

APPLICATION FOR INSURANCE

3398881



My service number is _____
(Service number)

My full name is Mathias Smrekar
(Given) (Middle) (Last name)

Home address 318 E. Sheridan St., Ely, Minnesota.
(No. and street or rural route) (City, town, or post office) (State)

Date of birth May 6th, 1895 Age 23
(Month) (Day) (Year) (Nearest birthday)

Date of last enlistment or entry into active service June 9th, 1918.
(Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000 payable as provided in the Act of Congress approved October 6, 1917, to myself during total permanent disability and from and after my death to the following persons in the following amounts:

RELATIONSHIP TO ME	NAME OF BENEFICIARY			POST-OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State.	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
	(Given)	(Middle)	(Last name)		
Mother	(If married woman her own Christian name must be stated)			(a) <u>318 E. Sheridan St.,</u>	<u>\$ 10,000</u>
	<u>Elizabeth Veranth Smrekar,</u>			(b) <u>Ely, Minnesota.</u>	
				(a) _____	
				(b) _____	
				(a) _____	
				(b) _____	

I authorize the necessary monthly deduction from my pay, or, if insufficient, from any deposit with the United States, in payment of the premiums as they become due, unless they be otherwise paid.

I offer this application, and it is to be deemed made, as of the date of signature, with premiums commencing from that date and payable at the end of each calendar month, beginning with the month in which application is made.

I wish Insurance Certificate sent to: (Name) Elizabeth Veranth Smrekar,
(Address) 318 E. Sheridan St., Ely, Minn.

Signed at (on board) MARINE BARRACKS
PARIS ISLAND, S. C.

the 12th day of July, 1918.

Witnessed by: [Signature]

Sign here Mathias Smrekar

Rank 1st Lieut., U.S.M.C.,

Commanding COMPANY G.

PRIVATE U. S. M. C.
(Rank or rating) (Organization)

(This space for any notations insurance officers may deem necessary.)

2-8225

7-1-28 final

U-43,047

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE
Form 521—Rev. May, 1929

X C. 793,851

STOP PAYMENT NOTICE

I

A 43047

Date April 29- 1931

FROM: Awards Division, Central Office
(Designate Division of Central Office or Regional Office preparing form)

To: Award Accounts Subdivision
(Indicate Award Accounts Subdivision, Direct Loan and Payment subdivision, C. O. (or) Regional Accountant)

SUBJECT: Stop payment on Adjusted Compensation
(Designate kind of award, whether Term, Converted or Automatic Insurance, Disability, Death or Adjusted Compensation)

1. Full name of payee Mrs. Elizabeth Smreka

2. Effective date of action December 16 1927

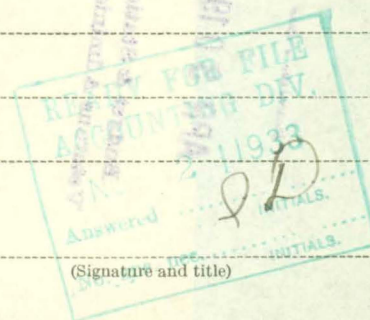
3. Reason for action Death of payee

4. Name of veteran Mathias Smreka

Submitted by Charles H. Elliott
(Signature and title)

Approved by

(Signature and title)



43047

10. In accordance with the statements made by me in this application, I hereby apply for the benefits to which I may be entitled under the provisions of the World War Adjusted Compensation Act, and designate the following-named person as my beneficiary under the provisions of said act:

Name _____
(Mr., Mrs., or Miss) (First) (Middle) (Last)

(Relationship of beneficiary)

Address of beneficiary _____
(House number) (Street) (City) (County) (State)

Signature of veteran _____
(First) (Middle) (Last)

11.

12. (See instructions for this item.)

(a) Smrekar Mathias
(Name of veteran—Last) (First) (Middle)

(b) 4606856
(Serial number of veteran)

(c) Ely, Minn.
(Address of veteran)

(d) May 6th. 1895
(Date of birth of veteran)

Ely, Minn.
(Place of birth of veteran)

(e) Pvt. 16th. Co. 5th. Regt.
(Rank and organization at date of discharge)

FINGERPRINT OF RIGHT HAND OF VETERAN
(Plain imprint of four fingers taken at the same time)

(Extract from Title VII, World War Adjusted
Compensation Act)

**PENALTY FOR MAKING FALSE OR FRAUDULENT
STATEMENT IN APPLICATION**

Sec. 702. Whoever knowingly makes any false or fraudulent statement of a material fact in any application, certificate, or document under the provisions of Titles III, IV, V, or VI, or of any regulation made under any such title, shall, upon conviction thereof, be fined not more than \$1,000, or imprisoned for not more than five years, or both.

c3-8781

Dependents must be sure to submit with their application the affidavits as shown in the instructions which are required by law and regulations.

The following items will be completed only when dependent makes application for compensation

21. At the time of his (her) death the veteran named in this application had the following-named dependent relatives now living:

1. Widow or widower -----
(First name) None (Middle) (Last)

2. Child -----
(First name) None (Middle) (Last)

Date of birth ----- None

Child -----
(First name) None (Middle) (Last)

Date of birth ----- N e

Child -----
(First name) None (Middle) (Last)

Date of birth ----- N e

3. Mother ----- Elizebeth --- Smrekar
(First name) (Middle) (Last)

4. Father ----- Died May 25th. 1905
(First name) (Middle) (Last)

22. I am mother of the veteran named in this application; I was a
(Relationship of dependent) (50)

dependent of him (her) at the time of his (her) death, at which time I was fifty years old, and in accordance with the statement made by me in this application I hereby apply for the benefits to which I may be entitled under the provisions of the World War Adjusted Compensation Act.

