

## Martha Peterson

---

**From:** Joyce Hebert  
**Sent:** Wednesday, July 04, 2007 5:47 AM RE:  
**To:** VA Marker  
**Subject:**

Martha,  
I have a letter prepared to send to the VA but they are requesting an additional letter on Glenwood Cemetery letterhead stating that you will accept delivery of the replacement marker. Will you review my letter included here as an attachment and then write the requested letter. When you are finished let me know and I will come to the cemetery, pick up your letter, and send them to Ms. Frederick. I plan to stop by the cemetery anyway to see about the placement of the marker.

In the letter to Ms. Frederick I did not include anything about the new numbering system for the emblems. I reviewed the VA's information on-line and they still have #31 as United Church of Christ. Am I correct to understand that based on the new system you saw on the application there is no #31? Do you think I should call and discuss this with her before sending the letter? I am trying to keep this simple but I don't want there to be any more confusion.

Thanks a million for your help.  
Sincerely,  
Joyce Hebert

--- Martha Peterson

> Joyce,  
>  
> I heard from my contact over the weekend. She  
> suggested you send an  
> e-mail to the general "Contact the VA" address,  
> iris.va.gov, or call  
> them at It sounds like you've  
> already done that. Let  
> me know what you hear from them.  
>  
> Martha  
>  
>  
>  
>  
> -----Original Message-----  
> From: Joyce Hebert  
> Sent: Friday, June 29, 2007 2:15 PM  
> To:  
> Subject: Re: VA Marker  
>  
> Martha,  
> Thank you so much for sending the photos. The emblem  
> is incorrect.  
> I have contacted the VA and obtained directions for

> replacing the marker, but am eager to see if you get additional  
> information that would expedite the process.  
> I will wait to hear from you.

>

> My sister is on the road today but will be home  
> tomorrow. I want her to look at the picture you sent  
> before making a decision on the placement of the  
> marker. I also want to drive out to the cemetery  
> tomorrow and look at some markers that have been  
> placed next to the headstone.

> Sincerely,

> Joyce Hebert

> --- Martha Peterson

>

> Joyce,

>>

>> It's almost impossible to photograph the bronze  
>> markers without  
>> flashback. I think you can see enough of the  
> emblem

>> to know that it's

>> not Church of Christ. I've also attached a photo  
> of

>> the lot. Let me

>> know when you've decided exactly you want the  
> marker

>> placed. I've

>> e-mailed the woman who has been instrumental in

>> obtaining over 50

>> markers. She's very picky and I'm sure she has

> sent

>> at least one of

>> those back.

>>

>>

>> Martha W. Peterson

> Glenwood Cemetery Historic Preservation Foundation

> 2525 Washington Avenue

> Houston, TX 77007

> > 713-864-7886

> > 713-864-6429 (fax)

>

>>

>>

>>

>>

>

>

>

>

>

>

>

> Moody friends. Drama queens. Your life? Nope! -

> their life, your story.

> Play Sims Stories at Yahoo! Games.

> <http://sims.yahoo.com/>

>

>

---

Looking for earth-friendly autos?

Browse Top Cars by "Green Rating" at Yahoo! Autos' Green Center. [http://autos.yahoo.com/green\\_center/](http://autos.yahoo.com/green_center/)

## Martha Peterson

---

**From:** Martha Peterson  
**Sent:** Thursday, July 05, 2007 9:53 AM  
**To:** 'Joyce Hebert'  
**Subject:** RE: Attachment I Forgot



2007-07-05 Dick to  
VA re Menvi...

Joyce,

Please let me know if the attached letter from Glenwood will serve the purpose.

I think your letter is fine. My contact had also told me that emblem #31 is still on the VA website, and I think you are wise to base your request on that. When you're here I'll show you the copy I made of the form that came in last week that has no #31.

If my letter is OK with you, I'll get it signed and let you know when it's ready.

Martha W. Peterson  
Glenwood Cemetery Historic Preservation Foundation  
2525 Washington Avenue  
Houston, TX 77007  
713-864-7886  
713-864-6429 (fax)

-----Original Message-----

**From:** Joyce Hebert  
**Sent:** Wednesday, July 04, 2007 12:28 PM  
**To:** Martha Peterson  
**Subject:** Attachment I Forgot

Martha,  
I just realized I forgot to add my attachment.  
Joyce

---

Pinpoint customers who are looking for what you sell.  
<http://searchmarketing.yahoo.com/>

July 4, 2007

Ms. Frederick  
Memorial Program Service  
509 Russell Road  
Quantico, VA 22134

Dear Ms. Frederick:

SUBJECT: REPLACEMENT OF FLAT BRONZE MARKER

I am requesting the replacement of the marker sent for my father, Edward William Menville, Social Security number 454-03-9259. On my original Application for Standard Government Headstone or Marker, I requested Emblem of Belief # 31 (United Church of Christ). This is not the emblem that was put on the marker as shown in the attached photo. Please ship the replacement marker directly to Glenwood Cemetery, 2525 Washington Avenue, Houston, Texas 77007. Enclosed you will find a letter from Glenwood Cemetery stating that they will accept delivery.

If you have any questions concerning this request please contact me, Joyce Hebert, at. Your attention to this matter is greatly appreciated.

Sincerely,

Joyce Hebert

GLENWOOD CEMETERY, INC.

