

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME SIDDALL		FIRST NAME Margaret		MIDDLE INITIAL V.
NUMBER AND STREET South Main RYDXX3X		CITY OR TOWN Moravia	COUNTY OR PROVINCE Cayuga	STATE OR TERRITORY OF U. S. A., OR COUNTRY New York
EXPRESS OFFICE (Nearest railroad passenger station) Lehigh Valley		TELEGRAPH ADDRESS Moravia		TELEPHONE No. 51FX3

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR Rowland D Wade				
NUMBER AND STREET Main Street		CITY OR TOWN Moravia	COUNTY OR PROVINCE Cayuga	STATE OR TERRITORY OF U. S. A., OR COUNTRY New York
EXPRESS OFFICE (Nearest railroad passenger station) Lehigh Valley		TELEGRAPH ADDRESS Moravia		TELEPHONE No. 51

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME SIDDALL		FIRST NAME ALAN		MIDDLE INITIAL N.	RELATIONSHIP TO DECEASED Brother
NUMBER AND STREET 1624 West Genesee Street		CITY OR TOWN Syracuse		COUNTY OR PROVINCE Onondaga Co.	STATE OR TERRITORY OF U. S. A., OR COUNTRY New York

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.) MARKS OF IDENTIFICATION of deceased:

Compound fracture of left leg just below knee - 1934
Fracture of left wrist -1936, corners chipped off two, or more, upper
front teeth and one lower front tooth. initials E. Q. S. and Army ^{see} page 4

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Margaret Vogt Siddall ROUTE 3 (STREET AND NUMBER)
 (SIGNATURE OF NEXT OF KIN)
MARGARET VOGT SIDDALL MORAVIA, NEW YORK (CITY AND STATE)
 (NAME PRINTED OR TYPED)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31 day of October,

1947, at city (or town) of Moravia, county of Cayuga HAROLD A. BANKS State (or Territory or
 District) of New York NOTARY PUBLIC, State of New York
 Residence at time of Appointment, Cayuga Co.
 Official No. 372
 Commission Expires March 30, 1948

Harold A. Banks
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.

ADDITIONAL REMARKS AND INSTRUCTION

*Man
file*
All remarks and information entered here will be considered as part of the Notarial Attestation.

serial number tattooed on left upper arm.

had on his person a wallet containing our pictures, a card with his own
and my name and address.