

1. NAME OF DECEASED - LAST-FIRST-MIDDLE (Print or Type) <del>Edsall</del> (3) <b>HORACE (2)</b> <del>Edsall</del> <b>Horace Van</b>		<b>APPLICATION FOR HEADSTONE OR MARKER</b> (See attached instructions. Complete and submit both copies)	
2. SERVICE NUMBER 521002		13. NAME AND LOCATION OF CEMETERY (City and State) Throckmorton, Texas (LP 600)	
4. ENLISTMENT DATE (Month, day, year) 2/20/1911		7. DISCHARGE DATE (Month, day, year) 3/15/1920 <b>HW</b>	
6. STATE Texas		7. MEDALS	
9. GRADE, BRANCH OF SERVICE, COMPANY, REGIMENT AND DIVISION <b>PFC MACHINE GUN CO 27 INF</b> <b>U S Army</b>		14. 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, soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member of the Armed Forces of the United States.  I hereby agree to accept responsibility for properly placing the stone or marker at the grave or memorial plot at no expense to the Government.	
9. DATE OF BIRTH (Month, day, year) 1/3/1890		10. DATE OF DEATH (Month, day, year) Nov. 21, 1960	
11. RELIGIOUS EMBLEM (Check one) <input type="checkbox"/> LATIN CROSS (Christian) <input type="checkbox"/> STAR OF DAVID (Hebrew) <input type="checkbox"/> NO EMBLEM		12. 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	
FOR VERIFICATION JAN 4 - 1961		ORDERED MAR 30 1961	
B/L A 3457869 3457870		CONTRACTOR DAVE WILLIAMS & SONS DALLAS, TEXAS	
DO NOT WRITE HERE		15. FREIGHT STATION <b>GRAHAM</b> ICI Motor Freight	
		16. SHIP TO (Print or type name and address of person who will transport stone or marker to cemetery) Lunn Funeral Home <b>Olney, Texas</b>	
		The applicant for this stone or marker has made arrangements with me to transport same to the cemetery.	
		SIGNATURE <i>R. A. [Signature]</i>	

Suspended 28 FEB 1961

DA FORM 1815 1 MAY 59

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

IMPORTANT - Item 17 on reverse side must be completed.