



## **J. H. Ostertag Funeral Register**

Columbia, Lancaster, Pennsylvania, April 1901-January 1903

J. H. Ostertag kept records of the funerals he handled in this register. His business was located in Columbia, Lancaster County, Pennsylvania, and this register covers the period between April 1901 and February 1903. Each record includes the name of the deceased, date of death, cause of death, and cemetery. There are additional details for most of the deceased in the register.

John Henry Ostertag was born to Andrew and Eva Margaret (Hettinger) Ostertag on 5 January 1857 in West Hempfield Township, Lancaster County, Pennsylvania. Around 1882, he moved to Columbia, Lancaster County, Pennsylvania, where he was in the business of furniture making and undertaking. John married Mary Anna Westerman on 19 January 1882. He died on 2 March 1942 in Columbia and was buried in Laurel Hills Memorial Gardens cemetery.

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# A Few Grave Questions.

## WHAT IS IT?

A GROOVED AND BOLTED SLATE BURIAL VAULT, manufactured out of six solid pieces of slate, grooved to fit so closely together that with the use of a little cement they can be made perfectly air and water tight.

## WHAT IS IT FOR?

For use in a grave, in place of brick, and does away with the outside case of the coffin or casket and therefore makes it the cheapest as well as the best burial case on the market.

## WHO MAKES IT?

**THE BANGOR SLATE MINING CO.,**  
BANGOR, PA.

WHAT ARE THE SIZES, WEIGHTS AND PRICES? HERE THEY ARE.

### Inside Dimensions.

	Length.	Width.	Depth.	Weight.	Price.
No. 1	4'-0"	1'-8"	1'-4"	500 lbs.	\$ <u>7 40</u>
" 2	5'-0"	1'-10"	1'-6"	650 "	<u>9 70</u>
" 3	6'-0"	2'-0"	1'-6"	800 "	<u>11 70</u>
" 4	6'-4"	2'-1"	1'-7"	900 "	<u>12 80</u>
" 5	6'-6"	2'-2"	1'-8"	950 "	<u>13 65</u>
" 5½	6'-8"	2'-2"	1'-8"	975 "	<u>13 90</u>
" 6	6'-9"	2'-3"	1'-8"	1000 "	<u>14 50</u>
" 6½	6'-10"	2'-3"	1'-10"	1060 "	<u>15 40</u>
" 7	7'-0"	2'-4"	1'-10"	1100 "	<u>16 00</u>
" 7½	7'-1"	2'-5"	2'-0"	1150 "	<u>16 80</u>
" 8	7'-3"	2'-6"	2'-0"	1200 "	<u>17 65</u>

PLEASE ORDER BY NUMBER.

All our vaults are carefully fitted together at factory, then taken apart and carefully crated ready for shipment. Prices on PLAIN VAULTS quoted on application.

To J. H. Ostertag, Esq.  
Columbia, Pa.

Date Oct. 30, 1901



June 11 - 1901

Received body of Karl Reinier  
prepared for burial, furnished  
the following.

Cemetery Charges	8.00
Walling grave	15.00
Hearse	6.00
Personal services	4.00
newspaper notice	1.50
	<u>33.50</u>

interred in Mt Bethel Cemetery

June 28 - 1901

Received remains of Harry Krarmer  
from Lancaster Pa prepared for  
burial, interred remains in Mt.  
Bethel Cemetery June 30 - 1901  
furnished the following,

Hearse	6.00
Personal services	4.00
Crematory remains from Dept - to Home	2.50
use of 3 dig cists	1.50
to pair glass 0.15	.90
burying grave	.50
	<u>15.40</u>

July 29 - 1901

Interred, still born child of  
Samuel Foltz, Mt Bethel,  
Doffin & wife age 5<sup>1/2</sup>

July 30 - 1901

Yas W Russell, 1st Corner  
to Burial of Geo. Whining 6.00  
died at Columbia Hospital.

Jan 4 - 1902. Interred remains  
of Mrs. Evans. in Mt. Bethel  
Cemetery. Remains from Hly. all  
ready for burial.

Charges as follows:-

Hearse	6.00
Crematory remains from Dept. to Home	2.00
burying grave	.50
Personal services	2.50
	<u>11.00</u>

Paid by John Johnson

Jan. 25 - 1902

Interred still born  
child of Peter Shank  
in Mt. Bethel.

Charges Plain Coffin 3.00  
H. B. Roop, Physician.

March 2 - 1902 Received  
the body of Edward Heise  
from New York, already  
for burial, delivered to  
his Father's home and  
interred same in  
Mt Bethel Cemetery on  
March 4<sup>th</sup> 1902

Charges as follows

Hearse	6.00
Crematory Charges	5.00
Crematory body from dept to Home	2.50
burying grave	.50
Personal services	4.00
To B. Frank Heise	<u>18.00</u>

April 7 - 1902

Interred infant child of Edw. Walker  
in Mt. Bethel.

Charges as follows.

Casket & Case	6.50
Crematory Charges	3.50
	<u>10.00</u>



July-29-1902

Interred body of William  
Strickler (G.) who was in-  
jured on P. R. R. Saturday  
July 26 - at Mountville, Pa  
and died at the Columbia  
Hospital, same day -  
he gave his name as  
above and claimed  
#527 N 37 st Phila  
as his residence

Charges to F. W. Rind, Dep  
Coroner, \$ 6.00

Above body turned out to  
be Wm. Lesage, and was  
exhumed Aug. 17-1902  
sent to Phila for burial

Aug. 2-1902

Interred still born child of the  
daughter of John Korman, in  
Mt Bethel Cemetery,  
Penn for Poffin 3.00



F. RUSSELL TAYLOR'S

# ❧ FUNERAL ❧ REGISTER ❧



**No. 3,**



*Published by*

T. MILTON TAYLOR,

Publisher of Funeral Registers, Pocket Funeral Order Books, Carriage Lists, Transit  
Cards, Pall Bearer Notices, Funeral Invitations, Etc., Etc., Etc.

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H. E. TAYLOR & CO.,

~ SELLING AGENTS, ~

154 EAST 23RD STREET,

NEW YORK.

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Should you wish to Duplicate this Book,  
ORDER BY THE ABOVE NUMBER.

Number of Funeral.....

Number for the Current Year 24

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ida B. Keen

Late Residence Columbia

Age 35 years      months      days.

Cause of Death *Consumption*

Certifying Physician C. F. Munsell

Date of Death April 10-1901

Date of Burial 13-1901

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Gettysburg Pa Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

### Inscription

on Plate.

### Measurement.

Length to Heel ..... feet ..... in. )

Width at Shoulder

Bill Rendered to Rev. Geo. H. Keen

### When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies.....Candelabra and.....Candles.

### Washing & Laying out Remains, Shaving.

### Preservation of Remains.

No. 5 Casket. Satin Rope Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. .... Plate engraved

Outside Box, (~~Pine, Chestnut, Oak, Cedar~~)

Pl't' ..... H'dl's ..... Corners on Box.

### Delivering to Cemetery

No. .... Robe

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs

## Flowers

Hearse

2 Carriages to Depart

## Advertising

### Cemetery charges

Transportation Expenses, &amp;c.

### Attendance & Assistants

Amount of Bill.

Amount Brought Forward

Amount Carried Forward

### PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 25

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wilson Hall  
 Late Residence Columbin In  
 Age 39 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Typhoid fever  
 Certifying Physician H. S. Rupp  
 Date of Death Apr. 11 - 1901  
 Date of Burial " 15 - 1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Nightville Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { Wilson Hall  
 on Plate. { Aged 39 yrs

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Bessie Hall

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving.		5 00
Preservation of Remains		5 00
No. <u>6</u> Casket. <u>cloth</u> <u>Cover</u> Trimming.		50 00
No. _____ Handles.		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. <u>Robe</u> _____		6 00
Prs. _____ Gloves _____ Linen Scarfs		
Use of _____ Doz. Chairs		
Flowers		
Hearse		6 00
<u>6</u> Carriages to <u>OK</u>		24 00
<u>1</u> <u>single</u>		2 00
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		98 00
Amount Brought Forward		184 5 00
Amount Carried Forward		191 3 00

## PAYMENTS.



Number of Funeral

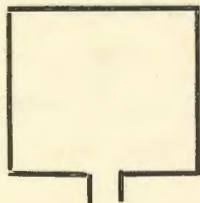
Number for the Current Year 26

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Flora J. Webster  
Late Residence Columbiana Pa  
Age 28 years \_\_\_\_\_ months \_\_\_\_\_ days.  
Cause of Death Tubular Ectenitis  
Certifying Physician Alex R. Bruid  
Date of Death April 12-1901  
Date of Burial " 16-1901  
Funeral at House or \_\_\_\_\_ Church.  
Place of Burial Mightville Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { Flora J. Webster  
on Plate. April 28 yrs,

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Geo. Webster

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving.		
Preservation of Remains		5 00
No. <u>Edg.</u> Casket. <u>cloth</u> Trimming.		6 5 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse		6 00
Carriages to		
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		76 00
Amount Brought Forward		1913 00
Amount Carried Forward		1989 00

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 27

Be careful to enter name of deceased and number of page in index for future reference.


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Christina B. FergusonLate Residence Columbia GaAge 4 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death PneumoniaCertifying Physician J. M. LivingstonDate of Death Apr. 21 - 1901Date of Burial " 23 - 1901

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Not Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Our Love One

Measurement. {

Length to Heel 4 feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_

Bill Rendered to Mr. Emory Ferguson

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. Plush Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

2 00

28 00

2 00

1 00

39 00

1989 00

2022 00



[illegible]



Number of Funeral \_\_\_\_\_

Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

William McCull

Late Residence

Columbus GaAge 56 years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician

Kennedy

Date of Death

April 29 - 1901

Date of Burial

May 1 - 1901

Funeral at House or \_\_\_\_\_


St Peters Church, Church.

