |  |  |  |
| " " g g  | и и е е  |  |  |  |  |  |  |  |
| Insurance \$ Names of Lodges.  | Insurance  |  |  |  |  |  |  |  |
| Insurance \$ Lodges.   | Insurance Companies.   |  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesald sum, and I hereby covenant and agree to pa | (Firm Name of Funeral Directors.)  y the same within   |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.  | Signed   |  |  |  |  |  |  |  |
| Witness  | Address  |  |  |  |  |  |  |  |
| Compiled by F. J. FEINEMAN St. Louis, Mo.  |  |  |  |  |  |  |  |  |

| Total No. 22.9.3 Yearly No 25  | Date of Entry   |
|--|---|
| Name of Deceased. Samuel Harris  | (What Race)   |
| Residence: Kellerton   | ☐Husband☐Wife☐Widow}  |
| Charge to:   | or  |
| Address  |   |
| Order given by(or informant)   | Casket Burial Vault or Box Buka Vault 125 06  |
| How Secured:   | Embalming Body  |
| If Veteran, State War  | Barber, \$  |
| Occupation Susuemes agt. 444-07-1329   | Dressing Body, \$ Glate Kind and Color)   |
| Employer and Address(Social Security Number)   | Clippers \$Hose, \$   |
| Date of Death July 8/51 /AM  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth July 14 189 3  | Candelabrum, \$   |
| Am 0670  | Funeral Car. S Ambulance, \$  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| (Date) (Day of Week) (Heur)  | Autos to R. R. Station @ \$   |
| Services at Collishin Roft Familian  | Getting Remains from  |
| Clergyman Ray Chulk Robt Famban  | Trip to Coroner's Inquest   |
| Religion of the Deceased   | Delivering Box to   |
| Birthplace Lamen da  | Removal Charges   |
| Resided in the State   | Procuring Burial Permit. (State Number and District)  |
| Place of Death. Kellerlan Sa.  | Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. Pall Bearer Service, \$\scrt{\crt{\sin}\sin}\sint\sint\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin |
| Cause of Death:  | Gross Total for Sales Tax   |
| Contributory Causes  | Outlay for Lot  |
|  | Cremation   |
| Certifying Physician E. E. Laut  | Rental of Tent, \$of Temporary Vault, \$  |
| His Address Laurin   | Opening of Grave or Tomb  |
| Name of Father Earl Q. Bailey  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$Aero-<br>or Motor Tickets,\$Pana Service,\$   |
| Maiden Name of Mother Kathum Harris  | or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced   |
| Motor Remains to   | Out of town Undertaker's Charges  |
| Cine of Carlot 6/3 Octagen outh  | reisonal pervice.   |
| as a second has aberual till   | line Death Notices inPapers   |
| Cemetery Rvil Will Crematory   | (Names of Newspapers)   |
| Lot No. 1718   |   |
| Grave No?  | Sales Tax   |
| Section No   | Total Footing of Bill   |
| Block No   | Less .570 19 11 20  |
| Diagram of Lot or Vault Owner  | Balance J   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
| To Above Balance. \$   | AMIOUNT TAIL BAIANCE  |
| By Payment \$ \$   | To Balance Forward\$  |
|  | a a e   |
| " " \$ \$  |   |
| 4 4 \$ \$  |   |
| \$   | ···· \$ \$  |
| \$   |   |
|  |   |
| Names of Lodges  | Insurance<br>Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                       | Hfficient resources Town II II 11   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. | Theorem to me and the man and the me and the me   |
| maturity at the rate of  | Signed  |

| Total No. 2.2.79   | Tearly No        |   | 2.4         |        | Date                | of En     | try July   | 13                  |        | 19.5.1. |
|--|------------------|---|-------------|--------|---------------------|-----------|--|---------------------|--------|---------|
| Name of Deceased   | niel<br>Widow    | U-                                      | □ Divo      | roed   | en                  |           |  | (What Race          |        |         |
| Residence: Zamou.  | da.              |   |             |        | Husbar              | nd□Wife   | □Widowof Age of Husban   | d or Wife (if livis | g)     | Years   |
| Charge to Lott au  | auso             | 111                                     |             | [      |                     |           | (except outlays)   | \$                  | 396    | 00      |
| Address. 1148 - 36 th St   | · Pas            | ?!                                      | da:         | 6 B    |                     |           |  | •                   |        |         |
| Order given by   | nformant)        |   |             | B      | asket<br>urial Vaul | t or B    | OX . Q. (State Kind)   |                     | .12.5. | 0.8     |
| How Secured:   |                  |   |             | E      | mbalming            | Body      | (Name of Embalmer  |                     |        |         |
| If Veteran, State War  | ·                |   |             | B      | arber, \$           | dr e      | Hair Dressing,<br>Underwe  | \$                  |        |         |
| Occupation Viewena a   | gl(Social        | Securit                                 | v Number    | · S    | uit or Dres         | ss        | (State Kind and Color  |                     |        |         |
| Employer and Address   |                  |   |             | s      | lippers, \$.        |           | Hose, \$   |                     |        |         |
| Date of Death . July . 10  | .195.!           |   | (Hour)      | F      | olding Ch           | airs, \$. | Tarpaulin, \$Candles, \$   |                     |        |         |
| Date of Birth  |                  |   |             | I      | Ooor Spray          | 7, \$ ::: | Gloves, \$   |                     |        |         |
| Age  | the (            | Dava)                                   |             |        |                     |           | Ambulance, \$ metery @ \$  |                     |        |         |
| Date of Funeral. July . 13/5   | 7                |   | 20          | M. E   | xtra Limo           | usines    | @\$  |                     |        |         |
| Services at :  | of Week)         |   | (Hour)      | A      | utos to R.          | . R. St   | ation@\$<br>from   |                     |        |         |
| Clergyman : Rolt Fam   | have             |   |             | T      | aking Ren           | nains t   | to   |                     |        |         |
| Religion of the Deceased   | J. S (Add        | lress)                                  |             |        |                     |           | Inquest  |                     |        |         |
| Birthplace   |                  |   |             | I      | eliver Flo          | wers to   | 0  |                     |        |         |
| Resided in the State (or U. S. of City   |                  | 1011                                    |             | B      | temoval Cl          | harges    | Dormit   |                     |        |         |
| Place of Death. Clause   | or County        | (Years)                                 | Hosp        |        | Certif.C            | onieso    | (State Number as<br>of Death Certificates)   | nd District)        |        |         |
| Cause of Death   |                  |   |             | P      | all Bearer          | Service   | Permit (State Number as<br>f Death Certificates)<br>(State Physician's or<br>ce, \$ Use of Cha | pel, \$             |        |         |
|  |                  | ••••                                    |             | C      | ross Total          | l for S   | ales Tax   | \$                  | 521    | 00      |
| Contributory Causes  |                  | ••••                                    |             | 10     | remation.           |           |  |                     |        |         |
| Certifying Physician   |                  | ••••                                    |             | F      | lowers, \$.         | P         | alms, \$ : : : : Matti   | ng, \$              |        |         |
| His Address  | or Coroner)      |   |             | C      | pening of           | Grave     | alms, \$ Matti<br>of Temporary V<br>or Tomb . D. 4 . V   | Tailelle            | 14     | 00      |
| Name of Father. A. R. Qu   | elers            | m                                       |             | L      | ining Grav          | ve, \$    | Lowering Devi  | ce, \$              |        |         |
| His Birthplace   |                  | • |             |        |                     |           | ng Charges<br>.Singers,\$Organ   |                     |        |         |
|  |                  |   |             | R      | ailroad Tic         | ekets,    | \$ Aero-Serv   | rice,\$             |        |         |
| Maiden Name of Mother  Her Birthplace  |                  |   |             |        |                     |           | able or Radio Charge   | es                  |        |         |
| Motor   Remains to   | 20 N 20 A        | •                                       |             | C      | ut of town          | n Und     | ertaker's Charges  |                     |        |         |
| Size of Casket Oct se  | el ple           | il                                      | Ž           | F      | ersonal Se          |           |  |                     |        |         |
| Manufactured by  | ologanii Number  | 9                                       |             |        |                     |           | otices in Pape   | ers                 |        |         |
| Cemetery Rose M  | ill              | ****                                    |             |        |                     | (N        | ames of Newspapers)  |                     |        |         |
| Orematory)   | t No3            | 26                                      |             |        |                     |           |  |                     |        |         |
|  | ave No           | 3                                       |             | S      | ales Tax .          |           |  |                     | 5      | 2/      |
|  | ction No         | ••••                                    |             | r      | otal Footi          | ing of    | Bill   | \$                  | 348    | 21      |
|  | ock No           |   |             | I      | ess                 | 1.40      | sh-  | \$                  | 300    | 00      |
| Company of the Compan | wner             |   | 11          |        | Intered int         | o T ode   | Balance<br>ger, pageor be  | \$                  | 2,4.8. | 2.1.    |
| Date   | Amount 1         | Poid                                    | Balar       | -      | Date                | J Lieug   | ger, pageor be   | Amount Pa           | u n    | lance   |
| To Above Balance   |                  |   | 248         | 21     | 200                 |           | To Balance Forward   | Tamount Ya          |        | l       |
| aug. 4/ By Payment.  |                  | 0                                       | 148         | 21     |                     | 0.00      | By Payment   |                     | \$     |         |
| Der 195 / 54 " "   | \$ 50 0          | 0                                       | \$ 98       | 24     |                     |           | # #  | s                   |        |         |
| Jan 15 755 " "   | . 3 50 0         | 0.0                                     | \$.48       | 2/     |                     |           | и и  | \$                  |        |         |
| reb.16/33 " "  | . \$ . 48. 2     | /                                       | \$          |        |                     |           | и и  | \$                  | \$     |         |
| 4 4  | \$               |   | \$          |        |                     |           | « « <u></u>  | \$                  | \$     |         |
|  | \$               |   | \$          |        |                     |           | и и  | \$                  | \$     |         |
| · · · · · · · · · · · · · · · · · · ·  | \$               |   | 3           |        | <u></u>             |           | « «  | 8                   | \$     |         |
| Insurance \$Lo   | ames of<br>odges |   |             |        |                     |           | nsurance<br>ompanies   |                     |        |         |
| Insurance 9. Longuage Longu   |                  |   |             |        |                     |           |  |                     |        |         |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.  days from date. Interest to accrue from maturity at the rate of   |                  |   |             |        |                     |           |  |                     |        |         |
| Witness  |                  |   |             |        |                     |           |  |                     |        |         |
|  | ***********      | Com                                     | piled by F. | J. FEH |                     | dress     |  |                     |        |         |

| RECORD O | F FUNERAL |
|----------|-----------|
|----------|-----------|

| Total No.2 2 9 5                   | Yearly No 27               |           | · Dațe o                      | f Entry                                      | July                          | 24                |         | 19.47. |
|------------------------------------|----------------------------|-----------|-------------------------------|--|-------------------------------|-------------------|---------|--------|
| Name of Deceased                   | James Ne                   | ury       | SI                            | llaspe                                       | y                             | (What Rac         |         |        |
| Residence: Kear Law                |                            |           | Husband                       | □Wife□Widow}.                                | Age of Husban                 | d or Wife (if liv | ing)    | Years  |
| Charge to:                         |                            | Г         |                               |  | and the second                |                   | .448    | 00     |
| Address                            |                            |           |                               | neral (except o                              | outlays)                      |                   |         |        |
| Order given by Douald              | Sellesper                  |           | Casket<br>Burial Vault        | D 6  | State Kind)                   |                   | 25      | 00     |
| How Secured:                       | or informant)              | 100       | Embalming l                   |  | ne of Embalmer                |                   |         |        |
| If Veteran, State, War             | 200                        | I         | Barber, \$                    |  |                               |                   |         |        |
| Occupation farmer                  | (Social Security Num       | ]         | Dressing Boo<br>Suit or Dress | ly,\$  | Onderwe                       | π,φ               |         |        |
| Employer and Address               | (Social Security Num       | 9         | Slippers, S.                  | (State                                       | Kind and Color                |                   |         |        |
| Date of Death July 2/              | /51 10:30                  | AMIT      | Polding Chai                  | re S T                                       | arpaulin, \$                  |                   |         |        |
| Date of Birth. Man 7               | 1868 (He                   |           | Door Spray.                   | sG   | 10 ν εδ, φ                    |                   |         |        |
| Age. 83                            |                            | Lieuwe 1  | Funeral Car.                  | \$An   | abulance, a                   |                   |         |        |
| Date of Funeral. 724/5/            | Tules. (Days)              | V M. 1    | Extra Limou                   | sines  | @\$                           |                   |         |        |
| Services at Chaptel                | Day of Week) (Hour)        | 1         | Autos to R.                   | R. Station<br>nains from                     | @\$                           |                   |         |        |
| · Clergyman Rols Col               | Ž.                         | 1         | Taking Rem                    | ains to                                      |                               |                   |         |        |
| Religion of the Deceased           | D.S. (Address)             |           | Prip to Coro                  | ner's Inquest                                |                               |                   |         |        |
| Birthplace Jova                    |                            | 1         | Deliver Flow                  | ers to                                       |                               |                   |         |        |
|                                    |                            | 1         | Removal Ch                    | arges  |                               |                   |         |        |
| Place of Death. Mula, W            | City or County (Years) (Mo | onths)    | Certif.Co                     | piesof Death C                               | tate Number as<br>ertificates | d District)       |         |        |
| Cause of Death Colons              |                            | 7 1       | Pall Bearer S                 | rial Permit<br>piesof Death C<br>Service, \$ | Dise of Cha                   | pel,\$            |         |        |
|                                    |                            | (         | Gross Total :                 | for Sales Tax.                               |                               | \$                | 4.7.3   | 0.0.   |
| Contributory Causes                |                            |           | Outlay for L<br>Cremation     | ot   |                               |                   |         |        |
| Certifying Physician.              | Lauret                     |           | Flowers, \$                   | Palms, \$.                                   | Matti                         | ng, \$            |         |        |
|                                    | (or Coroner)               |           | Rental of Ter<br>Opening of C | nt,\$of Te<br>rave or Tom                    | mporary V                     | erkell .          | 25      | 60     |
| His Address                        | Sillaskey                  | 1         | Lining Grave                  | e, \$Low                                     | ering Devi                    | ce, \$            |         |        |
|                                    |                            | (         | Herovman \$                   | hipping Charg                                | R Organ                       | nist \$           |         |        |
| His Birthplace                     | hall Make                  | 11 6      | r Motor Tick                  | ets, \$                                      | Aero-Serv                     | ice,\$            |         |        |
|                                    | Merrett, MtJ               |           | Telegr., Phor                 | ne, Cable or Ra                              | dio Charge                    | s                 |         |        |
| Motor Remains to                   |                            | (         | Out of town                   | Undertaker's                                 | Charges                       |                   |         |        |
| 6/6 1/87 8                         | eeder stat                 | e 1       |                               | vice   |                               |                   |         |        |
| Manufactured by .: AbelStat        | te Color and (mber)        |           |                               | th Notices in.                               |                               | rs                |         |        |
| Cemetery Crematory & Roa           | e Hill                     |           |                               | (Names of News                               | papers)                       | •••••             |         |        |
|                                    | Lot No. // 4.0             |           |                               |  |                               |                   |         |        |
|                                    | Grave No                   |           | Sales Tax                     |  |                               |                   | 4       | 73     |
|                                    | Section No                 |           | Total Footin                  |  | 73                            | \$                | 502     | 7.3    |
|                                    | Block No                   |           | Less                          | 1. 10.251                                    | 6-1                           | \$                | 2. 2    | 0.8.   |
| Diagram of Lot or Vault            | Owner                      | 1         | Entered in                    | Ledger, page                                 | ance                          | \$                | .4.7 8. | 0.0    |
| Date                               | Amount Paid B              | alance    | Date                          | J. J     | THE DE                        | Amount Pa         | id D    | lance  |
| To Above Balance.                  |                            |           |                               | To Balance 1                                 |                               | AMIOUNE TO        | au Be   | Lauce  |
| By Payment                         | \$                         |           | ]                             | By Payment                                   |                               |                   | \$      |        |
| а а                                | \$ \$                      |           |                               | , « «  |                               | 8                 |         |        |
| " "                                | \$ \$                      |           |                               | « «  |                               | \$                | s       |        |
| " "                                | \$\$                       |           |                               | « «  |                               | \$                | \$      |        |
|                                    | \$                         |           |                               | " "  |                               | \$                | \$      |        |
| и и                                | s s                        |           |                               | " "  |                               | \$                | \$      |        |
|                                    | Names of<br>Lodges         |           |                               | Insurance                                    |                               | \$                | \$      |        |
| Insurance \$                       | Lodges                     | have and  | iciant recover                | Companies                                    |                               |                   |         |        |
| Insurance \$                       |                            |           |                               |  |                               |                   |         |        |
| maturity at the rate of% per annum |                            |           |                               |  |                               |                   |         |        |
| Witness                            |                            |           | Addr                          | ess  |                               |                   |         |        |
|                                    | Compiled by                | F. J. FRI | NEMAN, St. Lou                |  |                               | ***********       |         |        |

| Total No. 12 96 Yearly No. 28  | Date of Entry  |
|--|--|
| Name of Deceased.  | (What Race)  |
| Residence:   | Husband Wife Widow Axe of Husband or Wife (if living)  |
| Charge to Mus ascar anderson   | Husband   Wild.   Widow   Or of   Age of Husband or Wife (If living)   Years                                 |
| Address  |  |
| Order given by   | Casket Burial Vault or Box   |
| How Secured:   | Embalming Body(State Kind)   |
| If Veteran, State War  | Barber, \$   |
| Occupation   | Dressing Body, \$  |
| Employer and Address (Social Security Number)  | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$   |
| n  | Folding Chairs, \$ Tarpaulin, \$   |
| (Date) (Hour)  | Candelabrum, \$Candles, \$   |
| Date of Birth  | Door Spray, \$ : : Gloves, \$. Funeral Car, \$   |
| Age (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |
| Date of Funeral  | Extra Limousines   |
| Services at:::   | Getting Remains from   |
| Clergyman::  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace   | Deliver Flowers to   |
|  | Removal Charges  |
| Resided in the State. (or U. S. or City or County) (Years) (Months)  Place of Death. | (State Number and District)  Certif. Copies of Death Certificates No.  |
|  | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaptel, \$ |
| Cause of Death;  | Gross Total for Sales Tax\$ 150 00   |
| Contributory Causes  | Outlay for Lot:  |
|  | Cremation  |
| Certifying Physician(or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb.  Lining Grave, \$. Lowering Device, \$   |
| Name of Father   | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                                  |
| Maiden Name of Mother  | or Motor Tickets, \$ plane Service,\$  |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
| Size of Casket   | Personal Service . J. U.S. of Cheyell 4000   |
| Manufactured by  | line Death Notices inPapers  |
| Cemetery Crematory   | (Names of Newspapers)  |
| Lot No. / S.   |  |
| Grave No   | Sales Tax 94 Veruet 3 0 0  |
| Section No.  | Total Footing of Bill  |
| Block No.  | Less\$   |
|  | Balance\$  |
| Diagram of Lot or Vault  Date  Amount Paid Balance                                   | Entered into Ledger, page or below.  |
|  | Dalance Dalance  |
| To Above Balance \$  | To Balance Forward\$   |
|  |  |
|  | ***************************************  |
| 4 4 8 8  | ***************************************  |
|  | # # e  |
| 4 4 \$ \$  | " " S e  |
|  |  |
| Insurance \$   | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have so          | ufficient resources Levelly excilable to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay             |  |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
| Compiled by F. J. F  |  |

|   |                            | -              |                            |                  | Ru   | 918                   | 1           | 951                                     |
|---|----------------------------|----------------|----------------------------|------------------|--|-----------------------|-------------|---|
| Total No. 2297  | Yearly No 2.               | <i>9</i>       |                            | of Entry         |  | w                     |             |   |
| Name of Deceased  | lith Flori                 | Divorced       | Nadle                      | 1                | -)   | (What Race)           |             | •••••                                   |
| Residence: Lamani.  | ,,.,.,,.,,                 |                | Husband                    | WHe Wido         | Age of Husbar  | d or Wife (if living) |             | Years                                   |
| Charge to: Osland   | s Wadley                   |                | G 1.4. Th                  | movel (over      | ept outlays)   | \$                    | 533         | 00                                      |
| Address   |                            | ,              | Complete Ft                | merai (exc       | Accept   |                       |             | 10,000                                  |
| Order given by Allan  | olo Wadley                 | ·              | Burial Vault               | or Box .         | State Kind)  | uer                   | 1.2.5       | 08                                      |
| How Secured:  | (or informant)             |                | Embalming                  | Body             | - Parkelma   | 1                     |             |   |
| If Veteran, State War   |                            |                | Barber, \$                 |                  | Hair Dressing.                                       | \$                    |             |   |
| Occupation  |                            |                | Dressing Bo                | dy, \$           | Ollder we  | α, φ                  |             |   |
| Employer and Address D.L.   | en Purling                 | ty Number)     | Clinnare &                 |                  | State Kind and Color<br>Hose, \$                     |                       |             |   |
| Date of Death . Aug . !   | 5- 1951                    |                | Folding Cha                | irs. S           | Tarpaulin,   |                       |             |   |
| Date of Birth   | Date)                      | (Hour)         |                            |                  | Candles, \$Gloves, \$                                |                       |             |   |
| Age. 5-3  |                            |                | Enneral Car                | . S              | . Ambulance,   | 3                     |             |   |
| (Years)   | (Months) 4 (Days)          | - 8            | Limousines                 | to Gemete        | y@\$<br>@\$  |                       |             |   |
| Date of Funeral Aug 18/5/   | (Day of Week)              | (Hour)         | Antos to R.                | R. Station       | (a) \$   |                       |             |   |
| Services at . Charle  | 100 41-00.                 | +              | Getting Ren<br>Taking Rem  | nains from       |  |                       |             | • |
| Clergyman . Que M.  | eller Keller               | con.           | Trip to Core               | ner's Inqu       | est  |                       |             |   |
| Religion of the Deceased  |                            |                | Delivering E               | Box to           |  |                       |             | • • • • • •                             |
| Birthplace  |                            |                | Deliver Flov<br>Removal Ch | prope            |  |                       |             |   |
| Resided in the State<br>Place of Death. July  | or City or County) (Years) | (Months)       | Procuring B                | urial Perm       | it   | nd District)          |             |   |
| Place of Death . Juely  | sendine //                 | 10             | Certif.Co                  | piesof Dea       | th Certificates                                      | No                    |             |   |
| Cause of Death  |                            |                | Pall Bearer                | Service, \$.     | Use of Cha   | pel, \$               |             |   |
| Contributory Causes   |                            |                |                            |                  | 'ax  | \$                    | 6.6.0       | .00                                     |
| Continuous Campasini  |                            |                | Cremation.                 |                  |  |                       |             |   |
| Certifying Physician  |                            |                | Flowers, \$                | Palms,           | \$Matti  | ng, \$                |             |   |
|   | (or Coroner)               |                | Opening of (               | Grave or T       | Temporary V  | ishap :               | 25          | 00                                      |
| His Address   |                            |                | Lining Grav                | e. \$            | Lowering Dev.  | ce. S                 |             |   |
|   |                            |                | Clergyman.                 | nipping Cl       | narges<br>ers.\$Orga                                 | nist.\$               |             |   |
| His Birthplace  |                            |                | Railroad or Motor Tich     | kets, \$         | ers,\$Orga<br>Aero-Ser<br>plane Ser<br>r Radio Charg | rice,\$               |             |   |
| Maiden Name of Mother   |                            |                | Telegr., Pho<br>Cash Advan | ne, Cable o      | r Radio Charg  | es                    |             |   |
| Her Birthplace  |                            |                | Out of town                | Undertak         | er's Charges   |                       | • • • • • • |   |
| Motor Remains to  | 4. pele                    |                | Personal Ser               |                  |  |                       |             |   |
| Size of Casket . Letter   |                            | shot           |                            | ath Notice       | inPap  | ers                   |             |   |
| Manufactured by.  | Lilling                    |                |                            |                  | Newspapers)  |                       |             |   |
| Cemetery Crematory  | 17.5                       | ·······        |                            |                  |  |                       |             |   |
|   | Lot No/7.7.                |                | Sales Tax .                |                  |  |                       | 6           | 60                                      |
|   | Grave No                   |                | Total Footin               | ng of Bill .     |  |                       | 691         | 60                                      |
|   | Block No                   |                | Less                       | a.h.a            | 4928.  |                       | 33          | 3.3.                                    |
|   | Owner                      |                |                            | U                | Balance LLU  | 9.1.1.                | 6.5.8       | 2.7.                                    |
| Diagram of Lot or Vault   |                            |                | Entered into               | Ledger, p        | ageor b  | elow.                 |             |   |
| Date  | Amount Paid                | Balance        | Date                       |                  |  | Amount Paid           | Ba          | lance"                                  |
| To Above Balance  | e                          | \$             |                            | To Bala          | nce Forward  |                       | 8           |   |
| By Payment  | \$                         | \$             |                            | By Pay           | ment   | \$                    | \$          |   |
|   |                            | \$             |                            | "                | « · · · · · · · · · · · · · · · · · · ·              | s                     | \$          |   |
|   |                            | \$             |                            | "                | "  | \$                    | \$          |   |
| и и   | 3                          | \$             |                            | "                | "  | \$                    | \$          |   |
| и и   | s                          | \$             |                            |                  | "  | \$                    | \$          |   |
| и и   | s                          | \$             |                            |                  | а  | e                     | \$          |   |
| 20000000  | Names ofLodges             |                |                            | Insurance        | e  |                       | 19          |   |
| Insurance \$  I hereby authorize the above Funers for the payment of aforesaid sum, a | al, and I hereby represent | that I have so | Afficient resources        | Insurance Compan | les  |                       |             |   |
| for the payment of aforesaid sum, a   | and I hereby covenant and  | agree to pay   | the same within            |                  | (Firm  | Name of Funeral Di    | ectors.)    |   |
| maturity at the rate of   | % per annum.               | Desir Control  |                            | ed               | uaya iro   | m uate. Interes       | t to acci   | ne mom                                  |
| Witness Address   |                            |                |                            |                  |  |                       |             |   |
| Compiled by F. J. FRINEMAN, St. Lenis, Mo.  |                            |                |                            |                  |  |                       |             |   |

| Total No. 2298 Yearly No. 30  | Deta of Finter aug 22 19.5.   |  |  |  |
|---|---|--|--|--|
| SO H (Hokking   | e raus w  |  |  |  |
| Name of Deceased. Since Widowed Divorce   | d (What Race)   |  |  |  |
| Residence: Utica H. Y.  | Husband   Wife   Widow     or of } Age of Husband or Wife (if living) Years   |  |  |  |
| Charge to: Howe Hapkin  | Complete Funeral (except outlays)   |  |  |  |
| Address. Les Moures   |   |  |  |  |
| Order given by  | Casket. Burial Vault or Box Clove Vault /25 60  |  |  |  |
| How Secured:  | Embalming Body (State Kind)  (Name of Embalmer)   |  |  |  |
| If Veteran; State War   | Barber, \$. (Name of Embalmer) Hair Dressing, \$  |  |  |  |
| Occupation  | Dressing Body, \$ Onderwear, \$   |  |  |  |
| (Social Security Number) Employer and Address   | Suit or Dress(State Kind and Color)   |  |  |  |
|   | Slippers, \$  |  |  |  |
| Date of Death. Aug. 19 1951 (Hour)  | Candelabrum, \$Candles, \$  |  |  |  |
| Date of Birth.  | Door Spray, \$ :  |  |  |  |
| Age. (Years) / (Months) / (Days)  | Limousines to Cemetery @ \$   |  |  |  |
| Date of Funeral aug + /5 ) Wed 2 P M.   | Extra Limousines@\$   |  |  |  |
| Services at: :: (Day of Week) (Hour)  | Autos to R. R. Station & \$\ \text{Getting Remains from } \text{Ascendent } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |  |  |
| Clergyman: J. Ban all tank  | Taking Remains to   |  |  |  |
| Religion of the Deceased S (Address)  | Delivering Box to   |  |  |  |
| Birthplace  | Deliver Flowers to  |  |  |  |
| Davided in the Ctate  | Removal Charges   |  |  |  |
| Place of Death. (Months)  | Certif.Copiesof Death Certificates No   |  |  |  |
| Cause of Death Cembral Thrombosis   | Procuring Burial Permit.  (State Number and District)  —Certif. Copiesof Death Certificates No.  (State Physicals of Capacity)  Pall Bearer Service, \$ Use of Chaplet, \$  |  |  |  |
|   | Gross Total for Sales Tax. **\$   |  |  |  |
| Contributory Causes   | Outlay for Lot:   |  |  |  |
|   | CremationFlowers, \$Palms, \$Matting, \$  |  |  |  |
| Certifying Physician (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |
| His Address   | Opening of Grave or TombLining Grave, \$Lowering Device, \$   |  |  |  |
| Name of Father  | Outlay for Shipping Charges   |  |  |  |
| His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ 2.50 A 0.6 Railroad of Tickets, \$ Aero- or Motor Tickets, \$ Page 5 Price, |  |  |  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |  |  |  |
| Her Birthplace  | Cash Advanced   |  |  |  |
| Motor   Remains to  | Out of town Undertaker's Charges  |  |  |  |
| Size of Casket (State Color and Number)   | Personal Service, use of Charles, 35 00   |  |  |  |
| Manufactured by   | line Death Notices inPapers   |  |  |  |
| Cemetery Crematory Rose Hill  | (Names of Newspapers)   |  |  |  |
| Lot No. 290   |   |  |  |  |
| Grave No 3  | Sales Tax ou vanit 250  |  |  |  |
| Section No.   | Total Footing of Bill   |  |  |  |
| Block No  | Less credit for box \$ 1200   |  |  |  |
|   | Balance College \$ .  |  |  |  |
| Diagram of Lot of vault   |   |  |  |  |
| Date Amount Paid Balance  | ce Date Amount Paid Balance   |  |  |  |
|   | To Balance Forward  |  |  |  |
|   | By Payment \$ \$  |  |  |  |
| ······································  | \$  |  |  |  |
| * * \$ \$   |   |  |  |  |
|   | # # e e   |  |  |  |
| 4 4 6   | 2 2 n   |  |  |  |
| # # S S   | и и   |  |  |  |
| Names of  | Insurance   |  |  |  |
| Insurance \$Lodges  | Companies   |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have  |   |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same withindays from date. Interest to accrue from maturity at the rate of% per annum. |   |  |  |  |
| Witness   | Address   |  |  |  |
|   | I. FEINEMAN St. Louis, Mo.  |  |  |  |

| Total No. 2299 Yearly No. 3/  | Date of Entry195  |
|---|---|
| Name of Deceased. Helli Elvina /  | uffman What Bard  |
| Residence: January Single Widowed Divorce                                       | Husband Wife Widow . Chas Huff man.   |
| Charge to: Chas Huffman   | orof Age of Husband or Wife (Having) Years  |
| Address Lamour  | Complete Funeral (except outlays)   |
| Order given by  | Casket. 25 66   |
| (or informant) How Secured;   | Burial Vault or Box (State Kind)  |
| If Veteran, State War 100   | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$                                |
| Occupation Conscherife  | Dressing Body, \$Underwear, \$  |
| (Social Security Number) Employer and Address                                   | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.                                  |
| Date of Death Alex 19/5' 5 P.M.   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth, June 11 1892 (Hour)  | Candelabrum, \$   |
| Age. 5-9  | Funeral Car. \$ Ambulance, \$   |
| (Years) , (Months) (Days)   | Limousines to Cemetery \$   |
| Date of Funeral Cuiq 23/51 Thurs. 7 M. Services at Cuaffel (Day of Week) (Hour) | Autos to R. R. Station @ \$   |
| Clergyman Roft Farmham Dave Larret  | Getting Remains from  |
| Religion of the Deceased L. D. S. (Address)                                     | Trip to Coroner's Inquest   |
| Birthplace Harrism Co. Mo:  | Delivering Box to   |
| D 11 11 11 11 11 11   | Removal Charges   |
| (or U. S. or City or County) (Years) (Months)                                   | Procuring Burial Permit. (State Number and District)  Certif. Copiesof Death Certificates No. |
| Place of Death. X Museum Sec.   | Pall Bearer Service, \$ Use of Chapel, \$   |
| Cause of Death:   | Gross Total for Sales Tax\$ 47.3.00   |
| Contributory Causes   | Outlay for Lot.   |
| V R Ramer   | Flowers, \$ Palms, \$.:: Matting, \$  |
| Certifying Physician. (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb                          |
| His Address Z   | Lining Grave, \$ Lowering Device, \$  |
| Name of Father. 1960 Ottes  | Outlay for Shipping Charges.  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$Railroad   Tickets, \$plane Service,\$                       |
| Maiden Name of Mother Bertha Stundevant   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Out of town Undertaker's Charges.   |
| Motor Remains to Size of Casket 6/5 Rose Cedar State                            | Personal Service  |
| Manufactured by   | line Death Notices in Papers  |
| Cemetory Role Hell  | (Names of Newspapers)   |
| Crematory \ Lot No  |   |
| Grave No9   | Sales Tax   |
| Section No  | Total Footing of Bill \$ 47 7 78  |
| Block No  | 00/1000 3/51  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  |   |
| To Above Balance\$  | To Balance Forward.   |
| By Payment  |   |
| " " \$ \$   |   |
| " "   |   |
| ***************************************   |   |
| a 4 8 8   | " \$ \$   |
| a a s   | я и \$  |
| Names of Insurance \$ Lodges  | Insurance   |
| Insurance \$  | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay        | y the same within   |
| maturity at the rate of % per annum.  | Signed.   |

| Total No. 2.3.00 Yearly No. 3.2  | Date of Entry Left 11   |  |  |  |
|--|---|--|--|--|
| Name of Deceased. Much M. Maried Single Widowed Divorced   | thoru (What Race) _ /   |  |  |  |
| Residence: & autou   | Husband Wife Widow Les Milles   |  |  |  |
| Charge to: Q 7 . C.  | or  |  |  |  |
| Address  | Complete Funeral (except outlays)\$   |  |  |  |
| Order given by   | Casket Burial Vault or Box  |  |  |  |
| How Secured:   | Thereby 1 (State Kind)  |  |  |  |
| If Veteran, State War  | Barber, \$ (Name of Embalmer) Hair Dressing, \$   |  |  |  |
| Occupation konsewife   | Dressing Body, \$Underwear, \$  |  |  |  |
| Employer and Address (Social Security Number)  | Shippers, \$ (State Kind and Color)  Hose, \$   |  |  |  |
| Date of Death . Left 9 1951 12,30 A  | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |
| Date of Birth. April Date 1860 (Hour)  | Candelabrum, \$Candles, \$<br>Door Spray, \$Gloves, \$  |  |  |  |
| Age91'   | Funeral Car, \$ Ambulance, \$   |  |  |  |
| Date of Funeral 2 st 11/51. Tull. 20. M.   | Limousines to Cemetery @ \$   |  |  |  |
| Services at::: Clark Day of Week) (Hour)   | Autos to R. R. Station @ \$   |  |  |  |
| Clergyman: Art Laul  | Getting Remains from  |  |  |  |
| Religion of the Deceased.  | Trip to Coroner's Inquest   |  |  |  |
|  | Deliver Flowers to  |  |  |  |
| Birthplace Aw Jork state   | Removal Charges   |  |  |  |
| Resided in the State. 60 (or U. S. or City or County) (Years) (Months)   | Procuring Burial Permit. (State Number and District)  |  |  |  |
| Place of Death. Z. Quignu  | Procuring Burial Permit. (State Number and District)  Certif. Copies of Death Certificates No.  Certif. Copies of Death Certificates No.  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |  |
| Cause of Death:  | Gross Total for Sales Tax\$   |  |  |  |
| Contributory Causes  | Outlay for Lot:   |  |  |  |
|  | Cremation   |  |  |  |
| Certifying Physician. (or Coroher)   | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |
| His Address 2 account  | Opening of Grave or Tomb  |  |  |  |
| Name of Father. Eyes. W hutten   | Outlay for Shipping Charges   |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$   |  |  |  |
| Maiden Name of Mother. Or Mother Hager   | Telegr., Phone, Cable or Radio Charges  |  |  |  |
| Her Birthplace   | Cash Advanced   |  |  |  |
| Motor Remains to   | Personal Service  |  |  |  |
| Size of Casket   | line Death Notices in Papers  |  |  |  |
|  | (Names of Newspapers)   |  |  |  |
| Cemetery Crematory \ Ruse Hul  | (Names & Newspapers)  |  |  |  |
| Lot No   | Sales Tax No Tay  |  |  |  |
| Grave No   | Total Footing of Bill   |  |  |  |
| Section No   | Less. p.d. Dec. 1.3/5/  |  |  |  |
| Block No   | Balance\$   |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |  |  |
| Date Amount Paid Balance   |   |  |  |  |
| To Above Balance \$  | To Balance Forward \$   |  |  |  |
| By Payment \$ \$   | By Payment \$\$   |  |  |  |
| ······ \$ \$   | * * 2 2   |  |  |  |
| * * *  | « «   |  |  |  |
| " " s s  | # # ss.   |  |  |  |
| « « ş ş  |   |  |  |  |
| sssss  |   |  |  |  |
| Insurance \$ Names of Lodges   | Insurance<br>   |  |  |  |
| I hereby authorize the above Funeral, and 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   |  |  |  |

| Total No. 2301 Yearly No. 33  | Date of Entry  | 1957.                                  |  |  |  |
|---|--|--|--|--|--|
| Name of Deceased. Callada Divorces  | THusband Wite Widow) Ray Derry   | ······································ |  |  |  |
| Residence:  | or   | (2)                                    |  |  |  |
| Charge to . Roy Derry .   | Complete Funeral (except outlays)\$  | 795 00                                 |  |  |  |
| Address   | Casket   |  |  |  |  |
| Order given by(or informant)  | Burial Vault or Box (State Kind)   | 25 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, \$   |  |  |  |  |
| Date of Death (Date) (Hour)   | Candelabrum, \$ Candles, \$  |  |  |  |  |
| Date of Birth   | Door Spray, \$   |  |  |  |  |
| Age (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |  |  |  |  |
| Date of Funeral   | Extra Limousines @ \$  |  |  |  |  |
| Services at.::  | Getting Remains from   |  |  |  |  |
| Clergyman   | Taking Remains to  |  |  |  |  |
| Religion of the Deceased  | Delivering Box to  |  |  |  |  |
| Birthplace  | Deliver Flowers to   |  |  |  |  |
| Resided in the State  | Procuring Burial Permit (State Number and District)  |  |  |  |  |
| Place of Death  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Certif.Sopiesof Death (State Physicatics or Coroser's)  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |  |  |
| Cause of Death:   | Gross Total for Sales Tax\$  | 82000                                  |  |  |  |
| Contributory Causes   | Outlay for Lot   |  |  |  |  |
|   | Cremation  |  |  |  |  |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |
| His Address   | Opening of Grave or Tomb<br>Lining Grave, \$Lowering Device, \$  |  |  |  |  |
| Name of Father  | Outlay for Shipping Charges  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad<br>or Motor}Tickets, \$Aero-Service,\$   |  |  |  |  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |
| Her Birthplace  | Cash AdvancedOut of town Undertaker's Charges  |  |  |  |  |
| Motor Remains to Permoleth  | Personal Service.  |  |  |  |  |
| Size of Casket  | line Death Notices in Papers   |  |  |  |  |
| Manufactured by.  Cemetery Crematory  Great Hell  | (Names of Newspapers)  |  |  |  |  |
| Crematory J Lot No. 544   |  |  |  |  |  |
| Grave No 3  | Sales Tax  | 820                                    |  |  |  |
| Section No.   | Total Footing of Bill\$  | 82820                                  |  |  |  |
| Block No  | Less . 5 % . 1 . 1 . 1 . 8   | 91. 97.                                |  |  |  |
| Diagram of Lot or Vauit Owner   | Balance\$ Entered into Ledger, pageor below.   | 7.8.6. 7.7.                            |  |  |  |
| Date Amount Paid Balance  | Date Amount Pa   | d Balance                              |  |  |  |
| To Above Balance \$7.8.6. 7.9   |  | Danage .                               |  |  |  |
| By Payment Oct 7 \$ 500 00 \$286 7  |  |  |  |  |  |
| " "Oct 5 \$ 286 79 \$   |  | 3                                      |  |  |  |
| " " " feel  |  | \$                                     |  |  |  |
|   |  | \$                                     |  |  |  |
|   |  | \$                                     |  |  |  |
| # # \$ \$   | и и  | \$                                     |  |  |  |
| Insurance \$  | Insurance<br>  | \$                                     |  |  |  |
| T. 1. with siles the above Pureral and I harshy represent that I have sufficient assessment. T. U.                                    |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to approximate from |  |  |  |  |  |
| maturity at the rate of% per annum. Signed.   |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |
| Compiled by F. J. E   | , Ot. LOUIS, MO.   |  |  |  |  |

| Total No. 2302 Yearly No. 34   | Date of Entry Sept 26   | 19.5./.              |
|--|---|----------------------|
| Name of Deceased allongo De &  | ong w   |                      |
| Residence: Harrison Co. Widowed Divorced                                 | (What Race)   |                      |
| Charge to:   | orof   Age of Husband or Wife (if livin                                     |                      |
| Address  | Complete Funeral (except outlays)\$   | 365 00               |
| Order given by   | Casket  |                      |
| How Secured: :   | Burial Vault or Box   | 27                   |
| If Veteran, State War  | Embalming Body(Name of Embalmer)  |                      |
| Occupation Farmer  | Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$                |                      |
| Employer and Address (Social Security Number)                            | Suit or Dress (State Kind and Color) Slippers, Hose, S. Hose, S.            |                      |
| Date of Death Seft 2 y 1951  | Slippers, \$  |                      |
| Date of Birth (Date) (Hour)  | Candelabrum, \$Candles, \$  |                      |
| 0 2  | Door Spray, \$  |                      |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |                      |
| Date of Funeral (Date) (Day of Week) (Hour)                              | Extra Limousines ( @ \$   |                      |
| Services at::: Cheffe  | Getting Remains from  |                      |
| Clergyman:   | Taking Remains to<br>Trip to Coroner's Inquest                              |                      |
| Religion of the Deceased   | Delivering Box to   |                      |
| Birthplace   | Deliver Flowers to  |                      |
| Resided in the State (or U. S. for City or County) (Years) (Months)      | Procuring Burial Permit. (State Number and District)                        |                      |
| Place of Death. Belliany the.  | Pall Bearer Service, \$ Use of Chapel, \$                                   |                      |
| Cause of Death Rubumary Embalism   | Pall Bearer Service, \$ Use of Chapel, \$                                   | 408 00               |
| Contributory Causes  | Gross Total for Sales Tax\$ Outlay for Lot:                                 | 7.00                 |
|  | Cremation   |                      |
| Certifying Physician   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$ |                      |
| His Address  | Opening of Grave or Tomb  |                      |
| Name of Father   | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges             |                      |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$                   |                      |
| Maiden Name of Mother  | or Motor Tickets, \$ plane Service, \$                                      |                      |
| Her Birthplace   | Cash Advanced   |                      |
| Motor Remains to   | Out of town Undertaker's Charges.   |                      |
| Size of Casket 6/3 /2 Couch gray pless                                   |   |                      |
| Manufactured by  | line Death Notices in Papers (Names of Newspapers)                          |                      |
| Cemetery Russe Hul   | (Names of Newspapers)   |                      |
| Lot No. /3 > 3   | C.1 Man   | 4.08                 |
| Grave No   | Sales Tax   | 41208                |
| Section No   | Less 570 1 \$   | 2060                 |
| Block No   | add > 30 Balance  | 39198                |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   | 22 On                |
| Date Amount Paid Balance   | Date Od Oct 1/5/ Amount Pa  | id Balance           |
| To Above Balance   | To Balance Forward  | \$                   |
| By Payment \$ \$   | By Payment \$   | \$                   |
| *. * \$ \$   | \$  | \$                   |
|  | и и у   |                      |
| *\$  | # #\$.  | \$                   |
|  |   | \$                   |
| \$\$   | a «\$   | s                    |
| Insurance \$   | Insurance<br>Companies  |                      |
| I hereby authorize the above Funeral, and I hereby represent that I have | sufficient resources Legally available to (Firm Name of Bynnes)             | Directors.)          |
| for the payment of aforesaid sum, and I hereby covenant and agree to pe  | y the same within days from date. Inte                                      | erest to accrue from |
| maturity at the rate of% per annum.                                      | Signed  |                      |
| Witness  | Address   |                      |
|  |   |                      |

| Total No. 2303 Yearly No 35  | Date of Entry. Oct. 14  | 19.5%        |
|--|---|--------------|
| Name of Deceased. Charles Howard W. Margied   Single M Widowed   Divorces                                  | hute (What Race)  |              |
| Residence: A amoun La Divorces   | MHusband Wife Widow Age of Husband or Wife (If living)  |              |
| Charge to: children  |   | /0 00        |
| Address  | Complete Funeral (except outing 5)  | 1.0. 00.     |
| Order given by   | Casket.  Burial Vault or Box Cobia Vault  | 25.00        |
| How Secured::  | Embalming Body(State Kind)  |              |
| If Veteran, State War  | Dawlon e Hair Dressing, S   |              |
| Occupation Melichant   | Dressing Body, \$   |              |
| Employer and Address   | Slippers, \$  |              |
| Date of Death Oct 12 1951 12:45 (Rour)   | Folding Chairs, \$ Tarpaulin, \$<br>Candelabrum, \$ Candles, \$   |              |
| Date of Birth. Lee 26 (Date) (Hour)  | Door Spray, \$  |              |
| Age. (Years) (Months) (Davs)   | Funeral Car, \$   |              |
| Date of Funeral Oct 14/51 Sau. 2,30 P. M.  | Extra Limousines @ \$ · · · · · · · ·   |              |
| Services at Chapel Day of Week) (Hour)   | Autos to R. R. Station @ \$   |              |
| Clarence Ray Cheville  | Taking Remains to   |              |
| Religion of the Deceased & D. S. (Address)   | Trip to Coroner's Inquest   |              |
| Birthplace Jasper County, Ja   | Deliver Flowers to  |              |
|  | Removal Charges   |              |
| Resided in the State. (or U. S. or City or County) (Years) (Months)  | Certif.Copiesof Death Certificates No   |              |
| Cause of Death   | Removal Charges Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  (State Page 1997)  Pall Bearer Service, \$. Use of Chapel, \$. |              |
| Contributory Causes  | Gross Total for Sales Tax\$ 5.  | 3.5.00       |
| Contributory Causes,   | Outlay for Lot.   |              |
| Certifying Physician C. E. Samet   | Flowers, \$Palms, \$ Matting, \$  |              |
| His Address. (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$   |              |
| Name of Father O.C. White  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges  |              |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$   |              |
| Maiden Name of Mother Auna Brilever  | Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$  |              |
| Her Birthplace   | Cash Advanced   |              |
| Motor)   | Out of town Undertaker's Charges  |              |
| Size of Casket State - gray wetal cloth  | Personal Service.   |              |
| Ship Remains to Size of Casket State - Yeary Huttal eloth Manufactured by . fluid (State Color and Number) | line Death Notices inPapers   |              |
| Cemetery } Ruce Hell   | (Names of Newspapers)   |              |
| Lot No   |   | 9.5          |
| Grave No4  | Sales Tax Total Footing of Bill.  | 4 0 35       |
| Section No   | Less 5 % G. G. C. S. S.   | 4.0.35       |
| Block No   | Od Oct 25 Balance \$ 5  | 1333         |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   | /. A . A . A |
| Date Amount Paid Balance   | Date Amount Paid  | Balance      |
|  | To Balance Forward 3  |              |
|  |   |              |
|  |   |              |
|  | \$  |              |
|  |   |              |
| # # g g  | " " \$ \$   |              |
| # # S S  | и и   |              |
| Names of   | Insurance Companies   |              |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have a             |   |              |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa                                    | (Firm Name of Busines) William  | tors.)       |
| maturity at the rate of % per annum,   | Signed  |              |
| Witness  | Address   |              |
|  | FRINEMAN, St. Louis, Mo.  |              |

| Total No. 2.309 Yearly No 36   | . Date of Entry. Oct. 15 19.5!  |
|--|---|
| Name of Deceased Daisy Belle O. Married Single Widowed Divorce   | ew (What Race)  |
| Residence:   | □Husband Wite Widow Claude Rew Years or of Age of Husband or Wife (if living) Years                             |
| Charge to:   | Complete Funeral (except outlays)\$ .448.00   |
| Address.   |   |
| Order given by husband & children (or informant)   | Casket Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)                                       |
| How Secured::  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.  |
| If Veteran, State War  | Dressing Body, \$   |
| Occupation Laureuriff 484 - 22-1241 (Social Security Number)   | Dressing Body, \$   Inderwear, \$   16.5   Suit or Dress.   Guata Kind and Color) Slippers, \$   Hose, \$       |
| Employer and Address   | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$   |
| Date of Death (Pat 1 > /5! 7:30 PA<br>(Hour)  Date of Birth (Hal 27 /18 9!   | Candelabrum, \$Candles, \$  |
| Date of Birth. Man. 2.7. J. 19.1.  | Door Spray, \$  |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |
| Date of Funeral Date: 2,30 f.m. (Boys) (Hour.)   | Autos to R. R. Station  |
| Services at::: Class (Boy of Week) (Hour)  | Getting Remains from  |
| Clergyman:   | Trip to Coroner's Inquest   |
| Religion of the Deceased.  Birthplace Harrison County, Mrs.  | Delivering Box to   |
| Birthplace . M. courses County   | Removal Charges   |
| Resided in the State (or U. S. or City or County) (Years) (Months)   | Procuring Burial Permit (State Number and District)   |
| Place of Death   | Procuring Burial Permit.  Certif.Copiesof Death Certificates Noner's  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:  | Course Matal for Color Tow  |
| Contributory Causes  | Outlay for Lot: 489 50  |
| Certifying Physician M. H. O. Reed   | Flowers, \$ Palms, \$ Matting, \$   |
| Certifying Physician   | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb   |
| Name of Father T. C. Smith   | Lining Grave, \$Lowering Device, \$   |
|  | Outlay for Shipping Charges.  Clergyman.\$. Singers.\$. Organist.\$.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                                     |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |
| Motor Remains to   | Out of town Undertaker's Charges  |
| Size of Casket State Rose Cedar  | Personal Service.   |
| Manufactured by : (State Color and Number)   | line Death Notices inPapers   |
| Cemetery Crematory R D-1e Nul  | (Names of Newspapers)   |
| Lot No 385   |   |
| Grave No   | Sales Tax 494 40  |
| Section No   | Total Footing of Bill \$ 7.7.7 4.0  Less \$ 1.8 > 2   |
| Block No   | Balance \$ 47.5 6 8   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balan   | Date Amount Paid Balance  |
| To Above Balance. \$475  | To Balance Forward \$   |
| a. 16 57 By Payment by Claude . 50 00 \$4.35   |   |
| " 16 51 " Ly Oana \$ 155 68 \$270  |   |
| Mary - a . a Claret 150 00 \$ 120 1  |   |
| Jun 10/5" " " Claudo \$ 50 00 \$ 68  | 5 u u u s s   |
| June 1652 " " Claudes 68 75 \$ 60  | 9.6 * * \$ \$   |
| fild in Full 8   | и и \$ \$   |
| Insurance \$ Names of Lodges   | Insurance<br>Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have   |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to p<br>maturity at the rate of% per annum.  | ay the same withindays from date. Interest to accrue from   |
| The state of the s | Olyneu  |

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

| Total No. 2 Yearly No Ken   | w  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name of Deceased  |  |  |  |  |  |  |  |
| Residence: de   |  |  |  |  |  |  |  |
| Charge to: Q.A.V.   | Complete Funeral (except outlays)  |  |  |  |  |  |  |
| Address   | Casket   |  |  |  |  |  |  |
| Order given by  | Casket.  Burial Vault or Box (State Kind)  |  |  |  |  |  |  |
| How Secured:  | Embalming Body(State Kind)  (Name of Embalmer)   |  |  |  |  |  |  |
| If Veteran, State War   | Barber, S Hair Dressing, \$  |  |  |  |  |  |  |
| Occupation Farmer none  | Dressing Body, \$Underwear, \$   |  |  |  |  |  |  |
| (Social Security Number)  | Suit or Dress. (State Kind and Color) Slippers, \$   |  |  |  |  |  |  |
| Employer and Address  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$  |  |  |  |  |  |  |
| Date of Death May 7/1951 (Hour)   | Candelabrum, \$ Candles, \$  |  |  |  |  |  |  |
| Date of Birth. Mec. 21 1865 (mour)  | Door Spray, \$   |  |  |  |  |  |  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$  |  |  |  |  |  |  |
| Date of Funeral, 18/51 Fue. 2. M.   | Extra Limousines   |  |  |  |  |  |  |
| Services at : Charles (Boy of Week) (Hour)                                  | Autos to R. R. Station   |  |  |  |  |  |  |
| Clergyman   | Taking Remains to  |  |  |  |  |  |  |
| (Address)   | Trip to Coroner's Inquest  |  |  |  |  |  |  |
| Religion of the Deceased  | Delivering Box to  |  |  |  |  |  |  |
| Birthplace Wescousin  | Removal Charges  |  |  |  |  |  |  |
| Resided in the State (Years) (Months)                                       | Procuring Burial Permit  |  |  |  |  |  |  |
| Place of Death. A. Lon.   | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |  |  |  |  |
| Cause of Death:   |  |  |  |  |  |  |  |
| Contributory Causes.  | Gross Total for Sales Tax\$  |  |  |  |  |  |  |
|   | Outlay for Lot.  |  |  |  |  |  |  |
| Certifying Physician, K. R. Braun   | Flowers, \$ Palms, \$  |  |  |  |  |  |  |
| His Address (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |  |
|   | Lining Grave, \$Lowering Device, \$  |  |  |  |  |  |  |
| Name of Father know   | Outlay for Shipping Charges.   |  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad \ Tickets, \$\text{Aero-Service,\$.}.  Plane Service,\$           |  |  |  |  |  |  |
| Maiden Name of Mother. Kot Rusum  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced  |  |  |  |  |  |  |
| Motor Ship Remains to   | Out of town Undertaker's Charges   |  |  |  |  |  |  |
| Size of Casket  |  |  |  |  |  |  |  |
| Manufactured by . Pure Butter   | line Death Notices inPapers  |  |  |  |  |  |  |
| Cemetery Bose Hell  | (Names of Newspapers)  |  |  |  |  |  |  |
| Lot No /5./7  |  |  |  |  |  |  |  |
| Grave No3   | Sales Tax  |  |  |  |  |  |  |
| Section No.   | Total Footing of Bill \$ /50 00  |  |  |  |  |  |  |
| Block No  | Less P. d  |  |  |  |  |  |  |
|   | Balance\$  |  |  |  |  |  |  |
| Diagram of poeter value   | Entered into Ledger, page or below.  |  |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |  |  |
|   | To Balance Forward \$  |  |  |  |  |  |  |
| By Payment \$ \$  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| \$  |  |  |  |  |  |  |  |
| N   | ss   |  |  |  |  |  |  |
| Insurance \$ Names of Lodges.   | Insurance  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su | afficient resources Legally available to   |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay    | the same within  |  |  |  |  |  |  |
| maturity at the rate of% per annum.   | Signed   |  |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |  |  |
| Compiled by F. J. F   | RINEMAN, St. Louis, Mo.  |  |  |  |  |  |  |

| Total No. 2 3 06                     | Yearly No38              | .,,,           | 1 Date of  | Entry                                   | Ma                                    |                               |             | 195!      |  |
|--------------------------------------|--------------------------|----------------|--|---|---------------------------------------|-------------------------------|-------------|-----------|--|
| Name of Deceased                     | ues Fran                 | Divorced,      | Jones  | <i>.</i>                                |                                       | (What Race                    |             |           |  |
| Residence Lamoni                     |                          |                |  | Wite Widow of                           |                                       | or Wife (if livin             | g)          | Years     |  |
| Charge to:                           |                          |                | Complete Fur   |   | The state of the state of             |                               | 795         | 00        |  |
| Address                              |                          | BOTTO STORY    | Casket   | erai (excep                             | t outlays)                            |                               |             |           |  |
| Order given by                       | (or informant)           |                | Burial Vault   | r Box                                   | (State Kind)                          |                               | 2.5         | 00-       |  |
|                                      | (orinformant)            |                | Embalming B  | ody                                     | (State Kind)                          |                               |             |           |  |
| If Veteran, State War                | Lo .                     | 1              | Barber, S  | Н                                       | air Dressing,                         | \$                            |             |           |  |
| Occupation                           | (Social Securit          | بع             | Dressing Bod<br>Suit or Dress  |   |                                       | r, \$                         |             |           |  |
| Employer and Address                 |                          | y Number)      | Slippers, \$   |   | ate Kind and Color)<br>Hose, \$       |                               |             |           |  |
| Date of Birth. Feb. 24.              | 1951                     | 2150 AM        | Folding Chair  | s. S                                    | .Tarpaulin, \$                        |                               |             |           |  |
| Date of Birth Feb. 24                | ste) 1881                |                | Candelabrum<br>Door Spray,   | \$                                      | .Candles, \$                          |                               |             |           |  |
| Age                                  |                          | The state of   | Funeral Car,   | \$                                      | Ambulance, \$                         |                               |             |           |  |
| (Years)                              | (Months) (Days)          |                | Limousines to<br>Extra Limous  |   |                                       |                               |             |           |  |
| Date of Funeral.                     | Day of Week)             | (Hour)         | Autos to R. F  | . Station .                             | @\$                                   |                               |             |           |  |
| Services at :: Coles Lu              | all Witht                | aruha          | Getting Rema   | ins from .                              |                                       |                               |             |           |  |
| Clergyman: Wilbu P                   | (Address)                |                | Trip to Coror  | er's Inque                              | st                                    |                               |             |           |  |
| Religion of the Deceased             | ,                        |                | Delivering Bo<br>Deliver Flows   |   |                                       | • • • • • • • • •             |             |           |  |
| Birthplace . Davis Cel               | 7                        |                | Removal Cha  | rges                                    |                                       |                               |             |           |  |
| Resided in the State (or U. S. or    | City or County), (Years) | (Months)       | Procuring Bu   | rial Permit                             | (State Number an                      | d District)                   |             |           |  |
| Resided in the State                 | u la.                    |                | Procuring BuCertif.Cop Pall Bearer S                                       | iesof Deat                              | h Certificates?                       | Coroner's)                    |             |           |  |
| Cause of Death:                      |                          |                |  |   |                                       |                               | 820         | 00        |  |
| Contributory Causes                  |                          |                | Outlay for L   |   | x                                     | ф                             |             |           |  |
|                                      | .,                       |                | Cremation  |   |                                       |                               |             |           |  |
| Certifying Physician.                | famet                    |                | Flowers, \$ Rental of Ten  | t.Sof                                   | Temporary Va                          | ult.\$                        |             |           |  |
| Tan Lan                              | (or Goroner)             |                | Opening of Grave or Tomb   |   |                                       |                               |             |           |  |
| Name of Father. From                 | elin Jones               |                | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges            |   |                                       |                               |             |           |  |
|                                      |                          |                | Clergyman, \$Singers, \$Organist, \$Railroad   Tickets, \$Pane Service, \$ |   |                                       |                               |             |           |  |
| Maiden Name of Mother.               | insbett also             | ott            | or Motor Tickets, \$   |   |                                       |                               |             |           |  |
| Her Birthplace                       | 7                        |                | Cash Advanced  |   |                                       |                               |             |           |  |
| Motor) -                             |                          |                | Out of town Undertaker's Charges.  |   |                                       |                               |             |           |  |
| - Work                               | rolith                   |                |  |   | • • • • • • • • • • • • • • • • • • • |                               |             |           |  |
| Manufactured by                      | a Color and Number)      |                |  |   | inPape                                |                               |             |           |  |
| Cemetery ) Roll He                   | LD .                     |                |  | (Names of N                             | lewspapers)                           |                               |             |           |  |
| Crematory J                          | Lot No / 4 .             | -0             |  |   |                                       |                               |             |           |  |
|                                      | Grave No.                |                | Sales Tax  |   |                                       |                               | 8           | 10        |  |
|                                      | Section No               |                | Total Footing  |   |                                       | \$                            | 828         | 20        |  |
|                                      | Block No                 |                | Less   | 1 .                                     | 151                                   | \$                            | 9.1.        | 9.1       |  |
| Nie of Later Vent                    | Owner                    |                | Patana in  |   | geor be                               | \$                            | 7.8.6.      |           |  |
| Diagram of Lot or Vault  Date        | Amount Paid              | Balance        | Date   | Leuger, pa                              | geor be                               | Amount Pr                     | m           | alance    |  |
|                                      |                          | Baiance        | Date   | 1 0 0 0 0 0 0 0                         |                                       | Amount Fi                     | ua. B       | alance    |  |
| To Above Balance                     |                          | \$             |  | 100000000000000000000000000000000000000 | ice Forward                           |                               | \$          |           |  |
| By Payment                           |                          | \$             |  | By Payn                                 | nent                                  | \$                            | \$          |           |  |
| и и                                  | 8                        | \$             |  | 4                                       |                                       | 8                             |             |           |  |
| a a                                  | s.                       | 8              |  | α .                                     |                                       | s                             | \$          |           |  |
| α α                                  | \$                       | \$             |  |   | « ·                                   | s                             | \$          |           |  |
| « "                                  | \$                       | \$             |  | α .                                     |                                       | \$                            | \$          |           |  |
| и и                                  | \$                       | s              |  | а.                                      |                                       | \$                            | \$          |           |  |
| Insurance \$                         | Names of                 |                |  | Insurance<br>Compani                    | 9                                     |                               |             |           |  |
| I hereby authorize the above Funeral |                          | that I have su | ifficient resources  |   | -11- 4-                               |                               |             |           |  |
| for the payment of aforesaid sum, an | d I hereby covenant and  | l agree to pay | the same within  |   | days fro                              | Name of Funera<br>m date. Int | erest to ac | crue from |  |
| maturity at the rate of              | .% per annum.            |                | Signs  | d                                       |                                       |                               |             |           |  |

| Total No. 23. ( Yearly No. 3.  | Date of Entry192./.   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of Deceased. Carrah Lee   | Loues w   |  |  |  |  |  |
| ☐ Married ☐ Single ☑ Widowed ☐ Dlyopce   | d (What Race)   |  |  |  |  |  |
| Residence: August Mo   | Husband Wife Widow Age of Edgeand or Wife (if living)   |  |  |  |  |  |
| Charge to: Lery Pernung  |   |  |  |  |  |  |
| Address Oxlythedale, Nio   | Complete Funeral (except outlays)\$   |  |  |  |  |  |
| 0-3  | Casket along Vault 12500  |  |  |  |  |  |
| (orinformant)  | Burial Vault or Box(State Kind)   |  |  |  |  |  |
| How Secured:   | Embalming Body(Name of Embalmer)  |  |  |  |  |  |
| If Veteran, State War  | Barber, \$  |  |  |  |  |  |
| Occupation Horesewife none   | Dressing Body, \$ Underwear, \$   |  |  |  |  |  |
| Employer and Address . (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$  |  |  |  |  |  |
| Date of Death 2 Onto 17 1951 3 HM  | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |
| Date of Death (Date) 10-1 8 (Hour)   | Candelabrum, \$Candles, \$  |  |  |  |  |  |
| Date of Birth. May 9 1869 (Hour)   | Door Spray, \$  |  |  |  |  |  |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |  |  |  |  |  |
| Data of Francial 11/19/57 MANGE 1:30 Pre   | Extra Limousines  |  |  |  |  |  |
| Services at . Cleanel (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |  |  |  |  |  |
| Services at .: Color But Do La   | Getting Remains from  |  |  |  |  |  |
| Clergyman Rev Campbell, But Do Lney  | Taking Remains to Trip to Coroner's Inquest   |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |  |  |  |
| Birthplace Caldwell Co . Mo .  | Deliver Flowers to  |  |  |  |  |  |
|  | Removal Charges   |  |  |  |  |  |
| Resided in the State. (or U.S. or City or County) (Years) (Months) Place of Death. (Heatth Cury) (Won) | Cortif Conject Dooth Cartificator No.   |  |  |  |  |  |
|  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No. (State Number and Datriet)  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |  |  |  |
| Cause of Death   | Pail Bearer Service, \$ Use of Chapel, \$   |  |  |  |  |  |
| Contributory Causes  | Gross Total for Sales Tax   |  |  |  |  |  |
|  | Cremation   |  |  |  |  |  |
| Certifying Physician, U. J. Lee  | Flowers, \$ Palms, \$ Matting \$  |  |  |  |  |  |
|  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb & A. Marshall 29 00  |  |  |  |  |  |
| His Address Aethany  | Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |
| Name of Father Maurie H. Well  | Outlay for Shipping Charges   |  |  |  |  |  |
| His Birthplace   | Clergyman, \$Singers, \$Organist, \$Railroad Tickets, \$plane Service, \$   |  |  |  |  |  |
| Maiden Name of Mother. Lucy Davis  | or Motor Tickets, \$ Plane Service,\$   |  |  |  |  |  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |
|  | Cash Advanced Out of town Undertaker's Charges  |  |  |  |  |  |
| Motor Remains to Size of Casket Size of Casket Size of Casket Size of Casket State gray metalcloth     | Personal Service.   |  |  |  |  |  |
| Size of Casket (State Color and Number)  | May Thank NY 11   |  |  |  |  |  |
| Manufactured by  | line Death Notices in Papers  |  |  |  |  |  |
| Cemetery andown, Mro.  | (Names of Newspapers)   |  |  |  |  |  |
| Lot No.  |   |  |  |  |  |  |
| Grave No.  | Sales Tax   |  |  |  |  |  |
| Section No.  | Total Footing of Bill g 56835   |  |  |  |  |  |
|  | Less . 5.7 . M 5 40,35 2 8 27 00  |  |  |  |  |  |
| Block No   | DA Nov. 18/5/ 3 57/1 35   |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |  |  |  |  |
| Date Amount Paid Balance   | Dete  |  |  |  |  |  |
| To Above Balance.  | Amount Paid Balance   |  |  |  |  |  |
| By Payment. \$ \$  | To Balance Forward\$  |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | " " \$ \$   |  |  |  |  |  |
| " "  |   |  |  |  |  |  |
| " "  | ······································  |  |  |  |  |  |
| " " \$ \$  | ······· « « »   |  |  |  |  |  |
|  | « « » s   |  |  |  |  |  |
| Names of Lodges.   | Insurance   |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have an                            | fficient version 7  |  |  |  |  |  |
| 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.  | Thirdes to accrus home  |  |  |  |  |  |
|  | Signed.   |  |  |  |  |  |
| Witness  | Address   |  |  |  |  |  |
| Compiled by F. J. gr   |   |  |  |  |  |  |

| Total No. 2. 30 8                     | Yearly No#.o.     |              | Date of                                      | Entry                | 71.                                     | N 2                                   | 3            | 19.5.     |
|---------------------------------------|-------------------|--------------|--|----------------------|---|---------------------------------------|--------------|-----------|
| Name of DeceasedFA                    | ank L             | Bow          | en   |                      |   |                                       |              |           |
| Married Sing                          | tle 🗌 Widowed     | ☐ Divorced   | rest   | ]Wife□Widow)         | Onla                                    | (What Ray                             | 20)          |           |
| Residence: Laws Col<br>Charge to: QAP | 7                 |              |  |                      | Age of Husban                           | d or Wife (if liv                     | ing)         | Years     |
|                                       |                   |              | Complete Fun                                 | eral (except         | outlays)                                |                                       | 150          | 00        |
| Address Order given by                |                   |              | Casket                                       |                      |   |                                       |              | A0        |
|                                       | orinformant)      |              | Burial Vault                                 |                      | State Kind)                             |                                       | .7.4.2.      |           |
| How Secured:                          |                   |              | Embalming B<br>Barber, \$                    | (Nat                 | ne of Embalmer                          | · · · · · · · · · · · · · · · · · · · |              |           |
| Occupation Famule                     |                   |              | Dressing Body                                | r. S                 | .Underwea                               | ır. S                                 |              |           |
| Employer and Address                  | (Social Securit   | y Number)    | Suit or Dress.                               |                      | Kind and Color                          |                                       |              |           |
| Date of Death. Nev. 30                | 1951              |              | Slippers, \$<br>Folding Chair                | H                    | .ose, ф                                 |                                       |              |           |
| Date of Birth Man 4                   | ate) 8 6 8        | (Hour)       | Candelabrum,                                 | \$C                  | andles, \$                              |                                       |              |           |
| Age 8.3                               | . / 8. 8. 1       | 200          | Door Spray, \$<br>Funeral Car,               | \$Ar                 | nbulance, \$                            |                                       |              |           |
| (Years) (                             | Months) (Days)    | 0            | Limousines to                                | Cemetery.            | @\$                                     |                                       |              |           |
| Date of Funeral (Date)                | Day of Week)-     |              | Extra Limous<br>Autos to R. R                |                      |   |                                       |              |           |
| Services at . M. E. Chui              | ch, Dairs         | my           | Getting Rema                                 | ins from             |   |                                       |              |           |
| Clergyman Rev W & C                   | ollow             |              | Faking Rema<br>Trip to Coron                 |                      |   |                                       |              |           |
| Religion of the Deceased              | (Audiss)          | , ]          | Delivering Bo                                | x to                 |   |                                       |              |           |
| Birthplace . Harrison                 | County            | Mo.          | Deliver Flowe                                | rs to                |   |                                       |              |           |
| Resided in the State                  |                   | :            | Removal Cha                                  | rges<br>rial Permit  |   |                                       |              |           |
| Place of Death Lev.                   | Hanfula           | (Months)     | Certif.Cop                                   | iesof Death          | State Number as<br>Certificates         | NO                                    |              |           |
| Cause of Death                        |                   |              | Procuring Bu<br>Certif.Cop<br>Pall Bearer Se | ervice, \$           | e Physician's or<br>Use of Cha          | pel, \$                               |              |           |
|                                       |                   | HERESTERS IN | Gross Total fo                               | or Sales Tax.        |   |                                       | \$           |           |
| Contributory Causes                   |                   |              | Outlay for Lo                                | t:                   | • |                                       |              |           |
| 11. 116                               | ns 11 ,           |              | Flowers, \$                                  | Palms, \$ :          | Matti                                   | ng, \$                                |              |           |
| Certifying Physician M. Th.           | (or Coroner)      |              | Rental of Ten                                | t,\$of Te            | mporary V                               | ault,\$                               |              |           |
| HIS Address                           |                   |              | Opening of G<br>Lining Grave,                | sLov                 | ering Devi                              | ce, \$                                |              |           |
| Name of Father. Wish                  | 15 owen           |              | Outlay for Sh                                | inning Charc         | res                                     |                                       |              |           |
| His Birthplace                        |                   |              | Clergyman,\$. Railroad Ticke or Motor        | Singers,             | Aero- Com                               | nist,\$                               |              |           |
| Maiden Name of Mother.                | zenta mo          | ,            | Telegr., Phone                               | e. Cable or R        | adio Charge                             | es                                    |              |           |
| Her Birthplace                        |                   |              | Cash Advance                                 | ed                   |   |                                       |              |           |
| Motor   Remains to                    | o                 |              | Out of town 1<br>Personal Serv               |                      |   |                                       |              |           |
| Cina of Carlest Q. T.                 | CANCELLA ALLECTIC |              |  |                      |   |                                       |              |           |
| Manufactured by V.M.                  | selly             |              | line Deat                                    | h Notices in         |   | ers                                   |              |           |
| Cemetery Crematory                    | e Hull            |              |  | (Names of New        | spapers)                                |                                       |              |           |
| ESTABLISHED STATES                    | Lot No 493.       |              | Sales Tax . A                                |                      | *wili ···                               |                                       |              |           |
|                                       | Grave No: 7       |              | Sales Tax . A<br>Total Footing               |                      | (5.59.).                                |                                       | 259          | 10        |
|                                       | Section No        |              | - /  | 100 T. MA            | P.                                      | ••••                                  | 100          | 190       |
|                                       | Block No          |              | 1, 10  | 900 To Ve            | was Bou                                 | wille.                                | 2 / /        | A         |
| Diagram of Lot or Vault               | Owner             |              | Entered into                                 | Ledger, page         | Tol orbi                                | Now! 9/                               |              |           |
| Date .                                | Amount Paid       | Balance      | Date   |                      |   | Amount I                              | aid B        | alance    |
| To Above Balance.                     |                   |              |  | To Balance           | Forward                                 |                                       |              | T         |
| By Payment                            | \$                | 3            |  | By Paymen            |   | s                                     | s            |           |
| « «                                   | \$                | 3            |  | « «                  |   | s                                     | \$           |           |
|                                       |                   | \$           |  | " "                  |   | \$                                    | \$           |           |
|                                       | \$                | \$           |  | " "                  |   | \$                                    | \$           |           |
|                                       |                   | 3            |  | " "                  |   | \$                                    | \$           |           |
| " "                                   | \$                | \$           |  | " "                  |   | \$                                    | \$           |           |
| mundad                                | N                 |              | decente.                                     | " "                  | *********                               | \$                                    | \\$          |           |
|                                       | Names of Lodges   |              |  | Insurance Companies. |   |                                       |              |           |
| I hereby authorize the above Funeral, |                   |              |  |                      | (Firm                                   | Name of Funer                         | al Directors |           |
| for the payment of aforesaid sum, and |                   | agree to pay | the same within.                             |                      | days fro                                | m date. In                            | terest to ac | crue from |
| maturity at the rate of               | % per annum.      |              | Signe  | d                    |   | 3                                     |              |           |

| 9300 41  | Date of Entry1997  |
|--|--|
| Total No. 2309 Yearly No. 4  | 11:  |
| Name of Deceased   | (What Race)  |
| Residence: Rural auman   | What Rocal   What Rocal   What Rocal   Wilder    |
| Charge to: Mis Wilcorpson  | or. Age of Husbadd or Wife (if living) Years   |
|  | Complete Funeral (except cutting   |
| Address  | Casket Quelivelud Mosolin 34500  |
| Order given by (or informant)  | Casket. Burial Vault or Box Subjective Morioling 39,700 Embalming Body  (Name of Embalmer)   |
| How Secured:   |  |
| If Veteran, State War Leo  | Barber, \$ Underwear, \$   |
| Occupation Farming (Social Security Number)  | Barber, \$ Hair Diessing, Underwear, \$ Underwear, \$ Underwear, \$ Suit or Dress Suit of Dress Suit of Dress Suit of Liste Kind and Color) Hose, \$ Hair Diessing, Underwear, \$  |
| Employer and Address   | Stitt of Diess 24 (State Kind and Color) Slippers, \$ Hose, \$ Tampagilin \$   |
| Date of Death. Dec // /95/ 8/30 PA   | Folding Chairs, \$ Tarpatini, Candles, \$  |
| Date of Birth. May !! 1881 (Hour)  |  |
|  |  |
|  | Funeral Car, \$  |
|  | Autos to R R Station   |
| Services at Engleville, Weth Church  | Getting Remains from   |
| Clergyman Eline Evans  | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Harrison County, Us.  | Deliver Flowers to   |
|  | Procuring Burial Permit.   |
| Resided in the State. (or U. S. or City or County) (Years) (Months) Place of Death Colfor Turney, Hanney   | Certif. Copiesof Death Certificates No.  |
|  | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaplel, \$   |
| Cause of Death   | Gross Total for Sales Tax\$ .1.76.00   |
| Contributory Causes  | Outlay for Lot.  |
| 11. VIC C. F.M.  | Cremation  |
| Certifying Physician. C. W. M. Cartury   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address . Bethauy or Coroner ) Www.  | Opening of Grave or Tomb   |
| Name of Father John William Welconson  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$. Organist,\$. Railroad; Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges  |
| Maiden Name of Mother Many & Sumawall  | or Motor Tickets, \$ plane Service,\$  |
| Her Birthplace   | Cash Advanced.   |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
| Size of Casket 6/6 Confertous wetal  | Personal Service.  |
| Manufactured by  | line Death Notices inPapers  |
| Cometery } Masone Cemetry, Explicitly  | (Names of Newspapers)  |
| Crematory)   |  |
| Lot No.  | Sales Tax  |
| Grave No   | Total Footing of Bill s // 87 7 6  |
|  | Less 5% by Dec 24th 8 5939.  |
| Block No   | Balance  |
| Diagram of Lot or Vault Owner.   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  | To Balance Forward   |
| By Payment   |  |
| \$ \$  | и и  |
| \$ \$  |  |
|  |  |
| \$   | 4 4 \$ \$ \$   |
|  |  |
| \$   | ssssss   |
| Names of Lodges  | Insurance<br>  |
| Insurance \$. Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have to for the payment of aforesaid sum, and I hereby covenant and agree to pa | sufficient resources Legally available to.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa<br>maturity at the rate of % per annum.  | y the same within  |
| maturity at the rate of  | Signed   |
| Witness  | Address FRINEMAN, St. Louis, Mo.   |
| ovapued by F. J.   | water and the state of the stat |

| RECO  | ORD O                    | F FUN   | IERAL   |   | 18             |  |  |  |
|---|--------------------------|---|---|---|----------------|--|--|--|
|   |                          |   | (/  | w.6                                     | 1952           |  |  |  |
| Yearly No.  |                          | Date of J   | Entryga   | w                                       |                |  |  |  |
| Name of Deceased Clara Ma   | Divorced                 | a   |   | (What Race)                             |                |  |  |  |
| Residence:  |                          | LH Usband L   | Wife□Widow   Gentle<br>of   Age of Hust                             | and or Wife (if living).                | Years          |  |  |  |
| Charge to arthur Lave   |                          |   | eral (except outlays).  |   |                |  |  |  |
| Address   |                          | Complete Fune   | rai (except outlays).   | -                                       |                |  |  |  |
| Order given by(orinformant)   |                          | Burial Vault or   | Box albie   | Vault                                   | 125.00         |  |  |  |
| How Secured:  |                          | Embalming Bo  | Box . Active (State Kind) dy (Name of Embals Hair Dressin           |   |                |  |  |  |
| If Veteran, State War   |                          |   |   |   |                |  |  |  |
| Occupation housewife  | Moul<br>Security Number) | Dressing Body,<br>Suit or Dress   | ,\$Underv   | /ear, \$                                |                |  |  |  |
| Employer and Address  | Security Number)         | Slippers, \$  | (State Kind and Co  | lor)                                    |                |  |  |  |
| Date of Death Jan 3 1952  | 10 AM                    | Folding Chairs  | . \$ Tarpaulin,   | \$                                      |                |  |  |  |
| Date of Birth Mar 11 1879   | (Hour)                   | Candelabrum,  | \$Candles, \$Gloves, \$.  |   |                |  |  |  |
| Age. 72 (Years) (Months)  |                          | Funeral Car, \$   | Ambulance   | \$                                      |                |  |  |  |
| Date of Funeral 1/6/5 - Sun   |                          |   | Cemetery @ \$<br>nes  |   |                |  |  |  |
|   | (Hour)                   | Autos to R. R.  | Station @ \$  |   |                |  |  |  |
| Services at :: Coleseum Clergyman: Roy Cheville Rob   | + Fasukam                |   | ns from   |   |                |  |  |  |
| Clergyman: (F. of Charles A   |                          | Trip to Corone  | r's Inquest   |   |                |  |  |  |
| Religion of the Deceased  |                          |   | : to . :  |   |                |  |  |  |
| Birthplace . Lawis lity   |                          | Removal Char  | ges   |   |                |  |  |  |
| Resided in the State (or U. S. or City or County)   | (Years) (Months)         | Procuring Buri  | al Permit<br>(State Number<br>esof Death Certificate                | and District)                           |                |  |  |  |
| Place of Death A. lac da Ha   |                          | Certif.Copie  | esof Death Certificate<br>(State Physician's<br>rvice, \$ Use of Cl | or Coroner's)                           |                |  |  |  |
| Cause of Death  |                          | Pall Bearer Ser   | r Sales Tax   | napei, \$                               | 00 00          |  |  |  |
| Contributory Causes   |                          | Outlay for Lot  |   |   | .0.0.0.0.      |  |  |  |
|   |                          | Cremation   |   |   |                |  |  |  |
| Certifying Physician.   |                          | Rental of Tent.   | .Palms, \$ Mat<br>,\$ of Temporary                                  | Vault. \$                               |                |  |  |  |
| His Address (or Goroner)  | united the second        | Opening of Grave or Tomb A. Marshall 25 0.0.  |   |   |                |  |  |  |
| Name of Father Thes . Well  |                          | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.   |   |   |                |  |  |  |
| His Birthplace  | ,                        | Outlay for Shipping Charges.  Clergyman,\$. Singers,\$. Organist,\$. \$ 0.0  Railroad } Tickets, \$. Aero- or Motor Tickets,\$. |   |   |                |  |  |  |
| Maiden Name of Mother Janey   | cott                     | or Motor Ticket   | s, \$ plane Se<br>, Cable or Radio Cha                              | ervice,\$                               |                |  |  |  |
| Her Birthplace  |                          | Cash Advance  | d   | rges                                    |                |  |  |  |
| Motor) Remains to   | Mand Washington          | Out of town U   | ndertaker's Charges.  |   |                |  |  |  |
| Size of Casket.   | eler                     | Personal Servic   | ce  |   |                |  |  |  |
| Manufactured by . Gues Color and Number   | Poese.                   |   | Notices in Pa   | pers                                    |                |  |  |  |
| Cemetery Crematory Rose Hill  |                          |   | (Names of Newspapers)   |   |                |  |  |  |
| Lot No/   | 682                      | ambt  | if to Lear.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 400            |  |  |  |
| Grave No  |                          |   |   | 4.2                                     | 37 00          |  |  |  |
| Section No  |                          | Total Footing<br>Less   |   | \$                                      | 3030           |  |  |  |
| Block No  |                          |   | Balance.  | 152                                     | 407 20         |  |  |  |
| Diagram of Lot or Vault Owner   |                          |   | edger, page or  |   | 9.5.6          |  |  |  |
| Date Amount   |                          | Date  | What I have   | Amount Paid                             | Balance        |  |  |  |
| To Above Balance  |                          |   | To Balance Forward  |   |                |  |  |  |
| By Payment\$  | \$                       |   | . By Payment  |   | \$             |  |  |  |
| ······ a a  | \$                       |   | . а а   | \$                                      | \$             |  |  |  |
| 4 4   | \$                       |   |   | \$                                      | \$             |  |  |  |
| \$  | \$                       |   |   | \$                                      | \$             |  |  |  |
| ***************************************   | \$                       |   | . "   | \$                                      | \$             |  |  |  |
| \$  | \$                       |   | a a   |   | \$             |  |  |  |
| Names of  |                          | operation by  | Insurance   |   | 18             |  |  |  |
| Insurance \$  | recent that The          | nal   |   |   |                |  |  |  |
| I hereby authorize the above Funeral, and I hereby rep<br>for the payment of aforesaid sum, and I hereby covens | nt and seree to pour     | the same within   | egany available to (Fir   | m Name of Funeral Di                    | rectors.)      |  |  |  |
| I to the state of more and a many many a noted by covering  | mod agree to bay         | Same withill  | aays  | from date. Interes                      | to accrue from |  |  |  |

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

maturity at the rate of ...... % per annum.

| RECORD C  | F FUNERAL  |
|---|--|
| Total No. 2311 Yearly No. 2   | Date of Entry  |
| Name of Deceased Wohn Frances   | De Larg (What Race)  |
| Residence: Australia   Widowed   Divorce                              | □Husband□Wife□Widow} orof } Age of Husband or Wife (if living) Years   |
| Charge to: Children   | 01   |
| Address   | Complete Funeral (except outlays)\$ 376 26   |
| Order given by  | Casket   |
| How Secured:  | Embalming Body   |
| If Veteran, State War   |  |
| Occupation farming une  | Barber, \$   |
| Employer and Address  | Climpore & Hose, \$  |
| Date of Death Jan 7 1952 // AM  | Folding Chairs, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.   |
| Date of Birth 21 or 3 1864  | Door Spray, \$Gloves, \$   |
| Age. 5.7 (Months) (Days)  | Funeral Car, \$  |
| Date of Funeral 1957 Week (Days)  Ogato) Qato) Q (Day of Week) (Hour) | Extra Limousines   |
| Services at . (Cato) (Day of Week) (Hour)                             | Autos to R. R. Station   |
| Clergyman Willer Brall Rolf Faruhan                                   | Taking Remains to  |
|   | Trip to Coroner's Inquest Delivering Box to  |
| Religion of the Deceased  | Deliver Flowers to   |
| Donidad in the Ctate  | Removal Charges  |
| Place of Death. Quients (or U. S. or City or County) (Years) (Months) | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.                           |
|   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Cause of Death:   | Gross Total for Sales Tax\$ 4.21.0.0   |
| Contributory Causes   | Outlay for Lot.  |
| Certifying Physician & Swausan  | Flowers, \$ Palms, \$ Matting, \$  |
| (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb Jan. Manual 25 00                                       |
| His Address Laurour<br>Name of Father John A. De Laug                 | Lining Grave, \$Lowering Device, \$  |
|   | Outlay for Shipping Charges.   |
| His Birthplace  | Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets, \$Aero- plane Service,\$. Telegr., Phone, Cable or Radio Charges. |
|   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced. Out of town Undertaker's Charges.   |
| Motor Remains to / Lovel Octsilaplus                                  | Personal Service   |
| Manufactured by Eugh (State Color and Nymber)                         | line Death Notices inPapers  |
| Cemetery } Desc Kull  | (Names of Newspapers)  |
| Lot No. 2.58  |  |
| Grave No  | Sales Tax  |
| Section No.   | Total Footing of Bill  |
| Block No  | Less 5-400 5 /0 on 425 by James 8 21 24  |
| Diagram of Let or Vault Owner   | Entered into I. J. Balance   |
| Date Amount Paid Balance  | Entered into Ledger, page or below.  |
| To Above Balance.   | Amount Paid Balance  |
| By Payment \$ \$  | To Balance Forward\$   |
|   | By Payment \$ \$   |
| \$  |  |
|   |  |
|   |  |
|   |  |
| Names of  | я и \$ \$  |
| Theurance S Lodges  | Insurance  |

Insurances.