23. My address is Box 281 Ely, St. Louis, Minnesota
(House number) (Street) (City) (County) (State)

24. Signature of dependent Elizabeth Smrekar
(First name) (Middle name) (Last name)

25. 26. Item 26 for dependent only.

STATE OF Minnesota
COUNTY OF St. Louis, ss.

Subscribed and sworn to before me at

Ely, Minnesota this 12th.

day of January A.D. 1925

Joseph Thumacher
(Signature of individual administering oath)
Clerk Municipal Court
City of Ely, Minn.
(Title)

[SEAL]

FINGERPRINT OF RIGHT HAND OF DEPENDENT
(Plain imprint of four fingers taken at the same time)

#863

Sec. 4652, G. S. 1913, as amended by Chap. 273, S. L. 1921.

"Whenever the state registrar shall receive a death certificate which is incomplete or inaccurate, he shall endeavor to secure information relative to any errors or omissions, and shall make corrections on the original in red ink when additional information is secured; provided, that whenever a certified copy of any such corrected death certificate is issued, the corrections shall be shown on the certified copy in red and the provisions of this act shall be printed or typed on the form used for such certification."

MINNESOTA STATE BOARD OF HEALTH

A. J. CHESLEY, M. D.

EXECUTIVE OFFICER AND STATE REGISTRAR

ST. PAUL, MINN., February 20th 1922

The Executive Officer of the Minnesota State Board of Health and the State Registrar, being the person in whose official custody the original records of deaths are required by law to be preserved, filed and kept, does hereby certify that he has compared the following death record with the original thereof, filed, kept and preserved in his office, and that the same is a true and correct transcript and copy of such original.

1 PLACE OF DEATH				STATE OF MINNESOTA	
County <u>St. Louis</u>				Division of Vital Statistics	
Township _____ or _____				CERTIFICATE OF DEATH	
Village _____ or _____				Reg. District No. <u>27</u>	No. in Registration Book <u>12</u>
City <u>Ely</u> No. _____				(Above numbers to be filled in only by local registrar or his deputy.)	
St. _____ Ward _____					
2 FULL NAME <u>MATHEWS SMERAKAR SMREKAR</u>					
(2) Residence. No. _____ St. _____ Ward _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>26 yrs. 11 mos. 11 ds.</u> How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (WRITE the word)			
<u>Male</u>	<u>White</u>	<u>Single</u>			
5a If married, widowed, or divorced					
HUSBAND of _____					
(or) WIFE of _____					
6 DATE OF BIRTH (month, day, and year) <u>May 6, 1895</u>					
AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
<u>26</u>	<u>11</u>	<u>11</u>	<u>11</u>		
8 OCCUPATION OF DECEASED					
(a) Trade, Profession, or particular kind of work <u>Butcher</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Smrekar</u>					
(c) Name of employer <u>Jacob Smrekar</u>					
9 BIRTHPLACE (city or town) (State or country) <u>Ely, Minn.</u>					
PARENTS	10 NAME OF FATHER <u>Math. Smrekar Smrekar</u>				
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Jugo Slavia</u>				
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Verant</u>				
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Jugo Slavia</u>				
14 Informant <u>Jacob Smrekar Smrekar</u> (Address) _____					
15 Filed <u>4/21</u> , 19 <u>22</u> <u>O. W. Parker</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH (month, day, and year) <u>April 17 1922</u>					
17 I HEREBY CERTIFY, That I attended deceased from <u>Apr. 14 1922</u> , to <u>Apr. 17 1922</u> , that I last saw him alive on <u>Apr. 17 1922</u> , and that death occurred on the date stated above, at <u>8:45 A. m.</u> The CAUSE OF DEATH* was as follows:					
<u>Lobar Pneumonia</u>					
_____, duration _____ yrs. _____ mos. _____ ds.					
CONTRIBUTORY (SECONDARY) _____					
_____, (duration) _____ yrs. _____ mos. _____ ds.					
18 Where was disease contracted _____					
if not at place of death? _____					
Did an operation precede death? <u>No</u> Date of _____					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? _____					
(Signed) <u>H. N. Sutherland</u> , M. D.					
<u>4/21/22</u> <u>Ely, Minnesota.</u>					
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)					
19 PLACE OF BURIAL, CREMATION, OR REMOVAL				DATE OF BURIAL	
<u>Ely Cemetery</u>				<u>4/23 1922</u>	
20 UNDERTAKER				ADDRESS	
<u>A. J. Fenske</u>				<u>Ely, Minn.</u>	

Sub-Registrar

19

Received

July 31, 1925.

Mrs. Elizabeth Sarekar,
Box 281,
Ely, Minn.

0.21-D

SAREKAR, Matthias.
A# 43 047

Dear Madam:

Receipt is acknowledged of your application for the benefits of the World War Adjusted Compensation Act as dependent ~~mother~~ of the above captioned deceased veteran of the World War.

In order that we may proceed with the adjudication of your claim, it is necessary that you forward to this office the additional evidence checked below:

A. PROOF OF WIDOW;

1. Certified copy of marriage certificate.
2. Statement showing marital cohabitation, to be made on inclosed Form No. _____.

B. PROOF OF MINOR CHILD;

1. Certified copy of birth certificate.
2. Copy of court order appointing guardian. Copy must be certified under seal of Court.
3. Affidavit showing that the guardian making application on behalf of child is identical with the person appointed guardian by the Court.