Place of Burial \_\_\_\_\_

\_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_

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

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_

Candelabra and \_\_\_\_\_

Candles. \_\_\_\_\_

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 2Casket. Mahogany

Trimming. \_\_\_\_\_

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

Handles \_\_\_\_\_

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

Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

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

Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_

Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

3Carriages to 2 ft

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 30

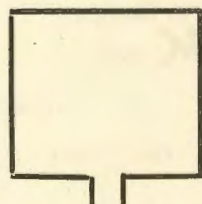
Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Walter Reese Hook  
Late Residence Columbin Pa  
Age 4 years 5 months 3 days.  
Cause of Death Pneumonia  
Certifying Physician M. G. Taylor  
Date of Death May 1st 1901  
Date of Burial " 4 1901  
Funeral at House or \_\_\_\_\_ Church.  
Place of Burial Mount Bethel Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }



Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Danl. A. Hook

When Rendered \_\_\_\_\_

### MEMORANDUM.

### ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving.		
Preservation of Remains		<u>2 00</u>
No. _____ Casket. <u>Brush</u> Trimming.		<u>25 00</u>
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse		
Carriages to		
Advertising		
Cemetery charges		<u>2 00</u>
Transportation Expenses, &c.		
Attendance & Assistants		<u>1 00</u>
Amount of Bill		<u>60 00</u>
Amount Brought Forward		<u>231 6</u>
Amount Carried Forward		<u>25 00</u>

### PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 31

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

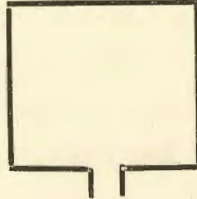
Name of Dec'd Frederick FreundLate Residence Columbus OhAge 68 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death PyæmiaCertifying Physician St W BentzgerDate of Death May 4 - 1901Date of Burial 5 - 1901

Funeral at House or \_\_\_\_\_

Place of Burial St John's Luth. Church

Grave or Lot No. \_\_\_\_\_

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

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross † }  
Show position of monument by □.

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Decker & Decker

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Box Casket. Blom Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 32

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Minich  
 Late Residence Columbus Pa  
 Age 79 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death acute intestinal obstruction  
 Certifying Physician H B Rupp  
 Date of Death May 9-1901  
 Date of Burial " 11-1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Mary Minich

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		5 00
No. <u>Coffin</u>	Trimming.	25 00
No. _____	Handles	
No. _____	Plate engraved	
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____	H'dl's _____	Corners on Box.
Delivering to Cemetery		
No. _____	Robe	
Prs. _____	Gloves	Linen Scarfs.
Use of _____	Doz. Chairs	
Flowers		
Hearse		6 00
Carriages to		
Advertising		
Cemetery charges		
Transportation Expenses, &c.		2 50
Attendance & Assistants		
Amount of Bill		38 58 X
Amount Brought Forward		2438 25
Amount Carried Forward		2476 83

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Vivian Beittel  
 Late Residence Columbia Pa  
 Age 36 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Complication  
 Certifying Physician Dr. H. L. Linneman  
 Date of Death May 10 - 1901  
 Date of Burial May 13 - 1901  
 Funeral at House or U. B. Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription { Vivian Beittel  
Aged 36 yrs  
 on Plate. }

Measurement. { Length to Heel 5 feet 9 in.  
 Width at Shoulder \_\_\_\_\_ }

Bill Rendered to B. D. Beittel

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Or Casket. Blot Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

**Paid**

## PAYMENTS.



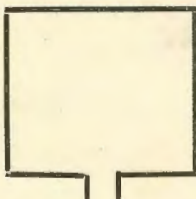
Number of Funeral \_\_\_\_\_

Number for the Current Year 24

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Susanna Rothaar  
 Late Residence Columbus Pa  
 Age \_\_\_\_\_ years 10 months \_\_\_\_\_ days.  
 Cause of Death Spasms  
 Certifying Physician Prof. H. L. Linneman  
 Date of Death May 11-1901  
 Date of Burial " 13-1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Lynch Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Phil. Rothaar

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		<u>2 00</u>
No. _____ Casket. <u>Plush</u> Trimming.		<u>15 00</u>
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse		
<u>4</u> Carriages to		<u>16 00</u>
<u>Team &amp; Sundry</u> ✓		<u>2 00</u>
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		<u>35 00</u>
Amount Brought Forward		<u>255 283</u>
Amount Carried Forward		<u>258 7 83</u>

## PAYMENTS.



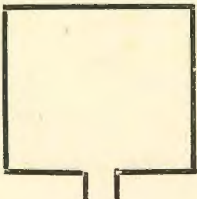
Number of Funeral \_\_\_\_\_

Number for the Current Year 35

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry Wisler  
 Late Residence West Hampfield  
 Age 82 years 1 months  days.  
 Cause of Death Paralysis  
 Certifying Physician Thos M. Luningchi  
 Date of Death May 11 - 1901  
 Date of Burial " 14 - 1901  
 Funeral at House or Church  
 Place of Burial Laurel Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

1819  
Henry Wisler  
1901

Measurement.

{ Length to Heel 6 feet 6 in.  
 Width at Shoulder Double extra  
24"

Bill Rendered to Easter & Son

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Pyx Casket blvd Trimming. double extra size

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

11 Carriages to \_\_\_\_\_Blanket

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_


Number for the Current Year 36

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Sarah M. LingLate Residence Columbia PaAge 60 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death Rheumatic ComplicationCertifying Physician Frank StickleDate of Death May 16 - 1901Date of Burial " 19 - 1901Funeral at House or ChurchPlace of Burial Newville Pa, Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

~~Trimmings~~ Trimmings 40 00Casket

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Red Robe \_\_\_\_\_ 3 80

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_ ✓

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 43 80Amount Brought Forward 277 63Amount Carried Forward 2820 63

## PAYMENTS.



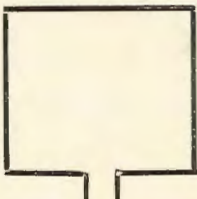
Number of Funeral \_\_\_\_\_

Number for the Current Year 87

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edward Kennedy  
 Late Residence Columbus Pa  
 Age 57 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Obstruction of Bowels  
 Certifying Physician Dr. Kennedy  
 Date of Death May 24 - 1907  
 Date of Burial " 28 - 1907  
 Funeral at House or St Peter's Chh. Church.  
 Place of Burial " " " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription on Plate. { Edward Kennedy  
April 54 yrs

Measurement. { Length to Heel 5 feet 9 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_ 5 00  
 Preservation of Remains \_\_\_\_\_ 5 00  
 No. 190 Casket. fine Trimming. 125 00  
Blank Cloth Around Corners,  
B B C Co Made  
 No. 2 Handles \_\_\_\_\_  
 No. 1 Plate engraved 1 Quince  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'd'l's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_ 6 00  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 141. 00  
 Amount Brought Forward 2820 63  
 Amount Carried Forward 2961 63

## PAYMENTS.








Number of Funeral \_\_\_\_\_

Number for the Current Year 39

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Gen. J. Arns  
 Late Residence Columbi Pa  
 Age \_\_\_\_\_ years 2 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. H. Zimmerman  
 Date of Death May 27 - 1901  
 Date of Burial " 29 - 1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial West Bedford Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. PK Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 40


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Frances B. McCann, Col.Late Residence Columbin PaAge 35 years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician G. F. MuncieDate of Death June 7 - 1901Date of Burial June 10 - 1901Funeral at House or St Church.Place of Burial Pottersfield Mt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { Frances B McCannon Plate. { April 35 72.Measurement. { Length to Heel 5 feet 6 in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Coffin & Case Trimming. 2 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_ 5 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_ ✓

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 49 00Amount Brought Forward \_\_\_\_\_ 3053 63Amount Carried Forward \_\_\_\_\_ 3096 63

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 41

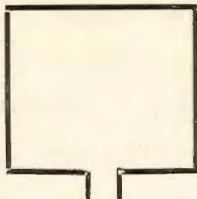
Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr Barbara Murray  
 Late Residence Columbia Pa  
 Age 62 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Complication  
 Certifying Physician C. F. Murrell  
 Date of Death June 20 - 1901  
 Date of Burial " 24 - 1901  
 Funeral at House or Holy Trinity Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. 24 Casket. Plate Trimming. 65 00  
SLM

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



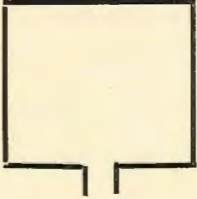
Number of Funeral \_\_\_\_\_

Number for the Current Year 42

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Elizabeth Hable  
Late Residence Columbus Pa  
Age 34 years \_\_\_\_\_ months \_\_\_\_\_ days.  
Cause of Death Pyemia  
Certifying Physician S. Munn  
Date of Death June 26 - 1901  
Date of Burial " 29 - 1901  
Funeral at House or St John's Luth Church.  
Place of Burial West Biddle Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription on Plate. { Elizabeth Hable  
Age 34 yrs }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to William Hable

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		5 00
No. <u>Cloth</u> Casket.	Trimming.	50 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't _____ H'dl's _____	Corners on Box.	
Delivering to Cemetery		
No. _____ Robe		5 00
Prs. _____	Gloves _____	Linen Scarfs.
Use of _____	Doz. Chairs	
Flowers		
Hearse		6 00
Carriages to		
Advertising		
Cemetery charges		5 00
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		71 00
Amount Brought Forward		3172 63
Amount Carried Forward		3243 63

PAYMENTS.



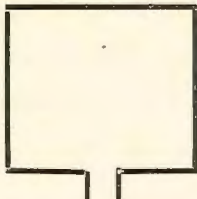
Number of Funeral \_\_\_\_\_

Number for the Current Year 43

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Amelia Coleman  
 Late Residence Brownsville Pa  
 Age 50 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Acute Dementia  
 Certifying Physician Miller at County Hospital  
 Date of Death June 29 - 1901  
 Date of Burial July 2 - 1901  
 Funeral at House or Church  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. 2nd Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

at Rest

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Type of Dried Columen

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Coffin Trimming. 5 00  
30 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_ 5 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_ 4 00

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 50 00Amount Brought Forward 3243 63Amount Carried Forward 3293 63

## PAYMENTS.



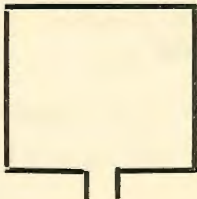
Number of Funeral \_\_\_\_\_

Number for the Current Year 44

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Adam Smith  
 Late Residence Skinnerbrook Pa.  
 Age 63 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Cerebral  
 Certifying Physician W. J. Taylor  
 Date of Death July 2 - 1901  
 Date of Burial " 5 - 1901  
 Funeral at House or Conevonia Church.  
 Place of Burial Conevonia (Chestnut Hill) Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { Fallen }  
 on Plate.