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

(Pina Name of Fuseral Directors).

Graph and I hereby covenant and agree to pay the same within.

days from facts. Interest to accrue from

| m   |                                 |            | ,                                       |   |                                       |                   |                                 | One                            | - 11          |          |             | 952     |
|---|---------------------------------|------------|---|---|---------------------------------------|-------------------|---------------------------------|--------------------------------|---------------|----------|-------------|---------|
| Total No. 2.3/2.  Name of Deceased Max  | Yearly No.                      | ب <u>ب</u> | Max-                                    | ein   | Date                                  |                   |                                 | Kowsk                          | i.            | ••••     | w           |         |
| ☐ Magried ☐ Sin   | gle Wide                        | wed        | ☐ Divorce                               | ed  |                                       |                   |                                 |                                | (What         | Race)    |             |         |
| Residence: Zeau   |                                 |            |   |   | Husbar                                |                   |                                 | Age of Husbar                  | d or Wife (ii | living)  |             | Years   |
| Charge to: A C.   |                                 | •••••      |   | · Co  |                                       |                   |                                 | outlays)                       |               | .\$      | 150         | 00      |
| Address   |                                 |            |   |   | Complete Funeral (except outlays)\$\$ |                   |                                 |                                |               |          |             |         |
|   | (or informant)                  |            |   | Bu  | irial Vaul                            | t or E            | 30x                             | (State Kind)                   |               |          |             |         |
|   |                                 |            |   | . En  | nbalming                              | Body              | (Nt                             | me of Embalmer                 | ,             | •••      | • • • • • • |         |
| If Veteran, State War   |                                 |            |   | Embalming Body  (Name of Embalmer)  Barber, \$. Hair Dressing, \$.  Dressing Body, \$. Underwear, \$.   |                                       |                   |                                 |                                |               |          |             |         |
| Occupation . laborer  | (Soc                            | al Securi  | by Number)                              | Su  | it or Dres                            | s                 |                                 | W. A. L. C.                    |               |          |             |         |
| Employer and Address,   |                                 |            |   | Sli   | ppers, \$.                            |                   | E                               | Kind and Color<br>Iose, \$     |               |          |             |         |
| Date of Death.  | (ate) 1.9.3                     | ·····      | (Hour)                                  | . Fo  | olding Cha<br>andelabru               | airs, \$<br>m. S. |                                 | l'arpaulin, \$<br>Candles, \$. |               |          |             |         |
| Date of Birth. Pef 4  | 186                             | ·          |   | - Do  | oor Spray                             | , \$ : :          |                                 | Hoves, \$                      |               |          |             |         |
| Age87   | (Months)                        | (Days)     |   | - Fu  | ineral Cai<br>mousines                | r, \$<br>to C     | emetery.                        | mbulance, \$                   |               |          |             |         |
| Date of Funeral (Date)  | (Months)  - /= cc  Day of Week) |            | 2 P.M                                   | Ex  | tra Limo                              | usine             | S                               | @\$                            |               |          |             |         |
| Services at :: . Chape  | Day of Week)                    |            | (Hour)                                  | - Au  | itos to R.                            | R. St             | from                            | @\$                            |               |          |             |         |
|   |                                 |            |   | Ta  | king Ren                              | nains             | to                              |                                |               |          |             |         |
| Religion of the Deceased  | (A                              | ddress)    |   |   | rip to Cor<br>elivering 1             |                   |                                 |                                |               |          | • • • • • • |         |
| Birthplace // ausas   |                                 |            |   |   |                                       |                   |                                 |                                |               |          |             |         |
|   |                                 |            | Re                                      | emoval Cl   | harge                                 | S                 |                                 |                                |               |          | • • • • • • |         |
| Resided in the State (or U. S. or City or County) (Years) (Months)  |                                 |            | Pr                                      | Cortif C  | onion                                 | of Dooth          | State Number a                  | d District)                    |               |          |             |         |
| Place of Death  |                                 |            | Pa                                      | Il Bearer   | Servi                                 | Ce. S.            | te Physician's or<br>Use of Cha | Coroner's)                     |               |          |             |         |
| Cause of Death:   |                                 |            |   | Procuring Burial Permit.  Catale Number and District)  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Chapel, \$.  Gross Total for Sales Tax. |                                       |                   |                                 |                                |               |          |             |         |
| Contributory Causes   |                                 | • • • • •  | • | Outlay for Lot:   |                                       |                   |                                 |                                |               |          |             |         |
|   |                                 |            | Fi                                      | emation.<br>owers. S.   | I                                     | Palms, \$         | Matti                           | ng. \$                         |               |          |             |         |
| Certifying Physician  | (or Coroner)                    |            |   | Re  | ental of To                           | ent,\$            | of Te                           | emporary V                     | ault,\$       |          |             |         |
| His Address   |                                 |            | ,,                                      | Opening of Grave or Tomb.   |                                       |                   |                                 |                                |               |          |             |         |
| Name of Father MALMUL   | Vian MI                         | ecce       | nease                                   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |                                       |                   |                                 |                                |               |          |             |         |
| His Birthplace Pola   | ud.                             | · · · · ·  |   | Clergyman,\$Singers,\$Organist,\$   |                                       |                   |                                 |                                |               |          |             |         |
| Maiden Name of Mother   | ent a                           | o se       | en                                      | or Te   | Motor, Pho                            | one, C            | able or R                       | adio Charg                     | es            |          |             |         |
| Her Birthplace  | cana                            | ····       |   | . Ca  | ash Advar                             | nced.             |                                 | Charges                        |               |          |             |         |
| Motor Ship Remains to A.A.  |                                 |            |   |   | rsonal Se                             |                   |                                 |                                |               |          |             |         |
| Size of Casket  | to Colle and Numi               | xo         |   |   |                                       |                   |                                 |                                |               |          |             |         |
| Manuaccured by  |                                 | 7          |   |   | line De                               |                   |                                 | Pape                           | ers           |          |             |         |
| Cemetery Crematory  | neu                             |            |   |   |                                       | (1)               | Names of New                    | spapers)                       |               |          |             |         |
| TOTAL STREET, | Lot No                          | 11.49      |   |   | les Tax .                             |                   | 2                               | o tay                          |               |          |             |         |
|   | Grave No                        | ./         |   |   | otal Footi                            |                   |                                 |                                |               | 9        | 150         | 00      |
|   | Section No.                     |            |   |   |                                       |                   |                                 |                                |               | .\$      |             |         |
|   | Block No                        |            |   |   |                                       | 1 /-/             |                                 | lance                          |               | .\$      |             |         |
| Diagram of Let or Vault   | Owner                           |            |   | · Er  | ntered int                            | o Led             | ger, page                       | or b                           | elow.         |          |             |         |
| Date  | Amount                          | Paid       | Balanc                                  | e l   | Date                                  |                   |                                 |                                | Amount        | Paid     | Ba          | lance   |
| To Above Balance.   |                                 |            | \$                                      |   |                                       |                   | To Balance                      | Forward                        |               |          | s           |         |
| By Payment  | \$                              |            | \$                                      |   |                                       | 1                 | By Paymer                       | ıt                             | \$            |          | \$          |         |
| * *   | \$                              |            | \$                                      |   |                                       |                   |                                 |                                | \$            |          | \$          |         |
| " "   | \$                              |            | \$                                      |   |                                       |                   | n n                             |                                | \$            |          | \$          |         |
| * *   | \$                              |            | \$                                      |   |                                       |                   | и и                             |                                | \$            |          | \$          |         |
|   | \$                              |            | \$                                      |   |                                       |                   |                                 |                                | \$            |          | \$          |         |
| 4 4   | e                               |            | e                                       |   |                                       |                   |                                 |                                | \$            |          | \$          |         |
|   | Names of                        |            | V                                       |   |                                       | T                 | nsurance                        | *********                      | <b>3</b>      |          | \$          |         |
| Insurance \$  | Names of Lodges                 |            |   |   |                                       |                   | nsurance<br>Companies.          |                                |               |          |             |         |
| I hereby authorize the above Funeral,<br>for the payment of aforesald sum, and                                |                                 |            |   |   |                                       |                   |                                 | (Firm                          | Name of Fu    | eral Dir | ectors.)    |         |
| maturity at the rate of   |                                 | ante and   | agree to b                              | ay the  |                                       |                   |                                 | days fro                       | m date.       | Interes  | t to acci   | ue from |
| Witness   |                                 |            |   |   |                                       | ned               |                                 | **********                     |               |          |             |         |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                 | Con        | piled by P. J.                          | FEIN  |                                       | dress<br>ouis, Mo | ×                               |                                |               |          |             |         |

| Total No. 2 3/3 Yearly No. 4   | Date of Entry  |
|--|--|
| Name of Deceased. Bertha Peri  | (What Race)  |
| ☐ Married ☐ Single ❷ Widowed ☐ Divorce   | Husband Wife Widow Mill Oung or of Age of Husband or Wife living Years   |
| Residence: Laurou da   | orof \ Age of Husband or Wilfelf living) Years   |
| Charge to:   | Complete Funeral (except outlays)\$ 448 08   |
| Address.   | Casket   |
| Order given by Earl Perry & Brothon  | Burial Vault of Box (State Kind)   |
| How Secured::  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$. Ladowner & S.   |
| If Veteran, State War  | Barber, \$ Hall Dressing, \$ Underwear, \$   |
| Occupation housewife wall (Social Security Number)   | Suit or Dress  |
| Employer and Address   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| Date of Death. July 11 1952 7 AM (Hour)  | Folding Chairs, \$   |
| Date of Birth. All. 6. 1871  | Door Spray S Gloves, G   |
| Age. (Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral. 1/3/5> Sun > 0. M.  | Extra Limousines   |
| The see he pay or week)  | Autos to R. R. Station   |
| Clergyman Lemaid Halloway  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Inc.  | Deliver Flowers to   |
|  | Removal Charges  |
| (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit (State Number and District)  Contif Compaged Don'th Corridge to No.  |
| Place of Death & Aussu   | Procuring Burial Permit.  (Citate Number and District)  Certif. Copies of Death Certificates No.  (Citate Principle of Coronar's)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death   | Gross Total for Sales Tax  |
| Contributory Causes  | Outlay for Lot.  |
|  | Cremation  |
| Certifying Physician. L.E. Samet   | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb AAM Mandall 15 00   |
| His Address  | Opening of Grave or Tomb A. M. M. M. Lining Grave, \$Lowering Device, \$   |
| Name of Father, Justial R. Acades  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ Aero- Service, \$ Telegr., Phone, Cable or Radio Charges   |
| Maiden Name of Mother. Kot Augur   | or Motor Tickets, \$ plane Service,\$  |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
| Size of Casket 6/6 Cedas Johnson   |  |
| Manufactured by State (State Coor and Number)  | line Death Notices inPapers  |
| Cemetery Rose Hell Crematory   | (Names of Newspapers)  |
| Lot No. 8. 6.6.  |  |
| Grave No/  | Sales Tax  |
| Section No   | Total Footing of Bill. \$ 50.1.73<br>Less. 5.000 477.73 1/242-3 \$ 23.88   |
| Block No   | Pd \ Malance \ 5 - 478 8 5   |
| Diagram of Lot or Vault Owner  | Entered into Ledger page or below.   |
| Date Amount Paid Balance   |  |
| To Above Balance   | Amount Paid Balance  |
| By Payment \$ \$   | To Balance Forward   |
| # # \$ \$.,  | By Payment\$   |
|  |  |
| " " \$ \$  |  |
|  |  |
|  |  |
| Names of   |  |
| Temprance S Lodges   | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have su                                      | afficient resources I emiles 11 11   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. | Therest to accrue non  |
|  | Signed   |
| Witness  | Address  |
|  |  |

| Total No. 2. 3.1.4. Yearly No 5   | Date of Entry. 2.5 19.5.2   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Name of Deceased Julia Delphinia  | Newlin w  |  |  |  |  |  |  |
| Residence: Lamon  | □Husband□Wite□Widow) loke Hewlen  |  |  |  |  |  |  |
| Charge to: Mellie hewlin  | orof } Age of Husband or Wife (if living)   |  |  |  |  |  |  |
| AddressLamani Ja  | Complete Funeral (except outlays)\$3/5.   |  |  |  |  |  |  |
| Order given by(orinformant)   | Casket Burial Vault or Box Aun best uo chiq   |  |  |  |  |  |  |
| How Secured::   | Embalming Body (State Kind)  Embalming Body (Name of Embalmer)  |  |  |  |  |  |  |
| If Veteran, State War   | Darber, \$  |  |  |  |  |  |  |
| Occupation  | Dressing Body, \$ Underwear, \$   |  |  |  |  |  |  |
| Employer and Address  | Suit or Dress. (State Kind and Color) Slippers, \$. (State Kind and Color)                                    |  |  |  |  |  |  |
| Date of Death. Jan > 1957 4AM   | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |  |
| Date of Birth. Jefft & (Date) (Hour)  | Candelabrum, \$ Candles, \$  Door Spray, \$ Gloves, \$  |  |  |  |  |  |  |
| Age. (Years) / (Months) (Days)  | Funeral Car, \$ Ambulance, \$   |  |  |  |  |  |  |
| Date of Funeral (Parts) 75 F. F. M. P.M. (Hour)   | Extra Limousines  |  |  |  |  |  |  |
| Date of Funeral Dates Day of Week) (Hour) M. Services at::: Charles Neids Fasetti Cole  | Autos to R. R. Station  |  |  |  |  |  |  |
| Clergyman: Clerence Neidl, Lazell Cole  | Taking Remains to   |  |  |  |  |  |  |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to   |  |  |  |  |  |  |
| Birthplace Lawa   | Deliver Flowers to  |  |  |  |  |  |  |
| Resided in the State (or U. S. or City or County) (Years) (Months)  | Procuring Burial Permit.  |  |  |  |  |  |  |
| Place of Death Lem Host   | Procuring Burial Permit.  —Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |  |  |  |  |
| Cause of Death . Resucho Pulmonia   |   |  |  |  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax\$ 3./3.   |  |  |  |  |  |  |
|   | Cremation   |  |  |  |  |  |  |
| Certifying Physician E. E. Gount  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |  |
| His Address .   | Opening of Grave or Tomb.   |  |  |  |  |  |  |
| Name of Father John D. Cho pler   | Outlay for Shipping Charges   |  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$                                      |  |  |  |  |  |  |
| Maiden Name of Mother Lun Maccable  | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced   |  |  |  |  |  |  |
| Motor Remains to  | Personal Service.   |  |  |  |  |  |  |
| Size of Casket  | line Death Notices in Papers  |  |  |  |  |  |  |
| Cemetery R ore Hill   | (Names of Newspapers)   |  |  |  |  |  |  |
| Crematory J Lot No. 11.91   |   |  |  |  |  |  |  |
| Grave No y  | Sales Tax   |  |  |  |  |  |  |
| Section No  | Total Footing of Bill \$ 1/8 / 5  |  |  |  |  |  |  |
| Block No  | Balance Fob 5715-8  |  |  |  |  |  |  |
| Diagram of Let or Vauit Owner   | Entered into Ledger, page or below.   |  |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |  |  |  |  |  |  |
| To Above Balance \$   | To Balance Forward\$  |  |  |  |  |  |  |
| By Payment \$ \$  | By Payment \$\$   |  |  |  |  |  |  |
| ······································  | a a s s   |  |  |  |  |  |  |
|   | a a s \$ \$   |  |  |  |  |  |  |
| a a\$\$   |   |  |  |  |  |  |  |
| # # \$ \$   | \$  |  |  |  |  |  |  |
|   | Theurance   |  |  |  |  |  |  |
| Insurance \$  | Insurance Companies.  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have<br>for the payment of aforesaid sum, and I hereby covenant and agree to pa | sufficient resources Legally available to.  (Firm Name of Funeral Directors.)  v the same within              |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa   | n - 3   |  |  |  |  |  |  |

| Total No. 2.315 Yearly No 6   | Date of Entry  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name of Deceased. Charles Estevard.   | Harpe  |  |  |  |  |  |
| Married Single Widowed Divorced   | 1   Husband   Wife   Widow)  |  |  |  |  |  |
| Residence: Lamour Ja<br>Charge to: L. S. Church   | orof \ Age of Husband or Wife (if living) Years  |  |  |  |  |  |
| Address.  | Complete Funeral (except outlays)\$ .373 66  |  |  |  |  |  |
| Order given by  | Casket plbia Vault   |  |  |  |  |  |
| How Secured:  | Casket. J. 10 00 Burial Vault or Box Albra Vaccet  State Kind)   |  |  |  |  |  |
|   | Embalming Body (Name of Embalmer) Barber, \$Hair Dressing, \$  |  |  |  |  |  |
| If Veteran, State War 200   | Dressing Body, \$ Underwear, \$  |  |  |  |  |  |
| Occupation Clergy Man (Social Security Number)  Employer and Address  | Suit or Dress (State Kind and Color)   |  |  |  |  |  |
|   | Slippers, \$Hose, \$<br>Folding Chairs, \$Tarpaulin, \$  |  |  |  |  |  |
| Date of Birth, Aug (Date)  Date of Birth, Aug (Bate)  1875  | Candelabrum, \$ Candles, \$  |  |  |  |  |  |
|   | Door Spray, \$   |  |  |  |  |  |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |  |  |  |  |  |
| Date of Funeral (Pate) (Day of Week) (Hour)   | Extra Limousines @ \$  |  |  |  |  |  |
| Services at . Chapel .  | Getting Remains from   |  |  |  |  |  |
| Clergyman Orather, Halloway, Oran   | Taking Remains to  |  |  |  |  |  |
| Religion of the Deceased L  | Delivering Box to  |  |  |  |  |  |
| Birthplace  | Deliver Flowers to   |  |  |  |  |  |
| Resided in the State (of U.S. or City or County) (Years) (Months)   | Procuring Burial Permit(State Number and District)   |  |  |  |  |  |
| Place of Death. Mittign Morpital  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\times\$. Use of Chaple, \$\times\$. |  |  |  |  |  |
| Cause of Death:   | Gross Total for Sales Tax  |  |  |  |  |  |
| Contributory Causes   | Outlay for Lot.  |  |  |  |  |  |
|   | Cremation  |  |  |  |  |  |
| Certifying Physician & E. Kamet   | Rental of Tent, \$of Temporary Vault, \$   |  |  |  |  |  |
| His Address   | Opening of Grave or Tomb.  |  |  |  |  |  |
| Name of Father Www M. Harpe   | Outlay for Shipping Charges  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad \ Tickets, \$Aero Service,\$ plane Service,\$                                     |  |  |  |  |  |
| Maiden Name of Mother Mary Elku Lambhun   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges   |  |  |  |  |  |
| Motor Remains to  | Personal Service.  |  |  |  |  |  |
| Size of Casket . / (State Color and Mamber)   | line Death Notices inPapers  |  |  |  |  |  |
| Manufactured by   | (Names of Newspapers)  |  |  |  |  |  |
| Cemetery Crematory A ose Hill   | (Names of Newspapers)  |  |  |  |  |  |
| Lot No 3 5 2  | Sales Tax 475  |  |  |  |  |  |
| Grave No  | Total Footing of Bill let price to Clueral 489 85  |  |  |  |  |  |
| Section No.   | Less Family to key 136,35 8  |  |  |  |  |  |
| Block No  | Balance\$  |  |  |  |  |  |
| Diagram of Lot or Vault   | Entered into Ledger, page or below.  |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |  |
| To Above Balance \$   | To Balance Forward\$   |  |  |  |  |  |
| 11.9 By Payment \$ \$136.3  | By Payment \$  |  |  |  |  |  |
| 16 14 50 s 70 83  | " full" s  |  |  |  |  |  |
| In 17 1 1 1 1 8 70 85 8   |  |  |  |  |  |  |
| " " sss   | a a e  |  |  |  |  |  |
| " " \$ \$   |  |  |  |  |  |  |
|   | а и в \$   |  |  |  |  |  |
| Names of Lodges   | Insurance  |  |  |  |  |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to pay | afficient resources Legally available to   |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay  | the same within  |  |  |  |  |  |
| maturity at the rate of % per annum.  | Signed   |  |  |  |  |  |
| Witness Compiled by P. J. F   | Address  |  |  |  |  |  |
|   |  |  |  |  |  |  |

## RECORD OF FUNERAL Total No. 7. 3/6 Yearly No. 7. Date of Entry. Feb 25 19.51

| Residence: Rual, N.W. of   | Widowed Divorces                 | , 0                       | 0.400                            | (What Race)            | 200        | 1.0           |
|--|----------------------------------|---------------------------|----------------------------------|------------------------|------------|---------------|
| Charge to:   | my rucie                         | Husband W                 | Ife Widow Age of Husban          | d or Wife (if living). | :          | Years         |
| Address  |                                  | Complete Funor            | al (except outlays)              | 9                      | 365        | 08            |
| Order given by   |                                  | 0-41                      |                                  |                        |            |               |
| How Secured:   | nformant)                        | Burial Vault or           | Box getter Vac                   | elt                    | (7.5.      |               |
| If Veteran, State War  | €                                | Embalming Bod             | Name of Embalmer                 |                        |            |               |
| Occupation . January   | Mand                             |                           | Hair Dressing,                   |                        |            |               |
| Employer and Address   | (Social Security Number)         | Suit or Dress             | (State Kind and Color            |                        |            |               |
| Date of Death F. eb. 2.3/.   | 52 103041                        | Slippers, \$              | Hose, \$                         |                        |            |               |
| O Date)  | (House)                          | Candelabrum, \$           | \$Tarpaulin, \$Candles, \$       |                        |            |               |
| Date of Birth.   | P. P. (                          | Door Spray, \$ :          | :Gloves, \$                      |                        |            |               |
| Age (Years) (Mon   | ths) (Days)                      | Limousines to C           | Ambulance, \$<br>Cemetery @ \$   |                        |            |               |
| Date of Funeral. 724/5.2. (Day   | of Weak) 2. O. M.                | Extra Limousin            | es @ \$                          |                        |            |               |
| Services at :: Lave Bli  | ch Church                        |                           | Station @ \$                     |                        |            |               |
| Clergyman: . W.E. Gra  | <u>ll</u>                        | Taking Remains            | s to                             |                        |            |               |
| Religion of the Deceased   | h11                              | Delivering Box            | 's Inquestto                     |                        |            |               |
| Birthplace Harrison C  | o. Mo.                           | Deliver Flowers           | to                               |                        |            |               |
| Resided in the State   | 7 92 County) (Years) (Months)    | Procuring Buria           | es<br>I Permit                   |                        |            |               |
| Place of Death Harrison  | County) (Years) (Months)         | Certif.Copie              | sof Death Certificates           | No:                    |            |               |
| Cause of Death:  |                                  | Pall Bearer Serv          | I Permit                         | pel, \$                |            |               |
| Contributory Causes  |                                  | Gross Total for           | Sales Tax                        | \$ .4                  | 1.9.0      | .0.0.         |
| Containation Causes  | and a                            | Cremation                 |                                  |                        |            |               |
| Certifying Physician . La. 11.   | c Certury                        | Flowers, \$               | Palms, \$ : : : : Matti          |                        |            |               |
| His Address Betty  | or Coroner) Ms                   | Opening of Grav           | \$ of Temporary V.<br>ve or Tomb |                        |            |               |
| Name of Father. Juster.  | Halloway                         | Lining Grave, \$          | Lowering Devi                    | ice, \$                |            |               |
|  | .p.: v.: ×9v                     | Clergyman,\$              | ping Charges<br>Singers,\$Orgai  | nist,\$                |            |               |
| His Birthplace. //<br>Maiden Name of Mother //acce   | e Jane Bowen                     | Railroad or Motor Tickets | Singers,\$Orgai                  | rice,\$                |            |               |
|  | 1. /                             | Telegr., Phone,           | Cable or Radio Charg             | es                     |            |               |
| Her Birthplace   |                                  | Out of town Ur            | dertaker's Charges               |                        |            |               |
| Motor Remains to   | 1/2 couch plush                  | Personal Service          | e                                |                        |            |               |
| Size of Casket (State C  | color and Number)                | line Death                | Notices in Pap                   | ers                    |            |               |
| Manufactured by  | Rock [PAYNE)                     |                           | (Names of Newspapers)            |                        |            |               |
| Ordinatory )   |                                  |                           |                                  |                        |            | · · · · · · · |
|  | ot No                            | Sales Tax                 |                                  |                        | 40 11      | 90            |
| The state of the s | etion No                         | Total Footing of          | 0)                               | \$                     | 79.4.      | 7.0           |
|  | ock No                           | Less ,                    | 0 1 1 1 10VV                     | \$                     | 770        | 75            |
|  | wner                             | Entered into La           | dger, pageor b                   | elow.                  | 7. 7       | .4            |
| Diagram of Lot or Vault  | Amount Paid Balance              |                           | lugar, pagar record              | Amount Paid            | l Re       | lance         |
| Date   | Amount Paid Balance              | Dan                       | To Balance Forward               |                        |            | 1             |
| ···· To Above Balance  | \$                               | ****                      | By Payment                       | s                      | \$         |               |
| By Payment   | e \$                             |                           | 4 4                              | \$                     | \$         |               |
|  | \$ \$                            |                           | 4 4                              | \$                     | \$         |               |
|  | \$                               | A. A                      | ca ca,                           | \$                     | \$         |               |
| « «  | \$ \$                            |                           | « «                              | \$                     | \$         |               |
|  | \$                               |                           | # #                              | \$                     | \$         |               |
|  | \$                               |                           |                                  | <u> </u>  \$           |            |               |
| Insurance \$   | ames of odges                    |                           | Insurance<br>.Companies          |                        |            |               |
| I horoby -usb -d- st - b Youngral an   | d I hereby represent that I have | sufficient resources Le   | gally available to (Firm         | Name of Funeral D      | rectors.)  |               |
| for the payment of aforesaid sum, and I  | hereby covenant and agree to pa  | y the same within         | days ire                         | om date. Intere        | se to acei | rue from      |
| maturity at the rate of%   | per annum.                       | Signed.                   |                                  | ************           |            |               |
| Witness  | Compiled by F. J.                | FEINEMAN St. Louis,       |                                  |                        |            |               |
|  |                                  |                           |                                  |                        |            |               |

| Total No. 2.3/.7 Yearly No   | . Date of Entry. March 6 19.52   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name of Deceased. Mabel Hould  |  |  |  |  |  |  |  |  |
| Residence: Lamani Ja   | orof Age of Husband or Wife (if living)  |  |  |  |  |  |  |  |
| Charge to: C. A.   | Complete Funeral (except outlays)\$ . / 50 00  |  |  |  |  |  |  |  |
| Address  | Casket   |  |  |  |  |  |  |  |
| Order given by   | Burial Vault or Box(State Kind)  |  |  |  |  |  |  |  |
| How Secured:   | Embalming Body(Neme of Embalmer)   |  |  |  |  |  |  |  |
| If Veteran, State War  | Rarber \$ Hair Dressing, \$  |  |  |  |  |  |  |  |
| Occupation (Social Security Number)  | Dressing Body, \$. Underwear, \$. Suit or Dress.   |  |  |  |  |  |  |  |
| Employer and Address   | Slippers. \$   |  |  |  |  |  |  |  |
| Date of Death. MM. 4. 1957   | Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |  |
| Date of Birth. May 26 1885   | Candelabrum, \$  |  |  |  |  |  |  |  |
| Age. (Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$  |  |  |  |  |  |  |  |
| Date of Funeral. 3/6/5-2 Thurs, Days)  | Limousines to Cemetery @ \$  |  |  |  |  |  |  |  |
| Services at .: Classes (Day of Week) (Hour)  | Autos to R. R. Station @ \$  |  |  |  |  |  |  |  |
| Clergyman L. G. Halloway   | Getting Remains from   |  |  |  |  |  |  |  |
| Religion of the Deceased (Address)   | Trip to Coroner's Inquest  |  |  |  |  |  |  |  |
|  | Delivering Box to  |  |  |  |  |  |  |  |
| Birthplace   | Removal Charges  |  |  |  |  |  |  |  |
| Resided in the State   | Procuring Burial Permit. (State Number and District)   |  |  |  |  |  |  |  |
| Place of Death. amount   | Procuring Burial Permit. (State Number and District)  Certif.Copiesof Death Certificates No. Pall Bearer Service, \$\(^{\text{Copiesof Death}}\) Use of Chapel, \$\(^{\text{Supermixers}}\). |  |  |  |  |  |  |  |
| Cause of Death. Outumoua   | Gross Total for Sales Tax\$  |  |  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot.  |  |  |  |  |  |  |  |
| / W // al.   | Cremation  |  |  |  |  |  |  |  |
| Certifying Physician. M. M. Hells.   | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |  |  |
| His Address. Jaman or Coroner  | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |  |  |
| Name of Father Must Houk   | Outlay for Shipping Charges  |  |  |  |  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |  |  |  |  |  |  |  |
| Maiden Name of Mother Many Jane Fraguer  | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |  |
| Her Birthplace   | Cash Advanced  |  |  |  |  |  |  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |  |  |  |  |  |  |  |
| Size of Casket   |  |  |  |  |  |  |  |  |
| Manufactured by June Chiliff   | line Death Notices inPapers  |  |  |  |  |  |  |  |
| Cemetery Rose Hiel   | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Lot No / ! / 2   | Sales Tax 40 Tack  |  |  |  |  |  |  |  |
| Grave No   | Total Footing of Bill  |  |  |  |  |  |  |  |
| Section No   | Total Footing of Bill polyman 10 1 m 8 150 00  |  |  |  |  |  |  |  |
| Block No   | Balance. s   |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner,   | Entered into Ledger, page or below.  |  |  |  |  |  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |  |  |  |  |  |  |
|  | To Balance Forward \$  |  |  |  |  |  |  |  |
| By Payment \$ \$   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| " " e e  |  |  |  |  |  |  |  |  |
| " " S S  | ***************************************  |  |  |  |  |  |  |  |
| # #\$\$\$  | a " " \$ \$  |  |  |  |  |  |  |  |
| # # \$ \$  | \$\$   |  |  |  |  |  |  |  |
| Names of Lodges  | Insurance Companies  |  |  |  |  |  |  |  |
| Insurance \$ Louges.  I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to pay | ufficient resources Legally available to   |  |  |  |  |  |  |  |
|  | the same within  |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.  | Signed   |  |  |  |  |  |  |  |
| Witness  | Address PRINEMAN, St. Louis, Mo.   |  |  |  |  |  |  |  |

| Total No             | 3/.8                            | Yearly No?  |                    | Date of 1  | Entry Mac  | d 7                                    | 19          | .52         |  |  |  |  |
|----------------------|---------------------------------|---|--------------------|--|--|--|-------------|-------------|--|--|--|--|
|                      | Married Sin                     | euna<br>Ble   Widowed (                           | Jud.               | eau.   |  | (What Race)                            |             |             |  |  |  |  |
| Residence: . a       |                                 | ·<br><del></del>                                  |                    | Husband  | Wife□Widow}  |  |             | cars        |  |  |  |  |
| Charge to:           | Q. A. O                         | · · · · · · · · · · · · · · · · · · ·             |                    |  |  | nd or Wife (if living).                | 1           | -           |  |  |  |  |
| Address              |                                 |   |                    |  | eral (except outlays)  | \$                                     | 1.500       | • • • • •   |  |  |  |  |
| Order given by       |                                 |   |                    | Casket<br>Burial Vault or  |  |  |             |             |  |  |  |  |
| How Secured:         |                                 | (orinformant)                                     |                    | Embalming Bo   | (State Kind)   |  |             |             |  |  |  |  |
| If Veteran, Sta      | te War                          |   |                    |  |  | 9                                      |             |             |  |  |  |  |
| Occupation           |                                 | The second  | 1.00               | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$. |  |  |             |             |  |  |  |  |
| Employer and         |                                 | (Social Securi                                    | ty Number)         | Suit or Dress(State Kind and Color)                              |  |  |             |             |  |  |  |  |
| Date of Death        | 21/ 11                          | 5 1852  |                    |  | Hose, \$<br>, \$Tarpaulin, \$  |  |             |             |  |  |  |  |
| Date of Birth.       |                                 | ate) 1883   | (Hour) (           | Candelabrum,   | \$ Candles, \$.  |  |             |             |  |  |  |  |
|                      | 48                              |   |                    | Door Spray, \$   | : Gloves, \$   |  |             |             |  |  |  |  |
| Age                  | (Years).                        | Months) (Days)                                    |                    | Limousines to  | Ambulance, \$<br>Cemetery @ \$   |  |             |             |  |  |  |  |
| Date of Funera       | (Date) (1                       | Day of Week)                                      | . 2 M. ]           | Extra Limousi  | nes @ \$   |  |             |             |  |  |  |  |
| Services at: ::      | chape                           | <u> </u>  |                    | Setting Remai  | Station @ \$ ns from   |  |             |             |  |  |  |  |
| Clergyman: :         | Crobt)                          | andan   |                    | Faking Remain  | ns to  |  |             |             |  |  |  |  |
| Religion of the      | Deceased                        | S (Address)                                       |                    | Prip to Corone<br>Delivering Boy                                 | r's Inquest  |  |             |             |  |  |  |  |
| Birthplace           |                                 | 160 J   | D ]                | Deliver Flower   | s to   |  |             |             |  |  |  |  |
| Resided in the       |                                 |   | ]                  | Removal Char   | ges  |  |             |             |  |  |  |  |
| Place of Death       | (or U.S. or                     | City of County) (Years)                           | (Months)           | Certif Coni  | (State Number a  | nd District)                           |             | • • • •     |  |  |  |  |
|                      |                                 |   | 1                  | Pall Bearer Ser  | al Permit.  (State Number a esof Death Certificates) (State Physician's or vice, \$ Use of Cha | Coroner's)                             |             |             |  |  |  |  |
| Cause of Death       |                                 |   |                    | Gross Total for  | Sales Tax  | s                                      |             |             |  |  |  |  |
| Contributory C       | auses                           |   |                    | Outlay for Lot:  |  |  |             |             |  |  |  |  |
|                      |                                 |   |                    | Cremation  |  |  |             |             |  |  |  |  |
| Certifying Physical  | sician                          | (or Coroner)                                      |                    | Rental of Tent, \$of Temporary Vault, \$                         |  |  |             |             |  |  |  |  |
| His Address          | ,                               | 13.3  |                    | Opening of Grave or Tomb   |  |  |             |             |  |  |  |  |
| Name of Fathe        | r. Jaseps                       | h Welles  | (                  | · Outlay for Shipping Charges                                    |  |  |             |             |  |  |  |  |
| His Birthplace       | 0                               |   |                    | Clergyman, \$Singers, \$Organist, \$                             |  |  |             |             |  |  |  |  |
| Maiden Name          | of Mother                       | ancis Char  | upen o             | or Motor / Tickets, \$   |  |  |             |             |  |  |  |  |
| Her Birthplace       |                                 |   |                    | . Cash Advanced  |  |  |             |             |  |  |  |  |
| Motor<br>Ship Remain |                                 |   |                    | Out of town Undertaker's Charges.                                |  |  |             |             |  |  |  |  |
| Size of Casket.      |                                 | P   |                    |  | 3e <b> </b>  |  |             | • • • • •   |  |  |  |  |
| Manufactured         | (Sta                            | te Colorand Number)                               |                    | line Death   | Notices in Pape  | ers                                    |             |             |  |  |  |  |
| Cemetery }           |                                 | Hill  |                    | (Names of Newspapers)  |  |  |             |             |  |  |  |  |
| Crematory 5 · · · ·  |                                 |   | 2—                 |  |  |  |             |             |  |  |  |  |
|                      |                                 | Lot No  |                    | Sales Tax  | no lay   | =                                      | _           | _           |  |  |  |  |
|                      | S                               | Section No  | ma branching       |  | of Bill  | \$,                                    | 1.50.0      | <i>Q</i>    |  |  |  |  |
|                      | BANG OF                         | Block No  | ]                  | Less   |  | \$                                     |             |             |  |  |  |  |
|                      |                                 | Owner   |                    |  | Balance  | \$                                     |             |             |  |  |  |  |
| Diagram of L         | et or Vault                     |   |                    |  | edger, pageor b  |  |             |             |  |  |  |  |
| Date                 | and the second                  | Amount Paid                                       | Balance            | Date   |  | Amount Paid                            | Balan       | 108         |  |  |  |  |
|                      | To Above Balance.               |   | \$                 |  | To Balance Forward   |  | \$          |             |  |  |  |  |
|                      | By Payment                      | \$  | \$                 |  | By Payment   | \$                                     | \$          | • • • • • • |  |  |  |  |
| **********           | « « ·····                       | \$  | \$                 |  | # #  | \$                                     | \$          |             |  |  |  |  |
| **********           | * ·····                         | \$  | \$                 |  | u u  | e                                      | \$          | • • • • • • |  |  |  |  |
| ***********          |                                 |   |                    |  | и и  | \$                                     | 3           |             |  |  |  |  |
|                      |                                 | 3   | s                  |  | и и  | \$                                     | s           |             |  |  |  |  |
|                      | и и                             | 8   | 8                  |  | а а .  | s                                      | \$          |             |  |  |  |  |
|                      |                                 | Names of Lodges                                   | (B) 5 12 E         |  | Insurance<br>.Companies  |  |             |             |  |  |  |  |
| Insurance \$         |                                 | Lodgesand I hereby represent                      | that I have ouff   | cient resources Ta   | March Political  |  |             |             |  |  |  |  |
| for the narray       | e the above Funeral,            | and I hereby represent<br>I I hereby covenant and | agree to pay t     | he same within   | (Firm )  | Name of Funeral Dis<br>m date. Interes | ectors.)    | from        |  |  |  |  |
|                      | of aforesaid sum, and<br>ate of |   | as to way to       | Signed.  |  | and anteres                            | - to accrue | rom         |  |  |  |  |
|                      |                                 |   |                    | Address  |  |  | *********   |             |  |  |  |  |
| Witness              |                                 | Com   | plied by F. J. FEI | NEMAN St. Louis,   |  | ,                                      |             |             |  |  |  |  |

| Total No. 2.7.9. Yearly No   | Date of Entry March !! 195.7-  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name of Deceased. Mary Jane Jo   | elben (What Race)  |  |  |  |  |  |  |  |
| ☐ Married ☐ Single ☐ Watowed ☐ Divorces Residence Taurani ☐ ☐            | □Husband□Wife□Widow)   |  |  |  |  |  |  |  |
| Charge to:   | or   |  |  |  |  |  |  |  |
| Address  | Complete Funeral (except outlays)\$3.76 0.5  |  |  |  |  |  |  |  |
| Order given by Carrie Chatburn etc                                       | Casket. 25 00  |  |  |  |  |  |  |  |
| How Secured: (or informant)  | Casket. Burial Vault or Box (State Kind) Embalming Body (Name of Embalmes)   |  |  |  |  |  |  |  |
| If Veteran, State War.   | Barber, \$   |  |  |  |  |  |  |  |
| Occupation (Social Security Number)                                      | Dressing Body. \$ Underwear, \$  |  |  |  |  |  |  |  |
| (Social Security Number) Employer and Address                            | Suit or Dress (State Kind and Color)   |  |  |  |  |  |  |  |
| Date of Death May 9 154 12,30 P.M  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |  |  |  |  |  |  |  |
| Date of Birth. May 3 (Bour) 87/ (Hour)                                   | Candelabrum, \$  |  |  |  |  |  |  |  |
| A & 0  | Funeral Car, \$ Ambulance, \$  |  |  |  |  |  |  |  |
| Date of Funeral. 3/11/5 : July   | Limousines to Cemetery @ \$  |  |  |  |  |  |  |  |
| (Date) A (Day of Week) (Hour)  | Autos to R. R. Station   |  |  |  |  |  |  |  |
| Services at Chapil Clergyman art Law                                     | Getting Remains from   |  |  |  |  |  |  |  |
|  | Trip to Coroner's Inquest  |  |  |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to  |  |  |  |  |  |  |  |
| Birthplace Polk Co. Min  | Removal Charges  |  |  |  |  |  |  |  |
| Resided in the State   | Procuring Burial Permit.  (State Number and District)  —Certif.Copiesof Death Certificates No.                         |  |  |  |  |  |  |  |
| Place of Death. Lauren   | Certif. Copies of Death Certificates No. (State Physicals or Coroser's) Pall Bearer Service, \$ Use of Chapel, \$      |  |  |  |  |  |  |  |
| Cause of Death   | Gross Total for Sales Tax\$ 42100  |  |  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot.  |  |  |  |  |  |  |  |
|  | Cremation  |  |  |  |  |  |  |  |
| Certifying Physician & & Samet   | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |  |  |
| His Address  | Opening of Grave or Tomb.  |  |  |  |  |  |  |  |
| Name of Father. James Emmerson   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |  |  |  |  |  |  |  |
| His Birthplace   | Clergyman, \$Singers, \$Organist, \$<br>Railroad Tickets, \$Plane Service, \$<br>Or Motor Tickets, \$Plane Service, \$ |  |  |  |  |  |  |  |
| Maiden Name of Mother Caroling Vaguer                                    | or Motor Tickets, \$   |  |  |  |  |  |  |  |
| Her Birthplace   | . Cash Advanced  |  |  |  |  |  |  |  |
| Motor Remains to   | Out of town Undertaker's Charges.  |  |  |  |  |  |  |  |
| Size of Casket 1/2 Couch gray Navaro . (Star Calefand Number)            |  |  |  |  |  |  |  |  |
| Manufactured by  | line Death Notices inPapers  |  |  |  |  |  |  |  |
| Cemetery A oce Hel   | (Names of Newspapers)  |  |  |  |  |  |  |  |
| Lot No   | Sales Tax 42/  |  |  |  |  |  |  |  |
| Grave No9  | Total Footing of Bill \$ \\\ \25\\ \2\   |  |  |  |  |  |  |  |
| Section No   | Less. 5 % by Man =// \$ 21 26  |  |  |  |  |  |  |  |
| Block No   | Pd Markalance \$ 403.95  |  |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |  |  |  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |  |  |  |  |  |  |
| To Above Balance   | To Balance Forward \$  |  |  |  |  |  |  |  |
|  | By Payment\$\$   |  |  |  |  |  |  |  |
|  | a a  |  |  |  |  |  |  |  |
|  | * * * \$ \$  |  |  |  |  |  |  |  |
| " " " S " S " S " S " S " S " S " S " S                                  |  |  |  |  |  |  |  |  |
| * * \$ \$  | a a s  |  |  |  |  |  |  |  |
|  | и и  |  |  |  |  |  |  |  |
| Names of Lodges.   | Insurance  |  |  |  |  |  |  |  |
| Insurance \$ Lodges Lodges   |  |  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay |  |  |  |  |  |  |  |  |
| maturity at the rate of% per annum.                                      | Signed   |  |  |  |  |  |  |  |
| Witness  | Address  |  |  |  |  |  |  |  |
| · Compiled by F. J.  | PRINEMAN, St. Louis, Mo.   |  |  |  |  |  |  |  |

| RECORD C  | OF FUNERAL   |
|---|--|
| Potal No. 2.3 20 Yearly No //   | Date of Entry March 28 1957  |
| Name of Deceased. Ethel Isabelle  | Stephens w   |
| Single Widowed Divorced   | (What Ruce)  |
| Residence: Str. Home Lamani   | or of  |
| Charge to:  | Complete Funeral (except outlays)\$\$  |
| Address   | Casket   |
| Order given by(or informant)  | Burial Vault or Box  |
| How Secured:  | Embalming Body (Name of Embalmer) Barber, \$ (Hair Dressing, \$ ) Dressing Body. \$ Underwear, \$  |
| If Veteran, State War   | Barber, \$   |
| Occupation possessible une (Social Security Number)                     | Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)   |
| Employer and Address  |  |
| Date of Death. Max 25 1952 (Date) (Hour)                                | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. May 12 1873  | Door Spray, \$   |
| Age   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 3/28/52 FM 1:30PM                                       | Limousines to Cemetery @ \$  |
| Services at: A ludusan (Hour)   | Autos to R. R. Station @ \$  |
|   | Getting Remains from   |
| Clergyman:  | Trip to Coroner's Inquest  |
| Birthplace Jowa   | Deliver Flowers to   |
|   | Removal Charges  |
| Resided in the State (or U. S. or City or County) (Years) , (Months)    | Procuring Burial Permit  |
| Place of Death. Sti. Houl, Lamon  | Procuring Burial Permit. (Stat Number and Datrict)  Certif. Copiesof Death certificate and Conservery  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes   | Gross Total for Sales Tax\$  |
|   | Cremation  |
| Certifying Physician EE Lamet   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| Tile Address .  | Opening of Grave or Tomb   |
| Name of Father. Seo F. Schuick  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges   |
| Hig Righthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$   |
| Maiden Name of Mother Francis & McClevalian                             | or Motor Tickets, \$ Plane Service, \$   |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to Henderson Ja   | Out of town Undertaker's Charges   |
| Size of Casket  | Personal Service.  |
| Manufactured by Pure Color and Jumps (State Color and Jumps)            | line Death Notices in  |
|   | (Names of Newspapers)  |
| Cemetery Crematory }  |  |
| Lot No  | Sales Tax Lo Toly  |
| Grave No  | Total Footing of Bill\$  |
|   | Less\$   |
| Block No  | Balance\$  |
| Diagram of Lot or Vault Owner   |  |
| Date Amount Paid Balance  |  |
|   | To Balance Forward\$   |
| By Payment\$  | u u S e  |
|   | ii ii \$   |
| * *   | # # \$ \$  |
|   |  |
| « « S. S.   | ss   |
| # # \$\$  |  |
| Insurance \$  | Insurance  |
| I hereby authorize the shows Veneral and I hereby represent that I have | sufficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa | sufficient resources Legally available to  |
|   |  |

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

maturity at the rate of .......% per annum.

Signed.....

| 12   | KE                   | CURL   | נט (          |   | CIC                     |   | ,                     |             |             |
|--|----------------------|--|---------------|---|-------------------------|---|-----------------------|-------------|-------------|
| Total No. 2.32/  | Yearly               | No /2  | -             | Date of 1                                       | Entry                   | Ma                                      | ich. 30               | 1           | 9.4.2       |
| Name of Deceased.  | Charle               | les W  | M             | our.  |                         |   | $\omega$              |             |             |
| Name of Deceased.  | ☐ Single ☐           | Widowed  | Divorced      |   |                         |   | (What Race)           |             |             |
| Residence:   |                      |  |               | Of  | Wito Widow }            | Age of Husba                            | nd or Wife (if living | )           | Years       |
| Charge to:   |                      |  |               | complete Fune                                   |                         | outlays)                                | \$                    | 688         | 00          |
| Address  |                      |  |               |   |                         | · p d · p : · · ) · p                   |                       |             |             |
| Order given by   | (or informan         |  | I             | turial Vault or                                 | Box                     | (State Kind)                            | auei                  | .125.       |             |
| How Secured:   |                      |  | E             | mbalming Bo                                     | dy                      | ame of Embalme                          | r)                    |             |             |
| If Veteran, State Wa   | rko                  |  | T             | arber, \$<br>Pressing Body,                     | Ha                      | ir Dressing                             | . D                   |             |             |
| Occupation Fan   |                      | (Social Security N   | S             | uit or Dress                                    |                         | Wind and Colo                           |                       |             |             |
| Employer and Addre   | ss                   |  | S             | uit or Dress lippers, \$ lolding Chairs         | I                       | Iose, \$                                |                       |             |             |
| Date of Death 7.41   | arch 28              | 152  | .7./-ME       | olding Chairs<br>andelabrum,                    | \$                      | Candles, \$.                            |                       |             |             |
| Date of Birth  | ov 19                | 1866   | T             | Door Spray. \$                                  |                         | Floves, \$                              |                       |             |             |
| Age85  | (Months)             |  | I             | uneral Car, \$ imousines to                     | Cemetery.               | mbulance,                               | Ф                     |             |             |
| Date of Funeral.   | 0/52 800             | ·4:  | - PM E        | xtra Limousii                                   | nes                     | @\$.                                    |                       |             | • • • • • • |
| Services at . : Clu  | chel Day of Week     | r) (Hot  | a) [          | utos to R. R.<br>letting Remai                  | Station                 | @.\$.                                   |                       |             |             |
| Clergyman A.I.   |                      |  | 7             | aking Remain                                    | s to                    |   |                       |             |             |
| Religion of the Deceg  | 10                   | S. (Address)   | I             | rip to Corone<br>Delivering Box                 | to                      |   |                       |             |             |
| Birthplace   | ndiana               | •  | I             | Deliver Flower                                  | s to                    |   |                       |             |             |
| Resided in the State.  | 76 ym.               |  | F             | temoval Charg                                   | gesal Permit.           |   |                       |             |             |
| Place of Death   | ausu                 | inty) (Years) (1   |               | rocuring Buri<br>Certif.Copie<br>all Bearer Ser | sof Death               | State Number of<br>Certificates         | No                    |             |             |
| Cause of Death   |                      |  | F             | all Bearer Ser                                  | vice, \$                | Use of Cha                              | apel, \$              |             |             |
| Contributory Causes.   |                      |  |               | ross Total for                                  |                         |   | \$                    | .8.13       | 00          |
| Contributory Causes.   |                      |  |               | outlay for Lot<br>remation                      |                         |   |                       |             | <br>        |
| Certifying Physician.  | Il Same              | +  |               | lowers, \$<br>tental of Tent,                   |                         |   |                       |             |             |
| His Address  | (or Coro             | ser)   | C             | pening of Gra                                   | ve or Ton               | b.t.A.                                  | raisball              | 2.5         | 00          |
|  | fer arin             | Moon   | I             | ining Grave, S                                  | Lov.Lov                 | vering Dev                              | ice, \$               |             |             |
| His Birthplace   |                      |  |               | utlay for Ship<br>lergyman,\$                   | Singers                 | \$Orga                                  | nist,\$               |             |             |
| Maiden Name of Mo  | ther Maggi           | e Ros  | ع (R          | lergyman,\$<br>ailroad<br>Motor}Ticket          | s, \$                   | · Aero-Ser                              | vice,\$               |             |             |
| Her Birthplace   |                      |  |               | elegr., Phone,<br>ash Advanced                  | Cable or R              | adio Charg                              | es                    |             | • • • • • • |
| Motor Remains to   |                      |  | 0             | ut of town U                                    | ndertaker's             | Charges                                 |                       |             |             |
| Size of Casket   | 4 Gray               | Metal  | 1             | ersonal Service                                 | e                       | • |                       |             |             |
| Manufactured by . : -  | Lever City           | Mamber) Let  | G             | line Death                                      |                         |   | ers                   |             |             |
|  | Pose Hie             | P  |               |   | (Names of New           | spapers)                                |                       |             |             |
| Orematory)   | Lot No.              | 1446   |               |   |                         |   |                       |             |             |
|  |                      | ٠٠×  |               | ales Tax  |                         |   |                       | 8           | 13          |
|  | Section              | No   |               | otal Footing o                                  |                         |   | \$                    | 846         | ./.3.       |
|  | Block N              | Io   |               | ess.  | /                       | 4 4                                     | \$                    | 41.         | .00.        |
| Diagram of Lot or Vaul   | Owner.               |  | E             | intered into L                                  | edger, page             | lance                                   | Chru .                | . 5.0.5     |             |
| Date   | An                   | ount Paid  | Balance       | Date  | 1                       |   | Amount Paid           | Pol         | ance        |
| To Abo   | ve Balance           | s  |               |   | To Polence              | Forward                                 | IMIOUIL Talu          | Date        | I           |
| By Payl  |                      | \$   |               |   | By Paymen               |   | e                     | \$          |             |
|  | #s                   | \$   |               |   | и и                     |   | s                     | 8           |             |
| "  | «                    | \$   |               |   |                         |   | \$                    | \$          |             |
| "  | «                    | \$   |               |   | a a                     |   | \$                    | \$          |             |
|  | " ······· \$         | \$   |               |   | a a                     |   | \$                    | \$          |             |
|  | и е                  | 3  |               |   | a a                     |   | \$                    | \$          |             |
| THE STATE OF THE S | Names of Lodges.     | The state of the s |               | errannadar.                                     | Insurance               | *********                               | \$                    |             |             |
| Insurance \$   | Lodges               | hy represent that  | T have even.  | dont reserves.                                  | Insurance<br>Companies. |   |                       |             |             |
| Insurance \$   | id sum, and I hereby | covenant and agre  | e to pay th   | same within                                     | gany available          | (Firm )                                 | lame of Funeral Di    | rectors.)   |             |
| maturity at the rate of  |                      |  | - p., ui      |   |                         |   | m date. Interes       | st to accru | e from      |
| Witness  |                      |  |               | Address   |                         | ••••••                                  |                       |             |             |
|  |                      | Compiled   | by F. J. FEIR | EMAN, St. Louis, A                              |                         |   |                       |             |             |

| Total No. 2. 32 2  | Yearly No                  | 3              | Date            | of Entry.         |  | april 6               |             | 19.5.       |
|--|----------------------------|----------------|-----------------|-------------------|--|-----------------------|-------------|-------------|
| Name of Deceased   | alty J. T.                 | Divorced       | <i>s</i>        |                   |  | (What Race)           | ·····       |             |
| Residence: Lamani  | Ja.                        | ,              |                 | d□Wite□Wi         |  | and or Wife (if livin |             |             |
| Charge to: Usla fund . b.  | V. A.M. X                  | olge .         | and the same of | Lineau and a S    | 30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   | 1                     | 2/1-        | I exte      |
| Address  | coui                       |                | Casket          |                   | cept outlays)  | -                     | . 763.      | 0.6         |
| Order given by   | (or informant)             |                | Burial Vault    | t or Box A        | albia U.a.   | ult                   | .125        | 60          |
| How Secured:   |                            |                | Embalming       | Body              | (Name of Embalme<br>Hair Dressing  |                       |             |             |
| If Veteran, State War  |                            |                | Barber, \$      |                   | .Hair Dressing   | , \$                  |             |             |
| Occupation laborer   | 524-28-9<br>(Social Securi | 2.6.4          |                 |                   | (State Kind and Colo   |                       |             |             |
| Employer and Address   |                            |                | Slippers, \$    |                   | (State Kind and Colo Hose, \$  | 7)                    |             |             |
| Date of Death . aful   | 3/5-                       | 12:15 17       | Folding Cha     | irs, \$           | Tarpaulin,   | \$                    |             |             |
| Date of Birth. Nov   | 7 1879                     | (Hour)         | Door Spray.     | n, \$<br>. \$ : : | Candles, \$ Gloves, \$   |                       |             |             |
| Age 72   |                            |                | Funeral Car     | , \$              | Ambulance,   | \$                    |             |             |
| Date of Funeral. 4/6/5~  | (Months) (Days)            | 2:30 PM        |                 |                   | ery @ \$ .<br>: @ \$ .   |                       |             |             |
| (Date)   | (Day of Week)              | (Hour)         | Autos to R.     | R. Station        | 1@\$   |                       |             |             |
| Services at Che ful.   | 4. 4 20110                 |                |                 |                   | a  |                       |             |             |
| Clergyman: Mass  | (Address)                  | ·              |                 |                   | uest   |                       |             |             |
| Religion of the Deceased   | 344                        |                | Delivering E    | Box to            |  |                       |             |             |
| Birthplace audover   | · Ma                       |                | Removal Ch      | arges             | ,  | •••••                 |             |             |
| Resided in the State   | r City or County) (Years)  | (Months)       | Procuring B     | urial Pern        | nit  |                       |             |             |
| Place of Death.  | · Ja                       |                | Certif.Co       | piesof De         | nit. (State Number a<br>ath Certificates.<br>(State Physician's or<br>Use of Cha | No                    |             |             |
| Cause of Death:  |                            |                |                 |                   |  | pel,\$                |             |             |
| Contributory Causes  |                            |                |                 |                   | Tax  | \$                    | 4.9.0       | .00         |
|  |                            |                | Cremation       |                   |  |                       |             |             |
| Certifying Physician . E. E  | Lamet                      |                | Flowers, \$     | Palms             | , \$ Matti   | ng, \$                |             |             |
| His Address Zen  | (or Coroner)               | a layer        | Opening of C    | Grave or          | of Temporary V<br>Tomb to A MA   | wild                  | 25          | 00          |
| Name of Father. John   | H. Tu                      | iks            | Lining Grave    | e, \$             | Lowering Devi  | ce, \$                |             |             |
| His Birthplace   |                            |                | Clergyman.      | nipping C         | harges<br>gers,\$Orga  | nist_\$               |             | • • • • • • |
| Maiden Name of Mother.   | 2 0 2                      | vers.          | Railroad Tick   | cets, \$          | Aero- Serv   | rice,\$               |             |             |
| Her Birthplace   |                            |                | Telegr., Phon   | ne. Cable         | or Radio Charg   | es                    |             |             |
|  |                            |                | Out of town     | Cea<br>Undertak   | er's Charges   |                       |             |             |
| Motor Ship Remains to  | · Iliane                   | 7              | Personal Ser    | vice              |  |                       |             |             |
| Size of Casket . 6/3 . O.A.  | ate Golor and Number)      |                | line Des        | th Notice         | s inPape   | ora                   |             |             |
| Manufactured by R. V. 2<br>Cemetery<br>Crematory   |                            |                |                 | ,,                |  |                       |             |             |
| Crematory }  |                            |                |                 | (Ivames o         |  |                       |             |             |
|  | Lot No                     |                | Sales Tax       |                   |  |                       | 4           | 90          |
| SANS AND AND ADDRESS OF THE PARTY OF THE PAR | Grave No 4                 |                | Total Footin    |                   |  | \$                    | 518         | 90          |
|  | Section No                 |                | Less 5          | 20.94.            | 401.4. 9.  | \$                    | . b y       | 7.15        |
|  | Block No                   |                |                 | (Pa)              | Balance  | \$                    | 49.5        | 1.5         |
| Diagram of Lot or Vault  | Owner                      | 1              | Entered into    | Ledger, p         | ageor be   | elow.                 |             |             |
| Date   | Amount Paid                | Balance        | Date            | 100               |  | Amount Paid           | Bal         | ance        |
| To Above Balance.  |                            |                |                 | To Bal            | ance Forward   |                       | \$          |             |
| By Payment   | \$                         |                |                 | By Pay            | ment   | \$                    | \$          |             |
|  | \$                         |                |                 | *                 | <b>"</b> ·······   | \$                    | \$          |             |
|  | \$                         |                |                 | ".                | *  | \$                    | \$          |             |
| и и  |                            |                |                 | "                 |  | \$                    | \$          | ·····       |
| 4 4  | \$                         |                |                 |                   | п  | \$                    | \$          |             |
| а д  | \$                         |                |                 |                   | 4  | •                     |             | ·····       |
| T  | Names of                   |                |                 | Insuran           | ce   | ********              |             |             |
| Insurance \$ I hereby authorize the above Funeral,   |                            | hat I have and | Majort rosou    |                   | Habla 4.   |                       |             |             |
| for the payment of aforesaid sum, and  |                            |                |                 |                   |  | ame of Funeral D      | rectors.)   |             |
| maturity at the rate of  | % per annum.               | -a- or hay     | Simo            | d                 |  | m date. Intere        | st to accru | ie from     |

| Total No. 2323 Yearly No. 19  | Date of Entry 19.5  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Name of Deceased Wan David  | Unummend (What Race)  |  |  |  |  |  |  |
| Residence: Single   Widowed   Divorce   | □Husband□Wife□Widow)  |  |  |  |  |  |  |
| Charge to:  |   |  |  |  |  |  |  |
| Address   | Complete Funeral (except outlays)\$ .44.8 .00   |  |  |  |  |  |  |
| Order given by(or informant)  | Burial Vault or Box   |  |  |  |  |  |  |
| How Secured   | Embalming Body  |  |  |  |  |  |  |
| If Veteran, State War. 200  | Barber, \$ Hair Dressing, \$  |  |  |  |  |  |  |
| Occupation Faut 480-30-888  | Barber, \$.   Half Diessing     Dressing Body, \$.   Underwear, \$.     Suit or Dress   (State Kind and Color)  |  |  |  |  |  |  |
| Employer and Address  | Slippers, \$Hose, \$  |  |  |  |  |  |  |
| Date of Death (Date) (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |  |  |  |  |  |  |
| Date of Birth. Jan. 2 3 1888  | Door Spray, \$  |  |  |  |  |  |  |
| Age. (Months) (Days)  | Funeral Car, \$   |  |  |  |  |  |  |
| Date of Funeral Pate 29 (Byy of Week) (Hour)  | Extra Limousines @ \$   |  |  |  |  |  |  |
| Services at Cuantle   | Getting Remains from  |  |  |  |  |  |  |
| Clergyman Rev Cleeton   | Taking Remains to   |  |  |  |  |  |  |
| Religion of the Deceased B after (Address)  | Delivering Box to   |  |  |  |  |  |  |
| Birthplace Messavi  | Deliver Flowers to  |  |  |  |  |  |  |
| Resided in the State (Years) (Months)   | Procuring Burial Permit.  |  |  |  |  |  |  |
| Place of Death. Laurau  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  Certif.Copiesof Death Certificates No.  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |  |  |  |  |
| Cause of Death Caroning occlusion.  | Pall Bearer Service, \$ Use of Chapel, \$   |  |  |  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax   |  |  |  |  |  |  |
|   | Cremation   |  |  |  |  |  |  |
| Certifying Physician. (or Coroner)  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Vault, \$   |  |  |  |  |  |  |
| His Address.  | Opening of Grave or Tomb  |  |  |  |  |  |  |
| Name of Father Calvin J. Dummond  | Outlay for Shipping Charges   |  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$   |  |  |  |  |  |  |
| Maiden Name of Mother Mary H. Turnmeyer   | Leiegr., Fhone, Cable of Radio Charges  |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges  |  |  |  |  |  |  |
| Motor Remains to  | Personal Service  |  |  |  |  |  |  |
| Manufactured by A with Color and Negaty)  | line Death Notices inPapers   |  |  |  |  |  |  |
| Cemetery Crematory ELIA   | (Names of Newspapers)   |  |  |  |  |  |  |
| Crematory J Lot No.   |   |  |  |  |  |  |  |
| Grave No.   | Sales Tax   |  |  |  |  |  |  |
| Section No.   | Total Footing of Bill   |  |  |  |  |  |  |
| Block No  | Less . 5.7.0 by Mag. t \$ 22 63   |  |  |  |  |  |  |
| Diagram of Lot or Vault Owner   | Balance   |  |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |  |  |  |  |  |  |
| To Above Balance \$.  | To Balance Forward  |  |  |  |  |  |  |
|   | By Payment.   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| \$\$  |   |  |  |  |  |  |  |
| # # g g   | ***************************************   |  |  |  |  |  |  |
| " " \$ \$   | \$\$  |  |  |  |  |  |  |
| я я \$ \$   | я я , , , , , , , , , , , , , , , , , ,   |  |  |  |  |  |  |
| Insurance \$  | Insurance   |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su                                     | fficient resources Legally available to   |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | the same within   |  |  |  |  |  |  |
|   | Signed  |  |  |  |  |  |  |
| Witness   | Address   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

|  |   |                   |   |                     | ahr.             | 30            |                       | 10      | 05 2        |  |  |
|--|---|-------------------|---|---------------------|------------------|---------------|-----------------------|---------|-------------|--|--|
| Total No. 2.3.3.4                              | Yearly No                               |                   | Date of   | Entry               | engue.           |               |                       |         |             |  |  |
| Name of Deceased                               | atricia.                                | □ Divorced        | Cara  | ······              |                  | (What R       | ace)                  |         |             |  |  |
| Residence: Lamon                               | λ'                                      |                   |   | Wife□Widow}         | Age of Husband   |               |                       |         | · · · · · · |  |  |
| Charge to . Les Black                          | ke.                                     |                   |   |                     |                  | or Wite (it   | - II                  |         | r care      |  |  |
| Address  |   |                   | Complete Fune   |                     | outlays)         | • • • • • • • | \$                    | 75      | 00=         |  |  |
| Order given by                                 |   |                   | Casket<br>Burial Vault of   | T.                  |                  |               |                       | 7.5.    |             |  |  |
|  | (or informant)                          |                   | Embalming Bo  |                     | (State Kind)     |               |                       |         |             |  |  |
|  |   |                   | Doubon 0  | Ho                  | ime of Embalmer) | 81            | t II                  |         |             |  |  |
| If Veteran, State War                          |   |                   | Barber, \$  |                     |                  |               |                       |         |             |  |  |
| Occupation                                     | (Social Sect                            | urity Number)     | Suit or Dress (State Kind and Color)  |                     |                  |               |                       |         |             |  |  |
| Employer and Address                           |   | Q A M             | Slippers, \$<br>Folding Chairs  | I                   | Hose, \$         |               | 1                     |         |             |  |  |
| Date of Death Ales. 2.7.                       | Sate)                                   | (Hour)            | Candelabrum,  | \$                  | Candles, \$      |               | Ų                     | . 41-   | 00-         |  |  |
| Date of Birth May 27.                          |   |                   | Door Spray, \$  |                     | Gloves, \$       |               | ·f  ···               | 13.     |             |  |  |
| Age4   | (Months) (Days                          |                   | Funeral Car, \$<br>Limousines to  | Cemetery.           | mbulance, \$     |               |                       |         |             |  |  |
| Date of Funeral (Date)                         | wed                                     | 2 PM.             | Extra Limousi   | nes                 | @\$              |               |                       |         |             |  |  |
| Services at : : . Chate                        | (Day of Week)                           | (Hour)            | Autos to R. R.<br>Getting Rema  | Station             | Lesu             |               | -}                    |         |             |  |  |
| Clergyman : Russ Cole                          | *************************************** |                   | Taking Remai  | ns to               |                  |               | ]                     |         |             |  |  |
|  | 1, S (Address)                          |                   | Trip to Corone<br>Delivering Box  | er's Inquest        | A TO ble         | 1000          | ·  ···                |         |             |  |  |
| Religion of the Deceased!                      | 12.5                                    |                   | Delivering Box<br>Deliver Flower  | s to                | PA. P. 144. ATS  |               |                       |         |             |  |  |
| Birthplace                                     |   |                   | Removal Char  | ges                 |                  |               |                       |         |             |  |  |
| Resided in the State                           | r City or County) (Year                 | rs) (Months)      | Procuring Bur   | ial Permit.         | State Number an  | d Districe)   |                       |         |             |  |  |
| Place of Death                                 |   | ,                 | Procuring Bur —Certif.Copi Pall Bearer Se   | esof Death          | Certificates)    | Coroner's     | -                     |         |             |  |  |
| Cause of Death . 2 9 . 5                       | ed alegre                               | courses           |   |                     |                  | pei, \$. \.   |                       |         |             |  |  |
| Contributory Causes                            |   |                   | Gross Total for Sales Tax\$   |                     |                  |               |                       |         |             |  |  |
|  |   |                   | Cremation   |                     |                  |               |                       |         |             |  |  |
| Certifying Physician.                          | anen                                    |                   | Flowers, \$Palms, \$:Matting, \$  Rental of Tent, \$of Temporary Vault, \$  |                     |                  |               |                       |         |             |  |  |
| His Address                                    | (or Coroner)                            | 2.7               | Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$   |                     |                  |               |                       |         |             |  |  |
| Name of Father. Seo.                           | Blake                                   |                   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges  |                     |                  |               |                       |         |             |  |  |
| His Birthplace                                 |   |                   | Clergyman,\$Singers,\$Organist,\$   |                     |                  |               |                       |         |             |  |  |
| Maiden Name of Mother.                         | · Voluel No                             | wan               | Clergyman, \$ Singers, \$ Organist, \$ Railroad of Tickets, \$ Aero of Motor Tickets, \$ Pana Service, \$ Pana Servi |                     |                  |               |                       |         |             |  |  |
|  |   |                   | Telegr., Phone, Cable or Radio Charges  |                     |                  |               |                       |         |             |  |  |
| and and an |   |                   | Out of town Undertaker's Charges  |                     |                  |               |                       |         |             |  |  |
| Motor Ship Remains to                          |   |                   | Personal Service  |                     |                  |               |                       |         |             |  |  |
| Size of Casket 4                               | tate Color and Number)                  |                   | line Deat   | h Notices in        |                  | rs            |                       |         |             |  |  |
| Manufactured by                                |   |                   |   | (Names of New       |                  |               |                       |         |             |  |  |
| Cemetery Roze                                  |   |                   |   | (Names of Net       | vspapers)        |               |                       |         |             |  |  |
|  | Lot No. 1.7.3.                          |                   | Sales Tax   |                     |                  |               |                       |         | 5-0         |  |  |
|  | Grave No                                |                   | Total Footing   | of Bill             | 1.0              | e             | .8 /                  | 51      | 50          |  |  |
|  | Section No                              |                   | Less  | ··· May             | 3 50             |               | .\$                   |         |             |  |  |
|  | Block No                                |                   | 00  |                     | alance           |               | .\$                   |         |             |  |  |
| Diagram of Lot or Vault                        | Owner                                   |                   | Entered into l  |                     |                  | low.          |                       |         |             |  |  |
| Date   | Amount Paid                             | Balance           | Date  | HALFINE             |                  | Amount        | Paid                  | Bal     | lance       |  |  |
| To Above Balance                               |   | s                 |   | To Balance          | Forward          |               |                       |         | T           |  |  |
| By Payment                                     | ss                                      | s                 |   | . By Payme          | \$200 PAY (2010) | s             |                       |         |             |  |  |
| и и  | \$                                      | . s               |   |                     |                  | s             |                       | š       |             |  |  |
| и и  | \$                                      | \$                |   |                     |                  | \$            |                       | 8       |             |  |  |
|  | \$                                      |                   |   |                     |                  | \$            |                       | \$      |             |  |  |
| * *  | \$                                      |                   |   | . п п               |                  | \$            |                       | \$      |             |  |  |
| * *  | \$                                      |                   |   | . α α               |                  | \$            |                       | \$      |             |  |  |
| * *  | s                                       |                   |   | . а п               |                  | \$            |                       | \$      |             |  |  |
| Insurance \$                                   | Names of                                |                   |   | Insurance Companies | -                |               |                       |         |             |  |  |
| I hereby authorize the above Funera            |   | nt that I have s  | ufficient resources I   |                     | la to            | Vame of Fun   |                       |         |             |  |  |
| for the payment of aforesaid sum, ar           | nd I hereby covenant s                  |                   |   |                     | (Firm 1          | m date.       | eral Dire<br>Interest | to accr | ue from     |  |  |
| maturity at the rate of                        | .% per annum.                           |                   | Signed  | L                   |                  |               |                       |         |             |  |  |
| Witness  |   |                   | Addre   |                     |                  |               |                       |         |             |  |  |
|  |   | compiled by F. J. | FEINEMAN St. Louis  | , Mo.               |                  |               |                       |         |             |  |  |

| Total No. 23.25 Yearly No. 16   | Date of Entry   | 1            | 9.5.     |
|---|---|--------------|----------|
| Name of Deceased.   | - Rofield What Rac  | Peld         | •••••    |
| Residence: Lamari   | Whatstand Wife Widow Age of Husband or Wife (if live or   | ng)          | Years    |
| Charge to:  | Complete Funeral (except outlays)\$   | .67.8        | 08       |
| Address.  | Complete Funcial (Crosp   |              |          |
| Order given by(orinformant)   | Casket. Burial Vault or Box Cellia Vault (State Kind)   | 1>.5.        | .00.     |
| How Secured:  | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$  |              |          |
| If Veteran State War 200  | Barber, \$ Hair Dressing, \$  |              |          |
| Occumation 486-03-5755  | Barber, \$. Underwear, \$.  Dressing Body, \$. Underwear, \$.  Suit or Dress . (State Kind and Color)   |              |          |
| Employer and Address White Furniture Co   | Hose, S   |              |          |
| Date of Death, Rfu 28/5- 1 PM   |   |              |          |
| Date of Birth. July 1 1915 (Hour)   | Candelabrum, \$Candles, \$<br>Door Spray, \$Gloves, \$  |              |          |
| Age. 36   | Funeral Car. S Ambulance, p   |              |          |
| (Years), (Months) (Days)  | Limousines to Cemetery @ \$   |              |          |
| Date of Funeral. (Date) (Day of Week) (Hour)  | Antos to R. R. Station @ \$   |              |          |
| Services at Cotistium   | Getting Remains from  |              |          |
| Clergyman Rott Faruham (Address)  | Trip to Coroner's Inquest   |              |          |
| Religion of the Deceased  | Delivering Box to   |              |          |
| Birthplace Laurau   | Removel Charges   |              |          |
| Resided in the State (Months) (Years) (Months)  | Procuring Burial Permit   |              |          |
| Place of Death. & amou  | Procuring Burial Permit.  (State Number and District)  Certif.Copiesof Death Certificates No.  (State Population of Coronards)  Pall Bearer Service, \$ Use of Chapel, \$ |              |          |
| Cause of Death Steen Shot would.  | Pall Bearer Service, \$ Use of Chapel, \$   | 0/- 8        |          |
| Contributory Causes   | Gross Total for Sales Tax   | 803          | .0.0     |
| Contributory Cumum, TTT   | Cremation   |              |          |
| Certifying Physician. E. E. Haunel  | Flowers, \$Palms, \$Matting, \$   |              |          |
|   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb  |              |          |
| His Address.  Name of Father. James Schofield   | Lining Grave, \$ Lowering Device, \$  |              |          |
|   | Outlay for Shipping Charges   |              |          |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-Service,\$   |              |          |
|   | Telegr., Phone, Cable or Radio Charges  |              |          |
| Her Birthplace  | Cash Advanced   |              |          |
| Motor } Remains to Size of Casket (Stade Colorged Nulfber)                                  | Personal Service  |              |          |
| Size of Casket (State Colorand Neither) Manufactured by Much State (State Colorand Neither) | line Death Notices in Papers  |              |          |
| Manufactured by Rose Hell   | (Names of Newspapers)   |              |          |
| Cemetery . Rose Hell  | (reames of Reaspapers)  |              |          |
| Lot No / 6 8 4  | Sales Tax   | 8            | 03       |
| Grave No  | Total Footing of Bill   | 811          | 0 3      |
|   | Less 5.90 by May 10   | 40.          | 5-5      |
| Block No.   | Less 5% by May 10<br>Snewe 2500 Balance   | 770          | 4.8.     |
| Diagram of Let or Vault   | Entered into Ledger, pageor below.  | 7            |          |
| Date Amount Paid Balance  | Date Amount Pa  | id Ba        | lance    |
|   | To Balance Forward  | 8            | J        |
|   |   | s            |          |
| \$  |   | \$           |          |
| \$\$  |   | \$           |          |
| a a g   |   | \$           |          |
| а в в   |   | \$           |          |
| 8 8 8 8   |   | \$           |          |
| Insurance \$ Names of Lodges  | Incurrence \$   | \$           |          |
| Insurance \$  | Insurance   |              |          |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                    | the same will the King of Funera  | Directors.)  |          |
| maturity at the rate of% per annum.   | Signeddays from date. Int   | erest to acc | rue from |
|   |   |              |          |

| Total No. 2 326 Yearly No  | Date of Entry   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
|  | Date of Entry   |  |  |  |  |  |  |
| Name of Deceased. July B. Wildowed Divor   |   |  |  |  |  |  |  |
| Residence:   | orof Age of Husband or Wife (if living)   |  |  |  |  |  |  |
| Charge to: Mus Walling   | Complete Funeral (except outlays). \$ 316 10  |  |  |  |  |  |  |
| Address  | G I I   |  |  |  |  |  |  |
| Order given by(or informant)   | Burial Vault or Box . Albia Vault   |  |  |  |  |  |  |
| How Secured:   | Embalming Body(Name of Embalmer)  |  |  |  |  |  |  |
| If Veteran, State War Les  | Barber, \$Hair Dressing, \$   |  |  |  |  |  |  |
| Occupation Bruck Mason 478-14-9727   | Dressing Body, \$ Underwear, \$   |  |  |  |  |  |  |
| Employer and Address   | Suit or Dress (State Kind and Coler) Slippers, \$   |  |  |  |  |  |  |
| Date of Death May 1. 1952 3 PM   | [ Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |  |
| Date of Birth Lee 20 1882 (Bour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |  |  |  |  |  |  |
| Age 6 9  | Funeral Car, \$ Ambulance, \$   |  |  |  |  |  |  |
| Date of Funeral 5/4/5 2 Sun 2 P  | Limousines to Cemetery @ \$   |  |  |  |  |  |  |
| (Dafe) . (Day of Week) (Hour)  | Autos to R. R. Station  |  |  |  |  |  |  |
| Services at::: Lhapil  | Getting Remains from  |  |  |  |  |  |  |
| Clergyman: (Address)   | Taking Remains to. Trip to Coroner's Inquest  |  |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |  |  |  |  |
| Birthplace Gleuwood Ja   | Deliver Flowers to Removal Charges.   |  |  |  |  |  |  |
| Resided in the State (Months)  | Procuring Burial Permit.  |  |  |  |  |  |  |
| Place of Death. & auch   | Procuring Burial Permit (State Number and District)  Certif. Copiesof Death Certificates No. (State Number and District)  Pall Bearer Service, \$\(^{\text{State}}\) Use of Chappel, \$\(^{\text{State}}\). |  |  |  |  |  |  |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$   |  |  |  |  |  |  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 521 00 Outlay for Lot:  |  |  |  |  |  |  |
| ***************************************  | Cremation   |  |  |  |  |  |  |
| Certifying Physician. Et Samet   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |  |
| (or Coroner)   | Opening of Grave or Tomb  |  |  |  |  |  |  |
| Name of Father Lawrett Walling   | Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |  |
| His Distantant   | Outlay for Shipping Charges.  Clergyman,\$Singers,\$Organist,\$   |  |  |  |  |  |  |
| Maiden Name of Mother Mclinda Hershey  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$Palane Service,\$  |  |  |  |  |  |  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |
| Motor Remains to   | Cash Advanced   |  |  |  |  |  |  |
| Size of Casket. /3 Ret gray nek plus   | Personal Service  |  |  |  |  |  |  |
| Manufactured by R. of the Color and Number   | line Death Notices inPapers   |  |  |  |  |  |  |
| Cemetery Run Hill  | (Names of Newspapers)   |  |  |  |  |  |  |
|  | . (crames or renepayors)  |  |  |  |  |  |  |
| Lot No   | Sales Tax 5721  |  |  |  |  |  |  |
| Grave No   | Total Footing of Bill \$ 576 21   |  |  |  |  |  |  |
| Section No.  | Less . 5 7 10 167 11 8 2 6 31   |  |  |  |  |  |  |
| Block No.  | grave 2500) Belance. \$ 4.9.9. 90.  |  |  |  |  |  |  |
| Date Amount Poid Release   | Entered into League page. 1. O.or below.  |  |  |  |  |  |  |
| The same of the sa | e Date U Amount Paid Balance  |  |  |  |  |  |  |
|  | To Balance Forward  |  |  |  |  |  |  |
| By Payment\$\$   | By Payment \$ \$  |  |  |  |  |  |  |
|  | \$  |  |  |  |  |  |  |
|  | a a g   |  |  |  |  |  |  |
| a a \$ \$.   | и и   |  |  |  |  |  |  |
| я я \$ \$  |   |  |  |  |  |  |  |
| " " \$ \$  | м м м \$ \$   |  |  |  |  |  |  |
| 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 pe  |   |  |  |  |  |  |  |
| maturity at the rate of% per annum.  | Signed  |  |  |  |  |  |  |

Address.

