

Age at Ent: 24 yrs, 10 mos.

ORIGINAL

CHECK TYPE REQUIRED <i>(See Instructions attached)</i>		APPLICATION FOR HEADSTONE OR MARKER <i>(Please make out and return in duplicate)</i>		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM <i>(Check one)</i>	
<input checked="" type="checkbox"/> FLAT MARBLE MARKER	Jan. 25, 1916	329693	<input checked="" type="checkbox"/> CHRISTIAN	
<input type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	<input type="checkbox"/> HEBREW	
<input type="checkbox"/> BRONZE MARKER	Oct. 22, 1919 <i>hon</i>		<input type="checkbox"/> NONE	
NAME <i>(Last, First, Middle Initial)</i>	STATE	BRANCH	COMPANY	
DONNELL, RALPH BURL	TEXAS	CPL.	Supply Company	
DATE OF BIRTH <i>(Month, Day, Year)</i>	U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION			
March 14, 1893	Supply Company			
DATE OF DEATH <i>(Month, Day, Year)</i>	31st Reg			
December 8, 1960	LOCATION <i>(City and State)</i>			
NAME OF CEMETERY	Throckmorton, Texas			
Throckmorton Cemetery	NEAREST FREIGHT STATION <i>(City and State)</i>			
SHIP TO <i>(I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)</i>	above			
<i>Bro Sharp</i> Mrs. Ora Sharp	POST OFFICE ADDRESS OF CONSIGNEE			
<i>(SIGNATURE OF CONSIGNEE)</i>	Throckmorton, Texas			
DO NOT WRITE HERE		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.		
FOR VERIFICATION	ORDERED		APPLICANT'S SIGNATURE	
	3448488 & 3448489		<i>Ora Sharp</i>	
DATE	JAN 31 1961		DATE OF APPLICATION	
			12-22-50	
ADDRESS <i>(Street, City, State)</i>	Throckmorton, Texas			

DAMS FORM 623
REV 1 FEB 45

IMPORTANT—Complete Reverse Side

16-53450-3 GPO