

TO THE OFFICERS AND MEMBERS

OF

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

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

I am 52 years of age, and was born in Brown Co State of Ohio, now residing at W. Sherman State of Mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted 12 Aug 1862 as Private in Co. J 125 Regiment Illinois July for the period of three years, and was discharged therefrom as Sergeant at Washington City on the 21st day of June 1865 by reason of Order War Dept.

I also reenlisted 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 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.)

John W Howard

Residence No. Street.

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

Enclosed is proposition fee, \$

Geo H Kincaid (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

*John W Howard*  
Co. *I* Co. *125<sup>th</sup>*

Reg't *Illinois Vol Buffs*

Membership in the Grand Army of the Republic.

Recommended by Comrade

*J. H. Keenan*

## HEADQUARTERS

*Capt Dix* Post No. *22*

Department of *the Dept 22* 188*5*

Received and referred to the Examining Committee *A. H. ...*

*James H. ...*

Post Commander.

188

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

Committee.

Applicant { Elected *Oct 16* 188

{ Mustered *...* 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, &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.