DATE RECEIVED IN NING

NATIONAL ARCHIVES ORDER FOR COPIES OF VETERANS RECORDS

		INDICATE BELOW	THE TYPE OF FILE DESI	RED AND THE ME	THOD OF PAYM	ENT PREFERRED.	
	O BE SEARC one box only) ON						
	Y-LAND WAF e before 1856	RRANT APPLICATIO	r.				
X. MILITA	RY						
	REQUIRED N	MINIMUM IDENTIFIC	ATION OF VETERAN - MI	JST BE COMPLET	ED OR YOUR OF	RDER CANNOT BE S	ERVICED
3. VETERAN	(Give last, first, a	nd migidle names)			4. BRANCH OF SERV	VICE IN WHICH HE SERVED	
M	anlov	e, John			X ARMY	NAVY	MARINE CORPS
5. STATE FF	ndiano	1/	6. WAR IN WHICH, OR DATES	BETWEEN WHICH, HE	SERWED	7. IF SERVICE WAS CIVIL	WAR, CONFEDERATE
		PLEASE P	ROVIDE THE FOLLOWIN	G ADDITIONAL IN	FORMATION, IF	KNOWN	
8. UNIT IN W	HICH HE SERVE	D (Name of regiment or nun	nber, company, etc, name of ship)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARMY, ARM IN WHICH		If other, specify
				☐ INFANTRY	CAVALRY	ARTILLERY	, spoony
				Rank		10. KIND OF SERVICE	1
				OFFICER	☐ ENLISTED	VOLUNTEERS	REGULARS
11. PENSION	VBOUNTY-LAND F	FILE NO.	12. IF VETERAN LIVED IN A HO and State)	ME FOR SOLDIERS, GI	VE LOCATION (City	13. PLACE(S) VETERAN LI	VED AFTER SERVICE
14. DATE OF	BIRTH 15. P	LACE OF BIRTH (City, Cou	inty, State, etc.)	18. NAME OF WIDOW CLAIMANT	OR OTHER		
16. DATE OF	DEATH 17. P	LACE OF DEATH (City, Co	unty, State, etc.)				
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				DAJE SEAR	CHED	SEARCHER	
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ORDERED FROM THE **FILE IDENTIFIED** ABOVE.

> DO NOT SEND **ADDITIONAL** PAYMENT.

MANIOUP, 50HAN
OUD 36 INCHANA INF

To inquire about this order, please write to the address below or telephone 202-501-5170.

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION GENERAL REFERENCE BRANCH (NNRG-P) 7TH AND PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20408

BEAMPLETE HEE CAPPED

SEND TO:

Manlove, David E

Dublin, IN

47335

MAILROOM COPY - DO NOT DETACH

Deal Pation:
We have located a compiled military service record for a soldier
named Manlove, John , PH. who
named Manlove, John , PV+. who served in the Civil war in unit Co.D, 36 Ind. Inf
<u> </u>
He enlisted 9-22-1861 at Richmond and discharged
9-21-1864 at Indianapolis, Ind. He was born
About 1840 at Henry County, Ind. and died
at

An examination of the documents contained in this record indicates that it does not totally relate to the veteran you described on the attached NATF Form 80. However, if you wish to have the above file, fill out the enclosed NATF Form 80 and resubmit.

SEARCHER DATE

Textual Reference Division
General Reference Branch (NNRG-P)

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	diana Infantry.
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John Mandone_ a. h. 36. sand 1101 Dend-Quarters Co. D 86 & Beg't And Valo

ASSISTANT ADJUTANT GENERAL,

DEPARTMENT OF THE CUMBERLAND.

Appears on Regimental Descriptive Book of the regiment named above. DESCRIPTION. Age 24. years; height & feet inches. Complexion florid. Eyes hazle.; hair dark. Where born Menuy County Indiana. Occupation Blackanish. ENLISTMENT. When Sep 22., 186/. Where Richmond. By whoma Kinley; term 3 y'rs. Remarks:	John Manlove. Poly, Co. 2,36 Reg't Indiana Infantry. Appears on Returns as follows: July 1862 absent Prioneer nov. 17/62 Jee. 1863 a Prioneer loops Nov. 17/62 Jel. 1863 to July 164 absent detached Prioneer Corps Nov. 17/62	Pioneer Brigade, Army of the Cumberland. 36 July Dath, Co. U., Ponton Batt'n, Pioneer Brigade. Appears on Returns as follows: June 1864 Unant next in Horph Mathanooga J. Book mark:	Book
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<i>a</i>	Pioneer Brigade, Ponton Battalion.	Army of the Cumberland.
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fort,	m. (Manl	over
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NATIONAL ARCHIVES
ORDER FOR COPIES OF VETERANS RECORDS

