

TO THE OFFICERS AND MEMBERS

— OF —

Copldix Post No. *22* Dep't of *Mo* G. A. R.

I have the honor to make application for membership in *Copldix* Post No. *22*
of *Mo* Grand Army of the Republic, basing my application on the following facts:

I am *46* years of age, and was born in *Randolph Co* State of
Missouri, now residing at *Kieferville*
State of *Mo*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Dec 7th* 18*63*, as *Private* in Co. *6*
63 Regiment *U.S. Colored Inf* for the period of *3* years, and
was discharged therefrom as *Priv*, at *Brownsville Texas*
on the *31st* day of *March* 18*66*, by reason of *Genl Tilden*

I also re-enlisted _____ 18____, as _____ in Co. _____
Regiment _____ and was discharged therefrom as _____
at _____ on the _____
day of _____ 18____, by reason of _____

I have never borne arms against the United States, and have never been convicted by Court
Martial of Desertion, nor of any other infamous crime.

I have _____² made previous application for membership to the Grand Army of the Republic
and filed the same with _____ Post No. _____ Department of _____

on the _____ day of _____ 18____
(Signature) *King Rucker*
Residence, No. _____ Street.

I on honor recommend *King Rucker* to the favorable consideration
of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ _____

Samford Snyder
(To be signed by a Comrade of the Post).

Note.—If any details herein required are omitted, they must be furnished before being reported on by the Committee.

1. If other enlistments, they are to be added.

2. If this is the first application, write the word "not" in this space.

APPLICATION OF

Henry Tucker

Late *Post* Co. *60*
62 Reg't *U.S. Cavalry*

Membership in the Grand Army of the Republic.

Recommended by Comrade

Samuel Snyder

HEADQUARTERS

Post No.

Department of *188*

Received and referred to the Examining Committee.

Post Commander.

188

The undersigned Examining Committee respectfully report favorably upon the within application.

E. Corbin
Thos. J. West
R. H. Brown } Committee

Applicant { Elected *Aug 20* 188
Mustered *May 29* 188

No. on Des. Book

Adjutant.

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

1. No. on Des. Book
2. Name
3. Where born
4. Color
5. Regiment or Vessel serving in when wounded
6. What Army or Squadron?
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
7. Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.)
8. How many times wounded?
9. Ages when wounded?
10. 11. Dates when wounded and names of engagements
12. Parts of the body wounded or disabled
13. State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars
14. Kind of Missile
15. Rank when wounded

NOTE.—If NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No.

Reported to Department Headquarters

Printed figures refer to spaces on Form F.

Post Surgeon.