- CHECK TYPE REQUIRED (See Instructions affeched)	APPLICATION FOR HEAL TONE OR MARKER		
FLAT MARBLE MARKER    FLAT MARBLE MARKER   BROAZE MARKER (NOTE BESTRICTIONS)	BHISTMENT CATE  3/18/42  DISCARGE DATE  1115/45 HOW	31106947 PENSION NO.	CHRISTIAN HEBREW
NAME (Last, First, Middle Initial)			. Class. Co. B. 8/3 -
DATE OF BIRTH (Month, Dog, Year)  1 - 4 - 12  NAME OF GEMELERY	BATE OF DEATH (Month, Day, Year)	Jank Llestro	yer Battalian
SHIP TO DECERTIFY THE APPLICANT FOR THIS STONE FROM THE FREIGHT S  B. E. Pleaboly, A. SUMATURE OF C	lury D. H.	POST OFFICE ADDRESS OF CONSIGNEE	Strick St. Llerry A.
DO NOT WANTE HERE FOR VERIFICATION MAR 3 1	QAQ I hereby	his application is submitty of or a stor	or the removal of the stone prompts upon
OFFICE SHIPPED	52 Mar. Ros	APPLICANT'S SIGNATURE  NY, SEALON Derry,	3/19/49 M.H.
OOMS FORM 623	WPORTANT—Con	nplete Reverse Side 4 APRIL 49	L. SIECKMANN