INDICATE BELOW THE TYPE OF FILE DESIRED AND THE METHOD OF PAYMENT PREFERRED 1. FILE TO BE SEARCHED (Check one box only)

PENSION **BOUNTY-LAND WARRANT APPLICATION** (Service before 1856 only) MILITARY REQUIRED MINIMUM IDENTIFICATION OF VETERAN - MUST BE COMPLETED OR YOUR ORDER CANNOT BE SERVICED 3. VETERAN (Give last, first, and middle names 4. BRANCH OF SERVICE IN WHICH HE SERVED Manlove X ARMY NAVY MARINE CORPS John 5. STATE FROM WHICH HE SERVED 7. IF SERVICE WAS CIVIL WAR. 6. WAR IN WHICH, OR DATES BETWEEN WHICH, HE SERVED Indiana Civil War X UNION CONFEDERATE PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION, IF KNOWN 8. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc, name of ship) 9. IF SERVICE WAS ARMY, ARM IN WHICH HE SERVED If other, specify INFANTRY CAVALRY ARTILLERY 10. KIND OF SERVICE Rank OFFICER ☐ VOLUNTEERS ☐ REGULARS ENLISTED 13. PLACE(S) VETERAN LIVED AFTER SERVICE 11. PENSION/BOUNTY-LAND FILE NO. 12. IF VETERAN LIVED IN A HOME FOR SOLDIERS, GIVE LOCATION (City Sheriff at 14. DATE OF BIRTH 15. PLACE OF BIRTH (City, County, State, etc.) 18. NAME OF WIDOW OR OTHER Lawrence, Missouri CLAIMANT 16. DATE OF DEATH 17. PLACE OF DEATH (City, County, State, etc.) NATIONAL ARCHIVES TRUST FUND BOARD NATF. Form 80 (rev. 10-93)

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SEARCHER

SEARCHER

FILE DESIGNATION

MANIOUC, John

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NATIONAL ARCHIVES AND RECORDS ADMINISTRATION GENERAL REFERENCE BRANCH (NNRG-P) 7TH AND PENNSYLVANIA AVENUE NIW Civil War Division.
Harriet E. Manlove,
John Manlove,
D. 36, Indiana Inft. &
Unasd. 53 Indiana Inft.
Wid. Orig. 1104, 983.

State of missouri, County of Lawrence, SS.

Rinker, a Notary Public, within and for Lawrence County, Missouri, with office at Aurora, Missouri, hereby certify that I have examined the Old Family Bible, appearing to have belonged to Samuel Harvey (Whom I have every reason to believe was the father of Harriet E. Manlove, the claimant herein.); that said Bible appears to have been prented by the American Bible Society in New York in the year 1849; that the writing in said record appears to have been written a great many years ago; that there are no erasures; that the same appears beyond guestion to be the authentic

family record and that same is a perfectly reliable one, viz; -

Family Record.

Samuel Harvey and Margaret Walker was married May, 25, 1849.

Samuel Harvey, son of William and Sarah, was born September, 22. 1815.

Margaret, daughter of Issac and Mary Walker, was born May, 1st., 1817.

Issac William, son of Samuel and Margaret Harvey, was born February 22, 1843.

Sarah Ellen, daughter of Samuel and Margaret Harvey, was born July2, 1844.

Benjamen Franklin, son of Samuel and Margaret Harvey, was born September, 28th., 1845.

Harriet Elma, daughter of Samuel and Margaret Harvey, was born March, lo, 1847.

Mary Walker, daughter of Samuel and Margaret Harvey, was born May. 28, 1848.

Samuel Henry, son and Samuel and Margaret Harvey, was born April, 23, 1850.

Matilda Enna, daughter of Samuel and Margaret Harvey, was born November. 26, 1851.

Margaret Jane, daughter of Samuel and Margaret Harvey, was born August, 20, 1856.

Vandalena Myrtle, daughter of Samuel and Margaret Harvey, was born January, 29, 19159. Died in August, 1864.

I hereby certify that the foregoing is a true and correct

A

Civil War Divis n.

Harriet E. Manlove.

John Manlove.

D. 36 Indiana Inft and
Unsd. 53. Indiana Inft.

Wid . Original . 1104, 983.

Sold that I will be a superior of the same of the same

State of Missouri, County of Lawrence, SS.