July 5, 2007

Department of Veterans Affairs  
Memorial Program Service  
509 Russell Road  
Quantico, Virginia 22134

Attention: Ms. Frederick

Ladies and Gentlemen:

We understand that Mrs. Joyce Hebert has ordered a marker for her father, Edward William Menville, who is buried here at Glenwood Cemetery. We will be pleased to accept delivery of this marker and install it on Mr. Menville's grave in accordance with Mrs. Herbert's wishes.

Our shipping address is the same as the letterhead address.

Please contact me if you have any questions or need additional information.

Very truly yours,



Richard A. Ambrus  
Vice President and General Manager

RAA/mwp

*Joyce Hebert  
Picked up  
original  
7-6-07*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|--------------|-------|---------|--------------|-----------------|-------------------------------------|-------------------------------------|--|--|--|
| <b>Department of Veterans Affairs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                            | <b>IMPORTANT:</b> Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. <i>Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. <b>MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.</b></i> |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>1. TYPE OF REQUEST</b><br><input checked="" type="checkbox"/> INITIAL (First time) REQUEST<br><input type="checkbox"/> SECOND REQUEST<br><input type="checkbox"/> CORRECTED APPLICATION OR REPLACEMENT                                                                                                                                                                                                                                                                                            |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)</b><br><table style="width:100%;"> <tr> <td style="width:25%;">FIRST (Or Initial)</td> <td style="width:25%;">MIDDLE (Or Initial)</td> <td style="width:25%;">LAST</td> <td style="width:25%;">SUFFIX</td> </tr> <tr> <td>Edward</td> <td>William</td> <td>Menville</td> <td></td> </tr> </table>                                                                                                   |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            | FIRST (Or Initial)                                                                                                                                                            | MIDDLE (Or Initial)          | LAST         | SUFFIX                                                                                                                                                                | Edward                                | William                    | Menville                   |                            | <b>3. GRAVE IS:</b><br><input checked="" type="checkbox"/> CURRENTLY MARKED (with privately purchased marker)<br><input type="checkbox"/> NOT MARKED |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| FIRST (Or Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MIDDLE (Or Initial)                                                            | LAST                       | SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| Edward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | William                                                                        | Menville                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.)</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)</b>                   |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6A. DATE(S) ENTERED</b>                                                                   |                            |                                                                                                                                                                               | <b>6B. DATE(S) SEPARATED</b> |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MONTH                                                                                        | DAY                        | YEAR                                                                                                                                                                          | MONTH                        | DAY          | YEAR                                                                                                                                                                  |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 07                                                                                           | 11                         | 1942                                                                                                                                                                          | 02                           | 05           | 1943                                                                                                                                                                  |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 02                                                                                           | 06                         | 1943                                                                                                                                                                          | 02                           | 14           | 1946                                                                                                                                                                  |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>5A. DATE OF BIRTH</b><br><table style="width:100%;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>11</td> <td>19</td> <td>1916</td> </tr> </table>                                                                                                                                                                                                                                                                                                                               |                                                                                |                            | MONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAY                                                                                          | YEAR                       | 11                                                                                                                                                                            | 19                           | 1916         | <b>5B. DATE OF DEATH</b><br><table style="width:100%;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>2</td> <td>25</td> <td>2005</td> </tr> </table> |                                       |                            | MONTH                      | DAY                        | YEAR                                                                                                                                                 | 2                          | 25                                                                                                                                                                                                                                                                                        | 2005 |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| MONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAY                                                                            | YEAR                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19                                                                             | 1916                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| MONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAY                                                                            | YEAR                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25                                                                             | 2005                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>7. HIGHEST RANK ATTAINED (No pay grades)</b><br>Captain                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                            | <b>8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)</b><br><table style="width:100%;"> <tr> <td>ARMY</td> <td>NAVY</td> <td>MARINE CORPS</td> <td>COAST GUARD</td> <td>AIR FORCE</td> <td>ARMY AIR FORCES</td> <td>MERCHANT MARINE</td> <td>OTHER (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                              |                            |                                                                                                                                                                               |                              |              | ARMY                                                                                                                                                                  | NAVY                                  | MARINE CORPS               | COAST GUARD                | AIR FORCE                  | ARMY AIR FORCES                                                                                                                                      | MERCHANT MARINE            | OTHER (Specify)                                                                                                                                                                                                                                                                           |      |  |  |  | <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| ARMY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAVY                                                                           | MARINE CORPS               | COAST GUARD                                                                                                                                                                                                                                                                                                                                                                                                                                          | AIR FORCE                                                                                    | ARMY AIR FORCES            | MERCHANT MARINE                                                                                                                                                               | OTHER (Specify)              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                          |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)</b><br><table style="width:100%;"> <tr> <td>MEDAL OF HONOR</td> <td>DST SVC CROSS</td> <td>NAVY CROSS</td> <td>AIR FORCE CROSS</td> <td>SILVER STAR</td> <td>BRONZE STAR MEDAL</td> <td>PURPLE HEART</td> <td>OTHER (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>                                                                                   |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            | MEDAL OF HONOR                                                                                                                                                                | DST SVC CROSS                | NAVY CROSS   | AIR FORCE CROSS                                                                                                                                                       | SILVER STAR                           | BRONZE STAR MEDAL          | PURPLE HEART               | OTHER (Specify)            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     | <b>10. WAR SERVICE (Check applicable box(es))</b><br><table style="width:100%;"> <tr> <td>WORLD WAR II</td> <td>KOREA</td> <td>VIETNAM</td> <td>PERSIAN GULF</td> <td>OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> |                          |                                        | WORLD WAR II | KOREA | VIETNAM | PERSIAN GULF | OTHER (Specify) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |  |
