Funeral Consumers Alliance of Greater Kansas City

FCA REPORT

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FCA-GKC

COVID triggers shifts in funeral choices

By Jim Fitzpatrick, Jon Schafer, Angie Martinez, and Steve Nicely, FCA-GKC Board Members

The index of names of the dead in the Jan. 24 Sunday *Kansas City Star* must have set a record. The list was 129 names long, stretching from the top to the bottom of the page. The obituaries of those who paid for them followed in the newspaper.

(See page 3 for related story.)

Many of those people were victims of the COVID-19 pandemic. By March, the virus had claimed more than 2,000 lives in our metropolitan area. The burden of all those funerals fell on our 113 local funeral providers.

Sundays and Wednesdays are the biggest days for death notices and obituaries in *The Star.* We counted which funeral homes had the most death notices on those two days of the week during January and February. Porter's three locations had 62 listings. McGilley's five locations had 54. It must be noted that the newspaper listings are not all-inclusive because frequently families choose not to have their loved ones listed. Still, the listings offer an indication of funeral activity in our area.

Here are the top six among funeral homes having a single location:

Golden Gate	41
Lawrence A. Jones & Sons	32
Serenity	30
Mt. Moriah	29
Highland Park and Floral Hills (tied)	28

It is significant that the top three mainly serve the African American community and that both Golden Gate and Serenity are relative newcomers in this market.

Golden Gate, at 2800 E. 18th St. in Kansas City, Mo., was founded in 2013. *DiMond Piggie* became its owner/operator in 2016. Twenty-five years ago, few African Americans were cremated, he said. Now 40 percent of Golden Gate clients choose cremation. Piggie said the African American emphasis in the past was on the "show-type" funerals involving embalming, visitations, services, and burials in artisan caskets. COVID made cremation more normal, he said.

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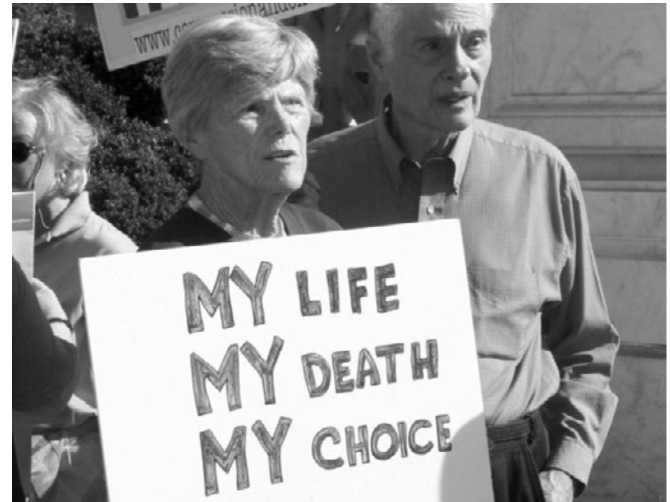

Medical assistance in dying: Ethics, spirituality & medicine can weave or clash

By Lynn Anderson, FCA-GKC Volunteer

When the FCA-GKC board chose the topic of medical assistance in dying for its 2020 annual meeting, it did so understanding that for some people it's an uncomplicated subject and for others it's fraught with layers of complexity that may be medical, spiritual, ethical, emotional, or all tangled together.

And because the FCA-GKC's mission is entirely about providing information, we knew that the meeting must delve into all those realms rather than take a stand. During the three-hour presentation—with speakers both on site and prerecorded—we covered some just-the-facts material and some that was more subjective. More than 270 remote viewers, double our usual annual meeting audience, tuned in.

We recommend watching and listening to the entire meeting online. But here is a summary.

Oregon's Death with Dignity Act & other state statutes

Peg Sandeen, of the Death with Dignity organization, fleshed out our often-bare-bones understanding of what "medical assistance in dying" is and isn't. One pillar is that the process be enacted by legislative statute.