Measurement. { Length to Heel 6 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		<u>5-00</u>
Preservation of Remains		<u>5-00</u>
No. <u>2</u> Casket. <u>Clute</u> Trimming.		<u>5-00</u>
<u>6-6</u>		
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Cornerson Box.		
Delivering to Cemetery		
No. _____ Robe		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse <input checked="" type="checkbox"/>		<u>6-00</u>
Carriages to		
<u>Slipper</u>		<u>1-00</u>
<u>Wickie &amp; Stockings</u>		<u>00</u>
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill	<u>67</u>	<u>50</u>
Amount Brought Forward	<u>3293</u>	<u>63</u>
Amount Carried Forward	<u>3361</u>	<u>13</u>

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 45

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edgar E. Keenum  
 Late Residence Columbia Pa  
 Age 77 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician Dr. B. R. Rupp  
 Date of Death July 6 - 1961  
 Date of Burial " 9 - 1961  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		5 00
Preservation of Remains		5 00
No. _____ Casket. <u>blott</u>	Trimming.	55 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____	Corners on Box.	
Delivering to Cemetery		
No. <u>2</u> Robe		6 00
Prs. _____ Gloves _____	Linen Scarfs	
Use of _____ Doz. Chairs		
Flowers		
Hearse		6 00
Carriages to		
Advertising		
Cemetery charges		5 00
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		82 00
Amount Brought Forward		336 13
Amount Carried Forward		344 3 13

## PAYMENTS.



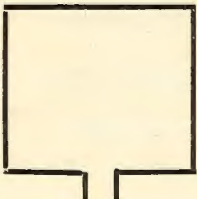
Number of Funeral \_\_\_\_\_

Number for the Current Year 46

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Hannah Thayer  
 Late Residence Columbian Pa  
 Age 79 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Old Age  
 Certifying Physician J. M. Livingston  
 Date of Death July 11 - 1901  
 Date of Burial " 15 1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		5 00
No. _____ Casket. <u>cloth</u> Trimming.		45 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. <u>Bel</u> Robe		5 00
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse		6 00
Carriages to		4 00
Advertising		
Cemetery charges		5 00
Transportation Expenses, &c. <u>about Car</u>		5 00
Attendance & Assistants		
Amount of Bill		75 00
Amount Brought Forward		344 3 13
Amount Carried Forward		351 8 13

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 47

Be careful to enter name of deceased and number of page in index for future reference.


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary E. DailyLate Residence Columbia PaAge \_\_\_\_\_ years 6 months \_\_\_\_\_ days.Cause of Death MarasmusCertifying Physician W. G. TaylorDate of Death July 15 1901Date of Burial " 18 1901

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_ 1 00No. \_\_\_\_\_ Casket. Plush Trimming. 20 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_ ✓

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_ 1 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_ 1 00Amount of Bill \_\_\_\_\_ 23 00Amount Brought Forward 35 18 13Amount Carried Forward 35 41 13

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 48

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Pearl V. Hasson  
Columbia Pa

Late Residence

Age 2 years 4 months \_\_\_\_\_ days.

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

Certifying Physician

Dr. S. S. Mamm

Date of Death \_\_\_\_\_

Date of Burial

July 25-1901

Funeral at House or \_\_\_\_\_

Church.


Place of Burial

Port Deposit

Cemetery.

Grave or Lot No. \_\_\_\_\_

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

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. Plush Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to Depart

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 49

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Moses Lake (Colored)Late Residence Lane Home Caylin

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death ConsumptionCertifying Physician Miller,


Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Baltimore Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 Show position of monument by ☐.

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket \_\_\_\_\_ Trimming. 30 00including all services

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 30 00Amount Brought Forward 3566 13Amount Carried Forward 3596 13

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 50

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Clay Henry HoytengerLate Residence Albionville PaAge 60 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Cancer of Stomach

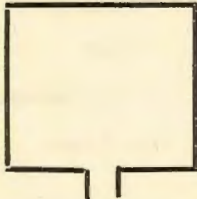
Certifying Physician \_\_\_\_\_

Date of Death Aug 13 1901Date of Burial 16 1901

Funeral at House or \_\_\_\_\_ Church.

Place of Burial  Laurel Hill Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross † }  
Show position of monument by □.

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 66 Casket. Black Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 51

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

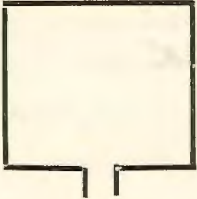
Name of Dec'd Ester E. FishelLate Residence Washington Boro.Age 5 years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician \_\_\_\_\_

Date of Death Aug 18-1901Date of Burial " 21 - 1901Funeral at House or Rechel Church.Place of Burial Washington Boro. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains. 1 50No ~~PK~~ Casket. \_\_\_\_\_ Trimming. 12 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Cornerson Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 13 50Amount Brought Forward 3674 13Amount Carried Forward 3687 63

## PAYMENTS.







Number of Funeral \_\_\_\_\_

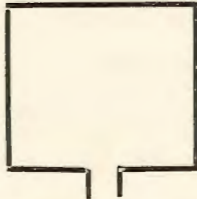
Number for the Current Year 53

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Elizabeth Mayer RighterLate Residence Columbia, Pa.Age 91 years 7 months 7 days.Cause of Death Infantia old ageCertifying Physician Alex R. BrownDate of Death Sept. 1 - 1901Date of Burial " 4 - 1901Funeral at House or ChurchPlace of Burial Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription on Plate. { \_\_\_\_\_ }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 45 Casket. B.O.C.C. Trimming.Solid MahSatin liningNo. 040 Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. BUC Robe Hennetta

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

6 Carriages to ex1 sylEdna Duniya seriesto MausBlumler

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral.....

Number for the Current Year 54

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Annie Shunk  
 Late Residence Columbia Pa  
 Age 32 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Typhoid Fever  
 Certifying Physician B. F. Munder  
 Date of Death Sept. 8-1901  
 Date of Burial " 11-1901  
 Funeral at House or Book Room Church.  
 Place of Burial Mount Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

Annie Shunk  
Aged 32 yrs.

Measurement. { Length to Heel 5 feet 6 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered John Shunk

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		<u>5 00</u>
No. _____ Casket <u>M. Case</u> Trimming.		<u>40 00</u>
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs		
Flowers		
Hearse		<u>6 00</u>
Carriages to <input checked="" type="checkbox"/>		
Advertising		
Cemetery charges		<u>10 50</u>
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		<u>61 50</u>
Amount Brought Forward		<u>390 3 63</u>
Amount Carried Forward		<u>396 5 13</u>

PAYMENTS.



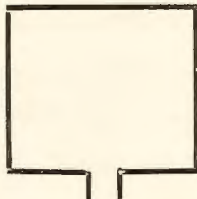
Number of Funeral \_\_\_\_\_

Number for the Current Year 55

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Louisa Horven  
 Late Residence Washington Boro.  
 Age 86 2 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Paralysis  
 Certifying Physician \_\_\_\_\_  
 Date of Death Sept. 10 - 1901  
 Date of Burial 13 - 1901  
 Funeral at House or M. E. Church.  
 Place of Burial Washington Boro. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by ☐. }

Inscription  
 on Plate.

Mother

Measurement.

{ Length to Heel 5 feet 6 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered

Mar 4 - 1901Bill rendered to Estate of Louisa Horven

## MEMORANDUM.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket Revered Trimming. 5 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ ☒

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 40 00Amount Brought Forward 39 65 13Amount Carried Forward 40 05 13

## PAYMENTS.

## ITEMS OF EXPENSE.



Number of Funeral \_\_\_\_\_

Number for the Current Year 56

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

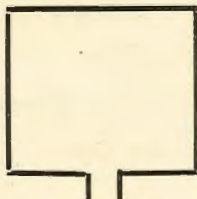
Name of Dec'd Elizabeth Leona RodkeyLate Residence Elmerville PaAge      years      months 6 days.

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

Certifying Physician \_\_\_\_\_

Date of Death Sept 14 - 1901Date of Burial " 15 - 1901Funeral at House or ChurchPlace of Burial Mtville Pa Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }Bill Rendered to Christine Rodkey

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. PK Casket. \_\_\_\_\_ Trimming. 10 00including all services

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ ✓

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, etc. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 57

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry Joseph Horn  
 Late Residence Columbia Pa  
 Age \_\_\_\_\_ years 1 months 6 days.  
 Cause of Death Murder  
 Certifying Physician J. M. Livingston  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Holy Trin, Chapel Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Grand Horn

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. PX Casket. \_\_\_\_\_ Trimming. 10 00  
including all services  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Paid

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 10 00  
 Amount Brought Forward 4015 13  
 Amount Carried Forward 4025 13

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 58

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Infant child of Harry PerwinLate Residence Norwood PaAge \_\_\_\_\_ years \_\_\_\_\_ months 9 days.

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


Certifying Physician \_\_\_\_\_

Date of Death Sept. 16 - 1901.Date of Burial " 17 "

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross † }  
Show position of monument by □.

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Harry Perwin

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. ~~Casket~~ \_\_\_\_\_ Trimming.Glass white coffin  
including tax5 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

5 00

Amount Brought Forward \_\_\_\_\_

4025 13

Amount Carried Forward \_\_\_\_\_

4030 13

## PAYMENTS.



Number of Funeral \_\_\_\_\_

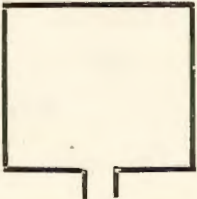
Number for the Current Year 59

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Chester Melbourne ShurtleffLate Residence Columbia PaAge 15 years 8 months \_\_\_\_\_ days.Cause of Death Typhoid MalariaCertifying Physician M. G. TaylorDate of Death Sept 19 - 1901Date of Burial " 22 - 1901Funeral at House or U. B. Church.Place of Burial Wt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by ☐. }

Inscription on Plate. { Chester Melbourne Shurtleff  
Ague 15 yrs }Measurement. { Length to Heel 6 feet 6 in. }  
{ Width at Shoulder \_\_\_\_\_ }Bill Rendered to D. H. Shurtleff

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Two Casket. Cord Trimming. 5 00  
45 00No. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral.....