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

| RECURD  | 1/1 ey 27  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Total No. 2.327 Yearly No /8  | Date of Entry 19.3   |  |  |  |  |  |  |
| Name of Deceased. Meddent. Relu. N. Diver. Residence: Lamon. Ja.                                | (What Race)  |  |  |  |  |  |  |
| Residence: Lauron Ja  | Grand Wife Widow Age of Musband or Wife (if living) Years  |  |  |  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)\$ .643 06  |  |  |  |  |  |  |
| Address   | Casket 125 66  |  |  |  |  |  |  |
| Order given by (orinformant)  How Secured:  | Embalming Body   |  |  |  |  |  |  |
| If Veteran State Wor 200  | Barber, \$Hair Dressing, \$<br>Dressing Body, \$Underwear, \$  |  |  |  |  |  |  |
| Compation accountant 479-22-8750  | Suit or Dress  |  |  |  |  |  |  |
| Employer and Address Downly Chevralet Co.   | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |  |  |  |  |  |  |
| Date of Death. May 26 195 - 9 PM  |  |  |  |  |  |  |  |
| Date of Birth. July / (Date) (Hour)   | Door Spray, \$ Ambulance, \$   |  |  |  |  |  |  |
| Age. (Years) (Months) (Days)  Date of Funeral 5/2 4/5> Thus. P.                                 | Limousines to Cemetery   |  |  |  |  |  |  |
| Date of Funeral 5/2 9/57 7hus. 2 Process at R J Date S Church (Hour)                            | Antos to R. R. Station   |  |  |  |  |  |  |
| Clergyman Post Farnham  | Getting Remains from Taking Remains to   |  |  |  |  |  |  |
| Religion of the Deceased(Address)   | Trip to Coroner's Inquest Delivering Box to  |  |  |  |  |  |  |
| Birthplace Lauren   | Deliver Flowers to Removal Charges.  |  |  |  |  |  |  |
| Resided in the State (or U.S. or City or County) (Years) (Months                                | Procuring Burial Permit.   |  |  |  |  |  |  |
| Place of Death. Zaman   | Procuring Burial Permit. (State Number and District)  — Certif. Copiesof Death Certificates No. (State Physician) or Coronards)  Pall Bearer Service, \$5 Use of Chapel, \$5 |  |  |  |  |  |  |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$ Gross Total for Sales Tax\$ 7.48   |  |  |  |  |  |  |
| Contributory Causes   | · Outlay for Lot   |  |  |  |  |  |  |
| 95 Pt   | Cremation Flowers, \$ Palms, \$ Matting, \$  |  |  |  |  |  |  |
| Certifying Physician  | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb to A Marchael 25 00   |  |  |  |  |  |  |
| His Address.  Name of Father Louis Franklin Hamme   |  |  |  |  |  |  |  |
| 777 707 (I 1  | Clergyman,\$. Singers,\$. Organist,\$.  Railroad Tickets,\$. Aero- plane Service,\$.   |  |  |  |  |  |  |
| Maiden Name of Mother Lilva Bula Wilson   | Aero- or Motor Tickets, \$   |  |  |  |  |  |  |
| Her Birthplace  | Cash Advanced  |  |  |  |  |  |  |
| Motor Ship Remains to   | Out of town Undertaker's Charges   |  |  |  |  |  |  |
| Size of Casket. 1/6. Mrn. Meur & C. Manufactured by   | line Death Notices inPapers  |  |  |  |  |  |  |
| Manufactured by   | (Names of Newspapers)  |  |  |  |  |  |  |
| Crematory \ Lot No /2 \- 2  |  |  |  |  |  |  |  |
| Grave No3   | Sales Tax 769  |  |  |  |  |  |  |
| Section No  | Total Footing of Bill. \$ \$ 0 0 6 9<br>Less 5 70 10 775 68 38 78  |  |  |  |  |  |  |
| Block No  | PA June Balance 8 76190  |  |  |  |  |  |  |
| Diagram of Lot or Yault Owner   | Entered into Ledger, pageor below.   |  |  |  |  |  |  |
| Date Amount Paid Balar  | ace Date Amount Paid Balance   |  |  |  |  |  |  |
| To Above Balance\$\$\$  | To Balance Forward \$  |  |  |  |  |  |  |
| By Fayment \$ \$  | By Payment.  |  |  |  |  |  |  |
| a a \$ \$   | 4 4 \$ \$  |  |  |  |  |  |  |
|   | в и и  |  |  |  |  |  |  |
| 4 4 8 8   | " " " " \$ \$ \$ \$  |  |  |  |  |  |  |
|   | # #\$\$  |  |  |  |  |  |  |
| Names of Lodges   | Insurance  |  |  |  |  |  |  |
| Insurance   | re sufficient resources Legally available to   |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to<br>maturity at the rate of |  |  |  |  |  |  |  |
| Witness   | Signed   |  |  |  |  |  |  |
| Compiled by P   | I SPINIPLEAN OF T  |  |  |  |  |  |  |

| Total No. 2.      | 328                 | Yearly No.           | 10         |  | Date  | - 6 Til- |             | July  | -15               |               | 19.5-2     |  |
|-------------------|---------------------|----------------------|------------|--|---|----------|-------------|---|-------------------|---------------|------------|--|
| Name of Dec       | easedJa             | ch Ed                | ve         | d U  | lute  |          |             |   | (What Re          |               |            |  |
| Residence:C       | Lamon               | S S                  | ،ب         | Divolced   |   |          | e□Widow}    |   |                   |               |            |  |
| Charge to: .4     | Janen 1             | V his                |            |  |   |          | 1 (except   | Age of Husbar<br>t outlays)   | ed or Wife (if li | ving)         | 9 00       |  |
| Address           | Wanen               | white                |            |  |   |          |             |   |                   | 2.5           | 00         |  |
| How Secured:      |                     | (or informant)       |            | T E  | mbalmina  | Rody     | , xxx       | (State Kind)  |                   |               |            |  |
|                   | ate War             | w                    |            | В  | larber. S.  |          | H           | Tame of Embalmentair Dressing,  | \$                |               |            |  |
| Occupation        |                     |                      |            | I  | Pressing Be   | ody, \$  |             | Underwe   | ar,\$             |               |            |  |
| Employer and      |                     | (Socia               | Security ! |  | uit or Dres   |          |             | te Kind and Color   | )                 |               |            |  |
| Date of Death     |                     | <b>ケレ</b>            |            | F  | lippers, \$.  | airs. S  |             | Hose, \$<br>Tarpaulin, \$   |                   |               |            |  |
|                   | Mar. 1.2.           | Date)                |            | (Hour) C   | landelabru  | m, \$.   |             | Candles, \$.  |                   |               |            |  |
|                   | 21                  | /. 1                 |            | I  | Joor Spray<br>Juneral Ca  | r. S     |             | Gloves, \$<br>Ambulance, \$   |                   |               |            |  |
| Age               | (Years)             | (Months)             | (Days)     | I  | imousines   | to C     | emetery     | @\$   |                   |               |            |  |
| Date of Funer     | (Date)              | (Day of Week)        | ···· /H    |  |   |          |             | @\$   |                   |               |            |  |
| Services at:::    | Colese              |                      |            | ······ G   | letting Re  | mains    | from.:      |   |                   |               |            |  |
| Clergyman::.      |                     | (Ad                  | Iress)     |  |   |          |             | t   |                   |               |            |  |
|                   | e Deceased          |                      |            | ······ I   | Delivering  | Box t    | 0           |   |                   |               |            |  |
| Birthplace        | Iles H              | some.                | . da       | т. т.  | Comovol C   | harna    | 0           |   |                   |               |            |  |
| Resided in the    | State               | or City or County)   | (Years)    | (Months) P   | rocuring I  | Burial   | Permit.     | /ALL: N   | i i bilili.       |               |            |  |
| Place of Deatl    |                     | ex. 8 Mi M           |            | ceula_   | Certif.C  | opies    | of Death    | (State Number a<br>Certificates<br>ate Physician's or<br>. Use of Cha | No                |               |            |  |
| Cause of Deat     | h. weck.            | broken i             | u. Cu      | to well  | all Bearer  | Servi    | ice, \$     | . Use of Cha  | pel, \$           |               |            |  |
| Contributory      | Causes              |                      |            |  | ross Tota<br>Outlay for   |          |             |   |                   | \$ 4.7.7      | 3.00.      |  |
|                   |                     |                      |            | C  | remation.   |          |             |   |                   |               |            |  |
| Certifying Phy    | vsician             |                      |            | F  | Flowers, \$Palms, \$Matting, \$  Rental of Tent, \$of Temporary Vault, \$   |          |             |   |                   |               |            |  |
| His Address       |                     | (or Coroner)         |            | C  | Opening of Grave or Tomb  |          |             |   |                   |               |            |  |
| Name of Fath      | er Wann             | White                |            | L  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges   |          |             |   |                   |               |            |  |
| His Birthplace    |                     |                      |            | 0  | lergyman  | \$       | Singer      | s,\$Orga  | nist,\$           |               |            |  |
| Maiden Name       | of Mother. MI       | and Le               | the        | al R   | Clergyman,\$Singers,\$Organist,\$  Railroad Tickets, \$Aero- or Motor Tickets, \$plane Service,\$  Telegr., Phone, Cable or Radio Charges |          |             |   |                   |               |            |  |
| Her Birthplac     |                     |                      |            |  | Cash Advanced   |          |             |   |                   |               |            |  |
| Motor) Remain     | ns to               |                      |            | 0  | ot of tow   | n Uno    | lertaker'   | 's Charges  |                   |               |            |  |
| Simo of Controt   | 1/2 Couch &         | tale - Rosel         | elle       | IMMUh-   | Personal Se   |          |             |   |                   |               |            |  |
| Manufactured      | hr R 0              | tate color and Numbe | r)         |  |   | eath 1   | Notices i   | nPap  | ers               |               |            |  |
| Cemetery )        | Rose H              | ill                  |            |  |   |          | Names of Ne | wspapers)   |                   |               |            |  |
| Crematory ) · · · |                     | Lot No / .           | 0 48       |  |   |          |             |   |                   |               |            |  |
|                   |                     | Grave No             | 4          |  | sales Tax   |          |             |   |                   | 475           | 72         |  |
|                   |                     | Section No.          |            | and the state of t | Cotal Foot  | ing of   |             |   |                   | \$ 7          |            |  |
|                   | A                   | Block No             |            |  | æss   |          |             | alance  |                   |               |            |  |
| Diagram of 1      | Lot or Vault        | Owner                |            | B  | Entered int   | o Lec    |             | eor b   | elow.             | φ             |            |  |
| Date              | A LANGE             | Amount               | Paid       | Balance  | Date  |          |             |   | Amount I          | aid ]         | Balance    |  |
| 10 10             | To Above Balance    | 2277                 | 73 .4      | 177 73   | 2011  |          | To Relend   | e Forward   |                   | . 7           | 2200       |  |
| July 18/50        | By Payment          |                      |            | 77 73  | Dec   | 1000     |             |   | 8. 15. 4          |               | 2 00       |  |
| uch 5/15-         | " Lycas             |                      |            | 347.73   | Jan 17.   | 3-3      | u u         |   | 815.              |               | 200        |  |
| Jug. 6. / 5-      | ely chack           |                      |            | 1.7.7.7.3  | Feb. 14.  | 53       | u u         |   |                   | 0. 8.2        | 7.00       |  |
| 925/54            | e, carl             | \$                   |            | 117 73   | Man 16  | 3.2      | « «         |   | \$1.5.            | 30.8.1        | 2.00.      |  |
| Flatin            | " " "               | s(?                  |            | 0200   | Ph. 12.   | 53       |             |   | \$/2. 0           | 2. \$         |            |  |
| 11.1.5.2          | 4 / 4 /             |                      | 00 8       | 7 2 00   |   | .,       |             | () of ::  | 3 Z               | coef          | ?          |  |
| 2./.3             |                     |                      | 8.         | F. 44  |   | 1        | insurance   | V   | ι <b>δ</b>        | \\$.(         |            |  |
| Insurance \$      |                     | Names of             |            |  |   |          | Companies   |   |                   |               |            |  |
|                   | ze the above Funera |                      |            |  |   |          |             |   | Name of Funer     | al Directors. | ;          |  |
| for the payment   | of aforesaid sum, a | % per ennum          | me and a   | gree to buy tr   | ie same with  |          |             | days fro  | om date. In       | terest to a   | ccrue from |  |

RECORD OF FUNERAL Yearly No. . 2 ... \_Husband Wife Widow . . or...... Charge to: Certhur ( Complete Funeral (except outlays)......\$ .688 00 Burial Vault or Box . Albia Vault Order given by ..... Embalming Body ..... How Secured: :. Barber, \$...... Hair Dressing, \$. If Veteran, State War . . Dressing Body, \$..... Underwear, \$.... Occupation Standard 478-34-17/3 Employer and Address Date of Death July 1-/52 Folding Chairs, \$..... Tarpaulin, \$. Candelabrum, \$..... Candles, \$.... Limousines to Cemetery . . . . @ \$ . . . 2.30 M. Extra Limousines . . . . @ \$ . . Autos to R. R. Station . . . . . @ \$ . . . Clergyman . : Trip to Coroner's Inquest ..... Religion of the Deceased . . . . Birthplace davis lity . Ja Deliver Flowers to . . Removal Charges.... Procuring Burial Permit. ... (State Number and District)

—Certif. Copies of Death Certificates No. ascela Last Pall Bearer Service, \$.... Use of Chapel, \$... \$ 8.1.3 00 Gross Total for Sales Tax..... Contributory Causes..... Outlay for Lot..... Cremation.... Flowers, \$.....Palms, \$.....Matting, \$ Certifying Physician....(or Coroner) Rental of Tent, \$ . . . . of Temporary Vault, \$ . Opening of Grave or Tomb..... Name of Father . Arthur Parker Lining Grave, \$..... Lowering Device, \$ Clergyman,\$...Singers,\$...Organist,\$...
Railroad Tickets, \$... Aero-Service,\$... His Birthplace . . . Maiden Name of Mother Ruth Doblon Telegr., Phone, Cable or Radio Charges . . . . Cash Advanced..... Her Birthplace . . Out of town Undertaker's Charges.... Motor Remains to . . . Size of Casket. Silver Metal Personal Service..... Manufactured by . . . . R State Color and N ..line Death Notices in . . . . Papers . . (Names of Newspapers) Cemetery ....

| Diagram of                                      | Grav<br>Secti<br>Bloc  | re Noion Nok Noer                                |                 | Total Footing of Less . 5.70 | of Bill  July 5  Balance 5  edger, page or b                   | \$                                    | 8 13<br>8 > 1 1 3<br>91 0 5<br>78.0.08 |
|---|--|--|-----------------|------------------------------|--|---------------------------------------|--|
| Date  |  | Amount Paid                                      | Balance         | Date                         |  | Amount Paid                           | Balance                                |
|   | To Above Balance By Payment  # # # # # # # # # # # # # # # # # #               | \$   |                 |                              | To Balance Forward.  By Payment.  a a  a a  a a  a a  a a  a a | \$                                    | \$                                     |
| Insurance \$ I hereby authority for the payment | Nami Lodg ze the above Funeral, and I of aforesaid sum, and I her rate of% per | es<br>hereby represent the<br>eby covenant and a | hat I have suff | icient resources Les         | Insurance Companies  rally available to  (Firm)  days fro      | Name of Funeral Di<br>m date. Interes | rectors.)                              |

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

Address ...

| Total No. 2. 3. 3. O. Yearly No 2/   | Date of Entry Culy 2 y 19.5.2  |
|--|--|
| Name of Deceased   | Date of Entry July 2 y 19.5.2  |
| Residence:   | Husband_Wife_Widow}  |
| Charge to: Mucomeis Sous   | or of Age of Husband or Wife of living. Years  |
| Address Kausas City  | Complete Funeral (except outlays)\$  |
| Order given by(or informant)   | Casket. Burial Vault or Box. Cloud Vault /59 00  |
| How Secured::  | Embalming Body (State Kind)  (Name of Embalmer)  |
| If Veteran, State War  | Darber, \$   |
| Occupation   |  |
| Employer and Address   | Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$.  |
| Date of Death(Date) (Hour)   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth  | Candelabrum, \$  |
| Age  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral. (Mouth)  (Mou | Limousines to Cemetery \$  |
| Services at : T. S. Church (Hour)  | Autos to R. R. Station   |
| Clergyman: Wilbur Prall.   | Getting Remains from   |
| Religion of the Deceased (Address)   | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace   | Deliver Flowers to   |
| The second secon | Removal Charges  |
| Resided in the State. (or U. S. or City or County) (Years) (Months) Place of Death   | (State Number and District) Certif. Conject Death Certificates No.   |
| Cause of Death:  | Procuring Burial Permit. (State Number and District)  Certif. Copiesof Death Certificates No. (State Provident vs Cornect*)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Contributory Causes.   | Gross Total for Sales Tax\$ 15.9.00  |
| Contributory Causes.   | Outlay for Lot: Cremation  |
| Certifying Physician.  | Flowers & Polms & Matting &  |
| (or Coroner)   | Rental of Tent, \$of Temporary Yault, \$Opening of Grave or Tomb. (E. A. Maribalt 15 0.0.  |
| His Address  | Lining Grave, \$Lowering Device, \$  |
| Name of Father,  | Outlay for Shipping Charges.  Clergyman, \$ Singers, \$ Organist, \$ JTOO.   |
| His Birthplace   | Clergyman, \$ Singers, \$ Organist, \$ J. J. D. Railroad Tickets, \$ plane Service, \$   |
| Maiden Name of Mother  Her Birthplace  | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
|  | Personal Service. Line of Liquid 4 50 00 line Death Notices in Papers  |
| Size of Casket   | line Death Notices inPapers  |
| Cemetery Cerematory  | (Names of Newspapers)  |
| Lot No 6.9.  |  |
| Grave No/  | Sales Tax  |
| Section No   | Total Footing of Bill \$ 2.72 /8   |
| Block No   | Less Od - Aug 6/5 7 \$   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance.  | To Balance Forward   |
| By Payment \$. \$  | By Payment\$\$   |
|  |  |
|  |  |
|  |  |
|  | \$   |
| ***************************************  | а и g e  |
| Names of   | Insurance<br>Companies.  |
| Insurance \$ Names of Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have s  | Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have s<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay   | (Firm Name of Funeral Directors.) the same within  |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
| Compiled by F. J. 1  | EINEMAN St. Louis, Mo.   |

| Total No. 2.3.3/ Yearly No. 2.2.  | Date of Entry19.3.  |
|---|---|
| Name of Deceased. John M. Merd  | orced (What Race)   |
| Residence:  | □ Husband □ Wite □ Widow of   |
| Charge to Mus anna Herbst   | Complete Funeral (except outlays)\$ .365 60   |
| Address   | Casket  |
| Order given by(orinformant)   | Burial Vault or Box(State Kind)   |
| How Secured:  | Embalming Body(Name of Embalmer)  |
| If Veteran, State War   | Barber, \$Hair Dressing, \$<br>Dressing Body, \$Underwear, \$   |
| Occupation custodian Mul.   | Dressing Body, \$. Underwear, \$.  Suit or Dress. (State Kind and Color)  |
| Employer and Address  | Slippers \$   |
| Date of Death, July 3/3-2   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth Sept 5 1877 (Hour   | Candelabrum, \$Candles, \$  |
| 1   | Funeral Car. \$Ambulance, \$  |
| (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |
| (Date) / (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |
| Services at Chafel  | Getting Remains from Taking Remains to  |
| Clergyman Rev Phinehart   | Trip to Coroner's Inquest   |
| Religion of the Deceased. Battuy  | · · · Delivering Box to   |
| Birthplace Hancin Co., Mo.  | Deliver Flowers to  |
| Resided in the State  | Procuring Burial Permit.  |
| Place of Death. Lamour  | Procuring Burial Permit.  — Certif. Copies of Death Certificates No.  — (State Physician or Conserva)  Pall Bearer Service, \$. Use of Chapel, \$.  |
| Cause of Death Mittal Steriosis   |   |
| Contributory Causes. Diabeter   | Gross Total for Sales Tax. \$ 36.57.60. Outlay for Lot.   |
| Continuony Causes   | Cremation   |
| Certifying Physician E & Samet  | Flowers, \$Palms, \$Matting, \$   |
|   | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb.  |
| His Address.  Name of Father. Les Merbet  | Lining Grave, \$Lowering Device, \$   |
|   | Outlay for Shipping Charges.  Clergyman. S. Singers. S. Organist. S.  |
| His Birthplace.   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$Aero-<br>or Motor Tickets,\$plane Service,\$  |
| Maiden Name of Mother. Sana Hammaek   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Out of town Undertaker's Charges.   |
| Motor Remains to  | Personal Service  |
| Size of Casket. //- Couch Sleech  | line Death Notices in Papers  |
| Manufactured by   | (Names of Newspapers)   |
| Cremetery ) Met Ollosant, Harrene   | (Names of Newspapers)   |
| Lot No  | Sales Tax 363   |
| Grave No  | Total Footing of Bill Als . 7 5 8 3 68 65   |
| Section No  | Less 570 leves 14 1 1111 8 18 43  |
| Block No  | Oda, MarBalance al \$ 350 22  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Bala   | nnce Date Amount Paid Balance   |
|   | To Balance Forward.   |
| By Payment\$\$  | By Payment. \$ \$   |
|   | \$ |
| \$ \$   | \$\$  |
|   | s s   |
| \$  | \$  |
|   | \$  |
| Names of  | Y   |
| Insurance \$Lodges  | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I ha                                      | ve sufficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to<br>maturity at the rate of% per annum. |   |
|   | Signed  |

| Total No Yearly No 3   | Date of Entry  |  |
|--|--|--|
| Name of Deceased. Single Widowed   | teckel   |  |
| Residence: Lamoni Widowed Divorced   | What River   |  |
| Andrews  | Or   |  |
| Charge to:   | 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  |  |
| Address  | a suprese I uneral (except outlays)  |  |
| Order given by(or informant)   | Casket Burial Vault or Box (State Kind) (State Kind)   |  |
| How Secured: :   | Embalming Body(State Kind)   |  |
| If Veteran, State War  | Barber, \$   |  |
| Occupation Husewife  | Dressing Rody & Underwoor \$   |  |
| Employer and Address (Social Security Number)  | Suit or Dress. (State Kind and Color) Slippors & Ulana & Color)  |  |
| Date of Death. aug 2 1952  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$  |  |
| Date of Birth Let 21 1870 (Hour)   | Candelabrum, \$ Candles, \$  |  |
| Age 8' /   | Door Spray, \$ :   |  |
| (rears) (Months) A (Days) _  | Limousines to Cemetery @ \$  |  |
| Date of Funeral Aug 6 5 Wed (Hour)   | Extra Limousines   |  |
| Services at Cleapel  | Autos to R. R. Station   |  |
| Clergyman Il ave Samet - Robt Famber   | Taking Remains to  |  |
| Religion of the Deceased.  | Trip to Coroner's Inquest Delivering Box to  |  |
| Birthplace fines Courty Ja   | Deliver Flowers to   |  |
| Resided in the State   | Removal Charges  |  |
| Place of Death   | Procuring Burial Permit. (State Number and District)  — Certif. Copies of Death Certificates No.                   |  |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |  |
|  | Gross Total for Sales Tax\$  |  |
| Contributory Causes.   | Outlay for Lot:  |  |
| & & U. +   | Cremation Flowers, \$ Palms, \$ Matting, \$  |  |
| Certifying Physician. E. E. Gamet (or Coroner)   | Rental of Tent. \$ of Temporary Vault. \$  |  |
| His Address  | Opening of Grave or Tomb. To A Markall 25 0.0.<br>Lining Grave, \$Lowering Device, \$                              |  |
| Name of Father. Jack Budley.   | Outlay for Shipping Charges.   |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$Railroad} Tickets,\$\text{Arco-Service,\$} Telegr., Phone, Cable or Radio Charges |  |
| Maiden Name of Mother  | or Motor / Dickets, \$ plane Service, \$ Telegr Phone Cable or Radio Charges                                       |  |
| Her Birthplace   | Cash Advanced  |  |
| Motor Remains to   | Out of town Undertaker's Charges   |  |
| Size of Casket Perf Shrul  |  |  |
| Manufactured by  | line Death Notices in Papers   |  |
| Cemetery Rose Hill   | (Names of Newspapers)  |  |
| Lot No 952   |  |  |
| Grave No3  | Sales Tax  |  |
| Section No.  | Total Footing of Bill  |  |
| Block No   | Less 5 % o u 3 %   |  |
| Owner  | Balance,   |  |
| Diagram of Lot or vault  | Date Amount Paid Balance   |  |
| Date Amount Paid Balance   |  |  |
| To Above Balance. \$457 0  |  |  |
| aug 5/5 By Payment 844 \$ 1.52 3 3 3   | By Payment \$  |  |
| 11 6 11 " " " " " " STREKEL \$ 152 3.3 \$  |  |  |
| " " " " " " " " " " " " " " " " " " "  |  |  |
| " Pd in full   | " " s s  |  |
|  | a a \$ \$  |  |
| s  | я я я s s s  |  |
| Names of   | Insurance<br>Companies.  |  |
| Insurance \$   | officient resources Legally available to.  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have a<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | fficient resources Legally available to (Firm Name of Funeral Directors.) the same within                          |  |
| maturity at the rate of% per annum.  | Signed   |  |
|  | Address  |  |
| Witness  |  |  |

| Total No. X. Yearly No   | . Date of Entry   | 19.7.             |
|--|---|-------------------|
| Name of Deceased Filed B. Z  | gsinger "What Race  |                   |
| Margied Single Widowed Divoce  | (What Race  |                   |
| Residence: Lauru   | or  | g) Years          |
| Charge to Mus Treed B. Lysinger.   | Complete Funeral (except outlays)\$   | 396 00            |
| Address  |   |                   |
| Order given by(orinformant)  | Casket. Burial Vault or Box Albia Vault   | 125 66            |
| How Secured: (or informant)  | (State Kind)  |                   |
| If Veteran, State War 100  | Barber, \$  |                   |
|  | Dressing Body, \$Underwear, \$  |                   |
| (Social Security Number)   | Suit or Dress (State Kind and Color)  |                   |
| Employer and Address   | Slippers, \$ Hose, \$   |                   |
| Date of Death. Quy 4 1952 5:30 9 A   |   |                   |
| Date of Birth Nov 8 1889   | Candelabrum, \$Candles, \$  Door Spray, \$Gloves, \$  |                   |
| Age 6 ~  | Funeral Car, \$Ambulance, \$  |                   |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |                   |
| Date of Funeral Ling 4/5 - Wild 2 P. M.  | Extra Limousines @ \$   |                   |
| Services at . J. J. church   | Getting Remains from  |                   |
| Clergyman. Ray Cheville, RottFarulaus  | Taking Remains to   |                   |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to   |                   |
| Birthplace Wright Courty Ja  | Deliver Flowers to  |                   |
| Resided in the State   | Removal Charges   |                   |
| O (or U. S. or City or County) (Years) (Months)                                    | Procuring Burial Permit(State Number and District)  |                   |
| Place of Death. X -em - Homulal  | Procuring Burial Permit.  —Certif Copies of Death Certificates No.  (State Physician's or Coroner's)  Pall Bearer Service, \$. Use of Chapel, \$. |                   |
| Cause of Death.  | Pall Bearer Service, \$ Use of Chapel, \$   |                   |
| Contributory Causes.   | Gross Total for Sales Tax\$   | 321.00            |
|  | Outlay for Lot.   |                   |
| Certifying Physician.  | Flowers, \$Palms, \$Matting, \$   |                   |
|  | Rental of Tent, \$ of Temporary Vault, \$   |                   |
| His Address.   | Opening of Grave or Tomb<br>Lining Grave, \$Lowering Device, \$   |                   |
| Name of Father Frank D. Lysinger   | Outlay for Shipping Charges.  |                   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero- plane Service,\$  |                   |
| Maiden Name of Mother Caroline Hayer   | or Motor Tickets, \$ plane Service,\$   |                   |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |                   |
| Motor Remains to   | Out of town Undertaker's Charges  |                   |
|  | Personal Service.   |                   |
| Size of Casket / State Cher and Number)  Manufactured by R (State Cher and Number) | line Death Notices inPapers   |                   |
|  | (Names of Newspapers)   |                   |
|  | (Names of Newspapers)   |                   |
| Lot No. 30 6   |   |                   |
| Grave No   | Sales Tax   | C3 1 21           |
| Section No   |   | 52621             |
| Block No   | Less . 5 9 0 by Aug 16 s  | 46. 3./           |
|  | Batancel ST. s  | 1.9.9. 9.0.       |
| Diagram of Locor value   | Entered into Ledger, page or below.   |                   |
| Date Amount Paid Balance   | Date Amount Paid  | Balance           |
|  | To Balance Forward  | \$                |
|  |   | . \$              |
| * *  | ······································  | . \$              |
| \$ \$  |   | . \$              |
| # # \$ \$  | ·········· « « ········ \$  | . \$              |
| \$ \$  |   | . s               |
|  |   |                   |
| \$\$   |   | 8                 |
| Names of Lodges  | Insurance<br>Companies  |                   |
| I hereby authorize the above Funeral, and I hereby represent that I have st        | ifficient resources Legally available to  |                   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay           | (Firm Name of Funeral D   | rectors.)         |
| maturity at the rate of % per annum,   | the same withindays from date. Intere   | st to accrue from |
|  |   |                   |

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

| Total No. 23.3.4 Yearly No. 25  | Date of Entry Seft 2.3   | 19,5.7-        |
|---|--|----------------|
| Name of Deceased. Single Widows Diverse   | elly (What Race)   |                |
| Residence: Aamour   | orof } Age of Husband or Wife (if livin  | estly<br>Years |
| Charge to:  | Complete Funeral (except outlays)\$  | 497.00         |
| t when her  | Contract   | 125 00         |
| How Secured: (orinformant)  | Burial Vault or Box Albia Vault  (State Kind)  |                |
| If Veteran, State War 40  | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$   |                |
| Occupation dousewill none   | Dressing Body, \$ Underwears Suit or Dress (State Kind and Color) Slippers, \$   | 17 85          |
| Employer and Address and home (Social Security Number)  | Suit or Dress (State Kind and Color)   |                |
| Date of Death Laft 19 1952 4 PM   | Folding Chairs, \$ Tarpaulin, \$   |                |
| Date of Birth. May 26 1876 (Hour)   | Candelabrum, \$ Candles, \$  |                |
| Age   | Door Spray, \$ Gloves, \$  |                |
| Date of Funeral (Date) (Day of Week) (Day of Week)  | Limousines to Cemetery @ \$  |                |
| Services at R. J. S. Church (Hour)  | Autos to R. R. Station @ \$  |                |
| Clergyman: Robert Faruham   | Getting Remains from   |                |
| Religion of the Deceased  | Trip to Coroner's Inquest  |                |
| Birthplace Quitario Canada  | Delivering Box to  |                |
| Posided in the State  | Removal Charges  |                |
| Place of Death. Author (Years) (Months)   | Cartif Copies of Death Cartificates No.  |                |
|   | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No conservation of Chaples, Supering Paul Bearer Service, Supering Conservation of Chaples, Supering Conservation of Chapter Conservation of C |                |
| Cause of Death:   | Gross Total for Sales Tax\$  | 639 95         |
| Contributory Causes.  | Outlay for Lot:  |                |
| Certifying Physician. L. Swanson  | Flowers, \$Palms, \$Matting, \$  |                |
| His Address   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb . To  | 25 00          |
| Name of Father. Hugh Willson.   | Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.  |                |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-plane Service,\$  |                |
| Maiden Name of Mother Runie Rinnell   | or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges  |                |
| Her Birthplace  | . Cash Advanced  |                |
| Motor Remains to  | Out of town Undertaker's Charges Personal Service  |                |
| Sin 10 1 Star Mararo stall  |  |                |
| Manufactured by A listate Cor and Number)   | line Death Notices inPapers  |                |
| Cemetery Crematory  | (Names of Newspapers)  |                |
| Lot No 15.7.  | Sales Tax  | 6.39           |
| Grave No  | Total Footing of Bill\$  | 698 34         |
| Section No  | Less 5.70 on 146.34 \$   | 6.39.00.       |
| Block No  | Balance\$  |                |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |                |
| Date Amount Paid Balance  | Date Amount Pa   | id Balance     |
| To Above Balance \$   | To Balance Forward   | \$             |
| By Payment  | By Payment \$  | \$             |
| * * *   | # " s.   | ss             |
|   | я « \$   | \$             |
| a a s   |  | \$             |
|   | \$   | \$             |
| я и ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | \$             |
| Insurance \$ Names of Lodges  | Insurance<br>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 withindays from date. Interest to accrue from maturity at the rate of |  |                |
|   | Address  |                |
| Compiled by F. J. FEINEMAN St. Louis, Mo.   |  |                |

| Total No. 2335 Yearly No. 24  | . Date of Entry Left 29 1  | 0 4-3       |
|---|--|-------------|
| Name of Deceased. Myrtle Th   | ornais   | 9.7         |
| Married Single Widowed Divorce  | d (What Race)  |             |
| Residence: Triff hurny Home, Klan   | orof Age of Husband or Wife (if living)  | Yearn       |
| Charge to . Q. At . U.  | Complete Funeral (except outlays)\$  | 00          |
| Address   | Casket.  |             |
| Order given by(or informant)  | Burial Vault or Box(State Kind)  |             |
| How Secured:  | Embalming Body(State Ring)   |             |
| If Veteran, State War   | Embalming Body(Name of Embalmer) Barber, \$  |             |
| Occupation Housekelper (Social Security Number)   | Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)   |             |
| Employer and Address  | Slippers, \$   |             |
| Date of Death Sept 27/5' 9:00/14  | Folding Chairs, \$ Tarpaulin, \$   |             |
| Date of Birth July 30 1866  | Candelabrum, \$  |             |
| Age. 86   | Funeral Car, \$ Ambulance, \$  |             |
| Date of Funeral 72.9/5 (Months) (Days)  Date of Funeral 72.9/5 (Months) (Days) 2.9 M. (Days) (Hour) | Limousines to Cemetery @ \$  | <br>        |
| Services at .: Clien fell (Hour)  | Autos to R. R. Station @ \$  |             |
| Clergyman.  | Getting Remains from   |             |
| Religion of the Deceased  | Trip to Coroner's Inquest  |             |
| Birthplace atlantic la  | Delivering Box to  |             |
| Resided in the State  | Damarral Chausan   |             |
| (or U. S. or City or County) (Years) (Months)   | Procuring Burial Permit.  Certif. Copies of Death Certificates No.  (State Number and District)  Certif. Copies of Death Certificates No.  (State Physician's or Corone's) |             |
| Place of Death. A. lan. Va  | Certif. Copiesof Death Certificates No. (State Physician's or Corener's) Pall Bearer Service, \$ Use of Chapel, \$   |             |
| Cause of Death  | Gross Total for Sales Tax\$  |             |
| Contributory Causes   | Outlay for Lot   |             |
|   | Cremation  |             |
| Certifying Physician. R. O. Un Marin  | Rental of Tent, \$ of Temporary Vault, \$  |             |
| His Address   | Opening of Grave or Tomb   |             |
| Name of Father  | Outlay for Shipping Charges  |             |
| His Birthplace  | Clergyman,\$. Singers,\$. Organist,\$. Railroad   Tickets, \$. Aero- or Motor / Tickets, \$. plane Service,\$. Telegr., Phone, Cable or Radio Charges.                     | • • • • • • |
| Maiden Name of Mother   | or Motor / Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges  |             |
| Her Birthplace  | Cash Advanced  |             |
| Motor Ship Remains to   | Out of town Undertaker's Charges   |             |
| Size of Casket C. A   |  |             |
| Manufactured by P. State Columnia Right   | line Death Notices inPapers'   |             |
| Cemetery Crematory . Rose Hell  | (Names of Newspapers)  |             |
| Lot No /9.0   | Sales Tax Lo Tof   |             |
| Grave No3   | Sales Tax  Total Footing of Bill Pd Dac 5 5 2 3 150  | 00          |
| Section No  | Less   |             |
| Block No  | we filed Got 2/92 Balance. 8   |             |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |             |
| Date Amount Paid Balance  | Date Amount Paid Bal   | ance        |
|   | To Balance Forward   |             |
| By Payment  |  |             |
| \$ \$   |  |             |
|   |  |             |
|   |  |             |
| и и с с   | *  |             |
| я и \$  | и и  |             |
| Names of Lodges.  | Insurance Companies  | 1           |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have si     | m :  |             |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                            |  | e from      |
| maturity at the rate of % per annum,  | Signed   | - Hom       |
| Witness   | Address  |             |
| Compiled by F. J. F   |  |             |

| Total No. 2. 3.36 Yearly No 2.7  | Date of Entry. Oct 7 1952  |
|--|--|
| Name of Deceased. Harry Wilcox   | Winter Raco)   |
| Residence: Colfex Turney Harry Collarge to: Malel Welcows 100            | or   |
| Address  | Complete Funeral (except outlays) \$ .795 05.  |
| Order given by(orinformant)  | Casket Semestick Burial Vault or Box Albea Daniet 12500  |
| How Secured::  | Embalming Body (State Kind)  Name of Embalmer)   |
| If Veteran, State War 20   | Barber, \$   |
| Occupation Farmer none   | Dressing Dodge @ IIndowspap &  |
| Employer and Address (Social Security Number)                            | Suit or Dress. (State Kind and Color)  |
| Date of Death. Oct 4/5- 3 PM   | Slippers, \$ (State Kind and Color) Hose, \$ Folding Chairs, \$  |
| Date of Birth. Jan (Date) 5-/1875 (Hour)                                 | Candelabrum, \$ Candles, \$  |
| 7  | Door Spray, \$   |
| Age, (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral. 19752 Tuls. 2 P.M.                                      | Extra Limousines   |
| Services at::: eliaful.  | Autos to R. R. Station   |
| Clergyman::  | Taking Remains to  |
| Religion of the Deceased(Address)  | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace Harrison Co Mo.   | Deliver Flowers to   |
|  | Removal Charges  |
| (or U. S. or City of Spunty) ( rears) ( atontas)                         | Procuring Burial Permit. (State Number and District)   |
|  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physical For Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:  | Gross Total for Sales Tax. \$ 920.00   |
| Contributory Causes  | Outlay for Lot:  |
|  | Cremation  |
| Certifying Physician. U. C. Sault  | Flowers, \$  |
| His Address .  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb . A A author  |
| Name of Father. J. E. Welcoyson  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges  |
|  | Clergyman,\$Singers,\$Organist,\$  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad \Tickets,\$Aero Service,\$   |
|  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Out of town Undertaker's Charges   |
| Motor Remains to   | Personal Service   |
| Size of Casket (State Color and Number)                                  | line Death Notices in Papers   |
| Manufactured by (State Color and Number)                                 | (Names of Newspapers)  |
| Cemetery Crematory Rose Hill   | (Names of Newspapers)  |
| Lot No 4.6.8   | Sales Tax 920  |
| Grave No   | Total Footing of Bill  |
| Section No   | Less 570 a 928 200 n a 1 8 76 46   |
| Block No   | Pl in fell Oct 195 - \$ 9.07 7.7.  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | e Date Amount Paid Balance   |
|  | To Balance Forward \$  |
| To Above Balance\$   | By Payment. \$ \$  |
| By Payment \$ \$   |  |
| 8 8  | a a  |
| 4 4 8 8  |  |
| # # \$ \$  |  |
|  | \$\$   |
| а а \$ \$  | a a\$\$  |
| Insurance \$   | Insurance<br>  |
| I hereby authorize the above Funeral, and I hereby represent that I have |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | sufficient resources Legally available to(Firm Name of Funeral Directors.)  ay the same withindays from date. Interest to accrue from                            |
| maturity at the rate of% per annum.                                      | Signed   |

| Total No. 2.3.37. Yearly No 2.8   | Date of Entry 19.5   |
|---|--|
| Name of Deceased.   | (What Race)  |
| Residence:  | Husband   Wife   Widow   Charley Out Months   Office   Wife (if living)   Years  |
| Charge to Mrs Hoerley Skachleton  |  |
| Address   | Complete Funeral (except oddings)  |
| Order given by(or informatt)  | Burial Vault or Box Clark Vault 165 00   |
| How Secured:  | Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$  |
| If Veteran, State War   | Barber, \$ Hair Dressing, \$   |
| Occupation kousewife une  | Dressing Body, \$ Underwear, \$ Suit or Dress. (State Kind and Color)  |
| Employer and Address  | Slippers, \$Hose, \$   |
| Date of Death Oct 15 1952 1220  | Kriding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. 200 14 186 4   | Door Spray. \$   |
| Age. 8.7  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral Q of 17/52 (Monthly Laye) P. M.                             | Extra Limousines   |
| Services at Oct Charlet (Hour)  | Autos to R. R. Station   |
| a D. Nedges   | Taking Remains to  |
| Religion of the Deceased  | Trip to Coroner's Inquest  |
| Birthplace Mouroe County Ia   | Deliver Flowers to   |
| Resided in the State  | Removal Charges  |
| Place of Death. Buthery (Months)  | Certif.Copiesof Death CertificatesNo   |
| Cause of Death.   | Procuring Burial Permit. (State Number and District)  —Certif. Copies of Death Certificates No. (State Psycholox or Copumer's)  Pall Bearer Service, \$ USeof. (Dispel, \$ |
| Contributory Causes.  | Gross Total for Sales Tax\$ 56 200   |
| Contributory Causes.  | Outlay for Lot.  |
| Certifying Physician, Dr. McCartaly   | Flowers, \$Palms, \$Matting, \$  |
| His Address Dethauy   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. Pd. A. Machall 25 20   |
| Name of Father. James Farmer  | Lining Grave, \$Lowering Device, \$  |
| His Birthplace.   | Outlay for Shipping Charges  |
| Maiden Name of Mother Release Mellu   | Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets, \$Aero- plane Service,\$. Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace.   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to  | Out of town Undertaker's Charges   |
| Size of Casket 6/3. 1/2 Couch Stray flow                                    | Personal Service   |
| Manufactured by (State Color and Number)                                    | line Death Notices in Papers   |
| Cemetery Crematory Race Heel  | (Names of Newspapers)  |
| Lot No. 150 b   |  |
| Grave No  | Sales Tax  |
| Section No  | Total Footing of Bill  |
| Block No  | Less   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page. Our below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance \$   | To Balance Forward \$  |
| By Payment \$ \$  | By Payment \$ \$   |
| ······································                                      |  |
|   |  |
| ***************************************                                     |  |
| 4 4 5   | \$   |
| s s s s   | *  |
| Insurance \$. Names of Lodges.  | Insurance Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have at | -Malant T . W . W. Li  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay    |  |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Address  |

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

| Total No. 2338 Yearly No. 29  | Date of Entry. Oct 30 1952   |
|---|--|
| Name of Deceased  | Cluthary What Race)  |
| Residence: La La  | or   |
| Charge to:  | Complete Funeral (except outlays)  |
| Address   | Casket.  |
| Order given by(orinformant)   | Burial Vault or Box(State Kind)  |
| How Secured:  | Embalming Body   |
| If Veteran, State War 200   | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.   |
| Occupation Music Teacher 481-26-6/28 (Social Security Number)   | Suit or Dress  |
| Employer and Address  | Suit or Dress (State Kind and Coler) Slippers, \$. Hose, \$.   |
| Date of Death Qut 27 195 2 5 FM (Hour)  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. Clug > 2 1889  | Door Spray, \$ ::Gloves, \$  |
| Age. (Very) (Months) (Dave)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral Oct 30/52 Thurs, 2 P.M.   | Extra Limousines @ \$  |
| Services at P.L. D. S. Church (Hour)  | Autos to R. R. Station   |
| Clergyman:  | Taking Remains to  |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to:  |
| Birthplace  | Deliver Flowers to   |
| Resided in the State.   | Removal Charges  |
| Place of Death, Leau Sarytte Months)  | Contif Conject Death Confidence No.  |
| Cause of Death. Memia   | Procuring Burial Permit.  (State Number and Datrict)  —Certif. Copies of Death Certificates No.  (State Productive Cornect's)  Pall Bearer Service, \$. Use of Chapel, \$. |
|   | Gross Total for Sales Tax. \$ 3.9.0.0  |
| Contributory Causes   | Outlay for Lot.  |
| 10 111 Name Daga  | Cremation  |
| Certifying Physician Us W Norman Doss   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address Company   | Opening of Grave or Tomb. A. Marshaut. 25  |
| Name of Father Mobert J. Authory His Birthniage   | Outlay for Shipping Charges  |
|   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Enrily Soddard  | or Motor Tickets, \$plane Service,\$   |
| Her Birthplace  | Cash Advanced  |
| Motor Remains to  | Out of town Undertaker's Charges   |
| Size of Casket 6/3. / Couch Rosewood  |  |
| Manufactured by   | line Death Notices inPapers  |
| Cemetery Rose Hill  | (Names of Newspapers)  |
| Lot No /7 > 0   | Sales Tax 300  |
| Grave No  | Total Footing of Bill \$ 4 & 2 9   |
| Section No  | Less 5 90 on 397.90, by 11-510 - 1922 \$ 19 80   |
| Block No  | Balance P. S. 403 20   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or pelow.  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance. S.  | To Balance Forward S   |
| By Payment \$ \$  |  |
|   | s:s  |
|   |  |
| ***************************************   | *  |
| # # e   |  |
| и и \$  | * * * * * * * * * * * * * * * * * * *  |
| Names of  | Insurance  |
|   | Insurance Companies.   |
| I hereby authorize the above Funeral, and I hereby represent that I have so<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | the same within days from date Vision of Funeral Directors.)   |
| maturity at the rate of% per annum.   | the same withindays from date. Interest to accrue from  Signed   |
|   |  |

| Total No. 2339 Yearly No. 30  | Date of Entry   |
|---|---|
| Name of Deceased. L. Stagle Widowed Divorced                                      | fiscott (What Race)   |
| Residence:  | Husband   Wife   Widow   Age of Husband or Wife (if living)   Years               |
| Charge to:  | Complete Funeral (except outlays).  |
| Address   | Complete Funeral (except outlays)   |
| Order given by  | Casket Burial Vault or Box(State Kind)  |
| How Secured:  | Embalming Body (State Kind)  [State Kind)  [Name of Embalmer)                     |
| If Veteran, State War. Mold Was II & Korla.                                       | Hair Dressing, S  |
| Occupation Salolin  | Dressing Body, \$Underwear, \$  |
| (Social Security Number) Employer and Address                                     | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$                        |
| Dit ID II   | Felding Chairs \$ Tarpaulin, \$   |
| Date of Death (Date) (Hour)   |   |
| Date of Birth   | Candelast min, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$                        |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery  |
| Date of Funeral   | Extra Limousines  |
| Services at   | Getting Remains from  |
| Clergyman(Address)  | Taking Remains to   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace  | Deliver Flowers to  |
| Posidad in the State  | Removal Charges.  |
| Resided in the State (or U. S. or City or County) (Years) (Months) Place of Death | (State Number and District) Certif. Conjesof Death Certificates No.               |
| Cause of Death Killed ly Every Fere   | Procuring Burial Permit.    Certif. Copies of Death Certificates No.              |
|   | Gross Total for Sales Tax\$   |
| Contributory Causes   | Outlay for Lot.   |
|   | Cremation   |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ of Temporary, Vault, \$  |
| His Address   | Opening of Grave or Tomb. A. Machen 15-00.<br>Lining Grave, \$Lowering Device, \$ |
| Name of Father  | Outlay for Shipping Charges   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$Railroad \ Tickets, \$pana Service,\$            |
| Maiden Name of Mother   | or Motor / Tickets, \$  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Out of town Undertaker's Charges.   |
| Size of Casket(State Color and Number)  | Personal Service, we of this 4.   |
| (State Color and Number)  | line Death Notices inPapers   |
| Manufactured by  Cemetery Crematory Aose Hell  This 1738                          | (Names of Newspapers)   |
| Lot No. 1738  |   |
| Grave No  | Sales Tax Co Tax  |
| Section No  | Total Footing of Bill   |
| Block No  | Less  |
|   | Balance\$   |
| Date Amount Paid Balance  | Entered into Ledger, page or below.   |
|   | Amount Taid Dames   |
| To Above Balance\$  | To Balance Forward\$  |
|   | By Payment  |
|   | ***************************************   |
| " " \$  | \$\$  |
| \$ \$ \$  | и и е , е   |
| # # \$ \$   |   |
| и и 8 8   |   |
| Insurance \$  | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have a        | Sufficient resources I con live 11-11-1-  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa           |   |
| maturity at the rate of% per annum.   | Signed  |
|   |   |

| Total No. 2340 Yearly No. 3/   | . Date of Entry. 19.5-2  |
|--|--|
| Name of Deceased Alssel Horsel Va. Married   Single   Widowed   Divorce  | udlesflutt (What Race)   |
| Residence: Lamoni Ja   | Husband Wife Widow or  |
| Charge to:   | Complete Funeral (except outlays)\$ .574.5 .06   |
| Address  | Conject  |
| Order given by   | Burial Vault or Box albia Dault 125 00   |
| How Secured:   | Embalming Body(State Kind)   |
| If Veteran, State War 40   | Barber, \$   |
| Occupation Teacher 481-16-9492   | Dressing Body, \$  |
| Employer and Address   | Suit or Dress. (State Kind and Coler) Slippers, \$   |
| Date of Death May 1 1952 6. PM   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth July 5 1881  | Candelabrum, \$Candles, \$Door Spray, \$::Gloves, \$   |
| Age. (Years) / (Months) / (Days)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 115/52 Wed 20 M  | Limousines to Cemetery   |
| Services at: Cla All (Day of Week) (Hour)                                | Autos to R. R. Station   |
| Clergyman: J. Barr Walter Hayes  | Taking Remains to  |
| Religion of the Deceased L. D. A. (Address)                              | Trip to Coroner's Inquest  |
| Birthplace . lecatur County  | Delivering Box to  |
| Resided in the State.  | Removal Charges  |
| Place of Death & Courty (Years) (Months)                                 | Cortif Conject Death Certificates No.  |
|  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (Sate Promise and District)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death generalized Carcinoma                                     | Gross Total for Sales Tax. \$ 690 06   |
| Contributory Causes  | Outlay for Lot:  |
| 11.11  | Cremation  |
| Certifying Physician . M   | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb & I. Marikall 25  |
| His Address  | Lining Grave, \$Lowering Device, \$  |
| Name of Father . Itake Vanderflutt                                       | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$plane Service,\$  |
| Maiden Name of Mother Auna Bullina                                       | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Personal Service   |
| Size of Casket 6/6 Rol End St. Weietone (Spec Cofty and Number)          | line Death Notices inPapers  |
| Manufactured by Coffs and Number)  | (Names of Newspapers)  |
| Cemetery Rose Will   | (Names of Newspapers)  |
| Lot No /2.76   | Sales Tax 690  |
| Grave No   | Total Footing of Bill \$ 721 90  |
| Section No.  | Less oleset  |
| Block No   | Pd in full Balance \$ 6.8.7. 0.0.  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward\$   |
| By Payment   | \$ \$ \$   |
| # # e e  |  |
| a a S S  | * * * * * * * * * * * * * * * * * * *  |
| # # \$ \$  |  |
| 4 4 \$ \$  |  |
| # # \$ \$  | а а  |
| Insurance \$ Names of Lodges   | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have | sufficient resources Legally available to.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | y the same within  |
| maturity at the rate of% per annum.                                      | Signed   |

| Total No. 23.4/ Yearly No32  | The uller town (What Race)   |
|--|--|
| Name of Deceased   | - But Feelleston   |
| Residence: Ringold County  | orof ) Age of Honoran of Hear  |
| Charge to: James of wellerton  | Complete Funeral (except outlays)\$ .443.66  |
| Address.   |  |
| Order given by   | Burial Vault or Box . (State Kind)   |
| How Secured:   | Embalming Body (Name of Embalmer) Barber, \$   |
| If Veteran, State War  | Dressing Body, \$ Underwear, \$  |
| Occupation Ansewife usue (Social Security Number)                        | Barber, \$. Hart Dressing, \$\times_{\text{Indewear}}\$ Dressing Body, \$\times_{\text{Indewear}}\$ Judettee Suit or Dress. \$\times_{\text{(State Kind and Color)}}\$ [State Kind and Color) Slinners. \$. Hose, \$\times_{\text{(State Kind and Color)}}\$ |
| Employer and Address   | Tarnaulin, S   |
| Date of Death. May 2 1952 10 PM (Hour)                                   |  |
| Date of Birth. aft 15 1867   | Door Spray, \$ Ambulance, \$   |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery   |
| Date of Funeral 1/5/52 Wed 10 A. M.                                      | Extra Limousines   |
| Services at Mst. den Catholic Cleurel                                    | Getting Remains from   |
| Clergyman Father Culhaul On la   | Taking Remains to  |
| Religion of the Deceased Catholic  | Delivering Box to  |
| Birthplace Tray, Mew York  | Deliver Flowers to Removal Charges.  |
| Resided in the State. (or U. 5. or City or Chydry) (Years) (Months)      | Procuring Burial Permit. (State Number and District)   |
| Place of Death.  | Procuring Burial Permit. (State Number and District)  Certif. Copies of Death Certificates No.  Certif. Copies of Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$  |
| Cause of Death Cerebral Gurbale  |  |
| Contributory Causes  | Gross Total for Sales Tax\$ .7.2.2 5.9.  |
|  | Cremation  |
| Certifying Physician. Ll. deshart  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address Beltiany, Mo.  | Opening of Grave or Tomb   |
| Name of Father James Mahedy  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$Railroad Tickets,\$plane Service,\$   |
| Maiden Name of Mother Sang Cleary  | or Motor Tickets, \$ plane Service,\$<br>Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace Ireland.  | Cash Advanced In underwear atte 379  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
| Size of Casket A.L. Silver Miles flate                                   |  |
| Manufactured by  | line Death Notices in Papers   |
| Cemetery Maple Rows, Kellerten   | (Names of Newspapers)  |
| Lot No.  | Sales Tax 7 80   |
| Grave No   | Total Footing of Bill. 8 7 9 2 0 9   |
| Section No   | Less 5% at 768 20 De 11 1 8 39 42.   |
| Block No.  | Balance s 75 8 67  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward\$   |
| By Payment \$ \$   | By Payment \$ \$   |
| \$   | \$ \$  |
| # # S e  | \$ \$  |
| " " ş  | ***************************************  |
| 4 4 \$ \$  | и «  |
|  | и и  |
| Names of Lodges.   | Insurance .  |
| I hereby authorize the above Funeral, and I hereby represent that I have | Lineurance Companies sufficient resources Legally available to The Name of Passes Description (Pine Name of Passes Description Stones Stones   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | y the same within  |
| maturity at the rate of% per annum,                                      | Signed.  |

| Total No. 2.3.4.2   | Yearly No3.                   |                | . Date o                      | f Entry  | M.w.  | 25                     | 1         | 9.5.2-  |
|---|-------------------------------|----------------|-------------------------------|--|---|------------------------|-----------|---------|
| Name of Deceased  | Mary Le                       | Divorced       |                               |  |   | (What Race)            |           |         |
| Residence: Lamoui   | Ja.                           |                | Husband                       | □Wife□Widow<br>of  | Age of Husban   | 1 or Wife (if living). |           | Years   |
| Charge to: . East. Ll   | vis                           | ·····-         |                               | AND STREET   | ot outlays)   |                        | 396       | 80      |
| Address   |                               |                | Casket                        |  | outling by  |                        |           |         |
| Order given by  | (or informant)                |                | <b>Burial Vault</b>           | or Box   |   |                        | . 7.5     | 00      |
| How Secured:  |                               |                | Embalming 1                   | Body   | Name of Embalmer  |                        |           |         |
| If Veteran, State War   |                               |                | Barber. S                     | H  | air Dressing,   | \$                     |           |         |
| Occupation . Housewif   | e                             | are            | Dressing Boo<br>Suit or Dress | іу, ф  | Underwes  | μ,φ                    |           |         |
| Employer and Address  |                               |                | Suppers, 5                    |  | . поse, ф   |                        |           |         |
| Date of Death. A.W. & 3   | 1952                          | (Hour)         | Folding Chai                  | rs, \$   | .Tarpaulin, \$ .Candles, \$   |                        |           |         |
| Date of Birth. Feb. 1.  | 18.59                         |                | Door Spray,                   | \$ : :   | .Gloves, \$   |                        |           |         |
| Age. 93   | Market                        |                | Funeral Car,<br>Limousines t  | \$   | Ambulance, \$   |                        |           |         |
| Date of Funeral 11/2 5/5-                                       | (Months) (Days)  Day of Week) | 2. P.M.        | Extra Limou                   | sines  | @\$   |                        |           |         |
| Services at : : . Chapel  | Day of Week)                  | (Hour)         | Autos to R. Getting Ren       | R. Station.  | @\$   |                        |           |         |
| Clergyman : Blain Je  | near                          |                | Taking Rem                    | ains to  |   |                        |           |         |
| Religion of the Deceased  | - D . 3 (Address)             |                | Trip to Coro<br>Delivering B  |  | st  |                        |           |         |
| Birthplace Hebra  | ika.                          | 1000           | Deliver Flow                  | ers to   |   |                        |           |         |
| Resided in the State  |                               |                | Removal Ch                    | arges  |   |                        |           |         |
| Place of Death. (or U.S. o                                      | City or County) (Years)       | al Months)     | Certif.Co                     | niesof Deatl   | (State Number as<br>h Certificates)   | d District)            |           |         |
| Cause of Death. Cereba  | 1 Hemorhaa                    | ,              | Pall Bearer S                 | ervice \$  | (State Number as<br>h Certificates)<br>State Physician's or<br>. Use of Cha | Coroner's)<br>pel, \$  |           |         |
|   | a//****/                      | Endinger :     | Gross Total                   | for Sales Ta   | x   | \$                     | 4.21      | 00      |
| Contributory Causes   |                               |                | Outlay for I<br>Cremation     | ot:  |   |                        |           |         |
| Certifying Physician.   | · Mamet                       | 12.10          | Flowers, \$                   | Palms,   | Matti   | ng, \$                 |           |         |
|   | (or Coroner)                  |                |                               |  | Temporary Va  |                        |           |         |
| His Address   | Willand                       |                | Lining Grave                  | e, \$L   | owering Devi  | ce, \$                 |           |         |
|   | verson.                       |                | Outlay for S                  | hipping Cha  | arges   | iet ¢                  |           |         |
| His Birthplace  | 1 60                          |                | Railroad Ticl                 | ets, \$  | rs,\$Orgai<br>Aero-Serv   | ice,\$                 |           |         |
| Maiden Name of Mother.  | ua jacou                      |                | Telegr., Pho                  | ne, Cable or   | Radio Charge  | s                      |           |         |
| Her Birthplace  | hond I                        |                | Cash Advan                    | ced<br>Undertaker  | 's Charges  |                        |           |         |
| Motor Remains to M. P Size of Casket //2 Con.                   | l asas                        | ·····          | Personal Ser                  | vice   |   |                        |           |         |
|   | ate Color and Number)         |                | line Dea                      | th Notices   | inPape  | rs                     |           |         |
| Manufactured by Roo   | atton                         |                |                               | (Names of N  |   |                        |           |         |
| Crematory \   |                               |                | Extra Ex                      |  |   |                        | 120       | 00      |
|   | Lot No                        |                | Sales Tax                     |  |   |                        | 4         | 2/      |
|   | Grave No Section No           |                | Total Footin                  |  | ·········   | \$                     | 54.5      | 3/      |
| BANK BERLEVIN   | Block No                      |                | Less . 5. 7. 0.               |  | 1101/-  | \$                     | .21.      | 2.5.    |
|   | Owner                         |                |                               | - 4  | Balance   | \$                     | 5.2.3     | 2.6.    |
| Diagram of Lot or Vauit  Date                                   |                               |                | Entered into                  | Ledger, pa   | geor be   |                        | 1         |         |
|   | Amount Paid                   | Balance        | Date                          |  |   | Amount Paid            | Bal       | ance    |
| To Above Balance  |                               | \$             | *                             | All the state of t | ce Forward  |                        | \$        |         |
| By Payment  |                               | \$             |                               | By Paym  | nent  | \$                     | \$        |         |
|   | 8                             | \$             |                               |  |   | gg                     | è         |         |
|   | \$                            | \$             |                               | # #  |   | \$                     | s         |         |
| и и   | \$                            | \$             |                               | " "  | ·   | \$                     | \$        |         |
| # #   |                               | \$             |                               | " "  | ·   | \$                     | \$        |         |
| и и   |                               | \$             |                               | # #  |   | \$                     | \$        |         |
|   | Names of                      |                |                               | Insurance<br>Companie  |   |                        |           |         |
| I hereby authorize the above Funeral                            |                               |                |                               |  | (Firm   | Name of Funeral Di     | rectors.) |         |
| for the payment of aforesaid sum, an<br>maturity at the rate of |                               | l agree to pay | the same within               |  | days fro  | m date. Intere         | t to accr | ue from |
| matarity at the rate of   | · /o per annum.               |                | Sign                          | ed   |   |                        |           |         |

| 13                                       | RECORD                                     | OF 10112 Har 30   |         |  |  |  |  |
|--|--|---|---------|--|--|--|--|
| Total No. 2343                           | Yearly No. 34                              | Date of -   | 194.    |  |  |  |  |
| Name of Deceased                         | Fuderick for                               | leuston (W) At Bace)  |         |  |  |  |  |
| Married Married                          | Divor                                      | occd   Husband   Wife   Widow   Sulda   Foliation    Ago of Husbander Wife (if living).   |         |  |  |  |  |
| Residence: Harrisan<br>Charge to: Hulele |  |   | Years   |  |  |  |  |
| Address.                                 | Journa                                     |   | 00      |  |  |  |  |
|  |  | CasketBurial Vault or Box (State Kind)  | · · · · |  |  |  |  |
| Order given by                           | (or informant)                             | Dady  |         |  |  |  |  |
| How Secured                              | ·····                                      |   |         |  |  |  |  |
| Occupation Janu                          | e me                                       | Dressing Body, \$   |         |  |  |  |  |
| Employer and Address                     | (Social Security Number)                   | Suit or Dress. (State Kind and Color)  Hose, \$. Hose, \$.  |         |  |  |  |  |
| Date of Death 200                        | 27 1952 10 P)<br>(Date) (Hour)             |   |         |  |  |  |  |
| Date of Birth. Oct                       | (Date) /8 80 (Hour)                        | Candelabrum, \$. Candles, \$.  Door Spray, \$. Gloves, \$.  |         |  |  |  |  |
| Age 72                                   |  | Candelabrum, \$   |         |  |  |  |  |
|  | (Months) (Days) 2 P N                      | Limousines to Cemetery . @ \$   |         |  |  |  |  |
| Services at Chap                         | (Hour)                                     | Autos to R. R. Station @ \$   |         |  |  |  |  |
| Clergyman. Out &                         | Pane                                       | Taking Remains to   |         |  |  |  |  |
| Religion of the Deceased                 | (Address)                                  | Trip to Coroner's Inquest Delivering Box to   |         |  |  |  |  |
| Birthplace Harais                        | en la Mo.                                  | Deliver Flowers to  |         |  |  |  |  |
| Resided in the State                     |  | Removal Charges   |         |  |  |  |  |
| Place of Death. Ham                      | S. or City or County) (Years) (Months)     | (State Number and District) Certif, Copiesof Death Certificates No.   |         |  |  |  |  |
| Cause of Death                           |  | Procuring Burial Permit.  Procuring Burial Permit.  Catalo Number and Districty  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |         |  |  |  |  |
| Contributory Causes                      |  | Gross Total for Sales Tax\$ 522   | 0.0.    |  |  |  |  |
| Contributory Causes                      |  | Outlay for Lot.   |         |  |  |  |  |
| Certifying Physician & & Samet           |  | Flowers, \$Palms, \$Matting, \$   |         |  |  |  |  |
| TT: 1.11                                 |  | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb.   |         |  |  |  |  |
| Name of Father. Rob                      | ert Johnston                               | Lilling Grave, S Lowering Device \$   |         |  |  |  |  |
| His Birthplace                           |  | Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$  |         |  |  |  |  |
| Maiden Name of Mother                    | Hargeret Com Smith                         | or Motor Tickets, \$ Aero- Sorrigo S  |         |  |  |  |  |
| Her Birthplace                           |  | Telegr., Phone, Cable or Radio Charges.   |         |  |  |  |  |
| Motor Remains to                         | ,,   | Out of town Undertaker's Charges  |         |  |  |  |  |
| Size of Casket 8/7-                      | Gray Jose. state (State Calculand Number)  | Personal Service.   |         |  |  |  |  |
| Manufactured by                          | (State California Number)                  | line Death Notices in Papers  |         |  |  |  |  |
| Cemetery Crematory                       | ne Hill                                    | (Names of Newspapers)   |         |  |  |  |  |
|  | Lot No 5 8 8                               |   |         |  |  |  |  |
|  | Grave No                                   | Sales Tax 5   | 12      |  |  |  |  |
| TAX STATE OF THE SAME                    | Section No                                 | Total Footing of Bill   | 2.7     |  |  |  |  |
|  | Block No                                   | Less 5%. by Sec. 10 th 3 3 6.   | 2.6.    |  |  |  |  |
| Diagram of Lot or Vault                  | Owner                                      | Entered into Ledger page or below.  | 5.7.    |  |  |  |  |
| Date                                     | Amount Paid Balance                        | Date Amount Paid Balan  |         |  |  |  |  |
| To Above Balar By Payment.               | ace\$                                      | To Balance Forward  |         |  |  |  |  |
| By Payment                               |  | By Payment.   |         |  |  |  |  |
|  | \$   |   |         |  |  |  |  |
|  | \$   |   |         |  |  |  |  |
| " "                                      | \$   |   |         |  |  |  |  |
|  | \$ \$                                      |   |         |  |  |  |  |
|  | Now /                                      | * * \$ \$   |         |  |  |  |  |
| Insurance \$                             | Names ofLodges                             | Insurance \$\$  | ****    |  |  |  |  |
| I hereby authorize the above Fune        | ral, and I hereby represent that I have su | Insurance Companies difficient resources Legally available to the same within Chra Mane of Passeal Directors days from date. Interest to accura                     |         |  |  |  |  |
| maturity at the rate of                  | % per annum.                               | the same within   | feette  |  |  |  |  |
| Witness                                  |  | Signed days from date. Interest to accrus   |         |  |  |  |  |
|  | Compiled by P. J. o.                       | Address. RINEMAN, St. Louis, Mo.  |         |  |  |  |  |
|  |  | MAN, St. Louis, Mo.   | OME.    |  |  |  |  |