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Michael Adkins, left, of Serenity Funeral Home, and DiMond Piggie, of Golden Gate Funeral Home, have seen a growing trend toward the choice of cremation among African American clients since the start of the COVID pandemic.

How did Golden Gate achieve its top ranking among single-location funeral homes? Piggie mentioned pricing and the economic effects of the pandemic as factors.

"It has just grown every year," he said. "We just try to treat our families as we would treat our own family."

Things got dicey at Golden Gate for a time last year when Piggie and three of his seven staff members contracted the virus and couldn't work. He spent nine days in the hospital. He reports that about 20 percent of the company's funerals during the past 12 months involved deaths caused by the virus.

For **Serenity Funeral Home**, on Bannister Road just east of Holmes, business spiked almost 90 percent between 2019 and 2020. Owner *Michael Adkins* said that Serenity, which entered the funeral home market five years ago, held 467 funerals and related services last year, compared with 250 the previous year.

Of those 217 additional funerals, Adkins estimated that about 60 percent were due to COVID-19. The upswing triggered a need to streamline services and keep costs down, through shifts such as having graveside services instead of full services in the chapel. He has urged families to keep their funerals simple and later hold bigger celebrations of life.

"Families are realizing they can do things for a lot less [money] and still have a decent service," he said. "I try to keep it honest with them."

One of the biggest changes Serenity has made in its day-to-day operation is limiting the number of people in the conference room, where arrangements are made, and in the funeral chapel itself. While as many as 20 people might have gathered in the conference room before COVID, the gathering now is limited to three or four. And while the chapel can accommodate 650 people, Adkins is limiting attendance to 150.

One reason he reduced chapel occupancy so sharply is that he also had the virus. Although he didn't get seriously ill, it got his attention.

"Having had COVID, I want to keep the staff and the visitors as safe as I possibly can," he said.

Adkins said he has had to schedule funeral services further apart because a cleaning service sanitizes between services. Earlier in the pandemic, the funeral home was booked two weeks or more in advance. Recently the pace has slowed and the backlog has diminished, apparently reflecting a drop-off in the total number of cases.

Like many other funeral homes, Serenity is live-streaming the vast majority of services.

"We used to do it on a request basis" by hiring it done, Adkins said, "but after the pandemic started, we invested in the equipment to do it ourselves."

Like Piggie, Adkins indicated a shift in the funeral practices of African Americans here. He noted that the percentage of cremations has steadily risen since he got into the funeral home business with Lawrence A. Jones & Sons in 1998. While only about 10 percent of families requested cremation then, the percentage is now about 40.

Adkins said the increase was a broader trend than just a response to COVID-19. He believes that the proportion of cremations will continue to rise, to the point that the majority of families will opt for it. He attributed the trend to people relocating more frequently and to changing attitudes among younger generations seeking to economize when it comes to funerals and merchandise.

"As long as [families] see the loved one that last time, if they bury or cremate, it gives them the closure they need, regardless," Adkins said.

Jeff Bowker, owner of **Highland Park Funeral Home** at 4101 State Ave. in Kansas City, Kan., said 10 to 15 percent of the company's funerals in recent months have involved COVID cases. Occupancy is restricted to half of capacity, and all funerals are recorded for streaming, he said.

The pandemic has not influenced the cremation rate at Highland Park, where it is 54 percent, the same as before, Bowker said. But the pandemic has presented challenges for the funeral home's clients who want to ship the remains of loved ones back to their native countries, including Mexico, Guatemala, Nigeria, and Micronesia.

"COVID has made it very difficult to ship to another country," he said. □

The COVID pandemic has resulted in growing interest in cremation within the African American community in the metro area.

Death doulas provide nonmedical support for the dying & families

By Tara Tooley

Tara Toolev

The topic of death and mortality is not a subject that many in Western culture get excited to discuss.

It would be fair to say that we live in a death-denial society, in which topics of health, beauty, and anti-aging are much preferred over death and end-of-life care.