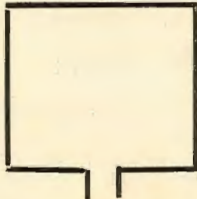
Number for the Current Year 60

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry RodenhauerLate Residence Columbia PaAge 59 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Corruption StomachCertifying Physician W. S. TaylorDate of Death Sept 25 - 1901Date of Burial Oct 1 - 1901Funeral at House or St Pauls Luth Church.Place of Burial Mt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { 1842  
Henry Rodenhauer  
on Plate. 1901 }

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Estate of Henry Rodenhauer

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 33 Casket Solid Case Trimming. 85 00B. B. E. Co

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. Box Robt Aut 11 25

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 61

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Barnabus Menefee  
 Late Residence Columbia, Pa  
 Age 81 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Dropsy  
 Certifying Physician J. M. Livingston  
 Date of Death Oct 3 - 1901  
 Date of Burial 5 - 1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Silver Spring Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription  
 on Plate.

Father

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

\*Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. O.B. Coffin Trimming. \_\_\_\_\_No. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. 2 Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

5 005 0030 005 00

Paid

45 004208 384253 38



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

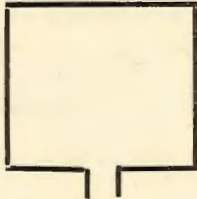
Number for the Current Year 62

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wm. H. McCumsey, Jr.Late Residence Phil. Pa.Age 32 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death RR AccidentCertifying Physician Undertaker Wm. HammyDate of Death Oct 5 - 1901Date of Burial 8 1901Funeral at House or Presbyterian (Lutheran) Church.

Place of Burial " " Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription on Plate { Wm. H. McCumsey  
Age 32 yrs.Measurement { Length to Heel 5 feet 9 in. }  
Width at Shoulder \_\_\_\_\_Bill Rendered to Phil. & Reuben R. W. Co.Thrupp Wm. H. McCumseyWhen Rendered Oct 8 - 1901

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 3 Casket. \_\_\_\_\_ Trimming.No. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid ✓

5 00

5 00

60 00

12 50

1 57

84 37

4253 38

4337 75




Number of Funeral \_\_\_\_\_

Number for the Current Year 63

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd George Know  
 Late Residence Columbia Pa  
 Age 36 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Bright's disease  
 Certifying Physician H B Rupp  
 Date of Death Oct 25-1901  
 Date of Burial 27-1901  
 Funeral at House or U. B. Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { George Know  
April 1867-1901  
 on Plate. }

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Lizzie KnowWhen Rendered Oct 25-1901

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape _____		
Draperies _____ Candelabra and _____ Candles.		
Washing & Laying out Remains, Shaving _____	<u>5</u>	<u>00</u>
Preservation of Remains _____	<u>5</u>	<u>00</u>
No. <u>3</u> Casket. _____ Trimming.	<u>45</u>	<u>00</u>
No. <u>6</u> Handles _____		
No. <u>1</u> Plate engraved _____		
Outside Box, (Pine, Chestnut, Oak, Cedar) _____		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery _____		
No. <u>1</u> Robe _____	<u>5</u>	<u>00</u>
Prs. _____ Gloves _____ Linen Scarfs _____		
Use of _____ Doz. Chairs _____		
Flowers _____		
Hearse _____		
Carriages to _____ ✓		
Advertising _____		
Cemetery charges _____	<u>5</u>	<u>00</u>
Transportation Expenses, &c. _____		
Attendance & Assistants _____		
Amount of Bill _____	<u>25</u>	<u>00</u>
Amount Brought Forward _____	<u>4337</u>	<u>75</u>
Amount Carried Forward _____	<u>4402</u>	<u>75</u>

## PAYMENTS.

<u>Paid Oct 25/1901</u>	<u>65</u>	<u>00</u>
-------------------------	-----------	-----------




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 64

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Hugh Murphy  
 Late Residence Columbus Pa  
 Age 76 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death General debility  
 Certifying Physician Frank Stricker  
 Date of Death Oct 23 - 1901  
 Date of Burial " 26 - 1901  
 Funeral at House or St Patricks Church Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by ☐ }

Inscription  
 on Plate. Hugh Murphy

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving 5 00  
 Preservation of Remains 5 00  
 No. Box Casket. Calotte Trimming. 65 00  
 \_\_\_\_\_  
6 No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved for Engraving  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
5 Carriages to 2 400 20 00  
Slippers & Socks 1 75  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 102 75  
 Amount Brought Forward 4402 75  
 Amount Carried Forward 4505 50

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 65

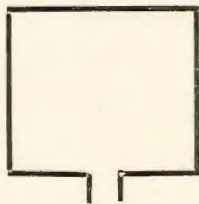
Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Elizabeth Bethel  
 Late Residence Columbia Pa  
 Age \_\_\_\_\_ years 7 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician John K. Linanauer  
 Date of Death Oct 24-1901  
 Date of Burial " 26-1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Not Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }



Inscription { See Book  
 on Plate. }

Measurement. { Length to Heel 2 feet 6 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. Plus Casket. \_\_\_\_\_ Trimming. 15 00  
including services  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_ ✓  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_ 1 00  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 16 00  
 Amount Brought Forward 450 50  
 Amount Carried Forward 452 1 50

## PAYMENTS.



Number of Funeral.....

Number for the Current Year 66

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Mrs. Williams  
Columbia, Pa

Late Residence

Age.....years.....months.....days.

Cause of Death

Cancer

Certifying Physician

F. M. Livingston

Date of Death

Oct 10 - 1901

Date of Burial

Oct 11 - 1901

Funeral at House or

Church.

Place of Burial

Pottersfield M. Bethel

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel 5 feet 9 in.

Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies.....Candelabra and.....Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No.....Casket.

Trimming.

Hospital Office

No.....Handles

No.....Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'.....H'dl's.....Corners on Box.

Delivering to Cemetery

No. Box Robe

Prs.....Gloves.....Linen Scarfs.

Use of.....Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

15 004521 504537 50

PAYMENTS.

By Cash per  
A. G. Beattie Chief  
Burgess9 00



Number of Funeral \_\_\_\_\_

Number for the Current Year 67

Be careful to enter name of deceased and number of page in index for future reference.


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Olga RuffLate Residence Columbiana, PaAge \_\_\_\_\_ years 2 1/2 weeks months \_\_\_\_\_ days.

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

Certifying Physician Geo W BenthazielDate of Death Nov 17 - 1901Date of Burial " 18 - 1901Funeral at House or ✓ Church.Place of Burial Holy Trinity Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel 2 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. P.K. Casket. \_\_\_\_\_ Trimming. 12 00

\_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

1 Carriages to Cemetery ✓ 1 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 18 00Amount Brought Forward 43-37 50Amount Carried Forward 43-50 50

## PAYMENTS.



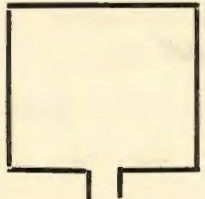
Number of Funeral \_\_\_\_\_

Number for the Current Year 68

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr. Sarah A. Burg  
 Late Residence Washington Boro. Pa.  
 Age 69 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cancer  
 Certifying Physician W. G. Binsley  
 Date of Death Nov 22-1901  
 Date of Burial 24-1901  
 Funeral at House or M. E. Church Church.  
 Place of Burial Washington Boro. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription on Plate. { Mother }

Measurement. { Length to Heel 5 feet 6 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to B. Frank Burg

When Rendered Oct 23/1901

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		5 00
No. <u>Oct.</u> Casket. <u>Clutch.</u> Trimming.		50 00
No. _____ Handles _____		
No. _____ Plate engraved _____		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe _____		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs _____		
Flowers _____		
Hearse _____		
Carriages to _____		
Advertising _____		
Cemetery charges _____		
Transportation Expenses, &c. _____		
Attendance & Assistants _____		
Amount of Bill		55 00
Amount Brought Forward		4550 50
Amount Carried Forward		4605 50

PAYMENTS.

By Oct 11/23/01  
Rev B. Frank Burg 55 00




Number of Funeral \_\_\_\_\_

Number for the Current Year 69

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Stephanie Heimer  
 Late Residence Washington Blvd. Pa  
 Age 74 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Laryngitis  
 Certifying Physician W. G. Bensley  
 Date of Death Nov 23-1901  
 Date of Burial " 28-1901  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Near Guth's Station Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

At Rest

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Edwin Heilman  
1227 Sumner St. Allentown, Pa

When Rendered Nov 26-1901

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Car Casket. Plata, Trimming. 50 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Cornerson Box.

Delivering to Cemetery \_\_\_\_\_

No. Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

500	
5000	
1000	
50	
60	
567	
71.77	
4605.50	
4677.27	



Number of Funeral \_\_\_\_\_

Number for the Current Year 70

Be careful to enter name of deceased and number of page in index or future reference.