| MEDAL OF HONOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DST SVC CROSS                                                                  | NAVY CROSS                 | AIR FORCE CROSS                                                                                                                                                                                                                                                                                                                                                                                                                                      | SILVER STAR                                                                                  | BRONZE STAR MEDAL          | PURPLE HEART                                                                                                                                                                  | OTHER (Specify)              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| WORLD WAR II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KOREA                                                                          | VIETNAM                    | PERSIAN GULF                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER (Specify)                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)</b><br><table style="width:100%;"> <tr> <td>FLAT BRONZE</td> <td>FLAT GRANITE</td> <td>UPRIGHT MARBLE</td> <td>FLAT MARBLE</td> <td>BRONZE NICHE</td> <td>UPRIGHT GRANITE</td> </tr> <tr> <td><input checked="" type="checkbox"/> B</td> <td><input type="checkbox"/> G</td> <td><input type="checkbox"/> U</td> <td><input type="checkbox"/> F</td> <td><input type="checkbox"/> Z</td> <td><input type="checkbox"/> V</td> </tr> </table> |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FLAT BRONZE                                                                                  | FLAT GRANITE               | UPRIGHT MARBLE                                                                                                                                                                | FLAT MARBLE                  | BRONZE NICHE | UPRIGHT GRANITE                                                                                                                                                       | <input checked="" type="checkbox"/> B | <input type="checkbox"/> G | <input type="checkbox"/> U | <input type="checkbox"/> F | <input type="checkbox"/> Z                                                                                                                           | <input type="checkbox"/> V | <b>12. DESIRED EMBLEM OF BELIEF</b><br><table style="width:100%;"> <tr> <td>NONE</td> <td>EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> 31</td> </tr> </table> |      |  |  |  | NONE                                | EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> 31 |              |       |         |              |                 |                                     |                                     |  |  |  |
| FLAT BRONZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FLAT GRANITE                                                                   | UPRIGHT MARBLE             | FLAT MARBLE                                                                                                                                                                                                                                                                                                                                                                                                                                          | BRONZE NICHE                                                                                 | UPRIGHT GRANITE            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <input checked="" type="checkbox"/> B                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> G                                                     | <input type="checkbox"/> U | <input type="checkbox"/> F                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Z                                                                   | <input type="checkbox"/> V |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems) |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> 31                                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION</b><br>Joyce Hebert<br>5105 Nina Lee Lane<br>Houston, Texas 77092                                                                                                                                                                                                                                                                                                          |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (713) 688-3555</b> |                            | <b>16. ARE YOU:</b><br><input checked="" type="checkbox"/> NEXT OF KIN<br><input type="checkbox"/> FUNERAL DIRECTOR<br><input type="checkbox"/> OTHER (Specify)               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>14. E-MAIL ADDRESS (Optional)</b><br>joycehebert@yahoo.com                                |                            | <input type="checkbox"/> VETERANS SERVICE OFFICER<br><input type="checkbox"/> CEMETERY OFFICIAL                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>15. FAX NO. (Optional)</b><br>Same as Daytime Ph                                          |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>CERTIFICATION:</b> By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.                                                                                                                                                                                                                                              |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            | <b>18. DATE (MM/DD/YYYY)</b>                                                                                                                                                  |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE</b><br>Rose Monument<br>3401 North Shepherd Drive #2<br>Houston, Texas 77018                                                                                                                                                                                                                                                          |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>20. DAYTIME PHONE NO. (Include Area Code)</b><br>(713) 880-8091                           |                            | <b>21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)</b><br>Glenwood Cemetery<br>2525 Washington Avenue<br>Houston, Texas 77007 |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>CERTIFICATION:</b> By signing below I agree to accept prepaid delivery of the headstone or marker.                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19</b><br>Rose Monument                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            | <b>23. DATE (MM/DD/YYYY)</b>                                                                                                                                                  |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>CERTIFICATION:</b> By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL</b><br>Glenwood Cemetery<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>25. DAYTIME PHONE NO. (Include Area Code)</b><br>(713) 864-7886                           |                            | <b>26. DATE (MM/DD/YYYY)</b><br>3/19/2007                                                                                                                                     |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>27. REMARKS (Optional inscription space will vary in size according to the type of marker)</b><br>Periods of Active Military Service Continued (Blocks 6A and 6B)<br>Date entered into active service is May 13, 1951 and effective date of separation is August 26, 1952.                                                                                                                                                                                                                        |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            | <b>28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.)</b><br><input type="checkbox"/> REMAINS NOT BURIED      |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                            |                                                                                                                                                                               |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |
| <b>29. ID CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                            | <b>30. SECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                            | <b>31. GRAVE NO.</b>                                                                                                                                                          |                              |              |                                                                                                                                                                       |                                       |                            |                            |                            |                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                           |      |  |  |  |                                     |                                                                                                                                                                                                                                                                                                                                              |                          |                                        |              |       |         |              |                 |                                     |                                     |  |  |  |