C. PROOF OF DEPENDENT MOTHER OR FATHER;

- ✓ 1. Affidavit of dependency on inclosed Form No. _____.
2. Affidavit of person claiming to have stood in relation of parent to be made on inclosed Form No. _____.

D. PROOF OF DEATH OF VETERAN;

1. Certified copy of public record of death.

All communications with reference to this matter should bear the file number A# ~~43 047~~_____.

For the Director:

Charles E. Mulhearn

CHARLES E. MULHEARN,
Assistant Director.

Encls.

Adj. Comp. #40 Rev.

3
January 29, 1926.

Mrs. Elizabeth Smrekar,
Box Number 281,
Ely, Minn.

FBCB

SMREKAR, Mathias
(Deceased)
A - 43,047

Dear Madam:

Reference is made to your claim for adjusted compensation as dependent mother of the above captioned deceased veteran.

Examination of the affidavit submitted by you in support of this claim discloses the fact that the Notary Public who acknowledged your affidavit signed it as a witness. In this connection you are advised that a Notary Public who acknowledges the claimant's affidavit may not sign that affidavit as a witness.

Accordingly, your affidavit is returned with the request that you have it witnessed by two disinterested persons, other than the Notary Public.

All future communications relative to this claim should bear the file number A - 43,047.

For the Director,

CHARLES E. MULHEARN,
Assistant Director.

Enc. 1
WRG BJW FBF

**AFFIDAVIT OF DEPENDENT MOTHER OR FATHER OF DECEASED VETERAN IN SUPPORT OF
CLAIM OF DEPENDENCY UNDER THE WORLD WAR ADJUSTED COMPENSATION ACT**

(Title VI, Sec. 602 (b) 2)

I, the undersigned, Elizabeth Smrekar

(Full name of claimant; name must be exactly the same as used in application)

and the Mother

(Mother or father)

of Mathias Smrekar

(Full name of veteran)

(deceased veteran of the World War), submit

the following facts, in the form of questions and my own answers thereto, as proof of my dependency upon said veteran and in support of my application for the benefits to which I may be entitled under the World War Adjusted Compensation Act:

1. Age of claimant 54 years Address of claimant Box 281, Ely, Minnesota.
(House No., street, city, county, State)
2. Branch of service of veteran U.S. Marine Corps Rank at discharge Private
Date of death April 18th. 1922.
3. What was veteran's marital status at time of his death? single
(Single, married, or divorced)
Is {widow} or divorced {wife} of veteran now living? none If so, state {her} name and present address _____
Is {she} now married? _____ How many children of the veteran are now living? none
(If there be no child living, insert the word "None" on line above.) What is the name, age, and address of each?

4. Were you dependent for support upon the veteran at the time of {his} death, wholly --, partially yes
5. Did the veteran contribute to your support at the time of {his} death? yes
6. If so, what amount did {he} contribute monthly to (a) {his} mother \$50.00
(b) {his} father died 1905 How much of this was for {his} board? \$30.00
7. Approximate cash value of all property, real and personal (including cash on hand and in the bank, stocks, bonds, etc.), owned at the time of the veteran's death by (a) mother \$5000.00, (b) father none
8. Total amount of income received monthly from all sources at time of veteran's death by (a) mother \$100.00
Dead
(b) father _____
9. Average monthly expenses of claimant during twelve months immediately preceding the veteran's death \$100.00
10. Did you receive an allotment of pay, or allowance, during the veteran's service? none
11. Is your husband ~~xxx~~ living? no If not, give date of death May 25th. 1905
Was your husband ~~xxx~~ living with you at the time of the veteran's death? no Did he ~~xxx~~ contribute to your support? no.
12. Name and ages of brothers and sisters of veteran living at time of veteran's death no.

What amount, if any, did each contribute to your support at time of veteran's death?

none

REMARKS:

(If the veteran died in service, the claimant should also answer the following additional questions)

1. Were you dependent upon the veteran at the time of his entrance into the military or naval service? yes

Wholly? _____ Partially? yes

2. Did the veteran contribute to your support at the time of ^[his]~~her~~ entrance into each service? yes

3. If so, what was the average monthly contribution during the twelve months immediately preceding such service?

not known what amount would be in cash but he assisted me at home

I ^[swear]_[affirm] that the foregoing statements are true to the best of my knowledge and belief.

(Attesting Witnesses)

Elizabeth Samokar
(Signature of claimant)

Ely, Minnesota
(Address of claimant)

Robertson
(Signature of first witness)

Ely, Minnesota
(Address of first witness)

Jack Guaratti
(Signature of second witness)
Ely, Minnesota
(Address of second witness)

Subscribed and sworn to before me this 5th. day of August, 1925, in the City

(Village) of Ely, County of St. Louis, State of Minnesota,
and I hereby certify that the contents of the above declaration were fully made known and explained to
claimant and that I have no interest direct or indirect in the prosecution of this claim.

[SEAL]

Joseph Keabucher
(Signature)
Clerk Municipal Court
City of Ely, Minn.
(Official character)

Ely, Minnesota. P.O. Box 569
(Post office address of officer)

Section 702 of Title VII of the World War Adjusted Compensation Act provides: "Whoever knowingly makes any false or fraudulent statement of a material fact in any application, certificate, or document made under the provisions of Title III, IV, V, or VI, or of any regulation made under any such title, shall, upon conviction thereof, be fined not more than \$1,000, or imprisoned not more than five years, or both."