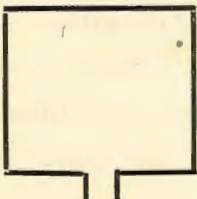
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edw Augustus MesalLate Residence Overland, PaAge 36 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death RR AccidentCertifying Physician Alex R CraigDate of Death 12/6/01Date of Burial 12/9/01

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_ 5 00Preservation of Remains \_\_\_\_\_ 5 00No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 40 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_ 5 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_ ✓

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 62 15Amount Brought Forward \_\_\_\_\_ 46 77 27Amount Carried Forward \_\_\_\_\_ 47 39 52

## PAYMENTS.



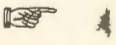
Number of Funeral \_\_\_\_\_

Number for the Current Year 71

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Miss Kate Meisner  
 Late Residence Bethlehem, Pa.  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Excess  
 Certifying Physician at St. Joseph's Hospital  
 Date of Death Dec 24 - 1901  
 Date of Burial " 27 - 1901  
 Funeral at House or Holy Trinity Church.  
 Place of Burial " " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. Boyle Cloth Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, from Lancaster \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

5 00

40 00

5 00

6 00

2 00

58 50

4739 52

4798 02




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 72

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Copeland  
 Late Residence "Mussers" Lane & Co. Ala  
 Age 5 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Abscess in Throat & Quins  
 Certifying Physician \_\_\_\_\_  
 Date of Death Dec 28-1901  
 Date of Burial " 31-1901  
 Funeral at House or Lutheran Baptist Church.  
 Place of Burial Monterville, Baptist Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

R. Co. to funeral & person  
 Miss. Flagman, dress at  
 Hospital,  
 24th Dec 1901  
 Burial & Care 35.00  
 Preparing body 10.00  
 summa 45.00

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		1 00
No. <u>PK</u> Casket.	Trimming.	15 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____	Corners on Box.	
Delivering to Cemetery		
No. _____ Robe		2 50
Prs. _____ Gloves _____	Linen Scarfs.	
Use of _____ Doz. Chairs		
Flowers		
Hearse		
Carriages to		
<u>1 1/2 yd Elderwood</u>		75
<u>Double lined elm fine</u>		
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		18 25
Amount Brought Forward		47 98 02
Amount Carried Forward		48 17 27

## PAYMENTS. 0

<u>Apr. 2-1901</u>	
<u>Admission Card</u>	
<u>Casket &amp; Case</u>	35 00
<u>Preparatory services</u>	48 52 27
<u>This item was omitted</u>	
<u>at time of funeral,</u>	50 00
<u>Preparatory items, not needed</u>	
<u>in Registrar</u>	288 49
<u>Making a total for 1901</u>	5190 76



Number of Funeral \_\_\_\_\_

Number for the Current Year 15

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Clayton SmithLate Residence Columbiana, Pa

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician \_\_\_\_\_

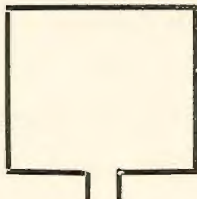
Date of Death \_\_\_\_\_

Date of Burial May 31 - 1901

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mt Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross + }  
{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Not Entered at time

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 24 Casket. Clotte Trimming. 5 00  
65 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_ 6 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 87 00Amount Brought Forward 5190 76Total for 1901  
Amount Carried Forward 5277.76

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 1

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Andrew J. Weaver  
 Late Residence Columbus, Pa  
 Age 64 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Bright's disease with complications  
 Certifying Physician John M. Livingston  
 Date of Death Jan. 12 - 1902  
 Date of Burial Jan. 15 - 1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Silver Springs, Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_ 5 00  
 Preservation of Remains \_\_\_\_\_ 5 00  
 No. Red Casket. "Letaoka" Trimming. 75 00  
Covered with Astric cloth  
 No. 6 Handles \_\_\_\_\_  
 No. 1 Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'd'l's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
Transfer Permit from B. & O. Death Steffen & Sons 1.25  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 8.6 75  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 2

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Blanche McCall  
 Late Residence Columbin, Pa  
 Age 16 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Tumor at Base of Brain  
 Certifying Physician D. Armour  
 Date of Death Jan 16 - 1902  
 Date of Burial Jan 20 - 1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Laurel Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { Blanche McCall  
 on Plate. { April 16 1902  
 Measurement. { Length to Heel 5 feet 9 in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to Daniel McCall

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 106 Casket. White Pine Trimming. 55 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

2 fcls. 1/2 with Endorsement 1 50

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 67 50Amount Brought Forward 86 75Amount Carried Forward 154 25

## PAYMENTS.








Number of Funeral \_\_\_\_\_

Number for the Current Year 4

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Evan Williams  
 Late Residence Columbus, Pa  
 Age about 40 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death RR Accident  
 Certifying Physician Alex R. Craig  
 Date of Death Jan 29-1902  
 Date of Burial Jan 30-1902  
 Funeral at House or St Paul's Epr. Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 Show position of monument by ☐.

Inscription { Evan Williams  
 on Plate. { Died Jan 17-1902  
 Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to William Williams

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 6 Casket. in case Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Funeral Blasket \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.








Number of Funeral \_\_\_\_\_

Number for the Current Year 6

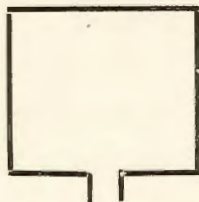
Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph J. New  
 Late Residence Columbia, Pa  
 Age \_\_\_\_\_ years 9 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. M. Mum  
 Date of Death Feb 1 - 1902  
 Date of Burial " 3 - 1902  
 Funeral at House or \_\_\_\_\_ ~~Church~~.  
 Place of Burial West Bedford Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel 2 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No ~~Casket~~ Casket. \_\_\_\_\_ Trimming. 15 00

No. ✓ Handles \_\_\_\_\_  
 No. 1 Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 16 00  
 Amount Brought Forward 412 75  
 Amount Carried Forward 428 75

## PAYMENTS.



Number of Funeral \_\_\_\_\_

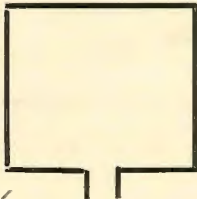
Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 7

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo. C. TroutmanLate Residence Columbiana, Pa.Age 28 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death R.R. accidentCertifying Physician Joe Johnson Sept. 4, 1902Date of Death Sept 4 1902Date of Burial " 7-1902Funeral at House of Luthers (Maytown) Church.Place of Burial " " Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription George C. Troutmanon Plate. Aged 28 yrsMeasurement. { Length to Heel 5 feet 9 in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 157 Casket Elfin Trimming. Black ClothNo. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Black Robe Quilt \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Shower Blower \_\_\_\_\_Shippers & Undertakers \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 8

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Luthiser  
 Late Residence Columbiana, Pa.  
 Age 77 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Infirmities of old age  
 Certifying Physician C. F. Whipple  
 Date of Death Feb. 13 - 1902  
 Date of Burial Feb 15 - 1902  
 Funeral at House or \_\_\_\_\_ Church  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by ☐. }

Inscription  
 on Plate.

Father

Measurement.

{ Length to Heel 5 feet 9 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Coffin (Pine) Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 9

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Agnes J. Williams  
 Late Residence Columbia, Pa  
 Age 37 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician Dr. Buder  
 Date of Death Feb. 1st 1902  
 Date of Burial " 16 - 1902  
 Funeral at House or Baptist, Colerua Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by ☐. }

Inscription { At Rest  
 on Plate. }

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. Coffin (Rosewood) Trimming. (Cremated Remains)  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 40 00  
 Amount Brought Forward \_\_\_\_\_ 578 90  
 Amount Carried Forward \_\_\_\_\_ 618 90

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 10

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Keiner  
 Late Residence Columbia, Pa  
 Age 78 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Dropsy  
 Certifying Physician Geo. W. Benitz  
 Date of Death Feb. 14 - 1902  
 Date of Burial " 17 - 1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mt Bittel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { John Keiner  
 on Plate. Age 78 yrs.

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in.  
 Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		<u>5 00</u>
Preservation of Remains		<u>5 00</u>
No. _____ Casket <u>Natural</u> Trimming.		<u>95 00</u>
<u>Black Cloth. Bull Mold,</u>		
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. <u>1</u> Robe		<u>12 00</u>
Prs. _____ Gloves _____ Linen Scarfs		
Use of _____ Doz. Chairs		
Flowers		
Hearse		<u>6 00</u>
<u>11</u> Carriages to <u>@ 40</u>		<u>44 00</u>
Advertising		
Cemetery charges		<u>5 00</u>
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		<u>172 00</u>
Amount Brought Forward		<u>618 90</u>
Amount Carried Forward		<u>790 90</u>

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 11

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Sarah WeidlaufLate Residence Stolls "near Columbus, Pa."Age 35 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Cancer

Certifying Physician \_\_\_\_\_


Date of Death Feb 16 - 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription on Plate. { Sarah E. Weidlauf  
April 35 702 }

Measurement. { Length to Heel 5 feet 9 in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving 3 50Preservation of Remains 5 00No. \_\_\_\_\_ Casket Wool Cloth, Trimming. 40 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. White Robe 7 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 6 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 61 50Amount Brought Forward 790 90Amount Carried Forward 851 40

PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 12

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Elizabeth Shellenberger  
 Late Residence Maytown, Pa  
 Age 74 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Infirmities of old age  
 Certifying Physician Dr. Hurter  
 Date of Death Feb 18-1902  
 Date of Burial Feb 20-1902  
 Funeral at House or Bethel (at Columbia) Church.  
 Place of Burial Mt. Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket \_\_\_\_\_ Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

**PAID**  
**J. H. OSTERAG.**  
**FEB 20 1902**  
**PER COLUMBIA, PA.**

5 00

75

41 75

851 40

893 15




Number of Funeral \_\_\_\_\_

Number for the Current Year 13

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Emily C. Schlottman  
 Late Residence Columbus, Pa.  
 Age \_\_\_\_\_ years 21 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. M. Livingston  
 Date of Death 2/23 - 1902  
 Date of Burial 2/26 - 1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial West Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel 2 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_ 1 00  
 No. PK Casket. \_\_\_\_\_ Trimming. 10 00  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'd'l's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 11 00  
 Amount Brought Forward \_\_\_\_\_ 893 15  
 Amount Carried Forward \_\_\_\_\_ 904 15

## PAYMENTS.



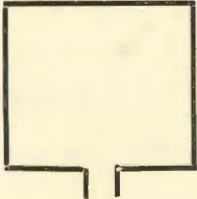
Number of Funeral \_\_\_\_\_

Number for the Current Year 14

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Arthur P. Hatch  
 Late Residence Columbus Pa  
 Age 57 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death RR accident  
 Certifying Physician Alfred R. Craig  
 Date of Death Feb 24 - 1902  
 Date of Burial Feb 28 - 1902  
 Funeral at House or \_\_\_\_\_ ~~Church~~.  
 Place of Burial Wrightsville Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

Arthur P. Hatch  
April 57 yrs -

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to P. R. R. Co. for  
"50" of this amt

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. 151 Casket. Black Trimming. 75 00  
Full Mounted (Walt)  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Slipper & Supper 1 21-

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 92 50  
 Amount Brought Forward 904 15  
 Amount Carried Forward 996 65

## PAYMENTS.



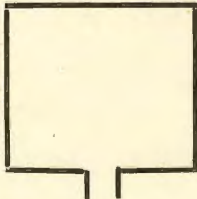
Number of Funeral \_\_\_\_\_

Number for the Current Year 15

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry Clayton Woff  
 Late Residence Columbia Pa  
 Age 20 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death R.R. Accident  
 Certifying Physician Alex R. Braving  
 Date of Death Feb. 25 - 1902  
 Date of Burial Remains sent to  
 Funeral at House or Sellam, York Co., Church.  
 Place of Burial for burial Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

Henry Clayton Woff  
aged 20 yrs.

