

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 Capt D. J. Post No. 22 Dept of MO G. A. R.

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

I am 53 years of age, and was born in Hancock Co State of Illinois, now residing at Kirtleville State of MO, am by occupation a Plasterer

I served during the late rebellion as follows:

First enlisted January 12<sup>th</sup> 1862 as Private in Co. "G" 12<sup>th</sup> Regiment Ills Cav. Vols for the period of 3 years, and was discharged therefrom as Private, at Keokuk Iowa on the Jan 11<sup>th</sup> day of January, 1865, by reason of General Disability

<sup>1</sup>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 of Desertion, nor of any other infamous crime.

I have <sup>2</sup>made previous application for membership to the Grand Army of the Republic and filed the same with at Casco Ills. but dont remember the Name Post No. \_\_\_\_\_ Department of or No of Post. on the \_\_\_\_\_ day of \_\_\_\_\_ 1866  
(Signature) Joel W Mourning  
Residence, No. \_\_\_\_\_ Street.

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

Enclosed is proposition fee, \$ \_\_\_\_\_  
John W 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.

APPLICATION OF

*Joel W. Mourning*  
Late *Priv* Co. "14"  
*12<sup>th</sup>* Reg't *Ills. Cav.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*John McQuinn*

HEADQUARTERS

*Corps Det* Post No. *22*

Department of *Mo* 18*93*

Received and referred to the Examining Committee.

Post Commander.

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

*L. B. Albertson*  
*J. T. Alcorn*  
*C. Rathey* } Committee

Applicant { Elected *5/1* 18*93*  
Mustered *Oct 19* 18*93*

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 \_\_\_\_\_