



St. Johns [Oregon] Undertaking Funeral Records

A small collection of photocopied funeral records from the St. Johns Undertaking company was donated to the Genealogical Forum of Oregon. Some of the copies GFO received did not capture the full page. These digital images show all the information in the copies GFO received. The earliest record is from 1914, and the latest from 1932. St. Johns Undertaking was located in St. Johns, a neighborhood in North Portland, Oregon.

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RECORD OF FUNERAL.

9 No. (Yearly Number) Date April 5 1917

of Deceased *Hattie A. Ashby* (What Race) *White* (Where Born) *NY*

-Widow } *Widow* Charge to *W. E. Ashby*
Daughter of } Address *611 N Edison St*

er Given by *W. E. Ashby*

Secured

of Funeral *4/9/17*

idence *611 N. Occator St*

ce of Death *Same*

neral Services at *Chapel*

ne of Funeral Service *2 P.M.*

rgyman *Rev James*

tifying Physician *Dr Vincent*

Residence *St Johns*

mber of Burial Certificate

use of Death *Bronchitis*

te of Death *April 5* (Primary) (Secondary)

te of Birth *Sept 18 / 1833*

cupation of the Deceased *House Keeper*

ngle or Married *Widow* Religion

ed *83* Years, *6* Months, *18* Days

te of Birth

me of Father *William Michael*

s Birthplace

me of Mother *Laura Pursant*

er Birthplace

other's Maiden Name

ody to be shipped to

ize and Style of Casket or Coffin

anufactured by

nterment at *Wilmington* Cemetery

ot or Grave No. Section No.

Price of Casket or Coffin	\$	70.00
" Metallic Lining		
" Outside Box <i>To Cemetery</i>	(State kind)	6.00
" Grave Vault	(State kind)	
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		10.00
Washing and Dressing <i>No charge</i>		
Shaving		
Keeping Body on Ice		
Disinfecting Rooms		
Use of Catafalque and Drapery		
" Folding Chairs		
" Candelabrum and Candles		
Gloves \$1.50	Crape \$	1.50
Door Crape \$	Canopy \$	
Hearse		15.00
Carriages to Cemetery @ \$		
Automobiles to Cemetery <i>5</i> @ \$30.00		30.00
Wagon Deliveries <i>Body to P.O.</i>		1.00
City Calls (Coaches)		
Death Notices in <i>Oregon</i> Newspapers		50
(Names of Newspapers)		
Flowers		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave		
Vault Rental		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Porters		
Watchers		
Personal Services <i>No charge</i>		
Music		
Church Charges		
Total Footing of Bill	\$	
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		134.00

1. *Automobiles*
- 2.
3. *Waldorf*
4. *Johnson*
5. *McKenney*
- 6.

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

RECORD OF FUNERAL.

No. No. 38 Date June 12 1927
 (Total Number) (Yearly Number)
 Name of Deceased Blanchard Mrs Anna W. Sweden
 (What Race) (Where Born)

Wife--Widow Accl Order Given by
 Son--Daughter
 Charge to
 How Secured
 Address
 Date of Funeral
 Residence 607 Knudsel
 Place of Death " "
 Funeral Services at Chapel
 Time of Funeral Service
 Clergyman Borden #2878
 Certifying Physician Anderson D.C.
 His Residence James Bldg
 Number of Burial Certificate
 Cause of Death
 Date of Death (Primary) 6-12-1927 (Secondary)
 Occupation of the Deceased
 Single or Married M. Religion
 Date of Birth 12-15-1866
 Aged 58 Years, 5 Months, 27 Days
 Name of Father Nels Nelson
 His Birthplace Sweden
 Name of Mother Christina Nelson
 (Maiden Name) Sweden
 Her Birthplace
 Body to be shipped to
 Size and Style of Casket or Coffin
 Manufactured by Lowe
 Interment at Lowe Cemetery.
 Lot or Grave No. Section No.

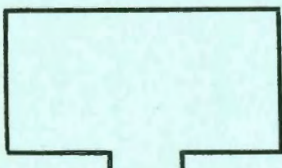


Diagram of Lot or Vault
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.),
 and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□)
 Use space to the right of Diagram for the names of those
 buried in Lot.

Price of Casket or Coffin	\$	280
" Metallic Lining		7 50
" Outside Box (State kind)		10
" Grave Vault (State kind)		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with..... Fluid)		
Washing and Dressing		
Shaving		
Keeping Body on Ice		
Disinfecting Rooms		
Use of Catafalque and Drapery		
" Folding Chairs		
" Candelabrum and Candles		
Gloves \$..... Crape \$.....		
Door Crape \$..... Canopy \$.....		
Hearse		
Carriages to Cemetery..... @ \$.....		
Automobiles to Cemetery..... @ \$.....		
Wagon Deliveries		
City Calls (Coaches)		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers		
Outlay for Lot		
Opening Grave or Vault <u>Decorating</u>		15 00
Lining Grave <u>6/17 #2878</u>		
Evergreen		
Tent or Awning Charges		
Vault Rental		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Porters \$..... Watchers \$.....		
Personal Services		
Music <u>Mrs. A. A. A.</u>		
Church Charges		
<u>Telegram</u>		12 00
Total Footing of Bill.....	\$	303 70
By Amount Paid in Advance.....		
Balance		
Entered into Ledger, page..... or below		

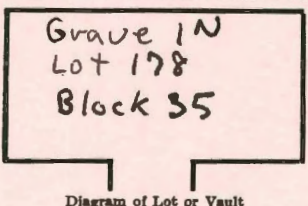
To Funeral Charges..... Total, \$ June 17 By Cash \$ 303 70

RECORD OF FUNERAL

Total No. 77..... Yearly No. 22..... Date Mar. 25 1928
 Name of Deceased Halene Brown Wt. Norway
(What Race) (Where Born)
 Husband---
 Wife---Widow } Ole Brown, deceased
 Son---Daughter of

Charge to H. O. Brown
 Address 1636 Dwight
 Order Given by Do
 How Secured Cash
 Date of Funeral Mar. 31
 Residence Sherwood, Ore
 Place of Death Do
 Funeral Services at Chapel
 Time of Funeral Service 3 P.M.
 Clergyman W. L. Olson
 His Address City
 Certifying Physician Dr. F. J. Rucker
 His Residence Sherwood
 Cause of Death Mycocarditis
(Primary) (Secondary)
 Date of Death Mar. 28
 Occupation of the Deceased at Home
 Single or Married wid. Religion Prot.
 Date of Birth Nov. 22, 1839
 Age 88 Years 4 Months 6 Days
 Name of Father Hendrickson
 His Birthplace Norway
 Name of Mother Mulmorker
(Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket #12 Yr. Lamb
 Manufactured by P. G. C. C.
 Interment at Low Fir Cemetery

Casket	1.50
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Embalming Body (with Fluid)	
Dressing Body, \$	
Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse <u>Wm. W. Shamba</u>	2.75
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
<small>(NAMES OF NEWSPAPERS)</small>	
Flowers, \$	
Rental of Plants	
Outlay for Lot	
Opening Grave or Vault	1.0
Lining Grave with Evergreen or Muslin	
Matting, \$	
Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	
Minister, \$	
Pall Bearer Service	
Telegrams and Telephone Charges	
<u>Living grave</u>	2
Total Footing of Bill	\$ 16.7 75
By Amount Paid in Advance	\$ 16.7 75
Balance	
Entered into Ledger, page..... or below.....	



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

To Funeral Charges..... Total, \$	By Cash..... \$
3-31-28	

Names of Pall Bearers.....
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

RECORD OF FUNERAL.

No. Date. Sept 15 1918.
 (Total Number) Elizabeth Byars (Yearly Number)
 Name of Deceased. (What Race) White (Where Born) St. Johns Ore

Charge to Her Estate
 Address St. Johns Ore

Widow }
 Daughter of }
 Given by Mrs E Ashby
 Secured Estate
 Date of Funeral Sept 14
 Residence 120 N. Edison St
 Place of Death as above
 Funeral Services at Chapel
 Time of Funeral Service 1:30 PM 9/17/16
 Organist G. J. Montgomery
 Embalming Physician Dr. Vincent
 Residence St. Johns
 Number of Burial Certificate
 Cause of Death Diphtheria
 Date of Death (Primary) Sept 14 (Secondary)
 Date of Birth Oct 25 1834
 Occupation of the Deceased Retiree
 Single or Married Widow Religion —
 Age 82 Years, Months, Days
 Date of Birth Ind.
 Name of Father Jefferson Huff
 Birthplace Ind.
 Name of Mother
 Birthplace
 Mother's Maiden Name
 Body to be shipped to Interment Co.
 Size and Style of Casket or Coffin
 Manufactured by
 Interment at Cemetery
 Plot or Grave No. Section No.

