

WW I WW II KOREA

ORIGINAL

1. NAME OF DECEASED - LAST - FIRST - MIDDLE (Print or Type)  
**Waley, Oliver L.**

2. SERVICE NUMBER  
**1501107**

3. PENSION OR VA CLAIM NUMBER

4. ENLISTMENT DATE (Month, day, year)  
**ENC 7-25-17 ALBANY NY**

5. DISCHARGE DATE (Month, day, year)  
**6-18-19 Han**

6. STATE  
**Texas**

7. MEDALS  
**None**

8. GRADE OR RANK  
**Pvt.**

9. BRANCH OF SERVICE, COMPANY, REGIMENT, DIVISION  
**Army Co. C 111 Engrs. 36th Div.**

10. DATE OF BIRTH (Month, day, year)  
**8-3-1895 1894**

11. DATE OF DEATH (Month, day, year)  
**7-9-1962**

12. RELIGIOUS EMBLEM (Check one)

<input checked="" type="checkbox"/>	LATIN CROSS (CATHOLIC)
<input type="checkbox"/>	STAR OF DAVID (JEWISH)
<input type="checkbox"/>	NO EMBLEM

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

DO NOT WRITE HERE

FOR VERIFICATION **AUG 9 1967** ORDERED **SEP 19 1962**

B/L **B 3125767** CONTRACTOR **BRUCE MARBLE & GRANITE CO.**  
 111 Engrs. 36th Div. / WVA

14. NAME AND LOCATION OF CEMETERY (City and State)  
**Woodson Cemetery Woodson, Texas**

IMPORTANT - Item 18 on reverse side must be completed. See attached instructions and complete and submit both copies.

15. 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 U. S., soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member. I hereby agree to accept responsibility for proper placement at the grave or memorial plot at no expense to the Government.

NAME OF APPLICANT (Print or Type)  
**Mrs. O. W. Gribble**

RELATIONSHIP  
**Sister**

ADDRESS OF APPLICANT (Street address, City and State)  
**Woodson, Texas**

SIGNATURE OF APPLICANT  
**Myrtle Gribble**

DATE  
**8-3-62**

16. FREIGHT STATION  
**Rock Island**

17. NAME OF CONSIGNEE WHO WILL TRANSPORT STONE OR MARKER  
**Mary Melton**

ADDRESS OF CONSIGNEE (Street address, City and State)  
**Breckenridge, Texas**

I HAVE AGREED TO TAKE THE STONE OR MARKER TO THE CEMETERY.

SIGNATURE OF CONSIGNEE  
**Mary Melton**