

United Mine Workers of America
WELFARE AND RETIREMENT FUND
Application for Death Benefit
Grant

(Do not write in this space) CASE NO.

All items requiring an answer must be answered or marked "unknown." Mail yellow copy and white copy to the DISTRICT OFFICE. Please fill out application in ink or on typewriter.

INFORMATION ABOUT DECEASED

Soc. Sec. No. 408-09-6306

1. NAME OF DECEASED: Sam Wain Local Union No. 008 Dist. No. 000

2. ADDRESS Wayland Street Wayland City or Town Floyd County Kentucky State

3. The deceased was born: Month April Day 16 Year 1901 Age at Last Birthday 7

Place Newton City or Town W. Va. State U. S. A. Country

4. Date of his death: Month December Day 8 Year 1948

Place Wayland City or Town Floyd County Kentucky State U. S. A. Country

Cause of death Tuberculosis Name and address of attending physician or coroner

M. V. Wicker, M. D. Wayland, Kentucky

5. The deceased was a permanent resident of Wayland, Kentucky (Give Street, City and State)

6. Give the following information about the last place of employment of the deceased:

NAME OF COMPANY OR PERSON FOR WHOM THE DECEASED WORKED	ADDRESS	NUMBER OR NAME OF MINE
<u>William Carl Co.</u>	<u>Lecky, Kentucky</u>	<u>25</u>

Above employment began Oct Month 1 Day 1945 Year Last Day Worked October Month 11 Day 1948 Year

7. Was the deceased ever married? Yes If so, give the following information regarding each marriage, including the marriage, if any, still in effect at the time of the deceased's death:

DATE AND PLACE OF MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (Death, Divorce)	DATE AND PLACE MARRIAGE TERMINATED
<u>10-4-24 Wayland, Ky</u>	<u>Grace Gibson</u>	<u>Death</u>	<u>12-8-48- Wayland, Ky</u>

Certification

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing a grant or payment under this FUND is committing a crime punishable under the law, I certify that the above statements are true. Signature of the Applicant must be notarized.

CERTIFICATION BY LOCAL UNION

We, the undersigned officers of Local Union No. 5896

do hereby certify that.....

Sam Nee Name of Deceased
was a member of this local union in good standing at the time of his death and that the above report is true and correct to the best of our knowledge and belief.

Signed Stanley Barnes
President

Rebel Conby
Recording Secretary

Mitchell Castle
Financial Secretary

Helmer Saylor
Treasurer

Place
Local Seal
Here

Lackey, Kentucky Local Union Address

SIGNATURE OF APPLICANT

Grace Mae

(Sign in ink—Do NOT print)

Date of Application.....

December 21, 1948
CERTIFICATION AND SEAL OF NOTARY
WITNESSING SIGNATURE
Robert Hicks
Notary Public, Floyd Co
My Comm Exp 1-14-1949

The following local union official assumes responsibility for replies to any correspondence on the above application.

Name and Title
Mitchell Castle, Fin. Sec.

Street or P. O. Box

City, State
Estill, Kentucky

Certification by District

Date.....

This is to certify that the deceased,
(Name)

who resided at
(Address)

was a member in good standing of Local Union No., UMWA, located at
(Address), at the time of death and the said local union was in good

standing with the District office as of the date of death of the above-named deceased.

There is no reason known for withholding payment of the Death Benefit Grant.

.....
(Signature of District Officer)

(District Seal)

.....
(Title)

.....
(Signature of District Officer)

.....
(Title)

COPY FOR THE APPLICANT