



BUREAU OF
WAR RISK INSURANCE

TREASURY DEPARTMENT

WASHINGTON

November 10, 1920

Mr. James R. Warner,
1310 Belmont St.,
Washington, D. C.

IN REPLY REFER TO:
C-493 889
Murray Warner,

You are hereby notified that you were named as a beneficiary of insurance in the amount of \$ 5,000 issued by the United States Government to your son, Murray Warner,

Maj.	Q.M.C.
Rank or rating	Organization, station or vessel
who died on the 2nd day of October 1920.	

Enclosed you will find a blank form of affidavit which you will kindly fill in, and execute before a notary public, commissioner of deeds or any other person authorized by law to administer an oath and return the same to this Bureau in the enclosed envelope which needs no postage.

Your signature must be witnessed by two persons who must sign their names and affix their addresses in the place provided for the same on the affidavit. You will note at the bottom of the affidavit the penalty as provided by the Act of October 6, 1917.

In the event the beneficiary named is a minor, a guardian must be appointed to receive the insurance payments. A certified copy of the guardianship papers must accompany this affidavit of beneficiary.

R. H. HALLETT,
Assistant Director, In charge of
Compensation and Insurance Claims Division.

TREASURY DEPARTMENT

WASHINGTON

November 10, 1930



BUREAU OF
WAR RISK INSURANCE

IN REPLY REFER TO:
C-433 333
BUREAU OF WAR RISK INSURANCE

Mr. James R. ...
1310 Belmont St.,
Washington, D. C.

You are hereby notified that you were named as a bene-

ficiary of insurance in the amount of \$2,000 issued by the United

States Government to your ...

Rank or rating _____
Maj. _____

Organization, station or vessel _____

who died on the 2nd day of October 1930.

Enclosed you will find a blank form of affidavit which

you will kindly fill in, and execute before a notary public, commissioner

of deeds or any other person authorized by law to administer an oath and

return the same to this Bureau in the enclosed envelope which needs no

postage.

Your signature must be witnessed by two persons who must

sign their names and affix their addresses in the place provided for the

same on the affidavit. You will note at the bottom of the affidavit the

penalty as provided by the Act of October 6, 1917.

In the event the beneficiary named is a minor, a guardian

must be appointed to receive the insurance payments. A certified copy of

the Guardianship papers must accompany this affidavit of beneficiary.

R. H. HALLITT

Assistant Director, in charge of
Compensation and Insurance Claims Division