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to P.R.Co.

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		5 00
Preservation of Remains		5 00
No. <u>7</u> <sup>Dark</sup> Casket.	Trimming.	35 00
No. _____	Handles	
No. _____	Plate engraved	
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't _____	H'dl's _____	Corners on Box.
Delivering to Cemetery		
No. <u>200</u> Robe		5 00
Prs. _____	Gloves _____	Linen Scarfs.
Use of _____	Doz. Chairs	
Flowers		
Hearse		
Carriages to		
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		50 00
Amount Brought Forward		996 65
Amount Carried Forward		1046 65

## PAYMENTS.



## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 17

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mable M. HowardLate Residence Memor 9wp.Age \_\_\_\_\_ years 1 1/2 months \_\_\_\_\_ days.

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


Certifying Physician \_\_\_\_\_

Date of Death Mar 7 - 1902Date of Burial " 9 - 1902

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Washington - Burr Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. PK Casket. 43 Trimming. 12

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

/ Carriages to 2 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 15 00Amount Brought Forward 1081 65Amount Carried Forward 1096 65

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 18

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Andrew Osterlag  
 Late Residence Columbia, Pa  
 Age 74 years 11 months  days.  
 Cause of Death Heart trouble & liver  
 Certifying Physician Edw W. Benthley  
 Date of Death March 10 - 1902  
 Date of Burial " 12 - 1902  
 Funeral at House or \_\_\_\_\_ Church \_\_\_\_\_  
 Place of Burial Concordia (Chrt. Hill) Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross † }  
 Show position of monument by □.

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains; Shaving		
Preservation of Remains		
No. <u>150</u> Casket. <u>Self Cloth</u> Trimming,	<u>24</u>	<u>30</u>
No. _____ Handles <u>of</u>		
No. <u>1</u> Plate engraved <u>x</u>		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____ Cornerson Box.		
Delivering to Cemetery		
No. _____ Robe _____		
Prs. _____ Gloves _____ Linen Scarfs		
Use of _____ Doz. Chairs		
Flowers		
Hearse	<u>6</u>	<u>00</u>
<u>5</u> Carriages to	<u>20</u>	<u>00</u>
<u>Stiffness &amp; Suits</u>	<u>1</u>	<u>15</u>
Advertising		
Cemetery charges	<u>3</u>	<u>00</u>
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill	<u>54</u>	<u>65</u>
Amount Brought Forward	<u>1096</u>	<u>65</u>
Amount Carried Forward	<u>1151</u>	<u>30</u>

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 19

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Frank Howard  
 Late Residence Columbia, Pa  
 Age 18 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Consumption  
 Certifying Physician W. DeMuniz  
 Date of Death March 14-1907  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Wt. Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate.

Frank Howard

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Catharine Snyder

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving. } 6 00

Preservation of Remains.

No. Coffin Trimming. 30 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Robe \_\_\_\_\_ 3 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_ 5 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 50 00Amount Brought Forward 1151 30Amount Carried Forward 201 30

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 20

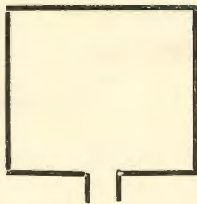
Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Anna Westerman  
 Late Residence Columbia, Pa  
 Age 78 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Gastric Fever  
 Certifying Physician J. Armer  
 Date of Death March 28-1902  
 Date of Burial March 31-1902  
 Funeral at House or Dalem Luth. Church.  
 Place of Burial Daniel Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross † }  
 Show position of monument by □.



Inscription  
 on Plate.

~~1873~~  
Anna Westerman  
Aged 78 yrs.

Measurement.

{ Length to Heel 5 feet 9 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 157 Casket. E. G. Blott Trimming. 5 0065 00No. 6 Handles \_\_\_\_\_No. 1 Plate engraved J. G.

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_10 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

6 008 Carriages to 2 432 001 single team2 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

4 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

124 00

Amount Brought Forward \_\_\_\_\_

1201 30

Amount Carried Forward \_\_\_\_\_

1325 30

## PAYMENTS.



Number of Funeral.....

Number for the Current Year. 21

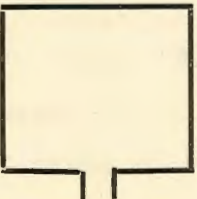
Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Frank FleckensteinLate Residence. Columbia, PaAge. 17 years. months. days.Cause of Death. Acute bronchitis & lungsCertifying Physician. N.B. RuppDate of Death. Apr. 2 - 1902Date of Burial. " 4 - 1902Funeral at House or Holy Trinity Church.

Place of Burial. " " Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription on Plate. { Frank Fleckenstein  
April 17 1902Measurement. { Length to Heel 6 feet. in. }  
Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies. Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains.

No. 1 Casket. Cover Trimming.No. 6 Handles SilverNo. 1 Plate engraved. Cover

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'd'l's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves. Linen Scarfs.

Use of Doz. Chairs.

Flowers.

Hearse

Carriages to

Slippers Shirt Collar  
Buff, tie, & Buff buttons

Advertising

Cemetery charges.

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.



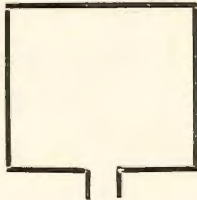
Number of Funeral \_\_\_\_\_

Number for the Current Year 22

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Gopus Brill  
 Late Residence Columbia, Pa  
 Age 56 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician H. B. Rook  
 Date of Death April 3 - 1902  
 Date of Burial " 5 - 1902  
 Funeral at House or 444 Locust St Church.  
 Place of Burial Int Bethel Cemetery.  
 Grave or Lot No. Solemn Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { At Rest  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Chapman & Alderson

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		
Preservation of Remains		
No. <u>Coffin</u>	Trimming.	<u>25.00</u>
No. _____	Handles	
No. _____	Plate engraved	
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____	H'dl's _____	Corners on Box.
Delivering to Cemetery		
No. <u>Robe</u>		<u>5.00</u>
Prs. _____	Gloves _____	Linen Scarfs
Use of _____	Doz. Chairs	
Flowers		
Hearse		
Carriages to		
Advertising		
Cemetery charges		<u>5.00</u>
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		<u>35.00</u>
Amount Brought Forward		<u>138.90</u>
Amount Carried Forward		<u>142.40</u>

## PAYMENTS.



## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 24

Be careful to enter name of deceased and number of page in index for future reference.

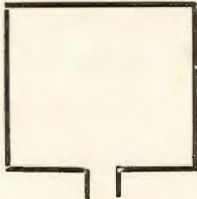
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Roy E. QuayLate Residence Columbiana, PaAge \_\_\_\_\_ years 7 months \_\_\_\_\_ days.Cause of Death MarasmusCertifying Physician W. G. TaylorDate of Death Apr 9-1902Date of Burial " 11-1902

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mountville Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. PK Casket. \_\_\_\_\_ Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 25

Be careful to enter name of deceased and number of page in index or future reference.

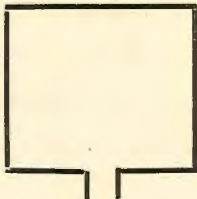
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary ListLate Residence Columbia, PaAge 66 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death Valvular Heart DiseaseCertifying Physician A B KoopDate of Death Apr 10 - 1902Date of Burial " 14 - 1902

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mt Bethel, Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. BLK Casket. Clott Trimming. 5 00No. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. BLK Robe "Hemetta" 14 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 6 00

Carriages to \_\_\_\_\_

Blanket 4 50

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_ 5 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 104 50Amount Brought Forward \_\_\_\_\_ 151 60Amount Carried Forward \_\_\_\_\_ 162 10

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 26

Be careful to enter name of deceased and number of page in index for future reference.

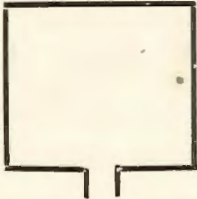
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Infant Child ofLate Residence Ed. West Carl. PerAge \_\_\_\_\_ years 6 months \_\_\_\_\_ days.Cause of Death MeningitisCertifying Physician RueherDate of Death Apr. 16-1902Date of Burial " 18-1902

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Millersville Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel 2 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

~~No~~ Casket. Plume Trimming. 15 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

1 Carriages to (own) 2 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 18 00Amount Brought Forward 1621 30Amount Carried Forward 1639 30

## PAYMENTS.







Number of Funeral \_\_\_\_\_

Number for the Current Year 28

Be careful to enter name of deceased and number of page in index for future reference.


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Christian AugreyLate Residence Washington Boro, Pa.Age 49 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Cerebral

Certifying Physician \_\_\_\_\_

Date of Death April 21-1902Date of Burial " 24-1902Funeral at House or Church.Place of Burial Washington Boro. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. Crape Trimming. 5 00  
40 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Blank Robe 6 50

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 51 50Amount Brought Forward 165 7 30Amount Carried Forward 170 8 80

## PAYMENTS.




Number of Funeral

Number for the Current Year 29

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Levi S. Wood  
Late Residence Wrightsville, Pa  
Age 29 years \_\_\_\_\_ months \_\_\_\_\_ days.  
Cause of Death Typhoid  
Certifying Physician Fred C. Bueler  
Date of Death May 4-1902  
Date of Burial May 6-1902  
Funeral at House or \_\_\_\_\_ Church.  
Place of Burial Wrightsville, Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { 1872  
Levi S. Wood  
1902  
on Plate. }

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving		5 00
Preservation of Remains		5 00
No. <u>10</u> Basket. <u>Small corner</u> Trimming.		50 00
No. _____ Handles		
No. _____ Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' _____ H'dl's _____	Corners on Box.	
Delivering to Cemetery		
No. <u>Robe</u> _____		7 00
Prs. _____	Gloves _____	Linen Scarfs.
Use of _____	Doz. Chairs _____	
Flowers		
Hearse		6 00
Carriages to _____		
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		73 00
Amount Brought Forward		170 80
Amount Carried Forward		178 1 80

PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 30

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wm. P. Plunagun  
 Late Residence Columbia, Penna  
 Age 44 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death R.R. Accident  
 Certifying Physician Geo. H. Johnson, Dist. Comm.  
 Date of Death May 9 - 1902  
 Date of Burial " 12 - 1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Catholic) Mt. Holy. Pa Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { Wm. P. Plunagun  
 on Plate. Age 44 yrs.

