I. NAME OF DECEASED—LAST—FIRST—MIDDI	LE (Print or type)		APPLICATION FOR I	HEADSTONE OR MARKER
Condron, Clarence Clayton			(See attached instructions. Complete and submit original and duplicate)	
			12. EMBLEM (Check one)	13. CHECK TYPE REQUIRED
2. ENLISTMENT DATE (Month, Day, Year)	3. DISCHARGE DATE (Month, Day, Year)		CHRISTIAN (Letin Cross)	UPRIGHT MARBLE HEADSTONE
/7/22/18 4/		/19 HON.	HEBREW (Star of Dasid)	☐ FLAT MARBLE MARKER
	Will also			☐ FLAT GRANITE MARKER
4. SERVICE NO.	5. PENSION OR VA.C	LAIM NO.	I see to the second state of second	▼ FLAT BRONZE MARKER
3966092	1827395		Mrs. C. C. Condron Box 1 Throckmorton, Texas III. Calif. Express Throckmorton, Te	
Texas Pv	vt. Victory			
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP 3/0/V. Pvt. Inf. Unas (L. A. Co. D. 124,			16. NAME AND LOCATION OF CEMETERY (City and State) Throckmorton Cemetery Throckmorton, Texas	
June 9, 1890 11. DATE OF DEATH (Month, Day, Year) June 9, 1890 Nov. 26, 196		(Month, Day, Year)	17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.	
		26, 1962	SIGNATURE 66 COS	ndron DATE 11/30/
DO HOT WHITE HERE		OF APPLICANT (Print or type)	, 5-,	
		Mrs. C. C. Condron Box 4 Throckmorton, Tex		
VERIFIED 7085 18 1 5 19. I certify this a		19. I certify this appli	olication is submitted for a stone or marker for the unmarked grave of a deceased nember of the Armed Forces of the United States, soldiers of Union and Confederate	
B/L 1903		Armies of the Civil War. I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.		
ORDERED PITTSBURGH, PA.		SIGNATURE OF APPLICANT MAN DO PORTE DATE 11/30/6		

GMC FORM 646 REPLACES OOMG FORM 623, 8 FEB 49

SIGNATURE OF APPLICANT Mrs le IMPORTANT—Reverse Side Must Be Completed

DATE11/30/6 16-11453-9 GPO