**Honorable Discharge**  
from  
**The Army of the United States**



TO ALL WHOM IT MAY CONCERN:

**This is to Certify, That\*** Edward W. Menville

† 38203254, Aviation Cadet, Aviation Cadet Detachment.

THE ARMY OF THE UNITED STATES, as a TESTIMONIAL OF HONEST AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the military service of the UNITED STATES by reason of † Convn. of Govt. to Accept Commission as 2d Lt., par 18a AR 615-160, par 1 SO #36 Hq., TS, AAFTTC, Scott Fld., Ill. Feb. 5/43.

Said Edward W. Menville was born in Houston in the State of Texas.  
When enlisted he was 24 8/12 years of age and by occupation a Sales Manager.  
He had Brown eyes, Brown hair, Ruddy complexion, and was 5 feet 10 inches in height.

Given under my hand at Scott Field, Illinois this 5th day of February, one thousand nine hundred and forty-three

*Donald J. Roberts*  
DONALD J. ROBERTS,  
Major, Air Corps,  
Commandant.

*Commanding*

See AR 345-470.

\*Insert name; as, "John J. Doe."

† Insert Army serial number, grade, company, regiment, or arm or service; as "1620302"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps."

‡ If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.

# ENLISTED RECORD

OF

Menville, Edward W. 38203254 Aviation Cadet  
(Last name) (First name) (Middle initial) (Army Serial No.) (Grade)  
~~Enlisted or~~ Inducted,<sup>1</sup> July 11, 1942, at Houston, Texas

Completed 0 years, 6 months, 27 days service for longevity pay.

Prior service:<sup>2</sup> None

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| FINANCE OFFICE,<br>SCOTT FIELD, ILL<br>DATE FEB 5 1943<br>PAID IN FULL THIS<br>DATE \$ 73.31<br>TO INCLUDE TRAVEL<br>PAY TO NONE |
|----------------------------------------------------------------------------------------------------------------------------------|

Noncommissioned officer: Not a noncommissioned officer.

Qualification in arms:<sup>3</sup> Not qualified.

Horsemanship: Not mounted. Army specialty: Communications Student.

Attendance at: Officers Squadron Communications Course, TS, AAFTTC, Scott Field, Ill.

(Name of noncommissioned officers' or special service school)

Battles, engagements, skirmishes, expeditions: None

Decorations, service medals citations: None

Wounds received in service: None

Date and result of smallpox vaccination:<sup>4</sup> 7-30-42; Immune.

Date of completion of all typhoid-paratyphoid vaccinations:<sup>4</sup> 8-26-42.

Date and result of diphtheria immunity test (Schick):<sup>4</sup> None. Blood Type O

Date of other vaccinations (specify vaccine used):<sup>4</sup> 10-8-42; Tetanus.

Physical condition when discharged: Good Married or single: Married.

Character: Excellent D. J. R.

Remarks:<sup>5</sup> No time lost under AW 107. Soldier not entitled to travel pay.



Signature of soldier: Edward W. Menville

F. L. BACKUS,  
1st Lt., Air Corps,  
Asst. Commandant.

Commanding

<sup>1</sup> Enter date of induction only in case of trainees inducted under Selective Training and Service Act, 1940 (Bull. No. 25, W. D., 1940); in all other cases enter date of enlistment.

<sup>2</sup> For each enlistment give company, regiment, or arm or service, with inclusive dates of service, grade, cause of discharge, number of days lost under AW 107 (if none, so state), and number of days retained and cause of retention in service for convenience of the Government, if any.

<sup>3</sup> Give date of qualification, and number, date, and source of order announcing same.

<sup>4</sup> See paragraph 6, A.R. 40-215.

<sup>5</sup> Enter periods of active duty of enlisted men of the Regular Army Reserve and the Enlisted Reserve Corps and dates of induction into Federal Service in the cases of members of the National Guard.

# MILITARY RECORD AND REPORT OF SEPARATION

## CERTIFICATE OF SERVICE

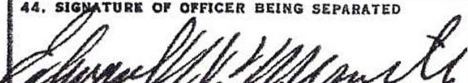
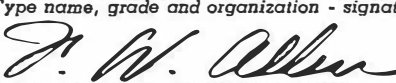
|                                                                                    |       |                                |                                                        |                              |                                                                             |                                                                |                                            |
|------------------------------------------------------------------------------------|-------|--------------------------------|--------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>Menville Edward W</b>             |       |                                | 2. ARMY SERIAL NUMBER<br><b>0 873 138</b>              |                              | 3. AUS. GRADE<br><b>Capt</b>                                                | 4. ARM OR SERVICE<br><b>AC</b>                                 | 5. COMPONENT<br><b>AUS</b>                 |
| 6. ORGANIZATION<br><b>300th AAF Base Unit</b>                                      |       |                                | 7. DATE OF RELIEF FROM ACTIVE DUTY<br><b>14 Feb 46</b> |                              | 8. PLACE OF SEPARATION<br><b>AAF Separation Base<br/>Drew Field Florida</b> |                                                                |                                            |
| 9. PERMANENT ADDRESS FOR MAILING PURPOSES<br><b>432 Arlington St Houston Texas</b> |       |                                |                                                        |                              | 10. DATE OF BIRTH<br><b>19 Nov 16</b>                                       |                                                                | 11. PLACE OF BIRTH<br><b>Houston Texas</b> |
| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT<br><b>See 9</b>                   |       |                                |                                                        |                              | 13. COLOR EYES<br><b>Brown</b>                                              | 14. COLOR HAIR<br><b>Brown</b>                                 | 15. HEIGHT<br><b>5'8"</b>                  |
|                                                                                    |       |                                |                                                        |                              | 16. WEIGHT<br><b>124 LBS.</b>                                               | 17. NO. OF DEPENDENTS<br><b>2</b>                              |                                            |
| 18. RACE<br><b>X</b>                                                               |       | 19. MARITAL STATUS<br><b>X</b> |                                                        | 20. U.S. CITIZEN<br><b>X</b> |                                                                             | 21. CIVILIAN OCCUPATION AND NO.<br><b>Sales Manager 57.932</b> |                                            |
| WHITE                                                                              | NEGRO | OTHER (specify)                | SINGLE                                                 | MARRIED                      | OTHER (specify)                                                             | YES                                                            | NO                                         |