Price of Casket or Coffin	\$	80 00
“ Metallic Lining (State kind)		
“ Outside Box (State kind)		
“ Grave Vault (State kind)		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		15 00
Washing and Dressing		
Shaving		
Keeping Body on Ice		
Disinfecting Rooms		
Use of Catafalque and Drapery		
“ Folding Chairs		
“ Candelabrum and Candles		
Gloves \$.50 Crape \$		1 50
Door Crape \$ Canopy \$		
Hearse		15 00
Carriages to Cemetery @ \$6.00 Each		36 00
Automobiles to Cemetery @ \$		
Wagon Deliveries		6 00
City Calls (Coaches) <u>Box to Co.</u>		6 00
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers		
Outlay for Lot <u>Head board</u>		1 00
Opening Grave or Vault		
Lining Grave		
Vault Rental		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Porters <u>Box to Co.</u>		6 00
Watchers		
Personal Services		
Music		
Church Charges <u>Minister</u>		5 00
Total Footing of Bill	\$	160 50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page.....or below.		

Grave 2 Lot 2-8
 Block B.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Diagram of Lot or Vault.
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

RECORD OF FUNERAL.

No. 32
(Total Number)

No. _____
(Yearly Number)

Date 8/8

Name of Deceased Susan F. Barnell

Wife-Widow }
Son-Daughter of }

Widow

Charge to S. G. Cook
(Who Buried)

Address 1002 Osceola

Order Given by S. G. Cook

How Secured _____

Date of Funeral 8/8/18

Residence 1002 Osceola City

Place of Death same

Funeral Services at M. E. Church

Time of Funeral Service 10 A.M.

Clergyman Rev. J. J. ...

Certifying Physician McChesney

His Residence City

Number of Burial Certificate _____

Cause of Death Ovarian

Date of Death 8/5/18 (Primary) [Secondary] _____

Date of Birth July 28 1827

Occupation of the Deceased house

Single or Married Widow Religion M. E.

Aged 91 Years, 0 Months, 12 Days

Date of Birth _____

Name of Father J. ...

His Birthplace Virginia

Name of Mother Fannie Collins

Her Birthplace Virginia

Mother's Maiden Name _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

Interment at Long ... Cemetery

Lot or Grave No. _____ Section No. _____

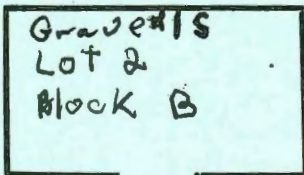


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Price of Casket or Coffin

" Metallic Lining (State kind) _____

" Outside Box (State kind) _____

" Grave Vault (State kind) _____

" Burial Robe _____

" Burial Slippers and Hose _____

Engraving Plate _____

Embalming Body (with no charge) _____

Washing and Dressing _____

Shaving _____

Keeping Body on Ice _____

Disinfecting Rooms _____

Use of Catafalque and Drapery _____

" Folding Chairs _____

" Candelabrum and Candles _____

Gloves \$... Crape \$... _____

Door Crape \$... Canopy \$... _____

Hearse _____

Carriages to Cemetery @ \$... _____

Automobiles to Cemetery @ \$... _____

Wagon Deliveries Bot to ... _____

City Calls (Coaches) _____

Death Notices in same ... Newspapers _____

(Names of Newspapers)

Flowers _____

Outlay for Lot _____

Opening Grave or Vault _____

Lining Grave _____

Vault Rental _____

Shipping Charges, prepaid _____

Removal Charges _____

Cremation Charges _____

Porters _____

Watchers _____

Personal Services _____

Music _____

Church Charges _____

Total Footing of Bill _____

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____

RECORD OF FUNERAL.

No. No. 46 Date. Sept 19 1925
(Total Number) (Yearly Number)

Name of Deceased. Deane, James W W. ere
(What Race) (Where Born)

Wife---Widow } James H Deane Order Given by

Charge to

How Secured

Address. Lincoln, ere

Date of Funeral. 9-21-25

Residence

Place of Death. Remuda Hosp

Funeral Services at. Chapel

Time of Funeral Service. 10 am

Clergyman

Certifying Physician Harold Palmer

His Residence

Number of Burial Certificate

Cause of Death. Congenital Hydrocephalus
(Primary) (Secondary)

Date of Death. 9-19

Occupation of the Deceased

Single or Married. - Religion

Date of Birth. 6-18-75

Aged. - Years, 3 Months, 1 Days.

Name of Father. James H

His Birthplace

Name of Mother. Suzanne
(Maiden Name)

Her Birthplace

Body to be shipped to

Size and Style of Casket or Coffin

Manufactured by Lawson

Interment at Lawson Cemetery.

Lot or Grave No. Section No.

GRAVE IN
Lot 23
Block 9M

Diagram of Lot or Vault
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.),
and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□)
Use space to the right of Diagram for the names of those
buried in Lot.

Price of Casket or Coffin.....	\$	36	00
" Metallic Lining			
" Outside Box	(State kind)		
" Grave Vault	(State kind)		
" Burial Robe	(State kind)		
" Burial Slippers and Hose.....			
Engraving Plate			
Embalming Body (with.....)	2 Fluid		
Washing and Dressing.....			
Shaving			
Keeping Body on Ice.....			
Disinfecting Rooms			
Use of Catafalque and Drapery.....			
" Folding Chairs			
" Candelabrum and Candles.....			
Gloves \$.....	Crape \$.....		
Door Crape \$.....	Canopy \$.....		
Hearse.....			
Carriages to Cemetery.....	@ \$.....		
Automobiles to Cemetery.....	@ \$.....		
Wagon Deliveries			
City Calls (Coaches).....			
Death Notices in.....	Newspapers.....		
	(Name of Newspapers)		
Flowers			
Outlay for Lot.....		5	00
Opening Grave or Vault.....			
Lining Grave			
Evergreen			
Tent or Awning Charges.....			
Vault Rental			
Shipping Charges, prepaid.....			
Removal Charges			
Cremation Charges			
Porters \$.....	Watchers \$.....		
Personal Services			
Music			
Church Charges			
Total Footing of Bill.....	\$	41	00
By Amount Paid in Advance.....			
Balance			
Entered into Ledger, page.....			or below

Sept 19 To Funeral Charges Total 3

RECORD OF FUNERAL

Total No. 81..... Yearly No. 26..... Date Apr. 27..... 1928

Name of Deceased Emma Marie Dilley..... White..... Pennsylvania
(What Race) (Where Born)

Husband---
 Wife---Widow
 Son---Daughter of } Pedro Bernieral Dilley

Charge to Mrs. H. J. Schramberg
 Address 1162 Carlton

Order Given by same
 How Secured Contract

Date of Funeral Apr. 30
 Residence 1162 Carlton and Willis Blvd.

Place of Death 1162 Carlton Ave
 Funeral Services at (2 P.M.)

Time of Funeral Service Chapel
 Clergyman R. R. Clark

His Address University Park
 Certifying Physician E. J. Margason

His Residence 62nd St and Foster Rd
 Cause of Death Cardio-Renal Cancer
(Primary) (Secondary)

Date of Death Apr. 27
 Occupation of the Deceased Housewife

Single or Married wid Religion Prot

Date of Birth Nov. 8 - 1851
 Age 76 Years 5 Months 9 Days

Name of Father Goodwell
 His Birthplace Mulhous

Name of Mother Beckwith
(Maiden Name)

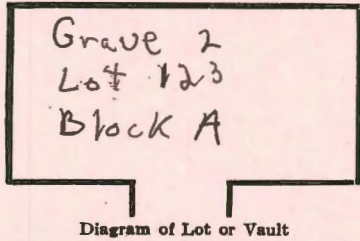
Her Birthplace Mulhous
 Body to be Shipped to.....

