


TO THE OFFICERS AND MEMBERS


— O F —

Capt *div* Post No. *22* Dep't of _____ G. A. R.

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

I am *55* years of age, and was born in *Washington Co* State of *Ill*, now residing at *Kirkville* State of *Ind*, am by occupation a *Miner*

I served during the late rebellion as follows:

First enlisted *Sept 4th* 1861, as *Private* in Co. *H* *5th* Regiment *Ill Cavalry* for the period of *3* years, and was discharged therefrom as *Capt*, at *St Louis Mo* on the *10th* day of *Aug* 1862, by reason of *long and continued illness*

¹ 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 *not*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.) *J. J. Kennedy*
Residence, No. *Kirkville Mo* Street.

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

Enclosed is proposition fee, \$ _____

(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

1889
55
1834

John J. Kennedy

Late _____ Co. _____

Reg't _____ for _____

Membership in the Grand Army of the Republic.

Recommended by C. grade _____

HEAD-QUARTERS

Corporal Dix Post No. *22*

Department of *Missouri* 188*2*

Received and referred to the Examining Committee.

R.H. Browne

Post Commander

Oct. 5th 188*2*

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

Earle Corbin
John Lewis
R. B. Bielby } Committee

Applicant { Elected *Oct. 5th* 188*2*
 { Mustered *Oct. 5th* 188*2*

No. on Des. Book *2/3*
D. H. Henry
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 *Washington D.C.* 4. Color *Dark*

5. Regiment or Vessel serving in when wounded *24th Ill Cavalry*

6. What Army or Squadron *Army of the Miss*
(As Army of the Potomac, Mississippi Squadron, &c., &c.)

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

8. How many times wounded? *1* 9. Ages when wounded *24*

10, 11. Dates when wounded and names of engagements *March 1st during a skirmish fight with Rebel bushwhackers at Camp Meade*

12. Parts of the body wounded or disabled *Thigh in right & left side*

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.