I became interested in my own mortality at a young age. I was diagnosed with an aggressive form of breast cancer at age 25 and again at age 30. Now I am a "death doula" and will graduate this month with a master's degree in social work, specializing in grief and loss. I have a podcast titled "The Mourning Session," covering grief, loss, eco-friendly burial, death, and dying. I believe it is important for everyone to become educated in end-of-life care; after all, death is unavoidable.

The end-of-life care arena is changing, and one emerging profession is that of a death doula (pronounced DOO-lah), otherwise known as a "death midwife" or "end-of-life doula." The term "doula" is Greek and means "woman caregiver." A death doula and a birth doula are similar, in that both provide non-medical support. A person can have hospice care *and* a death doula, as the services are very complementary.

Death doulas support the dying and their families. They can help their clients create a death plan, which might include whom they want present at the time of death, whether they want music played, what kinds of scents they want around them, and how they want their room to look. Death doulas can also perform practical tasks: providing respite care and gathering information about the funeral arrangements, as there are many options, from traditional burials to eco-friendly burials to alternatives such as "space burials," in which people can have their cremated ashes sent into space.

Some death doulas help plan "living funerals," in which the dying can be a part of the service. These arrangements have a celebratory feel to them. Death doulas also educate the family about what to expect in the dying process. Research shows that this is helpful in decreasing anxiety about death. Death doulas can also assist in end-of-life reviews and legacy projects.

As you can see, the role of a death doula is flexible and depends on the needs of the individual. The dying and their family members may feel overwhelmed from choices and misunderstandings. Hospice care, for example, is not available 24/7 and most of the caretaking falls on the family members—but they may not realize this.

Death doulas can work with people virtually as well as in person. They also work with non-terminal people who suffer from death anxiety. In essence, they empower people through death education.

Tara Tooley is a master's-degree student at the University of Missouri–Kansas City. She has served as a doula informally in the past but now has a fee structure. Death doula fees are about $50 an hour in the KC area, but some practitioners have package rates. Call or text 913-827-6555.

FCA board member on Tooley's podcast

FCA-GKC board member Steve Nicely was interviewed by Tara Tooley for her "The Mourning Session" podcast. In the 17-minute program they discuss funeral costs, eco-friendly burial, and cremation trends. The podcast is available on Apple and Spotify platforms. Visit our website, www.funeralskc.org, for the links. □

Newspaper's obituary price hikes disturb funeral directors

During our interviews for this newsletter, funeral home operators complained about the *Kansas City Star's* new method of handling obituaries—especially their cost. The charge for an obituary photo averages $120.75 and the text runs $69 per column inch, a newspaper spokesperson said. So the bill for a four-inch obituary and photo would be $396.75.

"They are so expensive," said Jeff Bowker, of Highland Park Funeral Home. "The pricing is out of control. I realize *The Star* has to make money, but poor people can't afford that."

Rick Wiseman, of Porter Funeral Homes, echoed that concern.

"There are a lot of obituaries that don't get printed because of *[The Star's]* prices and the new format. Just to print a name, date of death, and the funeral home's website costs $99," Wiseman said.

The newspaper changed its obituary policy and pricing last year, when its former policy of printing the first nine lines for free was dropped. Now it prints an index of deaths, including the name, age, city, date of death, and funeral home. Index entries with printed obituaries in the newspaper are in bold-face type. Names with no obituaries are not bold-faced and appear without charge. Relatives and friends may search online for a funeral home's website.

Michael Adkins, of Serenity Funeral Home, objected to the new policy of families having to pay for every line.

"If they were going to change [the pricing], I wish they would have waited until [COVID-19] was done," he said. □

The big picture

By Kate Sargent
FCA-GKC President

I am privileged to relate to you the grace, persistence, commitment, endurance, and team spirit you would have seen if you had watched our volunteers (we are *all* volunteers) during the several months before our 2020 annual meeting. Each volunteer kept finding ways to uplift and protect all the moving parts of a flagship project that kept morphing before our very eyes.

Here is a little window to help you appreciate the energy and improvisation it took on everyone's part to bring this important event into harbor. Because this example is from my viewpoint, we'll call it "The Fate of the President's Welcome."

