

# RULES AND REGULATIONS, G. A. R.

## ARTICLE IV.—CHAPTER I.

**Eligibility to Membership**—Soldiers and Sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership, who has, at any time, borne arms against the United States.

To Coorporal Dix Post, No. 22 Dep't of MO. G. A. R.

I have the honor to make application for membership in Coorporal Dix  
Post, No. 22 Department of MO. Grand Army of the Republic,

basin~~g~~ my application on the following facts:

I am 65 years of age, and was born in Marion County State  
of Indiana, now residing at Kirksville  
State of MO., and by occupation a Farmer

I served during the late Rebellion as follows:

First, enlisted January 18<sup>th</sup> 1862, as Private in Co. "B"  
11<sup>th</sup> Regiment MO. G. M. Cav for the period of during the war years, and  
was discharged therefrom as Private at Macon city MO.  
on the first day of August 1862, by reason of his having been  
taken prisoner and, paroled not to serve again  
during the war.

11 also re-enlisted August 4<sup>th</sup> 1864, as Coorporal in Co. "B"  
39<sup>th</sup> Regiment MO. I. V. and was discharged therefrom as Coorporal  
at Benton Barracks MO on the 19<sup>th</sup>  
day of July 1865, by reason of close of war.  
Pensioned under cert No. 341-016. at \$24 per month

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

I have made previous application for membership to the Grand Army of the  
at Shibley's Point MO. Republic, and filed the same with Post, No. Department

of Missouri on the day of 18  
(Signature.) Isaac S. Coonfield

Residence No. 1001 E. Jefferson St.

I, on honor, recommend Isaac S. Coonfield to the favorable  
consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is Proposition fee, \$ \_\_\_\_\_  
Joseph M. Davis  
(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. Any  
failure to report all the facts required by this application may render the muster-in null and void.

- 1 Other enlistments are to be added.
- 2 If this is the first application, write the word "not" in this space.  
[OVER.]

APPLICATION OF

Isaac S. Coonfield  
Late *Capt. & Capt.* Co. *B.*  
11<sup>th</sup> *439<sup>th</sup>* Reg't *MO* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*J. M. Davis*

HEADQUARTERS.

*Co. 1st* Post, No. *22*  
Department of *MO* 189*9*

Received and referred to the Examining Committee.

Post Commander.

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

*J. M. McLean*  
*J. J. Dooley*  
*J. M. Edmunds*  
Committee.

Applicant { Elected, *May 4<sup>th</sup>* 189*8*  
              { Mustered *May 18<sup>th</sup>* 189*9*

No. on Des. Book *382*

Adjutant.

*McCall  
Dockery  
Edmunds*

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'try, Cav., Marine, Sailor).....
  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.....

Post Surgeon.