Size and Style of Casket 2140 Log Top
Wood-clad single cap with lin.

Manufactured by 2140 Log Top S.N.C.C.

Interment at Mulhous Cemetery

Casket.....		265.00
Metallic Lining.....	(State Kind) <input checked="" type="checkbox"/>	
Outside Box.....	(State Kind) <input checked="" type="checkbox"/>	
Grave Vault.....	(State Kind) <input type="checkbox"/>	
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Embalming Body (with..... Fluid)	<input checked="" type="checkbox"/>	
Dressing Body, \$.....	Shaving, \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse.....		
Auto Limousines to Cemetery.. @ \$.....	<u>Jones</u>	1.50
Autos to R. R. Station..... @ \$.....		
Other Vehicle Service.....	<input checked="" type="checkbox"/>	
Aeroplane Service.....		
Death Notices in..... Newspapers.....	<input checked="" type="checkbox"/>	
Flowers, \$.....	(NAMES OF NEWSPAPERS)	
Rental of Plants.....		
Outlay for Lot.....		
Opening Grave or Vault.....		7.50
Lining Grave with Evergreen or Muslin.....	<input checked="" type="checkbox"/>	
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....	<input checked="" type="checkbox"/>	
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....	<input checked="" type="checkbox"/>	
Incineration.....	<input checked="" type="checkbox"/>	
Personal Services.....	<input checked="" type="checkbox"/>	
Singers.....		5.00
Church Charges, \$.....	Minister, \$.....	5.00
Pall Bearer Service.....		
Telegrams and Telephone Charges.....		
Total Footing of Bill.....		\$ 297.50
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below.....	



Lot No.....
 Grave No.....
 Section No. same lot

Diagram of Lot or Vault

	To Funeral Charges..... Total, \$		By Cash..... \$
			297.50
		<u>May 4</u>	Check Mrs. H. J. S.

Names of Pall Bearers.....
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

RECORD OF FUNERAL

95 Yearly No. 40 Date Aug 8 1928
 Deceased Russell B. Holen (What Race) Wht Parkersville, W. Va. (Where Born)
 Sister of Betty Abbott

to Wife San Antonio Texas

Casket	as checked	125 00
Metallic Lining	(State Kind)	
Outside Box	2 in	32 00
Grave Vault	(State Kind)	
Burial Suit or Dress	Shroud	15 00
Burial Slippers and Hose		
Embalming Body (with)	Fluid	
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse	Delivery	15 00
Auto Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Aeroplane Service		
Death Notices in	7 Newspapers	
(NAMES OF NEWSPAPERS)		
Flowers, \$		
Rental of Plants		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		172 12
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Pall Bearer Service		
Telegrams and Telephone Charges		
Coroners Charge		15 00
Total Footing of Bill		374 12
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		

Given by Mrs. Abbott

Funeral Shipper

Place of Death Train Union Station

Funeral Service

Funeral Dress

Attending Physician Carl Smith

Residence of Deceased Coroner

Cause of Death Endocarditis of aortic

Date of Death Aug 7 1928

Position of the Deceased

Single or Married M Religion Prot

Date of Birth Feb 2 1876

Age 52 Years 6 Months 5 Days

Place of Birth No Record

Place of Mother No Record

Place of Birth West Va

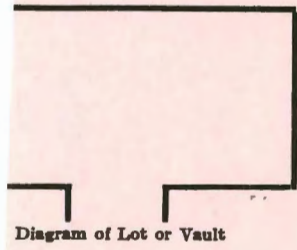
Place to be Shipped to San Antonio Texas

Style of Casket #12 L Skin

Manufacturer G. P. C. Co

Place of Burial National Cemetery

Lot No.
 Grave No.
 Section No.



To Funeral Charges	By Cash
Total, \$	
	<i>Draft on hand 8-9-28</i>

Names of Pall Bearers
 Names of Lodges
 Life Insurance, \$
 Other Insurance, \$
 Names of Near Relatives

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1926.

RECORD OF FUNERAL

I. H. F

Total No. 109..... Yearly No. 54..... Date Dec 8..... 1928

Name of Deceased Paul Ferrigan
Husband
Wife - Widow of Mrs. Mary J. Taylor
Son - Daughter of

(What Race) (Where Born)

Charge to.....
 Address 266 W. Miller Blvd
 Order Given by.....
 How Secured Contract or Prudential Insurance
 Date of Funeral 12-10-28
 Residence 266 W. Miller Blvd
 Place of Death Multnomah Hosp
 Funeral Services at Chapel
 Time of Funeral Service 11 A.M.
 Clergyman Fr. Hampton
 His Address.....
 Certifying Physician H. Lee Harris
 His Residence Multnomah Hosp
 Cause of Death Dermal disease
(Primary) (Secondary)
 Date of Death 12-7-28
 Occupation of the Deceased Tobacco
 Single or Married..... Religion Prot
 Date of Birth abt 1863
 Age 64 Years..... Months 22 Days
 Name of Father Doc Record
 His Birthplace.....
 Name of Mother.....
(Maiden Name)
 Her Birthplace.....
 Body to be Shipped to.....
 Size and Style of Casket # 10 - 3 panel
St. L. Skin
 Manufactured by G. M. C. Co
 Interment at Multnomah Cemetery

Casket <u>as checked</u>	✓ 100.00
Metallic Lining.....	(State Kind) ✓
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress <u>Shroud</u>	8.00
Burial Slippers and Hose.....	
Embalming Body (with.....)	Fluid
Dressing Body, \$.....	Shaving, \$
Hair Dressing.....	✓
Use of Folding Chairs.....	
" " Candelabrum, \$.....	Candles, \$
Door Badge, \$.....	Gloves, \$
Hearse.....	✓
Auto Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in.....	Newspapers
Flowers, \$.....	(NAME OF NEWSPAPER)
Rental of Plants.....	
Outlay for Lot.....	10.00
Opening Grave or Vault.....	7.50
Lining Grave with Evergreen or Muslin.....	
Matting, \$.....	Tent Rental, \$
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	✓
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$.....	Minister, \$
Pall Bearer Service.....	7.50
Telegrams and Telephone Charges.....	
Total Footing of Bill..... \$ <u>123.00</u>	
By Amount Paid in Advance..... \$	
Balance..... \$	
Entered into Ledger, page..... or below.....	

Diagram of Lot or Vault

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

To Funeral Charges..... Total, \$		By Cash..... \$	
		<u>Dec 19</u>	<u>Chas. Prudential Co.</u>
			<u>123.00</u>

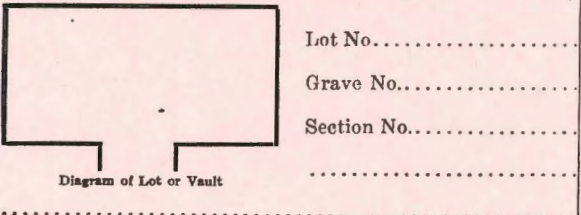
Names of Pall Bearers.....
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

RECORD OF FUNERAL

Total No. 251..... Yearly No. 31..... Date Aug. 12 - 1931
 Name of Deceased Pier Vizie (Houseman) Wt Portland Or
(What Race) (Where Born)
 Husband---
 Wife---Widow } John Houseman
 Son---Daughter of

Charge to D.P.
 Address 1865 Newman
 Order Given by D.P.
 How Secured Contract
 Date of Funeral Aug. 15
 Residence 1865 Newman
 Place of Death St. Vincent's Hospital
 Funeral Services at Chapel
 Time of Funeral Service 2 P.M.
 Clergyman
 His Address First Lutheran (Portland)
 Certifying Physician Julius Bildstein
 His Residence Electra Bldg
 Cause of Death Sarcosina
(Primary) (Secondary)
 Date of Death Aug. 12 - 1931
 Occupation of the Deceased School Boy
 Single or Married Single Religion Prot.
 Date of Birth Sept. 4 - 1914
 Age 16 Years 11 Months 8 Days
 Name of Father Gas. Vizie
 His Birthplace Switzerland
 Name of Mother Gestride Helgelhoff
(Maiden Name)
 Her Birthplace Switzerland
 Body to be Shipped to
 Size and Style of Casket 3 pr. Flat
Engl. Cr. pr.
 Manufactured by H. N. C. C.
 Interment at Switzerland Cemetery