I had been allotted 15 minutes for opening remarks to tell the FCA-GKC story; share the near-magical emergence of opportunities that made this gathering exceptional; introduce the five speakers, all appearing without charge; convey the sense that this subject "came and got us," that we just *had* to overcome the many challenges of this moment. Our meeting topic was a conversation that had real value for the professionals in our audience who specialize in end-of-life matters, and for us.

That's a lot to pack into a greeting message! But the shifting requirements of our speakers and the five board members who were their hosts and introducers meant, at the last moment, a vast shrinking of my carefully constructed introduction—to 1.5 minutes! My remarks had become the "elastic clause" in a very tightly choreographed meeting. Of course, this was the perfect solution to having more content than the clock allowed.

Below I share with you the most "keepable" of the sentiments that were in my heart that day.

"We are humbled and astonished by the experience, insight, wisdom, and patient willingness to share which you will find in the differing viewpoints of the illustrious speakers you are about to meet.

We look forward to joining you, our distant audience, in the shared experience of the next three hours. Perhaps, when our time together on this fall day is over, we will all emerge as somehow changed—both softened and strengthened on our paths. Our very best wishes go with you into your work." □

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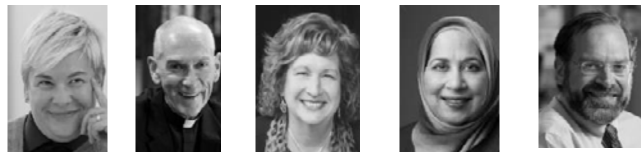
This happened first in Oregon, in 1994, and later almost identically in Washington; Vermont; California; Colorado; Washington, D.C.; Hawaii; Maine; and New Jersey. Medical assistance in dying is legal by judicial order in Montana. The states of Nevada, New Mexico, Arizona, Maryland, New York, and Massachusetts are developing their versions of the legislation, all almost identical to the Oregon law.



The speakers at this year's FCA-GKC annual meeting, from left: Peg Sandeen, keynote speaker; Fr. Thomas Curran; Rev. Melissa Bowers; Mahnaz Shabbir; and Dr. John Lantos.

Legislative overview

Sandeen explained that the principles for end-of-life care in general are autonomy, self-determination, dignity, non-abandonment, and respect for the physician/patient relationship. Death with Dignity (the name given to Oregon's process) follows those principles, codifying guidelines for the self-administration of medication to hasten death.

She stressed that the legislation sets "a standard of care that shines a bright light on the practice." Research shows that physicians help patients hasten death "all the time and in all states," Sandeen said. But once the process is regulated and firmly constrained, it no longer operates in ethical shadows.

Death with Dignity lays out clear steps for patients, including these: The patient must be an adult and a resident of the state; administration of the medication is by the patient only; nobody else may request it on the patient's behalf; the process may stop at any time; entire health care institutions, such as those run by the Roman Catholic Church, may opt out; and pharmacists may opt out.

Steps include the patient making an oral request; a 15-day wait; an attending physician's opinion that the patient has a terminal illness that will likely lead to death within six months; conferral with a second physician; a written request witnessed by two people; and a second oral request. The physicians must also attest that the patient is mentally competent and is not being pressured or driven by dementia or severe depression. When all these steps are completed, the attending physician writes a prescription for the medications that will hasten death.

Significantly, Sandeen said, about one-third of patients who obtain the prescription do not ever fill it. Just having it provides peace of mind, ensuring that patients have control over the timing and method of

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their deaths. Sandeen believes that "medical assistance in dying" is not euthanasia, in which a physician injects a patient to death, something criminalized across the country, and that it is not assisted suicide or suicide.

"The patients want to live but are dying; they just want to control the timing and manner of death," she said.

In polls conducted since the 1970s, public support for medical assistance in dying has tracked upward. The Gallup firm has been asking people about this issue since 1947. In 2018, 72 percent of respondents supported medical assistance in dying. A Harris poll from 2014 showed 74 percent of respondents being supportive.