### MILITARY HISTORY

|                                                                                                                                            |                 |             |                                                                                   |                                                  |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-----------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|
| SELECTIVE SERVICE DATA                                                                                                                     | 22. REGISTERED  |             | 23. LOCAL S. S. BOARD NUMBER<br><b>9</b>                                          | 24. COUNTY AND STATE<br><b>Harris Texas</b>      | 25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY<br><b>164 Heights Blvd Houston Texas</b> |
|                                                                                                                                            | YES<br><b>X</b> | NO          |                                                                                   |                                                  |                                                                                           |
| 26. DATE OF ENTRY ON ACTIVE DUTY<br><b>6 Feb 43</b>                                                                                        |                 |             | 27. MILITARY OCCUPATIONAL SPECIALTY AND NO.<br><b>Communications Officer 0200</b> |                                                  |                                                                                           |
| 28. BATTLES AND CAMPAIGNS<br><b>None</b>                                                                                                   |                 |             |                                                                                   |                                                  |                                                                                           |
| 29. DECORATIONS AND CITATIONS<br><b>American Campaign Medal WD Cir 326 45 World War II Victory Medal WD Cir 326 45</b>                     |                 |             |                                                                                   |                                                  |                                                                                           |
| 30. WOUNDS RECEIVED IN ACTION<br><b>None</b>                                                                                               |                 |             |                                                                                   |                                                  |                                                                                           |
| 31. SERVICE SCHOOLS ATTENDED<br><b>Course "G-2" Radar Boca Raton Florida</b>                                                               |                 |             |                                                                                   | 32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN |                                                                                           |
|                                                                                                                                            |                 |             |                                                                                   | DATE OF DEPARTURE                                | DESTINATION                                                                               |
|                                                                                                                                            |                 |             |                                                                                   |                                                  | DATE OF ARRIVAL                                                                           |
| 33. REASON AND AUTHORITY FOR SEPARATION<br><b>Ltr Hq CAF " 210.456" Sec II WD Cir 290<br/>45 &amp; CAF Manual 155-35-1 15 Oct 45 amend</b> |                 |             |                                                                                   |                                                  |                                                                                           |
| 34. CURRENT TOUR OF ACTIVE DUTY                                                                                                            |                 |             |                                                                                   |                                                  |                                                                                           |
| CONTINENTAL SERVICE                                                                                                                        |                 |             | FOREIGN SERVICE                                                                   |                                                  |                                                                                           |
| YEARS                                                                                                                                      | MONTHS          | DAYS        | YEARS                                                                             | MONTHS                                           | DAYS                                                                                      |
| <b>3</b>                                                                                                                                   | <b>0</b>        | <b>8</b>    | <b>0</b>                                                                          | <b>0</b>                                         | <b>0</b>                                                                                  |
| 35. EDUCATION (years)                                                                                                                      |                 |             |                                                                                   |                                                  |                                                                                           |
| GRAMMAR SCHOOL                                                                                                                             |                 | HIGH SCHOOL |                                                                                   | COLLEGE                                          |                                                                                           |
| <b>8</b>                                                                                                                                   |                 | <b>3</b>    |                                                                                   | <b>0</b>                                         |                                                                                           |

### INSURANCE NOTICE

|                                                                                                                                                                                                                                                                      |            |      |               |                |                                                |                            |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|---------------|----------------|------------------------------------------------|----------------------------|---------------------------------------------------|--|
| <b>IMPORTANT</b> IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. |            |      |               |                |                                                |                            |                                                   |  |
| 36. KIND OF INSURANCE                                                                                                                                                                                                                                                |            |      | 37. HOW PAID  |                | 38. Effective Date of Allotment Discontinuance |                            | 39. Date of Next Premium Due (one month after 38) |  |
| Nat. Serv.                                                                                                                                                                                                                                                           | U.S. Govt. | None | Allotment     | Direct to V.A. |                                                |                            |                                                   |  |
| <b>X</b>                                                                                                                                                                                                                                                             |            |      | <b>X</b>      |                | <b>28 Feb 46</b>                               | <b>31 Mar 46</b>           | <b>\$ 6.85</b>                                    |  |
|                                                                                                                                                                                                                                                                      |            |      |               |                |                                                | 40. PREMIUM DUE EACH MONTH |                                                   |  |
|                                                                                                                                                                                                                                                                      |            |      |               |                |                                                | <b>\$</b>                  |                                                   |  |
| 41. INTENTION OF VETERAN TO                                                                                                                                                                                                                                          |            |      |               |                |                                                |                            |                                                   |  |
| Continue                                                                                                                                                                                                                                                             |            |      | Continue only |                |                                                | Discontinue                |                                                   |  |
| <b>X</b>                                                                                                                                                                                                                                                             |            |      |               |                |                                                |                            |                                                   |  |

|                                                                                        |                   |                                                                                                                      |  |  |
|----------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| 42.  | RIGHT THUMB PRINT | 43. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)         |  |  |
|                                                                                        |                   | <b>Lapel Button Issued<br/>ASR (2 September 1945) 49<br/>On terminal leave from 14 Jan 46 to 14 Feb 46 inclusive</b> |  |  |
| 44. SIGNATURE OF OFFICER BEING SEPARATED                                               |                   | 45. PERSONNEL OFFICER (Type name, grade and organization - signature)                                                |  |  |
|      |                   | <b>F W ALLEN</b><br>1st Lt AC    |  |  |