Casket	135.00	
Metallic Lining	(State Kind)	
Outside Box	(State Kind) <input checked="" type="checkbox"/>	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Embalming Body (with	Fluid) <input checked="" type="checkbox"/>	
Dressing Body, \$	<input checked="" type="checkbox"/> Shaving, \$ <input checked="" type="checkbox"/>	
Hair Dressing	<input checked="" type="checkbox"/>	
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse	<input checked="" type="checkbox"/>	
Auto Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Aeroplane Service		
Death Notices in	3 Newspapers	
<small>(NAMES OF NEWSPAPERS)</small>		
Flowers, \$		
Rental of Plants		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges	<input checked="" type="checkbox"/>	
Incineration	<input checked="" type="checkbox"/>	
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Pall Bearer Service		
Telegrams and Telephone Charges		
Total Footing of Bill		\$ 135.00
By Amount Paid in Advance		\$ 20.00
Balance		\$ 115.00
Entered into Ledger, page		or below



		To Funeral Charges	Total, \$			By Cash	\$
17-14	36	Mrs. Houseman	5.00	Sept. 2	34	Mrs. Houseman	20.00
6-27	37	Mrs. " "	3.00	3-26	34	Mrs. Houseman	5.00
2-13	27	" " "	1.00	4-17	34	Mrs. Houseman	5.00
3-13	27	" " "	1.00	7-24	34	" "	5.00
3-13	37	" " "	15.00	10-16	34	" "	5.00
				1-13	36	" "	5.00
				2-13	36	" "	5.00
				3-13	36	" "	5.00
				4-13	36	" "	5.00
				5-13	36	" "	5.00
				7-13	36	" "	5.00
				8-13	36	" "	5.00
				8-14	36	" "	5.00
				Other Insurance, \$		" "	5.00
				10-13	36	" "	5.00
				11-13	36	" "	5.00

Handwritten notes: Paid 3-13-31 H. H. H. Paid 3-13-31

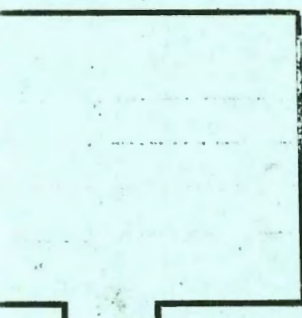
Record of Funeral.

Date Nov 30th 1914

of the Deceased Mrs W.O. Gentry
to Mrs Magoon
given by "

secured "
Funeral Dec 1st.
of Death St Johns.
Services at Home
Funeral Services 10 am
man Rw Nelson
ing Physician Dr. Graves
idence St Johns
er of Burial Certificate
of Death Apoplexy
f Death Nov 29th
tion of the Deceased Wife
or Married Widow Religion
45 Years, 4 Months, 17 Days.
o be shipped to
nd Style of Casket or Coffin

factured by
lic Lining
le Box
er of Handles
nent at Lone Fir Cemetery.
Grave No. Section No.



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Diagram of Lot.)

esignate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark
or this Funeral with a cross (+).
esignate place for Monument with a small square (□).
e space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 75.00
" Metallic Lining	
" Outside Box <u>to Cemetery</u>	4.00
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum	
Candles	
Gloves	
Crape	
Number of Carriages <u>& Autos</u> @ \$	12.00
Hearse <u>Auto</u>	15.00
Wagon Deliveries	
Death Notices in Newspapers	
<u>Head Board</u>	5.00
(Names of Newspapers)	
Flowers	7.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	\$ 113.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below.	

3.0 To Funeral Charges Total, \$ 113.50 Rec 11 By Cash \$ 40.00

RECORD OF FUNERAL.

No. 42 Date Dec 31 1923
 Total Number) (Yearly Number)
 of Deceased Kirstine Helgesen W Denmark
 (What Race) (Where Born)
 Dow } Mrs Helgesen
 (Partner or) Order Given by

Secured.....
 ss. 1970 Portsmouth Ave
 of Funeral 1-2-1924
 ence
 of Death 1970 Portsmouth
 al Services at Chapel
 of Funeral Service 2:30 PM
 man Danish Ministry
 ying Physician Lukas Christens
 Residence Portsmouth
 er of Burial Certificate.....
 of Death Asaphlety
 of Death 12-30-23
 (Primary) (Secondary)
 opation of the Deceased Hans Jensen
 e or Married Widow Religion

of Birth Denmark
 .. 67 Years, .. Months, .. Days.
 of Father Jensen
 Birthplace Denmark
 of Mother Bartolich
 (Maiden Name)
 Birthplace Denmark
 to be shipped to

and Style of Casket or Coffin.....
 ..
 ifactured by

ment at Home for Cemetery.
 or Grave No. Section No.
 1.
 2.
 3.
 4.
 5.
 6.

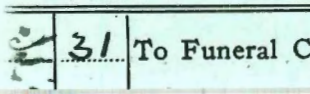


Diagram of Lot or Vault
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.),
 mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□)
 Use space to the right of Diagram for the names of those
 in Lot.

Price of Casket or Coffin.....	\$ 125 00
" Metallic Lining.....	
" Outside Box <u>5.00</u> (State kind) <u>2.50</u>	7 50
" Grave Vault..... (State kind)	
" Burial Robe..... (State kind)	13 00
" Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Washing and Dressing.....	
Shaving.....	
Keeping Body on Ice.....	
Disinfecting Rooms.....	
Use of Catafalque and Drapery.....	
" Folding Chairs.....	
" Candelabrum and Candles.....	
Gloves \$... <u>1.50</u> Crape \$.....	1 50
Door Crape \$..... Canopy \$.....	
Hearse.....	10 00
Carriages to Cemetery..... @ \$.....	
Automobiles to Cemetery..... @ \$.....	7 50
Wagon Deliveries <u>from Home</u>	5 00
City Calls (Coaches).....	
Death Notices in..... Newspapers.....	
(Names of Newspapers)	
Flowers.....	
Outlay for Lot.....	
Opening Grave or Vault <u># 1157</u>	20 00
Lining Grave.....	
Evergreen.....	
Tent or Awning Charges.....	
Vault Rental.....	
Shipping Charges, prepaid.....	
Removal Charges.....	
Cremation Charges.....	
Porters \$..... Watchers \$.....	
Personal Services.....	
Music.....	
Church Charges.....	
Total Footing of Bill.....	\$ 204 50
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below	

31 To Funeral Charges..... Total, \$ 204 50 By Cash..... \$ 214 50

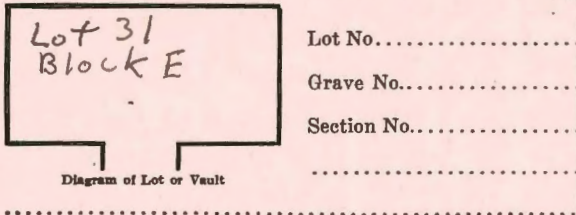
RECORD OF FUNERAL

Total No. 192 Yearly No. 22 Date April 6 1919

Name of Deceased Sophrona Jones Huntley White
Husband---
 Wife---Widow
 Son---Daughter of (What Race) (Where Born)

Charge to Mrs E. J. Cole
 Address 3717 Dodge St. Omaha Neb.
 Order Given by.....
 How Secured.....
 Date of Funeral Thursday April 10
 Residence 605 E. 26 St
 Place of Death.....
 Funeral Services at Chapel
 Time of Funeral Service 2:30 P.M.
 Clergyman Rev. Garner
 His Address.....
 Certifying Physician H. P. Fisch
 His Residence Weatherly Bldg.
 Cause of Death.....
(Primary) (Secondary)
 Date of Death April 6 - 30
 Occupation of the Deceased Boarding House
 Single or Married Divorced Religion Prot.
 Date of Birth April 22 - 1858
 Age 71 Years 11 Months 16 Days
 Name of Father.....
 His Birthplace.....
 Name of Mother.....
(Maiden Name)
 Her Birthplace.....
 Body to be Shipped to.....
 Size and Style of Casket Flat Top C. Crepe
 Manufactured by P. M. C. Co
 Interment at Millington Cemetery

