

Voucher No.

Medical & Hospital Services
 Veterans' Bureau, 1928 & Prior Years

D. O. Symbol No.

APPROPRIATION:

BUDGET ALLOTMENT NUMBERS:

U. S. VETERANS BUREAU

WASHINGTON

AWARDS DIVISION

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Holmes Funeral Director, 621 West State Street, Jacksonville, Fla.	Eligah Dawkins, Jacksonville, Fla. Spanish War Veteran No applicable assets	July 11, 1927 Jacksonville, Fla.	\$100.00

MAIL WITH CHECK

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills which have ***not** been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201—Subsection (1) of the World War Veterans' Act, 1924, as amended by act of July 2, 1926, and the regulations of the U. S. Veterans Bureau, and that this voucher is approved for \$ 100.00, of which no amount represents a payment in excess of that allowed by law.

For the Director U. S. VETERANS BUREAU,

Date

†
 Chief, Reimbursement Section.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran and in my judgment the deceased left no assets which should be applied to meet the expenses of burial, funeral and/or transportation of the body, except as set forth in column (2) above, and that I have been authorized by the Director to exercise my judgment in this class of payments.

Date
 MBD-acc 10-12-27.

†
 Chief, Reimbursement Section.

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and approved for payment in the amount and from the appropriation above stated.

(Title)

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No., dated

*Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
 †Sign here where veteran dies before discharge or resignation; while receiving compensation, vocational training, or governmental medical care.
 ‡Sign here when deceased veteran's assets are to be considered as a factor in determining amount to be paid.