\*N/A-Not applicable

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

| CHARACTER OF SEPARATION                                                                                               |  | REPORT OF SEPARATION FROM THE<br>ARMED FORCES OF THE UNITED STATES                                                                       |  | DEPARTMENT<br>AIR FORCE                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LAST NAME-FIRST NAME-MIDDLE NAME<br>MENVILLE EDWARD WILLIAM                                                        |  | 2. SERVICE NUMBER<br>AC873 138                                                                                                           |  | 3. GRADE-RATE-RANK AND DATE OF<br>APPOINTMENT<br>Capt 10 Jan 46                                                                                            |  |
| 4. COMPONENT AND BRANCH OR<br>CLASS<br>AF Res                                                                         |  | 5. QUALIFICATIONS<br>SPECIALTY NUMBER OR SYMBOL<br>3034                                                                                  |  | 6. EFFECTIVE DATE OF SEPARATION<br>DAY MONTH YEAR<br>26 Aug 52                                                                                             |  |
| 7. TYPE OF SEPARATION<br>Release from AD                                                                              |  | 8. REASON AND AUTHORITY FOR SEPARATION<br>Conv'n of Govt Sec 515(d) PL381-80th Cong & Hq<br>USAF Msg AFPMP-4 ALMAJCOM 61/52dtd8Apr52     |  | 9. PLACES OF SEPARATION<br>Hamilton Air Force Base, California                                                                                             |  |
| 10. DATE OF BIRTH<br>DAY MONTH YEAR<br>19 Nov 16                                                                      |  | 11. PLACE OF BIRTH (City and State)<br>Houston, Texas                                                                                    |  | 12. DESCRIPTION<br>SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT<br>Male Caucasian Brown Brown 5'11" 130                                                    |  |
| 13. REASON FOR SEPARATION<br>14. SELECTIVE SERVICE<br>15. BOARD NUMBER                                                |  | 16. SELECTIVE SERVICE<br>17. BOARD NUMBER                                                                                                |  | 18. GRADE-RATE OR RANK AT TIME OF ENTRY<br>INTO ACTIVE SERVICE<br>21 Months<br>Called from inactive duty<br>Captain                                        |  |
| 19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE<br>DAY MONTH YEAR PLACE (City and State)<br>13 May 51 Pope AFB, N.C.  |  | 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)<br>432 Arlington St., Harris, Houston, Texas |  | 21. NET ( *N/A ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD<br>Not Applicable                                                                |  |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD<br>1 3 14                                                      |  | 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES<br>8 10 2                                                  |  | 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES<br>10 1 16                                                                                                |  |
| 25. DECONTAMINATION ALLOWANCE PAID ON EXTENSION OF<br>SERVICE IF ANY<br>DAY MONTH YEAR AMOUNT<br>Not Applicable       |  | 26. FOREIGN AND/OR SEA SERVICE<br>YEARS MONTHS DAYS<br>0 11 12                                                                           |  | 27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br>Korean Service Medal, United Nations Service Medal |  |
| 28. MOST SIGNIFICANT DUTY ASSIGNMENT<br>Communications Officer                                                        |  | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)<br>None                                           |  | 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND OR<br>POST-GRAD. COURSES SUCCESSFULLY COMPLETED<br>None                                      |  |
| 31. SERVICE TRAINING COURSES SUCCESSFULLY<br>COMPLETED<br>None                                                        |  | 32. MONTH ALLOTMENT DISCONTINUED<br>None                                                                                                 |  | 33. MONTH NEXT PREMIUM DUE<br>None                                                                                                                         |  |
| 34. TOTAL PAYMENT UPON SEPARATION<br>\$1358.06                                                                        |  | 35. TRAVEL OR MILEAGE ALLOWANCE INCLUDED<br>IN TOTAL PAYMENT<br>\$126.96                                                                 |  | 36. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER<br>R. T. LANGEMO, Major, USAF S/N 225-268                                                                  |  |
| 37. REMARKS (Continue on reverse)<br>Blood Group "O"<br>DD Form 217AF issued<br>Mustering-Out Payment PL 550 \$300.00 |  | 38. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br>RODNEY W. HOUSE<br>Capt USAF<br>Director of Personnel                                     |  | 39. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)<br>None                                                                                            |  |
| 40. COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.<br>None                                                           |  | 41. DATES OF LAST CIVILIAN EMPLOYMENT:<br>FROM TO<br>1946 1951                                                                           |  | 42. MAIN CIVILIAN OCCUPATION<br>Service Manager                                                                                                            |  |
| 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER<br>General Electric Supply Corp., Houston, Tex.                        |  | 44. UNITED STATES CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                         |  | 45. MARITAL STATUS<br>Married                                                                                                                              |  |
| 46. NON-SERVICE EDUCATION (Years successfully completed)<br>GRAM. MAR. HIGH SCHOOL COL. LEGE DEGREE(S)<br>8 1 0 None  |  | 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)<br>(See 20)                            |  | 48. SIGNATURE OF PERSON BEING SEPARATED<br>Edward M. Menville                                                                                              |  |

DD FORM 214  
1 JAN 50

INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

### UPRIGHT GRANITE HEADSTONE – STANDARD

|          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| Name     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Name     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Name     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Rank     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Branch   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| War      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Birth    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Death    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Optional |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Optional |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Optional |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |

An optional Emblem of Belief may be added to this headstone.