Casket <u>Complete</u>	2.75
Metallie Lining.....	(State Kind) ✓
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Embalming Body (with..... Fluid)	
Dressing Body, \$.....	Shaving, \$.....
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$.....	Candles, \$.....
Door Badge, \$.....	Gloves, \$.....
Hearse.....	
Auto Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
Flowers, \$.....	<small>(NAMES OF NEWSPAPERS)</small>
Rental of Plants.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$.....	Tent Rental, \$.....
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$.....	Minister, \$.....
Pall Bearer Service.....	
Telegrams and Telephone Charges.....	
Total Footing of Bill.....	\$ 2.75 00
By Amount Paid in Advance.....	\$ 1.75 00
Balance.....	\$ 1.00 00
Entered into Ledger, page.....	or below



To Funeral Charges..... Total, \$	By Cash..... \$
	\$ 1.00 00

H.H.F. 5-10-20

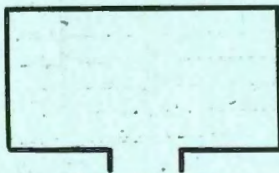
Names of Pall Bearers.....
 Names of Lodges Neighborhood of W. O. O. Craft. Casper Circle # 109
 Lodge Insurance, \$..... Other Insurance, \$..... Nothing
 Names of Near Relatives.....

RECORD OF FUNERAL.

No. 45 (Total Number) No. 45 (Yearly Number) Date 9-19 195
 Name of Deceased Masters, Baby Erol (What Race) W. Parlane (Where Born)
 (Alona Justice)

Wife—Widow
 Son—Daughter or }
 Charge to At Masters
 How Secured
 Address 1082 S. Princeton
 Date of Funeral 9-21
 Residence
 Place of Death St. Mark
 Funeral Services at Chapel
 Time of Funeral Service 10 am
 Clergyman H. J. Jones
 Certifying Physician Dr. David Palmer
 His Residence 327 J St
 Number of Burial Certificate
 Cause of Death Tuberc. Granular Oculi
 (Primary) (Secondary)
 Date of Death
 Occupation of the Deceased
 Single or Married Religion
 Date of Birth
 Aged Years, Months, Days.
 Name of Father
 His Birthplace
 Name of Mother
 (Maiden Name)
 Her Birthplace
 Body to be shipped to
 Size and Style of Casket or Coffin
 Manufactured by
 Interment at Love Hill Cemetery.
 Lot or Grave No. Section No.

Price of Casket or Coffin.....	\$ <u>22.50</u>
“ Metallic Lining (State kind).....	
“ Outside Box (State kind).....	
“ Grave Vault (State kind).....	
“ Burial Robe (State kind).....	
“ Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with <u>2</u> Fluid).....	
Washing and Dressing.....	
Shaving.....	
Keeping Body on Ice.....	
Disinfecting Rooms.....	
Use of Catafalque and Drapery.....	
“ Folding Chairs.....	
“ Candelabrum and Candles.....	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse.....	
Carriages to Cemetery..... @ \$.....	
Automobiles to Cemetery..... @ \$.....	
Wagon Deliveries.....	
City Calls (Coaches).....	
Death Notices in..... Newspapers.....	
(Names of Newspapers)	
Flowers.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave.....	
Evergreen.....	
Tent or Awning Charges.....	
Vault Rental.....	
Shipping Charges, prepaid.....	
Removal Charges.....	
Cremation Charges.....	
Porters \$..... Watchers \$.....	
Personal Services.....	
Music.....	
Church Charges.....	
Total Footing of Bill.....	\$ <u>22.50</u>
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below	



1.
2.
3.
4.
5.
6.

Diagram of Lot or Vault
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□)
 Use space to the right of Diagram for the names of those buried in Lot.

<u>Sept 19</u>	To Funeral Charges..... Total, \$	<u>22.50</u>	<u>Sept 19</u>	By Cash.....	\$ <u>10.00</u>
			<u>Oct 19</u>		<u>12.50</u>

RECORD OF FUNERAL.

No. 39 (Total Number) No. 39 (Yearly Number) Date: June 2 1926

Name of Deceased: Mc Kee, Mrs Emma (What Race) W (Where Born) W Va

Wife---Widow Geo A McKee Order Given by Chas McKee Son---Daughter or } 209 Walnut

Charge to.....
How Secured.....

Address.....

Date of Funeral..... 6-4-1926

Residence..... 504 Bristol

Place of Death..... "Chapel"

Funeral Services at..... Chapel

Time of Funeral Service..... 8 pm

Clergyman..... Rev Lukens

Certifying Physician..... Doschultz

His Residence..... St. Johns

Number of Burial Certificate.....

Cause of Death..... Cerebro apoplexy

Date of Death..... 6-2-1926

Occupation of the Deceased..... at Home

Single or Married..... M Religion..... ABC

Date of Birth..... 6-4-1861

Aged..... 63 Years..... " Months..... 28 Days.

Name of Father..... Don Carlos Brown

His Birthplace..... W Va

Name of Mother..... Melissa Mills

Her Birthplace..... NY

Body to be shipped to.....

Size and Style of Casket or Coffin.....

Manufactured by..... Lone Star

Interment at..... Cemetery.

Lot or Grave No. 8 Section No. 9

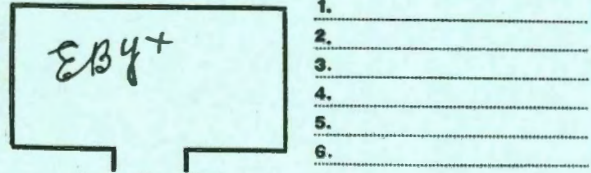


Diagram of Lot or Vault
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□)
Use space to the right of Diagram for the names of those

Price of Casket or Coffin.....	\$ <u>215 00</u>
" Metallic Lining..... (State kind)	
" Outside Box..... (State kind)	10 00
" Grave Vault..... (State kind)	
" Burial Robe..... (State kind)	12 50
" Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	
Washing and Dressing.....	
Shaving.....	
Keeping Body on Ice.....	
Disinfecting Rooms.....	
Use of Catafalque and Drapery.....	
" Folding Chairs.....	
" Candelabrum and Candles.....	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse.....	
Carriages to Cemetery..... @ \$.....	
Automobiles to Cemetery..... @ \$.....	
Wagon Deliveries.....	
City Calls (Coaches).....	
Death Notices in..... Newspapers.....	
(Names of Newspapers)	
Flowers.....	
Outlay for Lot.....	
Opening Grave or Vault..... <u>6/4</u> <u>2110</u>	10 00
Lining Grave.....	
Evergreen.....	
Tent or Awning Charges.....	
Vault Rental.....	
Shipping Charges, prepaid.....	
Removal Charges.....	
Cremation Charges.....	
Porters \$..... Watchers \$.....	
Personal Services.....	
Music.....	
Church Charges.....	
Total Footing of Bill..... \$ <u>247 50</u>	
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

Grave 1N
Lot 8
Block 9M

RECORD OF FUNERAL

Total No. 228 Yearly No. 6 Date Feb 7
 Name of Deceased Benjamin Monti wh ST
Husband--- (What Race) (born)
Wife---Widow
Son---Daughter of Hannie Monti 903 Oberlin St. Om 21

Charge to Mrs M. L. Robinson
 Address Keith Plaza Hotel
 Order Given by Min. Minnesota
 How Secured
 Date of Funeral Feb 9 - 31
 Residence
 Place of Death Mult. Hosp
 Funeral Services at Chapel
 Time of Funeral Service 2 P.M.
 Clergyman Gamer
 His Address Vanderbilt St
 Certifying Physician Bassatti
 His Residence Mult. Hosp
 Cause of Death Carcinoma stomach
(Secondary)
 Date of Death Feb 6 - 31
 Occupation of the Deceased Labor
 Single or Married Mar Religion Catholic
 Date of Birth March 17 - 1861
 Age 69 Years 10 Months 31 Days
 Name of Father Ferdinand Monti
 His Birthplace Switzerland
 Name of Mother Mary
(Maiden Name)
 Her Birthplace Miss
 Body to be Shipped to
 Size and Style of Casket #2130, Villa
St. A. Cap
 Manufactured by G. I. M. C. Co
 Interment at Stone Hill Cemetery

Casket <u>as checked</u>	<input checked="" type="checkbox"/>	250
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Embalming Body (with <u>Fluid</u>)		
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in <u>7</u> Newspapers		
Flowers, \$	(NAMES OF NEWSPAPERS)	
Rental of Plants		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Pall Bearer Service		
Telegrams and Telephone Charges <u>10</u>		
<u>Funeral Home</u>		
<u>Short. tile Union suit</u>		2 31
Total Footing of Bill	\$	252 31
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page		or below

Grave 15
Lot 53
Block 31

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.

