

Suspended NOV 8 1954

2 SEP 1954 ORIGINAL

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type) GASTON, GEORGE Albert			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
2. ENLISTMENT DATE (Month, Day, Year) JAN 3, 1918		3. DISCHARGE DATE (Month, Day, Year) JUNE 28, 1919		12. EMBLEM (Check one) ☒ CHRISTIAN (Latin Cross) ☐ HEBREW (Star of David) ☐ NONE
4. SERVICE NO. 160 36 79		5. PENSION OR VA CLAIM NO. 18 20 79 87		13. CHECK TYPE REQUIRED ☐ UPRIGHT MARBLE HEADSTONE ☐ FLAT MARBLE MARKER ☐ FLAT GRANITE MARKER ☒ FLAT BRONZE MARKER
6. STATE N.J.	7. GRADE F/3c	8. MEDALS 3cl		
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP NAVY U.S.S. ARKANSAS			14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) THE WOODLAWN CEMETERY 233rd Street and Webster Avenue New York 70, New York	
10. DATE OF BIRTH (Month, Day, Year) 2/19/88		11. DATE OF DEATH (Month, Day, Year) 8/16/54		15. FREIGHT STATION
16. NAME AND LOCATION OF CEMETERY (City and State) WOODLAWN CEMETERY Bronx, N.Y.			17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.	
DO NOT WRITE HERE			SIGNATURE	
RECEIVED AUG 30 1954			DATE	
VERIFIED			18. NAME AND ADDRESS OF APPLICANT (Print or type) ALMA GASTON 190 OAK STREET, TERNECK, N.J.	
B/L 5788 NOV 22 1954			19. I certify 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 United States, soldiers of Union and Confederate Armies of the Civil War. I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.	
ORDERED TURNER BRASS WORKS SYCAMORE, ILL.			SIGNATURE OF APPLICANT Alma Gaston	
			DATE 8/23/54	

QMC FORM 646 REPLACES OQMG FORM 623, 8 FEB 49 WHICH MAY BE USED

IMPORTANT—Reverse Side Must Be Completed

16-11453-9 GPO