

27 FEB 9 1956

15 NOV 1955

ORIGINAL

Twice last OK per Mrs. Herod

**CHECK TYPE REQUIRED**  
(See Instructions marked)

- UPRIGHT MARBLE HEADSTONE
- FLAT MARBLE MARKER
- FLAT GRANITE MARKER
- BRONZE MARKER (NOTE DISTINCTIONS)

**APPLICATION FOR HEADSTONE OR MARKER**

(Please check one and return in duplicate)

ENLISTMENT DATE <i>4/26/43</i>		SERIAL NO. <i>840 59 60</i>		EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN <input type="checkbox"/> MEDICAL <input type="checkbox"/> NONE	
DISCHARGE DATE <i>4/2/46</i> <i>How</i>		PENSION NO.		COMPANY	
NAME (Last, First, Middle Initial) <i>Nerod, Lewis Riley</i> <i>OK</i> <b>LEWIS</b>		STATE <i>Texas</i>		RANK <i>AM2</i> <i>Aviation</i> <i>Hotel Smith St</i>	
DIVISION OF SERVICE (Month, Day, Year) <i>11/2/23</i>		DATE OF DEATH (Month, Day, Year) <i>11/13/53</i>		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION <i>U S Navy R</i>	
NAME OF CEMETERY <i>Brookmorton Cemetery</i>		LOCATION (City and State) <i>Brookmorton Texas</i> <i>(OVER)</i>		NEAREST FREIGHT STATION (Name and State) <i>Miller + Miller Truck Lines Brookmorton TEXAS</i>	
SIGN TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)  <i>C.B. SELF agent.</i> (SIGNATURE OF CONTRACTOR)		POST OFFICE ADDRESS OF CONSIGNEE <i>Brookmorton Texas</i>		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.	
<b>DO NOT WRITE HERE</b>		APPLICANT'S SIGNATURE <i>Audie Herod</i>		DATE OF APPLICATION <i>11-9-55</i>	
FOR VERIFICATION CHECKED <i>27 FEB 1956 NOV 10 1955</i> NO. <i>WY 4959844</i>		ADDRESS (Street, City, State) <i>Brookmorton, Texas</i>			

DD FORM 1955  
REV 12 APR 47 623

IMPORTANT—Complete Reverse Side

16-1155-6 GPO