2-1340S

GOVERNMENT PRINTING OFFICE

RECEIVED
ADJUSTED COMPENSATION
DIVISION

AUG 11 1925

March 1, 1926

FBCD

Mrs. Elizabeth Smrekar
Box 281
Ely, Minn.,

(deceased) Mathias
A- 43 047

Dear Madam:

You are advised that your claim for the benefits conferred by the World War Adjusted Compensation Act as dependent of the above named deceased veteran has been approved.

The claim approved in your favor amounts to \$ 406.50. This amount will NOT be paid to you in one lump sum, but will be paid in ten (10) equal quarterly installments beginning on or about April 1, 1926. Under a decision of the Comptroller General of the United States, payments in this class of claims are restricted to calendar quarterly periods, namely, January 1, April 1, July 1, and October 1.

This award represents the total amount of the Adjusted Service Credit of the veteran as certified to this Bureau by the War or Navy Department, which credit is computed on the basis of \$1.00 a day for home service and \$1.25 a day for oversea service for each day the veteran served in active service in excess of sixty (60) days with certain deductions made in some cases in accord with the law. The law limits the adjusted service credit of a veteran who had no oversea service to \$500.00 and to \$625.00 for a veteran who served overseas. The insurance features of the Adjusted Compensation Act are applicable only in cases where the veteran himself actually applied for the benefits of the Act.

A widow of a veteran is entitled only to those checks for installments which are negotiated by her prior to her remarriage. It will be unlawful for a widow to cash a check if she has remarried.

You should notify the Bureau promptly of any change of address and any correspondence in regard to your claim should refer to the application number shown in the caption of this letter.

For the Director,

CHARLES E. MULHEARN,
Assistant director.

A. J. THOMAS,
ATTORNEY AT LAW.
ELY, MINN.

April, 8th, 1931

United States Veterans Bureau
Washington .D. C.

Dear sirs; In Re: Estate Elizabeth Smrekar, deceased.

There has come to my hands, as attorney for the
estate of the above named party ,the following.viz;

An Order for the payment of \$40.65 Numbered 742,829 and
dated Jan'y, 1, 1928, and two other orders of similar import
dated April, 1, 1928, numbered, 800.103 and one for the same
amount dated July 1, 1928, numbered 869.708. it seems to be world
war adjusted compensation. each of the daid orders are payable
to Elizabeth Smrekar ,name followed by the following,viz,
A-43,647 her adress bx 281, Ely, Minnesota, this woman
died December, 16th, 1927. an admistrator was appointed for the
estate and the estate has not been settled, but it is intended
to complete admistration and have final settlement immediatly
if this should be paid, to the estate any part or all of it.
pleasd advise and we will procure proper certified copies of
appointment and such other authentication required to do so.

Yours truly.

Mathias Smrekar

In 4606856

En 5-6-95

+files 4/16/31

Wocl A-43047
4/18/31

RECEIVED

APR 24 1931

EXAMINATION SECTION
AWARDS DIVISION

A-43047

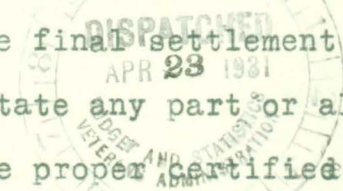
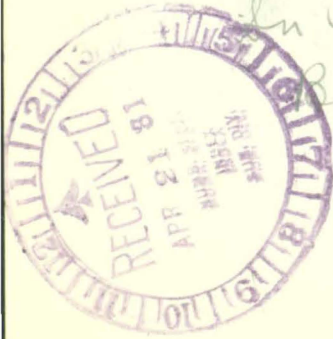
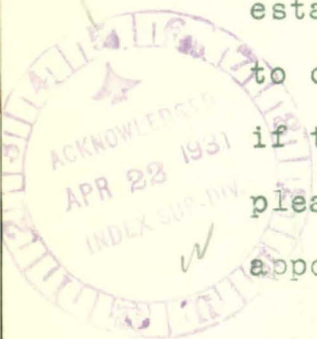
T 33 98881

WOK

4/21/31

XC-793851

Comp-
none



A 43047

April 29, 1931

Mr. A. J. Thomas,
Attorney at Law,
Ely, Minnesota

FABH

SMREKAN, Mathias,
XC-793,851

Dear Sir:

This Bureau has for acknowledgment your communication of April 8, relative to the above styled case. You are advised that the checks mentioned in your letter were in payment of Adjusted Compensation due Mrs. Elizabeth Smrekan as the preferred dependent of the above named deceased veteran.

From your letter it is ascertained that the beneficiary died before these checks were issued, and this being the case, her estate is not entitled to them. These checks should be returned to the Bureau, and the Bureau should be advised as to whether or not there is another dependent of this deceased veteran within the preferred class of--Un-re-married widow, child or children, dependent mother or dependent father.

If there is no dependent within the class named above, no further payment of Adjusted Compensation can be made in this case.

To complete the file in this case, you are requested to forward this Bureau certified copy of the public record of the death of Mrs. Elizabeth Smrekan.

All future communications relative to this case should bear the veteran's name and refer to the number XC-793,851.

By direction,

H. H. MILKS,
Chief, Awards Division

STOP PAYMENT NOTICE

XC 793,851

I

A 43047

Date April 29 1931

FROM: Awards Division, Central Office
(Designate Division of Central Office or Regional Office preparing form)

TO: Award Accounts Subdivision
(Indicate Award Accounts Subdivision, Direct Loan and Payment subdivision, C. O. (or) Regional Accountant)

SUBJECT: Stop payment on Adjusted Compensation
(Designate kind of award, whether Term, Converted or Automatic Insurance, Disability, Death or Adjusted Compensation)

1. Full name of payee Mrs. Elizabeth Smrekan

2. Effective date of action December 16 1927

3. Reason for action Death of payee

4. Name of veteran Mathias Smrekan

Submitted by Charles H. E. White
(Signature and title)

Approved by
(Signature and title)

X
R

REQUEST FOR RECORD ON NEW CLAIM

Date 4/22/31

From: Index Sub-Division
To: General Records Sub-Division

NAME SMREKAR MATHIAS

X C-Number 793 851

Rank and Organization Pvt USMC

Date of Birth 5/6/95

Date and Place of Death

Other identifying information Ser.