| 9 44  | Date of Entry Dec 3   | 10 5-2-                            |  |  |  |
|---|---|------------------------------------|--|--|--|
| Total No. 2.3. 77. Yearly No. 3.5.  | Date of Entry   | 19%                                |  |  |  |
| Name of Deceased. Author Carnellou Single Widowed Divorces  | d (What Race  | )                                  |  |  |  |
| Residence: Januari  | Husband Wife Widow or   | ng)Years                           |  |  |  |
| Charge to: R.J. WW4   | Complete Funeral (except outlays)\$   | 565 00                             |  |  |  |
| Address   | Contest   |                                    |  |  |  |
| Order given by  | Burial Vault or Box   |                                    |  |  |  |
| How Secured: Cash -   | Embalming Body(Name of Embalmer)  |                                    |  |  |  |
| If Veteran, State War   | Barber, \$  |                                    |  |  |  |
| Occupation Farmer (Social Security Number)  | Dressing Body, \$Underwear, \$ Suit or Dress. (State Kind and Color) Hose \$  |                                    |  |  |  |
| Employer and Address  |   |                                    |  |  |  |
| Date of Death. Dec 3 1952 2 A.M. (Hour)   | Folding Chairs, \$Tarpaulin, \$<br>Candelabrum, \$Candles, \$   |                                    |  |  |  |
| Date of Birth Lug 29 1861   | Door Spray, \$  |                                    |  |  |  |
| Age (Years) (Months) (Days)   | Funeral Car, \$Ambulance, \$<br>Limousines to Cemetery@ \$  |                                    |  |  |  |
| Date of Funeral. 75752 Fue 2 M.M.   | Extra Limousines @ \$   |                                    |  |  |  |
| Services at: Mt. Pleasand   | Getting Remains from  |                                    |  |  |  |
| Clergyman:  | Taking Remains to   |                                    |  |  |  |
| Religion of the Deceased  | Delivering Box to   |                                    |  |  |  |
| Birthplace Ashland County, a kis  | Deliver Flowers to  |                                    |  |  |  |
| Resided in the State. (Months) (Years) (Months)   | Procuring Burial Permit.  |                                    |  |  |  |
| Place of Death. J. eau  | Procuring Burial Permit. (State Number and District)  —Certif. Copies of Death Certificates No. (State Physician) or Ceroner's) |                                    |  |  |  |
| Cause of Death Cerebal Numerhage  | Pall Bearer Service, \$ Use of Chapel, \$   | 67.5 00                            |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax\$ Outlay for Lot:   | 565 00                             |  |  |  |
|   | Cremation   |                                    |  |  |  |
| Certifying Physician / C. R. D. Norw.   | Rental of Tent, \$ of Temporary Vault, \$   |                                    |  |  |  |
| His Address . O   | Opening of Grave or Tomb<br>Lining Grave, \$Lowering Device, \$   |                                    |  |  |  |
| Name of Father. Www Campbell  | Outlay for Shipping Charges   |                                    |  |  |  |
| His Birthplace  | Clergyman \$  |                                    |  |  |  |
| Maiden Name of Mother Elizabeth Spearma   | Telegr., Phone, Cable or Radio Charges  |                                    |  |  |  |
| Her Birthplace  | Cash Advanced   |                                    |  |  |  |
| Motor Remains to Mt Olessaut, Ja  | Personal Service  |                                    |  |  |  |
| Size of Casket. Wile tone B. C. (State Color and Number)  | line Death Notices in Papers  |                                    |  |  |  |
| Manufactured by R. Down House, Mt Olcasau<br>Cemetery & Forust Home, Mt Olcasau                                 |   |                                    |  |  |  |
|   | Milage to Mt Pleasant   | 15 00                              |  |  |  |
| Lot No.   | Sales Tax   | 565                                |  |  |  |
| Grave No  | Total Footing of Bill\$   | 38563                              |  |  |  |
| Block No.   | Less. 1.0. /0.00 \$   | 5.7. 0.7.                          |  |  |  |
|   | Entered into Ledger, page D. Cor below.   | .5.2.8 .5.5.                       |  |  |  |
| Date Amount Paid Balance  |   | id Balance                         |  |  |  |
| To Above Balance \$   | To Balance Forward.   | Datatice                           |  |  |  |
| By Payment S S  | By Payment \$   | 8                                  |  |  |  |
|   | a a s   | \$                                 |  |  |  |
|   |   | \$                                 |  |  |  |
| « « \$ \$   |   | \$                                 |  |  |  |
| * * * * * * * * * * * * * * * * * * *   | " " s   | \$                                 |  |  |  |
| " " S S   | a # e   |                                    |  |  |  |
| Insurance \$. Names of Lodges.  | Insurance   |                                    |  |  |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have s                 | sufficient resources Levelly evallable to   |                                    |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | y the same within   | Directors.)<br>rest to accrue from |  |  |  |
|   | Signed  |                                    |  |  |  |
| Witness   | Address   |                                    |  |  |  |

| Total No. 2 345                      | Yearly No36                            | Date of                     | Entry.  |   |            | 9.2.4  |
|--------------------------------------|--|-----------------------------|---|---|------------|--------|
| Name of Deceased                     | of helma la                            | come l                      | V. M.   | (What Race)                             | 1.4        | *****  |
| Residence:                           | Ningle   Widowed   Divor               | ced □Husband⊅               | wife Widow Age of Husband                           | or Wife (if living                      | auce.      | ·      |
| Charge to: 3306 W                    | White                                  | or                          | of Ago of Husband                                   | s                                       | 535        | On     |
| Address. 4210 £ 14                   | the Ser Work                           | Complete Fune               | eral (except outlays)                               |   |            |        |
|                                      |  | Casket Burial Vault or      | Box (State Kind)                                    |   | 25         | 00     |
| Order given by                       | (or informant)                         | Embalming Bo                | (State Kind)  |   |            |        |
| How Secured:                         | 1/-                                    |                             | Weir Dressing.                                      | \$                                      |            |        |
| If Veteran, State War                | 000 A                                  | Dressing Body               | ,\$Underwea   | r,\$                                    |            |        |
| Occupation Selling                   | (() (Speial Security Number)           | ·   Suit or Dress           | read and Color)                                     |   |            |        |
| Employer and Address On              | Mories Oley y Trib                     |                             | Hose, \$  |   |            |        |
| Date of Death Dec. 8                 | (Date) (Hour)                          |                             |   |   |            |        |
| Date of Birth. Nov. 8                |  | Door Spray, \$              | Ambulance, \$                                       |   |            |        |
| Age(Years),                          | (Months) (Days) D                      |                             |   |   |            |        |
| Date of Funeral. 17/1/47.            | Thurs. 3 G                             | M. Extra Limousi            | nes @ \$  |   |            |        |
| Services at Cuch                     | Cay of week) (202)                     | . Cetting Remai             | ins from  |   |            |        |
| Clergyman Rev. S                     | cott der Mornes                        | m-1-ing Domnis              | ns to<br>er's Inquest                               | • |            |        |
| Religion of the Deceased             | / (Address)                            |                             |   |   |            |        |
| Birthplace Decate                    | Co , Ia                                | Deliver Flower              | s to  | • |            |        |
| Resided in the State                 |  | Removal Char                | ges   |   |            |        |
| (Or U, S.                            | or City or County) (Years) (Months     | Certif.Copi                 | al Permit (State Number an esof Death Certificates) | d District)                             |            |        |
| Cause of Death                       | 0                                      | Pall Bearer Ser             | rvice, \$ Use of Chap                               | pel, \$                                 |            |        |
|                                      |  | Gross Total for             | r Sales Tax   | \$                                      | 560        | 0.0    |
| Contributory Causes                  |  | Outlay for Lot<br>Cremation | i   |   |            |        |
|                                      |  | Flowers, \$                 | .Palms, \$ Mattir                                   |   |            |        |
| Certifying Physician                 | (or Coroner)                           |                             | ,\$of Temporary Va<br>ave or Tomb                   |   |            |        |
| His Address                          | Il Manage                              | Lining Grave,               | \$Lowering Device                                   | ce, \$                                  |            |        |
| Name of Father. Aluq                 | A. P. P. Com                           | Outlay for Ship             | pping Charges                                       |   |            |        |
| His Birthplace                       | Cama Chartlott                         | Railroad Ticket             | Singers,\$Organ                                     | ice \$                                  |            |        |
| Maiden Name of Mother                | pulle ordinar                          | Telegr., Phone.             | . Cable or Radio Charge                             | S                                       |            |        |
| Her Birthplace                       |  | Cash Advance                | d<br>ndertaker's Charges                            | •••••                                   |            |        |
| Motor Remains to                     | 3/2 71.0                               | Personal Service            | ce  |   |            |        |
| Size of Casket                       | State Color and Number)                | line Doubl                  | Notices inPape                                      |   |            |        |
| Manufactured by                      | Kell                                   | Death                       | (Names of Newspapers)                               | rs                                      |            |        |
| Cemetery } (/C.oze.                  |  |                             | (Names of Newspapers)                               |   |            |        |
|                                      | Lot No. 10.89                          | Sales Tax                   |   |   | 5          | 60     |
| 12 12                                | Grave No?                              |                             | of Bill   |   | 565        | 60     |
| 42/2                                 | Section No                             | Less . 5.7.                 |   | /cz 8                                   | 28         | 30     |
|                                      | Block No                               |                             | Pol Balance.  | s                                       | 537        | 3.0.   |
| Diagram of Lot or Vault              | Owner                                  |                             | edger, page or be                                   | low.                                    |            |        |
| Date                                 | Amount Paid Balan                      | ce Date                     |   | Amount Paid                             | Ba         | lance  |
| To Above Balance                     |  |                             | To Balance Forward                                  |   | 8          |        |
| By Payment                           | \$                                     |                             | By Payment  |   | . \$       |        |
|                                      | \$                                     |                             | . " "   | 5                                       | . \$       |        |
|                                      | 3                                      | *****                       | . "   |   | . \$       |        |
|                                      | \$                                     | *****                       | . " "   |   | . \$       |        |
|                                      | \$                                     |                             |   |   | . \$       |        |
| # # 1111                             | ss                                     |                             | и и   |   | . \$       |        |
| Insurance \$                         | Names ofLodges                         |                             | Insurance   |   | . \$       |        |
| I hereby authorize the above Funera  | al, and I hereby represent that I have | sufficient resources T      | Insurance<br>. Companies                            |   |            |        |
| for the payment of aforesaid suit, a | and I hereby covenant and agree to r   | ay the same within          | Early available to (Firm N                          | ame of Funeral D                        | irectors.) |        |
| maturity at the rate of              | % per annum.                           |                             |   | date. Intere                            | st to acci | ne mon |

| Total No. 23 44. Yearly No.                               | 37                 | Date of                       |  | Dec                           | -73                         |             | 19.5.2    |
|---|--------------------|-------------------------------|--|-------------------------------|-----------------------------|-------------|-----------|
| Name of Deceased Helen                                    | Yaru               | od L                          | ue with  | т.т. <del>т.</del><br>И       |                             | w.          |           |
| Married Single Widowed                                    | ☐ Divorced         |                               | Wife□Widow)                                      | 00                            | (What Rac                   | "ther       |           |
| Residence: & amou & Charge to: C. A. Sueuther             | ••••••             | or                            | Wine Midow                                       | Age of Husband                | or Wife (if liv             | ng)         | Years     |
| Address   |                    | Complete Fu                   | neral (except or                                 | ıtlays)                       | \$                          | .448.       | 00        |
| Owder given by  |                    | Casket                        |  | 1: 272                        | :::0x                       |             | 00        |
| How Secured: (or informant)                               |                    | Burial Vault                  | or Box All                                       |                               | بببب                        |             | 222.00    |
| If Veteran, State War                                     |                    | Embalming I<br>Barber \$      | Ody<br>(Name<br>Hair                             | of Embalmer)<br>Dressing      |                             |             |           |
| Occupation Bookseefu 480-38                               | . 111011           | Dressing Rod                  | T &  | IInderwea:                    | ,\$                         |             |           |
| Employer and Address Lamou Co- Spal S                     | Purity Numbers     | Suit or Dress                 | (State K   | ind and Color)                |                             |             |           |
| Date of Death Dec 10 1952                                 | 0.44               | Dirppers, φ                   | rs, \$Ta   | ος, ψ                         |                             |             |           |
| Date of Birth. 7/00 13 1897                               | (Hour)             | Candelabrum                   | , \$Ca<br>\$Glo                                  | ndles, \$                     |                             |             |           |
| Age 5-5   |                    | Funeral Car,                  | \$Aml  | oulance, \$.                  |                             |             |           |
| (Years) (Months) + (Da                                    | > P M              |                               | o Cemetery sines                                 |                               |                             |             |           |
| Date of Funeral (Date)  Services at: (Date) (Day of Week) | (Hour)             | Autos to R. I                 | R. Station                                       | @\$                           |                             |             |           |
| Clergyman Rev. Weed                                       |                    | Taking Rema                   | ains from  |                               |                             |             |           |
| Religion of the Deceased Methods                          | est l              | Trip to Coron                 | ner's Inquest .                                  |                               |                             |             |           |
| Birthplace Jawa   |                    | Deliver Flow                  | ers to   |                               |                             |             |           |
| Decided in the State                                      |                    | Removal Cha                   | rges   |                               |                             |             |           |
| Place of Death. (Ye                                       | (Months)           | Certif.Co                     | rial Permit piesof Death Ce (State) ervice, \$ U | te Number and<br>rtificates N | O                           |             |           |
| Cause of Death Caramona & Ove                             | 14-                | Pall Bearer S                 | ervice, \$ U                                     | se of Char                    | el, \$                      |             |           |
| Contributory Causes.                                      | 7                  |                               | or Sales Tax                                     |                               |                             | 5.7.3       | 00        |
| Concribatory Causes.                                      |                    | Cremation                     | ot:  |                               |                             |             |           |
| Certifying Physician Conformation (or Coroner)            | 1                  | Flowers, \$                   | Palms, \$ . :<br>nt, \$ of Ten                   | : :: Mattin                   | g, \$                       |             |           |
| His Address   |                    | Opening of G                  | rave or Tomb                                     | LOA M                         | sunar                       | 25          | 00        |
| Name of Father. West Formey                               |                    | Lining Grave<br>Outlay for Sl | , \$Lowe<br>nipping Charge                       | ring Devic                    | e, \$                       |             |           |
| His Birthplace.   | ,                  | Clergyman,\$                  | Singers,\$<br>ets, \$                            | Organ                         | ist,\$                      |             |           |
| Maiden Name of Mother Auna Cle                            | uk                 | or Motor Tick                 | ets, \$<br>ie, Cable or Rac                      | plane Servi                   | ce,\$                       |             |           |
| Her Birthplace  |                    | Cash Advance                  | ed   |                               |                             |             |           |
| Motor Ship Remains to                                     |                    |                               | Undertaker's C<br>vice                           |                               |                             |             |           |
| Size of Casket. Rose Tou stat                             |                    |                               | th Notices in                                    |                               |                             |             |           |
| Manufactured by (State Coltrand Number) Cemetery          |                    | nne Dea                       | (Names of Newspo                                 | Paper                         | S                           |             |           |
| Crematory )   |                    |                               | (Names of Newspi                                 | 2.572                         |                             |             |           |
| Lot No?   |                    | Sales Tax                     |  |                               |                             | 5           | 73        |
| Grave No  |                    | Total Footin                  |  |                               |                             | 643         | 73        |
| Block No  |                    | Less . 5. / 0.                | 0 1700 0   | 2/:                           |                             | 28          | .9. %.    |
| Diagram of Lot or Vault Owner                             |                    | Entered into                  | Ledger, page                                     | nce.                          |                             | 5.7.9.      | .7.2      |
| Date Amount Pa  |                    | Date Date                     | Deuger, page.                                    |                               | Amount P                    | aid B       | alance    |
| To Above Balance  |                    |                               | To Balance F                                     |                               |                             |             | - I       |
| By Payment. \$  | \$                 |                               | By Payment.                                      |                               |                             | \$          |           |
|   | \$                 |                               |  |                               |                             | \$          |           |
| · · · · · · · · · · · · · · · · · · ·                     | \$                 |                               |  |                               |                             | \$          |           |
| \$  | \$                 |                               |  |                               |                             | \$          | ;         |
| * * S.  | \$                 |                               |  |                               |                             | \$          |           |
| « «s.   |                    |                               |  |                               |                             | \$          |           |
| Insurance \$ Names of Lodges                              |                    |                               | Insurance<br>Companies                           |                               |                             |             |           |
| I hereby authorize the above Funeral, and I hereby repres | ent that I have su | fficient resources            |  | to                            | ame of Funer                |             |           |
| for the payment of aforesaid sum, and I hereby covenant   |                    |                               |  | (Firm N                       | ame of Funera<br>n date. In | erest to ac | crue from |
| maturity at the rate of% per annum.                       |                    | Signe                         | d  |                               |                             |             |           |

|     | Total No. 2347 Yearly No 38   | Date of Entry   | 4  |
|-----|---|---|----|
|     | Name of Deceased. Arthur Fuel   | Octkin ""   |    |
|     | Residence: a amoui - Polomung ton Tunn  | All MHusband Wife Widow) Selvin L. Pithin   |    |
|     | Charge to:  |   |    |
|     |   | Complete Funeral (except outlays)\$ .74.5 00  | è  |
|     | Address   | Casket  |    |
|     | Order given by. (orinformant)   | Casket  |    |
|     | How Secured:  | (Name of Embalmer)  |    |
|     | If Veteran, State War 18  | Barber, \$ Hair Dressing, \$<br>Dressing Body, \$ Underwear, \$   |    |
|     | Occupation farmer 478-36-1450 (Social Security Number)  | Suit or Dress (State Kind and Color)  |    |
|     | Employer and Address  | Slinners \$ Hose, \$  |    |
|     | Date of Death. 17 1952 /2:30 AA   | Candelabrum, \$Candles, \$  |    |
|     | Date of Birth. June 8 1894 (Hour)   | Door Spray, \$ Gloves, \$   |    |
|     | Age. (Yege) , (Months) , (Days)   | Funeral Car, \$   |    |
|     | Date of Funeral Por 19/5 - Hai (Boar) M.  | L Extra Limousines  |    |
|     | Services at . Clarel  | Autos to R. R. Station  |    |
|     | Clergyman Welber Puell.   | Taking Remains to   |    |
|     | Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to   |    |
|     | Birthplace Inva   | Deliver Flowers to  | i. |
|     | Resided in the State  | Removal Charges   |    |
|     | Place of Death, Bloomington James (Months)  | Procuring Burial Permit (State Number and District)  — Certif, Copies of Death Certificates No  (State Physician's or Corone's) |    |
|     | Cause of Death Acute Carmany occlusion  | Pall Bearer Service, \$ Use of Chapel, \$   |    |
|     |   | Gross Total for Sales Tax\$ 99000   | ,  |
|     | Contributory Causes.  | Outlay for Lot.   |    |
|     | Certifying Physician. Ill Swansun   | Flowers, \$Palms, \$Matting, \$   |    |
|     | His Address Laurum (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |    |
|     | Name of Father Mer W. Pethein   | Lining Grave, \$Lowering Device, \$   |    |
|     |   | Outlay for Shipping Charges   |    |
|     | His Birthplace  | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ Plans Service, \$   |    |
|     | Maiden Name of Mother. Sava Crew  | Telegr., Phone, Cable or Radio Charges  |    |
|     | Her Birthplace  | Cash Advanced. Out of town Undertaker's Charges.  |    |
|     | Motor) Remains to   | Personal Service  |    |
|     | Manufactured by Eccus (Sight Color Day Dymber Case)   | line Death Notices in Papers  |    |
|     | Manufactured by Colle   | (Names of Newspapers)   |    |
|     | Cemetery } Elk .  | (Names of Newspapers)   |    |
|     | Lot No  | Sales Tax 890   |    |
|     | Grave No  | Total Footing of Bill. \$ 89990   | 2  |
|     | Section No  | Less 500 by Day 19 8 94 95  | ð  |
|     | Block No  | Balance. s 85 y y 5   | 9  |
|     | Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.  | i  |
|     | Date Amount Paid Balance  | Date Amount Paid Balance  | ī  |
|     | To Above Balance  | 10 Balance Forward le   | i  |
|     | By Payment \$450.00 \$404 45  |   | ı  |
| -   | Feb 2/53 "Mea Pettrin \$100 00 \$ 304 4   |   |    |
|     | Men 19, 133 " " " " \$200 0.0 \$104 43  |   |    |
| ale | 3/55 . ". ". 195 . 000  |   | ø  |
| 7"  | " " ( )   | ***************************************   | -  |
|     | " . Jaga gar  | \$\$  |    |
|     | Names of Lodges.  | Insurance \$  | 8  |
|     | Insurance \$Loges.  I hereby authorize the above Funeral, and I hereby represent that I have su |   |    |
|     | for the payment of aforesaid sum, and I hereby covenant and agree to pay                        | the same within   |    |
|     | maturity at the rate of% per annum,   | Signeddays from date. Interest to accrue from   |    |
|     |   |   |    |

| Total No. 2.348                      | Yearly No 3 7.            |                 | Date of I  | Entry                    | Dec.                                    | 23 -              | 1             | 95.=-    |
|--------------------------------------|---------------------------|-----------------|--|--------------------------|---|-------------------|---------------|----------|
| Name of Deceased                     | sell Hur                  | Divorced        | fauco  | ck                       |   | (What Race        |               |          |
| Residence: amon.                     |                           |                 | Husband V  | Wife□Widow}              | ge of Husband                           | or Wife (if livis | g)            | Years    |
| Charge to :                          | Courty                    |                 | omplete Fune                                     |                          |   | \$                | 150           | 00       |
| Address                              |                           |                 | asket  | The second second second | ciays)                                  |                   |               |          |
| Order given by                       | .,,                       | В               | urial Vault or                                   | Daw                      | te Kind)                                |                   |               |          |
| How Secured::                        | oriniormant)              |                 |  |                          | te Kind)                                |                   |               |          |
| If Veteran, State War                | no                        | В               | mbalming Bo<br>arber, \$                         | Hair                     | Dressing,                               |                   |               |          |
| Occupation lelevery man              | a lea                     | ا يعي           | Pressing Body,                                   | \$                       | Underwear                               | ,\$               |               |          |
| Employer and Address                 | (Social Security          | Number)         | uit or Dress                                     | (State Ki                | nd and Color)                           |                   |               |          |
| Date of Death Dec. 21.               | 15-2 12:                  | 15 AME          | olding Chairs                                    | \$ Tar                   | paulin, \$.                             |                   |               |          |
| (7                                   | 1892                      | (Hour)          | andelabrum,                                      | \$Car                    | ıdles, Ş                                |                   |               |          |
| 1/60                                 |                           | I               | Door Spray, \$<br>uneral Car, \$                 | Amb                      | ulance, \$.                             |                   |               |          |
| Age. (Years)                         | Months) (Days)            | _ I             | imousines to                                     | Cemetery                 | @\$                                     |                   |               |          |
| Date of Funeral. 1723/5.             | Per of Week               | Hour) H         | extra Limousi                                    | nes                      | @\$                                     |                   |               |          |
| Services at Cha                      | al                        |                 | etting Remai                                     | ns from                  |   |                   |               |          |
| Clergyman aut La                     | ne                        | 7               | aking Remain                                     | is to                    |   |                   |               |          |
| Religion of the Deceased.,           | (Address)                 |                 | Prip to Corone<br>Delivering Box                 |                          |   |                   |               |          |
| Birthplace Wisco                     | usan                      | I               | Deliver Flower                                   | s to                     |   |                   |               |          |
| Resided in the State 4 > 5           | n'                        | H               | Removal Char                                     | ges                      |   |                   |               |          |
| Ø (or U. S. or                       | City or County) (Years)   | (Months)        | Cortif Coni                                      | earf Death Ce            | te Number and                           | District)         |               |          |
| Place of Death. Z. aug               | 10                        |                 | Procuring Buri<br>Certif.Copi<br>Pall Bearer Ser | wice \$ II               | hysician's or Char                      | el.S              |               |          |
| Cause of Death. Bunch                | al. Oineum                |                 | Fross Total for                                  |                          |   |                   |               |          |
| Contributory Causes                  |                           |                 | Outlay for Lot                                   |                          |   |                   |               |          |
|                                      |                           |                 | Cremation Flowers, \$                            | Dolme &                  | Mottin                                  | or \$             |               |          |
| Certifying Physician                 |                           | 1               | Rental of Tent                                   | \$of Tem                 | porary Va                               | ult,\$            |               |          |
| His Address                          | (or Coroner)              | (               | pening of Gr.                                    | ave or Tomb              |   |                   |               |          |
|                                      | Hancock                   | (               | ining Grave,<br>Outlay for Shi                   | pping Charge             | S                                       |                   |               |          |
| His Disthalese                       |                           |                 | Clergyman,\$. Railroad Ticket r Motor            | Singers,\$               | Organ                                   | ist,\$            |               |          |
| Maiden Name of Mother.               | comia Os                  | eggs o          | r Motor Ticke                                    | ts, \$                   | plane Serv.                             | ce,\$             |               |          |
| Her Birthplace                       |                           | 4               | Felegr., Phone<br>Cash Advance                   | d                        | no Charge                               | S                 |               |          |
|                                      |                           |                 | Out of town U                                    | 'ndertaker's C           | harges                                  |                   |               |          |
| Motor Remains to                     | Hins ea                   | 1.              | Personal Servi                                   | ce                       | • |                   |               |          |
| Size of Casket 7. 7                  | ate Color and Number      |                 | line Deatl                                       | Notices in               | Pape                                    | rs                |               |          |
| Manufactured by                      | Willo                     |                 |  | (Names of Newson         | mors)                                   |                   |               |          |
| Cemetery }                           |                           | ·······         |  |                          |   |                   |               |          |
|                                      | Lot No 803                |                 | Sales Tax  |                          |   |                   | 150           | 00       |
|                                      | Grave No                  |                 | Total Footing                                    |                          |   |                   | 150           | 00.      |
|                                      | Section No                |                 | Less . fiel of                                   | aled 1/87.               | 5 3                                     | \$                |               |          |
|                                      | Block No                  |                 | 1  |                          | nce                                     | \$                |               |          |
| Diagram of Lot or Vault              | Owner                     |                 | Entered into I                                   | edger, page.             | or be                                   | low.              |               |          |
| Date                                 | Amount Paid               | Balance         | Date   | Les liengers             |   | Amount P          | aid B         | alance   |
| To Above Balance                     |                           |                 | 1 1 1 1 1  | To Balance F             | orward                                  |                   | \$            |          |
| By Payment                           | s                         |                 |  | . By Payment.            |   | 3                 | \$            |          |
|                                      | ss                        |                 |  |                          |   | s:                | \$            |          |
|                                      | \$                        | s               |  |                          |   | š                 | \$            |          |
| 4 4                                  | \$                        | B               |  |                          |   | 3                 | \$            |          |
| 4 4                                  | \$                        | 3               |  | . a a                    |   | 3                 | \$            |          |
| a a                                  | \$                        | š               |  | " " " " .                |   | 3                 | \$            |          |
| я я                                  | \$                        | B               | <u> </u>   |                          |   | \$l               | \$            |          |
| Insurance \$                         | Names of                  |                 |  | Insurance<br>Companies   |   |                   |               |          |
| I hereby authorize the above Funera  | l, and I hereby represent | that I have sui | ficient resources I                              | egally available         | to(Firm)                                | ame of Funera     | d Directors 1 |          |
| for the payment of aforesaid sum, as | nd I hereby covenant and  | agree to pay    | the same within.                                 |                          | days fro                                | n date. In        | erest to ac   | rue from |
| maturity at the rate of              | .% per annum.             |                 | Signed   |                          |   |                   |               |          |

| Total No. 4.249 Yearly No. 40  | Date of Entry  |
|--|--|
| Name of Deceased Slonge M. Bru   | ggs w  |
| Residence: West Ales Mours La  | (What Race)  |
| Charge to Phillip Briggs   | or   |
| Address, 5/7 - > The St - West Des Morney &                                  | Complete Funeral (except outlays) \$ 5-95 00   |
| 01.00  | Casket   |
| Order given by Will Bugs   | Burial Vault or Box(State Kind)  |
| How Secured:   | Embalming Body   |
| If Veteran, State War  | Barber, \$   |
| Occupation Tlackes - College Valuation & Social Security Number              | Suit or Dress  |
| Employer and Address   | Suppers, \$nose, \$  |
| Date of Death Alec >6 1932 915 AM  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |
| Age 7.8  | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 1/28/52 Sees . 2,30PM  | Limousines to Cemetery @ \$  |
| Services at P. L. P. Short (Hour)  | Autos to R. R. Station   |
| Clergyman Roft Faruksun, R. Chevelle   | Getting Remains from   |
| Religion of the Deceased R. I.D. (Address)                                   | Trip to Coroner's Inquest  |
| Birthplace   | Delivering Box to  |
| Resided in the State   | Removal Charges  |
| (or U. S. or City or County) (Years) (Months)                                | Procuring Burial Permit(State Number and District)   |
| Place of Death West Der Wornes , La  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Certif. Copiesof Death Certificates No.  Pall Bearer Service. \$. Use of Chapter \$.  Live of Chapter \$. |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax  |
|  | Cremation  |
| Certifying Physician   | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb   |
| Name of Father   | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother  | Clergyman, \$. Singers, \$. Organist, \$. Railroad   Tickets, \$. plane Service, \$.   |
| Her Birthplace.  | Telegr., Phone, Cable or Radio Charges   |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |
| Sing of Cooker 6/6 rend lud Group Co. Class                                  | Personal Service.  |
| Manufactured by Root (State Color and Number)                                | line Death Notices in Papers   |
| Cemetery Rose Heel   | (Names of Newspapers)  |
| Lot No. 1441 — 9   |  |
| Grave No.  | Sales Tax  |
| Section No.  | Total Footing of Bill  |
| Block No   | Less 70 hr   |
| Diagram of Lot or Vault Owner.   | Plus 2 1 Balance   |
|  | Entered into Ledger, pageor below.   |
|  | Date Amount Paid Balance   |
| To Above Balance   | To Balance Forward\$   |
| By Payment \$ \$   |  |
| 4 4 6  |  |
| * * s s  | \$   |
| « « § §.   | * \$   |
| « " \$ \$  | и и  |
| я я \$ \$  | а а  |
| Insurance \$   | Insurance Companies  |
| I hereby authorize the above Funeral, and I hereby represent that I have suf | ficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay t   | he same within   |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
| Compiled by P. J. SR   | NEMAN, St. Louis, Mo.  |

| Total No. 23.50 Yearly Non. 41.  | Date of Entry. Dec. 30 19.5.2  |
|--|--|
| Tome of Deceased Sakel We  | ou.  |
|  | (What Race)  |
| Residence Decater Co U. of Lameni  | Husband Wife Widow }   |
| Tharge to: Fred Wion   | orof } Age of Husband or Wife (if living)  |
| Address  | Complete Funeral (except outlays)  |
| Order given by Fred Wen  | Casket.  |
| How Secured: :   | Burial Vault or Box (State Kind)   |
|  | Embalming Body(Name of Embalmer)   |
| If Veteran, State War  | Barber, \$. Hair Dressing, \$.  Dressing Body, \$. Underwear, \$.  |
| Occupation Mesawife (Social Security Number)                             | Suit or Dress. (State Kind and Coler)  |
| Employer and Address   |  |
| Date of Death Alexander (Date)   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Jan 3 1870  | Candelabrum, \$Candles, \$<br>Door Spray, \$Gloves, \$   |
| Age.   | Funeral Car, \$ Ambulance, \$  |
| (Isars) (Montos) (Days)  | Limousines to Cemetery @ \$  |
| (Day of Week) (Hour)   | Extra Limousines   |
| Services at : : Wim resealing  | Getting Remains from   |
| Olergyman: Oles . 05 allamyre  | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace   | Deliver Flowers to   |
| nuided in the State  | Removal Charges.   |
| Place of Death. W. Sept. Works   | (State Number and District)  Certif Conject Death Certificates No.   |
|  | Procuring Burial Permit. (Bata Number and District)  —Certif. Copies of Death Certificates No. (State Physician's Commer's)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death Hypeutalic Precumonia                                     | Gross Total for Sales Tax  |
| Contributory Causes. Resulcious Augura                                   | Outlay for Lot:  |
|  | Cremation  |
| Certifying Physician. 7. J. W. Wheth                                     | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address . Lat a (or Coroner)   | Opening of Grave or Tomb   |
| Name of Father. Fucderick Wish   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges   |
|  | Clergyman,\$Singers,\$Organist,\$  |
| His Birthplace. Managent James   | Clergyman,\$. Singers,\$. Organist,\$.  Railroad Tickets, \$. Aero-Service,\$.  The Physic Calle on Regis Cleaves  |
| Maiden Name of Mother Margeret James                                     | Telegr., Phone, Cable of Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Personal Service   |
| a call 6/6 par.  | line Death Notices inPapers  |
| Manufactured by Balean Coloned Nothing Stewarts                          | (Names of Newspapers)  |
| Cemetery Crematory \ dlecatur  | (Names of Newspapers)  |
| Lot No.  |  |
| Grave No   | Sales Tax  |
| Section No   | 1000 1000 1  |
| Block No   | Less \$ 11 5 3 \$ 37 37 \$ 6.56 > 3  |
| 0  | Entered into Ledger, page or below.  |
| Diagram of Lot or vault  |  |
| Date Amount Paid Balance   |  |
| To Above Balance \$  | To Balance Forward \$  |
| By Payment \$ \$   |  |
| \$   |  |
| # # \$ \$  |  |
| # # \$ \$  |  |
| 4 4 \$ \$  |  |
| ***************************************                                  | и и д д  |
|  | Insurance  |
| Insurance \$ Names of Lodges   | Insurance<br>Companies.  |
| I have by outlooked the shows Forered and I hereby represent that I have | sufficient resources Legally available to (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p   | ay the same withindays from date. Interest to accrue from  |
| maturity at the rate of% per annum.                                      | Signed   |
| Witness  | Address  |
| Compiled by P. J   | FEINEMAN St. Louis, Mo.  |

| Total No Yearly No   | Date of Entry  |
|--|--|
| Name of Deceased John Clibert Co   | udeisau  |
| ☐ Married ☐ Single ☒ Widowed ☐ Divorces                                    | Husband   Wife   Widow) Sara Willerson   |
| Residence:   | or   |
| Charge to Carl anderson  | 1 1 000  |
| Address  | Complete Funeral (except oddays)   |
| Order given by Carl Chiclerry & brothers                                   | Casket. Burial Vault or Box  |
| How Secured:   | (State Kind)   |
| If Veteran, State War 200  | (Name of Embalmer) Hein Ducceiper  |
|  | Dressing Body \$ Underwear \$ 05   |
| Occupation Lannu (Social Security Number)                                  | Suit or Dress. flee furt /6 50 (State Kind and Color) Slippers, \$   |
| Employer and Address . All employed  | Slippers, \$ Hose, \$  |
| Date of Death  | Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$   |
| Date of Birth. ALC. 2. 1864.   | Door Spray, \$   |
| Age88  | Funeral Car, \$Ambulance, \$   |
| Date of Funeral. 1/18/5.3 (Months) (Days) Z.P. M.                          | Limousines to Cemetery@ \$   |
| Date of Funeral. 18 5 3 Sen. M. M. (Hour)                                  | Autos to R. R. Station @ \$  |
| Services at : Charles (Day of Week) (Hour)                                 | Getting Remains from   |
| Clergyman (Address)  | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace   | Deliver Flowers to   |
| Resided in the State 34 400 (Months) (Months) (Months)                     | Procuring Burial Permit.   |
| Place of Death. Lawary (another) (Montan)                                  | Procuring Burial Permit. (State Number and District) Certif.Copiesof Death Certificates No. (State Physician's Corcest") Pall Bearer Service, \$. Use of Chapel, \$. |
| Cause of Death Branchal Pulumonia  | Pall Bearer Service, \$ Use of Chapel, \$  |
|  | Gross Total for Sales Tax\$ 7.0.1.   |
| Contributory Causes. Meura   | Outlay for Lot   |
|  | Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Yault, \$ Opening of Grays or Tomb (\$P. Marshall 25500)   |
| Certifying Physician   | Rental of Tent, \$ of Temporary Yault, \$  |
| His Address  | Opening of Grave or Tomb & R. Marikal 25 00<br>Lining Grave, \$ Lowering Device, \$  |
| Name of Father Charles ! Anderson  | Outlay for Shipping Charges.   |
| His Birthplace   | Clergyman, S Singers, S Organist, S  |
| Maiden Name of Mother, ast known   | Railroad or Motor Tickets, \$ Aero-plane Service, \$   |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Ship Remains to Sel Metal  | Personal Service   |
|  | line Death Notices inPapers  |
| Manufactured by A state Coor and Number)                                   | (Names of Newspapers)  |
| Cemetery Crematory Nose Hell   | (reames of reesspapers)  |
| Lot No / 7 //  | Sales Tax 7 07   |
| Grave No   | Total Footing of Bill. 8 739 20  |
| ' Section No   | Less 5% 14 Jan 28 at 7/4 25 8 35 70  |
| Block No   | PA Balaffee 28/53 s 703 50   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  |  |
|  | To Balance Forward   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | ······································   |
| Names of Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | y the same within  |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
| Compiled by F. J.  | PRINEMAN, St. Louis, Mo.   |

| Total No. 2.3.52 Yearly No                                  | 2                 | Dete et                             | Thetan                         | OF O                              | R,                              | 1           | 9.5-3    |
|---|-------------------|-------------------------------------|--------------------------------|-----------------------------------|---------------------------------|-------------|----------|
| Name of Deceased Laura El                                   | lou 1             | Date of                             | entry                          |                                   |                                 |             |          |
| ☐ Married ☐ Single ☑ Widowed                                | ☐ Divorced        | ( <del></del>                       | MIN                            |                                   | (What Race                      | )           |          |
| Residence: Lamoni Ja  |                   |                                     | Wife   Widow }                 | Age of Husban                     | 1 or Wife (if livis             | ng)         | Years    |
| Charge to: Q. A. O. 9. Mu Dick Fla                          | weis.             | Complete Fur                        |                                |                                   | e                               | 150         | 00       |
| Address   |                   | Casket                              | SOCIETY OF THE PERSON NAMED IN | Outlays)                          |                                 |             |          |
| Order given by My Week Flow                                 |                   | Burial Vault                        | or Box                         | (State Kind)                      |                                 |             |          |
| How Secured:  |                   | Embalming E                         | lody                           | ame of Embalmer                   |                                 |             |          |
| If Veteran, State War                                       |                   | Barber, \$                          |                                | ir Dressing,                      | \$                              |             |          |
| Occupation learnslevife (Social Sec                         | urity Number)     | Dressing Bod<br>Suit or Dress       | у, ф                           |                                   | μ,φ                             |             |          |
| Employer and Address  |                   | Suit or Dress                       | (Sta                           | Hose, \$                          |                                 |             |          |
| Date of Death Jan .29-1953                                  | 11 12 M           | Folding Chair<br>Candelabrum        | S,                             | rarpaulin, a                      |                                 |             |          |
| Date of Birth. Left / (Date) 865                            |                   | Door Spray,                         | \$ : :                         | Gloves, \$                        |                                 |             |          |
| Age. (Months) (Days   |                   | Funeral Car,<br>Limousines to       | \$A                            | mbulance, \$                      |                                 |             |          |
| Date of Funeral. 2/1/5 3 (Months) (Days                     | 9. A.M.           | Extra Limous                        | sines                          | @\$                               |                                 |             |          |
| Services at Chapel & Course                                 | · da              | Autos to R. I<br>Getting Rem        |                                |                                   |                                 |             |          |
| Para de la maria  |                   | Taking Rema                         | ins to                         |                                   |                                 |             |          |
| Religion of the Deceased R. L. D. S (Address)               |                   | Trip to Coron<br>Delivering Bo      | ner's Inques                   | i                                 |                                 |             |          |
| Birthplace Ollmoi   |                   | Deliver Flow                        | ers to                         |                                   |                                 |             |          |
| Resided in the State > 5 - 4M                               |                   | Removal Cha                         | rges                           |                                   |                                 |             |          |
| Place of Death. Lausur Sa.                                  | m) (Montha)       | Procuring Bu Certif.Cop             | iesof Death                    | (State Number at<br>Certificates) | d District)                     |             |          |
| Cause of Death. Bronchiel Que                               | Linnia            | Pall Bearer S                       | ervice, \$                     | ute Physician's or<br>Use of Cha  | Coroner's)<br>pel, \$           |             |          |
|   |                   | Gross Total f                       | or Sales Tax                   |                                   | \$                              |             |          |
| Contributory Causes. Coliti                                 |                   | Outlay for La<br>Cremation          |                                |                                   |                                 |             |          |
| Contifuing Physician & E. Launt                             | •••••             | Flowers, \$                         | Palms, \$                      | Matti                             | ng, \$                          |             |          |
| (or Coroner)  |                   | Rental of Ten                       |                                |                                   |                                 |             |          |
| His Address.  Name of Father. Thomas Oavis                  |                   | Opening of G<br>Lining Grave        |                                |                                   |                                 |             |          |
| Name of Father.   |                   | Outlay for Sh                       | ipping Char                    | ges                               |                                 |             |          |
| His Birthplace  |                   | Clergyman,\$ Railroad or Motor Tick | ets. \$                        | Aero- Serv                        | ice.S                           |             |          |
| Maiden Name of Mother. Mary Clin                            | <b>1</b>          | Telegr., Phon                       | e, Cable or I                  | Radio Charge                      | s                               |             |          |
| Her Birthplace  |                   | Cash Advance                        | ed                             | Charges                           |                                 |             |          |
| Motor Remains to Casson, Ja                                 | 7                 | Personal Serv                       | rice                           | ·····                             |                                 |             |          |
| Size of Casket . A A . hunge Co                             | 1                 |                                     | h Notices is                   |                                   |                                 |             |          |
| Manufactured by .: P. sul. Of luyy                          |                   | Inte Dea                            | (Names of Ne                   |                                   |                                 |             |          |
| Cemetery Crematory . Carson - Ja                            |                   |                                     | (Names of Ne                   | wspapers)                         |                                 |             |          |
| Lot No  |                   | Sales Tax                           |                                |                                   |                                 |             |          |
| Grave No  |                   | Total Footing                       | of Bill                        | 4 Men                             | . 4/\$                          |             |          |
| Section No  |                   | Less elecio                         |                                | ashet                             | %53.8                           |             |          |
| Block No  |                   |                                     | B:                             | lance                             | \$                              |             |          |
| Diagram of Lot or Vault Owner                               |                   | Entered into                        | Ledger, pag                    | eor be                            | low.                            |             |          |
| Date Amount Paid  | i Balance         | Date                                |                                | 23.00                             | Amount Pa                       | id Ba       | lance    |
| To Above Balance  | \$                |                                     | To Balanc                      | Forward                           |                                 | \$          |          |
|   | \$                |                                     | By Payme                       | nt                                | \$                              | \$          |          |
| * *\$   | \$                |                                     | . " "                          |                                   | \$                              | \$          |          |
| ***************************************                     | \$                |                                     |                                |                                   | \$                              | \$          |          |
| « « · · · · · · · · · · ·                                   | 3                 |                                     |                                | .,                                | \$                              | \$          |          |
|   |                   |                                     |                                |                                   | s                               | ss          |          |
|   |                   |                                     |                                |                                   | s                               | \$          |          |
| Insurance \$ Names of Lodges.                               |                   |                                     | Insurance<br>Companies         |                                   |                                 |             | No.      |
| I hereby authorize the above Funeral, and I hereby represen | nt that I have s  | ufficient resources                 |                                | la da                             |                                 |             | ******   |
| for the payment of aforesaid sum, and I hereby covenant a   |                   |                                     |                                | (Firm I                           | Vame of Funeral<br>m date. Inte | Directors.) | rue from |
| maturity at the rate of% per annum.                         |                   | Signe                               | d                              |                                   |                                 |             |          |
| Witness   | omplied by F.J. I | Address St. Louis                   |                                |                                   |                                 |             |          |

| Name of Deceased Mabel Haskin  | <i>ω</i>   |
|--|--|
| Magried Single Widowed Divorce   | Husband (AWite Widow) € . 8 . Haskurs  |
| Residence: & dusu . Sa.  | orof Age of Husband or Wife (if living)  |
| Charge to:   | Complete Funeral (except outlays)\$ 376 00   |
| Address  | Casket   |
| Order given by(orinformant)  | Burial Vault or Box  |
| How Secured:   | . Embalming Body(Name of Embalmer)   |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$   |
| Occupation Assessing (Social Security Number)  | Suit or Dress . oreland allers . 16 50   |
| Employer and Address   | Dressing Body, \$ Underwear, \$ Suit or Dress Cause and Cause 16 50 Slippers, \$ Shake Kind and Cause 17 Slippers, \$ Shake Kind and Cause 18 Slippers, \$ Shake 18 Slippers, \$ Shake Kind and Cause 18 Slippers, \$ Shake 18 Sli |
| Date of Death (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. 1881  | Door Spray, \$ Gloves, \$  |
| Age (Years) (Months) (Days)  | Funeral Car, \$  |
| Date of Funeral. 3/2/53 Mon 2/   | Autos to R. R. Station   |
| Services at . S. S. Church   | Getting Remains from.  |
| Clergyman M. E. Prall  | Taking Remains to  |
| Religion of the Deceased J. D S. (Acares)  | Delivering Box to  |
| Birthplace Illuvois  | Deliver Flowers to   |
| Resided in the State Market  | Procuring Burial Permit.   |
| Place of Death Sour City . Muse Hoy  | Procuring Burial Permit. (State Number and District)  — Certif.Copiesof Death Certificates No. (State Physically for Congres)  Pall Bearer Service, \$ Use of Chappel, \$  |
| Cause of Death h yunplate Leeken   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 93.7 50. Outlay for Lot.   |
| Contributory Causes  | Cremation  |
| Certifying Physician   | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$   |
| His Address (or Coroner)   | Opening of Grave or Tomb   |
| Name of Father. Www. Earley  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Sara Whitele   | Clergyman, \$. Singers, \$. Organist, \$. Raifroad Tickets, \$. plane Service, \$. large Service, \$. Telegr., Phone, Cable or Radio Charges.  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |
| Motor) Remains to  | Out of town Undertaker's Charges   |
| Size of Casket. 4/3 Oct. Pleesh  | Personal Service.  |
| Manufactured by R. 00 (State Color and Number)   | line Death Notices inPapers  |
| Cemetery Rose Hell   | (Names of Newspapers)  |
| Lot No   |  |
| Grave No   | Sales Tax  |
| Section No   | Total Footing of Bill \$ 9.4.1 8.7   |
| Block No   | Less \$ \$ \\ \P stin \langle \text{Desdance} \frac{3}{7} \cdot 5 \cdot 3 \\ \sqrt{9} \cdot 79 \\ \text{19} \cdot 79 \\ \text{19} \cdot 79 \\ \text{19} \cdot \text{19} \cdot \text{19} \cdot \text{19} \cdot \text{19} \\ \text{19} \cdot \text{19} \cdot \text{19} \cdot \text{19} \\ \text{19} \cdot \text{19} \cdot \text{19} \\ \text{19} \cdot \text{19} \cdot \text{19} \\ \text{19} \\ \text{19} \cdot \text{19} \\ 1  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   |  |
| To Above Balance \$  |  |
| By Payment. \$ \$  | To Balance Forward \$  |
|  | a a s s  |
| « « \$ \$  |  |
| \$ \$  | \$ \$ \$   |
| " " \$ \$  | 4 4 \$ \$  |
| ***************************************  |  |
| Nomes of   | \$.   |
| Insurance \$ Names of Lodges.  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have                                       | (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p<br>maturity at the rate of % per annum. | ay the same withindays from date. Interest to accrue from  |
| Witness  | Signed   |
|  | Address  |

| Total No. 2.3.5.9. Yearly No 4   | Date of Entry. Man 3 1953  |
|--|--|
| Name of Deceased. R. W. Wildowed   Diverced  | (What Race)  |
| Residence:   | or   |
| Charge to:   | Complete Funeral (except outlays)  |
| Address  | Challet  |
| Order given by(orinformant)  | Burial Vault or Box (State Kind)   |
| How Secured:   | Empairing Body(Nerse of Embalmer)  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$   |
| Occupation Carpenter 480-18-18-15 (Social Security Number)   | Suit or Dress (State Kind and Color)   |
| Employer and Address  Date of Death Feb. 28 1953 7130 PM   | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$   |
| (Hour)   | Candelabrum, \$Candles, \$   |
| Date of Birth Man 4 1884   | Door Spray, \$ :   |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral 1/Date), (Day of Week) (Hour)  | Extra Limousines @ \$  |
| Services at: Clape (Day of Weez) (Hour)  | Getting Remains from   |
| Clergyman: Levelue (Keur (Address)   | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Missouri  | Deliver Flowers to   |
| Resided in the State. 67 (or U. S. of City or County) (Years) (Months)   | Procuring Burial Permit.   |
| Place of Death. Lamon Ja   | Procuring Burial Permit. (State Number and District)  —Certif.Copiesof Death CertificatesNo.  (State Papidians or Corone's)  Pall Bearer Service, \$\frac{8}{2}\$. Use of Chaple, \$\frac{8}{2}\$. |
| Cause of Death Carcinoma. of Panerlas  |  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 4.7.3 0.0. Outlay for Lot:   |
| 14000 1  | Cremation  |
| Certifying Physician. Yll. Swausen   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb   |
| Name of Father. Agluestic Rew  | Outlay for Shipping Charges  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$plane Service,\$  |
| Maiden Name of Mother Cligabeth Sylvester  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced Out of town Undertaker's Charges.  |
| Motor Remains to   | Personal Service   |
| Size of Casket // couch state - Colar Newaro   | line Death Notices in Papers   |
| Manufactured by  | (Names of Newspapers)  |
| Cemetery Crematory } (Horse Mull   | (Names of Newspapers)  |
| Lot No. 3?/  | Sales Tax 4 2 3  |
| Grave No   | Total Footing of Bill  |
| Block No.  | Less 50 by Man 3 \$ 2.3. 8.2.  |
|  | 3/4/Balence\$ 45.3.84.   |
| Diagram of Let or Vauit Owner  | Entered into Ledger, page or below.  |
| James Park Daniel  | Minute Tate Datable  |
|  | To Balance Forward \$  |
| a a s  | By Payment \$\$  |
|  | " " s s  |
| « « »  | * * \$   |
| \$ \$  |  |
|  |  |
|  |  |
| Names of Lodges.   | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                       | (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. |  |
| Witness  | Signed   |
| Compiled by F. J. 1  |  |

# RECORD OF FUNERAL Veerly No. 5 Date of Entry Man 3 1953

| Dett.   | es Winer  |
|---|---|
| Name of Deceased.   | 211 P. (What Rang)  |
|   | Husband   Wife   Widow   Man field Winner   Years   Age of Musband or Wife (if living)   Years  |
| Residence:  | orof ) Ago of Musband of White (a string)   |
| Charge to Famile Wimer, Mes Nables &  | Complete Funeral (except outlays)\$ .421 00   |
| Address. Well Weuth   | Cosket  |
| Order given by above  | Casket. Burial Vault or Box Hallon Hault 165 08   |
| How Secured:  | Embalming Body (Fembalmer)  |
| 1   |   |
| If Veteran, State War   | Dressing Body, \$ Underweat, \$\phi\$   |
| Occupation Rouseweft (Social Security Number)                               | Suit or Dress   |
| Employer and Address  | Slippers, \$  |
| Date of Death. Max 2/53   | Sippers, \$\text{Candles, \$. Tarpaulin, \$.}  Candlesbrum, \$. Candles, \$.  |
| Date of Birth June 17 1861  | Door Spray, SGloves, o  |
| Age. 91   | Funeral Car \$ Ambulance, \$  |
| (Years) (Months) (Days)   | Limousines to Cemetery @ \$   |
| Date of Funeral 73/33 July M. (Hour) 10                                     | Antos to R. R. Station @ \$   |
| Services at Chiedover Centy gravesell                                       | Getting Remains from  |
| Clergyman Father Buglin   | Taking Remains to   |
| Religion of the Deceased. Catholics)  | Trip to Coroner's Inquest Delivering Box to   |
| Birthplace Juva   | Deliver Flowers to  |
|   | Removal Charges   |
| Resided in the State  | Procuring Burial Permit. (State Number and District)  |
| Place of Death Colfax Tursup . Uco  | Procuring Burial Permit. (State Number and District)  Certif. Copies of Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death Brown preumona   |   |
| Contributory Causes Multiple decubilities where                             | Gross Total for Sales Tax   |
| of simility   | Cremation   |
| Certifying Physician & Sevanson   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |
| (or Coroner)  | Opening of Grave or Tomb.   |
| His Address   | Lining Grave, \$Lowering Device, \$   |
| Name of Pather.   | Outlay for Shipping Charges.  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad } Tickets, \$plane Service,\$   |
| Maiden Name of Mother Mary Ellen Skain                                      | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Out of town Undertaker's Charges.  Personal Service.  |
| Size of Casket 1/2 couch State Snay fac.                                    | 1 disonal pervice.  |
| Manufactured by :   | line Death Notices inPapers   |
| Cemetery Crematory Mo   | (Names of Newspapers)   |
| Lot No.   |   |
| Cot No.   | Sales Tax   |
| Section No.   | Total Footing of Bill \$ 59287  |
| Block No.   | Less 5% ly Man 3 8 39 64  |
|   | Paid Will Barriage 5 the 8 1/3 13.  |
| Diagram of Lot or Vauit Owner   | Entered into Leager, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
|   | To Balance Forward.   |
| By Payment \$ \$  |   |
|   |   |
|   | и и   |
|   |   |
|   |   |
|   | ······ a a \$   |
| Names of  | и и   |
| Insurance \$ Names of Lodges.   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have so | ifficient resources Legally available to  |
| for the payment of aforesaid sum, and I nereby covenant and agree to pay    | the same within   |
|   | Signed  |
| Witness   | Address   |

| Total No. 2 356 Yearly No 6  | Date of Entry April 2 19.5.3  |
|--|---|
| Name of Deceased Clarence E B  | ootuar a  |
| □ Married □ Single ☑ Widowed □ Divorced Residence: Les Would             | □Huaband □Wife □Widow } Bessie Bootensu.  |
| Charge to: Wayne Bootman   | orof \ Age of Husband or Wife (if living)   |
|  | Complete Funeral (except outlays)   |
| Address  | Casket  |
| Order given by(or informant)   | Burial Vault or Box . Colored Davidt 17- 57 00.   |
| How Secured::  | Embalming Body (Name of Embalmee) Barber, \$ Hair Dressing, \$  |
| If Veteran, State War  | Dressing Body, \$ Underwear, \$   |
| Occupation (Social Security Number)                                      | Suit or Dress   |
| Employer and Address   | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$   |
| Date of Death Man 31 (Date) (Hour)                                       | Candelabrum, \$ Candles, \$   |
| Date of Birth  | Door Spray, \$  |
| Age. (Menths) (Days)   | Limousines to Cemetery @ \$   |
| Date of Funeral. (Pate) (Day of Week) (Hour) M.                          | Extra Limousines  |
| Courings of 18 MAL   | Autos to R. R. Station  |
| Clergyman: Ray Chwill  | Taking Remains to   |
| Clergyman: Rey Churle Religion of the Deceased A.L. S. (Address)         | Trip to Coroner's Inquest   |
| Birthplace   | Deliver Flowers to  |
| Posided in the State   | Removal Charges.  Procuring Burial Permit.  |
| Place of Death. (or U.S. or City or County) (Years) (Months)             | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  ——————————————————————————————————— |
| Cause of Death Couracy   | Pall Bearer Service, \$ Use of Chapel, \$   |
|  | Gross Total for Sales Tax\$ 5.7.3 . o.c.  |
| Contributory Causes  | Outlay for Lot:   |
|  | Flowers, \$ Palms, \$ Matting, \$   |
| Certifying Physician (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb to A. Mauhall 25 00.                 |
| His Address  | Lining Grave, \$Lowering Device, \$   |
| Name of Father   | Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad \ Tickets, \$plane Service,\$                           |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Cash AdvancedOut of town Undertaker's Charges   |
| Motor Remains to Size of Casket / 5 Rose Cedas State                     | Personal Service  |
| Size of Casket (Staje Color and Number)                                  | line Death Notices inPapers   |
| Manufactured by (State Color and Number)  Cemetery Crematory             | (Names of Newspapers)   |
| Crematory }  |   |
| Lot No/5≻3   | Sales Tax   |
| Grave No   | Total Footing of Bill   |
| Block No.  | Less 5/0 m 578 8 28 83.   |
|  | Police Bellance afec 14/5-3.8 5.7.4.8.0   |
| Diagram of Lot or Vasit  | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance   |   |
| To Above Balance \$  | To Balance Forward\$  |
|  | By Payment \$\$   |
| * * \$ \$  |   |
| 4 4 \$ \$  | # # \$ \$   |
| 4 " \$ \$  | ssss  |
| я я \$ \$  |   |
| н « \$ \$  | « « § §   |
| Names of Lodges.   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | y the same within   |
| maturity at the rate of% per annum.                                      | Signed  |

| Total No. 2.357                                  | Yearly No  | Date of Bildy  | )          |
|--|--|--|------------|
| Name of Deceased//                               | I single Widowed Divo  | roed ————————————————————————————————————  |            |
| Residence: Lama                                  | ii la  | orof Age of Husband or Wife (if liv  | ing) Years |
| Charge to : Mus Tour                             | France   | Complete Funeral (except outlays)  | 39.6 00    |
| Address<br>Order given by. above                 |  | Casket   | 125 00     |
|  | (or informant)   | Embalming Body   |            |
| How Secured:                                     | up   |  |            |
| If Veteran, State War                            |  | Dressing Body, \$ Older wear, \$   |            |
| Occupation selles                                | (Social Security Number)   | Suit or Dress  |            |
| Employer and Address                             | 2/22 00  | Slippers, \$. Hose, \$.  Folding Chairs, \$. Tarpaulin, \$.  |            |
| ///  | 8-/5-3 8 P.M.<br>(Page) (Hour)   | Candalahrum S Callules, F  |            |
|  | 7.18.6.7   | Door Spray, \$   |            |
| Age. (Yearn)                                     | (Months) (Days)  | Limousines to Cemetery   |            |
| Date of Funeral. 4/12/5.3.                       | Seu. 2,301   | Extra Limousines   |            |
| Services at . R. F. D.                           | S. Church (Hour)   | Autos to R. R. Station @ \$  |            |
| Clergyman Ray Ch                                 | eville   | Taking Remains to  |            |
| Religion of the Deceased                         | R. L.D SAddress)   | Trip to Coroner's Inquest  Delivering Box to   |            |
| Birthplace Carra                                 | ela_   | Deliver Flowers to   |            |
| Resided in the State                             | F  | Removal Charges  |            |
| (or U.S  | 3. or City or County) (Years) (Months  | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Provident's Occomer's)  Pall Bearer Service, \$ Use of Chapel, \$ |            |
| Place of Death.                                  | a de la composition della comp | Certif. Copiesof Death Certificates No. (State Physician's or Coroner's)   |            |
| Cause of Death Course                            | y Occlusion  | Gross Total for Sales Tax\$  | 521 00     |
| Contributory Causes                              |  | Outlay for Lot   | . 2.2.1    |
|  |  | . Cremation  |            |
| Certifying Physician.                            | ll Sevanson.   | Flowers, \$Palms, \$ Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |            |
| →His Address                                     | (or Coroner)   | Opening of Grave or Tomb.  | 25 00      |
| Name of Father Jake                              | Trasler  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.   |            |
| His Birthplace.                                  |  | Clergyman,\$Singers,\$Organist,\$  |            |
| Maiden Name of Mother.                           | sther Best   | Clergyman,\$ Singers,\$ Organist,\$ Railroad or Motor Tickets, \$ Aero- Service,\$ Telagr. Phone Cables B. F. Cl.                          |            |
| Her Birthplace                                   |  | Telegr., Phone, Cable or Radio Charges   |            |
| Motor Remains to                                 |  | Out of town Undertaker's Charges   |            |
| Size of Cashet Gray                              | Octor 1/2 each   | Personal Service.  |            |
| Manufactured by                                  | 1001   | line Death Notices in Papers   |            |
| Cemetery \ P. 024                                | Hill   | (Names of Newspapers)  |            |
| Crematory J                                      | Lot No. 1483   | (Names of Newspapers)  |            |
|  | Grave No. 3  | Sales Tax  | 628        |
|  | Section No.  | Total Footing of Bill  | 55121      |
|  | Block No   | Less 5%  | 26 31      |
|  | Owner  | Palance -  | 524 90     |
| Diagram of Lot or Vault  Date                    |  | Entered into Ledger, page! or below.   | 0.4. 7. 7  |
|  | Amount Paid Balance  | Date Amount Paid   | Balance    |
| To Above Balance                                 |  | To Balance Forward   |            |
|  | \$   | By Payment. S  |            |
|  | \$   | а а  |            |
| и и  | \$   |  | 3          |
| ů u  | \$   | и и 8.   | 8          |
| a a  |  | « « \$   |            |
|  | 8  | ···· \$  | . \$       |
|  | Names of   | и а \$   | . \$       |
| Insurance \$  Thereby authorize the above Funera | Lodges   | InsuranceCompanies   |            |
| for the payment of aforesaid sum, a              | nd I hereby coverent and   | Insurance Companies Companies  ufficient resources Legally available to Wirm Name of Fuseral D Again days days from days                   |            |
| maturity at the rate of                          | .% per annum.  | y the same within  | rectors.)  |

| Total No. 2 35 8   | Yearly NoF.                             |  | Date of                                     | Entry                     | ap                              | il 2.9                             |             | 195:3.        |
|--|---|--|---|---------------------------|---------------------------------|------------------------------------|-------------|---------------|
| Name of Deceased Na  | Neury Ma                                | ural /   | Hills                                       |                           |                                 | (What Race)                        |             |               |
| Married □ Sin<br>Residence: Laman  | Ja                                      |  | Effusband                                   | Wife   Widow              | Karle                           | ed or Wife (if livin               | ls          | · · · · · · · |
| Charge to: Mas. H.:M.  |   | г  | To be discovered to                         | of \$                     |                                 |                                    | 795         | ٥٥            |
| Address  | ·                                       |  | Complete Fur                                |                           | outlays)                        | \$                                 |             |               |
| Order given by   |   |  | Casket<br>Burial Vault                      | or Box                    | bet                             |                                    | 25          | 00            |
| How Secured:   | (or informant)                          |  | Embalming B                                 | ody                       | (State Kind)                    |                                    |             |               |
| If Veteran, State War  |   |  | Barber, \$                                  |                           | ir Dressing,                    | Ф                                  |             |               |
| If Veteran, State War Occupation . Physicia                                    | u. y Sergeon                            | · none   | Dressing Bod<br>Suit or Dress               | 7,\$                      | Underwe                         | ar, \$                             |             |               |
| Employer and Address   |   |  | Slippers, \$                                | (Stat                     | e Kind and Color<br>Hose, \$    |                                    |             |               |
| Date of Death . A. A 27  | 19.5.3                                  | 4.30 PM  | Folding Chair<br>Candelabrum                | s, \$ '                   | Farpaulin, \$                   |                                    |             |               |
| Date of Birth, July 10.  |   |  | Door Spray,                                 | 3 : :                     | Floves, \$                      |                                    |             |               |
|  |   |  | Funeral Car,<br>Limousines to               | \$A                       | mbulance, \$                    |                                    |             | • • • • • • • |
| Date of Funeral Als. 29. /5.   | Months)  3 Week)  Day of Week)          | 2130 M.  | Extra Limous                                | ines                      | @\$                             |                                    |             |               |
| Services at :: R. Date   | S. Church                               |  | Autos to R. F<br>Getting Rema               |                           |                                 |                                    |             |               |
| Clergyman : . Roy Cher   | rille                                   |  | Taking Rema                                 | ins to                    |                                 |                                    |             |               |
| Religion of the Deceased   | (Address)                               |  | Trip to Coron<br>Delivering Bo              |                           |                                 |                                    |             |               |
| Birthplace Connect   | Tout                                    | NATURE OF THE PARTY OF THE PART | Deliver Flower                              | rs to                     |                                 |                                    |             |               |
| Perided in the State   |   |  | Removal Cha                                 | rges                      |                                 |                                    |             |               |
| Place of Death. & amo  |   | (Months)   | Certif.Con                                  | iesof Death               | State Number as<br>Certificates | nd District)                       |             |               |
| Cause of Death Conous  | an Pecle                                | sear :   | Procuring BuCertif.Cop Pall Bearer Se       | ervice, \$                | Use of Cha                      | pel, \$                            |             |               |
| Contributory Causes  | ~.y.~                                   |  | Gross Total fo                              | or Sales Tax              |                                 | \$                                 | 8.20        | .0.0          |
| Contributory Causes  |   |  | Outlay for Lo<br>Cremation                  | t:                        |                                 |                                    |             |               |
| Certifying Physician.  | Gamet                                   |  | Flowers, \$                                 | ., Palms, \$              | Matti                           | ng, \$                             |             |               |
| His Address Law  | (or Coroner)                            |  | Rental of Ten<br>Opening of G               | t, \$ of T<br>rave or Ton | emporary V                      | ARSHA 4.                           | 25          | 00            |
| Name of Father. asq.   | T Wille                                 |  | Lining Grave,                               | \$Lo                      | wering Devi                     | ce, \$                             |             |               |
|  | 1.1. 1.7. 1.2.                          |  | Outlay for Sh<br>Clergyman. \$.             | ipping Char<br>Singers    | ges                             | nist.\$                            |             |               |
| His Birthplace   | each N.e.                               | new !  | Clergyman,\$.<br>Railroad<br>or Motor}Ticks | ts, \$                    | Aero- Serv                      | rice,\$                            |             |               |
|  | PP-11.71.79                             |  | Telegr., Phone                              | e, Cable or F             | adio Charg                      | es                                 |             |               |
| Her Birthplace   |   |  | Cash Advanc<br>Out of town 1                | og                        | Charges                         |                                    |             |               |
| Motor Remains to Size of Casket Oer  | - lith                                  |  | Personal Serv                               |                           |                                 |                                    |             |               |
| Manufactured by Roof   | te Color and Number)                    | P  | line Deat                                   | h Notices in              | Pape                            | ers                                |             |               |
| Cemetery Crematory   |   |  |   | (Names of Nev             | spapers)                        |                                    |             |               |
| Crematory 5  | Lot No. /3                              | - 4  |   |                           |                                 |                                    |             |               |
|  | Grave No                                |  | Sales Tax                                   |                           |                                 |                                    | 8           | 20            |
|  | Section No                              |  | Total Footing                               |                           |                                 |                                    | 8.5.3       | 2.0.          |
|  | Block No                                |  | Less . 7. 14.04                             | 6 30 Ba                   | 3-3                             | \$                                 | 4.1.        | 4.0           |
| Diagram of Lot or Vault  | Owner                                   |  | Entered into                                |                           |                                 | :\$                                | . 8.1.7.    |               |
| Date   | Amount Paid                             | Balance  | Date  |                           |                                 | Amount Pai                         | l Ba        | lance         |
| To Above Balance   | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |   | To Palance                | Forward                         |                                    |             | 1             |
| By Payment   | \$                                      | \$   |   | . By Paymer               |                                 | s                                  | \$          |               |
| « «  | \$                                      | \$   |   |                           |                                 | \$                                 | \$          |               |
| " "  | \$                                      | \$   |   |                           |                                 | \$                                 | \$          |               |
| * *  | \$                                      | \$   |   |                           |                                 | \$                                 | . \$        |               |
|  | \$                                      | \$   |   |                           |                                 | \$                                 | \$          |               |
| * *  | e                                       | \$   |   |                           |                                 | \$                                 |             |               |
| incombined   | Names of Lodges.                        | <b>*</b>   |   | Insurance                 |                                 | \$                                 | \$          |               |
| Insurance \$   |   | that Thans   |   | Insurance<br>Companies.   |                                 |                                    |             |               |
| I hereby authorize the above Funeral,<br>for the payment of aforesaid sum, and | I I hereby covenant one                 | l agree to pay t   | he same within                              | egally availab            | e to(Firm )                     | Name of Funeral I<br>m date. Inter | Directors.) |               |
| maturity at the rate of  | % per annum.                            | , j.k.j .  | Signed                                      | L                         | uays Iro                        | in date. Inter                     | est to acc  | rue from      |

| 30   | RECOR   | RD C        | F FU                      | INERAL   |   |        |        |
|--|---|-------------|---------------------------|--|---|--------|--------|
| Total No 2 3 59  | Yearly No   | 9           | Date                      | of Entry   | June 1                                  |        | 19 5 3 |
| Name of Deceased   | lareure 1   |             | Lester                    | ,  | ······································· |        |        |
| Residence: Married   S   | Single Widowed                                      | ☐ Divorced  |                           | ad Wife Widow)   | rtlea X                                 | ester  | ,      |
| Charge to . Bertha   | Lester  |             |                           |  | Husband or Wife (if livin               |        | Years  |
|  | a.esu   |             | Complete F                | uneral (except outlay  | s)s                                     | 20,100 | 440    |
| Address  |   |             | C 1 .                     | THE RESERVE OF THE PARTY OF THE |   | 559    | 00     |
| Order given by   | (or informant)                                      |             | Burial Vaul               | t or Box & Chea  | Vault                                   | 125.   | 00     |
| How Secured  |   |             | Embalming                 | Body(Name of En  |   |        |        |
| If Veteran, State War  | Leo   |             |                           |  | sing, \$                                |        |        |
| Occupation Musel My  | rescarres   | nane        | Dressing Be               | ody,\$Und  | erwear,\$                               |        |        |
| Employer and Address   | (Social Secus                                       | ity Number) | Slippers, \$.             | SS(State Kind an<br>Hose, \$   | d Color)                                |        |        |
| Date of Death May 2  | 8/53  | 3,30 PM     |                           | airs, \$Tarpau   |   |        |        |
| Date of Birth . aug 5  | (Date) 8 7 9  | (Hour)      |                           | m, \$Candles   |   |        |        |
| 720  |   |             |                           | r, \$  |   |        |        |
| Age(Yearp)   | (Months) (Days)                                     |             |                           | to Cemetery @  |   |        |        |
| Date of Funeral. 9.1.5.3   | Man   | 2. 30 P.M.  |                           | usines@  |   |        |        |
| Services at R. L. D.   | S. church   |             |                           | R. Station @<br>mains from   |   |        |        |
| Clergyman Rolt F.  | aruban  |             | Taking Ren                | nains to   |   |        |        |
| Religion of the Degeased   | (Address)   |             |                           | oner's Inquest   |   |        |        |
| Birthplace . Java  |   |             |                           | Box to   |   |        |        |
| The same of the sa | T   |             | Removal C                 | harges   |   |        |        |
| Resided in the State   | or City or County) (Years                           | ) (Months)  | Procuring I               | Burial Permit  | nher and Districts                      |        |        |
| Place of Death X   | Haspit  | cel         | Certif.C                  | Burial Permit(State Nur<br>opies of Death Certific<br>(State Physici<br>Service, \$ Use of   | atesNo                                  |        |        |
| Cause of Death (Bunch  | E Chewen  | ia          |                           |  |   |        |        |
| Contributory Causes  |   |             |                           | for Sales Tax  |   | 6.8.4. | 00     |
| Contributory Cuanco  |   |             | Cremation.                | Lot  |   |        |        |
| 2 2 69   | Samot   |             | Flowers, \$.              | Palms, \$ M  | fatting, \$                             |        |        |
| Certifying Physician.  | (or Coroner)  |             | Rental of T               | ent, \$ of Tempora<br>Grave or Tomb  | ry Vault, \$                            |        |        |
| His Address  | my da   | اريم        | Upening of<br>Lining Gray | Grave or Tomb. 4   | Device \$                               | 2-5    |        |
| Name of Father. Cyru   | J. Lest   | u           |                           | Shipping Charges   |   |        |        |
| His Birthplace   |   |             | Clergyman,                | \$Singers,\$(  | Organist,\$                             |        |        |
| Maiden Name of Mother U.   | utilla 03 en  | nett        | or Motor Tic              | kets, \$ Aero-<br>plane  | Service,\$                              |        |        |
| Her Birthplace   | The transfer of the contract of the transfer of the |             |                           | ne, Cable or Radio C   |   |        |        |
| Motor Remains to   |   |             | Out of town               | Undertaker's Charg   |   |        |        |
| Size of Casket O e   | •   |             |                           | rvice  |   |        |        |
| Size of Casket   | State Polor and Timber                              |             |                           | ath Notices in   |   |        |        |
| Manufactured by Jy   | costage   |             |                           |  |   |        |        |
| Cemetery \   |   |             |                           | (Names of Newspapers)  |   |        |        |
|  | Lot No / 3. 6                                       | 7           | an pres                   | cu 68400-  |   |        | 50     |
|  | Grave No  |             |                           |  |   | 702    | 18     |
|  | Section No  |             | Less                      | ng of Bill   | me 5.58                                 | 1.5.5  |        |
|  | Block No  |             |                           | is Jud ( A )   | \$                                      |        | •••••  |
| Diagram of Lot or Vault  | Owner   |             | Entered int               | Balance  | or bolow                                |        |        |
| Date   | 1.  |             | 1                         | J Lieuger, page  |   |        |        |
|  | Amount Paid   | Balance     | Date                      | No.2 World   | Amount Paid                             | Ba     | lance  |
| To Above Balance   |   | \$          |                           | To Balance Forward   |   | . \$   |        |
| By Payment   |   | 0           |                           | By Payment   |   | L      | 1      |

| Date     | Ti more All 19   | Amount Paid | Balance | Date | Set meaning        | Amount Paid | Balance |
|----------|------------------|-------------|---------|------|--------------------|-------------|---------|
|          | To Above Balance |             | \$      |      | To Balance Forward |             | \$      |
|          | By Payment       | \$          | \$      |      | By Payment         | \$          | \$      |
|          | * *              | \$          | \$      |      | « «                | \$          | \$      |
|          | # #              | \$          | \$      |      | « «                | \$          | \$      |
| ******** | « « ······       | \$          | \$      |      | " "                | \$          | \$      |
|          | « «              | \$          | \$      |      | « «                | \$          | \$      |
|          | и и              | \$          | \$      |      | « «                | \$          | \$      |
|          | и и              | 8           | \$      |      | « «                | \$          | \$      |
|          | Nam              | es of       |         |      | Insurance          |             |         |

| hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available. | lable to        |                         |
|--|-----------------|-------------------------|
|  | (Firm Name of F | uneral Directors.)      |
| or the payment of aforesaid sum, and I hereby covenant and agree to pay the same within                        | days from date. | Interest to accrue from |
| naturity at the rate of 97, nor annum  |                 |                         |

