

TO THE OFFICERS AND MEMBERS

— OF —

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

I have the honor to make Application for membership in *Capt. Dix*
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 *Holston Germany* State of
Mo., now residing at *Kiskadee*
State of *Missouri*, am by occupation a *Carpenter & Joiner*
I served during the late rebellion as follows:

First enlisted *April 22* 18*61* as *Private* in Co. *C*
2^d Regiment *Mo. Inf.* for the period of *3 months*
years, and was discharged therefrom as *Private* at *St. Louis*
on the *1st* day of *Sept* 18*61* by reason of
expiration of term

I also reenlisted *Oct 9th* 18*61* as *Private* in Co. *D*
2^d Regiment *of Sharpshooters* and was discharged therefrom as
Private at _____ on the *19th*
day of *Feb* 18*62* by reason of *an order of Genl*
Hallick

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 _____ 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.)

Residence No. _____ Street.

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

Enclosed is proposition fee, \$ _____

B. J. Henry
(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.

[OVER.]

APPLICATION

— OF —

Henry Bestman
Private Co. "C", 9th

Reg't *100 Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

B. F. Meiny

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. C. ...
W. G. ...
J. J. ...
Committee.

Applicant (Elected *Feb 6th*) 188 *4*

(Mustered *March 20th*) 188 *4*

No. on Des. Book _____

Adjutant.

8581
94
4881

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, &c., &c.)
7. Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) _____
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.