Ethical considerations in medicine

Dr. John Lantos, a professor of pediatrics and medical bioethicist, said that "curative" care and "palliative" care are not either-or options. He noted that in medicine, the balance leans toward curative care early in treatment but can shift toward palliative care if curative is not meeting its goals.

The ethical basis for our laws is founded on autonomy and the right of self-determination, deeply enshrined in America, he said. It's the tenet that "I can do what I want with my body." Therefore, the most common and complex ethical decisions center on whether to give medications to *hasten* death. The use of sedation can induce unconsciousness but not death in certain doses. In other doses it predictably will suppress breathing.

Lantos noted that health professionals must strive to help patients understand their own motivations. He illustrated with the case of a 56-year-old woman on dialysis with many complications, including gangrene and the amputation of both legs. She lived with her husband, used a wheelchair, and had the potential for a fairly good life. Suddenly, though, she asked to be removed from dialysis so she could die. Her physicians requested a psychiatric consultation and the therapist learned that the woman's husband was about to abandon her. So the team's focus turned to relieving her *psychic* pain, moving the focus away from death.

For patients fearing loss of control and independence, or abandonment, fear is often a stronger motive than physical pain, Lantos said. Because people often cannot think clearly about their own deaths, doctors have an obligation to probe for psychic trauma. But to what degree should they try to shape patient decisions? The answer lies in organizing the *context* of their decision making, he said. *Context* is what Death with Dignity acts provide.

Because most deaths follow decisions to withhold or withdraw medical aid, subtle distinctions are necessary. There must be nuanced conversations between physicians, patients, other professionals, chaplains, and family.

"In most cases, options can be explored and mutually agreeable decisions are possible," he said.

Video sound problem solved!

The audio of the YouTube recording of the November FCA-GKC annual meeting program has been enhanced. If you had trouble during the meeting itself or trying to listen online, the problems have been cleared up. All of the speakers can now be heard clearly.

Visit https://youtu.be/cEX-Dp8ba0E.

For details about the program's speakers, see the fall FCA-GKC newsletter on our website, funeralskc.org.

Religious concerns & strictures

Catholic: *Fr. Thomas Curran, SJ,* the 14th president of Rockhurst University in Kansas City, Mo., drew from a September 2020 teaching document from the Worldwide Catholic Community about our topic. He used the term "euthanasia" in talking about medical assistance in dying.

"Euthanasia is a crime against human life, is intrinsically evil, is never justified," he said. "To be part of that is a sin. If you approve those laws, you're an accomplice."

The core of the teaching is that Catholic people "must know how to stay, keep vigil with, and abide with those who are dying," he said. That's done through a compassionate presence.

The pillars of the church's teaching include "one's created status, in the image and likeness of God," Curran said. "We must be pro-life at every stage, with dignity upheld."

Another pillar is the practice of compassion, which means to "suffer with."

"We must have a willingness to enter the chaos" of dying and death, he said, because "We believe God suffers with us."

Another pillar is the notion that life is communal, that we are not individuals who must suffer on our own. Another is the belief that a person's value is never diminished because he or she is infirm.

Curran explained that the Catholic Church allows patients to reject treatments that extend life, but not to interrupt treatments from which they are benefitting (hydration and food, for instance.) Deep sedation is permitted to provide peace and comfort to the patient, but sedation may not be used to advance death. Calling palliative care "crucial," he emphasized that the church must provide care for the caregivers.

Protestant: *Rev. Melissa Bowers,* hospice chaplain and spiritual director, pointed out that Protestant denominations range from quite liberal to quite

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conservative denominations; synods or congregations may adopt their own stances on issues; and some congregants, while embracing their faith, may diverge from the church's official position in deference to their personal spirituality.

"Religion is about reframing our perspectives from what *we* want to one's relationship with the *Divine,"* Bowers said.