| RECORD | OF | <b>FUNERAL</b> |
|--------|----|----------------|
|        |    |                |

| Total No. 2.360   | Warning NY                              | ,                                       |   |                     | of Entry                 | Que   | ne 1                                    |              | 19.5.3      |
|---|---|---|---|---------------------|--------------------------|---|---|--------------|-------------|
| Name of Deceased  | Yearly No.                              | 2/.0                                    | MAN                                     | Lu                  |                          |   |   |              |             |
| Married ☐ Sja   | Wide                                    | wed                                     | ☐ Divoryed                              |                     |                          |   | (What Rac                               | :e)          |             |
| Residence: Zawat  | £                                       | n                                       |   |                     | md   Wife   Wido         | m}  | nd or Wife (if liv                      |              | Venns       |
| Charge to: Q.A.   | P                                       |   |   |                     |                          |   |   | 100          | 00          |
| Address   |   |   |   | -                   | and the second second    | ept outlays)  | • | . 7.2        |             |
| Order given by . Resco.   | · Ju                                    | ه.                                      |   |                     | lt or Box                | Rex   |   |              |             |
| How Secured:  | (or informant)                          |   |   |                     |                          |   |   |              |             |
| If Veteran, State War   | No                                      |   |   | Barber, S.          |                          | (Name of Embalme<br>Hair Dressing   | \$                                      |              |             |
| Occupation farming  |   | uov<br>ial Security                     | e                                       | Dressing K          | odv. S.                  | Underwe   | ar. 5                                   |              |             |
| Employer and Address  |   | ial Security                            | Number)                                 | Suit or Dre         | ss                       | (State Kind and Color   | )                                       |              |             |
| Date of Death May 2.9   | 5-3                                     |   | 45 P                                    | Shippers. D.        |                          | Hose, \$<br>Tarpaulin, \$   |   |              |             |
| Date of Birth. Nev. 12  | Date) 1872                              |   | (Hour)                                  | Candelabri          | ım, \$                   | Candles, \$.  |   |              |             |
| 0   |   |   | •••••                                   | Door Spray          | 7, \$ : :                | Gloves, \$<br>. Ambulance, \$   |   |              |             |
|   | (Months)                                | (Days)                                  | . 0                                     | Limousines          | to Cemeter               | ry @ \$   |   |              |             |
| Date of Funeral. 6.1.3  | (Day of Week)                           | A.                                      | 3.0 /.M.                                |                     |                          | @\$   |   |              |             |
| Services at : Chafel  |   |   |   | Getting Re          | mains from               |   |   |              |             |
| Clergyman :: OKEN OFEN  | unce                                    | ddrara)                                 |   |                     | mains to<br>roner's Inqu |   |   |              |             |
| Religion of the Deceased  |   |   |   |                     | Box to                   |   |   |              |             |
| Birthplace Jawa   | 1                                       |   |   |                     | wers to                  |   |   |              | • • • • • • |
| Resided in the State  | ALM MALL                                |   | AGENCY.                                 | Procuring 1         | Burial Perm              | it  |   |              |             |
| Place of Death Lam  | M. County)                              | (rems)                                  |   | Certif.C            | lopiesof Dea             | th Certificates   | No                                      |              |             |
| Cause of Death . Cere bu  | el Herre                                | orto                                    | ye.                                     | Pall Bearer         | Service, \$.             | it(State Number a<br>th Certificates<br>(State Physician's or<br>Use of Cha | pel,\$                                  |              |             |
| Contributory Causes   |   |   |   | Gross Tota          | l for Sales T            | 'ax   | \$                                      |              |             |
| Containation Causes   |   |   |   | Cremation           | Lot:                     |   |   |              |             |
| Certifying Physician. LW.                                       | Swarz                                   | an,                                     |   | Flowers, \$         | Palms,                   | \$ Matti  | ng, \$                                  |              |             |
| His Address Louis   | (or Coroner)                            |   |   | Opening of          | Grave or T               | f Temporary V   | ault,\$                                 |              |             |
|   | il line                                 | a                                       |   | Lining Gra          | ve, \$                   | Lowering Devi   | ce, \$                                  |              |             |
| Name of Father John Cec   | y                                       | ٠                                       |   | Outlay for          | Shipping Cl              | harges  | olet e                                  |              |             |
| His Birthplace  | alan C                                  | 1200                                    | •••••                                   | Railroad Ti         | ckets, \$                | ers,\$Orga  | rice,\$                                 |              |             |
| Maiden Name of Mother.  | 10-009                                  | g.                                      |   | Telegr., Ph         | one, Cable o             | r Radio Charg   | es                                      |              |             |
| Her Birthplace  |   |   | • | Out of tow          | nced<br>n Undertak       | er's Charges  |   |              |             |
| Motor Ship Remains to   | · P · · · · · · ·                       |   |   | Personal Se         | ervice                   |   |   |              |             |
| Size of Casket Q. A.  | ate Opprafid Nuff                       | ler)                                    |   |                     | anth Notices             | s in Pape   |   |              |             |
| Manufactured by   |   |   |   | me D                |                          | Newspapers)   |   |              |             |
| Cemetery Crematory  | Υ                                       | • |   |                     | (Names of                | Newspapers)   |   |              |             |
|   | Lot No                                  |   |   | Sales Tax           |                          | wites   | ~                                       |              |             |
|   | Grave No                                |   |   | Total Foot          |                          |   |   | 150          | 00          |
|   | Section No.                             |   |   | Less                |                          | 7/53  | \$                                      |              |             |
|   | Block No                                |   |   |                     | 04 7                     | Balance   | \$                                      |              |             |
| Diagram of Lot or Vault   | Owner                                   |   |   | Entered in          | to Ledger, p             | ageor b   | elow.                                   | 1000         |             |
| Date  | Amount                                  | Paid                                    | Balance                                 | Date                | All white                |   | Amount Pa                               | id Ba        | lance       |
| To Above Balance  |   | \$.                                     |   |                     | To Bala                  | ince Forward  |   | s            |             |
| By Payment  | \$                                      | \$.                                     |   |                     | By Pay                   | ment  | \$                                      | \$           |             |
|   | \$                                      | \$.                                     |   |                     |                          |   | \$                                      | \$           |             |
|   | \$                                      | \$.                                     |   |                     | *                        | «   | \$                                      | \$           |             |
| « «   | \$                                      | \$.                                     |   |                     | «                        | <b>4</b>  | \$                                      | \$           |             |
|   | \$                                      | \$.                                     |   |                     | "                        | *   | \$                                      | \$           |             |
|   | \$                                      | \$.                                     |   |                     |                          |   | \$                                      | \$           |             |
| manadaa  * * ma   | Names of                                |   |   | <u> </u>            | Tnessearch               |   | \$l                                     | \$           | <u></u> .   |
| Insurance \$  | Names of                                |   |   |                     | Insurance<br>Compan      |   |   |              |             |
| I hereby authorize the above Funeral                            |   |   |   |                     |                          | (Firm )   | Vame of Funeral                         | Directors.)  |             |
| for the payment of aforesaid sum, an<br>maturity at the rate of |   | ant and a                               | gree to pay                             |                     |                          | days fro  | m date. Inte                            | erest to acc | ue from     |
|   |   |   |   |                     | ned                      |   | ••••••                                  |              |             |
| Witness   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Compile                                 | ed by F. J. F                           | Ad<br>EINEMAN St. I | dress                    |   |   |              |             |

| RECORD | OF | FUNERAL |
|--------|----|---------|
| RECURD | OI | 1 01122 |

|   | - June 1   | 0 10 5             |
|---|--|--------------------|
| Total No. 236/ Yearly No  | Date of Entry  | )                  |
| Name of Deceased. Florence Isoelel  |  | ,                  |
| Residence: Aucusti  | orof } Age of Husband or Wife (if livi   | <i>st.</i>         |
| Charge to: Q. W. Oxopet   | orof ) Age of Husband or whe in My   | 396 00             |
|   | Complete Funeral (except outlays)\$  | 396 00             |
| Address. Order given by.  | Casket   | 125 06             |
| How Secured:  | Embalming Body(Name of Embalmer)   |                    |
| TO VILLEN CHALL WITH U.O.   | Hair Dressing, \$  |                    |
| Commotion housewife 11 sul  | Dressing Body, \$ Underwear, \$ Suit or Dress  |                    |
| (Social Security Number) Employer and Address                             | Hose \$  |                    |
| Date of Death (Date) (Hour)   |  |                    |
| Date of Birth. June 19 (Bote)   | Candelabrum, \$  |                    |
| Age. 7 3  | Fineral Car. S Ambulance,  |                    |
| (Years), (Months) (Days)  | Limousines to Cemetery   |                    |
| Date of Funeral (Date) (Day of Week) (Hour)                               | Autos to R. R. Station @ \$  |                    |
| Services at Z. D. S Church  | Getting Remains from Taking Remains to   |                    |
| Clergyman . P. Howard   | Trip to Coroner's Inquest  |                    |
| Religion of the Deceased R LOS (Address)                                  | Delivering Box to Deliver Flowers to Delivering Box to Deliver Flowers Theorem |                    |
| Birthplace Missauri   | Removal Charges  |                    |
| Resided in the State 27 70' (or U. S. or City or County) (Years) (Months) | Procuring Burial Permit(State Number and District)   |                    |
| Place of Death. Amour   | Procuring Burial Permit (State Number and District)  Certif. Copies of Death Certificates No.  Pall Bearer Service, \$ Use of Chapel, \$   |                    |
| Cause of Death arterioscleratic Heart de                                  | Pall Bearer Service, \$ Use of Chapel, \$<br>Gross Total for Sales Tax\$   | 621 00             |
| Contributory Causes.  | Outlay for Lot.  |                    |
| alest V   | Cremation  |                    |
| Certifying Physician. SW Swarson  | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb.  |                    |
| His Address.  | Lining Grave, \$Lowering Device, \$  |                    |
| Name of Father Lamalul Davielson  | · Outlay for Shipping Charges  |                    |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-plane Service,\$  |                    |
| Maiden Name of Mother Isabel Thorse                                       | Telegr., Phone, Cable or Radio Charges   |                    |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges   |                    |
| Motor Remains to  | Personal Service   |                    |
| (State Color and Number)  |  |                    |
| Manufactured by Of 00 7   | line Death Notices in Papers   |                    |
| Cemetery Rose Hell Crematory Rose Hell                                    | (Names of Newspapers)  |                    |
| Lot No  | Sales Tax  |                    |
| Grave No  | Total Footing of Bill  | 551 21             |
| Section No  | Less descount s  | 26 3/.             |
| Block No  | Pl Balance 0 s   | 52490              |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or perdaul !!  | 00000              |
| Date Amount Paid Balance  | Date Amount Pai  | d Balance          |
|   | To Balance Forward   | s                  |
| By Payment  | By Payment \$  |                    |
|   |  | \$                 |
|   |  | \$                 |
| 4 4 S. S.   | * *  | \$                 |
| \$\$  | " " ······ \$  | \$                 |
| и и \$ \$   | а и  | \$                 |
| Insurance \$  | Insurance  | 8                  |
| I hereby authorize the above Funeral, and I hereby represent that I have  | sufficient resources Legally available to  |                    |
| for the payment of aforesaid sum, and I hereby covenant and agree to p    | ext the same of Funeral  | Directors.)        |
| maturity at the rate of% per annum.                                       | Signeddays from date. Inter  | est to accrue from |
| Witness   | Address  |                    |
| Compiled by F. J  | FRINEMAN, St. Louis, Mo.   |                    |

|  | - 10.1211111  |  |
|--|---|--|
| Total No. 234. 2 Yearly No /2  | Date of Entry Lucue 2 3 19.5.3  |  |
| Name of Deceased Jensine Fred  | riksen w  |  |
| Residence: St. Home Widowed Divorce                                    | ed (What Race)  |  |
| Charge to: Od  | or  |  |
| Address  | Complete Funeral (except outlays)   |  |
| Order given by Mas W. B. Joung Topek                                   | - Casket  |  |
| (gripformant)  | Burial Vault or Box(State Kind)   |  |
| How Secured:   | . Embalming Body  |  |
| If Veteran, State War  | Barber, \$. Hair Dressing, \$. Dressing Body, \$. Underwear, \$.  |  |
| Occupation   | Suit or Dress (State Kind and Color)  |  |
| Employer and Address   | Slippers, \$  |  |
| Date of Death. (Hour)  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |  |
| Date of Birth. July 2 1866 (Hour)                                      | Door Spray, \$ :  |  |
| Age. (Years) / (Months) (Days)   | Funeral Car, \$   |  |
| Date of Funeral. (/> 3 / 3 3 Tues // 30)                               | Extra Limousines  |  |
| Services at: . Its House   | Autos to R. R. Station @ \$   |  |
| Clergyman: Earl Negden   | Taking Remains to   |  |
| Religion of the Deceased   | Trip to Coroner's Inquest Delivering Box to   |  |
| Birthplace Dermark   | Deliver Flowers to  |  |
| Resided in the State   | Removal Charges   |  |
| Place of Death. (or U. S. or City or County) (Years) (Months)          | (State Number and District)  Certif Conjesof Death Certificates No.   |  |
| Cause of Death: Decreto Pueru miel                                     | Procuring Burial Permit. Certif.Copiesof Death CertificatesNo.  State Propinion or Commers.  Pall Bearer Service, 8. Use of Chaptel, \$\frac{1}{2}\$. |  |
|  | Gross Total for Sales Tax. \$ 150 00  |  |
| Contributory Causes.   | Outlay for Lot:   |  |
| el la sam  | Cremation Palms, \$ : : : Matting, \$   |  |
| Certifying Physician. (or Coroner)                                     | Rental of Tent, \$of Temporary Yault, ault Opening of Grave or Tomb & A Marikal   |  |
| His Address  | Lining Grave, \$Lowering Device, \$   |  |
| Name of Father   | Outlay for Shipping Charges.  |  |
| His Birthplace   | Clergyman,\$Singers,\$. Organist,\$ Railroad   Tickets, \$ organist, \$ plane Service,\$. Telegr., Phone, Cable or Radio Charges                      |  |
| Maiden Name of Mother. W   | Telegr., Phone, Cable or Radio Charges  |  |
| Her Birthplace   | Cash Advanced   |  |
| Motor Remains to   | Personal Service.   |  |
| Size of Casket (State (Newsond Window)                                 | line Death Notices in Papers  |  |
| Manufactured by Ping (State Proposition Vignory)                       | ime Death Notices in Fapers   |  |
| Cemetery Crematory   | (Names of Newspapers) 5.50  |  |
| Lot No/2.3.7   | Sales Tax   |  |
| Grave No4.3  | Total Footing of Bill Id in full \$ 18150   |  |
| Section No   | Less 95; 88 for stews also d'd 8  |  |
| Block No   | Balance\$   |  |
| Diagram of Lot or, Vault Owner   | Entered into Ledger, pageor below.  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |  |
| To Above Balance   | To Balance Forward  |  |
| By Payment \$ \$   | By Payment \$ \$  |  |
|  | \$ \$ \$  |  |
| « " \$ \$  |   |  |
| * * * \$ \$  |   |  |
|  | я я \$ е  |  |
|  | a a s s   |  |
| Names of Lodges.   | Insurance<br>Companies  |  |
| Insurance \$ Lodges  |   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p | sufficient resources Legally available to (Firm Name of Funeral Directors.)  ay the same within   |  |
| maturity at the rate of% per annum.                                    | Signed  |  |
| Witness  | Address   |  |
| Compiled by F. J. FEINEMAN St. Louis, Mo.                              |   |  |

| Total No. 2363 Yearly No/3   | . Date of Entry193.  |  |
|--|--|--|
| Name of Deceased Kathryn &a  | ulter  |  |
| ☐ Married ☐ Single ☐ Willowed ☐ Divorce  | d Husband Wile Widow) Lew Saultu   |  |
| Residence: Lamen Ja  | or   |  |
| Charge to art Sugler   | Complete Funeral (except outlays)\$ . 477.00   |  |
| Address Zamon  | Casket   |  |
| Order given by(orinformant)  | Burial Vault or Box (State Kind)   |  |
| How Secured  | Embalming Body(Name of Embalmer)   |  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$   |  |
| Occupation housewife none (Social Security Number)   | Denomination of Council Randomers Services Servi |  |
| Employer and Address   | Slippers, \$   |  |
| Date of Death July = 1953 3 PM   | Folding Chairs, \$ Tarpaulin, \$<br>Candelabrum, \$Candles, \$   |  |
| Date of Birth. 10 13 1861  | Door Spray, \$   |  |
| Age. 7 19  | Funeral Car, \$ Ambulance, \$  |  |
| Date of Funeral 7/5/5-3 (Moutha) (Days)  | Extra Limousines   |  |
| Services at . J. D. S. (Day of Week) (Hour)  | Autos to R. R. Station @ \$  |  |
| Clergyman Robt Farulam   | Getting Remains from   |  |
| Religion of the Deceased   | Trip to Coroner's Inquest  |  |
| Birthplace Leliuvis  | Deliver Flowers to   |  |
| P. 11.11 d. 00.1   | Removal Charges  |  |
| Resided in the State. (03 U. S. or City or County)/ (Years) (Months)   | Procuring Burial Permit (State Number and District)  |  |
| Place of Death. Met an House   | Procuring Burial Permit.  (State Number and District)  (Certif. Copies of Death Certificates No.  Pall Bearer Service, \$\(^{\text{State Physiciaty or Coroner(s)}}\)  (Dear of Chapter, \$\(^{\text{State Physiciaty or Coroner(s)}}\)  |  |
| Cause of Death:  | Gross Total for Sales Tax\$ 5.35 7.5   |  |
| Contributory Causes  | Outlay for Lot.  |  |
| 0 0 0  | Cremation  |  |
| Certifying Physician Coroner   | Rental of Tent, \$ of Temporary Yault, \$  |  |
| His Address  | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb. Let Marshall 25 05. Lining Grave, \$ Lowering Device, \$   |  |
| Name of Father auchlew Auchteson   | Outlay for Shipping Charges  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$Plane Service,\$  |  |
| Maiden Name of Mother. wil Meroun  | or Motor Tickets, \$ plane Service, \$<br>Telegr., Phone, Cable or Radio Charges   |  |
| Her Birthplace   | Cash Advanced  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges. Personal Service.  |  |
| Size of Casket. Gray Ske. State  Manufactured by   |  |  |
| Manufactured by  | line Death Notices in Papers   |  |
| Cemetery Crematory   | (Names of Newspapers)  |  |
| Lot No 3/8   |  |  |
| Grave No 3   | Sales Tax  |  |
| Section No   | Total Footing of Bill  |  |
| Block No   |  |  |
| Diagram of Lot or Vault Owner  | Balance  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |
| To Above Balance\$   | To Balance Forward.  |  |
| By Payment \$ \$   | By Payment s   |  |
|  |  |  |
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| \$ \$  |  |  |
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|  | \$   |  |
| Names of   |  |  |
| 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<br>maturity at the rate of                | the same withindays from date. Interest to accrue from   |  |
|  | Signed   |  |
| Witness  |  |  |

| RECORD (   | OF FUNERAL 2   |
|--|--|
| Total No 23.69 Yearly No 19                              | Date of Entry Jeely 29 19.5.   |
| Name of Deceased   | gner /   |
| Residence: Laurence<br>Charge to: Quelle Palmer          | Grand   Gran |
| Address. Lamen   | Complete Funeral (except outlays)  |
| Order given by(or informant)                             | Casket   |
| How Secured::  | Burial Vault or Box (State Kind) Embalming Body (State Kind) Embalming Body (Name of Embalmer)   |
| If Veteran, State War 200                                | Darber, \$   |
| Occupation Reviewf 484-28-3327 (Social Security Numbers) |  |
| Employer and Address                                     | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$.  |
| Date of Death July 2 7/5-3 (Hour)                        | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Sept 19 1897 (Hour)                       | Candelabrum, \$  |
| Age. (Years) / (Months) A (Days)                         | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral. 7.99/53 Week 10/30 A.M.                 | Limousines to Cemetery @ \$  |
| Services at::: M. E. (Bay of Week) (Hour)                | Autos to R. R. Station   |
| Hergyman: Rev Weed                                       | Taking Remains to  |
| Religion of the Deceased                                 | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Clanuda la                                    | Deliver Flowers to   |
| Resided in the State                                     | Removal Charges  |
| Place of Death. (Months)                                 | Certif.Copiesof Death Certificates No.   |
| Cause of Death: Coronan Occasion                         | Procuring Burial Permit.  —Certif. Copiesof Death Certificates No.  (State Engineers of Countr's)  Pall Bearer Service, \$. Use of Chaple, \$.   |
| Contributory Causes.                                     | Gross Total for Sales Tax\$ 4.2/   |
| John Figure Causes                                       | Outlay for Lot:  |
| Certifying Physician & & Samet                           | Flowers, \$ Palms, \$  |
| or Coroner).   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address  | Lining Grave, \$Lowering Device, \$  |
| His Birthplace   | Outlay for Shipping Charges.  Clergyman, \$Singers, \$Organist, \$   |
| Maiden Name of Mother Laura Wawney                       | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$ plane  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| y 10411 MANTA 42 CALLA                                   | Personal Service.  |
| Manufactured by  | line Death Notices in Papers   |
| Cemetery Rose Hell                                       | (Names of Newspapers)  |
| Lot No /346  |  |
| Grave No. 3  | Sales Tax  |
| Section No.  | Total Footing of Bill.   |
| Block No   | Pl Jeely 309 378 Balance . \$ 40.3.2.5.  |
| Diagram of Lot or Vault Owner                            | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance                                 | Date Amount Paid Balance   |
| To Above Balance\$                                       | To Balance Forward \$  |
| By Payment   | By Payment \$ \$   |
|  |  |
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| ***************************************                  | # # \$ \$.   |
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|  | a a \$ \$  |

Insurance \$. Names of Insurance Companies.

| Dereshy authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Frm Names of Funeral Directors).

| Open Names of Funeral Directors).
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| Total No. 2365 Yearly No. 15  | . Date of Entry   |  |  |
|---|---|--|--|
| Name of Deceased. Slag & Mou  | vol. (What Bara)  |  |  |
| ☐ Married ☐ Single ☑ Widowed ☐ Divorce Residence:                       | Husband Wile Wildow   Jame Mouroe   |  |  |
| Charge to: Don Monroe   | orof ) Age of Husband or Wife (if living) Years   |  |  |
| Address/  | Complete Funeral (except outlays)   |  |  |
| Order given by  | Burial Vault or Box 25 00   |  |  |
| How Secured : Oal (or informant)  |   |  |  |
| If Veteran, State War 46  | Embalming Body(Name of Embalmer) Barber, \$   |  |  |
| Occupation housewife have   | Dressing Body, \$   |  |  |
| Employer and Address (Social Security Number)                           | Slippers \$   |  |  |
| Date of Death Sept 4 53 5 AM (Hour)                                     | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |  |  |
| Date of Birth. dieg 16 1868   | Door Spray, \$  |  |  |
| Age. 85   | Funeral Car, \$Ambulance, \$  |  |  |
| Date of Funeral Sept 6/5-3 Seru Day                                     | Extra Limousines  |  |  |
| Services at 1 (Date) S (Day of Week) (Hour)                             | Autos to R. R. Station @ \$   |  |  |
| Clergyman Robt Faruham  | Taking Remains to   |  |  |
| Religion of the Deceased . L. Saddress)                                 | Trip to Coroner's Inquest   |  |  |
| Birthplace Java   | Deliver Flowers to  |  |  |
| Resided in the State(Years) (Months)                                    | Removal Charges   |  |  |
| Place of Death (or U.S. or City or County) (Years) (Montas)             | Procuring Burial Permit.  (Glate Number and District)  Certif.Copiesof Death Certificates No. (State Physical Rev Coronet's)  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |
| Cause of Death  | Pall Bearer Service, \$ Use of Chapel, \$   |  |  |
| Contributory Causes   | Gross Total for Sales Tax. \$ .424.00   |  |  |
|   | Cremation   |  |  |
| Certifying Physician Dy Samet   | Flowers, \$Palms, \$Matting, \$  Rental of Tent. \$of Temporary Vault. \$   |  |  |
| His Address   | Rental of Tent, \$of Temporary Yault, \$Opening of Grave or Tomb. & Millaulant 25 00.   |  |  |
| Name of Father Alva Januagtan   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$   |  |  |
| Maiden Name of Mother. Pruda Port                                       | Telegr., Phone, Cable or Radio Charges  |  |  |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges.   |  |  |
| Motor Ship Remains to   | Personal Service.   |  |  |
| Size of Casket 1/2 couch oct. Grey                                      | line Death Notices in Papers  |  |  |
| Manufactured by Clear Color and Number Cemetery Rose Hill               | (Names of Newspapers)   |  |  |
| Greinatory)   | (crando de Atorophysios)  |  |  |
| Lot No. 9.3/ 15.  | Sales Tax   |  |  |
| Section No.   | Total Footing of Bill \$ 450 2/   |  |  |
| Block No  | Less Deset 25 26 8 25 16  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below 5  |  |  |
| Date Amount Paid Balance  |   |  |  |
| To Aboye Balance. \$  | To Balance Forward.   |  |  |
| By Payment. \$ \$   | By Payment \$ \$  |  |  |
|   | я и и 3 3   |  |  |
| * *   | \$ \$ \$  |  |  |
| \$\$  |   |  |  |
|   |   |  |  |
| * * \$ \$   | я и в в   |  |  |
| Names of Lodges   | Insurance Companies.  |  |  |
|   |   |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa | for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within  |  |  |
| maturity at the rate of% per annum.                                     | maturity at the rate of% per annum. Signed  |  |  |
| Witness   |   |  |  |
| Compiled by F.J.  | ermounter, ot. Louis, Mo.   |  |  |

| Total No. 23.4.6 Yearly No/4.  | Date of Entry. Left. 14   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of Deceased   Single   Widowed   Divorce  | eliams (What Roce)  |  |  |  |  |  |
| Residence:   | □Husband□Wife□Widow Cof Wife (if living)  |  |  |  |  |  |
| Charge to: Frank Williams  |   |  |  |  |  |  |
| Address  | Compact Landen (coop)   |  |  |  |  |  |
| Order given by   | Casket. Burial Vault or Box   |  |  |  |  |  |
| How Secured :  | Embalming Body (State Kind)  Embalming Body (Name of Embalmer)  |  |  |  |  |  |
| If Votoron State War Ko  | Barber, \$  |  |  |  |  |  |
| Occupation Muslwift World Social Security Number   | Dressing Body, \$Underwear, \$  |  |  |  |  |  |
| (Social Security Number)   | Suit or Dress.  (State Kind and Color)  Slippers, \$. Hose, \$.   |  |  |  |  |  |
| Date of Death Sept. 12 /5 3 3. 0. M.   | Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |  |
| Date of Birth. July 26 19 8 7 5 (Hour)   | Candelabrum, \$ Candles, \$   |  |  |  |  |  |
| Age  | Door Spray, \$ : : Gloves, \$   |  |  |  |  |  |
| (Years) It (Months) (Days)   | Limousines to Cemetery @ \$   |  |  |  |  |  |
| Date of Funeral Section (Months) Wen 2 0 1   | Autos to R. R. Station @ \$   |  |  |  |  |  |
| Services at::: Example: 1700   | Getting Remains from Taking Remains to  |  |  |  |  |  |
| Clergyman: Ruf Cheville  | Trip to Coroner's Inquest   |  |  |  |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |  |  |  |
| Birthplace Belout Rouses   | Removal Charges   |  |  |  |  |  |
| Resided in the State (og U. S. or City of County) (Years) (Months)                           | Procuring Burial Permit(State Number and District)  |  |  |  |  |  |
| Place of Death   | Procuring Burial Permit.  (State Number and District)  — Certif. Copiesof Death Certificates No.  (State Payaciants or Coccount's)  Pall Bearer Service, \$ Use of Chapel, \$ |  |  |  |  |  |
| Cause of Death : Brongho Guewmania   | Pall Bearer Service, \$ Use of Chapet, \$ 299 00  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot  |  |  |  |  |  |
|  | Cremation   |  |  |  |  |  |
| Certifying Physician. J. W. Swausau  | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |
| His Address Zamony Ja  | Opening of Grave or Tomb  |  |  |  |  |  |
| Name of Father. John Z. Whill  | Outlay for Shipping Charges   |  |  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$   |  |  |  |  |  |
| Maiden Name of Mother. Laura Evaus   | or Motor / Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |
| Her Birthplace   | Cash Advanced   |  |  |  |  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges.   |  |  |  |  |  |
| Size of Casket   | T. D. H. W. Harris Bonon  |  |  |  |  |  |
| Manufactured by (State/Color and Number)   | line Death Notices in Papers  |  |  |  |  |  |
| Cemetery Crematory Olose Hul   | (Names of Newspapers)   |  |  |  |  |  |
| Lot No/7.0.8   | Sales Tax 3 0 9   |  |  |  |  |  |
| Grave No   | Total Footing of Bill   |  |  |  |  |  |
| Section No   | Less P. Seft 1.4/.5-3\$   |  |  |  |  |  |
| Block No   | Balance/\$  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |  |  |  |  |
| Date Amount Paid Balan   | ce Date Amount Paid Balance   |  |  |  |  |  |
| To Above Balance \$  | To Balance Forward\$  |  |  |  |  |  |
| By Payment   | By Payment\$\$  |  |  |  |  |  |
| * *  |   |  |  |  |  |  |
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| « « S S  |   |  |  |  |  |  |
| « « \$ \$  | a a s s s   |  |  |  |  |  |
| Names of Lodges  | Insurance Companies   |  |  |  |  |  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I hav | re sufficient resources Legally available to  |  |  |  |  |  |
| for the payment of aforesald 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.   | ar Francisco  |  |  |  |  |  |

| Total No. 236 Yearly No. 17   | Date of Entry   | 19.5              | 3   |  |  |  |  |
|---|---|-------------------|-----|--|--|--|--|
| Name of Deceased. Aurile C. McElray   |   |                   |     |  |  |  |  |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorces  Residence:   | Husband Wife Widow Un Mcells  | ¥                 | ă   |  |  |  |  |
| Charge to E. R. Mc Elry   | or  | ve) Years         |     |  |  |  |  |
| Address   | Complete Funeral (except outlays)\$   | .365 00           |     |  |  |  |  |
|   | Casket. Roy albert Vault  | 125 00            |     |  |  |  |  |
| Order given by. (oritionment)   | (State Kind)  |                   |     |  |  |  |  |
| How Secured : fl Cash   | Embalming Body(Name of Embalmer) Barber, \$Hair Dressing, \$                                  |                   |     |  |  |  |  |
| If Veteran, State War   | Dressing Body, \$ Underwear, \$   |                   |     |  |  |  |  |
| Occupation konsewife (Social Security Number)   | Suit or Dress   |                   |     |  |  |  |  |
| Employer and Address  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.                                    |                   |     |  |  |  |  |
| Date of Death Sch 16/1453 44M   | Candelabrum, \$ Candles, \$   |                   |     |  |  |  |  |
| Date of Birth. Man 16-1879  | Door Spray. \$Gloves, \$  |                   |     |  |  |  |  |
| Age. 79 Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$   |   |                   |     |  |  |  |  |
| Date of Funeral (Months) (Months) (Mays) (Days) (Months) | Extra Limousines @ \$   |                   |     |  |  |  |  |
| Services at   | Autos to R. R. Station  |                   |     |  |  |  |  |
| Clergyman. Ray Cheville (Address)   | Taking Remains to   |                   |     |  |  |  |  |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to  |                   |     |  |  |  |  |
| Birthplace Bethany, Mro.  | Deliver Flowers to  |                   |     |  |  |  |  |
| D. 11. 11. 41. 01.4.  | Removal Charges   |                   | •   |  |  |  |  |
| Place of Death. (or U.S. or City or County) (Years) (Months)  | Procuring Burial Permit. (State Number and District)  —Certif.Copiesof Death Certificates No. |                   |     |  |  |  |  |
| Cause of Death Caronary & browbass  | Pall Bearer Service, \$ Use of Chapel, \$   |                   |     |  |  |  |  |
| 그 그리고 있는 점점 하는 것이 되었다. 그 아내는 사람들이 되었다. 그 그 그 그 그리고 있는 것이다. 그리고 있는 것이다. 그리고 있는 것이다.  | Gross Total for Sales Tax\$   | 490 00            |     |  |  |  |  |
| Contributory Causes   | Outlay for Lot.   |                   |     |  |  |  |  |
|   | Flowers, \$Palms, \$Matting, \$   |                   |     |  |  |  |  |
| Certifying Physician. (or Coroner)  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. E. A. Week St.             | 25 00             |     |  |  |  |  |
| His Address.  Name of Father, Marion Daley  | Lining Grave, \$ Lowering Device, \$  |                   |     |  |  |  |  |
|   | Outlay for Shipping Charges   |                   | 1   |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero- Service,\$              |                   |     |  |  |  |  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |                   |     |  |  |  |  |
| Her Birthplace  | Cash AdvancedOut of town Undertaker's Charges   |                   |     |  |  |  |  |
| Motor Remains to  | Personal Service.   |                   |     |  |  |  |  |
| Size of Casket. 12 Couch 2012 celler (Synte Cologonal Number)   | line Death Notices inPapers   |                   |     |  |  |  |  |
| Manufactured by : (Space Cologrand Number) Cause Cemetery ) Rose Hill   | (Names of Newspapers)   |                   | 100 |  |  |  |  |
| Crematory)  | (realise of Proving Reports)  |                   |     |  |  |  |  |
| Lot No 1.5.60 560   | Sales Tax   | y 6 5             | •   |  |  |  |  |
| Grave No  | Total Footing of Bill\$   | 49 9 65           | 1   |  |  |  |  |
| Section No.   | Less . alexanciet p   | . 24 56           |     |  |  |  |  |
| Block No.   | Od usalstigeff. s   | 4.9.5.1.5         |     |  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page. 1. 1. below.   |                   |     |  |  |  |  |
| Date Amount Paid Balance  | Date 7, S. W. M & Amount Pai  | d Balance         |     |  |  |  |  |
|   | To Balance Forward  |                   |     |  |  |  |  |
| \$  | By Payment \$   | \$                |     |  |  |  |  |
|   |   | \$                |     |  |  |  |  |
| \$\$  |   | \$                |     |  |  |  |  |
| и и е е   | ***************************************   | \$                |     |  |  |  |  |
| и и g g   | и и   | \$                |     |  |  |  |  |
| 8 8   | а и д   | 9                 | 100 |  |  |  |  |
| Names of  | Insurance   |                   | -   |  |  |  |  |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have s  |   |                   |     |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay  |   | Directors.)       |     |  |  |  |  |
| maturity at the rate of% per annum.   | Signed  | COT to accure ite | 100 |  |  |  |  |
| Witness   | Address   |                   | 1   |  |  |  |  |
| Compiled by F. J. i   | PEINEMAN, St. Louis, Mo.  |                   | 10  |  |  |  |  |

| Total No. 23.4.8 Yearly No18.   | Date of Entry Oct 3 1953  |
|---|---|
| Name of Deceased Margeret Ellen M   | ac Donald w   |
| noridence: Lamoni de  | Husband Wite Widow Roy Mac Donald   |
| Charge to: Ray Mac D anald  | orof Age of Husband or Wife (if living)   |
| Address   | Complete Funeral (except outlays)\$3.94.00  |
| Order given by sauce  | Casket.   |
| How Secured: :  | Burial Vault or Box (State Kied) Embalming Body   |
| re Voteran, State War 200 (27/  | Barber, \$  |
| Occupation School Teacher 376-26-6271   | Dressing Body, \$ Underwear, \$   |
| Employer and Address (Social Security Number)   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$  |
| Date of Death. Sept. 30 1953 5 4M   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. Sept 2 6 1919 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |
| Age   | Funeral Car, \$Ambulance, \$  |
| Date of Funeral Oct 3/53 Set 2/30 P. M. Day of Week   | Limousines to Cemetery @ \$   |
| Services at: Lamon L. D. S. Church  | Autos to R. R. Station @ \$   |
| Marmon. Roll, Farnham   | Getting Remains from  |
| Religion of the Deceased  | Trip to Coroner's Inquest   |
| Birthplace Ithaca, Mech   | Deliver Flowers to  |
| Resided in the State  | Removal Charges   |
| Place of Death. L. Cor City or County) (Years) (Months)   | Certif.Copiesof Death Certificates No   |
| Cause of Death:   | Procuring Burial Permit. (Bata Number and District)  Certif. Copies of Death Certificates No. (Bata Physician See Coronaria)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Contributory Causes   | Gross Total for Sales Tax\$ 4.21  |
| Contributory Causes   | Outlay for Lot:   |
| Certifying Physician, Il Swanson  | Flowers, \$Palms, \$:Matting, \$<br>Rental of Tent, \$ of Temporary Vault, \$   |
| Certifying Physician. (or Coroner) His Address: Laurau (or Coroner)   | Opening of Grave or Tomb  |
| Name of Father. Mills A Complex   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace  | Celegyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ plane Service, \$ or Motor   Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges.        |
| Maiden Name of Mother. Ruby Fruler  | or Motor Tickets, \$ plane Service, \$  |
| Her Birthplace.   | Cash Advanced   |
| Motor Remains to  | Out of town Undertaker's Charges.   |
| Size of Casket act 12 couch gray  | 1   |
| Manufactured by Chustery  | line Death Notices in Papers  |
| Cemetery Crematory  | (Names of Newspapers)   |
| Lot No 1.3.45   | Sales Tax 42-/  |
| Grave No  | Total Footing of Bill \$ 425 2/   |
| Section No  | Less\$  |
| Block No  | Balance\$   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  |   |
| To Above Balance Lyp. 425-21.   | To Balance Forward \$   |
| By Payment  | 3.6. By Payment \$ \$   |
|   | 00 " " \$ \$  |
|   | 00  |
| Dec 1/53 " 5.100 QU 8.30.   | 00 " " \$ \$  |
| Mar 10/54 " \$ 3000 \$  |   |
| " Pfin sell s   | Insurance   S S S   |
| Insurance \$  | Insurance<br>Companies.   |
| I hereby authorize the above Funeral, and I hereby represent that I have                                    | sufficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to p maturity at the rate of % per annum. | Signed.   |
|   | Address   |
| Witness   | FRINEMAN St. Louis, Mo.   |

| Total No. 2269. Yearly No 19.   | Date of Entry   |
|---|---|
| Name of Deceased. Que Margaret  | Was Donald (What Race)  |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorce  | d Jufaut (What Race)  |
| Residence: Charge to: Roy Mac Donald  | or of ) Age of Husband or whe the many  |
| Charge to: Ot e.g. Julian.  | Complete Funeral (except outlays)\$\$   |
| Address   | Casket  |
| Order given by(orinformant)   | Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)  |
| How Secured:  | Hair Dressing, D  |
| If Veteran, State War   | Dressing Body, \$Underweat, \$  |
| Occupation (Social Security Number)   | Suit or Dress. (State Kind and Color) Slippers, \$  |
| Employer and Address Date of Death Old 8 195-3  | Polding Chairs S 1 arpaulli, φ  |
| Date of Birth. Alf 3 D (Date) 19 5-3 (Hour)   | Candelabrum, \$ Candles, \$   |
| 0   | Funeral Car. \$Ambulance, \$  |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral (Date) (Day of Week) (Hour)   | Autos to R. R. Station @ \$   |
| Services at .: Provesel   | Getting Remains from  |
| Clergyman. Rolf Farnham (Address)   | Trip to Coroner's Inquest   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace L. est.  | Removal Charges   |
| Resided in the State (or #. S. or City or Gounty) (Years) (Months)  | Procuring Burial Permit   |
| Place of Death.   | Pall Bearer Service, \$\script{\script{State Number and District}}{\text{Use of Chapel}, \$\script{\script{State Number and District}}} |
| Cause of Death:   | Gross Total for Sales Tax. \$ 15 00   |
| Contributory Causes   | Outlay for Lot.   |
|   | Cremation   |
| Certifying Physician. SW Sevenson   | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb  |
| Name of Father Roy Mac Donald   | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$   |
| Maiden Name of Mother Many and House  | Telegr., Phone, Cable or Radio Charges  |
| Tier Dirupiace  | Cash Advanced Out of town Undertaker's Charges.   |
| Motor Remains to  | Personal Service.   |
| Size of Casket  | line Death Notices in Papers  |
| Manufactured by   | (Names of Newspapers)   |
| Crematory 5   | (Names of Newspapers)   |
| Lot No. J.3.4   | Sales Tax To Page 13  |
| Grave No. 2   | Total Footing of Bill   |
| Section No  | Less. Met. no descarit : s  |
|   | Balance\$   |
| Diagram of Lot of vault   | Entered into Ledger, page or below.   |
|   | Innount Talu Balance  |
| To Above Balance\$  | To Balance Forward \$   |
| a a g g   | By Payment \$\$   |
|   | a a e   |
|   |   |
|   | 4 4 \$ \$   |
|   | \$ \$   |
| N   |   |
| Insurance \$  | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have  | sufficient resources Legally available to  (Firm Name of Funeral Directors.)  y the same within   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa<br>maturity at the rate of % per annum. |   |
|   | Signed  |

# RECORD OF FUNERAL Date of Entry 19.5.3

| Barry No. 2   | Date of Energy   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name of Deceased (What Race)  |  |  |  |  |  |  |  |
| Residence:     Husband   Wife   Widow   Vents   Vents |  |  |  |  |  |  |  |
| Charge to:  | or. 95) %se of Husband or Wife (if living). Years  |  |  |  |  |  |  |
| Address   | Complete Funeral (except outlays)\$  |  |  |  |  |  |  |
| Order given by  | Casket. Burial Vault or Box (State Kind) /65 00  |  |  |  |  |  |  |
| How Secured:  | Embalming Body   |  |  |  |  |  |  |
| If Veteran; State War   | Embalming Body   |  |  |  |  |  |  |
|   | Dressing Rody \$ Underwear, \$   |  |  |  |  |  |  |
| Employer and Address (Social Security Number)   | Suit or Dress  |  |  |  |  |  |  |
|   | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$   |  |  |  |  |  |  |
| Date of Death (Date) (Hour)   | Candelabrum, \$ Candles, \$  |  |  |  |  |  |  |
| Date of Birth.  | Door Spray, \$ :   |  |  |  |  |  |  |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |  |  |  |  |  |  |
| Date of Funeral   | Extra Limousines @ \$  |  |  |  |  |  |  |
| Services at:::  | Getting Remains from   |  |  |  |  |  |  |
| Clergyman:  | Taking Remains to  |  |  |  |  |  |  |
| Religion of the Deceased  | Delivering Box to  |  |  |  |  |  |  |
| Birthplace  | Deliver Flowers to   |  |  |  |  |  |  |
| Resided in the State(or U.S. or City or County) (Years) (Months)  | Procuring Burial Permit  |  |  |  |  |  |  |
| Place of Death  | Procuring Burial Permit.  —Certif. Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaple, \$ |  |  |  |  |  |  |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax. \$  |  |  |  |  |  |  |
|   | Cremation  |  |  |  |  |  |  |
| Certifying Physician.   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$                                  |  |  |  |  |  |  |
| Certifying Physician. (or Coroner)  | Opening of Grave or Tomb. Pa. Catters M. 1   |  |  |  |  |  |  |
| Name of Father.   | Lining Grave, \$ Lowering Device, \$   |  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$  |  |  |  |  |  |  |
| Maiden Name of Mother.  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                                  |  |  |  |  |  |  |
|   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |  |
| Her Birthplace  | Out of town Undertaker's Charges.  |  |  |  |  |  |  |
| Ship   Remains to   | Personal Service.  |  |  |  |  |  |  |
| Size of Casket (State Color and Number)   | line Death Notices inPapers  |  |  |  |  |  |  |
| Manufactured by   | (Names of Newspapers)  |  |  |  |  |  |  |
| Grematory )   |  |  |  |  |  |  |  |
| Lot No  | Sales Tax  |  |  |  |  |  |  |
| Section No.   | Total Footing of Bill  |  |  |  |  |  |  |
|   | Less\$   |  |  |  |  |  |  |
| Block No.   | Balance\$  |  |  |  |  |  |  |
| Diagram of Exter value  | Entered into Ledger, pageor below.   |  |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |  |  |
| To Above Balance \$   | To Balance Forward\$   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 4 4 e e   | **************************************   |  |  |  |  |  |  |
| « « s s   | a u g g  |  |  |  |  |  |  |
|   | и и S. S.  |  |  |  |  |  |  |
| « " »   |  |  |  |  |  |  |  |
| * * S S   | « « s s  |  |  |  |  |  |  |
| Names of Lodges   | Insurance<br>  |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have s  | ufficient resources Levelly available to   |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa   | (Firm Name of Funeral Directors.)  the same withindays from date. Interest to accrue from                    |  |  |  |  |  |  |
| maturity at the rate of% per annum.   | Signed   |  |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |  |  |
| Compiled by F. J.   | FEINEMAN St. Louis, Mo.  |  |  |  |  |  |  |

| Total No. 2.37/ Yearly No. 2/   | . Date of Entry   |  |  |  |  |
|---|---|--|--|--|--|
| Name of Deceased. Viola Staut   | au  |  |  |  |  |
| Residence: A. S. Home, Lamm   | d   |  |  |  |  |
| Charge to: Q. / D   | or  |  |  |  |  |
| Address   | Complete Funeral (except outlays)\$/50 00   |  |  |  |  |
| Order given by  | Casket  |  |  |  |  |
| How Secured::(or informant)   | Burial Vault or Box(State Kind)   |  |  |  |  |
| If Veteran, State War   | Embalming Body (Name of Embalmee)  Barber, \$. Hair Dressing, \$.   |  |  |  |  |
| Occupation  | Dressing Body, \$ Underwear, \$   |  |  |  |  |
| Employer and Address (Social Security Number)                                 | Suit or Dress (State Kind and Color)  |  |  |  |  |
| Date of Death, N. P. 1.0/ 5-3   | Slippers, \$Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$  |  |  |  |  |
| Date of Birth. Oct. 36 (Date) 7 3 (Hour)                                      | Candelabrum, \$Candles, \$  |  |  |  |  |
| Age. 80   | Door Spray, \$  |  |  |  |  |
|   | Limousines to Cemetery @ \$   |  |  |  |  |
| Date of Funeral 19 /3/5 3 For (Days)  Onto (Day of Week) (Hour)               | Extra Limousines  |  |  |  |  |
| Services at.  | Getting Remains from  |  |  |  |  |
| Clergyman Mort Edward (Address)   | Taking Remains to   |  |  |  |  |
| Religion of the Deceased  | Delivering Box to   |  |  |  |  |
| Birthplace  | Deliver Flowers to  |  |  |  |  |
| Resided in the State (or U.S. or City or County) (Years) (Months)             | Procuring Burial Permit.  |  |  |  |  |
| Place of Death  | Procuring Gunial Permit.  Certif.Copiesof Death CertificatesNo.  Cartif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chaple, \$ |  |  |  |  |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$   |  |  |  |  |
| Contributory Causes   | Gross Total for Sales Tax\$ Outlay for Lot  |  |  |  |  |
| •••••   | Cremation   |  |  |  |  |
| Certifying Physician  | Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$  |  |  |  |  |
| His Address   | Opening of Grave or Tomb  |  |  |  |  |
| Name of Father. Unu Stocuton  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |  |  |  |  |
| His Birthplace  | Clergyman,\$ Singers,\$ Organist,\$ Railroat} Tickets, \$ plane Service,\$ Telegr., Phone, Cable or Radio Charges                                 |  |  |  |  |
| Maiden Name of Mother. Hot Hugun  | or Motor Tickets, \$ Aero- Service, \$  |  |  |  |  |
| Her Birthplace  | Cash Advanced   |  |  |  |  |
| Motor Ship Remains to   | Out of town Undertaker's Charges  |  |  |  |  |
| Size of Casket  | Personal Service.   |  |  |  |  |
| Manufactured by Pille Sleef   | line Death Notices inPapers   |  |  |  |  |
| Cemetery Crematory Rose Hell  | (Names of Newspapers)   |  |  |  |  |
| Lot No. 1237  |   |  |  |  |  |
| Grave No. 2.7.3   | Sales Tax No ton  |  |  |  |  |
| Section No  | Total Footing of Bill Dec 17 5.3 \$ 150 00.   |  |  |  |  |
| Block No  |   |  |  |  |  |
| Diagram of Lot or Vault Owner   | Balance\$  Entered into Ledger, pageor below.   |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |  |  |  |  |
| To Above Balance\$  | To Balance Forward  |  |  |  |  |
| By Payment \$ \$  | By Payment s  |  |  |  |  |
| " " \$ \$   |   |  |  |  |  |
| ***************************************                                       | u u s s   |  |  |  |  |
|   |   |  |  |  |  |
| и и \$  | ······································  |  |  |  |  |
| я я \$  | ***************************************   |  |  |  |  |
| Names of Lodges.  | Trattrance \$\$   |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have suff | Insurance   |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and gores to pay t    | cient resources Legally available to  |  |  |  |  |
| maturity at the rate of% per annum,   | Signeddays from date. Interest to accrue from   |  |  |  |  |
| Witness   | Address.  |  |  |  |  |
| Compiled by F. J. FRI   | NEMAN, St. Louis, Mo.   |  |  |  |  |

| Total No. 23.7. Yearly No. 2.  | . Date of Entry. Mov 15 1953  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Name of Deceased Social Reth Konopaseh Jupart say Rep. (What Read)       |   |  |  |  |  |  |  |
| Residence:   | Husband   Wife   Widow   Or   |  |  |  |  |  |  |
| Charge to: Ray Kanafasek.  | 1 .1.3  |  |  |  |  |  |  |
| Address.   | Complete Funeral (except outlays)   |  |  |  |  |  |  |
| Order given by(or informant)   | Burial Vault or Box   |  |  |  |  |  |  |
| How Secured:   | Embalming Body(State Kind) (Name of Embalmer)   |  |  |  |  |  |  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |  |  |  |  |  |  |
| Occupation   | Dressing Body, \$   |  |  |  |  |  |  |
| Employer and Address   | Suppers, \$   |  |  |  |  |  |  |
| Date of Death Nov 15 1953  | Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$  |  |  |  |  |  |  |
| Date of Birth. M. D.T. 14. 1983  | Door Spray, \$ ::   |  |  |  |  |  |  |
| Age. (Years) (Months) (Days)   | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$  |  |  |  |  |  |  |
| Date of Funeral War 15 5 3 M.  | Extra Limousines  |  |  |  |  |  |  |
| Services at:   | Autos to R. R. Station @ \$   |  |  |  |  |  |  |
| Clergyman: Percy Howard  | Taking Remains to   |  |  |  |  |  |  |
| Religion of the Deceased   | Trip to Coroner's Inquest   |  |  |  |  |  |  |
| Birthplace Mf Oys Hash   | Deliver Flowers to  |  |  |  |  |  |  |
| Doridad in the State   | Removal Charges   |  |  |  |  |  |  |
| Place of Death. Mr ay How  | (State Number and District) Certif. Copies of Death Certificates No.  |  |  |  |  |  |  |
| Cause of Death:  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Cartif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$   |  |  |  |  |  |  |
|  | Gross Total for Sales Tax\$   |  |  |  |  |  |  |
| Contributory Causes  | Outlay for Lot:   |  |  |  |  |  |  |
|  | Flowers, \$Palms, \$Matting, \$   |  |  |  |  |  |  |
| Certifying Physician. (or Coroner)                                       | Rental of Tent, \$ of Temporary Vault, \$   |  |  |  |  |  |  |
| His Address  | Lining Grave, \$Lowering Device, \$   |  |  |  |  |  |  |
| Name of Father. A. ey. Kano fall   | Outlay for Shipping Charges.  |  |  |  |  |  |  |
| His Birthplace.  Maiden Name of Mother. Mug Allen                        | Clergyman, \$ Singers, \$ Organist, \$ Railroad   Tickets, \$ Pane Service, \$ Organist, \$ Orga |  |  |  |  |  |  |
|  | Telegr., Phone, Cable or Radio Charges  |  |  |  |  |  |  |
| Her Birthplace   | Cash Advanced   |  |  |  |  |  |  |
| Motor Remains to   | Personal Service  |  |  |  |  |  |  |
| (State Color and Number)   | line Death Notices inPapers   |  |  |  |  |  |  |
| Manufactured by Runt  Cemetery Crematory Runt                            | (Names of Newspapers)   |  |  |  |  |  |  |
| Cemetery Crematory R pse NUU   |   |  |  |  |  |  |  |
| Lot No// D.'   | Sales Tax   |  |  |  |  |  |  |
| "Section No  | Total Footing of Bill\$   |  |  |  |  |  |  |
| Block No.  | Less \$   |  |  |  |  |  |  |
|  | Balance\$   |  |  |  |  |  |  |
| Diagram of Lot of value  | Entered into Ledger, page or below.   |  |  |  |  |  |  |
| Date Amount Paid Balance   |   |  |  |  |  |  |  |
| To Above Balance\$   | To Balance Forward \$   |  |  |  |  |  |  |
| By Payment.  | By Payment \$ \$  |  |  |  |  |  |  |
| u u g g  | a a g e   |  |  |  |  |  |  |
| « « \$ \$  | " " \$ s  |  |  |  |  |  |  |
| \$\$   | « «ssss   |  |  |  |  |  |  |
| \$   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Names of Lodges  | Insurance<br>   |  |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have | I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to  |  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pa  | ay the same withindays from date. Interest to accrue from   |  |  |  |  |  |  |

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

| 4273  | Date of Entry  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Total No. 23.7.3 Yearly No. 23.   | levacle stchenck (What Race)   |  |  |  |  |  |
| Name of Deceased. Single Widowed Divorced                                       |  |  |  |  |  |  |
| Residence: Lamoni Ja  | Husband   Wife   Widow   Age of Husband or Wife (if living)   Years   of   |  |  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)  |  |  |  |  |  |
| Address   | Casket   |  |  |  |  |  |
| Order given by Mul Flowers  | Burial Vault or Box (State Kind)   |  |  |  |  |  |
| How Secured:  |  |  |  |  |  |  |
| If Veteran, State War   | Barber, \$ (Name of Embalamer) Hair Dressing, \$ Dressing Body, \$ Underwear, \$   |  |  |  |  |  |
| Occupation School Tlacker   | Suit or Dress (State Kind and Color)   |  |  |  |  |  |
| Employer and Address  | Hose S   |  |  |  |  |  |
| Date of Death. MW > 1/53 9 PM (Date)  | Folding Chairs, \$ Candles, \$   |  |  |  |  |  |
| Date of Birth Jan 14 1887 (Hour)  | Door Spray, \$   |  |  |  |  |  |
| 0.6   | Door Spray, \$ Ambulance, \$ Limousines to Cemetery  |  |  |  |  |  |
| (Years) / (Months) . (Days)   | Putto Timousines(4) \$   |  |  |  |  |  |
| Date of Funeral 11/25/53 Weld . 2,30 M. Services at . Chee Copy of Week) (Hour) | Autos to R. R. Station   |  |  |  |  |  |
| Clergyman Ray Cheville  | Toking Remains to  |  |  |  |  |  |
| Religion of the Deceased. S (Address)   | Trip to Coroner's Inquest Delivering Box to  |  |  |  |  |  |
| Birthplace Carray, Ja   | Deliver Flowers to   |  |  |  |  |  |
| Birthplace  |  |  |  |  |  |  |
| Resided in the State (or U. S. or City or County) (Years) (Monthly)             | Procuring Burial Permit. (State Number and District)   |  |  |  |  |  |
| Place of Death.   | Removal Charges.  Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Certif. Copiesof Death Certificates No.  Cartif. Cartificates No.  Cartif. Cartif. Cartificates No.  Cartif. Cartif. Cartificates No.  Cartif. Cartificates No.  Cartif. Cartificates No.  Cartif. Cartificates No.  Cartif. Cartif. Cartificates No.  C |  |  |  |  |  |
| Cause of Death acute Myocardial instantis                                       | Gross Total for Sales Tax. \$ 72/00  |  |  |  |  |  |
| Contributory Causes   | Outlay for Lot   |  |  |  |  |  |
|   | Cremation  |  |  |  |  |  |
| Certifying Physician . (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$  |  |  |  |  |  |
| His Address Laman   | Opening of Grave or Tomb   |  |  |  |  |  |
| Name of Father. Theodore Schuck   | Outlay for Shipping Charges  |  |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$Railroad Tickets, \$plane Service,\$  |  |  |  |  |  |
| Maiden Name of Mother. Laura E. Davis   | Telegr., Phone, Cable or Radio Charges   |  |  |  |  |  |
| Her Birthplace  | Cash Advanced Out of town Undertaker's Charges   |  |  |  |  |  |
| Motor Ship Remains to   | Personal Service.  |  |  |  |  |  |
| Motor Remains to //- Couch gray filesh.  Size of Casket //- Couch gray filesh.  |  |  |  |  |  |  |
| Manufactured by   | line Death Notices inPapers  |  |  |  |  |  |
| Cremetery & se fuel   | (Names of Newspapers)  |  |  |  |  |  |
| Lot No/22   | Sales Tax  |  |  |  |  |  |
| Grave No  | Total Footing of Bill S 421  |  |  |  |  |  |
| Section No.   | Lesssuj 57/  |  |  |  |  |  |
| Block No.   | PA Balance Sugar 95  |  |  |  |  |  |
| Diagram of Let or Vault Owner   | Entered into Ledger, page or below   |  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |  |
|   | To Balance Forward   |  |  |  |  |  |
| By Payment \$ \$  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| # # 8   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| я и \$ \$   |  |  |  |  |  |  |
| я я \$ \$   | \$   |  |  |  |  |  |
| Names of Lodges.  | Insurance \$   |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have        | Insurance Companies ufficient resources I cred   |  |  |  |  |  |
|   | (Firm Name of Funeral Directors.)  |  |  |  |  |  |
| maturity at the rate of% per annum.   | Signeddays from date. Interest to accrue from  |  |  |  |  |  |
| Witness   |  |  |  |  |  |  |
| Compiled by F. J.   | Address  |  |  |  |  |  |

| Total No. 2374. Y  | early No2        | 4                | Doto  | of Entry              | no   | 1 29             |                | 19.5.3    |
|--|------------------|------------------|---|-----------------------|--|------------------|----------------|-----------|
| Rial   | land Ru          | ssell            | Welt  |                       | ,.,  | w                |                |           |
|  |                  |                  |   |                       |  |                  |                |           |
| Trestriction   | <u></u>          |                  |   | d   Wife   Widow      | Age of Husbane   | or Wife (if livi | lng)           | Years     |
| Charge to Of P.  |                  |                  | - PARTIES TO BE A STATE OF  |                       | t outlays)   |                  | 150            | 00        |
| Address  |                  |                  | Casket  | merar (excop          |  |                  |                |           |
| Order given by   | (formant)        |                  | Burial Vaul   | or Box                | (State Kind)   |                  |                |           |
| How Secured:   |                  |                  | Embalming   | Body                  | Vame of Embalmer)  |                  |                |           |
| If Veteran, State War  |                  |                  | Barber, \$  |                       | air Dressing,  | \$               |                |           |
| Occupation Laborer :   | 482-21           | 1-2035           | Suit or Dres  | αy, φ<br>S(Sta        | Underwea   |                  |                |           |
| Employer and Address   |                  |                  |   |                       |  |                  |                |           |
| Date of Death. Mov. 1.2.7  | 9.5.3            | 9.A.M.           | Folding Cha   | irs, \$<br>n, \$      | Tarpaulin, \$  |                  |                |           |
| Date of Death. Max. 1.27   | 883              |                  | Door Spray  | , \$ : :              | Gloves, \$   |                  |                |           |
| 1-0 70   |                  |                  | Funeral Car   | to Cemetery           | Ambulance, \$  |                  |                |           |
| Date of Funeral (1,49,53) (Mon)  | the (Days        | 2 P. M.          | Extra Limo  | usines                | @\$  |                  |                |           |
| Services at : Chapel (Day  | of Week)         | (Hour)           | Autos to R.   | R. Station            | @\$  |                  |                |           |
| Clergyman: Dan Auderson  |                  |                  | Taking Ren  | nains from            |  |                  |                |           |
|  | (Address)        |                  | Trip to Cor   | oner's Inques         | st   |                  |                |           |
| Religion of the Deceased   | u)               |                  |   | Box to                |  |                  |                |           |
| Birthplace Kentuck   | ð                |                  | Removal Cl  | arges                 |  |                  |                |           |
| Resided in the State   | or County) (Year | s) (Months)      | Procuring E   | urial Permit          | (State Number and<br>Certificates)<br>tate Physician's or<br>. Use of Chaj | d District)      |                |           |
| Place of Death. Lamour   |                  |                  | Certif.C  | Corrigo 9             | tate Physician's or  | Coroner's)       |                |           |
| Cause of Death:  |                  |                  |   | for Sales Ta          |  | ς ς              |                |           |
| Contributory Causes  |                  |                  | Outlay for  | Lot:                  |  |                  |                |           |
|  | ·····            |                  | Cremation.  | Polms \$              | Matti  | ng \$            |                |           |
| Certifying Physician. E. E. S  | or Coroner)      |                  | Rental of T   | ent, \$ of '          | Temporary Va   | ult,\$           |                |           |
| His Address  |                  |                  | Opening of  | Grave or To           | mb   |                  |                |           |
| Name of Father. Barmum   | Meltin           |                  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges   |                       |  |                  |                |           |
| His Rirthplace   |                  |                  | Clergyman,\$Singers,\$. Organist,\$. Railroad   Trickets, \$plane   Service,\$. Telegr., Phone, Cable or Radio Charges. |                       |  |                  |                |           |
| Maiden Name of Mother Many<br>Her Birthplace   | edun gier        | rus              | or Motor 110  | ne Cable or           | Radio Charge   | тсе, ф           |                |           |
| Her Birthplace   |                  |                  | Cash Adva   | nced                  |  |                  |                |           |
| Motor Remains to   |                  |                  | Out of town<br>Personal Se  | n Undertaker<br>rvice | 's Charges   |                  |                |           |
| Size of Casket UA.O.   |                  |                  |   |                       |  |                  |                |           |
| Manufactured by Puil State   | Child Comper)    |                  | line De   |                       | inPape   | rs               |                |           |
| Cemetery Crematory   | e Hell           |                  |   | (Names of N           | ewspapers)   |                  |                |           |
| Lo   | t No 13.9.       | 2-2              |   |                       | Tax  |                  |                |           |
| Gr   | ave No           |                  | Sales Tax .<br>Total Footi  |                       | 2.10g  |                  | 150            | 00        |
| Sec  | ction No         |                  | Less (1-  | d Feb                 | 14/54  | 9                |                |           |
| Bl   | ock No           |                  |   |                       | Balance  |                  |                |           |
| Diagram of Lot or Vault Ov   | wner             |                  | Entered int   |                       | geor be  | low.             |                |           |
| Date   | Amount Paid      | Balance          | Date  | Mile Maria            |  | Amount P         | aid B          | alance    |
| To Above Balance   |                  | s                |   | To Balan              | ce Forward   |                  | s              |           |
| By Payment   | \$               | . \$             |   | By Paym               | ent  | \$               | \$             |           |
| * *  | \$               | . \$             |   | * . *                 |  | \$               | \$             |           |
| * *  | \$               | . \$             |   | * *                   |  | \$               | \$             |           |
|  | \$               | . \$             |   |                       |  | \$               | \$             |           |
|  | \$               | . \$             |   | " "                   |  | \$               | \$             |           |
| ж ж  | e                | e                |   |                       |  | \$               | \$             |           |
| N  | ames of          |                  |   | Insurance             | **********   | ·····            | \$             |           |
|  | ames of<br>odges | at that The      | m@alant   | Insurance<br>Companie | Market .   |                  |                |           |
| I hereby authorize the above Funeral, and<br>for the payment of aforesaid sum, and I l |                  |                  |   |                       | (Firm  | Name of Funer    | nl Directors.) |           |
| maturity at the rate of%   |                  | agree to pa      |   | ned                   | days iro   | m date. In       | terest to ac   | erue from |
| Witness  |                  |                  |   | dress                 |  |                  | ********       |           |
| THUMS,   |                  | ompiled by F. J. |   | ouis, Mo.             |  |                  |                |           |

| RECORD C  | OF FUNERAL  |
|---|---|
| Total No. 3375 Yearly No  | Date of Entry   |
| Name of Deceased Wall sece De . (   | Blair   |
| ☑ Married ☐ Single ☐ Widowed ☐ Divorce  | d   Husband   Wife   Widow   Age of Husband or Wife (if living) Years   |
| Residence: Lamoni   | orof \ Ago of Husband or Wife (if living) Years   |
| Charge to:  | Complete Funeral (except outlays)\$\$   |
|   | Casket. Burial Vault or Box Albia Vault   |
| Order given by Resalie Kuber (or informant)   | Embalming Body (Name of Embalmer)   |
| If Veteran, State War   |   |
|   | Dressing Body, \$ Onder wear, \$  |
| Occupation Publisher 479-36-8693<br>Employer and Address (Social Security Number)   | Suit or Dress   |
| Date of Death Jam . 8 1954 9:30 A. (Hour)   | Slippers, \$Hose, \$<br>Folding Chairs, \$Tarpaulin, \$   |
| Date of Birth. Mov. >0 (Date) (Hour)  | Candelabrum, \$ Candles, \$   |
| Age   | Funeral Car, \$Ambulance, \$  |
| (rears) (Montasy) (Days)  | Limousines to Cemetery @ \$   |
| Date of Funeral //0/5.9. Sunday 2.3.3 M. (Bour)   | Autos to R. R. Station @ \$   |
| Services at R. R. D. S. Church  | Getting Remains from  |
| Clergyman Rey Cherille, Rolt Fasulace, V. More  | Taking Remains to   |
| Religion of the Deceased. P. A. D. S.   | Delivering Box to   |
| Birthplace Lamon Je   | Domestal Changes  |
| Resided in the State. 7.3. (or U.S. or City or County) (Years) (Months)   | Procuring Burial Permit.  (State Number and District)  Certif.Copiesof Death Certificates No.  (State Physician's or Coroner's) |
| Place of Death. Lauren  | Certif.Copiesof Death CertificatesNo  |
| Cause of Death Carmany Occlusion  | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes   | Gross Total for Sales Tax. \$ 72/00 Outlay for Lot.   |
|   | Cremation   |
| Certifying Physician. E. E. Samet   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb  |
| Name of Father Seo 190 Blair  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace flanette Haymond   | Clergyman,\$Singers,\$Organist,\$Railroad } Tickets, \$plane Service,\$   |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Ship Remains to   | Out of town Undertaker's Charges  |
| Size of Casket . My End State - Sucy B. C   |   |
| Manufactured by   | line Death Notices inPapers   |
| Cemetery Crematory Wase Hell  | (Names of Newspapers)   |
| Lot No. : 142 2   |   |
| Shub Plaited no 4   | Sales Tax 1/0 7 2/  |
| Shuts planted he 4<br>Section No. Provide their   | Total Footing of Bill \$ 7282!<br>Less Flandy Jeen of 8 36 4/   |
| Block No  | Dess 36 4/  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance.   |   |
| By Payment \$ \$  | To Balance Forward \$By Payment \$\$  |
|   | \$\$  |
| \$  | ж 4 3   |
| \$  | и и \$  |
| \$\$  | " " " sss   |
| и и в   | ······································  |
| Names of Lodges.  | * * * * * * * * * * * * * * * * * * *   |
| Insurance \$Lodges.  I horeby authorize the above Funeral, and I hereby represent that I have   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have su<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay |   |
| maturity at the rate of% per annum.   | the same withindays from date. Interest to accrue from  |

| Name of DeceasedMay  | May M.            | Divorce        | tever  | ison                     | - 1   | (What Race)  |             |          |
|--|-------------------|----------------|--|--------------------------|---|--|-------------|----------|
| Residence: Lamoni  |                   |                |  | _end Wife                | Widow   | teven  | an.         | .Years   |
| Charge to: B. Stev   | enson             |                |  |                          |   | The state of the s | C           | 0.0      |
| Address  |                   |                |  |                          | (except outlays)  | \$   | .49.7.      |          |
| Order given by   |                   |                | Casket   | ult on Po                |   |  |             |          |
| How Secured: (or info  | rmant)            |                | Embalmir   | ar Body                  | (State Kind)  |  |             |          |
|  |                   |                | Darbon &   | ig Dody                  | (Name of Embalmer)Hair Dressing,  | s  |             |          |
| If Veteran, State War  |                   | *******        | Dressing   | Body,\$.                 | Underwea  | r,\$   |             |          |
| Occupation . Hurewift  | (Social Securit   | ty Number)     | Suit or Dr   |                          |   |  |             |          |
| Employer and Address   | ,                 |                | Slippers,  |                          | Hose, \$  |  |             |          |
| Date of Death . 25 / 54  |                   | A.M            | Candelab   | nairs, \$.               | Tarpaulin, \$Candles, \$  |  |             |          |
| Date of Birth  | 7                 |                | Door Spra  | ay, \$                   | Gloves, \$  |  |             |          |
| Age  |                   |                | Funeral C  | ar, \$                   | Ambulance, \$ netery @ \$   |  |             |          |
| Date of Funeral. Au. 47/5 y  | led Days          | 2. P. M        |  |                          | @\$   |  |             |          |
| Services at: Chape   | Week)             | (Hour)         | Autos to   | R. R. Sta                | tion@\$   |  |             |          |
| Services at: 11. 2. Chalan   | -1119             |                | Taking R   | cemains to               | from Carthage   | ser  | 3 4         | 20       |
| Clergyman: R. M. Chly  | (Address)         |                | Trip to C  | oroner's                 | Inquest   |  |             |          |
| Religion of the Deceased   |                   |                | Denvering  | w xoa g                  |   |  |             |          |
| Birthplace Illunois  |                   |                | Deliver F<br>Removal   | Charges                  |   |  |             |          |
| Resided in the State   | r County) (Years) | (Months)       | Procuring  | Burial I                 | Permit (State Number as<br>Death Certificates)<br>(State Physician's or | d District)  |             |          |
| Place of Death. Lamour.  | ,                 |                | Certif.  | Copiesof                 | Death Certificates  | No   |             |          |
| Cause of Death Circhal Hun   | nhaze.            |                | Pall Bear  | er Service               | e, \$ Use of Cha  | јег, ф   |             |          |
| Contributory Causes  | tis               |                |  |                          | les Tax   | \$   | . 5.3/      | .2.0.    |
| Contributory Causes  |                   |                | Cremation  |                          |   |  |             |          |
| 2,2  | d. t              |                | Flowers,   | 8Pa                      | alms, \$ Matti  | ıg, \$   |             |          |
| Certifying Physician   | Coroner)          |                | Rental of  | Tent, \$.                | of Temporary Va   | ult,\$   |             |          |
| His Address  | 7000              | , , .          | Lining G   | ave. S.                  | or TombLowering Devi  | e. S   |             |          |
| Name of Father L. Carry  | m se              | uns            | Outlay fo  | r Shippir                | ng Charges  |  |             |          |
| His Birthplace   |                   |                | Clergyma<br>Railroad )   | ın,\$                    | Singers,\$Organ   | ist,\$   |             |          |
| Maiden Name of Mother  |                   |                | Clergyman, \$. Singers, \$. Organist, \$.  Railroad   Tickets, \$. plane Service, \$.  Telegr., Phone, Cable or Radio Charges.   |                          |   |  |             |          |
| Her Birthplace   |                   |                | Cash Adv   | anced                    | inte of Itadio Charge   |  |             |          |
| Motor Remains to   | ege is            | u              |  |                          | ertaker's Charges   |  |             |          |
| Size of Casket . 8/7 - fel for   | c. Star           | te             |  |                          |   |  |             |          |
| Manufactured by R (State Co)   | or and Number)    |                |  |                          | otices in Pape  | rs   |             |          |
|  |                   |                |  | (Na                      | ames of Newspapers) /   | ,  |             |          |
| Cemetery Crematory   |                   |                |  |                          | 1 1 1 1 S.  |  |             |          |
|  | No                |                | Sales Tax  | . 7                      | LE 46:19  |  |             | 31       |
|  | ve No             |                | Total Fo   | oting of                 | Bill  | \$   | 536.        | .5.1     |
|  | ion No            |                | Loss Are   | 8. fell                  | dyedelet  | pless.s  |             |          |
| Bloo   | k No              |                | Hours 1  | 1 -ola                   | Balance   | \$ 20.5  |             | 10       |
| Diagram of Lot or Vault Own  | ner               |                | Entered i  | nto Ledg                 | Balance<br>ger, page or be  | low. 100   |             |          |
| Date   | Amount Paid       | Balanc         | No. of the last of | 10000                    | Thomas II have  | Amount Pai   | d B         | alance   |
| To Above Balance   |                   |                |  | 7                        | o Balance Forward   |  |             | 100      |
| By Payment   | 9                 | 9              |  |                          | v Payment   | 2  | e           |          |
| 29 129 112   | 8                 | 8              |  |                          | a a   | s  | 8           |          |
|  | s                 | s              |  |                          |   | s  | s           |          |
|  | 8                 | 8              |  |                          |   | s  | s           |          |
| u u  | s                 | 8              |  |                          | « «   | s  | s           |          |
| 4 4  | s                 | \$             |  |                          | и и   | \$   | \$          |          |
|  | 8                 | 3              |  |                          | « «   | s  | s           |          |
| Nan  | nes of            |                |  | In                       | surance<br>ompanies   |  |             |          |
|  |                   | that The       | aufficient vers  |                          |   |  |             |          |
| I hereby authorize the above Funeral, and for the payment of aforesaid sum, and I he |                   |                |  |                          | (Firm.  | Name of Funeral<br>m date. Inte  | Directors.) | mun from |
| maturity at the rate of pe   |                   | ~ eRice to b   |  | Signed                   | dys ire   | date. Inte   | ese to acc  | we mom   |
|  |                   |                |  |                          |   |  |             |          |
| Witness  | Con               | molled by F. J |  | Address<br>t. Louis, Mo. |   |  |             |          |

| Total No. 3 377 Yearly No:   | 3                                      | Date of En                        | try 71.1.a.                                    | 1.c.h 3             | 19.5.4           |
|--|--|-----------------------------------|--|---------------------|------------------|
| Name of Deceased   | ena Men                                | men.                              |  | (What Race)         |                  |
| Residence: Prwell Wyo.   |  | Husband Wife                      | Widow   Clarke                                 | or Wife (if living) | Years            |
| Charge to Clarence / elward  | ·                                      |                                   | l (except outlays).                            | Jus                 |                  |
| Address Powell, Wigo   |  | ket                               | I (except outside)                             |                     |                  |
| Order given by Llon Moural   |  | rial Vault or E                   | SOX(State Kind)                                |                     |                  |
| How Secured:   | Em                                     | balming Body                      | (Name of Embalmer)                             |                     |                  |
| If Veteran, State War  | Bar                                    | ber, \$                           | Hair Dressing, Underwea                        | r.\$                |                  |
| Occupation   | Security Number) Suit                  | t or Dress                        | (State Kind and Color)                         |                     |                  |
| Employer and Address   | Slir                                   | pers, \$                          | Hose, \$                                       |                     |                  |
| Date of Death. Feb 25/1954.  | Fol                                    | ding Chairs, \$                   | Tarpaulin, \$Candles, \$                       |                     |                  |
| Date of Birth  | Do                                     | or Spray. \$                      | Gloves, φ                                      |                     |                  |
| Age  | Fu                                     | neral Car, \$                     | Ambulance, \$ emetery @ \$                     |                     |                  |
| Date of Funeral. 3/3/5-4. Wees.  | 3 . ( = Evt                            | tra Limousine                     | s(a) \$  |                     |                  |
| Services at . O Coe feel (Pay of Week)   | (Hour) Au                              | tos to R. R. S                    | tation   | a                   | 10 00            |
| Clergyman Jas Thomas Rubt ta   | salleun Tal                            | king Remains                      | to   |                     |                  |
| Religion of the Deceased . Z. D. S. Add  | tress) Tri                             | ip to Coroner's<br>livering Box t | s Inquest<br>o                                 |                     |                  |
| Birthplace   | De                                     | liver Flowers                     | to,  |                     |                  |
| Resided in the State   | (Years) (Months) Res                   | moval Charge<br>ocuring Burial    | Permit   |                     |                  |
| Place of Death   | (Years) (Months)                       | Certif.Copies                     | Permit(State Number and of Death Certificates) | O                   |                  |
| Cause of Death Suffication & C   |  |                                   | (State Physician's or ice, \$ Use of Chap      | oel, \$             |                  |
| Contributory Causes autemorale   |  | oss Total for S                   | Sales Tax                                      | \$                  |                  |
| Contributory Causes 27477. Carrier   | Cre                                    | emation                           |  |                     |                  |
| Certifying Physician.  | Flo                                    | owers, \$                         | Palms, \$ Mattir                               | ng, \$              |                  |
| His Address(or Coroner)  | Op                                     | ening of Grav                     | e or Tomb. & A. M.                             | euncer              | . 25 00          |
| Name of Father.  | Lir                                    | ning Grave, \$.                   | Lowering Devi                                  | e, \$               |                  |
| His Birthplace   | Cle                                    | ergyman,\$                        | Singers,\$Organ                                | ist,\$              | 5.00             |
| Maiden Name of Mother  | or I                                   | Motor Tickets,                    | \$ plane Serv<br>Cable or Radio Charge         | ice,\$              | 120              |
| Her Birthplace   | Ca                                     | sh Advanced.                      |  |                     |                  |
| Motor Ship Remains to  |  |                                   | dertaker's Charges.                            | heavie              |                  |
| Size of Casket (State Color and Number   | ······································ | entary es                         | ntert.   |                     | 50 00            |
| Manufactured by  | ······································ | line Death                        |  | rs                  |                  |
| Cemetery Crematory   |  |                                   | Names of Newspapers)                           |                     |                  |
| Lot No   | 44.0                                   | les Tax                           | elienice northe                                | ···········         |                  |
| Grave No   | To                                     | otal Footing o                    |  |                     | 9120             |
| Section No   | Le                                     | ess P.S. Ma                       | 4/8/54   | \$                  |                  |
| Block No   |  | 0.00                              | Balance  | \$                  |                  |
| Diagram of Lot or Vault Owner  | 1                                      | -                                 | dger, pageor be                                |                     |                  |
| Date Amount  | Paid Balance                           | Date                              |  | Amount Paid         | Balance          |
| To Above Balance   | \$                                     |                                   | To Balance Forward<br>By Payment               |                     | \$               |
| By Fayment   | s                                      |                                   | a a  | •                   | 8                |
| * *ss  | \$                                     |                                   | и и  | \$                  | 3                |
| # # \$   | \$                                     |                                   | и и  | \$                  | \$               |
| \$   | s                                      |                                   | « «  | \$                  | \$               |
|  | \$                                     | •••••                             | " "  | \$                  | \$               |
| Names of   |  |                                   | Insurance                                      | \$                  | \$               |
| Names of Lodges  | recent that I have                     |                                   | Companies                                      |                     |                  |
| I hereby authorize the above Funeral, and I hereby rep<br>for the payment of aforesaid sum, and I hereby coven | ant and agree to pay the               | same within                       |  | Vame of Funeral Dis | ectors.)         |
| maturity at the rate of% per annum.  |  | Signed                            | uays Iro                                       | m date. Interes     | t to accrue from |
|  |  | 14                                |  |                     | **********       |

