

VETERANS ADMINISTRATION
Adjudication Form 121
Rev. Sept. 1934

STOP PAYMENT NOTICE

File No. **W-552,191**

Civil War
WAR-5

Date **June 4, 1936**

From: **Widow Subdivision Dependents Claims Service**
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

To: **Dependents Accounts Subdivision, 7, S. Room 530**
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

Subject: Stop payment on **Death Pension \$40.**
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee **Jane Hensell**
2. Effective date of action **April 14, 1936**
3. Reason for action **Death of payee 4-14-36 Abstract required**
4. Name of veteran **Madison Hensell**

Submitted by **KCF/eah** (Signature and title)
Approved by **K. O. J. [Signature]** (Signature and title)
Assistant Director