Most evangelicals believe that withdrawing life support is OK but we do not have the right to actively end life. Many African Methodist Episcopal ministers oppose intervention from a "deep history of malfeasance of the medical establishment toward non-white persons," Bowers said.

Some middle-mainline churches approve of hastening death if pain cannot be managed and community connection has been lost.

More liberal churches, or church-like institutions that may not identify as Christian, hold that one's personal relationship with God is primary and one's inner values are the guide to decision making. This includes persons who identify as "spiritual but not religious."

The message underlying all this diversity deeply affects health care professionals, social workers, and families, Bowers said. That message: be cognizant of the role that spirituality—whether institutionally grounded or individual—can play in end-of-life decision making. That message: make no assumptions, ask questions, be sensitive. And that is fundamental when the question of medical assistance in dying arises.

"We're working with real people who may be in pain on *all* levels," Bowers said. "Medical assistance in dying's primacy is on personal choice, which we *must* honor."

Muslim: *Mahnaz Shabbir* is an adjunct professor at Avila University who focuses on diversity. She offered the formal Muslim perspective in which the certainty of death is held as in constant awareness. That makes death a familiar reality for Muslims, one in which they participate intimately—washing the bodies of the dead, participating in funerals even of persons they don't know.

"Islam greatly values human life," Shabbir said. "It is not just a religion but a way of life. We believe life and death are in the hands of Allah. He gives, he takes life."

Muslims believe that the moment of death is predetermined by the Creator. The Quran explicitly forbids suicide. Therefore, ending life early is unacceptable. Shabbir distinguished between the

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FEMA offers financial help for COVID funerals

Editor's note: The information below comes from the official FEMA website and was accurate at the time we went to press. The site does not state a limit on the amount of reimbursement, but other news sources are reporting "up to $9,000."

The Federal Emergency Management Agency announced that it will provide financial aid to families facing funeral expenses related to COVID-19. Assistance will be provided for funeral expenses incurred after Jan. 20, 2020.

"At FEMA, our mission is to help people before, during, and after disasters," the website states. "We are dedicated to helping ease some of the financial stress and burden caused by the virus."

FEMA is accepting applications through its call center at 844-684-6333 from 8:00 a.m. to 8:00 p.m. central time Monday through Friday. To begin the process, visit www.fema.gov. Scroll down to the icon titled "COVID-19 Funeral Assistance."

To be eligible for funeral assistance, you must meet these conditions:

- The death must have occurred in the United States, including the U.S. territories and the District of Columbia.
- The death certificate must indicate that the death was attributed to COVID-19.
- The *applicant* must be a U.S. citizen, non-citizen national, or qualified alien. There is no requirement for the *deceased person* to have been a U.S. citizen, non-citizen national, or qualified alien.

The types of information and documentation needed should include:

- **An official death certificate** that attributes the death directly or indirectly to COVID-19 and shows that the death occurred in the United States, including the U.S. territories and the District of Columbia.
- **Funeral expense documents** (receipts, funeral home contract, etc.) including the applicant's name, the deceased person's name, the amount of funeral expenses, and the dates the funeral expenses were incurred.
- **Proof of funds received from other sources** specifically for use toward funeral costs. FEMA does not duplicate benefits received from burial or funeral insurance, or financial assistance received from voluntary agencies, government agencies, or other sources.

If you are eligible for funeral assistance, you will receive a check by mail or direct deposit. □

FEMA

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medical definition of death (when the brain stops working) and the Sharia definition (when breathing stops). This can provoke medical intervention challenges, such as in cases of "brain death." Is the machine the only thing causing breath to continue? May it be withdrawn?

Shabbir was clear in her closing: "Medical assistance in dying is one of the greatest sins," she said. But palliative care and hospice are recommended and welcomed. And a good death is most likely when the patient is at home, with family surrounding. ▫

Saluting our donors

Maybe the recent arrival of COVID-19 pandemic stimulus checks triggered the flood of mail from nonprofit agencies asking for contributions. They probably need the support now more than ever. Regardless, we hope you also remember FCA-GKC and we express our sincere gratitude to the following donors who contributed $1,640 during the past six months.