If correspondence is located, note the C-number on it, and route it to the C-Files for attaching to the NEW CLAIMS FOLDER.

If no correspondence is located make notation on this form and send to C-Files.

Record attached ()

No. 801 file (Noab)

Chief Clerk 172



FILE IN JACKET

shat
(Searcher)
2/28/31
(Date)
FILED 46
MAY 9 - 1931
VET. REC.

MORANDUM RE RETURNED CHECK

May 13, 1931

(Date)

DCA-1j

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

To: Certificate Accounts Div.

Payee: Elizabeth Smrekar,
Address: Bx. 281,
Ely, Minn.

Check No. 869,708

Amount: \$ 40.65

Appropriation:

D. O. Voucher No.

File or Claim No. A-43,047

Object for which drawn: W. W. Adj. Compensation.

Reason for return: Attached is letter dated May 4, 1931,
from A. J. Thomas, Attorney, returning check in accordance
with letter from Bureau dated April 29, 1931. Copy of
letter of acknowledgment is also attached.

Symbol No. 11006

Date: July 1, 1928

Final Payt.

Adm. No.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By



Det. Mathias Smrekar
XC-793857

MORANDUM RE RETURNED CHECK

May 13, 1931

(Date)

DCA-1j

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

To: Certificate Accounts Div.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By. *AS*

Payee: Elizabeth Smrekar,
Address: Bx. 281,
Ely, Minn.

Check No. 742,829

Amount: \$ 40.65

Appropriation:

D. O. Voucher No.

File or Claim No. A-43,047

Object for which drawn: W. W. Adj. Compensation.

Reason for return: Reference is made to memorandum of this
office dated May 13, 1931, covering check No. 869,708, Symbol
11006, dated July 1, 1928, in amount of \$40.65, issued to
same payee.

Symbol No. 11-006

Date: Jan. 1, 1928

Adm. No.

Mathias Smrekar
KC-793857

MEMORANDUM RE RETURNED CHECK

May 13, 1931

(Date)

DCA-1j

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

To: Certificate Accounts Div.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By *af*

Payee: Elizabeth Smrekar,
Address: Bx. 281,
Ely, Minn.

Check No. 800,103

Amount: \$ 40.65

Appropriation:

D. O. Voucher No.

File or Claim No. A-43,047

Object for which drawn: W. W. Adj. Compensation.

Reason for return: Reference is made to memorandum of this
office dated May 13, 1931, covering check No. 869,708, Symbol
11006, dated July 1, 1928, in amount of \$40.65, issued to
same payee.

Symbol No. 11006

Date: April 1, 1928

Adm. No.

Mathias Smrekar

XC-793857

A. J. THOMAS,

ATTORNEY AT LAW.
ELY, MINN.



May, 4th, 1931

Veterans Administration Bureau.

Washington, D.C.

Dear sirs;

Reply to FABH.
In Re: Smrekar, Mathias
XC-793,851

(1)

Answering yours of the 29, April, 1930. I am herewith
enclosing orders No, 800.103; dated April, 1 1929, No, 869.708
dated July, 1, 1928 and order no, 742.829 dated January 1. 1928,
issued to Elizabeth Smrekar, A. 43,047, Ely, Minnesota. Box, 281.

There is not any person living within the class that is
preferred can as I understand it. by allowed to take the money
or checks.

I will have to write to the State of Minnesota,
board of Health bureau, at St Paul, Minnesota, to procure the
proper death certificate of Elizabeth Smrekar, after which I
will forward the same to your office.

Yours truly,

Attorney for Decedent Elizabeth Smrekar's
Estate

Serial #



RECEIVED
MAY 26 1931
EXAMINATION SECTION No. 5
AWARDS DIVISION

May 13, 1931

Mr. A. J. Thomas,
Attorney at Law,
Ely, Minnesota.

DCA
SMREKAR, Mathias
XC-793,851
A-43,047

Dear Sir:

Receipt is acknowledged of your letter dated May 4, 1931, with which you returned checks Nos. 742,829, 800,103, and 869,708, Symbol 11006, each in amount of \$40.65, dated January 1, 1928, April 1, 1928 and July 1, 1928 respectively, issued in favor of Elizabeth Smrekar. Your courtesy in returning these checks is appreciated.

By direction,

(Signed) J. B. Schommer

J. B. SCHOMMER,
Chief, Disbursing Division.

O. S.

RECEIVED
MAY 26 1931
EXAMINATION SECTION No. 5
AWARDS DIVISION

MEMORANDUM RE RETURNED CHECK

10-79385
May 13, 1931

DCA-1j

(Date)

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

Payee: Elizabeth Smrekar,
Address: Bx. 281,
Ely, Minn. *file*

Check No. 869,708

Symbol No. 11006

Amount: \$ 40.65

Date: July 1, 1928

Appropriation:

Final Payt.

D. O. Voucher No.

Adm. No.