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in.  
 Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 157 Casket. ABC Co. Black Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. 1 Plate engraved 2 Crucifix

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

10 00  
 75 00

6 00

91 00  
 1751 80  
 1872 80




Number of Funeral.....

Number for the Current Year 31

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bridget Foley  
 Late Residence Columbu. In  
 Age 86 years 7 months 18 days.  
 Cause of Death General Debility  
 Certifying Physician Kennedy  
 Date of Death June 3 - 1902  
 Date of Burial " 5 - 1902  
 Funeral at House or St Peter Church.  
 Place of Burial St Petrus Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { Bridget Foley  
 on Plate. Apr. 86 yrs  
 Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles.
Washing & Laying out Remains, Shaving.		
Preservation of Remains.		5 00
No. <u>6</u> Casket. <u>6</u> Trimming.		62 50
No. _____ Handles _____		
No. <u>1</u> Plate engraved <u>+ 1 Cross</u>		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't _____ H'dl's _____ Corners on Box.		
Delivering to Cemetery		
No. _____ Robe _____		
Prs. _____ Gloves _____ Linen Scarfs.		
Use of _____ Doz. Chairs _____		
Flowers		
Hearse		6 00
<u>4</u> Carriages to <u>at</u>		16 00
<u>1</u> Single Team		2 00
Advertising		
Cemetery charges		
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		91 50
Amount Brought Forward		187 28 0
Amount Carried Forward		196 33 0

PAYMENTS.



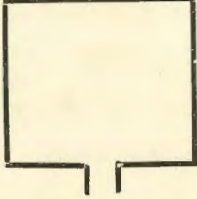
Number of Funeral \_\_\_\_\_

Number for the Current Year 32

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Hurlock Bremer  
 Late Residence Columbia Pa  
 Age 70 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Emmal Debility  
 Certifying Physician J. J. Mann  
 Date of Death June 13 - 1902  
 Date of Burial " 15 - 1902  
 Funeral at House or Church  
 Place of Burial West Bethel Cemetery.  
 Grave or Lot No. 722 Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { Mother  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Albert Bremer

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. 09 Coffin \_\_\_\_\_ Trimming. 5 00  
30 00  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. 1 Plate engraved Mother  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.







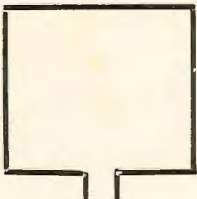
Number of Funeral \_\_\_\_\_

Number for the Current Year 34

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr. Elizabeth Kiehl  
 Late Residence Chestnut Hill, Pa  
 Age 66 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death July 4 - 1902  
 Date of Burial 7 - 1902  
 Funeral at House or Quincordia Lata Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

1836  
Elizabeth Kiehl  
1902

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. ~~Box~~ Casket. Clutch Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. Robt Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_


Number for the Current Year 35

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo Edward GreenwoodLate Residence Knickerbocker PaAge 2 years 7 months 24 days.Cause of Death Pharyngeal InfectionCertifying Physician BentleyDate of Death July 10 - 1902Date of Burial July 13 - 1902Funeral at House or Quonville Church.Place of Burial 11 Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. P.K. Casket. 2/3 Trimming. 15 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 18 00

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 36

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Catherine L Dougherty  
 Late Residence Columbus, Pa  
 Age 73 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Chronic Diarrhea  
 Certifying Physician J. K. Zimmerman  
 Date of Death July 14-1902  
 Date of Burial July 17-1902  
 Funeral at House or Gosp. Presbyterian Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double cross †.  
 Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to H. S. Dougherty

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. ~~BAK~~ Casket. 6 Cloth Trimming. 50 00No. 6 Handles \_\_\_\_\_No. 1 Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Funeral Permit  
Steel-Curseries 50  
1 30

Advertising \_\_\_\_\_

Cemetery charges 7 opening Church 50 00Transportation Expenses, &c. 2 90Attendance & Assistants 4 00Amount of Bill 69 20

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 37

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bakerie Blurd  
 Late Residence Columbia, Pa  
 Age 79 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death old age  
 Certifying Physician W. S. Taylor  
 Date of Death July 25 - 1902  
 Date of Burial " 28 - 1902  
 Funeral at House or Home Church \_\_\_\_\_  
 Place of Burial Marilla, Pa Cemetery \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_ 5.00  
 No. \_\_\_\_\_ Casket Crape Trimming. 45.00  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_  
 Delivering to Cemetery \_\_\_\_\_  
 No. Ben Robe \_\_\_\_\_ 5.00  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 50.00  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 38

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Johanna M<sup>c</sup> Namara  
 Late Residence Columbia - Pa  
 Age 69 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. M. Lirigstü  
 Date of Death July 25 - 1902  
 Date of Burial " 28 - 1902  
 Funeral at House of St Peter's Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription on Plate. { Johanna M<sup>c</sup> Namara  
Age 69 yrs. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape _____		
Draperies _____ Candelabra and _____ Candles.		
Washing & Laying out Remains, Shaving _____		
Preservation of Remains <u>2 Preserving body</u>	<u>1.00</u>	<u>00</u>
No. <u>136</u> Casket. <u>Balt Winder</u> Trimming.	<u>85</u>	<u>00</u>
No. _____ Handles _____		
No. _____ Plate engraved _____		
Outside Box, (Pine, Chestnut, Oak, Cedar) _____		
Pl't _____ H'd's _____ Corners on Box.		
Delivering to Cemetery _____		
No. _____ Robe _____		
Prs. _____ Gloves _____ Linen Scarfs _____		
Use of _____ Doz. Chairs _____		
Flowers _____		
Hearse _____	<u>6</u>	<u>00</u>
Carriages to _____		
Advertising _____		
Cemetery charges _____		
Transportation Expenses, &c. _____		
Attendance & Assistants _____		
Amount of Bill _____	<u>101</u>	<u>00</u>
Amount Brought Forward _____		
Amount Carried Forward _____		

## PAYMENTS.



Number of Funeral.....

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 39

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Anna Martha Koch  
 Late Residence Musella Pike  
 Age 9 years 7 months    days.  
 Cause of Death Cholera Infantum  
 Certifying Physician D. Armer  
 Date of Death July 26 - 1902  
 Date of Burial " 29 - 1902  
 Funeral at House or    Church.  
 Place of Burial Wm Bethel Cemetery.  
 Grave or Lot No.    Section No.   

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel    feet    in. }  
 { Width at Shoulder    }  
 Bill Rendered to Benj. D. Koch

When Rendered   

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape		
Draperies	Candelabra and	Candles
Washing & Laying out Remains, Shaving		
Preservation of Remains		<u>2 00</u>
No. <u>76</u> Casket <u>Plush</u> Trimming		<u>20 00</u>
<u>Blanket</u>		<u>2 50</u>
No. <u>4</u> Handles		
No. <u>  </u> Plate engraved		
Outside Box, (Pine, Chestnut, Oak, Cedar)		
Pl't' <u>  </u> H'dl's <u>  </u> Corners on Box.		
Delivering to Cemetery		
No. <u>  </u> Robe		
Prs. <u>  </u> Gloves <u>  </u> Linen Scarfs.		
Use of <u>  </u> Doz. Chairs		
Flowers		
Hearse		
<u>1</u> Carriages to		<u>2 00</u>
<u>1 Couch (Reclining)</u>		<u>5 00</u>
Advertising		
Cemetery charges		<u>1 00</u>
Transportation Expenses, &c.		
Attendance & Assistants		
Amount of Bill		<u>32 50</u>
Amount Brought Forward		
Amount Carried Forward		

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 40

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Christian Kraft  
 Late Residence Columbia, Pa.  
 Age 66 years 8 months \_\_\_\_\_ days.  
 Cause of Death Paralysis  
 Certifying Physician W. S. Taylor  
 Date of Death August 14 1902  
 Date of Burial " 4 1902  
 Funeral at House or St Pauls Geo Luth. Church.  
 Place of Burial Mount Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □ }

Inscription { 1835  
Christian Kraft  
1902  
 on Plate. }

Measurement. { Length to Heel 6 feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No BLK Casket. Red velvet Trimming.

No. 6 Handles  
 No. 1 Plate engraved  
 Outside Box, (Pine, Chestnut, Oak, Cedar)  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_

Carriages to \_\_\_\_\_  
Shaffer, Shind, Loebe, Cohen  
or

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

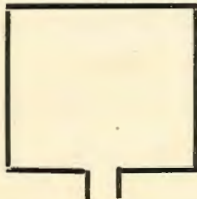
Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 41

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wm Lesage (Stricker)Late Residence Philadelphia PaAge 21 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death R.R. AccidentCertifying Physician Alv. R. CowieDate of Death July 26 - 1902Date of Burial Aug 8 1902

Funeral at House or \_\_\_\_\_ Church \_\_\_\_\_

Place of Burial in City of Phila Cemetery.Grave or Lot No. Name of Cemetery Section No. Not KnownTo meLocation of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription  
on Plate. { At Rest }Measurement. { Length to Heel 5 feet 9 in. }  
Width at Shoulder \_\_\_\_\_ }Bill Rendered to Wm. H. Free  
Monroeville, Pa.When Rendered Aug 7 - 1902

## MEMORANDUM.

The above was a man who was injured on the P. R. R. at Monroeville, Pa. July 26 - 1902 brought to Columbia Hospital and died there some day - buried in Potliff field, as Wm Stricker, on July 29/02 Exhumed Aug. 7 - 1902 and

## ITEMS OF EXPENSE.

sent to Philadelphia he being identified as William Lesage, by his father John Lesage and also by his brother, the father carried a key numbered, 12.704 & the son killed carried a key numbered,

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. in oak Trimming.Full services\$50.00No. 6 Handles \_\_\_\_\_No. 1 Plate engraved At Rest

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. Box Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

50.00

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 42

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Miss Sophia McCracken  
 Late Residence Co. Elmira, Pa.  
 Age 82 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Old age  
 Certifying Physician John K. Zimmerman  
 Date of Death Aug 10-1902  
 Date of Burial " 12-1902  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Laurel Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription  
 on Plate.