Witness..... Address,

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

| RECORD C  | F FUNERAL   |         | 2      |
|---|---|---------|--------|
| Potal No. 23.7.8 Yearly No. 4   | Date of Entry. March 9.   | 1       | 95.4.  |
| Jame of Deceased. I Everett Aughe   | e u   |         |        |
| Residence said south of Grand River   | □Husband□Wife□Widow)  |         | Years  |
| Tharge to: Mis JE Higher  | or  | 39.6.   | 00     |
| Address Sievel River Ja   | Complete Funeral (except outlays)\$  Casket   |         |        |
| Order given by(or informant)  | Burial Vault or Box   | 25      | 00     |
| How Secured: :  | Embalming Body(Name of Embalmer)  |         |        |
| If Veteran, State War   | Barber, \$ Hair Dressing, \$  |         |        |
| Occupation farming (Social Security Number)   | Dressing Body, \$   |         |        |
| Employer and Address  | Suppers, \$   |         |        |
| Date of Death. Most 7 1954 6 AM   | Folding Chairs, \$ Tarpaulin, \$<br>Candelabrum, \$ Candles, \$                                   |         |        |
| Date of Birth. Jan. 2 1887 (Hour)   | Door Spray, \$ Gloves, \$   |         |        |
| Age. (Years) (Months) (Days)  | Funeral Car, \$ Ambulance, \$   |         |        |
| Date of Funeral. 3/9/5-4 Tues (Hour)  | Extra Limousines @ \$   |         |        |
| Date of Funeral, 3,9,7,5,4, Machin (Dayn)  Date of Funeral, 3,9,7,5,4, Thur, Services at: 1: Charles (Beer)  Charles (Beer)  Charles (Beer)  Charles (Beer)  Charles (Beer)  Charles (Beer)  Charles (Beer) | Autos to R. R. Station  |         |        |
| Clergyman: Joseph Campbell  | Taking Remains to   |         |        |
| Religion of the Deceased  | Trip to Coroner's Inquest  Delivering Box to  |         |        |
| Birthplace Ahocks, Ja   | Deliver Flowers to  |         |        |
| Resided in the State  | Removal Charges   |         |        |
| Place of Death. M. for U.S. or City as Country (Years) (Months)   | Procuring Burial Permit.  (State Number and District)  — Certif. Copies of Death Certificates No. |         |        |
| Place of Death.   | Pall Bearer Service, \$ Use of Chapel, \$   |         |        |
| Cause of Death: Coronary Occlusion.   | Gross Total for Sales Tax   | 421     | 0.0    |
| Contributory Causes   | Outlay for Lot:   |         |        |
|   | Flowers, \$ Palms, \$ : : : : Matting, \$   |         |        |
| Certifying Physician(or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb . A                            | 25      | 00     |
| His Address.  | Lining Grave, \$ Lowering Device, \$  |         |        |
| Name of Father Heury Clay Bugher  | Outlay for Shipping Charges   |         |        |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$Aero-plane Service,\$              |         |        |
| Maiden Name of Mother Jesnie Hampton  | Telegr., Phone, Cable or Radio Charges  |         |        |
| Her Birthplace  | Out of town Undertaker's Charges  |         |        |
| Motor Remains to  | Personal Service  |         |        |
| Size of Casket. Here Oct II- Couch  | line Death Notices in Papers  |         |        |
| Manufactured by   | (Names of Newspapers)   |         |        |
| Cemetery Crematory  | (Names of Membhabers)   |         |        |
| Lot No/3 5-9  | Sales Tax   | - 5     | 2/     |
| Grave No  | Total Footing of Bill   | 1450    | 2.1.   |
| Section No  | Less . 5 % on 4 4 5 21 by Mar 19  | 21      | 26.    |
| Block No  | Oder Le Balances  | 1.4.2.8 | 1.9.5  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |         | 1      |
| Date Amount Paid Balan  | Date Amount F   | aid B   | alance |
|   | To Balance Forward  | \$      |        |
| By Payment \$ \$  | By Payment\$  | \$      |        |
| \$ \$   |   | \$      |        |
| \$  | u a s   | \$      |        |
|   | « «   | \$      |        |
| " " S S   |   | \$      |        |
|   | и и   | \$      |        |
| Names of Ladges   | Insurance<br>Companies  |         |        |

| Total No. 23.79 Yearly No 5   | Date of Entry. March 9 195 %  |
|---|---|
| Name of Deceased  | (What Race)   |
| Residence: Lamour   | BHusband Wife Widow) Carrie Robinson  |
| Charge to: Carrie R. obiuson  | orof Age of Husband or Wife (if living) Years   |
| Address   | Complete Funeral (except outlays)\$49.7.  |
| Order given by  | Casket. Burial Vault or Box   |
| How Secured:  | (State Kind) Embalming Body (Name of Embalmer)  |
| If Veteran, State War Leo   | Barber, \$ Hair Dressing, \$  |
| Occupation Merel Carrie World   | Dressing Body, \$Underwear, \$  |
| Employer and Address (Social Security Number)   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$  |
| Date of Death. Man 7 / 54 // (Hour)   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth 8 (Bate) 8 8 5 (Hour)   | Candelabrum, \$   |
| Age. 69.  | Funeral Car, \$ Ambulance, \$   |
| Date of Funeral . 18/54 Tues Ti30 P.M.  | Limousines to Cemetery @ \$   |
| Date of Funeral Date (Day of Week) (Hour) M. Services at A & S & Church   | Autos to R. R. Station @ \$   |
|   | Getting Remains from  |
| Clergyman Wilbur Prall (Address)  | Trip to Coroner's Inquest   |
| Religion of the Deceased C. Z. D. S. (Address)  | Delivering Box to   |
| Birthplace Wescouse   | Removal Charges   |
| Resided in the State. (Months) (Means) (Months)   | Procuring Burial Permit(State Number and District)  |
| Place of Death . Jaman Ja   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Cartif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$. USe of Chapte, \$. |
| Cause of Death Liabetti gaugiene  |   |
| Contributory Causes Ludettes Milliter   | Gross Total for Sales Tax   |
|   | Cremation   |
| Certifying Physician. (or Coroner)  | Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb. 4. Mankall. 25 00.  |
| Name of Father Will T Robinson  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$. Railroad   Tickets, \$plane Service,\$   |
| Maiden Name of Mother Sabel Dick  | or Motor Tickets, \$ Plane Service,\$   |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges  |
| Motor Ship Remains to   | Out of town Undertaker's Charges  |
| Size of Casket sq state gray  | rersonal Service.   |
| Manufactured by   | line Death Notices inPapers   |
| Cemetery Rose Hell  | (Names of Newspapers)   |
| Lot No. 392   |   |
| Grave No  | Sales Tax 322   |
| Section No  | Total Footing of Bill   |
| Block No  |   |
| Diagram of Lot or Vault Owner   | Balance Mes. 1.5 4 . \$ . 5.2.5 . Entered into Ledger, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance\$  | To Balance Forward.   |
|   |   |
|   |   |
| · · · · · · · · · · · · · · · · · · ·   | ······································  |
|   | \$ \$   |
|   |   |
| и « 3 2   |   |
| Names of Lodges.  | Insurance   |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have su  | ·····.Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have su<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | (Firm Name of Funeral Directors.)   |
| maturity at the rate of% per annum.   | the same within   |
|   |   |

| Total No. 23.8.0 Yes  | arly No                         |                   | Date of Er                                      | try                     | narch 1.   | 91              | 19.5.4    |
|---|---------------------------------|-------------------|---|-------------------------|--|-----------------|-----------|
| Name of Deceased  | larl<br>₩idowed                 | Divorced          | us  |                         | (What Res  |                 |           |
| Residence: Lauren   | ······                          |                   | or  | leXWidow}               | f. Jenes   |                 | Years     |
| Charge to . May fanes   |                                 |                   |   |                         | V  | 745             | (10)      |
| Address   |                                 |                   | Complete Funera                                 | al (except out          | ays)   |                 |           |
| Order given by(or info  | rmant)                          |                   | Casket<br>Burial Vault or I                     | Box Pri                 | 40704  | 2.5             | 00        |
| How Secured: :  |                                 |                   | Embalming Body                                  |                         | Kind)  |                 |           |
| If Veteran, State War   |                                 |                   | Barber, \$                                      | Hair D                  | ressing, \$  |                 |           |
| Occupation Rousewife.   | (Social Securit                 | w Number          | Dressing Body, \$ Suit or Dress                 | 3U                      | nderwear,\$  |                 |           |
| Employer and Address  |                                 | y Mumber)         | Suit or Dress<br>Slippers, \$                   | (State Kin              | d and Color)                                       |                 |           |
| Date of Death. Meuch 16   | 15.4                            |                   | Folding Chairs, S                               | Tarp                    | aulin, \$  |                 |           |
| Date of Birth   |                                 | (Hour)            | Candelabrum, \$.<br>Door Spray, \$:             |                         | iles, \$   |                 |           |
| Age(Years) , (Months  | ,                               |                   | Funeral Car, \$.                                | Ambu                    | lance, \$  |                 |           |
| Date of Funeral Man 19/59   | i) (Days)                       | PM                | Limousines to C<br>Extra Limousine              | emetery                 | .@\$   |                 |           |
| (Date) (Day of  | Week) Shurch                    | (Hour)            | Autos to R. R. S                                | station                 | .@\$   |                 |           |
| Clergyman: Wilbur Pro   | ill Profit                      | Faruka            | Getting Remain<br>Taking Remains                |                         |  |                 |           |
| Religion of the Deceased. R. L. d.  | (Address)                       | ser.man           | Trip to Coroner'                                | 's Inquest              |  |                 |           |
|   |                                 |                   | Delivering Box t<br>Deliver Flowers             |                         |  |                 |           |
| Birthplace  |                                 |                   | D 1 (1)   |                         |  |                 |           |
| Resided in the State  |                                 | (Months)          | Procuring Buria                                 | l Permit                | Number and District)                               |                 |           |
| Place of Death Kauses   | city                            | 10                | Procuring Buria  Certif.Copies Pall Bearer Sery | of Death Cer            | ysician's or Coroner's)                            |                 |           |
| Cause of Death Menenly of Co  | arcinomo                        | reasy.            | Gross Total for                                 | ice, \$ Usi             | of Chaper, o                                       | 770             | 00        |
| Contributory Causes   |                                 |                   | Outlay for Lot:                                 |                         |  |                 |           |
|   |                                 |                   | Cremation                                       |                         | Motting 6  |                 |           |
| Certifying Physician  |                                 |                   | Flowers, \$ Rental of Tent, \$                  | \$of Temp               | orary Vault, \$ ,                                  |                 |           |
| His Address   |                                 |                   | Opening of Grav                                 | ve or Tomb.             | orary Vault, \$<br>To A. Marsall<br>ing Device, \$ | 25              | .0.0      |
| Name of Father. Walliony  | Pilkin                          | ۸                 | Outlan for Shin                                 | ning Charges            |  |                 |           |
| His Birthplace  |                                 |                   | Clergyman,\$<br>Railroad<br>or Motor}Tickets    | Singers,\$.             | Organist,\$  |                 |           |
| Maiden Name of Mother.  | · Crew                          |                   | or Motor Tickets Telegr., Phone,                | , \$ r<br>Coble or Radi | o Charges  |                 |           |
| Her Birthplace  |                                 |                   | Cash Advanced                                   |                         |  |                 |           |
| Motor Remains to  |                                 | ,                 | Out of town Un<br>Personal Service              |                         | arges  |                 |           |
| Size of Casket . Silver Me  | tell -1/2 Co                    | uch fl            |   |                         |  |                 |           |
| Manufactured by   | or and Number)                  | ,                 | line Death                                      | Notices in              | Papers   |                 |           |
| Manufactured by   | Rose Hi                         | ll                |   | (Names of Newspap       | ers)   |                 |           |
| Crematory J   | No/                             | 420               |   |                         |  |                 | 5.2       |
| Cro   | ve No                           | 3                 | Sales Tax                                       |                         |  | \$ 8.02         | 7.0       |
|   | tion No                         |                   | Total Footing o                                 | 77720                   |  | \$38            | 88        |
|   | ck No                           |                   | Plin let  | 11 mass                 | 2/54   | 2 763           | 82        |
|   | ner                             |                   | Entered into Le                                 |                         |  |                 |           |
| Date Own  | Amount Paid                     | Balance           | Date  | had Januaria            | Amount 1   | Paid B          | alance    |
|   |                                 |                   |   | To Balance For          | ward   | 8               |           |
| To Above Balance  By Payment  | \$                              | s                 |   | By Payment              |  | \$              |           |
| # #   | \$                              | \$                |   |                         | \$   | \$              |           |
|   | . \$                            | \$                |   |                         | \$   | \$              |           |
|   | . \$                            | \$                |   |                         | \$   | \$              |           |
| " "   | . \$                            | \$                |   |                         |  | \$              |           |
|   | . \$                            | \$                |   |                         | 8  | ss              |           |
| 4 4 ,,,,,,,,,   | . \$                            | <u> </u>          | enderen er  | Insurance<br>.Companies |  |                 |           |
| Insurance \$Lod   | nes of<br>lges                  |                   | - Calent recourses To                           |                         |  |                 |           |
| 1 hereby authorize the above Funeral, and                                 | I hereby represent              | d names to pay    | the same within                                 | sand arangoid to        | (Firm Name of Fune<br>days from date. In           | ral Directors.) | crue from |
| for the payment of aforesaid sum, and I he<br>maturity at the rate of % P | ereny covenant and<br>er annum. | a agree to pay    | Signed  |                         |  |                 |           |
|   |                                 |                   | Address   |                         |  |                 |           |
| Witness   | Cor                             | npiled by F. J. I |   |                         |  |                 |           |

| Total No. 2.3.8/ Yearly No 7   | Date of Entry March 2 5 19.57  |
|--|--|
| Name of Deceased. Marginet annu  | · Anderson   |
| Magried   Single   Widowed   Diverces  | d (What Race)  |
| Charge to: A elec Walley   | orof Age of Husband or Wife (If living)  |
| Address Lamoni Ia  | Complete Funeral (except outlays)\$ .396 00  |
| 0.1  | Casket   |
| How Secured:   | Casket. Burial Vault or Box Alfre Vault   125 00   Embalming Body   125 00   |
|  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.   |
| If Veteran, State War.  Occupation Assumes und   | Dressing Body. \$  |
| Occupation (Social Security Number)  Employer and Address  | Suit or Dress  |
|  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| Date of Death. Man. >= \( \) \ | Candelabrum, \$Candles, \$   |
| 27   | Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$.  |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral 3/25/54 Thurs  | Extra Limousines   |
| Services at  | Getting Remains from   |
| Clergyman James Phones   | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace Mebraska  | Deliver Flowers to   |
| Resided in the State(or U. S. or City of County) (Years) (Months)  | Procuring Burial Permit.   |
| Place of Death. Lamour   | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$\times\$. Use of Chaple, \$\times\$. |
| Cause of Death: Mienna   |  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 5.3.1.00. Outlay for Lot.  |
|  | Cremation  |
| Certifying Physician . G. Same f. (or Goroner)   | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address  | Opening of Grave or Tomb   |
| Name of Father. John Scott   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$Railroad Tickets,\$plane Service,\$   |
| Maiden Name of Mother Sarah Watson   | or Motor Tickets, \$   |
| Her Birthplace   | Cash Advanced  |
| Motor Ship Remains to  | Out of town Undertaker's Charges.  |
| Size of Casket Oct /> Couch gray   |  |
| Manufactured by Buck State (State Office All Number)   | line Death Notices inPapers  |
| Manufactured by : (Machanata) Cemetery Crematory   | (Names of Newspapers)  |
| Lot No 32.5  | Sales Tax 527  |
| Grave No?  | Sales Tax  Total Footing of Bill   |
| Section No   | Less Pol, \$   |
| Block No   | Balance. s   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
|  | To Balance Forward   |
|  |  |
| \$   |  |
|  |  |
|  |  |
| a a g g  | # # #\$\$  |
| # # S S  | и и в  |
| Insurance \$. Names of Lodges.   | Insurance Companies  |
| Insurance \$   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | the same within days from date. In   |
| maturity at the rate of% per annum,  | Signed   |
| Witness  | Address  |
| Compiled by F. J. F  |  |

| rotal No. 2382 Yearly No. 8                                       | Date of Entry 11. eug 7  |
|---|--|
| Name of Deceased Adelmon Ehlm                                     | cam Tabor (What Race)  |
| Residence: Lamura<br>Charge to: Helrold Tabor                     | Husband Wife Widow or  |
| Address   | Complete Funeral (except outlays)\$ .39%   |
|   | Casket   |
| Order given by (or informant)  How Secured:                       | Burial Vault or Box  |
| If Veteran, State War   | Embalming Body (State Kind)  (Name of Embalmer)  (Barber, \$. (Hair Dressing, \$.  |
| amortion lanung Kore  | Dressing Rody 9 Underwear, S   |
| Employer and Address  | Suit or Dress (State Kind and Color) Slippers, \$  |
| Deta of Death Macy 6 1939 4195P                                   | W Folding Chairs, S Tarpaulin, S   |
| Date of Birth. July 8 1 1859 (Hour)                               | Candelabrum, \$  |
| Age(Years) (Months) (Days)  | Funeral Car, \$ Ambulance, \$  |
| n to of Funoral M   | Limousines to Cemetery   |
| Services at: Day Cary (Neek) (Hour)                               | Autos to R. R. Station @ \$  |
| Clergyman: (Address)  | Getting Remains from   |
| Religion of the Deceased. R. L. S. (Address)                      | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace Wescouse   | Deliver Flowers to   |
| Resided in the State  | Removal Charges  |
| Place of Death. A low Hospin (Months)                             | Certif.Copiesof Death CertificatesNo   |
| Cause of Death Brancho Puleman                                    | Procuring Burial Permit (gias Sumber and District)  Certif. Copiesof Death Certificates No. (Compar's)  (Pall Bearer Service, \$ Use of Chapel, \$ |
|   | Gross Total for Sales Tax\$  |
| Contributory Causes   | Outlay for Lot:  |
| Certifying Physician. HW Lwausan (or Coroner)                     | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
|   | Opening of Grave or Tomb   |
| His Address   | Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.  |
|   | Clergyman,\$Singers,\$Organist,\$ Railroad   Tickets, \$Plaine Service,\$ On Motor   Tickets, \$Plaine Charges                                     |
| Maiden Name of Mother Eliz , aum Lough                            | r Adiroad Tickets, \$  |
| Her Birthplace  | Cosh Advanced  |
| Ship Remains to Wray, Colo  | Out of town Undertaker's Charges.  |
| Size of Casket 4/3 ~ 1/2 couch Oct, gra                           | 9  |
| Manufactured by   | //line Death Notices in  |
| Cemetery Crematory  | (Names of Newspapers)  |
| Lot No  | Sales Tax 396  |
| Grave No  | Total Footing of Bill  |
| Section No  | Less   |
| Block No  | \$ .3.29.9.4   |
| Diagram of Lot or Vault Owner                                     | Entered into Ledger, page or below.  Amount Paid Balance   |
| Date Amount Paid Bala   | nce Duct   |
| To Above Balance \$   | To Balance Forward   |
| By Payment \$ \$  | и и  |
| \$\$  | # #\$\$  |
| * *\$   |  |
|   |  |
| a a\$   |  |
| и и ",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           | Insurance<br>Companies.  |
| Names of Lodges   | Companies.   |
|   | ave sufficient resources Legally available to ((Firm Name of Fuseral Directors.) to pay the same within days from date. Interest to accrue fro     |
| for the payment of aforesaid sum, and I hereby covenant and agree | Signed   |
| maturity at the rate of/o per annual                              | Address  |
| Witness   | P. J. PEINEMAN St. Louis, Mo.  |
|   |  |

| Total No. & Yearly No 7   | Date of Entry  |
|---|--|
| Name of Deceased  | nies .   |
|   | d (What Race)  |
| Residence: DAD  | or   |
| Charge to: A. A.  | Complete Funeral (except outlays)\$ 150 00                                     |
| Address   | Casket.  |
| Order given by(orinformant)   | Dunial Vault on Day  |
| How Secured:  | Embalming Body (State Kind)  [Name of Embalmee)                                |
| If Veteran, State War 100   | Barber, \$   |
| Occupation farmer   | Dressing Body. \$  |
| Employer and Address (Social Security Number)   | Suit or Dress  |
|   | Slippers, \$   |
| Date of Death. May 19/59  Date of Birth. New 2 (Hour) 866                                       | Candelabrum, \$ Candles, \$  |
| A-2   | Door Spray, \$   |
| Age (Nearly (Marthal)? (Days)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral 3/16/54 Sun. 2/30 M.  | Extra Limousines   |
| Services at Aut City Ht eli.  | Autos to R. R. Station @ \$  |
| Clergyman Otter Sueather  | Getting Remains from   |
| (Address)   | Trip to Coroner's Inquest  |
| Religion of the Deceased  | Delivering Box to Deliver Flowers to   |
| Birthplace Judiana  | Pamoual Charges  |
| Resided in the State (Years) (Months)   | Procuring Burial Permit.   |
| Place of Death . Bethoug the  | Pall Bearer Service, \$\scale=\text{Use of Chapel, \$\frac{1}{2}\$}\$          |
| Cause of Death. Cerebral Hemorkage  | Pall Bearer Service, \$ Use of Chapel, \$                                      |
| Contributory Causes.  | Gross Total for Sales Tax\$  |
|   | Outlay for Lot.  |
| 10 Genstont   | Flowers, \$ Palms, \$.: Matting, \$  |
| Certifying Physician. 17. Seller Marx   | Rental of Tent, \$of Temporary Vault, \$                                       |
| His Address Bethreng Meo.   | Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$                   |
| Name of Father Jolice . Josses  | Outlay for Shipping Charges.   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$       |
| Maiden Name of Mother. Sarah Swith  | or Motor) Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges |
| Her Birthplace  | Cash Advanced  |
| Motor Remains to  | Out of town Undertaker's Charges   |
| Size of Casket  | Personal Service.  |
| Manufactured by Pull Programme  | line Death Notices in Papers   |
|   | (Names of Newspapers)  |
| Orematery )   |  |
| Lot No  | Sales Tax /wtex  |
| Grave No  | Total Footing of Bill \$ 150 @   |
| Section No.   | Less. D.J. Dune 16/59 8  |
| Block No  | Balances   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance.   | To Balance Forward \$  |
| By Payment \$ \$  | By Payment \$ e  |
| " " \$ S  | a a e  |
|   | и и с  |
|   | и и в  |
| # # \$ \$   |  |
| # #   |  |
| и и 8 8   | я « s s  |
| Names of Lodges.  | Insurance<br>Companies   |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have so |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                        |  |
| maturity at the rate of% per annum.   | Signed   |
| Witness   |  |
| Witness   | Address  |

|  | ly No/2                               | Date of E                                    | ntrv                 | may . 7.                 | 1             | 95       |
|--|---------------------------------------|--|----------------------|--------------------------|---------------|----------|
| Name of Deceased   | Que Widowed   Divor                   | 4 F/Comoe                                    |                      | (What Rac                |               |          |
| Residence:   | · · · · · · · · · · · · · · · · · · · | Husband W                                    | life□Widow}          |                          |               | Veors    |
| Charge to: Chelolien   |                                       | or   | CONTRACTOR OF THE    | Husband or Wife (if livi | Ko Dur        |          |
| Address  |                                       | Complete Funer                               |                      | ys)                      |               |          |
| Order given by   | ant)                                  | Casket<br>Burial Vault or                    | Box                  |                          |               |          |
| How Secured:   |                                       | Embalming Boo                                | ly(State B           | (ind)                    |               |          |
| If Veteran, State War  |                                       | . Darber, \$                                 | Hair Dre             | SSING,                   |               |          |
| Occupation   |                                       | Dressing Body,                               | \$Un                 | derwear,\$               |               |          |
| Employer and Address   | (Social Sociality Number)             | Suit or Dress Slippers, \$                   | (State Kind a        | nd Color)                |               |          |
| Date of Death. May 23 1.   | 9.57                                  | Folding Chairs,                              | \$ Tarpa             | ulin, \$                 |               |          |
| Date of Birth  | (Hour)                                | Candelabrum, \$                              | Candle               | es, \$                   |               |          |
| Age & 6.   |                                       | Funeral Car, \$.                             | Ambula               | ince, \$                 |               |          |
| Date of Funeral(Months)  | (Days)                                | Limousines to (                              | Cemetery             | @ \$                     |               |          |
| Services at: :: R.L.D.S. C.M.  | eek) (Hour)                           | Autos to R. R.                               | Station              | @\$                      |               |          |
| Clergyman: James J.  | 1 - 4 0 4 0 4 )                       | Getting Remain                               | ns froms to          |                          |               |          |
| Clergyman:   | (Address)                             | Trip to Coroner                              | 's Inquest           |                          |               |          |
| Religion of the Beceased . A. L. D   | .ವ                                    | · Delivering Box                             | to                   |                          |               |          |
| Birthplace   |                                       | Deliver Flowers<br>Removal Charg             | res                  |                          |               |          |
| Resided in the State   | County) (Years) (Months               | Procuring Buria                              | al Permit            | umber and District)      |               |          |
| Place of Death Des. M.v.   | mes                                   | Procuring Buria Certif.Copie Pall Bearer Ser | sof Death Certif     | icatesNo                 |               |          |
| Cause of Death:  |                                       |  |                      | of Chapel, \$            |               |          |
| Contributory Causes  |                                       | Gross Total for<br>Outlay for Lot            | Sales Tax            |                          |               |          |
|  |                                       | Cremation                                    |                      |                          |               |          |
| Certifying Physician   |                                       | Flowers, \$                                  | .Palms, \$ : : : :   | Matting, \$              |               |          |
| His Address  | oroner)                               | Opening of Gra                               | ve or Tomb.          | Tary Vault, \$.          | 25.           | 00       |
| Name of Father   |                                       | Lining Grave,                                | ping Charges         | g Device, \$             |               |          |
|  |                                       | Clergyman,\$                                 | Singers,\$           | .Organist,\$             |               |          |
| His Birthplace   |                                       | Clergyman,\$<br>Railroad Tickets             | s, \$ Aer            | o-Service,\$             |               |          |
| Maiden Name of Mother Her Birthplace   |                                       | Telegr., Phone,                              | Cable or Radio       | Charges                  |               |          |
|  |                                       | Out of town Un                               | ndertaker's Cha      |                          | 71            | 9.0      |
| Motor Remains to   |                                       | Personal Service                             | e                    |                          |               |          |
| Size of Casket (State Color  | and Number)                           | line Death                                   | Notices in           |                          |               |          |
| Manufactured by  | 120                                   |  | (Names of Newspapers | ,                        |               |          |
|  |                                       | ·  |                      |                          |               |          |
|  | Io700                                 | Sales Tax                                    | 20.                  | Tex                      |               |          |
|  | No?                                   | Total Footing                                |                      |                          | 9.6.          | 00.      |
|  | n No                                  | Less   | of Ma                | 455/57                   |               |          |
| Commence of the last of the la | No                                    |  | Balance              |                          |               |          |
| Diagram of Lot of vacat  | r                                     |  | edger, page          | Amount P                 | 11 I          |          |
| Date   | Amount Paid Balar                     | nce Date                                     |                      |                          | aid Ba        | lance    |
| ····· To Above Balance   | \$                                    |  | To Balance Forwa     | ard                      | \$            |          |
| By Payment   | \$                                    |  | By Payment           | \$                       | \$            |          |
|  | \$                                    |  | и и                  | \$                       |               |          |
|  | e                                     |  |                      | \$                       | 8             |          |
|  | 8.                                    |  |                      | \$                       | \$            |          |
| а а  | \$                                    |  | и и                  | \$                       | \$            |          |
| « «s   | s                                     |  | и «                  | s                        | \$            |          |
| Insurance \$ Name Lodge  | s of                                  |  | Insurance            |                          |               |          |
| I hereby authorize the above Funeral, and I h  |                                       | re sufficient resources Le                   |                      | (Firm Name of Funer      | 37644444      |          |
| for the payment of aforesaid sum, and I here   | by covenant and agree to              | pay the same within                          |                      | days from date. In       | terest to ace | rue from |
| maturity at the rate of % per  |                                       | Signed.                                      |                      |                          |               |          |
| Witness  |                                       | Address<br>J. FEINEMAN St. Louis,            |                      |                          |               |          |
|  | Compiled by F.                        | J. FEINEMAN St. Louis,                       | May .                |                          |               |          |

| Total No. 2.385   | Yearly No!                              |                | Date  | f Entry                      | Jun.             | 43                       | • • • • | 1           | 9.5.4         |
|---|---|----------------|---|------------------------------|------------------|--------------------------|---------|-------------|---------------|
| Name of DeceasedHave  | anah. Me                                | Divorced       | ausk  | z.l.l                        |                  | O. (What F               |         |             |               |
| Residence:  |   |                |   | Wite□Widow }                 | . Ed             | ASUCA<br>and or Wife (if | Living) | ea          | Years         |
| Charge to : Carl Ovo  | £                                       |                |   | neral (except                |                  |                          | 11      |             | 00            |
| Address   |   |                | Casket  |                              | , ouways)        | - ,                      | 4       |             |               |
| Order given by  | 2222222                                 |                | Burial Vault                                  |                              | (Characterist)   | e bey                    |         |             |               |
| How Secured:  | (671110111111114)                       |                | Embalming                                     | (1)                          | ame of Embalm    | er)                      |         |             |               |
| If Veteran, State War   | ~· · · · · · · · · · · · · · · · · · ·  |                | Barber, \$<br>Dressing Boo                    |                              | ir Dressing      | , \$                     |         |             |               |
| Occupation . Huseu  | Gorial Secur                            | ity Number)    | Suit or Dress                                 |                              | to Kind and Cole |                          |         |             |               |
| Employer and Address  |   |                | Slippers, \$                                  |                              | Hose, \$         |                          |         |             |               |
| Date of Death June 1.   | ( 9 3 4                                 | (Hour)         | Candelabrun                                   | irs, \$<br>1, \$             | Candles, \$.     | φ                        |         |             | · · · · · · · |
| Date of Birth MULLA. 2  | 018.7.5                                 |                | Door Spray,                                   | \$                           | Gloves, \$       |                          |         |             |               |
| Age   | (Months), (Days)                        |                | Limousines t                                  | \$A co Cemetery              | @\$.             |                          |         |             |               |
| Date of Funeral. 4.3/5.4  | Day of Week)                            | (Hour) M.      |   | sines<br>R. Station          |                  |                          |         | • • • • • • |               |
| Services at R. L.D. S C.  | hurch                                   |                | Getting Ren                                   | nains from                   |                  |                          |         |             |               |
| Clergyman Lerry Ru  | ukle                                    |                |   | ains to<br>ner's Inques      |                  |                          |         |             | • • • • • •   |
| Religion of the Deceased  |   |                | Delivering B                                  | ox to                        |                  |                          |         |             |               |
| Birthplace . MASSAN   | u.                                      |                | Deliver Flow<br>Removal Ch                    |                              |                  |                          |         |             |               |
| Resided in the State  | or City or County) (Years               | (Months)       |   | rial Permit.<br>piesof Death | (State Number    | and District)            |         |             |               |
| Place of Death. & cuno  | m Ja                                    | ,              | Certif.Co                                     | piesof Death<br>Service, \$  | Certificates     | No                       | -       |             |               |
| Cause of Death. Coron   | eary occli                              | esten          |   | for Sales Tax                |                  | apel, \$                 | -       | 365         | 00            |
| Contributory Causes   |   |                | Outlay for I                                  | ot                           |                  |                          | 9       |             |               |
|   | ,                                       |                | Cremation                                     | Palms, \$                    | Matt             | ing &                    |         |             |               |
| Certifying Physician.   | (or Coroner)                            | ·····          | Rental of Te                                  | nt, \$ of T                  | emporary V       | ault,\$                  |         |             |               |
| His Address   | 1.1.2                                   |                | Opening of C<br>Lining Grave                  | rave or Ton<br>e, \$Lo       | nb<br>wering Dev | ice. \$                  |         |             |               |
| Name of Father. Jolly   | wanten                                  |                | Outlay for S                                  | hipping Char                 | ges              |                          |         |             |               |
| His Birthplace  | CANADA                                  |                | Clergyman, \$ Railroad or Motor Telegr., Phor | ets. \$                      | Aero-Ser         | nist,\$<br>vice.\$       |         |             |               |
| Maiden Name of Mother//   | CAROLA DEM                              | nen            | Telegr., Phor                                 | ne, Cable or F               | adio Charg       | es                       |         |             |               |
| Her Birthplace  | Seminen                                 |                |   | ed<br>Undertaker'i           |                  |                          | 1::     |             | • • • • •     |
| Motor Remains to  | ih cotto                                | ricional       |   | vice                         |                  | •••••                    |         |             |               |
| Manufactured by .: Q. L.  | tate Cologand Number)                   | right          |   | th Notices in                |                  | ers                      |         |             |               |
| Cemetery Crematory  | Rose feel                               |                |   | (Names of Ner                | rspapers)        |                          |         |             |               |
| Crematory J · · · ·   | Lot No. 56.4                            | inolo          | Deen:   |                              | 3 tex            |                          |         |             |               |
|   | Grave No                                | 1              | Sales Tax                                     | 16.83                        | ······           |                          | . 3     | 3           | 60            |
|   | Section No                              |                | Total Footin                                  | g of Bill                    | 10               | ,                        | \$      | 18          | 6.5           |
|   | Block No                                |                | Pa  | June                         | lance.           | -4                       | 2       | 50          | 0.0           |
| Diagram of Lot or Vault   | Owner                                   |                | Entered into                                  | Ledger, page                 | or b             | elow.                    | 1.      |             |               |
| Date  | Amount Paid                             | Balance        | Date  |                              | WILL AND         | Amount 1                 | Paid    | Balı        | ance          |
| To Above Balance  |   | \$             |   | To Balance                   | Forward          |                          |         | ş           |               |
| By Payment  |   | \$             |   | By Paymer                    | ıt               | \$                       |         | 3           |               |
| a a   |   | \$             |   | " "                          |                  | \$                       |         | \$          |               |
| а а   | ss                                      | \$<br>g        |   | " "                          | *********        | \$                       |         | \$          |               |
| и и   | s                                       | \$             |   |                              |                  | s                        |         |             |               |
| и и   |   | \$             |   | и и                          |                  | \$                       |         | \$          |               |
| и и и   | s                                       | 8              |   | и и                          |                  | \$                       |         | s           |               |
| Insurance \$  | Names ofLodges                          |                |   | InsuranceCompanies.          |                  |                          |         |             |               |
| I hereby authorize the above Funera                             |   |                |   |                              | (Firm            | Name of Fune             | al Dire | ctors.)     |               |
| for the payment of aforesaid sum, ar<br>maturity at the rate of |   | d agree to pay | the same within                               |                              | days fro         | om date. Ir              | terest  | to accru    | e from        |
|   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | Signe   | d                            |                  |                          |         |             |               |

| Total No. 2386 Yearly No /                                    | v                                       | , Date   | of Entry             |  | une.            | .11           | 195.7.    |  |
|---|---|--|----------------------|--|-----------------|---------------|-----------|--|
| Name of Deceased Sthee Sthee                                  | Divorced                                | th   |                      |  | (What Re        | (ce) /        |           |  |
| Residence: Lamon Ja   |   | □Husbar  | d Wife Widor         |  | Su              | ith.          |           |  |
| Charge to: . D. H. P.   |   | 07   | of                   | 200 000 200  | 3-1-24-119      | 11            | - rears   |  |
| Address   |   |  | uneral (exce         | pt outlays)  | • • • • • • • • | \$ 1.5.0      | 00        |  |
| Order given by  |   | Casket<br>Burial Vaul  | t or Boy             |  |                 |               |           |  |
| How Secured:  |   |  |                      | (State Kind) (Name of Embalmer                           |                 |               |           |  |
| If Veteran, State War   |   | Barber, \$   |                      | (Name of Embalment<br>Hair Dressing,                     | \$              |               |           |  |
| 0   |   | Dressing Bo  | dy, \$               | Underwe  | ar,\$           |               |           |  |
| Employer and Address (Social Secur                            | ity Number)                             | Suit or Dres   |                      | tate Kind and Color<br>. Hose, \$                        | )               |               |           |  |
| Date of Death June 9 1954                                     | . 6. PM                                 | Folding Cha  | airs, \$             | Tarpaulin, \$  |                 |               |           |  |
| Date of Death. July 9 1954<br>Date of Birth. Feb 2 Pate) 1866 | (Hour)                                  | Candelabru   | m, \$                | . Candles, \$ Gloves, \$                                 |                 |               |           |  |
| Age 98  |   | Funeral Car  | :, \$                | Ambulance,   |                 |               |           |  |
| (Years) (Months) (Days)                                       | 2 P. M.                                 | Limousines<br>Extra Limo   |                      | y@\$<br>@\$  |                 |               |           |  |
| Date of Funeral (Date) J. J. J. (Day of Week)                 | (Hour)                                  | Autos to R.  | R. Station           | @\$  |                 |               |           |  |
| Services at::: Clergyman:: E. J. Clergyman: (Address)         |   | Getting Ren<br>Taking Ren  |                      |  |                 |               |           |  |
| Clergyman: E. J. S. (Address)                                 |   | Trip to Cor  | oner's Inque         | est  |                 |               |           |  |
| Religion of the Deceased M. L. D.S. Birthplace Llunois        |   | Delivering I<br>Deliver Flo  | Box to               |  |                 |               |           |  |
|   |   | Removal Cl   | narges               |  |                 |               |           |  |
| Resided in the State (Years processed in the State (Years)    | (Months)                                | Procuring E  | urial Permi          | (State Number a  | nd District)    |               |           |  |
| Place of Death Lamour.  | • | Poll Rearer  | Service \$           | t  | Coroner's)      | -             |           |  |
| Cause of Death:   | • | Gross Total  |                      |  | ρω, φ           | s             |           |  |
| Contributory Causes   | • | Outlay for   | Lot:                 |  |                 |               |           |  |
|   |   | Cremation  |                      |  |                 |               |           |  |
| Certifying Physician. All Swanso                              | ··                                      | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb |                      |  |                 |               |           |  |
| His Address Lamonic   |   | Opening of<br>Lining Gray  | Grave or T           | omb<br>Lowering Devi                                     | ce. \$          |               |           |  |
| Name of Father. John & ll                                     |   | Outlay for S   | Shipping Ch          | arges  |                 |               |           |  |
| His Birthplace  |   | Clergyman,<br>Railroad \Tic  | \$Singe              | ers,\$Organ<br>Aero-Serv<br>plane Serv<br>r Radio Chargo | nist,\$         |               |           |  |
| Maiden Name of Mother. Many. Fasc                             | ٠                                       | Telegr., Pho   | ne, Cable or         | Radio Charg  | es              |               |           |  |
| Her Birthplace  |   | Cash Advar   | nced                 | r's Charges  |                 |               |           |  |
| Motor Remains to  |   | Personal Se  |                      |  |                 |               |           |  |
| Size of Casket  | • |  | oth Notices          | inPape   |                 |               |           |  |
| Manufactured by   |   |  |                      | Newspapers)  |                 |               |           |  |
| Cemetery Crematory }  |   |  | (Names of            | Newspapers)  |                 |               |           |  |
| Lot No  | ,. <del></del>                          | Sales Tax .  | n                    | Test   |                 |               |           |  |
| Grave No  |   | Total Footi  |                      |  |                 | \$ 150        | 00        |  |
| Section No  |   | Less   | P.A. Cach            | 1910/154   |                 | \$            |           |  |
| Block No  |   |  |                      | Balance  |                 | \$            |           |  |
| Diagram of Lot or Vault Owner                                 |   |  | o Ledger, pa         | igeor be   |                 |               | 1         |  |
| Date Amount Paid  | Balance                                 | Date   |                      |  | Amount I        | Paid B        | alance    |  |
| To Above Balance  | \$                                      |  | to the last the time | nce Forward  |                 | \$            |           |  |
| By Payment.   | \$                                      |  | By Payr              | nent   | \$              | \$            |           |  |
| a a e   | \$                                      |  |                      | a  | \$              | \$            |           |  |
| а а 🛚 🖁   | \$                                      |  |                      | a  | ş               | \$            |           |  |
| a a\$   | \$                                      |  | α                    | a  | s               | 3             |           |  |
|   | \$                                      |  |                      | a  | \$              | \$            |           |  |
| и и \$  | s                                       |  | «                    | a  | s               | \$            |           |  |
| Names of Lodges   |   |  | Insurano<br>Compani  | 9  |                 |               |           |  |
| I hereby authorize the above Funeral, and I hereby represent  |   |  | s Legally avail      | -11- 4-  | Name of Funer   | AMELINA       |           |  |
| for the payment of aforesald sum, and I hereby covenant and   | d agree to pay                          | the same within  | n                    | days fro   | m date. In      | terest to acc | erue from |  |
| maturity at the rate of% per annum.                           |   | Sign   | aed                  |  |                 |               |           |  |
| Witness   | <br>opiled by F. J. I                   |  | iress                |  |                 |               |           |  |
|   |   |  |                      |  |                 |               |           |  |

| Total No. & 386   | Yearly No                 | 3               | Date   | of Entry                                |                              | 77.75n                  |             | 19.5. |
|---|---------------------------|-----------------|--|---|------------------------------|-------------------------|-------------|-------|
| Name of Deceased  | grant                     | Jone            | <i>v</i>   |   |                              | (Wlyd) Rac              |             |       |
| ☐ Married ☐   | Single Widowed            | Divorces        | Husband  | Wife   Widow                            | Sara                         | ch. Jon                 | Pa          |       |
| Residence: Zamor  |                           |                 | or   | of                                      |                              | and or Wife (if live    | ng)         | Years |
|   | <i></i>                   |                 | Complete Fu  | neral (exce                             | ot outlays).                 | \$                      | 497.        | 00.   |
| Address   |                           |                 | Casket   |   |                              | il                      | 235         |       |
| Order given by  | (or informant)            |                 | Burial Vault   |   | (State Kind)                 | .7                      |             |       |
| How Secured:  |                           |                 | Embalming  | Body                                    | Name of Embala               | ner)                    |             |       |
| If Veteran, State War   | 20:                       |                 | Barber, \$<br>Dressing Boo   | lv. \$                                  | Underw                       | ear,\$                  |             |       |
| Occupation Farme  | (Social Sec               | nity Number)    | Suit or Dress  |   | nte Kind and Co              | lor)                    |             |       |
| Employer and Address  |                           |                 | Slippers, \$   |   | Hose, \$                     |                         |             |       |
| Date of Death . June  | (Date) 19.5-9             | (Hour)          | Folding Chai<br>Candelabrum  | 1. 5                                    | . Canules, $\phi$            |                         |             |       |
| Date of Birth . Sefit   |                           |                 | Door Spray.  | 8                                       | . Gloves, o.                 |                         |             |       |
| Age   | (Months) (Days            |                 | Funeral Car,<br>Limousines t   | o Cemetery                              | @\$.                         |                         |             |       |
| Date of Funeral 4/14/5  |                           | 2:30 M.         | Extra Limou  | sines                                   | @\$                          |                         |             |       |
| Services at   | Church                    | (Hour)          | Autos to R. I<br>Getting Rem   | R. Station .                            | @\$                          |                         |             |       |
| Clergyman Roy Che   | eville                    |                 | Taking Rema  | ains to                                 |                              |                         |             |       |
| Religion of the Deceased  | (Address)                 |                 | Trip to Coro   | ner's Inque                             | st                           |                         |             |       |
| Birthplace Mrs.   | Louri                     |                 | Deliver Flow   | ers to                                  |                              |                         |             |       |
| D13-11- 11- 11- 11- 11- 1   |                           |                 | Removal Cha  | arges                                   |                              |                         |             |       |
| Place of Death. Jude  | or City or County) (Year  | (Months)        | Certif.Con   | niesof Deatl                            | (State Number<br>Certificate | and District)           |             |       |
|   |                           |                 | Procuring BuCertif.Cop Pall Bearer S   | ervice. \$                              | tate Physician's e           | apel. \$                |             |       |
| Cause of Death  |                           |                 | Gross Total f  |   |                              |                         | 522         | 00    |
| Contributory Causes   |                           | •••••           | Outlay for L   | ot                                      |                              |                         |             |       |
| ~   |                           |                 | Cremation Flowers, \$  | Palms. \$                               | · · Matt                     | ing. \$                 |             |       |
| Certifying Physician  | (or Coroner)              |                 | Rental of Ten  | t,\$of                                  | Cemporary V                  | Jault, \$ , ,           |             |       |
| His Address   | 0                         |                 | Rental of Tent, \$of Temporary Vault, \$. Opening of Grave or Tomb. Fa Whatkell 25 06 Lining Grave, \$Lowering Device, \$. |   |                              |                         |             |       |
| Name of Father. Lewi  | jones                     |                 | Outlay for Sh  | ipping Cha                              | rges                         |                         |             |       |
| His Birthplace  | 0. 1.0/11                 | .00             | Clergyman,\$Singers,\$Organist,\$Railroad } Tickets, \$plane Service,\$  |   |                              |                         |             |       |
| Maiden Name of Mother.  | uzavein H-                | ca              | Telegr., Phon  | e. Cable or                             | Radio Char                   | roc                     |             |       |
| Her Birthplace  |                           |                 | Cash Advanc  | ed                                      |                              | DIVERSITY OF THE PARTY. |             |       |
| Motor   Remains to  | · Bet                     |                 | Out of town Personal Serv  | ice                                     | s Charges                    | •••••                   |             |       |
| Size of Casket . gray face  | State Color and Number)   |                 |  |   |                              | V 11 - COS              |             |       |
| Manufactured by   | o Mago                    |                 | line Deat  | n Notices i                             | nPap                         | ers                     |             |       |
| Crematory   |                           | ······          |  | (Names of Ne                            | wspapers)                    |                         |             |       |
|   | Lot No 8.6.               |                 | Sales Tax  | • | •••••••                      |                         |             | 22    |
|   | Grave No                  |                 | Total Footing  |   | ••••••                       |                         | 55a         | 22    |
|   |                           |                 | Less .5 % an.  |   |                              | ,                       | 3.2.2.      | 36    |
|   | Block No                  |                 |  | Pelos                                   | alance                       | ·/sy \$                 | C3 (-)      | 86    |
| Diagram of Lot or Vault   |                           |                 | Entered into   | Ledger, pag                             | eor b                        | elow.                   | w           |       |
| Date  | Amount Paid               | Balance         | Date   |   |                              | Amount Paid             | Bala        | nce   |
| To Above Balance  | e                         | \$              |  | To Balance                              | Forward                      |                         | \$          |       |
| By Payment  | \$                        | \$              |  | . By Payme                              |                              | \$                      | \$          |       |
|   | \$                        | \$              |  | . " "                                   |                              | \$                      | \$          |       |
|   | ss                        | \$              |  | . " "                                   |                              | \$                      | \$          |       |
|   | \$                        | \$              |  |   |                              | \$                      | \$          |       |
| 4 4   | \$                        | \$              |  |   | •••••                        | \$                      | \$          |       |
| и и   | \$                        | s               |  |   |                              | \$                      | \$          |       |
| Tosurance \$  | Names ofLodges            |                 |  | Insurance<br>Companies.                 |                              | ********                | 10          |       |
| Insurance \$  I hereby authorize the above Funers for the payment of aforesaid sum, a maturity at the rate of | l, and I hereby represent | that I have suf | ficient resources L  | egally availab                          | e to                         |                         |             |       |
| for the payment of aforesaid sum, a   | nd I hereby covenant and  | agree to pay t  | he same within   |   | (Firm )                      | lame of Funeral Di      | t to access | from  |
| maturity at the rate of   | . % per annum.            |                 | Simed  |   |                              | ameles                  | - W detaile | 1000  |

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

| Total No. 2386 Year  | y No                       | 4                                       | Date  | of Entry            | June                             | 30             | 1           | 195.4    |  |
|--|----------------------------|---|---|---------------------|----------------------------------|----------------|-------------|----------|--|
| Name of Deceased. Melou  | n Fra                      | Divorced                                | Bos   | uell                |                                  | -(What Race    | 2           |          |  |
| Residence: . Merey Davis le  | tu                         | □ Divoice.                              | Husba   | nd   Wife   Widow   | Age of Husband                   | ry (Do         | 0).000      | swel     |  |
| Charge to Melvin Box   | swell.                     |   |   | agr. of             | - Alexander and Alexander        | The said       |             | 50       |  |
| Address Davis City   |                            |   |   |                     | pt outlays)                      | \$             | .4.48.      |          |  |
| Order given by   | 1-1-1                      |   | Casket  | t or Box            | Best                             |                | 25          | 60       |  |
| How Secured:   | ant)                       |   | Embalming   |                     | (State Kind) (Name of Embalmer)  |                |             |          |  |
| If Veteran, State War 200  |                            |   | Barber, \$  | I                   | Hair Dressing,                   | \$             |             |          |  |
| Occupation farm labor  | 478-3                      | -3505                                   | Dressing B  | ody,\$              | Underwea                         | r,\$           |             |          |  |
| Employer and Address   | (Social Securi             | ty Number)                              | Slippers, \$.   | (5                  | State Kind and Color) . Hose, \$ |                |             |          |  |
| Date of Death June 28 /  | 954                        | .F. A.M.                                | Folding Ch  | airs, \$            | Tarpaulin, \$.                   |                |             |          |  |
| Date of Birth. M. R. 7   | 9.37                       | (Hour)                                  | Door Spray  | m, \$               | Candles, \$<br>Gloves, \$        |                |             |          |  |
| 1- 24  |                            |   | Funeral Ca  | r, \$               | Ambulance, \$                    |                |             |          |  |
| (Years) (Months)   | (Days)                     | м                                       | Extra Limo  | to Cemeter          | y@\$                             |                |             |          |  |
| Services at : : R. L. D. S. C.   | 11116                      | (Hour)                                  | Autos to R  | . R. Station .      | @\$                              |                |             |          |  |
|  | AMTH                       |   |   | mains from .        |                                  |                |             |          |  |
| Clergyman:   | (Address)                  |   | Trip to Cor   | oner's Inque        | est                              |                |             |          |  |
| Religion of the Deceased   | 4 5                        | 200                                     |   | Box to              |                                  |                |             |          |  |
| D  | .1                         |   | Removal C   | harges              |                                  |                |             |          |  |
| O (or U. S. or City or, C  | ounty) (Years)             | O (Months)                              | Procuring I   | Surial Permi        | (State Number and                | i District)    |             |          |  |
| Place of Death   |                            |   | Pall Bearer   | Service. \$         | t                                | oroner's)      |             |          |  |
| Cause of Death:  |                            | • |   | l for Sales T       |                                  | \$             | 473         | 00       |  |
| Contributory Causes  |                            | • | Outlay for  | Lot:                |                                  |                |             |          |  |
| Gen? P.  |                            |   | Flowers, \$.  | Palms,              | \$ Mattin                        | g, \$          |             |          |  |
| Certifying Physician Sw. Sw.   | roner),                    | Υ                                       | Rental of T   | ent,\$of            | Temporary Va                     | ult, \$        |             |          |  |
| His Address Zame   | /b                         | -/0                                     | Lining Gra  | ve. S 1             | owering Device                   | e. S           |             |          |  |
| Name of Father. Melvin D.  | 1000                       | vell                                    | Outlay for Shipping Charges   |                     |                                  |                |             |          |  |
| His Birthplace   | +00                        |   | Railroad Ti   | kets. \$            | Aero- Servi                      | ice.\$         |             |          |  |
| Maiden Name of Mothe Margere   | u Cov                      | MG C                                    | Clergyman, \$. Singers, \$. Organist, \$. Railroad   Tickets, \$. Aero-Service, \$. Telegr., Phone, Cable or Radio Charges. |                     |                                  |                |             |          |  |
| Her Birthplace   |                            |   | Cash Adva   | nced                | er's Charges                     |                |             |          |  |
| Motor Remains to   | Don 80                     | ,                                       | Personal Se   |                     |                                  |                |             |          |  |
|  | 4                          |   |   | anth Notices        | inPaper                          |                |             |          |  |
| Manufacoured by  | Care.                      |   |   |                     | Newspapers)                      |                |             |          |  |
| Cemetery Crematory \ Or ose Hu   | SECTION SHOWS AND ADDRESS. | 21                                      |   | (Mames of )         |                                  |                |             |          |  |
|  | 0                          | .4./                                    | Sales Tax   |                     |                                  |                | 4           | 73       |  |
| Grave  |                            |   | Total Foot  | ing of Bill.        |                                  | \$             | 502         | 73       |  |
| Section  |                            |   | Less . 5/2  | 1. 4.7.7.7 Te       | A July 10                        | \$             | 23          | 88       |  |
| AND DESCRIPTION OF THE PARTY OF | No                         |   | R   | 1 July              | Balance                          | \$             | 4.7.8.      | .8.5     |  |
| Diagram of Local Value   |                            |   | 1   | d Ledger, un        | gobil orbe                       |                | 4           | 8 5      |  |
| Date /   | Amount Paid                | Balance                                 | Date  |                     | 18                               | Amount Par     | d Ba        | lance    |  |
| To Above Balance   |                            | \$                                      |   | 1 7 7 7 7           | nce Forward                      |                | \$          |          |  |
|  |                            | \$                                      |   | By Payr             | ment                             | 3              | \$          |          |  |
| a a e  |                            | \$e                                     |   |                     |                                  |                | \$          |          |  |
| a a  |                            | 8                                       |   | at                  | 4                                |                |             |          |  |
| « « \$.  |                            | \$                                      |   | «                   | α                                |                | \$          |          |  |
|  |                            | \$                                      |   | «                   | "                                |                | \$          |          |  |
| s.   |                            | \$                                      |   | «                   | «                                | <u></u>        | \$          |          |  |
| Insurance \$Lodges   | of                         |   |   | Insurano<br>Compani | e<br>ies                         |                |             |          |  |
| I hereby authorize the above Funeral, and I he   |                            |   |   |                     | (Firm N                          | ame of Funeral | Directors ) |          |  |
| for the payment of aforesaid sum, and I hereb<br>maturity at the rate of % per ar  |                            | l agree to pa                           |   |                     | days from                        | n date. Inte   | rest to acc | rue from |  |
|  |                            |   |   | med                 |                                  |                |             |          |  |
| Witness  | Con                        | <br>iplied by F. J.                     |   | dress               |                                  |                |             |          |  |

| 26 | io process 4   | OF FII                     | NERAL   |                               |       |
|----|--|----------------------------|---|-------------------------------|-------|
|    | RECORD (   |                            | (1.1.1.   | 16                            |       |
|    | Total No. 2387 Yearly No. 15   | Date                       | of Entry  | 112                           | .19.5 |
|    | Name of Deceased Server Herbe  | it De                      | Mat (What   | Race)                         |       |
|    | Married   Single Widowed   Divorce Residence: Lamon  |                            | □Wife□Widow Age of Husband or Wife (i   | Clinton                       |       |
|    | Charge to:   | or                         | of ) Age of Husband of White  | THE RESERVE                   | Years |
|    | Address,   | Complete Fu                |   | .\$ .7.7.                     | . 00. |
|    | Onder at 1   | Casket                     | or Box Alfra Vault  | 123                           | 100   |
|    | How Secured:   | Embalming 1                | 500V  |                               |       |
|    | If Veteran, State War 100  |                            |   |                               |       |
|    | Occupation Starage Business Mone   |                            |   |                               |       |
|    | Employer and Address (Social Security Number)  | Suit or Dress              | (State Kind and Color) Hose, \$ Tarpaulin, \$ Candles, \$   |                               |       |
|    | Date of Death July 14 1954 12:30   | Folding Chai               | rs, \$ Tarpaulin, \$  |                               |       |
|    | Date of Birth. Mor 12 1870 (Hour)  | Candelabrum                | , \$  |                               |       |
|    |  | Funeral Car,               | \$  |                               |       |
|    | Age. (Years) (Months) (Days)  Date of Funeral (Date) (Day of Week) (Hour)  (Date) (Day of Week) (Hour)   | Extra Limous               | Cemetery @ \$   |                               |       |
|    | Services at R. J. S. Church (Hour)   | Autos to R. F              | R. Station @ \$   |                               |       |
|    | Clergyman Sal Elleager   | Taking Rema                | ins to  |                               |       |
|    | Religion of the Deceased P. L. D. (Address)  | Trip to Coror              | ner's Inquest   |                               |       |
|    | Birthplace Hebraska  | Deliver Flower             | ers to  |                               |       |
|    | Regided in the State   | Removal Cha                | rges  |                               |       |
|    | Place of Death M. K. Y ft and  | Certif.Con                 | iesof Death Certificates No.  |                               |       |
|    | Cause of Death Corney Occlesion  | Pall Bearer Se             | rial Permit.  (State Number and District) iesof Death Certificates No.  (State Physician's or Coroner's) ervice, \$ Use of Chapel, \$   |                               |       |
|    | Contributory Causes  | Gross Total fo             | or Sales Tax  | \$ 920                        | 00    |
|    |  | Cremation                  | t   | •• •••••                      |       |
|    | Certifying Physician. SW Swauson   | Flowers, \$                | . Palms \$ Matting \$   |                               |       |
|    | His Address  | Opening of Gr              | ,\$of Temporary Vault, \$ ave or Tomb. To A. Maiska   | 1 25                          | 00"   |
|    | Name of Father. Leo Derry  | Lining Grave,              | \$Lowering Device, \$<br>pping Charges.   |                               |       |
|    | His Birthplace   | Clergyman,\$.              | Singers,\$Organist.\$   |                               |       |
|    | Maiden Name of Mother Joisa Weldahl  | or Motor Ticke             | Singers,\$Organist,\$ts,\$Aero-plane Service,\$   |                               |       |
|    | Her Birthplace   | Cash Advance               | d Cable of Radio Charges  |                               |       |
|    | Motor Remains to   |                            |   |                               |       |
|    | Size of Casket . Permolith   |                            | ce  |                               |       |
|    | Manufactured by R 50 Control Number Co.  | line Death                 | Notices inPapers  |                               |       |
|    | Cemetery }   |                            | (Names of Newspapers)   | :                             |       |
|    | Lot No 7.79-4  | Solon Man                  |   |                               | .4.4. |
|    | Grave No   | Sales Tax<br>Total Footing |   | 9 54                          | 90    |
| 9  | Block No.  | Less 5.74.4                | 929-0   | 9.5.4.                        | 46    |
|    |  |                            |   | 807                           | 74    |
| -  |  | Entered into L             | edger, page or below.   | 7.4.7.                        | *     |
| -  | Date Amount Paid Balance To Above Balance  | Date                       | Amount Pa   | aid Bala                      | ince  |
|    | By Payment s   |                            | To Balance Forward  | 8                             | I     |
|    | # # \$ s   |                            | By Payment\$  | \$                            | ***** |
|    | # # \$ \$  |                            | " " \$  | \$                            |       |
|    |  |                            | * "   | \$                            |       |
|    |  |                            | u u "\$   | \$                            |       |
|    | я я е е  |                            | и и   | \$                            |       |
|    | Names of   |                            | и и\$   | \$                            |       |
| 1  | Insurance \$Origes.  Origes.  hereby authorize the above Funeral, and I hereby represent that I have suff or the payment of aforesaid sum, and I hereby covenant and agree to pay it and the rate of |                            | Insurance<br>Companies  |                               |       |
| 1  | or the payment of aforesaid sum, and I hereby covenant and scree to next   | icient resources Leg       | ally available to   |                               |       |
| 1  | naturity at the rate of% per annum,  | out within                 | days from date. Inte  | Directors.)<br>rest to accrue | from  |
| 7  | VILLEGO  |                            | ***************************************   |                               |       |
|    | Compiled by F. J. FRI  | NEMAN, St. Louis, M        | [o.   |                               |       |
|    |  |                            | THE RESERVE TO SHARE THE PARTY OF THE PARTY |                               |       |

| RECORD C  |                  |  |                       | 20               |
|---|------------------|--|-----------------------|------------------|
| Total No. 3. 3. 90 Yearly No., /6   | Date of I        | entry July   | !7                    | 195.4            |
| Name of Deceased. Hennette Show   | Kense            | igh.   | mr. Dales             |                  |
| Residence: Village Widgest Divorced   | ☐Husband ☐V      | Vite Widow J. Secure   | of Straw              |                  |
| Charge to: Luginbull Pros   | or               | of \ Age of Husban   | d or Wife (if living) | Years            |
| Address. Vinita, Olla   | Complete Fune    | ral (except outlays)   | \$                    |                  |
| Order given by abue   | Casket           |  |                       |                  |
| (or informant)  | Burial Vault or  | Box(State Kind)  |                       |                  |
| How Secured:  | Embaining Boo    | ly(State Aind) (Name of Embalmer) Hoir Droceing  | ,                     |                  |
| If Veteran, State War   | Dressing Body,   | Hair Dressing,<br>\$Underwea   | г, ф                  |                  |
| Occupation  | Suit or Dress    | (State Kind and Color)   |                       |                  |
| Employer and Address  | Suppers, \$      | поse, ф  |                       |                  |
| Date of Death(Date) (Hour)  | Candelabrum.     | \$Tarpaulin, \$Candles, \$   |                       |                  |
| Date of Birth   | Door Spray, \$ : | Gloves, \$   |                       |                  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$  | Ambulance, \$<br>Cemetery@ \$  |                       |                  |
| Date of Funeral July 17/54  |                  | ies@\$   |                       |                  |
| Date of Funeral (Color) (Montan) (Lays)  (Date of Funeral (Day of Web) (Hour)  Services at::: (Montan) (Hour) |                  | Station@\$   |                       |                  |
| Clergyman: Rolf Familian  |                  | ns froms tos   |                       |                  |
|   | Trip to Corone   | r's Inquest  |                       |                  |
| Religion of the Deceased  |                  | to   |                       |                  |
| Birthplace  | Removal Charg    | es   |                       |                  |
| Resided in the State  | Procuring Buris  | al Permit  | d District)           |                  |
| Place of Death  | Certif.Copie     | al Permit (State Number an esof Death Certificates) (State Physician's or vice, \$ Use of Chap | Coroner's)            |                  |
| Cause of Death:   |                  |  |                       |                  |
| Contributory Causes   | Gross Total for  | Sales Tax  | \$                    |                  |
|   | Cremation        |  |                       |                  |
|   |                  | .Palms, \$ Mattin<br>\$ of Temporary Va  |                       |                  |
| Certifying Physician. (or Coroner)  | Opening of Gra   | ve or Tomb   |                       |                  |
|   | Lining Grave,    | Lowering Device  | ce, \$                |                  |
| Name of Father  | Clergyman.\$     | ping Charges   | nist.\$               |                  |
| His Birthplace  | Railroad Tickets | Singers,\$Organ<br>s,\$ Aero-<br>plane Serv  | ice,\$                |                  |
| Maiden Name of Mother   | Telegr., Phone,  | Cable or Radio Charge  | S                     |                  |
| Her Birthplace  | Out of town III  | dertaker's Charges   |                       |                  |
| Motor Remains to  |                  | e  |                       |                  |
| Size of Casket(State Color and Number)  | line Dooth       | Notices in Pene  |                       |                  |
| Manufactured by   | Ine Death        | Notices in Pape  | 18                    |                  |
| Cemetery Crematory  | Ship.            | (Nemy of Sympley) -  |                       | 50 00            |
| Lot No 1206   | Galas Mass       | sex lan  |                       | 27 00            |
| Grave No  | Total Footing    | e Dui  | /                     | 77 28            |
| Section No  | Less P.          |  | 4 \$                  | A.A              |
| Block No  | 2                | Balance  | 8                     |                  |
| Diagram of Lot or Vault Owner   | Entered into La  | edger, page or be  | low.                  |                  |
| Date Amount Paid Balance  | Date             | Manager N  | Amount Paid           | Balance          |
| To Above Balance \$   |                  | To Balance Forward   |                       | \$               |
|   |                  | By Payment   | \$                    | \$               |
| * * \$ \$   |                  | « «  | \$                    | \$               |
| « « \$ \$   |                  | α  | \$                    | \$               |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                  | ч и  | \$                    | \$               |
|   |                  | " "  | \$                    | \$               |
|   |                  |  | \$                    | \$               |
|   |                  | * "  | \$                    | 8                |
| Insurance \$ Names of Lodges.   |                  | Insurance<br>.Companies  |                       |                  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                    |                  |  | ame of Funeral Dire   | ortore )         |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay                                      | the same within  | days from  | m date. Interest      | t to accrue from |

Signed....

maturity at the rate of ...... % per annum.

| RECORD C   | F FUNERAL   |
|--|---|
| * 201  | Date of Entry   |
| Total No. 239/ Yearly No. 17 Name of Deceased. Services College          | en Survey (What Race)   |
| Name of Deceased.  | . Charles Claylow)  |
| Residence: Lamon Ja.   | of ) Ago of some  |
| Charge to: A.P.  | Complete Funeral (except outlays)\$ ./.50 00  |
| Address,   | Corlect   |
| Order given by(arinformant)  |   |
| How Secured:   | Burial Vallt of Box (State Kind)  Embalming Body (Name of Embalmer)  Hair Dressing, \$  Barber, \$ Hair Dressing, \$  Underwear, \$   |
| TONI LO COLLE WILL / CO  | Barber, \$ Hair Dressing Body, \$ Underwear, \$   |
| Occupation Housework Mank (Social Security Number)                       | Suit or Dress (State Kind and Color)  |
| Danilaron and Address  | Slippers, \$ Hose, \$<br>Folding Chairs, \$ Tarpaulin, \$<br>Candles, \$  |
| Date of Death July 21 1954 (Hour)  | Folding Chairs, \$. Candles, \$. Candelabrum, \$. Gloves, \$.   |
| Date of Death Mary 21/9.54 (Hour) Date of Birth. Mary 17/87 - (Hour)     | Door Spray, 4 Ambulance, \$   |
|  | Funeral Cat, Cometery @ \$  |
|  |   |
| (Date) A (Day of Week) (Hour)  | Autos to R. R. Station  |
| Sorvices at  |   |
| Clergyman Nobert Faruham Religion of the Deceased R L (Address)          | Trip to Coroner's Inquest Delivering Box to   |
|  | Deliver Flowers to  |
| Birthplace Reohuk Ja   | D   |
| Resided in the State. (or U. S. or City or County) (Years) (Months)      | Removal Chalges Procuring Burial Permit. (cata Number and District)  —Certif.Copiesof Death Certificates No. (State Permitted to Coronard)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Place of Death X low Hospital  | Certif. Copies of Description (State Physician's or Coroner's)  Dell Popper Service S Use of Chapel. S.   |
| Cause of Death Branche Quemania  | Gross Total for Sales Tax\$   |
| Contributory Causes. Ceretral Hemortage                                  | Outlay for Lot  |
|  | Cremation   |
| Certifying Physician Educat  | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address  | Opening of Grave or Tomb  |
| Name of Father, Jugh M. Suively  | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  Railroad or Motor Tickets, \$Aero-plane Service,\$   |
| Maiden Name of Mother. Ellen Wilson                                      | r Matroad Tickets, \$ Aero-Service, \$  |
| Her Birthplace   | Cash Advanced   |
| Motor Remains to   | Out of town Undertaker's Charges  |
| Size of Casket. A. A.  | Personal Service:   |
| Manufactured by A Carting Mumber)  | line Death Notices in Papers  |
| Cemetery Crematory   | (Names of Newspapers)   |
| Lot No. 3.93   |   |
| Grave No   | Sales Tax Mo / ax   |
| Section No.  | Total Footing of Bill 1 1 150 00  |
| Block No   | Less  |
| Diagram of Lot or Vault Owner  | Balance 3   |
| Date Amount Paid Balance   | Entered into Ledger, pageor below.  |
| To Above Balance   | Amount Paid Balance   |
| By Payment. S. e   | To Balance Forward\$  |
| \$\$   | By Payment \$ \$  |
| " " \$ 3   | ***************************************   |
| " "  | *   |
| \$   | \$ \$   |
| *······ *···· \$ \$  | \$\$  |
| \\$\\$\\$\\$\  | « «   |
| Insurance \$   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have | Insurance Companies. Companies Sufficient resources Legally available to Ay the same within Gira Name of Funeral Discours Signed Signed Interest to series in                         |
| maturity at the rate of  | ay the same within  |
|  | Signeddays from date. Interest to accuse  |
|  |   |
| pured by F. J  | Address   |

|  |  | - Allerto      |                        |   | 0  |                       |              |        |
|--|--|----------------|------------------------|---|--|-----------------------|--------------|--------|
| Total No 239.2   | Yearly No                                | 18.            | Da                     | te of Entr  | yOu  | 19.2                  |              | 19.4.  |
| Name of Deceased 71.   | ellie F.                                 | Pen            | <i>!</i>               |   |  | ΄ω.                   |              |        |
| Residence: Lamoni  | Single   Widowed                         | □ 10% o        | rced                   | sband   Wife  | c. 1.1.  | What Race             | )            |        |
| Charge to: Atthur C  | Dennie                                   |                | or.                    | sband   Wife   ]  |  | and or Wife (if livin | <i>y</i>     | Years  |
| Address  | -0.0g                                    |                |                        | NAME OF THE PARTY | except outlays).   |                       | . 29.4.      | 80     |
|  |  |                |                        |   |  | - "                   | . 25 / . 1 . |        |
| Order given by   | (or informant)                           |                | · · Burial Va          | ault or Box   | (State Kind)   |                       |              |        |
| How Secured:   |  |                | Embalmi                | ng Body .   | (State Kind)   |                       |              |        |
| If Veteran, State War  |  |                | Barber, \$             |   | (Name of Embala  | g, \$                 |              |        |
| Occupation Housewife   | (Social Sec                              | vou.           |                        |   |  |                       |              |        |
| Employer and Address   |  |                | Slinners               | \$  | (State Kind and Col<br>Hose, \$  | or)                   |              |        |
| Date of Death July 3.  | 11954                                    | .9.0.1         | Folding (              | Chairs, \$  | Tarpaulin,   | \$                    |              |        |
| Date of Birth. May !!.   | 1872                                     | (Hour)         |                        | rum, \$   | Gloves, \$.  |                       |              |        |
| Age 8.2  |  |                | Funeral (              | ay, φ<br>Car, \$  | Ambulance,   | \$                    |              |        |
| Date of Funeral Accept   | (Months) (Days<br>Mou :<br>(Day of Week) | " > P          | Limongin               | es to Ceme  | etery @ \$.  |                       |              |        |
| (Date)   | (Day of Week)                            | (Hour)         | M. Extra Li            | nousines .<br>R. R. Stati   |  |                       |              |        |
| Services at : : Alice pe (                                       |  |                | · ·   Getting I        | Remains fro   | om   |                       |              |        |
| Clergyman Fall Lamp  | della (Address)                          | an.            | Taking R               | emains to.  |  |                       |              |        |
| rengion of the Deceased  |  |                |                        |   | quest  |                       |              |        |
| Birthplace Harrison  | Co. My                                   | 2.:            | Deliver F              | lowers to.  |  |                       |              |        |
| Resided in the State   |  |                | Removal                | Charges   | rmit   | ••••••                |              |        |
| Place of Death & est   | Hosp (Year                               | m) (Months     | Certif.                | Copiesof D  | (State Number  | and District)         |              |        |
| Cause of Death : Bronche (                                       | Pulumoni                                 | a              | Pall Bear              | er Service,   | rmit.<br>(State Number<br>Death Certificates<br>(State Physician's o<br>\$ Use of Ch | apel, \$              |              |        |
| Contributory Causes Cereby                                       |  |                | Gross Tot              | al for Sales  | s Tax  | \$                    | 894          | 00.    |
| Containation Causes  | /7                                       | <i>F</i>       | Outlay fo              | r Lot:  |  |                       |              |        |
| Certifying Physician. Da.  | Gumot                                    | •••••          | Flowers, S             | nPaln   | ns, \$ Matt  | ing. S                | •••••        |        |
|  | Garnet (or Coroner)                      |                | Rental of              | Tent, \$  | of Temporary Tomb. 5.45 M  | ault, \$              |              |        |
| His Address  | ······································   |                | Lining Gr              | ave. \$   | Lowering Dev   | ice \$                | بېج          |        |
|  | . De La                                  | 9              | · Outlay for           | Shipping  | Charges  |                       |              |        |
| His Birthplace   |  | ,              | Clergyma<br>Railroad ) | n,\$Si  | ngers,\$Orga<br>Aero-Ser   | nist,\$               |              |        |
| Maiden Name of Mother. M.  | ary Cad                                  | sew.           | or Motor 1             | ickets, \$  | or Radio Charg   | vice,\$               |              |        |
| Her Birthplace   |  |                | . Cash Adv             | anced   |  |                       |              |        |
| Motor Remains to   |  |                | Out of toy             | vn Underta<br>Service   | aker's Charges   |                       |              |        |
| Size of Casket ( Le  | of Shrine                                |                |                        | ······································  |  |                       |              |        |
| Manufactured by  | ite Color and Number)                    |                |                        | eath Notic  | ces in Pap   | ers                   |              |        |
| Cemetery }   | Rose Hel                                 | ,              |                        | (Names  | of Newspapers)   |                       |              |        |
| Crematory )  | Lot No / 9 4                             | 5-             |                        |   | •  |                       |              | •••••  |
|  | Grave No 3.                              |                | Sales Tax              |   |  |                       | 2            | 94     |
|  | Section No                               |                | Total Foo              | ting of Bill  | J. Holes   |                       | 329          | 9.4.   |
|  | Block No                                 |                | Less                   | Pday  | 19.2.5.9   | \$ .                  |              |        |
|  | Owner                                    |                | 1                      | J   | Balance  | \$                    |              |        |
| Diagram of Lot or Vault  |  |                |                        |   | pageor b   |                       |              | Sal    |
| Date   | Amount Paid                              | Balanc         | e Date                 |   |  | Amount Paid           | Bala         | ince   |
| ···· To Above Balance.   |  | \$             |                        | To Ba   | alance Forward   |                       | \$           |        |
| ···· By Payment  | \$                                       | \$             |                        | By Pa   | ayment   | \$                    | \$           |        |
|  | \$                                       | \$             |                        | "   | ·  | \$                    | \$           |        |
| ······· " " ·····  | \$                                       | \$             |                        | "   | <b>"</b>   | \$                    | \$           |        |
|  | \$                                       | \$             |                        |   | *  | \$                    | \$           |        |
|  | \$                                       | \$             |                        |   | *  | \$                    | \$           |        |
|  |  | •              |                        | "   | *  | \$                    | \$           |        |
|  | Names of                                 | ·····          |                        | Insura  | 700  | \$                    | \$           | l      |
| Insurance \$   | Names of<br>Lodges                       |                |                        | Compa   | mies   |                       |              |        |
| I hereby authorize the above Funeral,                            |  |                |                        |   |  | Same of Funeral Dir   | ectors.)     |        |
| for the payment of aforesaid sum, and<br>maturity at the rate of | I hereby covenant and                    | agree to pa    |                        |   | days from  | m date. Interes       | t to accru   | e from |
| Witness  | , o year minimity                        |                |                        | med   |  |                       |              |        |
|  | Соп                                      | piled by F. J. |                        | ldress  |  |                       |              |        |

| Total No. 2393. Yearly No 19  | Date of Entry Aug 2.7  |
|---|--|
| Name of Deceased Ida Mary Stor  | ddard  |
| Residence: Nath Platte, Residence   | d  |
| Charge to:  | 10 - 6 10  |
| Address   | Complete Funeral (except outlays) Muchs Ju   |
| Order given by  | Casket   |
| (or informant)  | Burial Vault or Box(State Kind)  |
| If Veteran, State War   | Embalming Body(Name of Embalmer) Barber, \$  |
| Occupation  | Dressing Body, \$Underwear, \$   |
| Employer and Address (Social Security Number)   | Suit or Dress (State Wind and Color)   |
| Data of Data  | Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.   |
| (Date) (Hour)   | Candelabrum, \$ Candles, \$  |
| Date of Birth   | Door Spray, \$   |
| Age (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |
| Date of Funeral   | Extra Limousines   |
| Services at.:   | Autos to R. R. Station   |
| Clergyman (Address)   | Taking Remains to  |
| Religion of the Deceased  | Delivering Box to  |
| Birthplace  | Deliver Flowers to   |
| Resided in the State  | Procuring Burial Permit.   |
| Place of Death  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No. (Supering September 2014)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes.  | Gross Total for Sales Tax\$ Outlay for Lot   |
|   | Cremation.   |
| Certifying Physician. (or Coroner)  | Flowers, \$ Palms, \$ Matting, \$  Rental of Tent, \$ of Temporary Yault, \$  Opening of Grave or Tomb Leff Maulel 35 00               |
| His Address   | Opening of Grave or Tomb to A Maulell 25 00  |
| Name of Father  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-plane Service,\$  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced  |
| Motor Remains to  | Personal Service 9 200 of Clearfel 2500  |
| Size of Casket(State Color and Number)  Manufactured by::   | Out of the Order ages of Charges Personal Service & Free of Closely 2500  Reocal A Free Public  Line Death Notices in Papers           |
| Compton:  | (Names of Newspapers)  |
| Crematory Lot No. 717   | (Names of Newspapers)  |
| Grave No.   | Sales Tax Lee Tay  |
| Section No.   | Total Footing of Bill  |
| Block No  | Less Of lug 2 s  |
| Diagram of Lot or Vault Owner   | Balance. \$  |
| Date Amount Paid Balance  | Entered into Ledger, page or below.  |
| To Above Balance  | Amount Paid Balance  |
| By Payment  | To Balance Forward\$   |
|   | By Payment \$  |
|   | \$\$   |
|   | « « « «  |
|   | a a \$   |
| " " <u> </u>  |  |
| Names of Lodges.  | 8 8  |
| Insurance \$Lodges.  I hereby authorize the above Funeral, and I hereby represent that I have and | Insurance  |
| for the payment of aforesaid sum, and I hereby covenant and screen to nave                        | Companies  Colent resources Legally available to  Chim Name of Fineral Directors)  days from date. Interest to occurs from             |
| maturity at the rate of% per annum,   | Signeddays from date. Interest to accrue from  |
| Witness   | ***  |
| Compiled by F. J. FE  | Address  |

