

Mendenhall (last name)

Suspected

6 AUG 6 11 AM '57 ORIGINAL

| 1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)                                      |  |                                                                                                                                                                                                                                                                                                                                                                       | APPLICATION FOR HEADSTONE OR MARKER<br>(See attached instructions. Complete and submit original and duplicate)                               |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ZACH Mendenhall                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                       | 12. EMBLEM (Check one)                                                                                                                       |                                                                                                                                                                                                            |
| 2. ENLISTMENT DATE (Month, Day, Year)<br>7/22/18                                           |  | 3. DISCHARGE DATE (Month, Day, Year)<br>6/3/19                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              | <input type="checkbox"/> CHRISTIAN (Latin Cross)<br><input checked="" type="checkbox"/> HEBREW (Star of David)<br><input type="checkbox"/> NONE                                                            |
| 4. SERVICE NO.<br>3966250                                                                  |  | 5. PENSION OR VA CLAIM NO.                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE<br><input type="checkbox"/> FLAT MARBLE MARKER<br><input checked="" type="checkbox"/> FLAT GRANITE MARKER<br><input type="checkbox"/> FLAT BRONZE MARKER |
| 6. STATE<br>Texas                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                       | 7. GRADE<br>PFC                                                                                                                              |                                                                                                                                                                                                            |
| 8. MEDALS<br>none                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                       | 13. CHECK TYPE REQUIRED                                                                                                                      |                                                                                                                                                                                                            |
| 9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP<br>ARMY Co. C 116 Inf 29 Div |  |                                                                                                                                                                                                                                                                                                                                                                       | 14. SHIP TO (Name and address of person who will transport stone or marker to cemetery)<br>P.O. Box 1134<br>Mrs. Mendenhall<br>Shockston Tex |                                                                                                                                                                                                            |
| 10. DATE OF BIRTH (Month, Day, Year)<br>11/26/18                                           |  | 11. DATE OF DEATH (Month, Day, Year)<br>1/25/42                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | 15. FREIGHT STATION<br>Shockston Tex                                                                                                                                                                       |
| DO NOT WRITE HERE                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                       | 16. NAME AND LOCATION OF CEMETERY (City and State)<br>Shockston Tex                                                                          |                                                                                                                                                                                                            |
| RECEIVED<br>JUL 2 1957                                                                     |  | 17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                                                                                            |
| VERIFIED                                                                                   |  | SIGNATURE<br>C.B. S. 14                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                                                                                            |
| BY WY 7470294 SEP 10 1957                                                                  |  | DATE<br>6-22-57                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                                                                            |
| ORDERED<br>COLUMBUS MARBLE WORKS<br>COLUMBUS, MISSISSIPPI                                  |  | 18. NAME AND ADDRESS OF APPLICANT (Print or type)<br>MR. ZACH MENDENHALL<br>VALDE P.O. CLART. RD. 2. HETCO TEX                                                                                                                                                                                                                                                        |                                                                                                                                              |                                                                                                                                                                                                            |
|                                                                                            |  | 18. I certify 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, soldiers of Union and Confederate Armies of the Civil War.<br>I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government. |                                                                                                                                              |                                                                                                                                                                                                            |
|                                                                                            |  | SIGNATURE OF APPLICANT                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | DATE                                                                                                                                                                                                       |

Nov. 26, 1895

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Uvalde