To Funeral Charges	Total, \$	2-11-31	31	Check Mrs Robinson	\$ 125
Sisters		3-5-31	31	" " "	125
Mrs M. L. Robinson		3-9-31	31	Mrs Monti	2
Keith Plaza Hotel					
Minneapolis Minn					
Mrs Ed Helsher					
1328 Cambridge Ave					
St. Louis, Mo					

Arch 5-31
H. H. T.

Names of Pall Bearers
 Names of Lodges
 Lodge Insurance, \$ Other Insurance, \$
 Names of Near Relatives

RECORD OF FUNERAL

Total No. 201 Yearly No. 32 Date July 4 1930

Name of Deceased Henry Norris (What Race) White (Where Born) Ky.
 Husband--
 Wife--Widow
 Son--Daughter of Marguerite Norris

Charge to D.D. Hogan & Co.
 Address 629 Hogan E.
 Order Given by D.D.
 How Secured Contract
 Date of Funeral July 7
 Residence 629 Hogan E.
 Place of Death D.D.
 Funeral Services at Chapel
 Time of Funeral Service 2 P.M.
 Clergyman Rev. Taylor
 His Address St. Johns Christian
 Certifying Physician Corcoran
 His Residence 2nd Jefferson
 Cause of Death Senile Dementia
 (Primary) (Secondary)
 Date of Death July 4
 Occupation of the Deceased Farmer
 Single or Married Mar. Religion None
 Date of Birth Oct 2 1846
 Age 83 Years 9 Months 2 Days
 Name of Father Henry Norris
 His Birthplace unknown
 Name of Mother unknown
 (Maiden Name)
 Her Birthplace _____
 Body to be Shipped to _____
 Size and Style of Casket 3 Pan. Fl-top
A. C. Cooper, legit handles
 Manufactured by G. W. S. Co.
 Interment at Multonah Cemetery

Casket <u>Complete</u>	75.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	8.00
Burial Slippers and Hose	
Embalming Body (with Fluid)	
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(NAMES OF NEWSPAPERS)	
Flowers, \$	
Rental of Plants	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Pall Bearer Service	
Telegrams and Telephone Charges	
Total Footing of Bill	\$ 89.00
By Amount Paid in Advance	\$ 10.00
Balance	\$ 73.00
Entered into Ledger, page _____ or below _____	

Grave 9
 Lot 110
 Block D

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

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	Total, \$
	76.30	Norris	10.00
	77.29	Mrs. Hamer	10.00
	87.18	Mrs. Hamer	10.00
	97.15	"	10.00
	107.18	"	10.00
	127.30	"	10.00

Names of Pall Bearers _____
 Names of Lodges _____
 Lodge Insurance, \$ _____ Other Insurance, \$ _____
 Names of Near Relatives _____

RECORD OF FUNERAL.

No. 63 Date Oct 5 1926
 (Total Number) (Yearly Number)
 Name of Deceased Musca, Gretchen (What Race) W (Where Born) Ore

Wife--Widow
 Son--Daughter or) Order Given by Walter Musca

Charge to Musca
 How Secured
 Address 907 N. Jones
 Date of Funeral 10-5-26
 Residence
 Place of Death Pen Sharp
 Funeral Services at
 Time of Funeral Service
 Clergyman
 Certifying Physician D. Schmitt, M.D.
 His Residence St. Johns
 Number of Burial Certificate
 Cause of Death Stell
 (Primary) (Secondary)
 Date of Death 10-5-26
 Occupation of the Deceased
 Single or Married Religion
 Date of Birth 10-5-26
 Aged 0 Years, 0 Months, 0 Days.
 Name of Father
 His Birthplace
 Name of Mother
 (Maiden Name)
 Her Birthplace
 Body to be shipped to
 Size and Style of Casket or Coffin
 Manufactured by
 Interment at Mull. Park Cemetery.
 Lot or Grave No. Section No.

Price of Casket or Coffin <u>W. Oak</u>	\$	10	50
" Metallic Lining (State kind)			
" Outside Box (State kind)			
" Grave Vault (State kind)			
" Burial Robe			
" Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)			
Washing and Dressing			
Shaving			
Keeping Body on Ice			
Disinfecting Rooms			
Use of Catafalque and Drapery			
" Folding Chairs			
" Candelabrum and Candles			
Gloves \$..... Crape \$.....			
Door Crape \$..... Canopy \$.....			
Hearse			
Carriages to Cemetery @ \$.....			
Automobiles to Cemetery @ \$.....			
Wagon Deliveries			
City Calls (Coaches)			
Death Notices in Newspapers			
(Name of Newspapers)			
Flowers			
Outlay for Lot <u>10/6</u>	X	5	00
Opening Grave or Vault <u>10/6</u>	X	5	00
Lining Grave <u>Marker</u>		1	50
Evergreen			
Tent or Awning Charges			
Vault Rental			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			
Porters \$..... Watchers \$.....			
Personal Services			
Music			
Church Charges			
Total Footing of Bill	\$	22	00
By Amount Paid in Advance			
Balance			
Entered into Ledger, page..... or below			

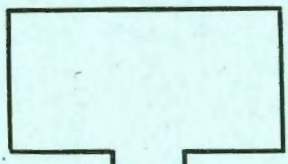


Diagram of Lot or Vault
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□)
 Use space to the right of Diagram for the names of those buried in Lot.

Oct 5	To Funeral Charges.... Total,	\$ 22 00	Oct 6	By Cash	\$ 15 00
			11 8	1927	2 00
			Dec 15		5 00

RECORD OF FUNERAL.

No. No. 35
(Total Number) (Yearly Number)

Date... May 15 1926

Name of Deceased... Raethleberger, John
(What Race) W. Switzerland (Where Born)

Wife---Widow
 Son---Daughter or) Order Given by Mrs. J. M. Short

Charge to... E. J. Kurath, Adm'r.

How Secured... Hillboro on

Address... Whitwood Court

Date of Funeral... 5/18-1926

Residence... Whitwood Court

Place of Death... Chapel

Funeral Services at... Chapel

Time of Funeral Service... 7 p.m.

Clergyman... Rev. P. J. Schnerk

Certifying Physician... Dr. J. P. McCherny

His Residence... St. Johns

Number of Burial Certificate... 1

Cause of Death... Caused by Stomach

Date of Death... 5-15-26
(Primary) (Secondary)

Occupation of the Deceased... Blacksmith

Single or Married... Single Religion... Swiss

Date of Birth... 1850

Aged... 76 Years... Months... Days...

Name of Father... Mahala Raethleberger

His Birthplace... Switzerland

Name of Mother... Ida Raethleberger

Her Birthplace... Switzerland
(Maiden Name)

Body to be shipped to.....

Size and Style of Casket or Coffin.....

Manufactured by.....

Interment at Mt. Vernon Cemetery.

Lot or Grave No..... Section No.....