| Total No 2 3.91. Yearly No 2.0  | Date of Entry. Oct 28 19.3.4   |
|---|--|
| Name of Deceased  | utipie w   |
| Residence:  | (What Race)  |
| Charge to:  | or   |
| Address   | Complete Funeral (except outlays) Ship In  |
| Order given by  | Casket   |
| How Secured::   | Burial Vault or Box (State Kind)   |
| If Veteran, State War   | Embalming Body (State Kind)  Barber, \$. (Name of Embalmer)  Hair Dressing, \$.  Dressing Rody, \$. (Indexweor \$.)  |
|   | Dressing Body, \$  |
| Occupation (Social Security Number)  Employer and Address                   | Suit or Dress . (State Kind and Color) Slippers, \$ Hose, \$ Folding Chairs \$ Transactin \$   |
| Date of Death. (Date) (Hour)  | Slippers, \$   |
|   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth   | Door Spray, \$ : Gloves, \$  |
| Age (Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$  |
| Date of Funeral (Day of Week) (Hour) M.                                     | Extra Limousines @ c   |
| Services at:::  | Autos to R. R. Station \$ Getting Remains from Wiscolin 160  |
| Clergyman: : (Address)  | Taking Remains to.   |
| Religion of the Deceased (Address)  | Trip to Coroner's Inquest  |
| Birthplace  | Delivering Box to :  |
| Resided in the State  | Removal Charges  |
| (or U. S. or City or County) (Years) (Months) Place of Death                | Procuring Burial Permit. (State Number and District)   |
|   | Procuring Burial Permit.  —Certif. Copiesof Death Certificates No.  (State Physicals or Coverer's)  Pall Bearer Service, \$ Use of Chapel, \$  |
| Cause of Death:   | Gross Total for Sales Tax.   |
| Contributory Causes   | Outlay for Lot:  |
|   | Cremation.   |
| Certifying Physician.   | Flowers, \$Palms, \$Matting, \$Rental of Tent. \$of Temporary Vault. \$  |
| His Address.  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. Wall technell, 2500   |
| Name of Father.   | Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother.  | Clergyman, \$Singers, \$Organist, \$   |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges.  Cash Advanced   |
|   | Out of town Undertaker's Charges   |
| Motor Remains to  | Personal Service. The Common and Green and Common and C |
| Size of Casket  | line Death Notices in Papers   |
| Manufactured by::::   | (Names of Newspapers)  |
| Genetery Crematory \ Lot No. /3 75  |  |
| 200 1401  | Sales Tax  |
| Grave No  | Total Footing of Bill  |
| Section No  | Less\$   |
| Block No  | Balance\$  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance   |
| To Above Balance \$   | To Balance Forward\$   |
| By Payment  |  |
| \$ \$   |  |
| \$ \$   | \$ \$  |
| ······ s s  | **************************************   |
| ***************************************                                     | я я е  |
|   | u u s  |
| Names of  | Insurance  |
| Insurance \$ Names of Lodges  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su | flicient resources Legally available to. (Firm Name of Funeral Directors.)   |
|   | the same withindays from date. Interest to accrue from Signed  |
| maturity at the rate of% per annum.   | Diguest  |

| Total No. 2394 Yearly No. 21   | . Date of Entry. 101.14  |
|--|--|
| Name of Deceased. Flancis Reviews  | Cluey (What Race)  |
| Residence: Lamani  | □Husband□Wife□Widow} or. of Age of Husband or Wife (if living). Years  |
| Charge to:estate   |  |
| Address  | Complete Funeral (except outlays)\$374.00  |
| Order given by Seven a Mary Lou  | Casket. Alba 12500<br>Burial Vault or Box  |
| How Secured : (or info@mant)   | (State Aint)   |
| If Veteran, State War 40   | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.   |
| Occupation housewife   | Dressing Body, \$Underwear, \$   |
| Employer and Address . (Social Security Number)  | Suit or Dress  |
| Date of Death. May 13, 1954 8 AM   | Slippers, \$   |
| (Date) (Hour)  | Candelabrum, \$Candles, \$   |
|  | Door Spray, \$   |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery   |
| Date of Funeral Date (Page of Week)  | Extra Limousines   |
| Saminas at Mitheder Cherch   | Autos to R. R. Station @ \$  |
| Clergyman. Rev. Weed   | Taking Remains to  |
| Religion of the Deceased Mechael (Address)   | Trip to Coroner's Inquest Delivering Box to  |
| Birthplace Mclerchille, Mo   | Deliver Flowers to.  |
| Resided in the State   | Removal Charges  |
| (or U. S. or City or County), (Years) (Months)   | Procuring Burial Permit. (State Number and District)   |
| Place of Death A low Hosp  | Procuring Burial Permit.  (Glata Number and District)  Certif. Copies of Death Certificates No.  (State Physical Services of Coccounts)  Pall Bearer Service, \$ Use of Chapte, \$ |
| Cause of Death:  | Gross Total for Sales Tax\$ 53/00  |
| Contributory Causes  | Outlay for Lot.  |
|  | Cremation  |
| Certifying Physician . J. Loss   | Flowers, \$Palms, \$Matting, \$Rental of Tent. \$of Temporary Vault. \$  |
| His Address Zem  | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. In A. Moultall 25 00.   |
| Name of Father Joseph J. McKumm  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Horence Horolyke   | Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$   |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  Cash Advanced  |
|  | Out of town Undertaker's Charges.  |
| Motor Remains to Grand Oct Plush.  Size of Casket 6/3 /> Coruch Oct Plush.  (Size of Casket 6/3 /> (Size Color and Number) | Personal Service.  |
| Manufactured by . Ducker (State Color and Number)  | line Death Notices in Papers   |
| Cemetery \ R 122 Heel  | (Names of Newspapers)  |
| Crematory )  | (Names of Newspapers)  |
| Lot No 3 3 0   | Sales Tax 527  |
| Grave No   | Total Footing of Bill. \$ 55/2/  |
| Section No   | Less 5 70 m. 5 26 d 1 - 2 8 26 31  |
| Block No   | Pd /101/ Balance \$ 524 90   |
| Diagram of Let or Vauit Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward   |
|  |  |
| \$   |  |
| " " \$ \$  |  |
| " " \$ \$  |  |
|  |  |
| " " \$ \$  |  |
|  |  |
| Names of Lodges  | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have st  | efficient resources Legally available to   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | (Firm Name of Funeral Directors.) the same within  |
| maturity at the rate of% per annum.  | Signed   |

| Total No. 23.9.5 Yearly No 22  | Date of Division of the Control of t |
|--|--|
| Name of Deceased. Infant of Duane & European Diversed  | Date of Entry LC 4 1958  |
| Residence:<br>Charge to: Duane Stevenson   | (What Race)  |
|  | orof } Age of Husband or Wife (if living) Years  |
| Address  | Complete Funeral (except outlays)\$  |
| Order given by(or informant)   | Casket Burial Vault or Box   |
| How Secured:   | Burial Vault or Box  Embalming Rody  (State Kind)  |
| If Veteran, State War  | Embalming Body (State Kind)  Barber, \$. (Name of Embalmer)  Hair Dressing, \$.  |
| Occupation   |  |
| Employer and Address (Social Security Number)  |  |
| Date of Death  | Slippers, \$. (State Kind and Color) Hose, \$. Folding Chairs, \$. Tarpaulin, \$.  |
| Date of Birth, Let. 3 1454 (Hour)  | Candelabrum, S Candles, S  |
| 17,00 km   | Door Spray, \$   |
| Age. (Year) (Months) (Days)  Date of Funeral ( ) (Months) (Days)   | Limousines to Cemetery @ \$  |
| (Date) A (Day of Week) (Hour)  | Extra Limousines @ \$ Autos to R. R. Station   |
| Services at: : Meltou, Iel   | Getting Remains from   |
| Clergyman::(Address)   | Taking Remains to  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace   | Deliver Flowers to   |
| Resided in the State (or U. S. or City or County) (Years) (Months)   | Procuring Burial Permit.   |
| Place of Death   | Procuring Burial Permit.  —Certif. Copiesof Death Certificates No.   |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax\$\$\$\$  |
| Control of the contro | Outlay for Lot:  |
| Certifying Physician. Hustvauson   | Flowers, \$Palms, \$Matting, \$  |
| (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb   |
| His Address Durant Sa  | Lining Grave, \$Lowering Device, \$  |
| Name of Father. Illum Alluman  | Outlay for Shipping Charges.   |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$<br>Railroad \ Tickets, \$plane Service,\$  |
| Maiden Name of Mother Eugena Nelven  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace.  | Cash AdvancedOut of town Undertaker's Charges  |
| Motor Remains to   | Personal Service   |
| Size of Casket / . 7   | line Death Notices inPapers  |
| Manufactured by  | (Names of Newspapers)  |
| Cemetery Crematory   |  |
| Lot No   | Sales Tax  |
| Grave No   | Total Footing of Bill. \$ 30 25  |
| Section No   | Less\$   |
| Block No   | Balance\$  |
| Diagram of Lotor Vault Owner   | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance   | To Balance Forward\$   |
| By Payment. \$ \$\$  | By Payment \$ \$   |
| я « " " " " " " " " " " " " " " " " " "  | T 4 6 " " " " " " " " " " " " " " " " " "  |
| * * \$ \$  | 1.13   |
| ······ \$ \$   | A JAO 19   |
| ······ « « \$ \$ ···   | " " S S  |
| * * \$ \$  | " * \$ S   |
| * *  | Insurance Companies  |
| Insurance §  | Companies  |
| I have so I have so I have so  | ifficient resources Legally available (Firm Name of Funeral Directors.)  the same within   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | Signed   |
| maturity at the rate of% per annum.  | Address  |
| Witness  | EINEMAN St. Louis, Mo.   |

| Total No. 396 Yearly No. 23  | Date of Entry Date of Entry  |
|--|--|
| Name of Deceased. Endora Ellen   | Stevenson  |
| ☐ Married ☐ Single ☐ Widowed ☐ Divorce   | (What Race)  |
| Residence: Harrison County, Mo   | □Huaband [Wilfo Wildow] Quant Stevlusar, or  |
| Charge to: Duane Stevenson   | Complete Funeral (except outlays).   |
| Address  | Casket   |
| Order given by   | Burial Vault or Box  |
| How Secured:   | Embalming Body (Name of Embalance) Barber, \$. Hair Dressing, \$.  |
| If Veteran, State War  | Barber, \$   |
| Occupation Sourceweft noul   | Dressing Body, \$. Underwear, \$. Suit or Dress. (State Kind and Color)  |
| Employer and Address . MM haure  | Slippers, \$   |
| Date of Death. Let 5 1959 10 AM (Hour)   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Sept 22 1913 (Hour)   | Candelabrum, \$Candles, \$   |
| Age 4 /  | Funeral Car, \$Ambulance, \$   |
| (Years) (Months) (Dave)  | Limousines to Cemetery @ \$  |
| Date of Funeral 1 / 8/5/4 Week 130 P. M. Services at . R. J. D. Oay of Week (Hour)                               | Autos to R. R. Station @ \$  |
|  | Getting Remains from.  Taking Remains to.  |
| Clergyman Ry Cheville (Address)  | Trip to Coroner's Inquest  |
| Religion of the Deceased   | Delivering Box to  |
| Birthplace . J.C   | Removal Charges  |
| Resided in the State (Months) (Years) (Months)   | Procuring Burial Permit  |
| Place of Death Mtalegn: Arshual  | Procuring Burial Permit. (State Number and District)  Certif. Copiesof Death Certificates No. (State Physician's Cornect's)  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death   | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax  |
|  | Cremation  |
| Certifying Physician Alle Susumon  | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address Loeurum (or Coroner)   | Opening of Grave or Tomb   |
| Name of Father. Elmen Sarrett  | Lining Grave, \$Lowering Device, \$  |
| His Birthplace   | Outlay for Shipping Charges  |
| Maiden Name of Mother. Jourse Holmes   | Clergyman,\$Singers,\$Organist,\$. Railroad \Tickets,\$Aero- or Motor \text{Tickets},\$  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Size of Casket. Sury State   | Personal Service.  |
| Manufactured by . A le Manufactured by      | line Death Notices in Papers   |
| Cemetery Crematory   | (Names of Newspapers)  |
|  |  |
| Lot No   | Sales Tax  |
| Grave No   | Total Footing of Bill \$ 4 > 9 2 5   |
| Block No.  | Less 5.9.0   |
|  | ( Balance) - 11 . \$ 407. 7.8.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance   | To Balance Forward   |
|  |  |
|  |  |
| " " \$ \$  |  |
|  |  |
| ······································   | ······································   |
| и и в  | " " \$ \$ \$   |
| Names of   | Insurance  |
| Names of Lodges.   | Insurance<br>Companies   |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                       | (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of % per annum. | the same within  |
|  | Signed   |
| Witness  | Address  |

| Total No.23.9.7  | Yearly No. 24               |                     | Data of The                                      |                                       | 200                            | v. 8                       |              | 195    | 4       |
|--|-----------------------------|---------------------|--|---------------------------------------|--------------------------------|----------------------------|--------------|--------|---------|
| Name of Deceased Ken   | hert V Hol                  | Cove                | Date of En                                       | try                                   |                                |                            |              |        |         |
| Residence:   | w .                         |                     | Husband Wif                                      |                                       | wian                           | 410                        | owa          | 1      |         |
| Charge to . V wian Ho  | of all                      |                     | or   | ~                                     | ge of Hughand                  | or Wife (if livi           | ng)          | Yea    | -       |
| Address. 49.10. E 14Th   | of De Moure                 |                     | omplete Funera                                   |                                       | tlays)                         | J\$                        |              |        |         |
| Order given by   | (or informant)              | F                   | surial Vault or H                                | 30x                                   | te Kind)                       |                            |              |        |         |
| How Secured::  | ld Was TI                   | E                   | Imbalming Body                                   | (Name                                 | of Embalmer)                   |                            |              |        |         |
| Occupation Fulling Stan  | lion shorter                | I                   | Pressing Rody \$                                 | IIan                                  | Underweer                      | s                          |              |        |         |
| Employer and Address   | (Social Security N          | umber)              | uit or Dress                                     | · · · · · · · · · · · · · · · · · · · | and Colon                      |                            |              |        | ***     |
| Date of Death La 4   | 15-4                        | T                   | lippers, \$<br>olding Chairs, \$                 |                                       |                                |                            |              |        |         |
| Date of Birth  | ate)                        | Hour) (             | Candelabrum, \$.                                 |                                       | ndles, \$                      |                            |              |        |         |
| 70   |                             | I                   | Door Spray, \$ . :<br>Funeral Car, \$            |                                       | oves, \$<br>oulance, \$ .      |                            |              |        |         |
| Date of Funeral.   | (Months) (Days)             | ) [                 | Limousines to C<br>Extra Limousine               | emetery                               | @\$                            |                            |              |        |         |
| Services at: (1)   | Day of Week) (Ho            | ur) I               | Autos to R. R. S                                 | tation                                | @\$                            |                            |              |        |         |
| Clergyman: Wilten Pial   | la Robt Farulia             | ····· (             | Getting Remains<br>Faking Remains                |                                       |                                |                            |              |        |         |
| Religion of the Deceased. A.                                   | P. D. S (Address)           | THE PERSON NAMED IN | Trip to Coroner'                                 | s Inquest .                           |                                |                            |              |        |         |
| Birthplace   |                             |                     | Delivering Box to<br>Deliver Flowers             |                                       |                                |                            |              |        |         |
| and the second second  |                             | 1                   | Removal Charge                                   | S                                     |                                |                            |              |        |         |
|  | City or County) (Years)     | Months)             | Certif.Copies                                    | of Death Ce                           | te Number and<br>rtificatesN   | District)                  |              |        |         |
| Cause of Death: Sun &  | that would                  | 1                   | Procuring Burial —Certif.Copies Pall Bearer Serv | ice, \$ U                             | Physician's or C<br>se of Chap | el,\$                      |              |        |         |
| Contributory Causes  |                             |                     | Gross Total for                                  | Sales Tax                             |                                |                            | B            |        |         |
| Contributory Causes  |                             |                     | Outlay for Lot:<br>Cremation                     |                                       |                                |                            |              |        |         |
| Certifying Physician   |                             |                     | Flowers, \$<br>Rental of Tent, \$                | Palms, \$ : :                         | : :: Mattin                    | g, \$<br>ult. \$           |              |        |         |
| His Address  | (or Coroner)                |                     | Opening of Grav                                  | e or Tomb                             |                                |                            |              | 200    |         |
| Name of Father. L. Court                                       | d Halloway                  | one by the          | Lining Grave, \$<br>Outlay for Shipp             | ing Charge                            | 9 /                            |                            |              |        | × · · · |
| His Birthplace   |                             |                     | Clergyman,\$<br>Railroad<br>or Motor Tickets     | Singers,\$                            | Aero- Com                      | ist,\$                     |              | 3      | ·       |
| Maiden Name of Mother  |                             |                     | Telegr., Phone, (                                | Cable or Rac                          | dio Charge                     | S                          |              |        |         |
| Her Birthplace   |                             |                     | Cash Advanced                                    | dowtolron's C                         | harmer                         |                            |              |        |         |
| Motor Remains to   |                             |                     | Personal Service                                 | . Mse. a                              | 1. Hear                        | il etc                     |              | 00     | Ò       |
| Size of Casket   | tate Color and Number)      | · · · · · ·         | line Death                                       |                                       |                                |                            |              | :::::  |         |
| Manufactured by  |                             |                     |  |                                       |                                |                            |              |        |         |
| Cemetery & Rose A  |                             |                     |  |                                       |                                | <br>                       |              |        |         |
| -  | Lot No/                     |                     | Sales Tax  |                                       |                                |                            | -            | 4 0    |         |
| 200 /2   | Section No                  |                     | Total Footing o                                  | f Bill                                |                                |                            | \$           | 0.00   |         |
| 30/2   | Block No                    |                     | Less   | Rala                                  | nce                            |                            | 8            |        |         |
| Diagram of Lot or Vault  | Owner                       |                     | Entered into Le                                  |                                       |                                | low.                       |              |        |         |
| Date Date  | Amount Paid                 | Balance             | Date   |                                       |                                | Amount 1                   | Paid         | Balan  | 108     |
| To Above Balance   | ss.                         |                     |  | To Balance I                          | orward                         |                            | \$           |        |         |
| By Payment   | \$\$                        |                     |  | By Payment                            |                                | \$                         | \$           |        |         |
| attorny "  | \$ \$                       |                     |  | a 4                                   |                                | \$                         | \$           |        |         |
| James Lorente  | Bolg                        |                     |  |                                       |                                | \$                         | \$           |        |         |
| De 11  | \$\$                        |                     |  | a a                                   |                                | \$                         | \$           |        |         |
|  | \$\$                        |                     |  | и п                                   |                                | \$                         | \$           |        |         |
|  | \$ \$                       |                     |  | Insurance                             |                                | <b>3</b>                   | \$           |        |         |
| Insurance \$   | Names ofLodges              |                     |  | Insurance<br>Companies                |                                | ,                          |              |        |         |
|  | T Lougher vonregent the     | at I have su        | moient resources Le                              | gany avanable                         | (Firm I                        | Name of Fune<br>m date. It | ral Director | acerue | from    |
| for the payment of aforesaid sum, a<br>maturity at the rate of | and I hereby covenant and a | tree to bay         | one punto manner.                                |                                       |                                |                            |              |        |         |
|  |                             |                     | Address  |                                       |                                |                            |              |        |         |
| Witness  | Compli                      | ed by F. J. F       | EINEMAN St. Louis, l                             | Mo.                                   |                                |                            |              |        |         |

|  | 0   |
|--|---|
| Total No. 23.98 Yearly No. 25  | . Date of Entry. Dec 29 19.54   |
| Name of Deceased Deugl Annowl   Married   Single   Widowed   Divorce   |   |
| Residence: Lamoni Ja   | □Husband□Wife□Widow } Mull Mulled  or   |
| Charge to Mrs Hes Bass<br>Address Lamson Ja  | Complete Funeral (except outlays)   |
| Order given by Mus Heo Bass  | Casket Burial Vault or Box 25 25  |
| How Secured :  | Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)  |
| If Veteran, State War  | Barber, \$  |
| Occupation Rotolio Refunition 455 31-1917 (Social Security Number)   | Drossing Rody \$ Underwear, \$  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$  |
| Date of Death Det 37 1954 1. P.M.  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Death. Ult. 3.7 1954 / PM. Date of Birth. Ult. 16 1966 (Hour)  | Candelabrum, \$Candles, \$  |
| Age. (Yearp) (Months) (Days)   | Door Spray, \$  |
| Date of Funeral. Date of Funeral. Date of Funeral. Date of Funeral Date of Fun | Limousines to Cemetery @ \$   |
| Services at : R (Date) S Church (Hour)   | Autos to R. R. Station  |
| Clergyman Ledney Barrows   | Getting Remains from  |
| (Address)  | Trip to Coroner's Inquest   |
| Religion of the Deceased   | Delivering Box to Deliver Flowers to  |
| Birthplace   | Removal Charges   |
| Resided in the State   | Procuring Burial Permit.  (State Number and District)   |
| Place of Death. Lancon In. Cause of Death. Cerebral Homorhage  | Procuring Burial Permit.  (State Number and District)  Certif. Copies of Death Certificates No.  (State Physician or Coccust*)  Pall Bearer Service, \$\(^{\text{Number and District}}\)  (Dispect Of Diapel, \$\(^{\text{Number and District}}\) |
| Cause of Death. Crebted Attitude   | Gross Total for Sales Tax\$ 31900.  |
| Contributory Causes Linketia   | Outlay for Lot.<br>Cremation  |
| Certifying Physician 900 Sumusur   | Flowers, \$Palms, \$Matting, \$   |
| His Address Lammi (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |
| Name of Father. Seo. Bass  | Lining Grave, \$Lowering Device, \$   |
| His Birthplace   | Outlay for Shipping Charges.  Clergyman,\$Singers,\$Organist.\$.  |
| Maiden Name of Mother Lauren Bass  | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$plane Service,\$  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges  |
| Motor   Remains to   | Out of town Undertaker's Charges  |
| - I en xinen   | Personal Service.   |
| (State Color and Number)   | line Death Notices in Papers  |
| Manufactured by  | (Names of Newspapers)   |
| Lot No 1433  |   |
| Grave No3  | Sales Tax 3/9   |
| Section No   | Total Footing of Bill   |
| Block No   | Polin fallace Jon 7/55 \$ 3.06 0.8.   |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance  |
|  | To Balance Forward  |
| By Payment \$ \$   |   |
|  |   |
| \$   | ······································  |
| # # #\$\$  |   |
| и и в в в  |   |
| в \$ \$  |   |
| Insurance \$ Names of Lodges   | Insurance<br>   |
| I hereby authorize the above Funeral, and I hereby represent that I have so  | ufficient resources Legally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   |   |
| maturity at the rate of% per annum.  | Signed  |
| Witness  | Address   |
| Compiled by F. J. 9  | PRINEMAN, St. Louis, Mo.  |

| Total No. 93.99. Yearly No. /  | Date of Entry lan 5 1958   |  |  |
|--|--|--|--|
| Name of Deceased Sybilia Zenor w   |  |  |  |
| Residence: James James Divor   | ced (What Race)  ☐Husband□Wife□Widow}  |  |  |
| Charge to:   | orof   Age of Husband or Wife (if living)  |  |  |
| Address  | Complete Funeral (except outlays)\$  |  |  |
| Order given by   | Casket.  |  |  |
| How Secured:   | Burial Vault or Box (State Kind)   |  |  |
| If Veteran, State War  | Embalming Body (State Kind) (Name of Embalmes) (Barber, \$ Hair Dressing, \$   |  |  |
| a method of the state of the st | Dressing Rody \$ Underwear \$  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$  |  |  |
| Date of Death, June 3 /53  | Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth (Bate) (Hour)  | Candelabrum, \$Candles, \$   |  |  |
| Age 96   | Funeral Car, \$Ambulance, \$   |  |  |
| Date of Funeral 15/5 (Months) (Days)   | Limousines to Cemetery@ \$   |  |  |
| Services at: : Charles (Day of Week) (Hour)  | Autos to R. R. Station @ Supering Remains from   |  |  |
| Clergyman: Rolf Farukau  | Taking Remains to  |  |  |
| Religion of the Deceased. R.L.D.L. (Address)   | Trip to Coroner's Inquest Delivering Box to Deliver Flowers to   |  |  |
| Birthplace   | Deliver Flowers to   |  |  |
| Resided in the State   | Removal Charges  |  |  |
| (or U.S. on City or County) (lears) (month   | (State Number and District)  Certif Conject Death Certificates No.   |  |  |
|  | Procuring Burial Permit.  —Certif.Copiesof Death Certificates No.  ——————————————————————————————————— |  |  |
| Cause of Death:  | Gross Total for Sales Tax\$  |  |  |
| Contributory Causes  | Outlay for Lot:  |  |  |
| a lie m  | Flowers & Palms S Watting S  |  |  |
| Certifying Physician (or Coroner)  | Rental of Tent, \$ of Temporary Vault \$ Opening of Grave or Tomb to a Meanant. 7.5 00   |  |  |
| His Address  | Lining Grave, \$Lowering Device, \$  |  |  |
| Name of Father   | Outlay for Shipping Charges.  Clergyman,\$Singers,\$Organist,\$  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |  |  |
| Maiden Name of Mother  | Telegr., Phone, Cable or Radio Charges   |  |  |
| Her Birthplace   | O I O I TT. Just lands Channes   |  |  |
|  | Personal Service - Charge to Charge to 25 00  line Death Notices in Papers   |  |  |
| Size of Casket (State Color and Number)  Manufactured by   | line Death Notices in Papers   |  |  |
| Cemetry  | (Names of Newspapers)  |  |  |
| Lot No. 778 \$ 77  | 7  |  |  |
| Grave No 4. 9 /  | Sales Tax Total Footing of Bill  |  |  |
| Section No   | Total Footing of Bill  |  |  |
| Block No   | Balance \$ 90 00   |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.   |  |  |
| Date Amount Paid Bala  | ance Date Amount Paid Balance  |  |  |
| To Above Balance\$   | To Balance Forward\$   |  |  |
| By Payment \$ \$   | By Payment \$ \$   |  |  |
| \$\$   | \$ \$  |  |  |
| * * \$ \$  |  |  |  |
| * *  | " " \$   |  |  |
| \$ \$  | a a \$ \$  |  |  |
| # # \$ \$  | « « » s  |  |  |
| Names of Lodges  | Insurance<br>Companies.  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I ha   | ave sufficient resources Legally available to(Firm Name of Funeral Directors)  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to   | pay the same within  |  |  |
| maturity at the rate of% per annum.  | Signed   |  |  |
| Witness  | Address  |  |  |

| Total No. 2 400 Yearly No. 2  | Date of Entry   |
|---|---|
| Name of Deceased Northwer A. He   | (What Race)   |
| Residence: Lamone Lo  | MHusband   Wife   Widow   Suth Loott or   |
| Charge to:  | Complete Funeral (except outlays)   |
| Address   |   |
| Order given by(orinformant)   | Casket Burial Vault or Box Auth Vault 150 60 Embalming Body (State Kind) Roylog \$ Hair Dressing, \$        |
| How Conved  | Embalming Body(Name of Embalmer)  |
| If Veteran, State War Wolf Wow 1  | Barber, \$ Hair Dressing, \$  |
| Occupation of eacher 481-20-7996  | Dressing Body, \$. Underwear, \$  |
| Employer and Address Lamon Public Schools   | Slinners \$ Hose, \$  |
| Date of Death. Jan. 8 1955 4:30ft   | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. Jan 11 1895 (Hour)   | Candelabrum, \$Candles, \$  |
| Age. 5.9. 11 2.7  | Funeral Car, \$ Ambulance, \$   |
|   | Limousines to Cemetery @ \$   |
| Date of Funeral (19/5-5 MAA. 2. M. M.   | Autos to R. R. Station @ \$   |
| Services at R & D & Church  | Getting Remains from  |
| Clergyman Roy Cheville of Harry Lorance (Address)   | Taking Remains to   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace Tuskeyo, Decalu County - Ja  | Deliver Flowers to  |
| Resided in the State. 11 42   | Procuring Burial Permit.  |
| Place of Death. Lamon   | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$ |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$   |
| Contributory Causes   | Gross Total for Sales Tax\$ 8.3.8.0.0.  |
| Contributory Causes   | Outlay for Lot.   |
| Certifying Physician E. L. Samet  | Flowers & Palms & Matting &   |
| His Address. (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |
| Name of Father. Edward Scott  | Lining Grave, \$Lowering Device, \$   |
|   | Outlay for Shipping Charges.  |
| His Birthplace.   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$                                 |
| Maiden Name of Mother Eva Banett  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace  | Cash Advanced   |
| Motor Remains to  | Personal Service.   |
| Size of Casket. Singe Wetal State   | line Death Notices in Papers  |
| Size of Casket. A Character (State Color and Number)  Manufactured by .: Fluid (State Color and Number)   | (Names of Newspapers)   |
| Crematory   | (Names of Newspapers)   |
| Lot No 1509   | Sales Tax   |
| Grave No  | Total Footing of Bill \$ 87.138   |
| Section No  | Less 5 7 0 8 96 38 8 44 32  |
| Block No  | Min feel Balance! 4/52 \$ 8.29 0.6.   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
|   | To Balance Forward. \$  |
|   |   |
|   |   |
| \$ \$   |   |
| ***************************************   |   |
|   |   |
| # # e e   |   |
| Names of Lodges.  | Insurance   |
| Insurance \$ Lodges   |   |
| I hereby authorize the above Funeral, and I hereby represent that I have so<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay | the same within (Firm Name of Funeral Directors.)   |
| maturity at the rate of% per annum.   | the same withindays from date. Interest to accrue from  |
| Witness   | Signed  |
| Compiled by F. J. F   | RINEMAN, St. Louis, Mo.   |

| Total No. 740/   | Yearly No                            |  | Date of  | Entry la   | n. 12.                  | 19.5-5           |
|--|--------------------------------------|--|--|--|-------------------------|------------------|
| Name of Deceased   | 11 2/10                              | ∬Divorced  |  |  | (What Race)             |                  |
| Residence: Suatry Care   | ty                                   | _ Director   | ☐Husband☐  | Wife□Widow}  |                         |                  |
| Charge to: Of A.   |                                      |  | The state of the s |  | nd or Wife (if living). | /CA CO           |
| Address  |                                      |  |  | eral (except outlays)  | <u>.</u> \$             | 13.0.            |
| Order given by   |                                      |  | Casket<br>Burial Vault o   | r Box(State Kind)  |                         |                  |
| How Secured:   | (or informant)                       |  | Embalming Bo   | ody (State Kind) (Name of Embalme  |                         |                  |
| If Veteran, State War . 24                                       |                                      | Contract Con | Barber, S  |  | , 0                     |                  |
| Occupation January   |                                      | THE PARTY  | Dressing Body<br>Suit or Dress.  | ,\$Underwe   | ear,\$                  |                  |
| Employer and Address   | (Social Secu                         |  |  | (State Kind and Colo<br>Hose, \$   | d)                      |                  |
| Date of Death, Jan 10  | 1955                                 |  | Folding Chairs   | , \$ Tarpaulin,  | \$                      |                  |
| Date of Birth. July 15 (D.                                       | 1547                                 | (Hour)   | Candelabrum,   | \$Candles, \$.<br>::Gloves, \$.  |                         |                  |
| Age. 87  | al (exh.)                            |  | Funeral Car, \$  | Ambulance,   | \$                      |                  |
| Date of Funeral  | Months) (Days)                       |  |  | Cemetery @ \$ .<br>nes   |                         |                  |
|  | Day of Week)                         | (Hour)   | Autos to R. R.   | Station @ \$.  |                         |                  |
| Services at Kape   | lut a                                |  |  | ins from   |                         |                  |
| Clergyman: . Chas Bal  | (Address)                            |  |  | er's Inquest   |                         |                  |
| Religion of the Deceased   |                                      |  |  | to   |                         |                  |
| Birthplace   |                                      |  | Removal Char   | s toges  |                         |                  |
| Resided in the State   | City or County) (Years               | ) (Months)   | Procuring Bur  | ial Permit   | and District)           |                  |
| Place of Death. July M. J.   | W Her                                |  | Certif.Copi  | ial Permit (State Number of State Number of State Physician's or rvice, \$ Use of Characteristics of | No                      |                  |
| Cause of Death:  |                                      |  | Pall Bearer Se   | rvice, \$ Use of Cha   | apel, \$                | 450 00           |
| Contributory Causes  |                                      |  | Outlay for Lo  | r Sales Taxt   |                         | 150 00           |
|  |                                      |  | Cremation  |  |                         |                  |
| Certifying Physician   | (or Coroner)                         |  |  | Palms, \$ Matt<br>, \$ of Temporary V  |                         |                  |
| His Address  | (or Coroner)                         | 1  | Opening of Gr  | ave or Tomb  |                         |                  |
| Name of Father Jolin M.  | elly                                 |  | Lining Grave,<br>Outlay for Shi  | \$Lowering Dev<br>pping Charges  | ice, \$                 |                  |
| His Birthplace   |                                      |  | Clergyman,\$.  | Singers,\$Orga<br>ts,\$Pane Ser  | nist,\$                 |                  |
| Maiden Name of Mother. Su.                                       | ra Hend                              | erson  | r Motor Ticket   | ts, \$ plane Ser<br>, Cable or Radio Charg   | vice,\$                 |                  |
| Her Birthplace   |                                      |  |  | d  | es                      |                  |
| Motor Remains to   |                                      |  | Out of town U  | ndertaker's Charges  |                         |                  |
| Size of Carlet Sunge   | eay.                                 |  |  | ce   |                         |                  |
| Manufactured by . Acternal                                       | terfolor and Number)                 |  | line Deatl   | Notices in Pap   | ers                     |                  |
| Cemetery Crematory   | U                                    |  |  | (Names of Newspapers)  |                         |                  |
|  | Lot No /.5.                          | 16   |  | ٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠   |                         |                  |
|  | Grave No                             |  |  | no Tay   |                         | 100              |
|  | Section No                           |  | Less   | of Bill  | \$                      | 1.3.0.           |
| A 3 6 C S S S S S S S S S S S S S S S S S S                      | Block No                             |  | Less   | Balance  | \$                      |                  |
| Diagram of Lot or Vault  | Owner                                |  | Entered into I   | edger, page or b   | elow.                   |                  |
| Date   | Amount Paid                          | Balance  | Date   | 109 900 000 0000   | Amount Paid             | Balance          |
| To Above Balance.  |                                      |  | Tag Sale   | To Balance Forward   |                         | .                |
| By Payment   |                                      | 8  |  | By Payment   | 2                       | 9                |
| Died at home of  | Misselfred Ob<br>26 3 Logar<br>De NI | your   |  |  | \$                      | 8                |
|  | 26 83 Loga                           | 8-14   |  | . а а  | s                       | s                |
| * *  | sale MI                              | 8  |  | . a a  | \$                      | \$               |
|  | \$                                   | \$   |  | . " "  | \$                      | \$               |
| * *  | \$                                   | \$   |  |  | \$                      | \$               |
| manufact and   | Names of                             | 10   | 4  | Insurance  | \$                      | <u> \$</u>       |
|  | Names of<br>Lodges                   |  |  | Companies  |                         |                  |
| I hereby authorize the above Funeral,                            |                                      |  |  | (Firm  | Name of Funeral Dir     | ectors.)         |
| for the payment of aforesaid sum, and<br>maturity at the rate of |                                      | u agree to pay t   | he same within<br>Signed.  | days fro   | om date. Interes        | t to accrue from |

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

| RECORD C   |  |
|--|--|
| Total No. 2402 Yearly No. 4  | Date of Entry Jan. 2.3   |
| Name of Deceased Estella a Hol   | Coway  |
| Residence: Haves Co. Mo.   | Husband Wile Widow)  |
| Charge to: Osson Holloway  | orof ) Age of Husband or wife it inving. Ye  |
| Address. Engliable, Mis.   | Complete Funeral (except outlays)  |
|  | Casket.  Burial Vault or Box Assutton Vault 125 cc   |
| Order given by Anne (orinformant)  How Secured:                              | Embalming Body (Name of Embalmer)  |
| TAXILL OLL TY UD   | Barber, \$   |
| · harristando ume  | Dressing Body, \$  |
| Employer and Address   | Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$   |
| Date of Death Jan 20 /55   | Folding Chairs, S Tarpaulin, \$  |
| Date of Birth Quy 18 1879 (Hour)   | Candelabrum, \$. Candles, \$. Door Spray, \$. Gloves, \$.  |
| Age  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$   |
| Date of Funeral 1/23/5-5 Months (Days) 2/9 M.                                | Extra Limousines   |
| Services at .: Love Rock Church (Hour)                                       | Autos to R. R. Station @ \$  |
| Clergyman Lemand Halloway  | Taking Remains to  |
| Religion of the Deceased   | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace Deckerque, Ja   | Deliver Flowers to   |
| Resided in the State 40 900 (Years) (Months)                                 | Removal Charges. Procuring Burial Permit. Certif. Copiesof Death (State Number and District) Certif. Copiesof Death Certificates No. |
| Place of Death. Ature (Months)   | Certif.Copiesof Death CertificatesNo   |
| Cause of Death   | Tall Dearer Dervice, p Ose of Onaper, p  |
| Contributory Causes.   | Gross Total for Sales Tax. \$ 490.0  |
|  | Cremation  |
| Certifying Physician. La Markall- Coroner                                    | Flowers, \$Palms, \$Matting, \$<br>Rental of Tent, \$of Temporary Vault, \$  |
| His Address Buthary Mp.  | Opening of Grave or Tomb   |
| Name of Father.  | Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.  |
| His Birthplace.  | Clergyman,\$Singers,\$Organist,\$<br>Railroad or Motor Tickets, \$Palare Service,\$  |
| Maiden Name of Mother Eliza author   | or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Out of town Undertaker's Charges.  |
| Size of Casket. Get - /> euch with the Color and Number)                     |  |
| Manufactured by Affect Color and Number Cemetery Cometery Payoul (Love Rock) | line Death Notices in Papers   |
|  | (Names of Newspapers)  |
| Lot No   | Sales Tax  |
| Section No.  | Total Footing of Bill  |
| Block No.  | Less   |
| Diagram of Lot or Vault Owner  | Balance\$  |
| Date Amount Paid Balance   | Entered into Ledger, page or below.  |
| To Above Balance \$49.4 40   | Amount Paid Balance  |
| au 29/5 By Payment \$ 5000 8444 91   | A Datance Forward\$\$  |
| \$ 10 00 \$ 434 90   |  |
|  |  |
|  |  |
| \$\$   |  |
| # # S  |  |
| Insurance \$ Names of Lodges.  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have su  | Insurance Companies.   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay     | the same within  |

Signed.....

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

| Total No. 2403 Yearly No. 5   | Date of Entry Jan 25 1955  |
|---|--|
| Name of Deceased And A Juston   | (What Race)  |
| Residence: Lamon Ja   | UHusband Wife Widow or. of Age of Husband or Wife (if living)  |
| Charge to: Skilden  | 760 00   |
| Address   | Complete Funeral (except outlays)  |
| Order given by Mas Willand Cleu   | Burial Vault or Box  |
| How Secured:  | Embalming Body(State Kind)   |
| If Veteran, State War   | Barber, \$   |
| Occupation Housewife Rouse (Social Security Number)   | Dressing Body, \$  |
| Employer and Address  | Slippers, \$   |
| Date of Death. Jan 7 1455 18M (Hour)  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth July 16 1865 (Hour)   | Candelabrum, \$  |
| Age 089'  | Door Spray, \$   |
| Date of Funeral. 127 5 (Months) (Days) P. M.  | Limousines to Cemetery @ \$  |
| Services at :: R 2 10 & Church (Hour)   | Autos to R. R. Station @ \$  |
| Clergyman: Lung Haward (Address)  | Getting Remains from   |
| Religion of the Deceased  | Trip to Coroner's Inquest  |
| Birthplace Micheyou   | Delivering Box to  |
|   | Pamoval Charges  |
| Resided in the State (or U.S. or City or County) (Years) (Months)   | Procuring Burial Permit. (State Number and District) Certif.Copiesof Death Certificates No. (State Physician's or Coroner's) |
| Place of Death. 2 amount 2a   | Certif. Copiesof Death Certificates No.  (State Physician's or Coroner's)  Pall Bearer Service, \$ Use of Chapel, \$         |
| Cause of Death. Branche Pullmonites   | Gross Total for Sales Tax. \$ 405 00   |
| Contributory Causes. Calbal fluer hage:   | Outlay for Lot:  |
| Certifying Physician. Ils Sauuet  | Flowers, \$ Palms, \$  |
|   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb   |
| His Address   | Lining Grave, \$Lowering Device, \$  |
| Name of Father John Heury Cave  | Outlay for Shipping Charges.   |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$Plane Service,\$  |
| Maiden Name of Mother Jucunda Sheffield.  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Cash Advanced  |
| Motor Ship Remains to   | Personal Service   |
| Size of Casket /3 Oct. Sear   | line Death Notices in Papers   |
| Manufactured by Delected state of Commentary Ruse Hell  | (Names of Newspapers)  |
|   | (transcription)  |
| Lot No 3.4<br>Grave No 3  | Sales Tax 4 05   |
| Section No.   | Total Footing of Bill  |
| Block No.   | Less 5/0 ly teb 5  |
|   | Entered into Ledger, page or below.  |
| Date Amount Paid Balance  |  |
|   |  |
| Day 38 By Payment Jan \$219 -0 \$1974   |  |
| Tel 2 " " feb \$150 90 \$ 44 4  |  |
| " " Pel in shull s  | " " s s  |
| " " " \$  |  |
| a a \$ \$   |  |
|   |  |
|   |  |
| Names of Lodges   | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s                                      |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | the same withindays from date. Interest to accrue from   |
|   | Signed   |
| Witness   | PEINEMAN St. Louis, Mo.  |

| RECORD | OF | FUNERAL |
|--------|----|---------|
| RECURD | O1 | 10      |

| 276                  | I                         | RECOF                                  | RD O             |                             | INER                 | -HI  | b 2                  |              |          |
|----------------------|---------------------------|--|------------------|-----------------------------|----------------------|--|----------------------|--------------|----------|
| Total No. 2 4        | 10.4. Y                   | early No6.                             |                  | Date                        | of Entry             |  | P <del> </del>       | 1            | 37.1-    |
| Name of Dec          | reased Blo                | ssom.                                  | Z Co             | ndit.                       |                      |  | (What Race           |              |          |
|                      | Married   Single          | ☐ Widowed                              | ☐ Divorced       | Husbs                       | d Wite Wide          | Ago of Husba   | nd or Wile (if livin |              |          |
| Charge to F          | red Condit                |  | Г                | 07                          |                      | + autlorg)   | s                    | .365         | Years    |
| Address              |                           |  |                  | Complete F                  | uneral (exc          | ept outlays)   | -                    |              |          |
| Order given b        | NV                        |  |                  | Casket<br>Burial Vaul       | t or Box             | (State Kind)   | ox                   | 35           | 0.4      |
| How Secured          | (orini                    | formant)                               |                  | Embalming                   | Body                 |  |                      |              |          |
|                      | ate War                   |  |                  |                             |                      |  |                      |              |          |
| Occupation A         | ousewife                  | 485-30                                 |                  | Dressing Be<br>Suit or Dres | ody, \$              | Onder we   | ш, ф                 |              |          |
| Employer and         | l Address                 | (Social Secur                          |                  | au                          |                      | State Kind and Colo Hose, \$   |                      |              |          |
| Date of Death        | Jan. 31 195               | -5                                     |                  |                             |                      |  |                      |              |          |
| Date of Birth        | Dec 1 18                  | 75                                     |                  |                             |                      | Candles, \$Gloves, \$  |                      |              |          |
| Age                  | 59                        |  |                  |                             |                      |  | \$                   |              |          |
| Date of Funer        | (Years) / (Monti          | (Days)                                 | 2 P              | Partuo Limo                 | mgineg               | ry@\$.<br>@\$.   |                      |              |          |
| Date of Funer        | R. Z. Day                 | ( Work)                                | (Hour)           | Autos to R                  | R. Station           | @ \$ .   |                      |              |          |
| Services at .:4      | I sleager-K               | torold Con                             | a did            | Taleing Day                 | naine to             |  |                      |              |          |
| Clergyman . &        | e Deceased . R. Z.        | DS (Address)                           |                  | Trip to Cor                 | oner's Inqu          | est  |                      |              |          |
| Religion of th       | Missauri                  | ······································ |                  | Delivering .<br>Deliver Flo | Box to<br>wers to    |  |                      |              |          |
|                      |                           |  |                  | Removal C                   | harges               |  |                      |              |          |
| Resided in the       |                           | or County (Years                       | ) (Months)       | Procuring 1                 | Surial Perm          | it. (State Number of the Certificates (State Physician's of Charles of Charle | and District)        |              |          |
| Place of Deatl       | h. Jut an - A             |  |                  | Certii.C                    | Sarrica \$           | (State Physician's or  | Coroner's)           |              |          |
| Cause of Deat        | in Cerebral He            | wornage                                |                  |                             |                      | 'ax  |                      | 390          | 00       |
| Contributory         | Causes A. Ther            | leuum                                  |                  | Outlay for                  | Lot                  |  |                      |              |          |
|                      | 0/000                     |  |                  |                             |                      | \$Matt   | ing. \$              |              |          |
| Certifying Ph        | ysician. S.W. A.          | Coroner)                               |                  | Rental of T                 | ent, \$ o            | f Temporary V  | ault,\$              |              |          |
| His Address.         |                           | ,                                      |                  | Opening of<br>Lining Gray   | Grave or T           | omb<br>Lowering Dev  | ice \$               |              |          |
| Name of Fath         | er. D.C. W.A.             | <i>w</i>                               |                  | Outlay for                  | Shipping Cl          | narges   |                      |              |          |
| His Birthplace       | e                         | n n                                    |                  | Clergyman,<br>Railroad \m:  | \$Sing               | ers,\$Orga<br>Aero-Ser   | nist,\$              |              |          |
| Maiden Name          | e of Mother Anna          | D. 13/2                                |                  | Telegr., Pho                | one. Cable o         | r Radio Charo  | Vice, \$             |              |          |
| Her Birthplac        |                           |  |                  | Cash Adva                   | nced                 |  |                      |              |          |
| Motor<br>Ship Remain | ns to                     |  |                  | Personal Se                 | ı Undertakı<br>rvice | er's Charges   |                      |              |          |
| Size of Casket       | 4/3 Oct. 1                | lor-angl Number)                       |                  |                             |                      |  |                      |              |          |
| Manufactured         | by . aberia               | lay                                    |                  | line De                     | ath Notices          | inPap  | ers                  |              |          |
| Crematory            | Rose X                    |  |                  |                             | (Names of            | Newspapers)  |                      |              |          |
|                      |                           | No 758                                 |                  | Sales Tax .                 |                      |  |                      |              | 90       |
|                      |                           | ve No 4                                |                  | Total Footi                 |                      |  |                      | 393          | 90       |
|                      |                           | tion No                                |                  | Less                        | Stre for             | chin   | \$                   | 19           | 70       |
|                      |                           | ck No                                  |                  | Wal ar                      | Recen                | Balango / J  | 7                    | 374          | 20.      |
| Diagram of           | Lot or Vault OW           | ner                                    |                  | Entered int                 | o Ledger, p          | ageor b  | elow.                | 77           |          |
| Date                 |                           | Amount Paid                            | Balance          | Date                        | 12150                |  | Amount Pai           | i Bal        | ance     |
|                      | To Above Balance          |  | \$               |                             | To Bala              | nce Forward  |                      |              |          |
|                      | By Payment                | \$                                     | \$               |                             |                      | ment   | S                    | 8            |          |
|                      | a a                       | \$                                     | \$               |                             | «                    | <b>"</b>   | 3                    |              |          |
|                      | и и                       | \$                                     | \$               |                             | "                    | «  | \$                   |              |          |
|                      | a a                       | \$                                     | \$               |                             | "                    | «  | \$                   |              |          |
|                      | * *                       | \$                                     | \$               |                             | a                    | "  | \$                   |              |          |
|                      | a a                       | \$                                     | \$               |                             | 4                    | " ········   | \$                   | . \$         |          |
| Insurance\$          | Nan<br>Lod                | nes of<br>ges                          |                  |                             | Insuranc<br>Compani  | e  | s                    | .   \$       | التعديد. |
| I hereby authoriz    | ze the above Funeral, and | hereby represent                       | that I have suff | ficient resource            |                      | es   |                      |              |          |
| for the bayment      | or moresing sum, and I ne | teny covenant and                      | i agree to pay t | he same within              | gany avai            | (Firm  | Name of Funeral I    | Oirectors.)  | on from  |
| maturity at the      | rate of % pe              | r annum.                               |                  | Sim                         | od.                  |  | m date. Inter        | est to accru | Te House |

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

| THE ONE  | - Col 7 1055   |
|--|--|
| Total No. 2405 Yearly No 7   | Date of Entry  |
| Name of Deceased. Errest Elme &  | askins (What Rage) -   |
| Residence: Lauri Ia  | Husband Wife Widow Make Hashus or Widow & R. of Age of Husband or Wife (if living) Years                       |
| Charge to:   | 1 -0.100   |
| Address  | Complete Funeral (except outside)  |
| Order given by(orinformant)  | Burial Vault or Box (State Kind) 25 00   |
| How Secured:   | Embalming Body (Same of Embalmer) Barber, \$. Hair Dressing, \$.   |
| If Veteran, State War Leo  | Barber, \$   |
| Occupation farming World Social Security Number  | Dressing Body, \$. Underwear, \$. Suit or Dress (State Kind and Color)   |
| Employer and Address   | Suppers, \$  |
| Date of Death. Feb 5 1955 4AM  | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |
| Date of Birth. 1-2622 1874   | Door Spray, \$ :   |
| Age. So (Months) (Dave)  | Funeral Car, \$  |
| Date of Funeral. 2/7/55 Man. 2/2 M.  | Extra Limousines   |
| Services at : P. LO 5 glierch (Hour)   | Autos to R. R. Station   |
| Clergyman: Wilber Prall  | Taking Remains to  |
| Religion of the Deceased R L do 3 (Address)  | Trip to Coroner's Inquest  |
| Birthplace . Canada  | Deliver Flowers to   |
| Resided in the State (or It's S. or City, or County) (Years) (Months)  | Removal Charges.   |
| Place of Death Jaces Herry Home, Cethany   | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$ Use of Chapel, \$     |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes  | Gross Total for Sales Tax. \$ 421  |
| Collaboration, Collab | Connection   |
| Certifying Physician   | Flowers, \$ Palms, \$ Matting, \$  |
| His Address  | Flowers, \$  |
| Name of Father. Myssen Horskins  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges   |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |
| Maiden Name of Mother Neleu Scupson  | Clergyman,\$Singers,\$. Organist,\$Railroad; Tickets, \$plane Service,\$Telegr., Phone, Cable or Radio Charges |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to   | Out of town Undertaker's Charges   |
| Size of Casket Asia Cellar Mary  |  |
| Manufactured by  | line Death Notices inPapers  |
| Cemetery Crematory } Rose Heel   | (Names of Newspapers)  |
| Lot No   |  |
| Grave No   | Sales Tax Total Footing of Bill. \$ 450 2.1  |
| Section No   | Less 4 Team 4 h 5 2 1 6 8 2 4 2 6  |
| Block No   | Pd in full Balance 15 5 \$ 438 96  |
| Diagram of Lot or Vauit Owner  | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward \$  |
| By Payment   |  |
| * *  |  |
|  |  |
| " " \$ \$  |  |
| и и в в в  | a a s  |
| ж ж ж \$ \$  | и и \$ \$  |
| Names of Lodges.   | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have s   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | y the same within  |
| maturity at the rate of% per annum.  | Signed   |
| Witness  | Address  |
| Compiled by F. J.  | PEINEMAN St. Louis, Mo.  |

Total No. 2 4.0.6. Name of Deceased... Residence: Lauren Charge to: estate Address.... Order given by Mile. 9. -How Secured: .... If Veteran, State War . ... Occupation Produce & Employer and Address Date of Death . Test Date of Birth.... Date of Funeral. Services at. Check Clergyman . R.w. Religion of the Deceased..

Date

| RECORD C                            | F FUNERAL   |          |               |
|-------------------------------------|---|----------|---------------|
|                                     | - 10  | 1        | 955           |
| Yearly No                           | Date of Entry   |          |               |
| Mian Plarence (                     | Barrett (What Race)   |          |               |
| Single Widowed Divorced             |   |          |               |
| Ja.                                 | Husband Wife Widow Age of Husband or Wife (if living  | (3)      | Years         |
|                                     |   |          |               |
|                                     | Complete Funeral (except outlays)\$   | . 4/4.   |               |
|                                     | Contrat   |          |               |
| epildren                            | Casket Burial Vault or Box Chardin Vault  | . 1.2.0  | 00            |
| (or informant)                      | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$ Underwear \$   |          |               |
|                                     | (Name of Embainer)  |          |               |
| 9                                   | Dressing Body, \$   |          |               |
| leebe none                          | or the Dunger   | *****    | V . V . V . V |
| Mesculus Number)                    | Slippers, \$(State Kind and Color) Slippers, \$(Hose, \$  |          | -             |
| n garrier                           | Slippers, \$  |          |               |
| 1955 and The                        | Candles, \$ Candles, \$   |          |               |
| (Date) 895 (Hour)                   | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$  |          |               |
|                                     | Ambulance, p  |          |               |
| (Months) (Days) o                   | Limourings to Cemetery (4) \$   |          |               |
| Thurs & M. (Day of Week) (Hour)     | Entro Timongines  |          |               |
| (Day of Week) (Hour)                | Autos to R. R. Station @ \$   |          |               |
|                                     | Getting Remains from  |          |               |
| 'eld (Address)                      | Taking Remains to   |          |               |
| (Address)                           | Delivering Box to   |          |               |
|                                     | Deliver Florrors to   |          |               |
| ············                        | DI Changes  |          | Same          |
|                                     | Procuring Burial Permit.  (State Number and District)  (State Number and District)  (State Number and District)  (State Number and District)  (State Number and District) |          |               |
| or City or Coupty) (Years) (Months) | Cortif Copies of Death Certificates No.   |          |               |
| nees account                        | Certif.Copiesof Death CertificatesNo.  (State Physician's or Coroner's)  Pall Bearer Service, \$ Use of Chapel, \$  |          | 1000          |
| y Occlusion                         | Pall Bearer Service, \$ Use of Chaper, \$   | 700      | 0.0           |
| may delerosis                       | Gross Total for Sales Tax\$   | . 1.9.8. |               |
|                                     | Outlay for Lot  |          |               |
| D. I a series                       | Cremation   |          |               |
| W To anderson                       | riowers, D raims, D. : Matung, D  |          |               |

| Birthplace Missouri  | Deliver Flowers to   |         |     |
|--|--|---------|-----|
|  | Procuring Burial Permit.   |         |     |
| Resided in the State. (or U.S. or City or Coupty) (Years) (Months) Place of Death. Must, Mean Lauren | Procuring Burial Permit. (State Number and District)  —Certif. Copies of Death Certificates No. (State Physician's or Occupate)  Pall Bearer Service, \$ Use of Chapel, \$ |         |     |
| Cause of Death Caronary Occlusion Contributory Causes. Coronary Solvasion                            | Pall Bearer Service, \$ Use of Chapel, \$  |         |     |
| and the Comment of clarage   | Gross Total for Sales Tax\$ Outlay for Lot   |         |     |
|  | Cremation  |         |     |
| Certifying Physician & & Samel cowner  | Flowers, \$Palms, \$Matting, \$  |         |     |
| (or Coroner)   | Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb . A. Marchall .   | 2,5     | 00  |
| His Address.  Name of Father. Abraham Barrutt  | Lining Grave, \$Lowering Device, \$  |         |     |
|  | Outlay for Shipping Charges  |         |     |
| His Birthplace   | Railroad Tickets, \$ Aero- Service,\$  |         |     |
| Maiden Name of Mother. Elima   | Telegr., Phone, Cable or Radio Charges.  | ,       | .,, |
| Her Birthplace   | Out of town Undertaker's Charges.  | 6       | 16  |
| Motor Remains to   | Personal Service   |         |     |
| Size of Casket 6/4 green world   | line Dooth William in D  |         |     |
| 35 - we should her of ellering   | line Death Notices in Papers   |         |     |
| Crematory  | (Names of Newspapers)  |         |     |
| Lot No. 1403   | Sales Tax  |         | 98  |
| Grave No   | Total Footing of Dill  | 837     | 09  |
| Section No   | TASS 5 1/2 MIROS 22 DV Feb 20 40,50  | 140     | 50  |
| Block No   | Od in full F Balance 153 e   | 796     | 79  |
| Owner  | Ta   | 1.1.1.0 | 100 |

| <br>                             |       |           |                               | Amount Faid | Danimo |
|----------------------------------|-------|-----------|-------------------------------|-------------|--------|
| <br>To Above Balance  By Payment | \$    | \$<br>\$. | To Balance Forward By Payment |             | \$     |
| <br>" "                          | \$    | \$        | <br>a a                       | \$<br>e     | \$     |
| <br># #                          | \$    | \$        | <br>« «                       | \$          | 8      |
| <br>u u                          | \$    | \$        | <br>« « ·······               | \$          | \$     |
| <br>а а                          | gg    | \$        | <br>« « ·······               | \$          | \$     |
| <br>а а                          | \$    | 8         | <br>a a                       | \$          | \$     |
| Nam                              | es of |           | *                             | \$          | \$     |

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

Amount Paid

Signed....

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

| Total No. 240.7 Yea  | rly No9            |               | Date                        | of Entry                                | Man  | ch i                 | Z1         | 95.5    |
|--|--------------------|---------------|-----------------------------|---|--|----------------------|------------|---------|
|  | y Eme              | man.          | Sca                         | et                                      |  | w.                   |            |         |
| Residence: Riley Twestif   | Widowed [          | Divorced      | □Hosban                     | :□Wife□Wido                             | w)   | (What Race)          |            |         |
| Charge to: Skeelis Lool  | Ringold.           | .94           |                             |   |  | d or Wife (if living |            | Years   |
| Address  |                    |               | Complete Fr                 | meral (exce                             | ept outlays)   | \$                   | .4.48.     | 00      |
| Order given by   |                    |               | Casket                      |   |  | Wasiet.              | /30        |         |
| How Secured:   | mant)              |               | Burial Vault                | or Box &                                | (State Kind)   |                      | . /22.     |         |
| If Veteran, State War200   |                    | ·····         | Barber \$                   | Body                                    | (Name of Embalmer<br>Hair Dressing,  | °s                   |            |         |
| Occupation Farming   | (Social Security 1 | , I           | Dressing Bo                 | dy, \$                                  | Underwe  | ar,\$                |            |         |
| Employer and Address   | (Social Security N | lumber)       | Suit or Dres                | 3                                       | State Kind and Color<br>Hose, \$   | ,                    |            |         |
|  | 1.9.5.5            | 9,30 AA       | olding Cha                  | irs, \$                                 | Hose, \$<br>Tarpaulin, \$  |                      |            |         |
| Date of Birth (Date)   | 1870               |               | Candelabrur                 | n, \$                                   | Candles, \$.   |                      |            |         |
| 1 85   |                    | 1             | Funeral Car                 | , \$                                    | Gloves, \$<br>.Ambulance, \$   |                      |            |         |
| (Years) (Months)   |                    | PMI           | Limousines                  | to Cemeter                              | ry@\$<br>@\$   |                      |            |         |
| (Date) (Day of W   | (eek) _ (Ho        | ur) 0 1       | Autos to R.                 | R. Station                              | @\$  |                      |            |         |
| Services at .: Rellection ,  |                    |               | Getting Rer                 |   |  |                      |            |         |
| Clergyman: Rw Mille  | (Address)          |               | Trip to Core                | ner's Inqu                              | est  |                      |            |         |
| Religion of the Deceased   |                    |               |                             |   |  |                      |            |         |
| Ditchplace   |                    |               | Removal Ch                  | arges                                   |  |                      |            |         |
| Resided in the State. (or U. S. or City or Place of Death Ruley Transfel   | County) . (Years)  | Months) I     | Procuring B                 | urial Perm                              | (State Number a  | nd District)         | ,          |         |
| Place of Death A Mey Thursday  | - Kriegora         | E             | Certif.Co                   | piesoi Dea                              | it(State Number a<br>th Certificates)<br>(State Physician's or<br>Use of Cha | Coroner's)           |            |         |
| Cause of Death. Circles He   | and arroy c        |               |                             |   | ax   |                      | 568        | 00      |
| Contributory Causes  |                    |               | Outlay for l                | ot                                      |  |                      |            |         |
| 9/116  |                    |               | Cremation.<br>Flowers, \$.  |   | \$:::::Matti   | ng. \$               |            |         |
| Certifying Physician Ill Seva  | proner)            | · · · · · I   | Rental of Te                | nt, \$ o                                | f Temporary V  | ault, \$             |            |         |
| His Address  | #                  | 1             | Opening of C<br>Lining Grav | e, \$                                   | omb<br>Lowering Devi   | ce, \$               |            |         |
| Name of Father James Ses   |                    | (             | Outlay for S                | hipping Cl                              | narges   |                      |            |         |
| His Birthplace   | to out             | F             | Railroad Tic                | kets. \$                                | ers,\$Organ  | rice.\$              |            |         |
| Maiden Name of Mother Marger   | y scan             |               | Telegr., Pho                | ne, Cable o                             | r Radio Charg  | es                   |            |         |
| Her Birthplace   |                    |               | Cash Advan                  | ced.::                                  | er's Charges   |                      |            |         |
| Motor Remains to . Kelletten   | State              |               |                             |   |  |                      |            |         |
| Size of Casket. 6/5 Asse Ceola<br>Manufactured by . E 5. 15. 16. 16.   | and Number)        |               | line De                     | th Notice                               | inPape   | org .                |            |         |
| Manufactured by  | · · · · · ·        |               |                             |   | Newspapers)  |                      |            |         |
| Cemetery Crematory   |                    |               |                             | (Names of                               |  |                      |            |         |
|  | 10                 |               | Sales Tax .                 |   |  |                      | 2          | 68.     |
| CALABLE ASTRONOMY SOLE IN COLUMN   | e No               |               | Total Footi                 |   |  | \$                   | 5.7.3      | 68      |
|  | n No               | 1             |                             |   | (on 17th   | \$                   | 28.        | 6.8     |
| Commence of the Late of the La | r                  |               | Polin                       | full                                    | Balance. 7. s<br>ageor b   | \$                   | 5.45.      | 0.0     |
| Diagram of Docor value   |                    |               |                             | Leager, p                               | ageor b  |                      | 1          |         |
|  | Amount Paid        | Balance       | Date                        |   |  | Amount Paid          | Ba         | lance   |
| To Above Balance   | \$                 |               |                             | 100000000000000000000000000000000000000 | nce Forward  |                      | \$         |         |
| g a g  |                    |               |                             | By Pay                                  | ment   | \$<br>e              | \$         |         |
|  | ss                 |               |                             | «                                       | «  | \$                   | \$         |         |
|  | \$                 |               |                             | и                                       | α  | \$                   | \$         |         |
|  | \$                 |               |                             | п                                       | "  | \$                   | \$         |         |
|  | \$                 |               |                             | «                                       | «  | \$                   | \$         |         |
|  | s                  |               | <u></u>                     | #                                       | *  | \$                   |            | ,       |
| Insurance \$Lodge  | 8                  |               |                             | InsuranceCompan                         | ies  |                      |            |         |
| I hereby authorize the above Funeral, and I h  |                    |               |                             |   |  | Name of Funeral D    | irectors.) |         |
| for the payment of aforesaid sum, and I here<br>maturity at the rate of % per a  |                    | ree to pay th | ne same withir              | ad                                      | days fro   | m date. Intere       | st to acc  | ue from |

Address.....

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

| Total No. 2. 4. 8 Yearly No   | THE CLARY W   |
|---|---|
| Name of Deceased  | (What Race)   |
| Residence: Zononi   | Huaband Wife Widow Age of Huaband or Wife (if living)  Years  |
| Charge to:  | orof ) Age of Husband of who it aving. Years  |
| Address   | Complete Funeral (except outlays)   |
| 0-1   | Casket. Burial Vault or Box (State Kind)  |
| (or informant)  | Burial Vault or Box (State Kind)  |
| How Secured::   | Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$  |
| If Veteran, State War   | Dressing Body, \$Underwear, \$  |
| Occupation Housewife (Social Security Number)   | Suit or Dress (State Kind and Color)  |
| Employer and Address  | Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$   |
| Date of Death. Was. 17/5-5 5 PM   | Candelabrum, \$ Candles, \$   |
| Date of Birth . July ! !!   | Door Spray, S Gloves, o   |
| Age. (Months) (Days)  | Funeral Car, \$   |
| Date of Funeral 3/20/57 Sun 2 P.M.  | Extra Limousines  |
| and R & DS Church   | Autos to R. R. Station  |
| Ciergyman Roy Cheville, Robt Farnham  | Taking Remains to   |
| Religion of the Deceased. L. & S. (Address)   | Trip to Coroner's Inquest   |
| Birthplace Michegan   | Deliver Flowers to  |
| Burthplace  | Removal Charges   |
| Resided in the State  | Costif Conject Dooth Costificates No.   |
| Place of Death. a em #058   | Procuring Burial Permit. (State Number and District)  —Certif.Copiesof Death Certificates No. (State Physiciats or Concourts)  Pall Bearer Service, \$ Use of Chappel, \$ |
| Cause of Death hours Coronary Acclusion   | Gross Total for Sales Tax. \$ 390 00  |
| Contributory Causes   | Outlay for Lot.   |
|   | Cremation   |
| Certifying Physician. & W Swarsa (or Coroner)   | Rental of Tent, \$ of Temporary Vault, \$   |
| His Address   | Opening of Grave or Tomb  |
| Name of Father Samuel V Bailty  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.   |
| His Rirthplace  | Clergyman,\$Singers,\$Organist,\$Railroad }Tickets,\$plane Service,\$   |
| Maiden Name of Mother Bara Jane Corlies   | or Motor Tickets, \$ plane Service,\$   |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges  |
| Motor Ship Remains to   | Out of town Undertaker's Charges  |
|   | Personal Service.   |
| Size of Casket(State Color and Number)  Manufactured by::   | line Death Notices inPapers   |
| Cemetry   | (Names of Newspapers)   |
| Lot No / 5 6 6  |   |
| Grave No. 3   | Sales Tax   |
| Section No.   | Total Footing of Bill   |
| Block No.   | Less 5 70 by Com 1 10 Was 6 19 70.  |
|   | Balance : 374 20  |
| Diagram of Lot of value   | Entered into Ledger, page or below.   |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
|   | To Balance Forward \$   |
|   |   |
| \$  |   |
|   |   |
|   |   |
| a a g   |   |
| " " S S   | ***************************************   |
| Names of Lodges.  | Transpage   |
|   | Insurance   |
| I hereby authorize the above Funeral, and I hereby represent that I have s                          |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of |   |
|   | Signed  |
| Witness   | Address   |

| Total No. 2. 4.09 Yearly No  | Date of Entry March 21 1955   |
|--|---|
| Name of Deceased. Lows Dwidowed Divorced   | (Mas Race).   |
| Residence: damam   | or  |
| Charge to: C. F. Lawis   | 1 201 00  |
| Address. Liagonal Order given by   | proced I unclui (Cacope outsidy 2) 1 1 1  |
| (or informant)   | Casket Burial Vault or Box Churche Vault   126 00   |
| How Secured:   | Embalming Body  |
| If Veteran, State War  | Barber, \$ Hair Dressing, \$  |
| Occupation Amseurfe und (Social Security Number)   | Dressing Body, \$   Underweap, \$   Suit or Dress   Challe Builton   14,50  |
| Date of Death. Maul 19 1455 3 PM   | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$  |
|  | Candelabrum, \$Candles, \$  |
| 4-4  | Door Spray, \$ : :  |
| Age. (Years) / (Months) (Days)   | Funeral Car, \$Ambulance, \$<br>Limousines to Cemetery@ \$  |
| Date of Funeral Mai 21/51 Min. 2 P. M. (Hour)  | Extra Limousines  |
| Services at: Walke   | Autos to R. R. Station @ \$   |
| Clergyman: Morton Colemands  | Taking Remains to   |
| Religion of the Deceased   | Trip to Coroner's Inquest  Delivering Box to  |
| Birthplace M. ussowi   | Deliver Flowers to  |
| 5 11 11 11 01 OL-1-  | Removal Charges   |
| Place of Death. A Lem Hornital (Months)  | Certif Conjesof Death Certificates No.  |
| Cause of Death Broncho Precumania  | Procuring Burial Permit. (State Number and District)  —Certif. Copiesof Death Certificates No. (State Papidians or Coroset's)  Pall Bearer Service, \$\frac{8}{2}\$. Use of Chaplel, \$\frac{8}{2}\$. |
| Contributory Causes Carmina of Lung  | Gross Total for Sales Tax\$ 3.3.5.50  |
| Contributory Causes.   | Outlay for Lot: Cremation   |
| Certifying Physician. MW Sevausa   | Flowers \$ Palms, \$ : : : : Matting, \$  |
|  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. 4.4 Marshall 2.5 00   |
| His Address he al sea  | Lining Grave, \$ Lowering Device, \$  |
| Name of Father. Millard Hedges   | Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$  |
| His Birthplace   | Railroad Tickets, \$. Aero-plane Service,\$.  |
| Maiden Name of Mother Mary Jane Black  | Telegr., Phone, Cable or Radio Charges  |
| Her Birthplace   | Cash Advanced   |
| Motor Remains to   | Personal Service  |
| Size of Casket Oet 1/2 Couch gray  | line Death Notices in Papers  |
| Size of Casket  Manufactured by Chinese Color and Number  Cemetery  Crematory  Reserved  Company   | (Names of Newspapers)   |
| Lot No. 684  |   |
| Lot No   | Sales Tax   |
| Section No.  | Total Footing of Bill   |
| Block No.  | Less 5/2 04 435 hadden \$ 27 09   |
|  | Entered into Ledger, page or below 8  |
| Diagram of Lot or Vauit Owner  |   |
|  | To Balance Forward\$  |
| To Above Balance\$\$   | By Payment \$. \$.  |
| By rayment.  | « « » ss.   |
| a a \$\$   | α α \$ \$   |
| \$\$   |   |
|  | \$ \$   |
| 4 4  |   |
|  | Transparae  |
| Insurance \$   | Insurance<br>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 payment of aforesaid sum, and I hereby covenant and agree to payment of the payment of aforesaid sum, and I hereby covenant and agree to payment of the payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of aforesaid sum, and I hereby covenant and agree to payment of a sum of the payment of the p | ay the same within  |

| Y H I D  | /-                         |   | 7. (   | Tiluday 4                               | apri                               | / /                   |            | 1955  |
|--|----------------------------|---|--|---|------------------------------------|-----------------------|------------|-------|
| Total No 24.10   | Yearly No!                 |   | Date of  | Latry                                   | /                                  | w                     |            |       |
| Name of Deceased   | orde a Widowed             | Divorced                                | nnu  | ?\                                      |                                    | (What Race)           |            |       |
| Residence: Comanche  | 2 - Ja                     |   | Husband  | Wife   Widow                            |                                    | ad or Wife (if living |            | Years |
| Charge to:   |                            |   |  |   |                                    | Pl. As Seal           | <b>U</b>   | rears |
| Address  |                            | (                                       | Complete Fun   | eral (except                            | outlays).                          | ingo.                 |            |       |
| Order given by   |                            |   | Casket<br>Burial Vault o   | r Roy                                   | tiling !                           | ault                  | 120        | 00    |
|  | (or informant)             | 1                                       | Embalming Be   | ndy                                     | (State Kind)                       |                       |            |       |
| If Veteran, State War  |                            | 1                                       | Rorher S   | На                                      | air Dressing                       | φ                     |            |       |
| Occupation   |                            | 1                                       | Dressing Body  | 7,\$                                    | Underwe                            | ar,\$                 |            |       |
| Employer and Address   | (Social Securi             |   | Suit or Dress.   |   | te Kind and Color                  | 9                     |            |       |
| D-1 ( D-1)   |                            |   | Slippers, \$<br>Folding Chair  | s. S                                    | Tarpaulin,                         |                       |            |       |
| C  | Date)                      | (Hour) (                                | Candelabrum.   | \$                                      | Candles, \$.                       |                       |            |       |
| Age7.0   |                            | 3 C C C C C C C C C C C C C C C C C C C | Door Spray, \$<br>Funeral Car, \$  | S A                                     | mbulance,                          | 3                     |            |       |
|  | (Months) (Days)            |   | Limousines to<br>Extra Limous  | Cemetery                                | @ \$                               |                       |            |       |
| Date of Funeral fin ! 5.5  | Day of Week)               | (Hour)                                  | Autos to R. R.   | . Station                               | @ \$                               |                       |            |       |
| Services at Charlet  | Wi-sul                     | (                                       | Getting Rema   | ins from                                |                                    |                       |            |       |
| Clergyman Maltu . 1  |                            |   | Faking Remai<br>Frip to Coron  | er's Inques                             | t                                  |                       |            |       |
| Religion of the Deceased   |                            | ]                                       | Delivering Bo  | x to                                    |                                    |                       |            |       |
| Birthplace   |                            | 1                                       | Deliver Flowe<br>Removal Char  | rges                                    |                                    |                       |            |       |
| Resided in the State   | or City or County) (Years) | (Months)                                | Procuring Bur<br>Certif.Cop<br>Pall Bearer Se  | ial Permit.                             | (State Number a                    | nd District)          |            |       |
| Place of Death. Q. all all   | ale sauari                 | run                                     | Certif.Cop   | iesof Death                             | Certificates<br>ate Physician's or | No                    |            |       |
| Cause of Death . Pulmo   | mary 1,10.                 |   | Pall Bearer Se<br>Gross Total fo   |   |                                    | ipel, \$              | 120        | 00    |
| Contributory Causes  |                            | (                                       | Outlay for Lo  | t                                       |                                    |                       |            |       |
|  |                            |   | Cremation<br>Flowers, \$   | Dolma &                                 | Motti                              | ng ¢                  |            |       |
| Certifying Physician   | (or Coroner)               |   | Rental of Tent   | t, \$ of T                              | emporary V                         | ault,\$               |            |       |
| His Address  |                            |   | Opening of Grave or Tomb   |   |                                    |                       | 00         |       |
| Name of Father   |                            |   | Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$ Railroad J Tickets, \$Aaro Service,\$ Telegr., Phone, Cable or Radio Charges. |   |                                    |                       |            |       |
| His Birthplace   |                            |   | Clergyman, \$.   | Singers                                 | Aero- Som                          | nist,\$               |            |       |
| Maiden Name of Mother  |                            |   | Telegr., Phone   | , Cable or I                            | Radio Charg                        | es                    |            |       |
| Her Birthplace   |                            |   | Cash Advance<br>Out of town U  | d                                       |                                    |                       |            |       |
| Motor Ship Remains to  |                            |   | Personal Servi   |   |                                    |                       | 30         | 00    |
| Size of Casket   | tate Color and Number)     |   | line Deat  |   |                                    |                       |            |       |
| Manufactured by  | , 5                        |   | Ine Deac   | (Names of Ne                            |                                    | ers                   |            |       |
| Crematory }  | se Acel                    |   |  | (Names of Ne                            | uspapers)                          |                       |            |       |
|  | Lot No 1436                |   | Sales Tax  | • |                                    |                       | 2          | 40    |
|  | Grave No?                  |   | Total Footing  | of Bill                                 |                                    | s                     | 17.7.      | 40    |
|  | Section No Block No        |   | Less   |   | Pot : Mari                         | 3\$                   |            |       |
|  | Owner                      |   |  | B                                       | alance                             | \$                    |            |       |
| Diagram of Lot or Vault  |                            |   | Entered into I   | Ledger, pag                             | eor b                              | elow.                 |            |       |
| Date   | Amount Paid                | Balance                                 | Date   | 100000                                  |                                    | Amount Paid           | l Ba       | lance |
| To Above Balance   |                            | \$                                      |  | 1 management                            | e Forward                          |                       | . \$       |       |
| By Payment   |                            | \$                                      |  | . By Payme                              | nt                                 | \$                    | . \$       |       |
|  | \\$                        |   | 1  |   |                                    | \$                    |            |       |
| и и  | 8                          | 3                                       |  |   |                                    | g                     | . 5        |       |
| ии   | \$                         | \$                                      |  |   |                                    | 8                     |            |       |
| " "  | \$                         | ş                                       |  | . " "                                   |                                    | \$                    | . \$       |       |
| и и  | s                          | \$                                      | <u></u>  |   |                                    | 8                     | . \$       |       |
| Insurance \$   | Names of                   |   |  | Insurance Companies.                    |                                    |                       |            |       |
| I hereby authorize the above Funera  | l, and I hereby represent  | that I have suff                        | icient resources L   | egally availab                          | le to                              | Name of Burns         | Manatara V |       |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Stra Name I Funeral Decisios) 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  |                            |   |  |   |                                    |                       |            |       |
|  |                            |   |  |   |                                    |                       |            |       |

