

I, WILLIAMS- Robert E. hereby make application for any accrued benefits which may be found to be due me under title I, Public Act No. 2, 73d Congress. I am the undertaker of John SMOTHERS who died at 619 N. Bethel St. Balto, Md., on Dec. 18-1938

Funeral, burial, and transportation expenses were incurred in the total amount of \$ 179.00 as shown by the itemized bills forwarded herewith and ~~have~~ (have not) been paid in full

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, state whether you have been paid in whole or in part

Not Paid in whole or in part.

(b) If claim is made by the person who paid the undertaker, state whether you have been reimbursed in whole or in part

Not Paid.

4. If so, from what source and in what amount? \_\_\_\_\_

Not Paid

5. Was the deceased beneficiary survived by a widow or by a child under the age of 18 years?

No

(Answer "yes" or "no.")

6. I have read (or I have had read to me) all questions and answers thereto embodied in this application.

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.\*

Robert E. Williams  
(Signature of claimant)

Witnesses to signature if by mark.

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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 17

day of December, 1938 at

Baltimore Md.  
(City or town) (State)

Wm. E. Swere  
Notary Public.

NOTARY PUBLIC  
MY COMMISSION EXPIRES  
MAY 1, 1939



the Md.