

WW I

WW II

(KOREA)

ORIGINAL

1. NAME OF DECEASED - LAST - FIRST - MIDDLE (Print or Type) DAVIS, Neal Jr.		14. NAME AND LOCATION OF CEMETERY (City and State) Halls City Cemetery - Halls, Tenn.	
2. SERVICE NUMBER US53 176 515		3. PENSION OR VA CLAIM NUMBER 415-52-5632	
4. ENLISTMENT DATE (Month, day, year) Apr. 27, 1953		5. DISCHARGE DATE (Month, day, year) Apr. 26, 1955	
6. STATE Tenn.		7. DECORATIONS Nat'l Defense Service Medal	
8. GRADE OR RANK Pvt-1	9. BRANCH OF SERVICE, COMPANY, REGIMENT, DIVISION Army Co 1 504th Air INF		
10. DATE OF BIRTH (Month, day, year) Nov. 8, 1932		11. DATE OF DEATH (Month, day, year) July 3, 1971	
12. RELIGIOUS EMBLEM (Check one)		13. CHECK TYPE REQUIRED	
<input checked="" type="checkbox"/>	LATIN CROSS (Christian)	<input checked="" type="checkbox"/>	UPRIGHT MARBLE HEADSTONE
<input type="checkbox"/>	STAR OF DAVID (Hebrew)	<input type="checkbox"/>	FLAT MARBLE MARKER
<input type="checkbox"/>	NO EMBLEM	<input type="checkbox"/>	FLAT GRANITE MARKER
<input type="checkbox"/>		<input type="checkbox"/>	FLAT BRONZE MARKER
DO NOT WRITE HERE			
FOR VERIFICATION		ORDERED 3 AUG 1971	
B/L Z-5662398	CONTRACTOR COLUMBUS MARBLE WORKS COLUMBUS, MISSISSIPPI		SIGNATURE OF CONSIGNEE Neil Shenod
PVT CO I / 504 ABN INF / KOREA		16. FREIGHT STATION I.C.R.R. - Halls, Tenn.	
		17. NAME OF CONSIGNEE WHO WILL TRANSPORT STONE OR MARKER Halls Funeral Home	
		ADDRESS OF CONSIGNEE (Street address, City and State) Halls, Tenn. 38040	
I HAVE AGREED TO TAKE THE STONE OR MARKER TO THE CEMETERY.			

IMPORTANT - Item 18 on reverse side must be completed. See attached instructions and complete and submit both copies.

15. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the U. S., soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member.
I hereby agree to accept responsibility for proper placement at the grave or memorial plot at no expense to the Government.

NAME OF APPLICANT (Print or Type)

RELATIONSHIP

Mrs. Mary DAVIS

Wife

ADDRESS OF APPLICANT (Street address, City and State)

5501 Greenview Rd - Cary, ILL. 60012

SIGNATURE OF APPLICANT

DATE

Mrs. Mary Davis

7-3-71

16. FREIGHT STATION

17. NAME OF CONSIGNEE WHO WILL TRANSPORT STONE OR MARKER

ADDRESS OF CONSIGNEE (Street address, City and State)

SIGNATURE OF CONSIGNEE