File or Claim No. A-43,047

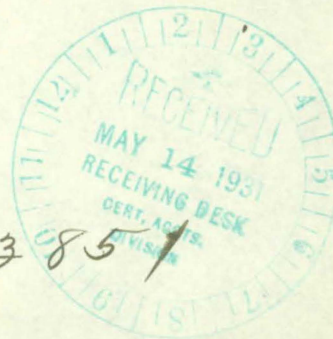
Object for which drawn: W. W. Adj. Compensation.

Reason for return: Attached is letter dated May 4, 1931,
from A. J. Thomas, Attorney, returning check in accordance
with letter from Bureau dated April 29, 1931. Copy of
letter of acknowledgment is also attached.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By *AS*



10-79385

MEMORANDUM RE RETURNED CHECK

May 13, 1931

(Date)

DCA-1j

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

To: Certificate Accounts Div.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By. *[Signature]*

Payee: Elizabeth Smrekan,
Address: Bx. 281,
Ely, Minn. *file*

Check No. 742,829

Amount: \$ 40.65

Appropriation:

D. O. Voucher No.

File or Claim No. A-43,047

Object for which drawn: W. W. Adj. Compensation.

Reason for return: Reference is made to memorandum of this
office dated May 13, 1931, covering check No. 869,708, Symbol
11006, dated July 1, 1928, in amount of \$40.65, issued to
same payee.

Symbol No. 11-006

Date: Jan. 1, 1928

Adm. No.

XC - 793,851



MEMORANDUM RE RETURNED CHECK

May 13, 1931

(Date)

DCA-1j

(Refer to)

From: Disbursing Division
(Miscellaneous Pay'ts
& Rec'ts Subdivision)

To: Certificate Accounts Div.

The check described hereon
has been returned to this of-
fice and is being held pending
advice from you as to disposi-
tion to be made of same. All
information in the possession
of this office relative to the
check is transmitted herewith.

DISBURSING CLERK,
U. S. Veterans Bureau.

By

Payee: Elizabeth Smrekar,
Address: Bx. 281,
Ely, Minn.

Check No. 800,103

Amount: \$ 40.65

Appropriation:

D. O. Voucher No.

File or Claim No. A-43,047

Object for which drawn: W. W. Adj. Compensation.

Reason for return: Reference is made to memorandum of this
office dated May 13, 1931, covering check No. 869,708, Symbol
11006, dated July 1, 1928, in amount of \$40.65, issued to
same payee.

Symbol No. 11006

Date: April 1, 1928

Adm. No.

XC - 793851

CANCELLATION NOTICE

Date August 1, 1931

From: Certificate Accounts Division

To: DISBURSING OFFICER, Attention

Please cancel checks described below:

Identification Nos.

Payee Mrs. Luella Chilton A-67 111
Check No. Symbol No. Amount Date of Ck. Appro.
1 152 673 11500 \$10.60 7-1-31 A.S. & D.P.

Kansas

Reason for
cancellation

Payee dec'd

Please return one copy of this notice to (see note)

J. N. Purks Room No. 636, Bay 54 with
notation of action taken. (Note: Orig. for disbursing officer's files;
insert on each other copy name and location of person to whom it
is to be sent.)

J. N. Purks

Chief, Benef. Pmts. Sec.

(Name)

By

(Title)

Above-described checks canceled as of

AUG - - 1931

(Month)

J. B. SCHOMMER

(Disbursing Officer)

Date AUG 3 - 1931

By

(This space for additional data if desired).

2-10002

Class "3"

CANCELLATION NOTICE

Date June 3, 1931.

From: Certificate Accounts Division

To: DISBURSING OFFICER, Attention

Please cancel checks described below:

Identification Nos.

A-43-047

Payee Elizabeth Sirokar

Check No.	Symbol No.	Amount	Date of Ck.	Appro.
800 103	11006	\$40.65	4-1-28	A.S. & D.P
742 829	11006	\$40.65	1-1-28	"
869 708	11006	\$40.65	7-1-28	"
<u>Minn.</u>				

Reason for
cancellation

Payee deceased

Please return one copy of this notice to (see note)

J. N. Purks

Room No. 636, Bay 54 with

notation of action taken. (Note: Orig. for disbursing officer's files;
insert on each other copy name and location of person to whom it
is to be sent.)

J. N. PURKS,

Chief, Benef. Pmts. Sec

(Name)

By

(Title)

Above-described checks canceled as of JUL 6 - 1931 BY G. A. O.
(Month)

J. B. SCHOMMER

(Disbursing Officer)

Date JUL 23 1931

By

(This space for additional data if desired).

2-10002

Class 0

XC-793851

Oscar Friedsburg, Commander
John G. Kotchear, 1st Vice Commander
William Rowe, 2nd Vice Commander
Elaine Almen, 3rd Vice Commander
Edwin Toms, Chaplain
Ray Hoefster, Adjutant
J. E. Johnson, Finance Officer
Jack Poshak, Sergeant-at-Arms
J. H. Santo, Post Historian
Luther M. Bang, Service Officer
Arthur O. Knutson, Delegate
Ernest W. Hanson, Alternate Delegate

Oscar Friedsburg
Luther M. Bang
John G. Kolchevar
Ray Hoefler
John E. Johnson
Arthur O. Knutson
Ernest W. Hanson
Arthur Nyman
Frank Schweiger

American Legion

U. S. Veterans Administration,
Dovermment Insurance Division,
Washington, D. C.

Smrekar, Mathias,
X-C

Xc-793851

His brother, Mathias Smrekar, who served with the Marines in the world war (army serial No. 4 606 856), died in 1922 and left some government insurance. His mother, Mrs. Elizabeth Smrekar, was the beneficiary and received the monthly payments until her death, in 1927, at which time all payments were discontinued. Stephen Smrekar, who was sixteen years old at that time and was the only member of the family left, did not follow up on this insurance claim.

