

age at end 24-11 or less

B 69/W 4/26

ORIGINAL

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type) RANDOLPH, HOSEA			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
2. ENLISTMENT DATE (Month, Day, Year) Oct. 2 1917		3. DISCHARGE DATE (Month, Day, Year) Feb. 25 1919		12. EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN (Latin Cross) <input type="checkbox"/> HEBREW (Star of David) <input type="checkbox"/> NONE
4. SERVICE NO. I988358		5. PENSION OR VA CLAIM NO. C-19 246 012		13. CHECK TYPE REQUIRED <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input checked="" type="checkbox"/> FLAT GRANITE MARKER <input type="checkbox"/> FLAT BRONZE MARKER
6. STATE Kansas	7. GRADE Cook	8. MEDALS Victory		14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) James E. Campbell 210 W. Washington Yates Center, Ks.
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP Med. Dept. Base Hospital			15. FREIGHT STATION Yates Center, Kans.	
10. DATE OF BIRTH (Month, Day, Year) Nov. 20 1892		11. DATE OF DEATH (Month, Day, Year) March 30 1957		16. NAME AND LOCATION OF CEMETERY (City and State) Askren Cemetary Woodson Co.
DO NOT WRITE HERE			17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.	
RECEIVED APR 26 1957	18. NAME AND ADDRESS OF APPLICANT (Print or type) Elizabeth May Randolph RFD 4 Yates Center, Kans.			DATE 4-24-57
VERIFIED	19. I certify this application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldiers of Union and Confederate 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.			DATE 4-24-57
B/L WY 5342373	SIGNATURE OF APPLICANT <i>Elizabeth May Randolph</i>			
ORDERED COLUMBUS MARBLE WORKS COLUMBUS, MISSISSIPPI				

QMG FORM 646 REPLACES QMG FORM 623, 8 FEB 49 WHICH MAY BE USED

IMPORTANT—Reverse Side Must Be Completed

16-11453-9 GPO