1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)		APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
FENLISTMENT DATE (Month, Day, Year) 1 DISCHARGE PARE (S	NAME OF TAXABLE PARTY.	MBLEM (Check one) CHRISTIAN (Latin Cross)	13. CHECK TYPE REQUIRED UPRIGHT MARBLE HEADSTONE
4. SERVICE NO. 8. PENSION OR VA CLAM	1919	HEBREW (Star of David)	FLAT BRONZE MARKER
3506449 Sant &	Euse 145	HIP TO (Name and address of pers	on who will transport stone or marker to cemetery)
6. STATE 7. GRADE 8. MEN	47	RECHT STATION	we Teyas
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP CO K - 162	14/Dw 16. 1	AME AND LOCATION OF CEMETERY	(City and State)
10. DATE OF BIRTH (Manth, Day, Year) 11. DATE OF DEATH (M	onth, Day, Year) 17. 1 WITH	CERTIFY THE APPLICANT FOR THE	S STONE OR MARKER HAS MADE ARRANGEMENTS
May 27, 1895 Jan. 2.	1954 . Sign	Masse M	e Donald 8-9-55'
DO NOT WRITE HERE 18. RECEIVED AUG 1 1 1955	NAME AND ADDRESS OF AP	PLICANT (Printed Appe) Mal	(Section)
B/LWY 3943796 4 2 007 1955	ember or former member mies of the Civil War.	of the Armed Forces of the Unit responsibility for properly play	arker for the unmarked grave of a deceased ed States, soldiers of Union and Confederate sing the stone or marker at the grave at no
ORDERED COLUMBUS MARBLE WORKS SIG	SNATURE OF APPLICANT	no de Ma	Danald 128-9-55