

Itemized bills of funeral, burial and transportation expenses are attached hereto and have (have not) been paid in full not paid

1. By whom were funeral, burial, and transportation expenses paid? not paid

2. With whose funds? not paid

3. (a) If claim is made by the undertaker, he should state whether he has been paid in whole or in part no (b) If so, from what source and in what amount? not paid in whole or in part.

4. (a) If claim is made by the person who paid the undertaker, such person should state whether his own personal funds were used in paying the expenses. not paid (b) Has any reimbursement been received of the amount paid from his personal funds? no (c) If so, from what sources and in what amount? (Yes or no)

5. Has any amount been allowed on burial expenses by a State, county, political subdivision, or Federal Government sources? no If so, in what amount and from what sources? (Yes or no)

6. Did any person or persons assist or advise you in the preparation of this application? yes

If so, give the name and address of such person or persons and state the nature and extent of the assistance or advice, the amount of fee paid or to be paid for such assistance Form completed by Wm. E. Serene, Cont. Repr. V.G. Belts Md. No fees paid or to be paid.

I have read (or I have had read to me) all questions and answers thereto embodied in this application. (Strike out part not applicable.)

Signatures by mark must be witnessed by two persons who can write to whom the person making the claim is personally known, and the addresses of such persons must be shown.\*

Witnesses to signature if by mark.

\* Name \_\_\_\_\_

Address \_\_\_\_\_

\* Name \_\_\_\_\_

Address \_\_\_\_\_

Robert E. Williams  
(Signature of claimant)

By Undertaker Owner  
(Name and capacity of person signing for an undertaking firm)

Creditor  
(Creditor or relationship to deceased)

1515 Mc Elderry St.  
(Address number and street or R. D.)

Baltimore, Md  
(City or town) (State)

Subscribed and sworn to before me this 19 day of December, 1938

by Robert E. Williams, claimant, by whom (to whom) the questions and answers were read and the statements made herein were fully explained.

[SEAL]

NOTICE

MY COMMISSION EXPIRES  
MAY 1, 1939

If claim is made by undertaker or undertaking firm please have the following statement completed by the individual who authorized your services

I Mrs. Viola Johnson of 619 N. Bethel St.

Baltimore Md., authorized the services of

Robert E. Williams

The total amount of expenses incurred was \$ 177.00 of which amount \$ None has been paid. The services were as authorized and the charges made reasonable and as agreed upon.

Viola Johnson  
(Signature)

Granddaughter  
(Relationship to deceased)