

Born Res Em - GEORGIA

ORIGINAL

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)		APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
Ozburn Vance A. #1167		12. EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN (Latin Cross) <input type="checkbox"/> JEW (Star of David) <input type="checkbox"/> NONE	
2. ENLISTMENT DATE (Month, Day, Year) Sept. 15, 1899	3. DISCHARGE DATE (Month, Day, Year) June 30, 1901	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	
4. SERVICE NO. 120.1, 1902	5. PENSION OR VA CLAIM NO. C# 2 370 831	14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) Walter Merriman F/A	
6. STATE Texas	7. GRADE Sergt.	15. FREIGHT STATION Throckmorton, Texas	
8. MEDALS		16. NAME AND LOCATION OF CEMETERY (City and State) Throckmorton Cemetery Throckmorton, Texas	
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP Co. B, 42nd. Regt. of Inf. U.S. Vol. 108 Co. of Coast Reg. of Art.		17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.	
10. DATE OF BIRTH (Month, Day, Year) Sept. 25, 1878	11. DATE OF DEATH (Month, Day, Year) May 13, 1960	SIGNATURE Walter Merriman DATE 5-17-60	
DO NOT WRITE HERE		18. NAME AND ADDRESS OF APPLICANT (Print or type) Box 306 Mrs Vance A. Ozburn Throckmorton, Tex.	
RECEIVED MAY 24 1960	19. I certify this application is submitted for a stone or marker for the unmarked grave of a decorated 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 cost to the Government.		
VERIFIED	SIGNATURE OF APPLICANT Mrs Vance A Ozburn DATE 3-17-60		
HL WY-9756139 DAVE WILLIAMS & SONS INC	DALLAS, TEXAS		
ORD # 18 1960			

GPO FORM 646 13 OCT 52

REPLACES DDAG FORM 43, 9 FEB 49 WHICH MAY BE USED

IMPORTANT—Reverse Side Must Be Completed

16-11442-0 GPO

6-23-60 WAD/ANN/MD