He is now trying to check the estate and has asked that I help in finding out about this insurance. Should not the payments have continued being paid to the estate?

Thus far we have been unable to locate all of the papers in his case, but by giving you the Army serial number, it should be able to find his files.

Will you be so kind as to check up on this case and advise me as to the status of same?

Very truly yours,

Ray Hoefler
Adjutant.

Mathias Smrekar enlisted at Duluth, Minnesota and was sent to Paris Island, S.C. on June 8, 1918. He went to France Aug. 27, 1918. He received a gunshot wound in the right hand and shin on Oct. 4, 1918 (Champagne). He left France the latter part of July, 1919 or first part of August and was given an Honorable Discharge on August 13th, 1919, at Quantico, Va.

September 27, 1933

FGAD

The American Legion
Frank Lozar Post No. 248
Ely, Minnesota

SMREKAR, Mathias
XC-793,851

Attention: Ray Hoefler
Adjutant

Dear Sir:

In reply to your letter of September 20, 1933, concerning this case, please be advised that the benefit which was being received by Mrs. Elizabeth Smrekar during her lifetime is known as adjusted service credit and not insurance.

The records of this office reveal that the veteran permitted his Government insurance to lapse for nonpayment of premiums following his discharge from the service.

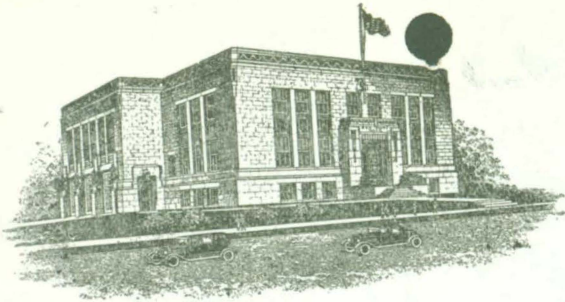
With reference to the unpaid balance of adjusted service credit you are advised that same is not payable to the estate of the veteran nor to the estate of his mother. Brothers and sisters are not considered dependents within the meaning of the World War Adjusted Compensation Act, and consequently not entitled to the veteran's adjusted service credit. If the veteran is survived by his father, he may make application for the unpaid installments of adjusted service credit, if he so desires.

All future communications relative to this case should bear the veteran's name and refer to the number XC-793,851.

Respectfully,

H. L. McCOY,
Director of Insurance.

FHR:eak



THOMAS J. CAREY
CITY ATTORNEY

CITY OF ELY

Ely, Minnesota

August 13, 1936



Director of Insurance
Veterans's Administration
Washington, D. C.

Dear Sir:

In Re: Matt Smrekar

XC 793 851

8/19/36

One Matt Smrekar, a veteran of the World War, died in the year 1922. From his death on, payments on his War Risk Insurance were made to his mother, Elizabeth Smrekar, until her death in 1927 or 1928. Matt Smrekar was never married and his father had died before the mother died. He had no brothers and sisters of the whole blood but has one brother, Stephen Smrekar, of the half blood, i.e. the mother of both the men was the same, but the fathers were different men.

I have in mind the fact that the remaining payments of insurance revert back and become a part of the estate of the deceased veteran, Matt Smrekar, and is payable to his heirs as of the time of his death. Under our statutes I believe that Stephen Smrekar was the heir of Matt Smrekar as of the time of the latter's death and I am writing to inquire as to why Stephen Smrekar has not received the payments of insurance.

I would appreciate very much hearing from you on this matter as soon as possible.

Yours very truly,

Thomas J. Carey

TJC:CLM

August 28, 1936.

Thomas J. Carey,
City Attorney,
Ely, Minnesota.

FCAD
XG-793,851
SMREKAR, Mathias

Dear Sir:

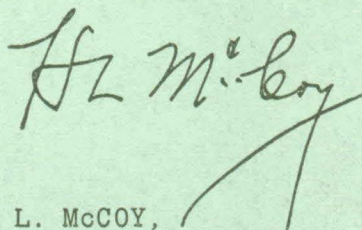
Response is made to your letter of recent date concerning adjusted compensation benefits (commonly called 'bonus') in the case of the above mentioned veteran.

This veteran died before filing application for an adjusted service certificate. In such cases a certificate is not issued, but the adjusted service credit is payable to the following dependents in the order named: widow, children, dependent mother, dependent father.

An award covering the amount of the adjusted service credit was approved in favor of Elizabeth Smrekar, the veteran's mother, in the amount of \$406.50, on April 1, 1926.

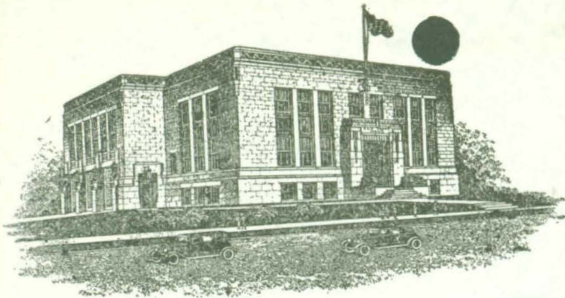
The Adjusted Compensation Payment Act of January 27, 1936, is not applicable in those cases where the veteran died prior to January 27, 1936. As this veteran died prior to that date there are no additional adjusted compensation benefits payable in this case.

Respectfully,



H. L. McCOY,
Director of Insurance.

P.S. This veteran permitted his insurance to lapse for non-payment of premiums after his discharge from the military service. Therefore no insurance benefits are payable.