At Rest

Measurement. { Length to Heel 5 feet 6 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to L. P. McCracken

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. Casket \_\_\_\_\_ Trimming. 5 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral.....

Number for the Current Year 43

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Self

Late Residence West Newfield

Age 2 years 0 months 1 days.

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

Certifying Physician S. S. McNamee M.D.

Date of Death. Aug. 12 - 1902

Date of Burial.....

Funeral at House or ..... Church.

Place of Burial.....Cemetery.

Grave or Lot No. .... Section No. ....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription

on Plate.

Measurement. { Length to Heel ..... feet ..... in. }  
 { Width at Shoulder ..... }

Bill Rendered to .....

When Rendered .....

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape .....

Draperies.....Candelabra and.....Candles.

Washing & Laying out Remains, Shaving.....

Preservation of Remains.

No.	Casket.	Trimming.
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No.	Handles
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No. .... Plate engraved .....

Outside Box, (Pine, Chestnut, Oak, Cedar).....

Pl't' H'd'l's Corners on Box.

Delivering to Cemetery .....

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. Gloves Linen Scarfs.

Use of ..... Doz. Chairs .....

Flowers

Hearse

Carriages to .....

Advertising.....

Cemetery charges		
------------------	--	--

Transportation Expenses, &c.		
------------------------------	--	--

Attendance &amp; Assistants .....

Amount of Bill .....

Amount Brought Forward.....		
-----------------------------	--	--

Amount Carried Forward.....		
-----------------------------	--	--

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 44

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Susan Billett  
 Late Residence Columbia, Pa  
 Age 89 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Infirmitie old age  
 Certifying Physician A. B. Rupp  
 Date of Death Aug 19 - 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Marble, Pa, Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 45

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr. Letitia Hewler  
 Late Residence Columbia, Pa.  
 Age 64 years 9 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. W. Livingston  
 Date of Death Aug 19-1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mt Bethel Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming \_\_\_\_\_  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar, etc.) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 46

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill; (cross out printed items not furnished.)

Name of Dec'd Byrns B ShultzLate Residence Washington D.C.Age 69 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Dropsy

Certifying Physician \_\_\_\_\_


Date of Death Sept. 8 - 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 49

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Mary Wydecker  
 Late Residence Columbia Pa  
 Age 61 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician T. M. Livingston  
 Date of Death Sept. 16 - 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by ☐. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 48

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)


Name of Dec'd Michael A. FoleyLate Residence Columbiana, PaAge 28 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death CrampsCertifying Physician W. P. RuppDate of Death Sept. 17-1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial St. Peter's Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

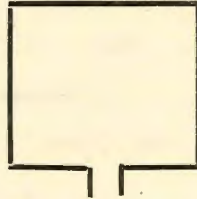
Number for the Current Year 49

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James L. Bowman  
 Late Residence Columbiana, Pa  
 Age 32 years 11 months 15 days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician J. W. K. Lineweaver  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }



Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 50

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Wm. C. Munn  
 Late Residence Columbia, Pa.  
 Age \_\_\_\_\_ years 1 months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician B. F. Munn  
 Date of Death Sept. 24 - 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral.....

Number for the Current Year 51

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Hinkle  
 Late Residence Columbia, Pa.  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician D. Arner  
 Date of Death Oct. 11-1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 52

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Clayton R. RushingLate Residence West HampfieldAge 39 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Typhoid fever

Certifying Physician \_\_\_\_\_


Date of Death Oct. 21 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Windsor Cemetery

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

\_\_\_\_\_ No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

\_\_\_\_\_ Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 153

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Guy M. HarmanLate Residence Columbia, Pa.Age 66 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death suicide


Certifying Physician \_\_\_\_\_

Date of Death Oct 31 - 1902Date of Burial Nov 4 - 1902

Funeral at House or \_\_\_\_\_ Church.

Place of Burial W. Bethel Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 54

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

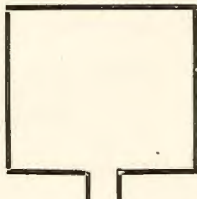
Name of Dec'd James H. HunterLate Residence Columbiana, Pa.Age 24 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death PneumoniaCertifying Physician R. M. MuneDate of Death Nov 4 - 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 55

Items of Bill, (cross out printed items not furnished.)


Name of Dec'd Catherine SnyderLate Residence Columbus Pa.Age 77 years 2 months 21 days.Cause of Death DropsyCertifying Physician Wm. H. LinnemanDate of Death Nov. 18-1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

\_\_\_\_\_ No. \_\_\_\_\_ Handles.

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

\_\_\_\_\_ Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 56

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John KittenLate Residence Mumbulla PaAge 44 years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician \_\_\_\_\_


Date of Death Nov 19-1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 57

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

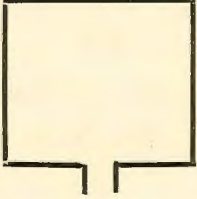
Name of Dec'd Jacob K. MosherLate Residence Columbia, Pa.Age 80 years 11 months \_\_\_\_\_ days.Cause of Death Purulent StomaCertifying Physician Geo. W. BenningDate of Death Dec 4 - 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 58

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John GaleyLate Residence Washington Boro,Age 98 years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician \_\_\_\_\_


Date of Death Dec 15-1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year 59

Be careful to enter name of deceased and number of page in index or future reference.


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Francis V. GregerLate Residence Columbiana, Pa.Age 85 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death infantile paralysisCertifying Physician J. ArnerDate of Death Dec 20 1902

Date of Burial \_\_\_\_\_

Funeral at House of Holy Trinity Church.Place of Burial " Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

\_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

\_\_\_\_\_ Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 1

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Adam R Miss  
 Late Residence Columbia Pa.  
 Age 58 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician Alex R Craig  
 Date of Death Jan. 20 - 1903  
 Date of Burial Jan. 23 - 1903  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Atterville Pa. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.)  
 Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles.

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



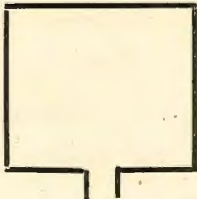
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

Number for the Current Year 2

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jas. H. Heinemann  
 Late Residence Columbia, Pa.  
 Age 46 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death R.R. Accident  
 Certifying Physician Alvin R. Ewing  
 Date of Death Jan 23 - 1903  
 Date of Burial \_\_\_\_\_  
 Funeral at House or W.B. Church.  
 Place of Burial Mt Bethel, Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 3

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Paul H. Mack  
 Late Residence Columbu. Pa.  
 Age 40 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cynsuptum.  
 Certifying Physician J. M. Livingston  
 Date of Death Jan. 27 - 1905  
 Date of Burial \_\_\_\_\_  
 Funeral at House or St Peters, Church.  
 Place of Burial St Peters, Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index or future reference.

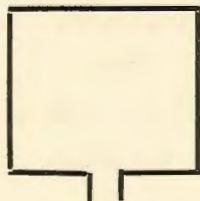
Number for the Current Year 4

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jessie L. Gerpin  
 Late Residence Columbia, Pa.  
 Age 26 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death RR Accident  
 Certifying Physician Alex R. Craig  
 Date of Death June 27 - 1903  
 Date of Burial June 30 - 1903  
 Funeral at House or St John's Luth. Church.  
 Place of Burial Wheatville Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles:  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 5

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Sarah Yalery  
 Late Residence Washington Boro.  
 Age 95 years 10 months 28 days.  
 Cause of Death Infirmities of old age  
 Certifying Physician \_\_\_\_\_  
 Date of Death Feb. 3 - 1903  
 Date of Burial Feb 6 - 1903  
 Funeral at House or Beitel Church.  
 Place of Burial Washington Boro. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □ }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_  
 \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral.....


Number for the Current Year 6

Be careful to enter name of deceased and number of page in index or future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd George G. NiseLate Residence Columbia PaAge 69 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death fall from top of stone quarryCertifying Physician BradyDate of Death Feb. 14 - 1903Date of Burial Feb. 16 - 1903Funeral at House or M. E. Washington Boro. Church.Place of Burial (Hart's) Washington Boro. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Number for the Current Year 7

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Francis J. Cox  
 Late Residence Columbiana, Pa.  
 Age 76 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Nervous Prostration  
 Certifying Physician J. Kennedy  
 Date of Death Feb. 18 - 1903  
 Date of Burial " 21 - 1903  
 Funeral at House or St Peter's Church.  
 Place of Burial St Peter's Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 150 Casket. With Trimming.No. 6 Handles.No. 1 Plate engraved Convey

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

6 00

5 00

60 00

6 00

76 00



Number of Funeral \_\_\_\_\_

Number for the Current Year 8

Be careful to enter name of deceased and number of page in index or future reference.

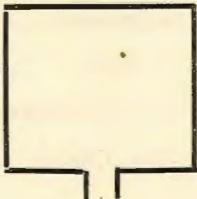
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter BartekLate Residence Columbia Pa.Age 65 years 9 months 6 days.Cause of Death Cerebral HemorrhageCertifying Physician J. M. LivingstonDate of Death Feb. 19 - 1903Date of Burial Feb. 23 - 1903

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Silver Springs Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription on Plate. { At Rest }

Measurement. { Length to Heel 5 feet 3 in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_ 5 00Preservation of Remains \_\_\_\_\_ 5 00No. \_\_\_\_\_ Casket. in Hall 579 Trimming. 35 00No. \_\_\_\_\_ 6 HandlesNo. \_\_\_\_\_ / Plate engraved At Rest

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Miss Shippen Soda Water 2 50

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

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

Certifying Physician \_\_\_\_\_


Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

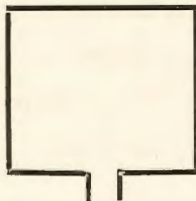
Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }



Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

\_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

\_\_\_\_\_ Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.