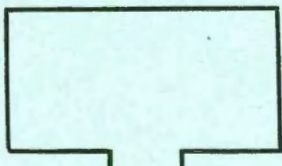


Diagram of Lot or Vault
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□)
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin.....	\$	144	00
" Metallic Lining.....			
" Outside Box <u>5/18</u> <small>(State kind)</small> <u>2088</u> X		25	00
" Grave Vault <small>(State kind)</small>			
" Burial Robe <small>(State kind)</small>			
" Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with <u>5</u> Fluid)			
Washing and Dressing.....			
Shaving.....			
Keeping Body on Ice.....			
Disinfecting Rooms.....			
Use of Catafalque and Drapery.....			
" Folding Chairs.....			
" Candelabrum and Candles.....			
Gloves \$..... Crape \$.....			
Door Crape \$..... Canopy \$.....			
Hearse.....			
Carriages to Cemetery..... @ \$.....			
Automobiles to Cemetery..... @ \$.....			
Wagon Deliveries.....			
City Calls (Coaches).....			
Death Notices in..... Newspapers.....			
<small>(Names of Newspapers)</small>			
Flowers.....			
Outlay for Lot.....			
Opening Grave or Vault <u>5/18</u> <small>(State kind)</small> <u>2088</u> X		7	50
Lining Grave.....			
Evergreen.....			
Tent or Awning Charges.....			
Vault Rental.....			
Shipping Charges, prepaid.....			
Removal Charges.....			
Cremation Charges.....			
Porters \$..... Watchers \$.....			
Personal Services.....			
Music.....			
Church Charges.....			
Total Footing of Bill.....	\$	153	50
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below.....			

To Funeral Charges..... Total, \$	Oct 11 By Cash \$ 153 50
.....
.....
.....

RECORD OF FUNERAL

Total No. 289..... Yearly No. 20..... Date June 5..... 1922
 Name of Deceased. Charles Rowley..... White..... Wis.....
 (What Race) (Where Born)
 Husband---
 Wife---Widow } Mary J.
 Son---Daughter of

584 Flanders By 1357
 Mary Pickles
 Calcifer 1357

Charge to Mrs. Pickles
 Address 584 Flanders apt. a
 Order Given by D.D. By 13/57
 How Secured Contract
 Date of Funeral June 7
 Residence Yachats, Ore
 Place of Death D.D.
 Funeral Services at Chapel
 Time of Funeral Service 2 P.M.
 Clergyman Dr. D. D. G.
 His Address 1101 Clinton
 Certifying Physician D. J. M. Granley
 His Residence Waldport Ore
 Cause of Death Paralysis
 (Primary) (Secondary)
 Date of Death June 5
 Occupation of the Deceased Stel. (Retired)
 Single or Married Mar. Religion D.D. G.
 Date of Birth Oct. 21 - 1858
 Age 73 Years 7 Months 4 Days
 Name of Father Tosker Rowley
 His Birthplace unknown
 Name of Mother Mary Bacon
 (Maiden Name)
 Her Birthplace unknown
 Body to be Shipped to.....
 Size and Style of Casket 2 1/4 0. Large Cop.
Vianetta.....
 Manufactured by H. H. T.
 Interment at Southern Cemetery



Lot No. Douglas
 Grave No.....
 Section No.....

Casket		250.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Embalming Body (with)	Fluid	
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		60.00
Auto Limousines to Cemetery	@ \$	10.00
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
	(NAMES OF NEWSPAPERS)	
Flowers, \$		
Rental of Plants		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	5.00
Pall Bearer Service		
Telegrams and Telephone Charges		90
Total Footing of Bill		315.90
By Amount Paid in Advance		50.00
Balance		265.90
Entered into Ledger, page	or below	

To Funeral Charges	Total, \$	June 11	By Cash. Chk.	\$ 265.90

Names of Pall Bearers Grave 5 Lot 26 Block #1
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

Total No. 90

Yearly No. 25

Date

Name of Deceased Mary Dr. Seabolt

WHT (What Race)

Husband--- Porter Kellogg
Wife---Widow
Son---Daughter of

Charge to H. L. Kellogg No 3464
Address 263 W. Russell St

Order Given by
How Secured

Date of Funeral June 16 - 28

Residence
Place of Death 263 W Russell

Funeral Services at Chapel
Time of Funeral Service 2 P.M.

Clergyman H. Hutchinson
His Address City

Certifying Physician D. O. Webster
His Residence Lombard St

Cause of Death Valvular chronic
(PPrimary) (Secondary)

Date of Death 6-14-28

Occupation of the Deceased Housewife
Single or Married Divorced Religion Prot

Date of Birth April 21 - 1847

Age 81 Years 1 Months 25 Days

Name of Father E. Seabolt
His Birthplace Dr. of

Name of Mother S. Ombresino
(Maiden Name)

Her Birthplace England
Body to be Shipped to

Size and Style of Casket 2130 - H Cap
Velveteen cloth

Manufactured by G. D. C. Co
Interment at Multinomial Cemetery

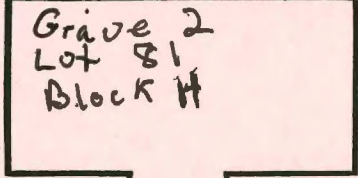


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.

- Casket
Metallic Lining (State Kind)
Outside Box (State Kind)
Grave Vault (State Kind)
Burial Suit or Dress
Burial Slippers and Hose
Embalming Body (with)
Dressing Body, \$ Shaving, \$
Hair Dressing
Use of Folding Chairs
Candelabrum, \$ Candles, \$
Door Badge, \$ Gloves, \$
Hearse
Auto Limousines to Cemetery @ \$
Autos to R. R. Station @ \$
Other Vehicle Service
Aeroplane Service
Death Notices in Newspapers
Flowers \$
Rental of Plants
Outlay for Lot
Opening Grave or Vault
Lining Grave with Evergreen or Muslin
Matting, \$ Tent Rental, \$
Use of Lowering Device
Rental of Vault
Outlay for Shipping Charges
Removal Charges
Incineration
Personal Services
Singers
Church Charges, \$ Minister, \$
Pall Bearer Service
Telegrams and Telephone Charges

Total Footing of Bill
By Amount Paid in Advance 6-15-28
Balance
Entered into Ledger, page or below

Table with columns for charges and payments. Includes entries for June 25, Aug 3, and Jan 13, 1930, with handwritten notes like 'Charged off'.

Names of Pall Bearers
Names of Lodges
Lodge Insurance, \$ Other Insurance, \$
Names of Near Relatives

RECORD OF FUNERAL

4. REER

Total No. 276 Yearly No. 7 Date Mar. 28 1932

Name of Deceased Julia Alvira Stanton (What Race) whit (Where Born) Indiana

Husband--- Elmer A.
Wife---Widow
Son---Daughter of

Charge to Mrs. Eva E. Oliver

Address 1500 Greeley

Order Given by DO

How Secured Contract

Date of Funeral Mar. 31

Residence 1560 Burrage

Place of Death Enclosed to op.

Funeral Services at 2:30 P.M.

Time of Funeral Service Chapel

Clergyman Ludwig, Ruth

His Address

Certifying Physician Cronos

His Residence 2nd S. Jefferson

Cause of Death Pneumonia
(Primary) (Secondary)

Date of Death Mar. 28

Occupation of the Deceased Housewife

Single or Married Married Religion P.M.

Date of Birth Jan. 5 - 1852

Age 80 Years 2 Months 19 Days

Name of Father Harvey H. Ramsey

His Birthplace

Name of Mother Sarah Jones
(Maiden Name)

Her Birthplace

Body to be Shipped to

Size and Style of Casket 12x14x14
it-overall

Manufactured by D.M. Co.

