

ORIGINAL

APPLICATION FOR HEADSTONE OR MARKER
(Please make out and return in duplicate)

CHECK TYPE REQUIRED
(See Instructions attached)

☐ UPRIGHT MARBLE HEADSTONE

☐ FLAT MARBLE MARKER

☒ FLAT GRANITE MARKER

☐ BRONZE MARKER (NOTE RESTRICTIONS)

NAME (Last, First, Middle Initial)
CLAYTON HERBERT W

DATE OF BIRTH (Month, Day, Year)
October 4, 1908

DATE OF DEATH (Month, Day, Year)
Sept. 27, 1944

NAME OF CEMETERY
Brookside - Englewood, N.J.

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)
JOSEPH THOMSON, SONS
(SIGNATURE OF CONSIGNEE)

ENLISTMENT DATE
May 12, 1941

DISCHARGE DATE
May 12, 1941

SERIAL No.
32 147 917

PENSION No.

EMBLEM (Check one)
☒ CHRISTIAN
☐ HEBREW
☐ NONE

STATE
New Jersey

RANK
S SGT

COMPANY
Headquarters

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION
4th Armored Div
85th Tank Battalion

LOCATION (City and State)
Englewood, N.J.

NEAREST FREIGHT STATION (City and State)
Englewood, N.J.

POST OFFICE ADDRESS OF CONSIGNEE
Englewood, N.J.

DO NOT WRITE HERE

FOR VERIFICATION
MAY 10 1949

ORDERED
V. Johnston, Mass. 9 JUN 1949

B/L
6291652

SHIPPED

I certify this application is submitted for a stone for the unmarked grave of a veteran.
I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

Marie M. Clayton
JOSEPH THOMSON, SONS
APPLICANT'S SIGNATURE

May 3, 1949
DATE OF APPLICATION

973 Harrison Ave
Englewood, N.J.
ADDRESS (Street, City, State)

OQMG FORM
REV 15 APR 47 623

IMPORTANT—Complete Reverse Side

16-11453-5 GPO