It's interesting that four names on the list are current FCA-GKC board members and three others are past board members. That serves as testimony that we believe in our work of informing and supporting families dealing with loss at a vulnerable time of their lives.

The FCA-GKC board of directors

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Preplan, but don't prepay

Funeral homes like to see families arriving ahead of time to plan funerals, and FCA does, too. But the funeral home will try to sell a prepaid plan, and we advise against it. *Preplan,* we say, but don't *prepay.*

We suggest opening a bank or credit union savings account jointly with a trusted friend or relative who knows your wishes. ▫

How-tos of organ & tissue donation

FCA-GKC recently received a question from one of its members: "I have signed to be an organ donor on my driver's license. How does that happen?"

Brad Marten, of Midwest Transplant Network (MTN), had the answer. MTN, at 1900 W. 47th Place, Westwood, is responsible for all organ and tissue donations in Kansas and the western two-thirds of Missouri. Brad is MTN's liaison with medical examiners, coroners, and funeral homes.

Here are the primary steps involved:

- You may register to become a donor at licensing, treasury, or revenue department offices in Kansas and Missouri. You may also register your decision at ShareLifeMidwest.com.
- Most organ donations happen in hospitals, where the highly specialized care required in the screening and matching process is available. Hospital clinicians and those close to the patient provide the patient's medical history to MTN.
- Last year MTN facilitated the transplants of these *organs:* 447 kidneys, 214 livers, 125 lungs, 85 hearts, 26 pancreases, and one intestine. Many organ transplants involve donors who are brain dead but with blood still circulating.
- *Tissue* donations normally take place at MTN headquarters in Westwood. Last year MTN facilitated transplants of 1,630 skin grafts, 1,202 corneas, 910 bone or musculoskeletal grafts, 356 veins, and 1,313 heart valves. In some instances, corneas may be recovered in nursing homes that have the proper facilities.
- MTN always consults with the donor's legal next of kin or holder of a durable power of attorney for health care before proceeding. Its staff members then collect the additional information and documentation needed.

The Midwest Transplant Network has a staff of 220 and branch offices in Columbia and Joplin, Mo., and Wichita, Kan. Call 913-262-1668 or visit mwtn.org. ▫

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60 years of FCA-GKC!

Aug. 31 will mark the 60th anniversary of FCA-GKC. That's when our articles of incorporation were filed by several members of All Souls Unitarian Universalist Church who had become concerned about the high cost of funerals. They organized the Memorial Society of Kansas City, which evolved into the Funeral Consumers Alliance of Greater Kansas City.

We are one of 60 affiliates of the national FCA, headquartered in Vermont. We collect and make public the detailed pricing information of all 113 funeral homes in this metropolitan area and surrounding cities. Anyone can access it free of charge on our website, funeralskc.org.

Our board of directors plans to celebrate 60 years of funeral activism and education throughout the summer. Check our website and your email for announcements about these events. We think it's a remarkable thing that this nonprofit, all-volunteer consumer organization could survive that long—but it didn't always thrive. Past president Bev McGill recalls a precarious period about 20 years ago when the board shrank to just a few members. Credit McGill for its survival. She refused to let it die. And credit our board and volunteers of today, whose passion *keeps* it alive! □

Let us help educate your members

Are you part of an organization that would benefit from an unbiased presentation about important practical aspects of funeral planning and myths/facts about funeral and burial practices?

The Funeral Consumers Alliance of Greater Kansas City has speakers who are eager to share and educate. Call us at 816-561-6322 or email us at fca.gkc@gmail.com. We'll line you up with one of our members for a visit—at no charge, of course.

We look forward to meeting and interacting with you!

Join us!

We're always looking for people interested in helping with our work. Lots of volunteer opportunities are available. Call 816-561-6322 or email fca.gkc@gmail.com to help.

This newsletter, past newsletter archives, and a treasure trove of information about funeral options are all available on our new website:

www.funeralskc.org