

* End 22 Aug 42 ✓ EAD 55 ^{WWII} 4A H/S 6/20 ORIGINAL

I. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)			APPLICATION FOR HEADSTONE OR MARKER	
293 Latham, James Francis ✓			(See attached instructions. Complete and submit original and duplicate)	
2. ENLISTMENT DATE (Month, Day, Year)	3. DISCHARGE DATE (Month, Day, Year)		12. EMBLEM (Check one)	13. CHECK TYPE REQUIRED
Sept 5, 1942 *	Nov 8, 1945 ✓ <i>Honorable</i>		<input type="checkbox"/> CHRISTIAN (Latin Cross)	<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE
4. SERVICE NO.	5. PENSION OR VA CLAIM NO.		<input type="checkbox"/> HEBREW (Star of David)	<input type="checkbox"/> FLAT MARBLE MARKER
382 20 656 ✓			<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> FLAT GRANITE MARKER
6. STATE	7. GRADE	8. MEDALS	14. SHIP TO (Name and address of person who will transport stone or marker to cemetery)	
Texas ✓	T/5 ✓	<i>over</i> purple heart	Joseph Kiker Breckenridge, Texas	
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP			15. FREIGHT STATION	
Service Company ✓ <i>Army</i> 134th Infantry Regt ✓ <i>AS/Inf</i>			Breckenridge, Texas	
10. DATE OF BIRTH (Month, Day, Year)	11. DATE OF DEATH (Month, Day, Year)		16. NAME AND LOCATION OF CEMETERY (City and State)	
Oct 31, 1921 ✓	June 5, 1953		Woodson Cemetery Woodson, Texas	
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	18. NAME AND ADDRESS OF APPLICANT (Print or type)		SIGNATURE	
JUN 20 1955	Joseph Kiker Breckenridge, Tex		<i>Joseph Kiker</i>	
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.		DATE	
2 AUG 1955	I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.		8/16/55	
B/L	ORDERED		SIGNATURE OF APPLICANT	
WY 3933670	COLUMBUS MARBLE WORKS COLUMBUS, MISSISSIPPI		<i>Joseph Kiker</i>	

QMC FORM 13 OCT 52 646 REPLACES OQMG FORM 623, 8 FEB 49 WHICH MAY BE USED

IMPORTANT—Reverse Side Must Be Completed

23 JUN 1955

16-11458-9 GPO

AGRC-FY-1111