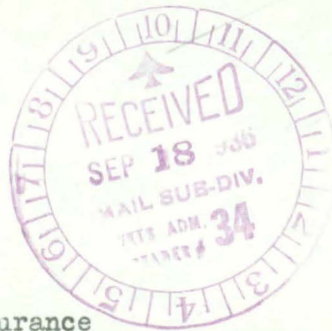


THOMAS J. CAREY
CITY ATTORNEY

CITY OF ELY

Ely, Minnesota

September 15, 1936.



Mr. H. L. McCoy
Director of Insurance
Veterans Administration

Dear Sir:

In Re: FCAD
XC-793,851
SMREKAR, Mathias

Recently I wrote you relative to the above veteran. I received your form letter under date of August 28, 1936, in which you inform me in a postscript at the bottom that this veteran permitted his insurance to lapse for non-payment of principal after his discharge from the military service, and that, therefore, no insurance benefits were payable. This form letter of yours was in answer to a letter of mine under date of August 13, in this matter.

I have talked with several people in Ely on this matter including the son, Stephen J. Smrekar, of Elizabeth Smrekar who had received payments on this insurance until her death in 1927 or 1928.

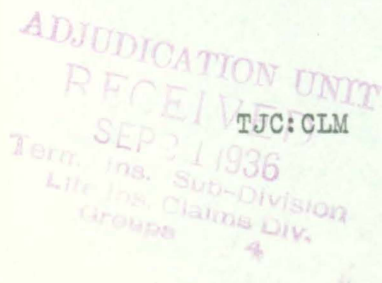
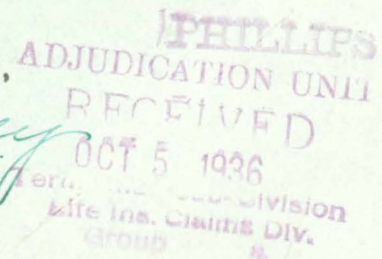
However, if the insurance lapsed before the death of the veteran in 1922, how would it happen that his mother, Elizabeth Smrekar, received payments on this insurance each month at the rate of \$40 or \$50 a month or thereabouts, until her death in 1927 or 1928.

I would like to hear from you on this matter as soon as possible.

Yours very truly,

Thomas J. Carey
c. m.
Thomas J. Carey

Thomas J. Carey



October 12, 1936

FCAD

Thomas J. Carey
City Attorney
Ely, Minnesota

SMREKAR, Mathias
XC-793,851

Dear Sir:

With reference to your letter of September 15, 1936, concerning the case of the above named veteran, it appears that you have confused adjusted compensation benefits with War Risk Insurance.

This veteran did not have an opportunity to file claim for an Adjusted Service Certificate as he died prior to the passage of the World War Adjusted Compensation Act. The veteran's adjusted service credit based on the number of days he served in the active military service, was approved for payment to the veteran's mother, Elizabeth Smrekar as the veteran's preferred dependent, under the provisions of the above mentioned Act. This veteran's adjusted service credit, so-called bonus, amounted to \$406.50, and was approved for payment to Mrs. Smrekar in ten (10) equal calendar quarterly installments of \$40.65 beginning on or about April 1, 1926. Payments to Mrs. Smrekar were stopped because of her death. The remaining unpaid installments of adjusted compensation would have been payable to the veteran's father, but he pre-deceased the veteran's mother, therefore, no payments of adjusted compensation could be made.

This ex-service man designated his mother as beneficiary of his War Risk Insurance in the amount of \$10,000.00 at the time he made application for same on July 12, 1918. Inasmuch as this government insurance was not in force at the time of the veteran's death, no insurance benefits are payable.

All future communications relative to this case should show the veteran's name and refer to the number XC-793,851.

Respectfully,

H. L. McCOY,
Director of Insurance.

SMREKAR

Mathias

Application No.

45047 INDE

(Last name)

(First name)

(Middle name)

The service or other official records of the above-named veteran that are now on file in this Department show the following facts of active service after April 6, 1917, and before July 1, 1919:

HOME SERVICE

OVERSEAS SERVICE

EXCEPTIONS

9 Jun, 1918 to 16 Aug, 1918	17 Aug, 1918 to 30 Jun, 1919	191 to 191
191 to 191	191 to 191	191 to 191
191 to 191	191 to 191	191 to 191
191 to 191	191 to 191	191 to 191
DATE OF APPLICATION	191 to 191	191 to 191
Jan. 12, 1925	191 to 191	191 to 191

There are no exceptions under World War Adjusted Compensation Act, in the case of this veteran, other than those set forth in this certificate.

APPLICANT SMREKAR Elizabeth (Mrs.) mother
 (Last name) (First name) (Middle name) (Relationship)

ADDRESS Box 281, Ely, Minn. 793851
 (House number and street) (City) (State)

I certify that the person first named on the face of this certificate, and upon whom the applicant bases claim, was a veteran; that the veteran was separated from the service under honorable conditions; that the veteran was born May 6, 1895, at Ely, Minn.; that the name and address given by the applicant are as shown above; that the applicant alleges to be the Mother of the veteran; that the amount of Adjusted Service Credit due veteran is \$406.50; that the facts hereinbefore stated are the facts of record upon which the conclusions reached are based. I further certify that the veteran's service was not terminated by death.

CURTIS D. WILBUR,
 Secretary of the Navy.

UNITED STATES MARINE CORPS
 N. M. C. AC-18

GOVERNMENT PRINTING OFFICE

2-13106

Wm. Thacker
 Major, Asst. Adjutant and Inspector,
 U. S. Marine Corps.

urekan, Mathias

Xc 79385-

52
transfer

