UNITED STATES VETERANS BUREAU ADJUDICATION SERVICE Revised July, 1930 Form 531

#6 ™0	. XC			
War	Civil.	.War	<u>, , , , , , , , , , , , , , , , , , , </u>	

## CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions pr	rinted on this Affidavit mu	st be followed)	
We Mary Broadway	4.52		
(Name of person who paid expens	ses or of Undertaker or Undertaki	ng firm if expenses have	not been paid)
of 2346 N. Woodstock St.	Philadelp	hia.	Penna.
(Number) (Street)	27	ty or town)	(State)
on oath depose and say that { am} the Wido		deceased) or (Undertal	(or)
of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Relationship to	그는 그들이다. ::에 나를 다시다 그 그 그렇게 그 그 그렇게 그 그 그 그 그 그 그 그 그 그 그 그	Private
for \ (Name of deceased)			(Rank)
Co. A. U.S. Inf't, 7th Reg, Md.	who died at	Chesterto	wn Md.
(Organization)		(P	lace of death)
			from service; that expenses were
incurred for the return home, funeral, and burial of the	body of the deceased, an	nounting in all to	117.00
	de by Undertaker, use this	15	
	(this firm)		
That the foregoing amount is a correct and just ch	arge made by { me }	for all services re	ndered as authorized by
(Name)		(Relationship to de	ocosed voteren)
(Ivame)		(Relationship to de	eceased veteran)
Of(Number) (Street)	(City	y or town)	(State)
and no payment for such services has been received by	me except as indicated by	credits on bill sub	mitted herewith; that the amount
of any allowances made to me by the U.S. Veterans B	ureau on this claim will re	educe to that exter	at the obligation of the person or
persons responsible for the payment of the account.			
If claim is made by pers	son who paid the expenses	, use this paragra	ph
That of the foregoing amount \$\frac{1}{1.17.00}	has been paid by m	e from my nerson	al funds and no reimburgement of
(Insert amount paid by	you)	Nothi	
any part of such payment made by me has been received	ed, except in the total sun	Π ΟΙ Φ	has been received, insert word "Nothing")
received by me as reimbursement for burial and funeral	expanses from No	one.	and book root, mora trouming,
received by the as rembulsement for buriar and runeras	Capenses Hom	(Here st	ate fully the source or sources from which
reimbursement has been received by the person making claim)			
Wherefore claim is hereby made for such amount a		xisting law and in	support thereof completely item-
ized bills are attached and made a part of this affidavit.			
Witnesses to signature by mark:	194		
(1) Blondine Homely.		B.	
(Name)		(Signature	of claimant)
2346 N. Woodstock St. Phila	. Pa. By	Nachan.	& deletion.
(Address)	(Nai	me of person who execut	tes affidavit for Undertaking firm)
(2) Jehnen J. Hildelein	Notai	ry Public.	
2159 N. 21st, St. Phila.		(Official	capacity)
(Address)			
STATE OF Pennsylvania.	NOTE.—	Signature made l	y mark must be witnessed by
	ally known	s to wnom the per , with the address	son making affidavit is person- es of such witnesses shown.
COUNTY OF Philadelphia.		,	
Subscribed and sworn to before me this 22nd	day of April		19.31.
	7/	2	
former 1	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	attian	World sto.
SEAL	15 s d	LEON 21st S	treet, Notary Public

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate the Be Clerk of the Court under seal the Court stating that the person signing as Notary is the officer he professes to be. of the Court stating that the person signing as Notary is the officer he professes to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.