### UPRIGHT GRANITE HEADSTONE – 19th CENTURY VETERANS

|            |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |  |  |  |
|------------|--|--|---|---|---|---|---|---|---|---|---|----|----|----|----|--|--|--|
| Rank       |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| Name       |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| Unit *     |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| Unit *     |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| War/Branch |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| Birth      |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |
| Death      |  |  |   |   |   |   |   |   |   |   |   |    |    |    |    |  |  |  |

No Emblem of Belief is permitted on this headstone.

\* Unit lines are limited to 10 characters for Union and Spanish-American War; 13 characters for Confederate.

### FLAT GRANITE MARKER

|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Name        | E | D | W | A | R | D | W | I | L | L  | I  | A  | M  | M  | E  | N  | V  | I  | L  | L  | E  |    |    |    |    |
| Rank/Branch | C | A | P | T | A | I | N | U | S | A  | I  | R  | F  | O  | R  | C  | E  |    |    |    |    |    |    |    |    |
| War         | W | O | R | L | D | W | A | R | I | K  | O  | R  | E  | A  |    |    |    |    |    |    |    |    |    |    |    |
| Dates       | N | O | V | 1 | 9 | 1 | 9 | 1 | 6 |    |    |    |    |    | F  | E  | B  | 2  | 5  | 2  | 0  | 0  | 5  |    |    |
| Optional    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Optional    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

An optional Emblem of Belief (or, for CSA only, the Southern Cross of Honor) may be added to this marker.

Can be six lines of text with an emblem, or seven lines without an emblem.

### FLAT BRONZE MARKER

|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| Name        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Rank/Branch |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| War         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Dates       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Optional    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| Optional    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |

An optional Emblem of Belief (or, for CSA only, the Southern Cross of Honor) may be added to this marker.

Figure 2. Allowable Line Lengths on VA Headstones and Markers, as of May 2006.



# The First Congregational Church of Sonoma

[HOME](#) | [ABOUT](#) | [ACTIVITIES](#) | [HISTORY](#) | [MINISTER'S WELCOME](#) | [CALENDAR OF EVENTS](#) | [CONTACT](#)

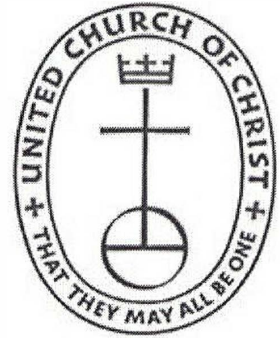
## EMBLEM OF THE UNITED CHURCH OF CHRIST

The emblem of the United Church of Christ is based on the ancient Christian symbol known as the Cross of Victory or the Cross Triumphant.

Traditionally this symbol - the Cross surmounted by crown and all of it atop the orb - signifies the kingship of the Risen Christ over all the world. The orb representing the world is divided into three parts to signify Jesus' command to his disciples: *"You shall be witnesses in Jerusalem, in Judea and Samaria and to the ends of the earth."*

For the United Church of Christ, this emblem, rich in the traditions of the past and alive with hope for the future, is particularly appropriate. For this reason, there appears on the perimeter of the emblem, both the name of the church and the text:

*"That they may all be one."*



"That They  
May All Be  
One"

[United Church  
of Christ](#)

[United Church  
of Christ,  
Northern  
California  
Nevada  
Conference](#)

252 West Spain Street, Sonoma, CA 95476 • 707.996.1328 • Fax: 707.996.7522  
E-mail: [contact@sonomacongregational.org](mailto:contact@sonomacongregational.org) Website: <http://www.sonomacongregational.org>

# AUTHORIZED EMBLEMS (See block 12)



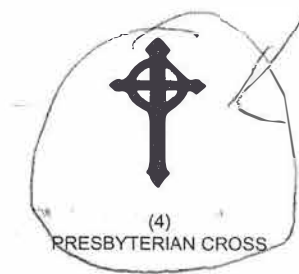
(1)  
CHRISTIAN



(2)  
BUDDHIST



(3)  
JUDAISM



(4)  
PRESBYTERIAN CROSS



(5)  
RUSSIAN ORTHODOX CROSS



(6)  
LUTHERAN CROSS



(7)  
EPISCOPAL CROSS



(8)  
UNITARIAN CHURCH  
FLAMING CHALICE



(9)  
UNITED METHODIST CHURCH



(10)  
AARONIC ORDER CHURCH



(11)  
MORMON-ANGEL MORONI



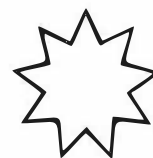
(12)  
NATIVE AMERICAN  
CHURCH OF AMERICA



(13)  
SERBIAN ORTHODOX



(14)  
GREEK CROSS



(15)  
BAHAI-9 POINT STAR



(16)  
ATHEIST



(17)  
MUSLIM-  
CRESCENT AND STAR



(18)  
HINDU



(19)  
KONKO-KYO FAITH



(20)  
COMMUNITY OF CHRIST



(21)  
SUFISM REORIENTED



(22)  
TENRIKYO CHURCH



(23)  
SEICHO-NO-IE



(24)  
THE CHURCH OF  
WORLD MESSIANITY (IZUNOME)



(25)  
UNITED CHURCH OF  
RELIGIOUS SCIENCE



(26)  
CHRISTIAN REFORMED  
CHURCH



(27)  
UNITED MORAVIAN CHURCH



(28)  
ECKANKAR



(29)  
CHRISTIAN CHURCH



(30)  
CHRISTIAN AND MISSIONARY  
ALLIANCE

NOTE: Not shown because of copyrights

(96) UNITED CHURCH OF CHRIST

(97) CHRISTIAN SCIENCE CROSS AND CROWN

(98) ISLAMIC 5 POINTED STAR

7-6-07

Joyce took marker. She  
will ship back.