Interment at Home Fir Cemetery

Casket		185.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind) ✓	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Embalming Body (with	Fluid) ✓	
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
Door Badge, \$	Candles, \$	
Gloves, \$		
Hearse		
Auto Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Acroplane Service		
Death Notices in	Newspapers	
One	four	
(NAMES OF NEWSPAPERS)		
Flowers, \$		
Rental of Plants		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Pall Bearer Service		
Telegrams and Telephone Charges		
<u>Funeral roll</u>		5.00
Total Footing of Bill		\$ 190.00
By Amount Paid in Advance		\$ 35.00
Balance		\$ 155.00
Entered into Ledger, page		or below

Grave 2N
Lot 109
Block 35

Diagram of Lot or Vault

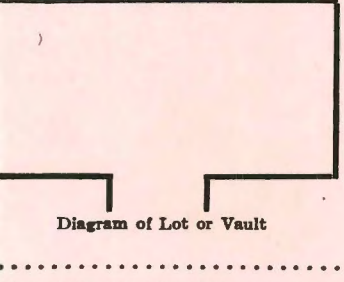
25.00 per week from Home Co. ...
\$ 25.00

RECORD OF FUNERAL

Total No. 92 Yearly No. 37 Date July 9 1928
 Name of Deceased Harriett E. Taylor M.H.A. M.Y.
Husband---
Wife---Widow Royal J. Taylor (What Race) (Where Born)
Son---Daughter of

Charge to Dr.
 Address 752 Oberlin
 Order Given by Dr.
 How Secured Contract
 Date of Funeral June 12
 Residence 752 Oberlin
 Place of Death Dr.
 Funeral Services at Chapel
 Time of Funeral Service July 12 2 P.M.
 Clergyman Johnson P. Westwood
 His Address University Park Cong.
 Certifying Physician Wm. Vlesak
 His Residence Lombard at Ho. St.
 Cause of Death Endocarditis, Chronic
(Primary) (Secondary)
 Date of Death July 9
 Occupation of the Deceased Housewife
 Single or Married Mar. Religion P.C.C.
 Date of Birth May 2 1850
 Age 78 Years 2 Months 7 Days
 Name of Father Wm. De. Howard
 His Birthplace unknown
 Name of Mother unknown
(Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket #12. Hill
Embossed Pl.
 Manufactured by P. N. C.C.
 Interment at St. L. P. Plot, Greenwood Cemetery

Casket	<u>Complete as checked</u>	<u>185.00</u>
Metallic Lining	<input checked="" type="checkbox"/>	
Outside Box	<input checked="" type="checkbox"/>	
Grave Vault	<input type="checkbox"/>	
Burial Suit or Dress	<input type="checkbox"/>	
Burial Slippers and Hose	<input type="checkbox"/>	
Embalming Body (with Fluid)	<input checked="" type="checkbox"/>	
Dressing Body, \$	<input checked="" type="checkbox"/>	
Shaving, \$	<input checked="" type="checkbox"/>	
Hair Dressing	<input checked="" type="checkbox"/>	
Use of Folding Chairs	<input checked="" type="checkbox"/>	
" " Candelabrum, \$	<input type="checkbox"/>	
Candles, \$	<input type="checkbox"/>	
Door Badge, \$	<input type="checkbox"/>	
Gloves, \$	<input type="checkbox"/>	
Hearse	<input checked="" type="checkbox"/>	
Auto Limousines to Cemetery @ \$1	<u>Reed</u>	
Autos to R. R. Station @ \$	<input type="checkbox"/>	
Other Vehicle Service	<input type="checkbox"/>	
Aeroplane Service	<input type="checkbox"/>	
Death Notices in Newspapers	<u>3</u>	
<small>(NAMES OF NEWSPAPERS)</small>		
Flowers, \$	<input type="checkbox"/>	
Rental of Plants	<input type="checkbox"/>	
Outlay for Lot	<input type="checkbox"/>	
Opening Grave or Vault	<input type="checkbox"/>	
Lining Grave with Evergreen or Muslin	<input type="checkbox"/>	
Matting, \$	<input type="checkbox"/>	
Tent Rental, \$	<input type="checkbox"/>	
Use of Lowering Device	<input type="checkbox"/>	
Rental of Vault	<input type="checkbox"/>	
Outlay for Shipping Charges	<input type="checkbox"/>	
Removal Charges	<input checked="" type="checkbox"/>	
Incineration	<input type="checkbox"/>	
Personal Services	<input checked="" type="checkbox"/>	
Singers	<input type="checkbox"/>	
Church Charges, \$	<input type="checkbox"/>	
Minister, \$	<input type="checkbox"/>	
Pall Bearer Service	<input type="checkbox"/>	
Telegrams and Telephone Charges	<input type="checkbox"/>	
Total Footing of Bill		\$ <u>185.00</u>
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page.....or below.....		



Lot No.
 Grave No.
 Section No.

To Funeral Charges	Total, \$	<u>July 20</u>	By Cash <u>Cash</u>	\$ <u>16.40</u>
		<u>July 20</u>	<u>Chk. Confidential</u>	<u>168.60</u>
.....				

Names of Pall Bearers Grave 3 Lot 154 Sect. 4
 Names of Lodges
 Lodge Insurance, \$ Other Insurance, \$
 Names of Near Relatives

RECORD OF FUNERAL

Total No. 140 Yearly No. 27 Date June 6, 1929 1929

Name of Deceased Etta May Williams (What Race) Wht. (Where Born) Wht.
 Husband--- } H. C. Williams
 Wife---Widow }
 Son---Daughter of }

Charge to.....
 Address 1771 Staver St
 Order Given by.....
 How Secured.....
 Date of Funeral June 7th
 Residence 1771 Staver St
 Place of Death Burkington Wash.
 Funeral Services at Chapel
 Time of Funeral Service 3 P.M.
 Clergyman H. K. Clark
 His Address Vanderbilt P. Fisher
 Certifying Physician Dr. J. Burkington
 His Residence Burkington Wash.
 Cause of Death Cerebral Hemorrhage
(Primary) (Secondary)
 Date of Death.....
 Occupation of the Deceased.....
 Single or Married..... Religion.....
 Date of Birth.....
 Age..... 29 Years..... 3 Months..... 1 Days
 Name of Father.....
 His Birthplace.....
 Name of Mother.....
(Maiden Name)
 Her Birthplace.....
 Body to be Shipped to Shipped
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Mt. Carmel Cemetery

Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Embalming Body (with Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	4.00
<small>(NAMES OF NEWSPAPERS)</small>	
Flowers, \$	
Rental of Plants	
Outlay for Lot	
Opening Grave or Vault	7.50
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25.00
Singers	5.00
Church Charges, \$	Minister, \$
Pall Bearer Service	
Telegrams and Telephone Charges	
Total Footing of Bill	\$ 71.50
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page.....	or below.....

Grave #
 Lot 122
 Block A

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

Diagram of Lot or Vault

To Funeral Charges..... Total, \$					
		June 7	Cash		59.50
			allowed on Box		5.00
			Cash		7.00

Names of Pall Bearers.....
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

RECORD OF FUNERAL

Total No. 273..... Yearly No. 4..... Date March 3..... 1932
 Name of Deceased Ray Oliver Wilson who Portland Me
(What Race) (Where Born)

Husband James A. Wilson
 Wife Widow
 Son Daughter of

Charge to 1.4.9.3 Cleveland Ave
 Address 1.4.9.3 Cleveland Ave
 Order Given by.....
 How Secured.....
 Date of Funeral March 5
 Residence.....
 Place of Death Daembecker Host
 Funeral Services at Home
 Time of Funeral Service 2 P.M.
 Clergyman Allen Good
 His Address 733 Davison St
 Certifying Physician F. B. Joy
 His Residence Daembecker Host
 Cause of Death Lobar pneumonia
(Primary) (Secondary)
 Date of Death March 3 - 32
 Occupation of the Deceased.....
 Single or Married..... Religion Prot.
 Date of Birth March 27 - 1930
 Age 1 Years 11 Months 6 Days
 Name of Father James A. Wilson
 His Birthplace Louisa Virginia
 Name of Mother Gertrude Bush
(Maiden Name)
 Her Birthplace Louisa Virginia
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Oregon Casket Co
 Interment at Multnomah Cemetery

Graves
 Lot 184
 Block F

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

Casket <u>Complete</u>	60.00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Embalming Body (with..... Fluid)	
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery.. @ \$.....	
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in <u>2</u> Newspapers..... <small>(NAMES OF NEWSPAPERS)</small>	
Flowers, \$.....	
Rental of Plants.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Pall Bearer Service.....	
Telegrams and Telephone Charges.....	
Total Footing of Bill.....	60.00
By Amount Paid in Advance <u>March 3 - 32</u> \$.....	10.00
Balance.....	50.00
Entered into Ledger, page..... or below	

To Funeral Charges..... Total, \$					
			<u>4-1-32</u>	By Cash <u>Wilson</u>	10.00
			<u>5-5-32</u>	" "	10.00
			<u>7-9-32</u>	Cash " "	10.00
			<u>Nov 23</u>	" " "	10.00
			<u>Dec 32</u>	" " "	5.00
			<u>July 33</u>	" " "	5.00
					50.00

Names of Pall Bearers.....
 Names of Lodges.....
 Lodge Insurance, \$..... Other Insurance, \$.....
 Names of Near Relatives.....

65900