

VJP

HONORABLE

(4) ORIGINAL

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type) Tucker, Joseph S. ^{OK} STUBEN			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)		
2. ENLISTMENT DATE (Month, Day, Year) Jan. 30 1942		3. DISCHARGE DATE (Month, Day, Year) Jan., 29 1946		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. 365 954 ^{OK}		5. PENSION OR VA CLAIM NO. 6878 000		13. CHECK TYPE REQUIRED <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input type="checkbox"/> FLAT GRANITE MARKER <input checked="" type="checkbox"/> FLAT BRONZE MARKER	
6. STATE Texas		7. GRADE Corp		14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) Miller and Miller Trucking Co <i>appl</i>	
8. MEDALS ^{*(over)} Good Conduct Service		9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP Marine Corps ^{USMC} ^{WWII}		15. FREIGHT STATION Throckmorton Texas	
10. DATE OF BIRTH (Month, Day, Year) Dec 7 1920		11. DATE OF DEATH (Month, Day, Year) Jan 20 1959		16. NAME AND LOCATION OF CEMETERY (City and State) Throckmorton, Throckmorton 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 JAN 27 1959		18. NAME AND ADDRESS OF APPLICANT (Print or type) Box 392 Mrs Virginia Tucker, Throckmorton, Tex		SIGNATURE <i>WB Leiter agt</i> DATE 1/23/59	
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.		SIGNATURE OF APPLICANT <i>Mrs Virginia Tucker</i> DATE	
B/L 15736		IAS. H. MATHEWS CO. PITTSBURGH, PA. APR 7 1959		ORDERED	

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

IMPORTANT—Reverse Side Must Be Completed

APPLICATION VERIFIED MAR 5 1959

FEB 1 1959