Granite is in shop area  
behind postal box w/gas cans.

Family wants it set as foot stone.

mt

---

---

GLENWOOD CEMETERY

---

---

**To:** Bonnie  
**From:** Martha  
**Subject:** Menville Marker  
**Date:** August 10, 2007

---

---

Miguel Estrada told me this afternoon you are looking for the Menville marker (if I understood him correctly). The bronze marker that came from the VA had an error on it, and Joyce Hebert, the daughter, picked it up on July 6 to ship it back for correction. The granite slab that it will be attached to is in the shop area behind the postal box that holds the gas cans.

Mary Ann has a note with this information on her desk. However, I'm not sure she knows that the daughter wants the corrected marker set at the foot of the grave, instead of in front of the upright marker. They didn't want to disturb the little flower bed in front of the upright marker.

MP

## Martha Peterson

---

**From:** Martha Peterson  
**Sent:** Friday, August 31, 2007 4:18 PM  
**To:** 'Joyce Hebert'  
**Subject:** The VA Marker Is Set



IMG\_5277\_2\_1.JPG (157 KB)



IMG\_5278\_2\_2.JPG (141 KB)

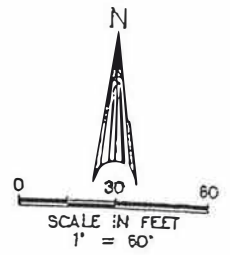
Joyce,

I've attached two photos. It was sunny and the shadows are too strong, but you can get an idea what it looks like until you can come and see it for yourself.

Best regards,

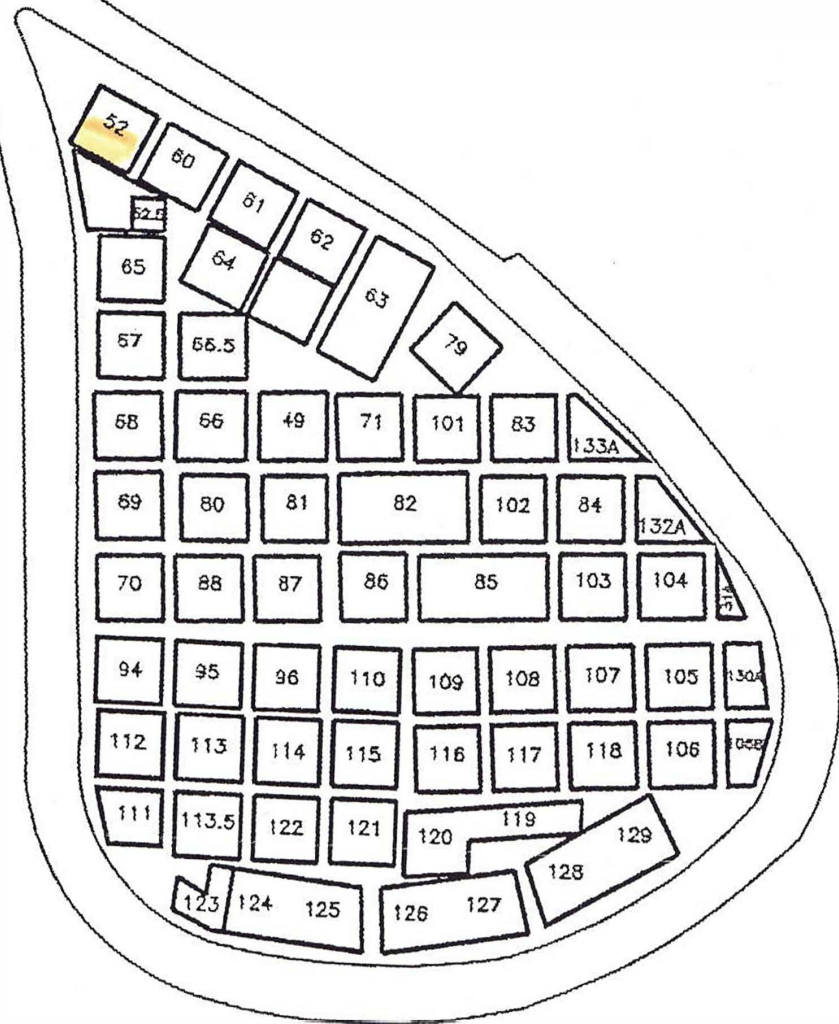
Martha





SECTION G-1

SECTION G-2



SECTION G-3

## Martha Peterson

---

**From:** Martha Peterson  
**Sent:** Thursday, October 11, 2007 10:51 AM  
**To:** 'Joyce Hebert'  
**Subject:** Sorry I Missed You

Joyce,

Mary Ann's message isn't entirely clear. She said a piece is missing and that you were taking the bottom of the marker. However, the bottom is still on the lot. Did you take the top?

The long saga of the repair hasn't reached its conclusion. When I could schedule our stone guys, they prepped the pieces by removing the old glue and trying to get as much flat contact as possible without altering the epitaph. After they did the best they could, they showed me that the edges along the break are so eroded that there would be a big ugly gap along the repair. They've done some wonderful work with pieces like this and I trust their skills. They asked me to get a special product that they will mix with ground marble scraps from the shop to match the color as close as they can to partially fill the gap. It will improve the appearance and produce a stronger bond. I've been on the trail of the stuff ever since. I finally located a source and it is on order, hopefully delivery next week.

Martha