READ THE [illegible] BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Maryland }
~~COUNTY OF~~ City of Baltimore } ss:

On this 14th day of January, A.D. 1925, before me, the undersigned, personally appeared Henrietta Moales, aged 52 years, a resident of 807 Druid Hill Ave., County of City of Baltimore, State of Maryland, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of John Moales, who was a pensioner of the United States by certificate No. 748,103, and who DIED December 12th, 1924, at Baltimore, Maryland and was buried at National Cemetery Baltimore, Md.

That said deceased pensioner did not leave sufficient assets to defray the expenses of his (His or her) last sickness and burial.

That the deceased pensioner did not (did or did not.) leave a widow; that said deceased pensioner did not (did or did not.) leave a minor child or children under sixteen years of age.

That there was no (was or was not) insurance (including death benefits) in force on the life of pensioner at time of death

(If any, give the name of each company and the amount of each policy, with the beneficiary named in each, and state by whom the premiums were paid.)

That said deceased pensioner did not (did or did not.) leave any money, real estate, or personal property. (If any, state the character and value of all such property and the manner in which it was disposed of.)

That the following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contains the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
Edward D. Mascangio M.D.	Physician	Paid	10 00
	Medicine		
Samuel T. Hennessey	Nursing and care		
	Undertaker	Has not been Paid	105 00
	Livery	" "	30 00
	Cemetery		
	Other expenses and their nature:		
	TOTAL		$145 00

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

Dr. bill has been paid. Undertaker's bill has not been paid.

Henrietta Moales.
(Claimant's signature in full.)

807 Druid Hill Ave.,
(P. O. address.)

Baltimore, Maryland.

Subscribed and sworn to before me this 14th day of January, A.D. 1925; and I certify that the contents of the foregoing application were fully made known and explained to the claimant before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

Ernestine R. Yeatman,
(Signature.)

Notary Public
(Official character.)

708 American Bldg., Baltimore, Md.
(P. O. address.)

Declaration accepted as a claim under the act of March 2, 1895.
[L. S.]
H. P. Willey,
Law Clerk.
per

PENSION OFFICE U. S. FEB 6 1925

SC-4126-483-073