| Total No. 24.11 Yearly No. 13  | Date of Entry April 8 1955   |  |  |
|--|--|--|--|
| Name of Deceased. Ida May Ko   | Mat Race)  |  |  |
| Residence: A amount Charge to: Chas, Koff.   | or of Age of Husband or Wife (if living)   |  |  |
| Address  | Complete Funeral (except outlays)\$ .559.06.                                     |  |  |
| Order given by   | Casket. Burial Vault or Box Coscon Vault (State Kind)                            |  |  |
| How Secured::  | Embelming Rody (State Kind)  |  |  |
| If Vateran, State, War Ko  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.                 |  |  |
| Occupation Housewife une   | Dressing Body, \$ Underwear, \$  |  |  |
| Employer and Address(Social Security Number)   | Suit or Dress. (State Kind and Color) Slippers, \$                               |  |  |
| Date of Death apr. 5 1955 12:30 P)   | Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth Man 5 18.78 (Hour)   | Candelabrum, \$  |  |  |
| Age  | Funeral Car, \$ Ambulance, \$  |  |  |
| (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |  |  |
|  | Autos to R. R. Station @ \$  |  |  |
| Services at: Buch  | Getting Remains from   |  |  |
| Clergyman: Welber Orall-Engen Tabor  | Taking Remains to  |  |  |
| Religion of the Deceased. R. L. D. S (Address)   | Delivering Box to  |  |  |
| Birthplace . Mistouri  | Deliver Flowers to   |  |  |
| Resided in the State . (or S. or City or County) (Years) (Months)  | Procuring Burial Permit. (State Number and District)                             |  |  |
| Place of Death. & amoui de.  | Cartif Conject Death Certificates No.  |  |  |
| Cause of Death licute Myscardial inforction  | Pall Bearer Service, \$ Use of Chaper, \$  |  |  |
| Contain town Courses   | Gross Total for Sales Tax\$ 7.09.0.9.  |  |  |
| arterio Schlerotic Heart desease.  | Outlay for Lot:  |  |  |
| Certifying Physician, Sew Swarpen  | Flowers, \$ Palms, \$ Matting, \$  |  |  |
| (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb Odd, Maudell 25 |  |  |
| His Address  | Lining Grave, \$Lowering Device, \$  |  |  |
|  | Outlay for Shipping Charges.   |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$      |  |  |
| Maiden Name of Mother Ann Stalam   | Telegr., Phone, Cable or Radio Charges   |  |  |
| Her Birthplace   | Cash Advanced  |  |  |
| Motor Remains to   | Personal Service   |  |  |
| Size of Casket/6. (State Color and Willings)   | line Death Notices inPapers  |  |  |
| Manufactured by Merce Hell Color and Minhory Cemetery Hell Crematory   | (Names of Newspapers)  |  |  |
| Crematory }  | (Aumes or rewspapers)  |  |  |
| Lot No 17.3.   | Sales Tax 7 69   |  |  |
| Grave No   | Total Footing of Bill \$ 7.4.1.0.9.  |  |  |
| Section No   | Less . 5 70 an 7/602   |  |  |
| Block No   | Puch Halance \$ 7.0.5 28.  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |  |
|  | To Balance Forward\$   |  |  |
| By Payment \$ \$   | By Payment \$ \$   |  |  |
|  | " " \$ \$  |  |  |
| 4 4  |  |  |  |
|  |  |  |  |
| # #\$  | * * \$   |  |  |
|  | u « \$ \$  |  |  |
| Names of   | Insurance<br>Companies.  |  |  |
| Names of Lodges.   |  |  |  |
| Insurance 5.  Thereby authorize the above Yuneral, and I hereby represent that I have sufficient resources Legally available to (Frm Name of Fences) Directors).  For the payment of aforesaid sum, and I hereby covenant and agrees 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 produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of aforesaid sum, and I hereby covenant and agree to produce the payment of a payment  | Signed   |  |  |
| manage as and the other transfer and the same and the sam |  |  |  |

| Total No. X4/V   | Yearly No!.              |                    | Date of 1                       | entry aki                            | il 17                  | 19.5-3  |
|--|--------------------------|--------------------|---------------------------------|--------------------------------------|------------------------|---------|
| Name of Deceased   | lorge T                  | horp               | ደ                               |                                      | (What Race)            |         |
| Residence Lamon  | ۸                        | Divorced           | Husband 1                       | Wile Widow   Martha                  | od or Wife (if living) | , Years |
| Charge to C. A. P.   |                          |                    |                                 | ral (except outlays)                 |                        | 150 00  |
| Address  |                          |                    | Caulant                         |                                      |                        |         |
| Order given by   | (or informant)           |                    | Burial Vault or                 | Box (State Kind)                     |                        |         |
| How Secured  |                          |                    | Embalming Bo                    | dy(Name of Embalme<br>Hair Dressing, |                        |         |
| If Veteran, State War  | 200                      |                    | Barber, \$                      | Hair Dressing,                       | \$                     |         |
| Occupation farmer  | eg )                     | ity Number)        | Dressing Body,<br>Suit or Dress | \$Underwe                            | ar, ə                  |         |
| Employer and Address   | (Social Securi           | ity Number)        | Slippers, \$                    | (State Kind and Color                | )                      |         |
| Date of Death. 2/12. 1958 12/15/4  |                          | 12:15/44           | Folding Chairs.                 | \$ Tarpaulin,                        | 3                      |         |
|  | 5 1859                   |                    | Candelabrum,                    | Candles, \$Gloves, \$                |                        |         |
| Age. 95  |                          |                    | Funeral Car, \$Ambulance, \$    |                                      |                        |         |
| (Years)  | (Mouths) Sein (Days)     |                    | Limousines to Cemetery          |                                      |                        |         |
| (Dato)   | (Day of Week)            | (Hour)             | Autos to R. R.                  | Station @ \$                         |                        |         |
| Services at Mape   | 1                        |                    |                                 | ns from                              |                        |         |
| Clergyman Morten Ede   |                          | pun                | Taking Remair                   | r's Inquest                          |                        |         |
| Religion of the Deceased .   | Z.Q. \$                  |                    | Delivering Box                  | to                                   |                        |         |
| Birthplace Engla   | end                      |                    | Deliver Flower<br>Removal Char  | s to                                 |                        |         |
| Resided in the State   |                          | (Months)           | Procuring Buri                  | al Permit                            |                        |         |
| Place of Death B. etc  | Cony, Mo.                |                    | Certif.Copie                    | al Permit                            | No                     |         |
| Cause of Death   | Day of the same          |                    | Pall Bearer Ser                 | vice, \$ Use of Cha                  | pel, \$                |         |
| Contributory Causes  |                          | 12 St. 19 Law      | Gross Total for                 | Sales Tax                            | \$                     |         |
| Contributory Gauses  |                          |                    | Outlay for Lot<br>Cremation     |                                      |                        |         |
| ~  |                          |                    | Flowers, \$                     | .Palms, \$ Matti                     | ng, \$                 |         |
| Certifying Physician   | (or Coroner)             |                    | Rental of Tent,                 | \$of Temporary V<br>ve or Tomb       | ault,\$                |         |
| His Address  |                          |                    | Lining Grave,                   | Lowering Devi                        | ce, \$                 |         |
| Name of Father Lave  | a groupe.                |                    | Outlay for Ship                 | ping Charges                         |                        |         |
| His Birthplace   |                          |                    | Railroad Ticket                 | Singers,\$Organ<br>s,\$Paro-Serv     | rice.\$                |         |
| Maiden Name of Mother. Hat Russur  |                          |                    | Telegr., Phone,                 | Cable or Radio Charge                | es                     |         |
| Her Birthplace   |                          |                    |                                 | dertaker's Charges                   |                        |         |
| Motor Remains to   |                          |                    | Personal Service                | e                                    |                        |         |
| Cino of Controt  | (State Color and Number) |                    |                                 |                                      |                        |         |
| Manufactured by A he   | machy.                   |                    | line Death                      | Notices in Pape                      | ers                    |         |
| Cemetery Crematory   |                          |                    |                                 | (Names of Newspapers)                |                        |         |
|  | Lot No 13.4              | .4                 |                                 |                                      |                        |         |
|  | Grave No                 |                    | Sales Tax                       | of Bill J. James 4. 5.               |                        | 150 00  |
|  | Section No               |                    | Less                            | Bull James .                         |                        | 7.9.0.  |
|  | Block No                 |                    | bill alus                       |                                      |                        |         |
| Diagram of Lot or Vault  | Owner                    |                    | Entered into L                  | edger, page or b                     | elow.                  |         |
| Date   | Amount Paid              | Balance            | Date                            |                                      | Amount Paid            | Balance |
| To Above Balan   | ce                       | \$                 |                                 | To Balance Forward                   |                        | \$      |
| By Payment   |                          | \$                 |                                 | By Payment                           | \$                     | \$      |
| * *  | \$                       | \$                 |                                 | α α                                  | \$                     | \$      |
| и и  |                          | \$                 |                                 | и и                                  | \$                     | \$      |
| " "  | \$                       | \$                 |                                 | * *                                  | \$                     | \$      |
|  | \$                       | \$                 |                                 |                                      | \$                     | \$      |
|  | \$                       | •                  |                                 |                                      | \$                     | \$      |
| minimum " "  | Names of                 | •                  | <u> </u>                        | Incurance                            | <b>3</b>               | \$      |
| Names of Insurance 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 more said sum, and I never covenant and agree to pay the same within  |                          |                    |                                 |                                      |                        |         |
| Digital  |                          |                    |                                 |                                      |                        |         |
| Witness  | Corr                     | pilled by F. J. FR | Address<br>INEMAN, St. Louis, 1 | do.                                  |                        |         |

| Total No. 2413 Yearly No. 15  | Date of Entry  |
|---|--|
| Name of Deceased. Jsaac Carli   | (What Race)  |
| Residence: Lamoni   | □Husband□Wife□Widow}   |
| Charge to: Chas Hyde  | or   |
| Address   | Complete Funeral (except outlays) \$ .3.7.6.   |
| Order given by(orinformant)   | Burial Vault or Box 25 00  |
| How Secured:  | Embalming Body(State Kind)   |
| If Veteran, State War 200   | Barber, \$   |
| Occupation painter & paper hanger None                                      | Dressing Body,\$Underwear,\$   |
| Employer and Address Auf Mufleyed   | Suit or Dress.  (State Kind and Coler)  Slippers, \$. Hose, \$.  |
| Date of Death Afr. 20. 1955 9 HM.   | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. 1164. 12 1857  | Candelabrum, \$  |
| Age97   | Funeral Car, \$Ambulance, \$   |
| Date of Funeral All 21/55 FM 2 M  | Limousines to Cemetery @ \$  |
| Date of Funeral (Date) (Day of Week) (Hour) M. Services at:::0. I 9 5 chief | Autos to R. R. Station   |
| Clergyman: Robert Farmhoun  | Getting Remains from   |
| Religion of the Deceased R. L. & Address)                                   | Trip to Coroner's Inquest  |
| Birthplace  | Delivering Box to  |
|   | Parassal Channes   |
| Resided in the State . 3.5 (or U.S. or City or County) (Years) (Months)     | Procuring Burial Permit (State Number and District)  Certif.Copiesof Death Certificates No. (State Physician's or Geroner's) |
| Place of Death. Zammi   | Certif. Copiesor Death Certificates No.  (State Physician's or Coronor's)  Pall Bearer Service, \$ Use of Chapel, \$         |
| Cause of Death Myrcardine Lecumposition                                     | Gross Total for Sales Tax. \$ 4.21.0.0   |
| Contributory Causes Levelity  | Outlay for Lot: Cremation  |
| Certifying Physician. E. E. Samet   | Flowers, \$ Palms, \$ Matting, \$  |
|   | Rental of Tent, \$ of Temporary Vault, \$  |
| His Address . Lamone Name of Father Islan Carlile                           | Lining Grave, \$Lowering Device, \$  |
| Number of Authority (1997)  | Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$   |
| His Birthplace.   | or Motor Tickets, \$ plane Service,\$  |
| Maiden Name of Mother   | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace  | Out of town Undertaker's Charges.  |
| Motor Remains to Size of Clasket 4/3. Oct 1/2 encel gray                    | Personal Service.  |
| Size of Casket / 3 . LVCI /> CMCCI / Company (State Color and Stumber)      | line Death Notices in Papers   |
| Manufactured by . Mattheway (State Cojer and Stumber)  Cemetery Rose Hill   | (Names of Newspapers)  |
| Grematory )   |  |
| Lot No  | Sales Tax  |
| Grave No  | Total Footing of Bill  |
|   | Less Que full africa 1/5   |
| Block No  | Balance  |
| Diagram of Lot of vault   |  |
| Date Amount Paid Balanc   |  |
| To Above Balance \$   | To Balance Forward \$  |
| By Payment \$ \$  | a a S S  |
|   | a a \$\$   |
| # # g   |  |
| # # \$ \$   |  |
| \$  |  |
|   | s s s s s s  |
| Names of Lodges   | Insurance<br>Companies   |
| I hereby outhorize the above Funeral, and I hereby represent that I have    | sufficient resources Legally available to (Firm Name of Funeral Directors.)  |
| for the payment of aforesaid sum, and I hereby covenant and agree to p      | ay the same within   |
| maturity at the rate of% per annum.   | Signed   |
| Witness   | Address  |

| Total No. 24/14 Yearly No. 16  | . Date of Entry  |  |  |
|--|--|--|--|
| Name of Deceased. I we De Long   |  |  |  |
| Residence: Lamon Jr  | Husband Wife Widow alongs De Long  |  |  |
| Charge to Jack Bucket  | or   |  |  |
| Address 1824 So 17th St Joseph He  | Complete Funeral (except outlays)\$ 396 06   |  |  |
| Order given by where   | Casket. Burial Vault or Box.   |  |  |
| How Secured:   | Embalming Body (State Kind)  Replace & (Name of Embalmer)  |  |  |
| If Veteran, State War 110  | Darber, \$ Hair Dressing, \$   |  |  |
| Occupation Mousewift Mone (Social Security Number)   | Dressing Rody \$ Underweer \$  |  |  |
| Employer and Address (Social Security Number)  | Suit or Dress  |  |  |
| Date of Death. May 25 1955 5P1   | Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth. Oct 27 (Date) 1873 (Hour)   | Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$  |  |  |
| Age. (Comp.) (Month) (Days) Date of Funeral. (System) (Days) (Week) Services at . (Hour)   | Funeral Car, \$Ambulance, \$   |  |  |
| Date of Funeral. Date   Charge   Date   Date | Limousines to Cemetery @ \$  |  |  |
| Services at . Chapel (Day of Week) (Hour)  |  |  |  |
| Clergyman Morton Edmunds.  | Getting Remains from   |  |  |
| Religion of the Deceased SS (Address)  | Trip to Coroner's Inquest  |  |  |
| Birthplace Selevis   | Delivering Box to  |  |  |
| Resided in the State.  | Removal Charges  |  |  |
| O(or U. S. or City of County) (Years) (Months)   | Procuring Burial Permit. (State Number and District)   |  |  |
| Place of Death. & ear. Konfilal  | Procuring Burial Permit.  Certif.Copiesof Death CertificatesNo.  Pall Bearer Service, \$\(^{\text{Constraint}}_{\text{Use of Chapte, \$\text{S}}}\). |  |  |
| Cause of Death Cerebral Hurrhage.  | Gross Total for Sales Tax. S #21 00  |  |  |
| Contributory Causes  | Outlay for Lot   |  |  |
| 21   | Cremation  |  |  |
| Certifying Physician. SW Sweenson  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |
| His Address Launu  | Opening of Grave or Tomb To A Mathall. 25  |  |  |
| Name of Father W. Willi. R. ebinson  | Outlay for Shipping Charges  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$  |  |  |
| Maiden Name of Mother. Mary Case   | Clergyman,\$. Singers,\$. Organist,\$. Railroad   Tickets, \$. Aero-plane Service,\$. Telegr., Phone, Cable or Radio Charges                         |  |  |
| Her Birthplace   | Cash Advanced  |  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges   |  |  |
| Size of Casket /3 /> Lower Rhesh   |  |  |  |
| Manufactured by .: . Chumus y  | line Death Notices inPapers  |  |  |
| Cemetery Crematory Rose Well   | (Names of Newspapers) 4 00   |  |  |
| Lot No 13. 7.3   | Sales Tax 421  |  |  |
| Grave No   | Total Footing of Bill \$ 454 2.1   |  |  |
| Section No   | Less 5 2 de Jacoba 12 3 de - 3 21 26   |  |  |
| Block No   | 1 ( ) Mary 2 / 8 432 95  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page for below.   |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |  |
|  | To Balance Forward   |  |  |
|  | By Payment \$ \$   |  |  |
| ***************************************  |  |  |  |
| \$\$   | *  |  |  |
|  | # # # \$\$\$   |  |  |
| # # \$ \$  |  |  |  |
|  |  |  |  |
| Insurance \$ Lodges  | Insurance Companies.   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have st  | afficient recourses Legally excellable to  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same withindays from date. Interest to accrue from  |  |  |  |
| maturity at the rate of% per annum. Signed   |  |  |  |

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

| Total No. 3.71.5 Yearly No   | Date of Entry June 3  | 19.5.5           |  |  |
|--|---|------------------|--|--|
| Name of Deceased. Hiram Alora Tapscott   |   |                  |  |  |
| Married Single W Widowed Divorced  |   | t Race)          |  |  |
| Residence: JVII WYV  | □ Husband □ Wife □ Widow }  | (if living)Years |  |  |
| Charge to:   | Complete Funeral (except outlays)   | . \$ 565 00.     |  |  |
| Address  |   |                  |  |  |
| Order given by Jeunghten (or informant)  | Casket Burial Vault or Box Judividul Mause  | law 395 60       |  |  |
| How Secured:   | Embalming Body (State Kind)  (Name of Embalmer)  (Name of Embalmer)   |                  |  |  |
| If Veteran, State War  | Barber, \$  |                  |  |  |
| Occupation Livery operator und   | Dressing Body, \$   |                  |  |  |
| Employer and Address   | Slippers, \$  |                  |  |  |
| Date of Death. May 31 1955 8 P.H.  | Folding Chairs, S Tarpaulin, S  |                  |  |  |
| Date of Birth. Aug. 20 Date 9 (Hour)   | Candelabrum, \$ Candles, \$  Door Spray, \$ Gloves, \$  |                  |  |  |
| Age  | Funeral Car, \$ Ambulance, \$   |                  |  |  |
| Date of Funeral. 6/3/5.5 F.M. (Months), (Days) T.P. M. (Days) (Date) (Da | Limousines to Cemetery @ \$   |                  |  |  |
| (Date) Day of Week) (Hour)   | Autos to R. R. Station @ \$   |                  |  |  |
| Services at::: Ohapu   | Getting Remains from  |                  |  |  |
| Clergyman: (Address)   | Trip to Coroner's Inquest   |                  |  |  |
| Religion of the Deceased   | Delivering Box to   |                  |  |  |
| Birthplace Anna  | Pomoval Charges   |                  |  |  |
| Resided in the State   | Procuring Burial Permit. (State Number and Distric —Certif. Copiesof Death Certificates No. (State Physician's or Coroner's | p)               |  |  |
| Place of Death. M. Wy  | Pall Bearer Service, \$ Use of Chapel, \$.  | )                |  |  |
| Cause of Death Commy Cerlusium   | Gross Total for Sales Tax   | \$ 960 00        |  |  |
| Contributory Causes  | Outlay for Lot:   |                  |  |  |
| General arterio d'elevores   | Cremation   |                  |  |  |
| Certifying Physician In III for Coroner)   | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb  | 10               |  |  |
| His Address III WYV  | Opening of Grave or Tomb ? Marcha<br>Lining Grave, \$ Lowering Device, \$.  | 4                |  |  |
| Name of Father John R. Hapscott  | Outlay for Shipping Charges   |                  |  |  |
| Hig Birthplace   | Clergyman,\$Singers,\$Organist,\$. Railroad or Motor Tickets, \$ Aero-plane Service,\$.                                     |                  |  |  |
| Maiden Name of Mother Mulmola Brooks   | or Motor Tickets, \$ plane Service, \$. Telegr., Phone, Cable or Radio Charges  |                  |  |  |
| Hon Rinthplace   | Cash Advanced   |                  |  |  |
| Motor Remains to Coffeeton Metal   | Out of town Undertaker's Charges Personal Service   |                  |  |  |
| Size of Casket   |   |                  |  |  |
| Manufactured by Roo Prato Color and Number)  | line Death Notices in Papers  |                  |  |  |
| Cemetery Rose Hull   | (Names of Newspapers)   |                  |  |  |
| Lot No   |   | 420              |  |  |
| Grave No2  | Sales Tax   | 994 60           |  |  |
| Section No   | Total Footing of Bill   | 48 48            |  |  |
| Block No   | Pol Jun Balance   | 0 941 12         |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |                  |  |  |
| Date Amount Paid Balance   | Date · Amou   | nt Paid Balance  |  |  |
| To Above Balance \$  | To Balance Forward  | s.               |  |  |
| By Payment. \$\$   |   | \$               |  |  |
| « « ş ş  | " " \$  | \$               |  |  |
| 4 4 \$ \$  | 4 4 \$  | \$               |  |  |
|  |   | \$               |  |  |
| *  |   | \$               |  |  |
| \$\$\$   | и и е   | \$               |  |  |
| Names of   | Insurance<br>Companies  |                  |  |  |
| Insurance \$   |   |                  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to   |   |                  |  |  |
| maturity at the rate of% per annum.  | Signed  |                  |  |  |
| Witness  | Address   |                  |  |  |
| Compiled by F. J. FEINEMAN St. Louis, Mo.  |   |                  |  |  |

| Total No 2.4.16                          | Yearly No  | 18             | , Date of                                       | Entry                   | June                                    | 13                                      |        | 19.5-5      |
|--|--|----------------|---|-------------------------|---|---|--------|-------------|
| Name of Deceased                         | era tho  | rence          | Mid   | rorde                   | h                                       | (What Ra                                |        |             |
| Residence: James                         | le Uwidowed  | ☐ Divorced     |   | Wife   Widow            |   | (""                                     |        |             |
| Charge to:                               |  |                |   | CATAL TO STATE OF       | Age of Husba                            | 11-14-53-6                              | 11     | Years       |
| Address                                  |  |                | Complete Fun                                    |                         |   |   | .448   | 00          |
| Order given by                           |  |                | Casket<br>Burial Vault o                        | B P/                    | in tain                                 | Variet                                  | 1.25   |             |
| How Secured:                             | or informant)  |                | Embalming Bo                                    | dy C                    | (State Kind)                            |   |        |             |
| If Veteran, State War                    |  |                | Barber, \$                                      | (N<br>Ha                | ame of Embalm<br>ir Dressing            | , \$                                    |        |             |
| Occupation Laundry                       | 485-36-  | 1874           | Dressing Body                                   | , \$                    | Underwe                                 | ear,\$                                  |        |             |
| Employer and Address . 20%               | Leuklor  | Number)        | Suit or Dress.                                  |                         | e Kind and Cole                         | ır)                                     |        |             |
| Date of Death June 1.0                   | 1955   | 1:30 PM        | Slippers, \$<br>Folding Chairs                  | . \$                    | Tarpaulin,                              | \$                                      |        |             |
| Date of Birth. July 3.7.                 | 1896   | (Hour)         | Candelabrum,                                    | \$                      | Candles, $\$$ .                         |   |        |             |
| Age. 5%                                  |  |                | Door Spray, \$<br>Funeral Car, \$               | A                       | mbulance,                               | \$                                      |        |             |
| (Vasrs) (A                               | fonths) (Days)   | P              | Limousines to                                   | Cemetery.               | @\$.                                    |   |        |             |
| Date of Funeral 4/13/5.5                 | Mm . (Baye)  | Iour)          | Extra Limousi<br>Autos to R. R.                 | Station                 | @\$.                                    |   |        |             |
| Services at . R. L. D. S.                | church   |                | Getting Remai<br>Taking Remai                   |                         |   |   |        |             |
| Clergyman Robt Family                    | Ih (Address)   |                | Trip to Corone                                  | er's Inquest            |   |   |        |             |
| Religion of the Deceased . R. F          | A 3  |                | Delivering Box                                  |                         |   |   |        |             |
| Birthplace Minne                         | sou.   |                | Deliver Flower<br>Removal Char                  |                         |   |   |        |             |
| Resided in the State                     | City or County) (Years)  | (Months)       | Procuring Bur                                   | ial Permit.             | State Number                            | and District)                           |        |             |
| Place of Death. L. lon.                  | (Hospital)   |                | Procuring Bur<br>—Certif.Copi<br>Pall Bearer Se | esof Death              | Certificates                            | No                                      |        |             |
| Cause of Death. Chulruf                  | Remorkage  | ٠              | Pall Bearer Se                                  | rvice, \$               | Use of Ch                               | apel, \$                                | (777   |             |
| Contributory Causes                      |  |                | Gross Total for<br>Outlay for Lot               |                         |   |   | 3.73   | .0.0        |
|  | ·,······   |                | Cremation                                       |                         |   |   |        |             |
| Octomying I mysiciam.                    | hourson  |                | Flowers, \$<br>Rental of Tent                   | ,\$of To                | emporary V                              | ault.\$                                 |        |             |
| His Address Zauuo                        | ni i   |                | Rental of Tent<br>Opening of Gr                 | ave or Tom              | ib tellill                              | perdial.                                | 25     | 0.0.        |
| Name of Father Ale. M.                   | idgorden   |                | Lining Grave,<br>Outlay for Ship                | pping Char              | ges                                     | ıсе, ֆ                                  |        |             |
| His Birthplace                           |  |                | Clergyman,\$<br>Railroad<br>or Motor}Ticket     | Singers                 | \$Orga                                  | nist,\$                                 |        |             |
| Maiden Name of Mother.                   | my Melson  | ÷              | Telegr., Phone                                  | S, \$<br>Cable or R     | · plane Ser                             | vice,\$                                 |        | • • • • • • |
| Her Birthplace                           |  |                | Cash Advance                                    | d                       |   |   |        |             |
| Motor Ship Remains to                    |  |                | Out of town U<br>Personal Service               | ndertaker's<br>e        | Charges                                 | • |        |             |
| Size of Casket. A one Ceolar             | State  |                |   |                         |   |   |        |             |
| Manufactured by .: E : B                 | case   |                | line Death                                      | Notices in              | Pap                                     | ers                                     |        |             |
| Cemetery Crematory                       | e Hell   |                |   | (Names of New           | spapers)                                |   |        |             |
|  | ot No 1.70.0   |                | Sales Tax                                       |                         |   |   |        | 73          |
| 1000                                     | Grave No/  |                | Total Footing                                   | of Dill                 | • |   | 6.03   | 73          |
| 8  | Section No   |                | Less . 5. 7. v . 44                             | 578 23                  | By Cecurs                               | .3                                      | 28     | 93          |
|  | Block No   |                |   |                         | lance                                   |   | 574    | 80          |
| Diagram of Lot or Vault                  | Owner  |                | Entered into L                                  |                         |   | elow.                                   |        |             |
| Date                                     | Amount Paid  | Balance        | Date  |                         |   | Amount Pa                               | id Bai | lance       |
| To Above Balance                         |  |                |   | To Ralance              | Forward.                                | 459 8                                   | 8811   | 190         |
| By Payment                               | \$\$   |                | ļ   | By                      | e23                                     | 1149                                    | 65     |             |
| ***************************************  | \$   |                | ·······/··/                                     | 20 "                    | 1.1.1.0                                 | g                                       | \$     |             |
|  | \$\$   |                | · · · · · · · · · · · · · · · · · · ·           | re un                   | que                                     | <b>\$</b>                               | \$     |             |
| a a                                      | s  |                |   |                         | <i>b</i>                                | \$                                      | \$     |             |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | \$   |                |   |                         |   | \$                                      | \$     |             |
| и и                                      | \$   |                |   | и п                     |   | s                                       | g      | 1           |
| Insurance \$ I                           | Vames of codges  | 3 33           |   | Insurance<br>.Companies |   |   |        | .,          |
| I hereby authorize the above Funeral, an | Intervals without the above Funeral, and I hereby represent that I have sufficient resources Legally available to.  [Firm Name of Fascal Directors.]  [Firm Name of Fascal Directors.] |                |   |                         |   |   |        |             |
|  |  |                |   |                         |   |   |        |             |
| maturity at the rate of%                 | per annum.   |                | Signed.   |                         |   |   |        |             |
| Witness                                  |  |                | Address   |                         |   |   |        |             |
|  | Compile  | d by F. J. FEI | NEMAN, St. Louis, 1                             | Mo.                     |   |   |        |             |

| RECORD | OF | <b>FUNERAL</b> |
|--------|----|----------------|
|        |    |                |

| Total No. 241.7. Yearly No. 19   | Date of Entry  |  |  |
|--|--|--|--|
| Name of Deceased   | Senco (What Race)  |  |  |
| Residence: Lamond Java.  | or   |  |  |
| Charge to:   | Complete Funeral (except outlays)  |  |  |
| Address  | Casket   |  |  |
| Order given by RASSO JUNCO   | Burial Vault or Box (State Kind)   |  |  |
| How Secured:   | Embaining Body(Name of Embalmer)   |  |  |
| If Veteran, State War  | Barber, \$   |  |  |
| Occupation Lause Wife Social Security Number   | Dressing Body, \$  |  |  |
| Employer and Address   | Slippers, \$   |  |  |
| Date of Death June 27, 19.5 5 (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$  |  |  |
| Date of Birth 201 23-18.76   | Door Spray, \$ ::Gloves, \$  |  |  |
| Age. 7.9. (  | Funeral Car, \$ Ambulance, \$  |  |  |
| Date of Funeral June 2 9. Held. I Fm.  | Extra Limousines   |  |  |
| Services at: : Mars n. Chasel  | Autos to R. R. Station @ \$  |  |  |
| Clergyman: Ren Roward Remove   | Taking Remains to  |  |  |
| Religion of the Deceased Oo blus (Addres)  | Trip to Coroner's Inquest  Delivering Box to   |  |  |
| Birthplace De Catur County Da.   | Deliver Flowers to   |  |  |
| Resided in the State   | Removal Charges  |  |  |
| (or U. S. or City or County) (Years) (Months)  | Cortif Conject Dooth Cartificates No.  |  |  |
| Place of Death. A Low A Orgal at   | Procuring Burial Permit.  (State Number and District)  Certif.Copiesof Death Certificates No.  (State Papatiants of Concerts)  Pall Bearer Service, \$. Use of Chapel, \$. |  |  |
| Cause of Death:  | Gross Total for Sales Tax\$  |  |  |
| Contributory Causes.   | Outlay for Lot:  |  |  |
| N. Manst   | Flowers, \$ Palms, \$::::: Matting, \$   |  |  |
| Certifying Physician. W. K. James (or Coroner) 0   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb.  |  |  |
| His Address Lamen Layer  | Lining Grave, \$Lowering Device, \$  |  |  |
| Name of Father James M. ashburn  | Outlay for Shipping Charges  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad }Tickets, \$plane Service,\$   |  |  |
| Maiden Name of Mother Itum 6 Much  | Telegr., Phone, Cable or Radio Charges   |  |  |
| Her Birthplace   | Cash Advanced  |  |  |
| Motor Ship Remains to  | Personal Service.  |  |  |
| Size of Casket (State Color and Number)  | line Death Notices in Papers   |  |  |
| Manufactured by  | (Names of Newspapers)  |  |  |
| Cemetery J. Lily   | (Names of Newspapers)  |  |  |
| Lot No.  | Sales Tax notay  |  |  |
| Grave No   | Total Footing of Bill  |  |  |
| Block No.  | Less   |  |  |
|  | Bálance\$  |  |  |
| Diagram of Lot or value  | Entered into Ledger, page or below.  |  |  |
|  | Date Amount Paid Balance   |  |  |
| To Above Balance   | To Balance Forward \$  |  |  |
| By Payment \$  | By Payment \$\$  |  |  |
| * * s s  | а и е е  |  |  |
| « « \$ \$  | a a s s  |  |  |
| sssssss  |  |  |  |
|  |  |  |  |
| ssss   |  |  |  |
| Names of Lodges  | Insurance  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within                           |  |  |  |
| Witness  | Address  |  |  |
| Compiled by F. J. FEINEMAN St. Louis, Mo.  |  |  |  |

| Total No. 7.1.9 Yearly No  | Date of Entry  |  |  |  |
|--|--|--|--|--|
|  | Name of Deceased. Milliam Authur Downson Warried All Single - D. Wickowd Divorced (What Race)  |  |  |  |
| Residence: Near Davis City   | Orof Age of Husband or Wife (if Hving)   |  |  |  |
| Charge to: Servely dawson  |  |  |  |  |
| Address Davis City   | Complete Funeral (except outlays)\$  |  |  |  |
| Order given by   | CasketBurial Vault or Box(State Kind)  |  |  |  |
| How Secured:   | Embalming Body (State Kind) (Name of Embalmer)   |  |  |  |
| If Veteran, State War  | Barber, \$   |  |  |  |
|  | Dressing Body. \$ Underwear. \$  |  |  |  |
| Occupation (Social Security No Employer and Address  |  |  |  |  |
| Date of Death, July 27 /55 6.  | Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$   |  |  |  |
| Date of Death July 37 55 6. Date of Birth Lung 3 (Dash) 9 49   | (Hour) Candelabrum, \$ Candles, \$   |  |  |  |
| 0  | Door Spray, \$   |  |  |  |
| Age. (Years) (Months) (Days)   | Limousines to Cemetery @ \$  |  |  |  |
| Date of Funeral. 7/2 8/55 1/2 URS.   | Autos to R. R. Station   |  |  |  |
| Services at Davis City I. S. Chu   | Getting Remains from   |  |  |  |
| Clergyman H. Garrington  | Taking Remains to  |  |  |  |
| Religion of the Deceased   | ····· Delivering Box to  |  |  |  |
| Birthplace Lea   | Deliver Flowers to   |  |  |  |
| Resided in the State5 - 4  | Procuring Burial Permit.   |  |  |  |
| Place of Death Janu Lone   | Removal Charges   Procuring Burial Permit   (State Number and District)   Certif. Copiesof Death CertificatesNo.   |  |  |  |
| Cause of Death burned in barn for  | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |
|  | Gross Total for Sales Tax  |  |  |  |
| Contributory Causes  | Outlay for Lot.  |  |  |  |
| - PE Stamet  | Flowers, \$ Palms, \$ Matting, \$  |  |  |  |
| Certifying Physician   | Pental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb.   |  |  |  |
| Mame of Fether Gerald Daws   | Lining Grave \$ Lowering Device, \$  |  |  |  |
| Ivame of Pasietti Gri  | Outlay for Shipping Charges.  Clergyman \$ Singers \$ Organist.\$  |  |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$Aero-Service,\$<br>or Motor Tickets, \$plane Service,\$   |  |  |  |
| Maiden Name of Mother Mola Ch latt   | Telegr., Phone, Cable or Radio Charges   |  |  |  |
| Her Birthplace   | Cash Advanced. Out of town Undertaker's Charges.   |  |  |  |
| Motor Ship Remains to  | Personal Service   |  |  |  |
| Size of Casket   | line Death Notices in Papers   |  |  |  |
| Manufactured by  | (Names of Newspapers)  |  |  |  |
| Cemetery Crematory Rose Hell   |  |  |  |  |
| Lot No.  | Sales Tax  |  |  |  |
| Grave No   | Total Footing of Bill A \$   |  |  |  |
| Section No   | Less Polished A. P \$  |  |  |  |
| Block No   | Balance\$  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.  |  |  |  |
| Date Amount Paid   | Balance Date Amount Paid Balance   |  |  |  |
|  | To Balance Forward\$   |  |  |  |
| By Payment \$ \$   | By Payment \$ \$   |  |  |  |
| * * * \$ \$  |  |  |  |  |
| \$   |  |  |  |  |
|  | u u s s  |  |  |  |
|  | a a 3  |  |  |  |
| # #\$\$  | и и \$ \$  |  |  |  |
| Names of Lodges.   | Insurance<br>Companies   |  |  |  |
| Insurance 4. At a shows Eveneral and I hereby represent that I have sufficient resources Legally available to. |  |  |  |  |
| and of a foresaid sum, and I hereby covenant and agree to pay the same within                                  |  |  |  |  |
| maturity at the rate of% per annum.  | for the payment of actions of the payment of the payme |  |  |  |
| Address  |  |  |  |  |
| Witness  | TALE T PRINCIPAL OF Tania Mo   |  |  |  |

| Total No. 2419 Yearly No. X.  | Date of Entry. Quy 3 1955   |
|---|---|
| Name of Deceased.   | wn (What Race)  |
| Residence: Lamoni da  | oriof Age of Husband or Wife (if living)                                    |
| Charge to: Mrs Llufol Parushaw (sester)   | Complete Funeral (except outlays)\$   |
| Address   | Casket 365 00   |
| Order given by  | Burial Vault or Box(State Kind)   |
| How Secured:  | Embalming Body(State Kind)  |
| If Veteran, State War Zeu   | Barber, S Hair Dressing, S  |
| Occupation NONE   | Dressing Body, \$ Underwear, \$   |
| Employer and Address(Social Security Number)  | Suit or Dress (State Kind and Color) Slippers, \$                           |
| Date of Death July 31 1955 10 PM  | Folding Chairs, \$ Tarpaulin, \$  |
| Date of Birth. July 30 (Bate) 1880 (Hour)   | Candelabrum, \$Candles, \$Door Spray, \$::Gloves, \$                        |
| Age. 85   | Funeral Car, \$Ambulance, \$  |
| Date of Funeral 24 3/5 (Months) (Days) 2 P. M.  | Limousines to Cemetery @ \$   |
| Services at: B. D.3 Church, Pleasantan  | Autos to R. R. Station  |
| Services at: 40.2.0.0 Manager Constitution  | Getting Remains from  |
| Clergyman: Walles Morey (Address)   | Taking Remains to   |
| Religion of the Deceased  | Delivering Box to   |
| Birthplace Decater County   | Deliver Flowers to  |
| Resided in the State  | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.            |
| Place of Death. Lean  | Certif.Copiesof Death Certificates No                                       |
| Cause of Death Broncho Pulumonia  | Pall Bearer Service, \$. Use of Chapel, \$                                  |
| Contributory Causes Semile Psychoses  | Outlay for Lot:   |
| Certifying Physician C. E. Saucet   | Flowers, \$Palms, \$.::::Matting, \$  |
| (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$                                   |
| His Address   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$              |
| Name of Father . Sloyl Klown  | Outlay for Shipping Charges   |
| His Birthplace. Harvetta Robertson  | Clergyman,\$Singers,\$Organist,\$<br>Railroad   Tickets, \$plane Service,\$ |
| Maiden Name of Mother R Journal   | or Motor   Telegr., Phone, Cable or Radio Charges                           |
| Her Birthplace  | Cash Advanced   |
| Motor   Remains to  | Out of town Undertaker's Charges<br>Personal Service.                       |
| Size of Casket  |   |
| Manufactured by Abe (State Color and Number)  | line Death Notices in Papers  |
| Cemetery } Xlauulland   | (Names of Newspapers)   |
| Lot No  | Sales Tax 1-47. Mel 3-47  |
| Grave No  | Total Footing of Bill DAW 3 8 409 22  |
| Section No  | Less  |
| Block No  | adolas 2 3evBalance \$ 388 76   |
| Diagram of Lot or Vault Owner   | Entered into Ledger, pageor below.  |
| Date Amount Paid Balance  | Date Amount Paid Balance  |
| To Above Balance \$   | To Balance Forward s  |
| By Payment \$ \$  |   |
|   |   |
|   |   |
|   |   |
| ***************************************   |   |
|   |   |
| Names of  | Insurance   |
| Insurance \$. Names of Lodges.  |   |
| I hereby authorize the above Funeral, and I hereby represent that I have so                                     |   |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay<br>maturity at the rate of% per annum. | the same withindays from date. Interest to accrue from  Signed              |
| Witness   | Address   |
| Compiled by F. J. F   |   |

| 92 RECORD C  | F FUNERAL Aug 8  |  |
|--|--|--|
| Total No. 24.2. O Yearly No. 22  | . Pate of Entry 19.3   |  |
| in a general - Day   | melson. (What Rage)  |  |
| Residence: Lenver, Colo  | Husbard   Wile   Wildow   Age of Husbard or Wile   If   If   If   If   If   If   If   I  |  |
| Charge to:   | Complete Funeral (except outlays).   |  |
| Address  |  |  |
| Order given by   | Burial Vault or Box Comment (State Kind)   |  |
| How Secured:   | Washalming Body  |  |
| If Veteran, State War  | Hair Dressing, 5   |  |
| Occupation   | Barber, \$ Underwear, \$ U   |  |
| Employer and Address(Social Security Number)   |  |  |
|  | Folding Chairs, F Candles \$   |  |
| Date of Death. (Date) (Hour)  Date of Birth  | Candelabrum, \$ Gloves, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Manufactured A Limousines to Cemetery @ \$  |  |
|  | Funeral Car, \$  |  |
| Age.  (Cham)  (Days)  (Bosy)   |  |  |
| Date of Fulletair (Date) (Day of Week) (Hour)  | Autos to R. R. Station Oriston 1950  |  |
| Clergyman Rolf Familians   | Taking Remains to  |  |
| Religion of the Deceased LUS (Address)   | Trip to Coroner's Inquest  Delivering Box to   |  |
| Birthplace   | Deliver Flowers to   |  |
| Davided in the State   | Removal Charges  |  |
| Resided in the State. (or U.S. or City or County) (Months)   | Certif Copies of Death Certificates No.  |  |
|  | Removal Unarges  Procuring Burial Permit.  Certif. Copiesof Death (Pertificates No. (State Supersite State S |  |
| Cause of Death:  | Gross Total for Sales Tax\$  |  |
| Contributory Causes  | Outlay for Lot.  |  |
|  | Flowers, \$Palms, \$Matting, \$  |  |
| Certifying Physician (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$  |  |
| His Address  | Opening of Grave or Tomb.  Lining Grave, Lew Lowering Device, \$   |  |
| Name of Father   | Outlay for Shipping Charges.  Clergyman, S   |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets, \$Aero-Service,\$   |  |
| Her Birthplace   | Telegr., Phone, Cable or Radio Charges   |  |
| Motor Remains to   | Out of town Undertaker's Charges   |  |
| Size of Casket. (State Color and Number)   | Personal Service of seef & assute 35 00.   |  |
|  | Ine Death Notices in Papers  |  |
| Manufactured by:  Cemetery Cemetery Pose Hell  | (Names of Newspapers)  |  |
| Lot No. 8/0  | 2  |  |
| Grave No3  | Sales Tax on box 106   |  |
| Section No   | Total Footing of Bill 8 //3 06.  |  |
| Block No   | Balarion Settle  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page Cor below.   |  |
| Date Amount Paid Balance   | Date Amount Paid Balance   |  |
|  | To Balance Forward \$  |  |
| By Payment \$ \$   |  |  |
|  |  |  |
| \$\$   |  |  |
| # # \$ S   | ***************************************  |  |
|  | a a  |  |
| я и \$ \$  | 4 a s  |  |
| Names of Lodges.   | Insurance  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient requirem I only in the sufficient requirement of the sufficient requirement requirement of the sufficient requirement of the sufficient re |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | y the same within  |  |
| maturity at the rate of% per annum.  | Signed   |  |
| Witness  | Address  |  |
|  |  |  |

| 11 0 1   | - A. 4 14 50  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Total No. 2. 4.2. Yearly No. 2.3 Date of Entry   |   |  |  |  |  |  |
| Name of Deceased. James M. Manner (What Race)  |   |  |  |  |  |  |
| Residence: Poutite Jel.  | □Husband□Wife□Widow} orof } Age of Husband or Wife (if living)  |  |  |  |  |  |
| Charge to:   | Mark to a service of the service of |  |  |  |  |  |
| Address.   | Complete Funeral (except outlays)\$   |  |  |  |  |  |
| Order given by Mis James A. Martin   | Casket. Burial Vault or Box . Ascar Coucset . 150 00  |  |  |  |  |  |
| How Secured:   | Embalming Body (Name of Embalmer) Barber, \$  |  |  |  |  |  |
| If Veteran, State War  | Barber, \$  |  |  |  |  |  |
| Occupation (Social Security Number)  | Dressing Body,\$Underwear,\$  |  |  |  |  |  |
| Employer and Address   | Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$.   |  |  |  |  |  |
| Date of Death Mily 10/5-8 (Hour)   | Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$   |  |  |  |  |  |
| Date of Birth  | Door Spray, \$ : :  |  |  |  |  |  |
| Age. (Years) (Months) (Days)   | Funeral Car, \$ Ambulance, \$   |  |  |  |  |  |
| Date of Funeral 14. July 21. M. (Bour)   | Extra Limousines  |  |  |  |  |  |
| Services at::: (Day of Week) (Hour)  | Autos to R. R. Station  |  |  |  |  |  |
| Clergyman: Rolf Farulain   | Taking Remains to   |  |  |  |  |  |
| Religion of the Deceased   | Trip to Coroner's Inquest   |  |  |  |  |  |
| Birthplace   | Deliver Flowers to  |  |  |  |  |  |
| Resided in the State (Months)  | Procuring Burial Permit.  |  |  |  |  |  |
| Place of Death. Partial  | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Pall Bearer Service, \$\times\$ Use of Chapel, \$\times\$  |  |  |  |  |  |
| Cause of Death Menuic Poissuing  |   |  |  |  |  |  |
| Contributory Causes.   | Gross Total for Sales Tax. \$ ./3 U   |  |  |  |  |  |
|  | Cremation   |  |  |  |  |  |
| Certifying Physician.  | Flowers, SPalms, SMatting, S  |  |  |  |  |  |
| His Address (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb. & Waynell  |  |  |  |  |  |
| Name of Father   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges  |  |  |  |  |  |
| His Birthplace   | Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$. plane Service,\$.   |  |  |  |  |  |
| Maiden Name of Mother  | or Motor Tickets, \$  |  |  |  |  |  |
| Her Birthplace   | Cash Advanced   |  |  |  |  |  |
| Motor   Remains to   | Out of town Undertaker's Charges.   |  |  |  |  |  |
| Size of Casket   |   |  |  |  |  |  |
| Manufactured by  | line Death Notices in Papers Trup to disciple 70 Me 15-2 10 50  |  |  |  |  |  |
| Cemetery Crematory }   | personal sentes use of  |  |  |  |  |  |
| Lot No. 1.12.4   | Sales Tax 35 00   |  |  |  |  |  |
| Grave No. 3.   | Total Footing of Bill \$ 2 2 4 > 5  |  |  |  |  |  |
| Section No   | Less Polin full 18  |  |  |  |  |  |
| Block No   | Balanee 11915/5 > \$  |  |  |  |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, page or below.   |  |  |  |  |  |
| Date Amount Paid Balance   | Date Amount Paid Balance  |  |  |  |  |  |
|  | To Balance Forward\$  |  |  |  |  |  |
| \$ Sy Payment  | By Payment  |  |  |  |  |  |
|  |   |  |  |  |  |  |
| a a g g  | и и д д   |  |  |  |  |  |
| * * \$ \$  | " " \$ S  |  |  |  |  |  |
| * * \$ \$  |   |  |  |  |  |  |
|  | и и "   |  |  |  |  |  |
| Insurance \$ Lodges  | Insurance   |  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to |   |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within                           |   |  |  |  |  |  |
| maturity at the rate of% per annum.  | Signed  |  |  |  |  |  |
| Witness, Address.  Compiled by F. J. FEINEMAN St. Louis, Mo.   |   |  |  |  |  |  |

| RECORD C   | OF FUNERAL   |
|--|--|
| Total No. 242 Yearly No. 24  | Date of Entry Self 2 2 195   |
| 2  |  |
| Married Single Widowed Divorce   | What Race)   |
|  | d    Husband   Wife   Widow   Edua. Attack   Or  |
| Charge to Eafua Myon   | Complete Funeral (except outlays)\$ .498 00  |
| Address. Lamon Ga  | Contrat  |
| Order given by(or informant)   | Burial Vault or Box  |
| How Secured:   | Embalming Body   |
| If Veteran, State War Lo   | Barber, \$ Hair Dressing, \$   |
| Occupation Cleaner & Justin 484-38-1994  | Suit or Dress (State Kind and Color)   |
| Employer and Address Alf employed  | Slippers, \$ Hose, \$  |
| Date of Death. Seft. 19. 1953 S. P.H.  | Folding Chairs, \$ Tarpaulin, \$   |
| Date of Birth. Mdh. 29. 1886   | Door Spray, \$   |
| Age. (Years) (Months) (Days)   | Funeral Car, \$  |
| Date of Funeral Last 2 Thurs 2 P. M. (Bour)  | Extra Limousines   |
| Services at R & D S Church (Hour)  | Autos to R. R. Station   |
| Clergyman Rolf Faruhoun  | Taking Remains to  |
| Religion of the Deceased. R. L. D. Address)  | Trip to Coroner's Inquest  Delivering Box to   |
| Birthplace Owa   | Deliver Flowers to   |
| Resided in the State   | Removal Charges.   |
| Place of Death. A autum (Years) (Months)   | Procuring Burial Permit.  Certif. Copiesof Death Certificates No.  Certif. Special Certificates (Constant Special Spec |
| Cause of Death:  | Pall Bearer Service, \$ Use of Chapel, \$  |
| Contributory Causes.   | Gross Total for Sales Tax\$ 47.3 0.0   |
| Contributory Causes.   | Outlay for Lot   |
| Certifying Physician. Le Samet   | Flowers & Palme & Matting &  |
|  | Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. Loll, Marshall 25 00   |
| His Address  | Lining Grave, \$Lowering Device, \$  |
| 210000 02 2 00000111 111111111111111111  | Outlay for Shipping Charges  |
| Maiden Name of Mother Melling Belebrus   | Clergyman,\$Singers,\$Organist,\$ Pailroad Tickets, \$Aero Service,\$  |
|  | Telegr., Phone, Cable or Radio Charges   |
| Her Birthplace   | Cash Advanced  |
| Motor Remains to Size of Casket 6/5 A 110 Ceclar State   | Personal Service.  |
| Manufactured by (State Colorand Number)  | line Death Notices in Papers   |
|  | (Names of Newspapers)  |
| Clematory)   | (Numes of Newspapers)  |
| Lot No / 3.3.5 2   | Sales Tax 591  |
| Grave No   | Total Footing of Bill \$ 503 9/  |
| Block No.  | Less 5.7 on 488 f 4 Oct 2 8 24 44.   |
|  | Balance \$ 47.9.4.7.   |
| Diagram of the Control of the Contro | Entered into Ledger, pageor below.   |
| Date Amount Paid Balance   | Date Amount Paid Balance   |
| To Above Balance \$  | To Balance Forward\$   |
| By Payment   |  |
| и и \$   | ***************************************  |
| \$ \$  |  |
| # # \$ \$  | \$\$   |
|  |  |
|  |  |
| Names of Insurance \$Lodges  | Insurance  |
| I hereby authorize the above Funeral, and I hereby represent that I have su  | fficient resources Légally available to  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay   | the same within  |

Witness. Compiled by F. J. FRINDMAN, St. Losie, Me.

maturity at the rate of ...... % per annum.

| Total No. 2423 Yearly No. 25  | Date of Entry. Oct 12 1955   |  |  |
|---|--|--|--|
| Name of Deceased Single Wildows   | w  |  |  |
| Residence: Aug Mar Laury  | □Husband Wile Widow) Ralph W Johnson   |  |  |
| Charge to: Rellph Johnson   | or   |  |  |
| Address   | Complete Funeral (except outlays)\$ 376.05.  |  |  |
| Order given by(orinformant)   | Casket. Burial Vault or Box  |  |  |
| How Secured:  | (State Kind)   |  |  |
| If Veteran, State War LO 010-14-0245  | Barber, \$ (Name of Embalmer) Hair Dressing, \$  |  |  |
| Occupation foreness in Rubber & Shore plant   | Dressing Body, \$Underwear, \$   |  |  |
| Employer and Address Hood William Scott Number)   | Slippers, \$. (State Kind and Color) Slippers, \$. Hose, \$.   |  |  |
| Date of Death Oct 10 1455 7 AM  | Folding Chairs, \$ Tarpaulin, \$   |  |  |
| Date of Birth. July 10 1889 (Hour)  | Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$   |  |  |
| Age. (Years) (Months) (Days)  | Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$   |  |  |
| Date of Funeral Oct. 12 5 9 Wed 9 1 (Hour)  | L Extra Limousines   |  |  |
| Services at: ::   | Autos to R. R. Station @ \$. Getting Remains from  |  |  |
| Clergyman: Lengud Holloway John Lane  | Taking Remains to  |  |  |
| Religion of the Deceased.   | Trip to Coroner's Inquest Delivering Box to  |  |  |
| Birthplace Boston Mass,   | Deliver Flowers to   |  |  |
| Resided in the State (or B. S. or City or County); (Yeapp) (Months)   | Procuring Burial Permit.   |  |  |
| Place of Death. Mt. lugar Hashital (Monta)  | Paul Bearer Service, \$ Use of Chapel, \$  |  |  |
| Cause of Death:   | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |
| Contributory Causes   | Gross Total for Sales Tax \$ 421000<br>Outlay for Lot 3.12. 4 Let 1356 \$ 2500                                       |  |  |
| Certitying Physician E. E. Shewet   | Cremation  |  |  |
| (or Coroner)  | Rental of Tent, \$ of Temporary Vault, \$  |  |  |
| His Address   | Opening of Grave or Tomb.  Lining Grave, \$Lowering Device, \$   |  |  |
| Name of Father. abrel Hodgen  | Outlay for Shipping Charges  |  |  |
| His Birthplace.   | Clergyman,\$Singers,\$. Organist,\$. Railroad   Tickets, \$Arcs   Service,\$. Telegr., Phone, Cable or Radio Charges |  |  |
| Maiden Name of Mother Josephun Johnson Her Birthplace.  | Telegr., Phone, Cable or Radio Charges   |  |  |
| Motor)  | Cash Advanced Out of town Undertaker's Charges.  |  |  |
| Ship Remains to Size of Casket 6/3 Oct 1/2 Couch fray   | Personal Service.  |  |  |
| Manufactured by Bu have a common of the | line Death Notices in Papers   |  |  |
| Cemetery Rese Hill  | Have nea the Former Detay 64 58.   |  |  |
| Lot No. 1356  |  |  |  |
| Grave No. 19 Y  | Sales Tax 3 28   |  |  |
| Section No  | Total Footing of Bill \$ 3 1 4 \$ 6 Less . 5 Translation   S 2 1 3 1   |  |  |
| Block No  | PN Octalance 155 \$ 494 55   |  |  |
| Diagram of Let or Vault Owner   | Entered into Ledger, page or below. 2 50   |  |  |
| Date Amount Paid Balance  | Date eftra memorymount Paid Balance  |  |  |
|   | To Balance Forward \$  |  |  |
| By Payment  |  |  |  |
|   |  |  |  |
| * *   | а а е  |  |  |
| 4 4 5 5   | a a \$   |  |  |
|   | я я \$ \$  |  |  |
|   | a a \$ \$  |  |  |
| Insurance \$ Names of Lodges  | Insurance  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have s  |  |  |  |
| for the payment of aforesaid num, and I hereby covenant and agree to pay the same withindays from date. Interest to accrue from maturity at the rate of% per annum.   |  |  |  |
| Witness Address   |  |  |  |
| Address.  Compiled by F. J. FEINEMAN St. Louis, Mo.   |  |  |  |

# RECORD OF FUNERAL Total No. 242.4 Vearly No. 26 Date of Entry More 11 1955

| Name of Deceased.   Washing Wardley   Mariet   Little   William   William |  |  |  |  |  |
|---|--|--|--|--|--|
|   | or   |  |  |  |  |
| Charge to:  | Complete Funeral (except outlays)\$ .396 00  |  |  |  |  |
| Address   | Casket   |  |  |  |  |
| Order given by Daughter   | Burial Vault or Box  |  |  |  |  |
| How Secured:  | Embalming Body(Name of Embalmer)   |  |  |  |  |
| If Veteran, State War   |  |  |  |  |  |
| Occupation farming none   | Dressing Body, \$  |  |  |  |  |
| (Social Security Number) Employer and Address   | (State Kind and Color) Slippers, \$. Hose, \$.   |  |  |  |  |
| Date of Death Nov 8 1955 11 AM  | Folding Chairs, \$Tarpaulin, \$  |  |  |  |  |
| Date of Birth. July 24 1867 (Hour)  | Candelabrum, \$Candles, \$   |  |  |  |  |
| 100   | Door Spray, \$   |  |  |  |  |
| Age. (Years) (Months) (Days)  | Limousines to Cemetery @ \$  |  |  |  |  |
| Date of Funeral 11/55 Enday 2 M.  | Extra Limousines   |  |  |  |  |
| Services at Clakel  | Getting Remains from   |  |  |  |  |
| Clergyman James Thomas  | Taking Remains to  |  |  |  |  |
| Religion of the Deceased A. L.D. S. (Address)   | Trip to Coroner's Inquest  Delivering Box to   |  |  |  |  |
| Birthplace Sowa   | Deliver Flowers to   |  |  |  |  |
| n   | Removal Charges  |  |  |  |  |
|   | Procuring Burial Permit.  (State Number and District)  Certif. Copiesof Death Certificates No. |  |  |  |  |
| Place of Death. Illatur County your   | Pall Bearer Service, \$ Use of Chapel, \$  |  |  |  |  |
| Cause of Death  | Gross Total for Sales Tax\$ 436 65   |  |  |  |  |
| Contributory Causes   | Outlay for Lot   |  |  |  |  |
|   | Cremation  |  |  |  |  |
| Certifying Physician.   | Rental of Tent, \$of Temporary Vault, \$   |  |  |  |  |
| His Address   | Rental of Tent, \$of Temporary Yault, \$<br>Opening of Grave or Tomb. To II. Manuall. 25.00.   |  |  |  |  |
| Name of Father. 2014 Washley  | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.                            |  |  |  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$  |  |  |  |  |
| Maiden Name of Mother Marin Organt  | Clergyman,\$Singers,\$Organist,\$. Railroad   Tickets, \$plane Service,\$                      |  |  |  |  |
| Her Birthplace.   | Telegr., Phone, Cable or Radio Charges.  |  |  |  |  |
| Motor Remains to  | Out of town Undertaker's Charges   |  |  |  |  |
| Size of Casket. 1/2 - Oct 1/2 Coursel groen.  | Personal Service.  |  |  |  |  |
| Manufactured by Chineway  | line Death Notices in Papers   |  |  |  |  |
| Cemetry Crematory Rose Hell   | (Names of Newspapers)  |  |  |  |  |
|   |  |  |  |  |  |
| Lot No 8.6.   | Sales Tax 5 45   |  |  |  |  |
| Grave No  | Total Footing of Bill  |  |  |  |  |
| Section No  | Less   |  |  |  |  |
| Block No  | D O W Balance \$ 4.00.00   |  |  |  |  |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page or below.  |  |  |  |  |
| Date Amount Paid Balance  | Date Amount Paid Balance   |  |  |  |  |
| To Above Balance\$  | To Balance Forward \$  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| # # \$ \$   |  |  |  |  |  |
| \$  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| ss  |  |  |  |  |  |
| Insurance \$ Names of Lodges  | Insurance  |  |  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to  |  |  |  |  |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within  |  |  |  |  |  |
| maturity at the rate of% per annum. Signed  |  |  |  |  |  |
| Witness   | Address  |  |  |  |  |

| Total No. X 7 25 Yearly No. 27  | Date of Entry 7/00/14  | 19.5          |    |
|---|--|---------------|----|
| Name of Deceased  | nderflight   |               |    |
| Residence:  | Husband Wile Widow John W Candley  | flugh         | t. |
| Charge to: Amanda Vanderfleeght   | or   | Years         |    |
| Address.  |  | 559 00        |    |
| Order given by A fulldien (or informant)  | Casket Burial Vault or Box   | 25 00         |    |
| How Secured::   | (State Kind)   |               |    |
| If Veteran, State War, LLO  | Embalming Body   |               |    |
| Occupation housewife Roul   | Dressing Roder @ The deserges @  |               |    |
| Employer and Address  | Suit or Dress.  Slippers. \$ (State Kind and Color)  Hose \$   |               |    |
| Date of Death. JAV II 1955 II AM  | Folding Chairs, \$Tarpaulin, \$  |               |    |
| Date of Birth June 19 1873 (Hour)   | Candelabrum, \$  |               |    |
| Age. (Years) (Months) (Dave)  | Funeral Car, \$ Ambulance, \$  |               |    |
| Date of Funeral. 1/14/55 Months) (Days) 2 P. M.   | Limousines to Cemetery   |               |    |
| Services at :: Atakel (Hour)  | Autos to R. R. Station @ \$  |               |    |
| Clergyman: Mallerd M. Crau (Address)  | Getting Remains from Taking Remains to   |               |    |
| Religion of the Deceased  | Trip to Coroner's Inquest Delivering Box to:   |               |    |
| Birthplace Illesiois.   | Deliver Flowers to   |               |    |
| Resided in the State. 72 405  | Removal Charges  |               |    |
| Place of Death. Rulel, West of Lamon (Months)   | Certif. Copies of Death Certificates No.   |               |    |
| Cause of Death:   | Procuring Burial Permit.  Certif.Copiesof Death Certificates No.  (State Physicals or Congress)  Pall Bearer Service, \$ Use of Chapel, \$ |               |    |
| Contributory Causes.  | Gross Total for Sales Tax\$ .5   | 84 60         |    |
| COLUMN AND | Outlay for Lot:  |               |    |
| Certifying Physician K. R. Brown.   | Flowers, \$Palms, \$Matting, \$  |               |    |
| Certifying Physician. K. A. D. Moun.  His Address. Low (or Coroner)   | Rental of Tent, \$of Temporary Vault, \$<br>Opening of Grave or Tomb La A Massile U  | 25 00         |    |
| Name of Father. Lette Boyen   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges   |               |    |
| His Birthplace Many & Startsel  | Clergyman,\$Singers,\$Organist,\$  |               |    |
| Maiden Name of Mother   | Clergyman,\$Singers,\$Organist,\$<br>Railroad Tickets,\$Aero-plane Service,\$  |               |    |
| Her Birthplace  | Telegr., Phone, Cable or Radio Charges   |               |    |
| Motor Remains to  | Out of town Undertaker's Charges   |               |    |
| Size of Casket 6-5 CaR -  |  |               |    |
| Manufactured by Bull State Color and Tylinger)  | line Death Notices in Papers   |               |    |
| Cemetery Rose Hell  | (Names of Newspapers)  |               |    |
| Lot No 154 5  | Sales Tax  | 7 30          |    |
| Grave No  | Total Footing of Bill \$ 6   | 16 30         | 11 |
| Section No  | Less 5 % destaunt 3  | 29 56         |    |
| Block No  | Balance 1: Tulls 5.  | 8.6. 7.4      | 7. |
| Diagram of Lot or Vault Owner   | Entered into Ledger, page. C. of below.  |               |    |
| Date Amount Paid Balance  | Date Nor Knount Paid   | Balance       |    |
|   | To Balance Forward\$.  |               |    |
| By Payment \$ \$  | By Payment S. S.   |               |    |
| * *   | Gimes 83 828   |               |    |
|   | Roy 83 82  |               |    |
| « « ş. ş.   | manda 883 828  |               |    |
| ······· « " s s   | Hille 83 825   |               |    |
| я к , , , , , , , , , , , , , , , , , ,   | Long \$83. 82s   |               |    |
| Names of Lodges   | Insurance 30 83 82   |               |    |
| I hereby authorize the above Funeral, and I hereby represent that I have so<br>for the payment of aforesaid sum, and I hereby covenant and agree to pay   | ufficient resources Legally available to (Firm Name of Funeral Direct  | ors.)         |    |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay  |  | o accrue from | ¥  |
| maturity at the rate of% per annum.   | Signed   |               | í  |

| Total No. 1426 Yearly Ng. X8  | Date of Entry Ale 5 195 3  |  |
|---|--|--|
| Name of Deceased. Caville & Cr  | eveling u  |  |
| Residence: 1017, 9th La De Moure  | d (What Rate)  |  |
| Charge to arused & Creveling  | Husband Wife Widow Moseing Cultur ling Alector or of Age of Husband or Wife (if living) Years  |  |
| Address 1>21 Johnson, Destavines  | Complete Funeral (except outlays)\$\$  |  |
| Order given by Phone 88609  | Casket Burial Vault or Box Mariton Vault 120 60  |  |
| How Secured :   | Embalming Body (State Kind)  (Name of Embalmer)  |  |
| If Veteran, State War Lo  | Barber, \$Hair Dressing, \$  |  |
| Occupation labore 485-03-7815 (Social Security Number)  | Dressing Body, \$Underwear, \$<br>Suit or Dress  |  |
| Employer and Address (Social Security Number)   | Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.   |  |
| Date of Death All 2 1455  | Folding Chairs, \$ Tarpaulin, \$   |  |
| Date of Birth. June 17 1895 (Hour)  | Candelabrum, \$  |  |
| Age. (Yours) (Months) (Days)  | Funeral Car, \$ Ambulance, \$  |  |
| Date of Funeral 12/5/55 Mich 2 PM   | Extra Limousines   |  |
| Services at . : Charles (Day of Week) (Hour)  | Autos to R. R. Station   |  |
| Clergyman Rev. Weed   | Taking Remains to  |  |
| Religion of the Deceased(Address)   | Trip to Coroner's Inquest Delivering Box to  |  |
| Birthplace Il Mateu County  | Deliver Flowers to   |  |
| Resided in the State (or U.Sgr City or County) (YGm) (Months)   | Removal Charges.  Procuring Burial Permit.   |  |
| Place of Death . Les Morues Ju  | Procuring Burial Permit (State Number and District)  —Certif. Copiesof Death Certificates No. (State Fundation's or Coronar's)  Pall Bearer Service, \$ Use of Chaplel, \$ |  |
| Cause of Death  |  |  |
| Contributory Causes.  | Gross Total for Sales Tax  |  |
|   | Cremation  |  |
| Certifying Physician  | Flowers, \$ Palms, \$ Matting, \$  Rental of Tent. \$ of Temporary Vault \$  |  |
| His Address   | Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb & M. Markall. 25 00   |  |
| Name of Father Clem Creveling   | Lining Grave, \$Lowering Device, \$<br>Outlay for Shipping Charges.  |  |
| His Birthplace  | Clergyman,\$Singers,\$Organist,\$. Railroad \ Tickets, \$plane Service,\$  |  |
| Maiden Name of Mother Johnsona Dunbar   | or Motor Tickets, \$   |  |
| Her Birthplace  | Cash Advanced  |  |
| Motor Ship Remains to Lamon   | Out of town Undertaker's Charges.  Personal Service. Plothing 651  |  |
| Size of Casket Slau Plush State   |  |  |
| Manufactured by E   | line Death Notices inPapers  |  |
| Genetery Crematory \  | (Names of Newspapers)  |  |
| Lot No  | Sales Tax 707-   |  |
| Grave No  | Total Footing of Bill. \$ 604 58   |  |
| Section No  | Less 5 70 ty 420 5 8 28 65   |  |
|   | PoBalance \$ 5.7.5. 9.3.   |  |
| Date Amount Paid Balance  | Entered into Ledger, pageor below.   |  |
|   | Date Amount Paid Balance   |  |
|   | To Balance Forward\$   |  |
| u a S S   | By Payment \$ \$   |  |
|   |  |  |
| " " \$ \$   |  |  |
|   |  |  |
|   |  |  |
| Names of Lodges.  | Insurance   \$ \$  |  |
| Insurance \$Lodges  I hereby authorize the above Funeral, and I hereby represent that I have su                                 | Insurance Companies.   |  |
| for the payment of aforesaid sum, and I hereby covenant and agree to pay the same withindays from date. Interest to accrue from |  |  |
| maturity at the rate of% per annum.   | Signed   |  |

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

| Total No. 2427   | Yearly No 29             |   | Date                       | of Entry        | 2  | ec!               | 1           | 92.5  |
|--|--------------------------|---|----------------------------|-----------------|--|-------------------|-------------|-------|
| Name of Deceased. /// My   | ile Widowed              | Divorced                                |                            |                 |  | (What Race)       |             |       |
| Residence Evanuta  | u Ill                    |   |                            | d Wite Wide     |  | or Wile Of living |             | Years |
| Charge to Ray De   | my                       | Г                                       |                            |                 | ept outlays) SA  | up s              |             |       |
| Address  |                          |   |                            |                 |  |                   |             |       |
| Order given by   | or informant)            |   | Rurial Vault               | or Box          | Marton Ver   | ult               | 125         | 00.   |
| How Secured:   | orinformant)             |   |                            |                 |  |                   |             |       |
| If Veteran, State War 4.   | es.                      | 100000000                               | Barber, \$                 |                 | Hair Dressing,   | \$                |             |       |
| Occupation   |                          |   |                            |                 |  |                   |             |       |
| Employer and Address   | (Social Securit          | y Number)                               | Clinnara &                 | 3               | (State Kind and Color)<br>Hose, \$   |                   |             |       |
| Date of Death , Lec . /3   | 1955                     | 100000000000000000000000000000000000000 | Folding Cha                | irs, \$         | Tarpaulin, \$  |                   |             |       |
| Date of Birth  | ato)                     | (Hour)                                  | Candelabru                 | n, \$           | Candles, \$ Gloves, \$   |                   |             |       |
| Age3   |                          |   | Funeral Car                | , \$            | Ambulance, \$  |                   |             |       |
| (Years) /  | Months) (Days)           |   | Limousines                 | to Cemete       | ery @ \$   |                   |             |       |
| Date of Funeral Sc 17/55   | Day of Week)             | (Hour) P.M.                             | Autos to R.                | R. Station      | @\$<br>1@\$#   | 2614              |             |       |
| Services at::: R. L. S.  | church                   |   | Getting Rea                | nains fron      | a asciola  | .CHP              |             | ζφ    |
| Clergyman Roy Ch   | (Address)                | ole out of the con-                     | Taking Ren                 | lains to        | uest   |                   |             |       |
| Religion of the Deceased   |                          |   | Delivering 1               | Box to          |  |                   |             |       |
| Birthplace   |                          |   | Deliver Flor<br>Removal Cl |                 |  |                   |             |       |
| Resided in the State   | ALLEGATION WALL          | (Months)                                | Procuring E                | urial Pern      | ait  | J Policidado      |             |       |
| Place of Death Evansta   | , Lel                    |   | Certif.C                   | opiesof De      | nit<br>(State Number an<br>ath Certificates)<br>(State Physician's or<br>Use of Char | No                |             |       |
| Cause of Death . Addison   | us Disease               | 2                                       | Pall Bearer                | Service,\$      | Use of Chap  | pel, \$           |             |       |
| Contributory Causes  |                          | Million Table                           |                            |                 | Tax  | \$                | 1.40        | 2.0.  |
| Contributory Causes  |                          |   | Cremation.                 |                 |  |                   |             |       |
| a vat 70 titu  |                          |   | Flowers, \$.               | Palms           | s, \$ Matti  | ng, \$            |             |       |
| Certifying Physician   | (or Coroner)             |   | Rental of To               | Grave or        | of Temporary Va<br>Tomb . W. A., Illa  | wheil.            | 25          | 00    |
| His Address  | and                      |   | Lining Grav                | 7e, \$          | .Lowering Devi   | ce, \$            |             |       |
| Name of Father. P.Y. D.L.  |                          |   | Outlay for                 | Shipping C      | Charges  | iet \$            | 3           | 00    |
| His Birthplace   |                          |   | Railroad Tio               | kets. \$        | gers,\$Organ   | rice,\$           |             |       |
| Maiden Name of Mother  |                          |   | Telegr., Pho               | one, Cable      | or Radio Charge  | es                |             |       |
| Her Birthplace   |                          |   | Cash Advan                 | . TT., J., 1    | leads Charges  |                   |             |       |
| Motor Remains to   |                          |   | Personal Se                | rvice W         | u of warse   | & egift           |             | άΛ··· |
| Size of Casket   | ate Color and Number)    |   | and cle                    | etter X         | 657Pape  |                   | 90          |       |
| Manufactured by  |                          |   | line De                    |                 |  |                   |             |       |
| Cemetery Crematory   |                          | ,                                       |                            | (Names          | of Newspapers)   |                   |             |       |
|  | Lot No 5 44              |   | Calan Man                  | >. d            | ult  |                   | 3           | 73    |
|  | Grave No                 |   |                            |                 |  |                   | 223         | 33    |
|  | Section No               |   | Less                       |                 |  |                   |             |       |
|  | Block No                 |   |                            |                 | Balance  |                   |             |       |
| Diagram of Lot or Vault  | Owner                    |   | Entered int                | o Ledger,       | pageor be  | elow.             |             |       |
| Date '   | Amount Paid              | Balance                                 | Date                       |                 |  | Amount Paid       | Bal         | ance  |
| To Above Balance   |                          | 9                                       |                            | To Ba           | alance Forward   |                   | . s         | I     |
| By Payment   | s                        | \$                                      |                            | By Pa           | yment  | \$                | . \$        |       |
|  | ş                        | \$                                      |                            | #               | *  | \$                | . \$        |       |
| a a '  | \$                       | \$                                      |                            | a               | «  | \$                | . \$        |       |
| « «  | \$                       | \$                                      |                            | и               | «  | \$                | . \$        |       |
| « «  |                          | \$                                      |                            | п               | <i>a</i>   | \$                | . \$        |       |
| " "  | \$                       | \$                                      |                            | a               | «  | \$                | . \$        |       |
|  | \$                       | \$                                      |                            | l «             | «  | l\$               | . \$        |       |
| Insurance \$   | Names of                 |   |                            | Insura<br>Compa | nce<br>anies   |                   |             |       |
| I hereby authorize the above Funeral   | , and I hereby represent | that I have su                          | ifficient resourc          | es Legally av   | vailable to (Firm )  | Name of Funeral I | Directors.) |       |
| for the payment of aforesald sum, and I hereby covenant and agree to pay the same within |                          |   |                            |                 |  |                   |             |       |

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

| Total No Yearly No   | . Date of Entry19   |  |  |
|--|---|--|--|
| Name of Deceased   | d (What Race)  □Husband□Wife□Widow}   |  |  |
| Residence:   | or  |  |  |
| Charge to:   | Complete Funeral (except outlays)\$   |  |  |
| Address  | Casket  |  |  |
| Order given by(orinformant)  | Burial Vault or Box(State Kind)   |  |  |
| How Secured::  | Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.  |  |  |
| If Veteran, State War  | Dressing Body. \$   |  |  |
| Occupation (Social Security Number)  | Suit or Dress (State Kind and Color)  |  |  |
| Employer and Address   | Slippers, \$  |  |  |
| Date of Death(Date) (Hour)   | Candelabrum, \$Candles, \$  |  |  |
| Date of Birth  | Door Spray, \$  |  |  |
| Age(Years) (Months) (Days)   | Limousines to Cemetery @ \$   |  |  |
| Date of Funeral  | Extra Limousines @ \$   |  |  |
| Services at.::   | Getting Remains from  |  |  |
| Clergyman (Address)  | Taking Remains to   |  |  |
| Religion of the Deceased   | Delivering Box to   |  |  |
| Birthplace   | Deliver Flowers to  |  |  |
| Resided in the State (or U. S. or City or County) (Years) (Months)   | Procuring Burial Permit. (State Number and District)  |  |  |
| Place of Death   | Procuring Burial Permit.  —Certif.Copiesof Death CertificatesNo.  —Certif.September of Coconer's   Pall Bearer Service, \$ Use of Chaptel, \$ |  |  |
| Cause of Death:  |   |  |  |
| Contributory Causes  | Gross Total for Sales Tax. \$   |  |  |
|  | Cremation   |  |  |
| Certifying Physician. (or Coroner)   | Flowers, \$Palms, \$Matting, \$  Rental of Tent, \$of Temporary Vault, \$   |  |  |
| His Address  | Opening of Grave or Tomb  |  |  |
| Name of Father   | Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges   |  |  |
| His Birthplace   | Clergyman,\$Singers,\$Organist,\$   |  |  |
| Maiden Name of Mother  | or Motor Tickets, \$plane Service,\$ Telegr., Phone, Cable or Radio Charges   |  |  |
| Her Birthplace   | . Cash Advanced   |  |  |
| Motor Ship Remains to  | Out of town Undertaker's Charges  |  |  |
| Size of Casket   |   |  |  |
| Manufactured by  | line Death Notices in Papers  |  |  |
| Cemetery Crematory   | (Names of Newspapers)   |  |  |
| Lot No   |   |  |  |
| Grave No   | Sales Tax   |  |  |
| Section No   | Less  |  |  |
| Block No   | Balance   |  |  |
| Diagram of Lot or Vault Owner  | Entered into Ledger, pageor below.  |  |  |
| Date Amount Paid Balanc  | e Date Amount Paid Balance  |  |  |
| To Above Balance   | To Balance Forward \$   |  |  |
| By Payment   |   |  |  |
|  |   |  |  |
| \$   |   |  |  |
|  |   |  |  |
| " " S 2  | # # e e   |  |  |
| # « \$ \$  | a a s s   |  |  |
| Insurance \$ Names of Lodges.  | Insurance<br>Companies  |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have   |   |  |  |
| I hereby authorize the above Funeral, and I hereby represent that I have sunctint resources Legally available to.  (Firm Name of Funeral Directors.)  for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within |   |  |  |
| maturity at the rate of% per annum. Signed   |   |  |  |