I, Harriet E. Manlove, widow of John Manlove, of 36, indiana Inft, and 53 Indiana Inft. (Wid Orig. 1104,983.) hereby certify that I was born March, loth., 1847, near Richmond, Indiana, and lived with my aunt and uncle, Harriet Shinn and Henry Shinn, in the summers of 1850 and 1860, near Knightstown, Indiana, in Henry County; that the full names of my parents were "Samuel Harvey and Margaret fwelker) Harvey; that the names of my brothers and sisters were as follows;

"Isaac William, Sarah Ellen, Banjamen Franklin, Mary Wlaker, Sauek Henry, Matilda Enna, Margaret Jene, Vandalena Myrtle, ; that of these there were living in June, 1850, Isaac William, Sarah Ellen, Benjamen Franklin, Mary Walker and Samuel Heary; that there were living in June, 1860, Isaac William, Saral Ellen, Benjamen Franklin, Mary Wlaker, Samuel Henry, Margaret Jane, and Vandalena Myrtle"

× Harriet & Manlove

State of Missouri, County of Lawrence, SS.

Subscribed and sworn to before me this day of December, 1917, at my office in Aurora, Missouri. My term as Notary Public will expire

Notart Public within and for Lawrence County, Lissouri.

PEC 20

13. Is there an executor or administrator, or will application	on he made for appointment of any I	erson as administrator	- Land	
no. There will	be none. Decaased l	eft no estate	./	
14. Bid the deceased pensioner leave any money, real esta	ite, or personal property?	one		
15. If so, state the character and value of all such propert				
15. If 80, state the character and value of an addit property	/			
16. What was the assessed value (last assessment) of the r	real estate? none			
17. How was the pensioner's property disposed of?	aba === 07 == 0.000 0	lf at death a	and	
had long since consumed w	hat little she had f			
18. Did pensioner leave an unindorsed pension check? (A	Lnswer yes or no.) yes			
19. What was your relation to the deceased pensioner?	her son			
20. Are you married? (Answer yes or no.)	yes /			
'I What mee the cause of hengioner's death	age, worn out,			
22. When did the pensioner's last sickness begin?	our or five years pr	evious to des	ath	
23. From what date did the pensioner become so ill as t death? about five years previ			on constantly	
24. Give the name and post office address of each physicia	an who attended the pensioner during	g last sickness		
Dr. Smart, Aurora, Mo.,	Dr. Wm. Smith, Aur	ora, Mo. and		
Dr. Kelsey, Aurora, Mo.				
25. State the names of the persons by whom the pensione Miss Clara Manlove, Aurora,	110			
	/			
26. Where did the pensioner live during last sickness?				
27. Has there been paid, or will application be made for pa				
	State, county, or municipal corporation, or from the Social Security Board? (Answer yes or no			
28. Has there been or will there be an application filed in				
no.				
The following is a complete statement of all the exper-	nses of the last sickness and burial of	said deceased pension	er:	
(Each charge entered below should be supported by an itemized bill				nanded
and should show, over his signature, by whom paid, or who is held response rendered. If no charge was made for any item, that fact should be indicated	sible for payment, and contain the name of the			
NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	TUDOMA	,
	Physician			
	Medicine			
	Nursing and care			
William Wessell, Pierce City,	Burial	Paid	\$ 150.	00
Mo.,.	Undertaker			-
Aurora City, Aurora, Mo.	Cemetery Opening grave	Paid	7-	50
	Other expenses and their nature:			

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

	· see and the second se
	3
Also appeared	
	or himself, that they know the claimant herein and that their answers to
the following questions are true:	
1. Did pensioner (if a soldier or sailor) leave a widow or a min Pensioner was a	
2. When did the pensioner die? May 28-1940,	
3. Did pensioner leave any property? If so, state its characte	

	ity was that she had consumed what
	The pensioner was 93 years old at
death and had been alomst hel	pless for years. d
Name Church Lebuth	Name Harry Churchart
P. O. Address Musora Mics	P. O. Address Cultura MD
Subscribed and sworn to before me, this 13	
	ere fully made known and explained to the claimant and witnesses before
O'	osecution of this claim, and I further certify that the reputation for credi-
bility of the witnesses whose signatures appear above is.	
	CImm Diace
7. 01	Was (Signature)
[L. S.]	(Official character)
	(P-O. address)
	my Com Ex 6/7/44
	OF ATTENDING PHYSICIANS
Give pensioner's name in full Harriet E. Manlov	
	ars ago
Give date of pensioner's death May 28-1940.	
From what date did the pensioner require the regular and dail	y attendance of another person constantly until death?
informed as resident of same cit	y, that she required attendance for years.
During what period did you attend the pensioner? call	ed in at time of her death
State nature of disease from which pensioner died old	age ~
Give name of any other physician who attended the pensioner	in last sickness Dr. William Smith

Does your bill include a charge for all medicine furnished the	bill has been paid pensioner during last sickness?
Has your bill been paid; if so, by whom? Yes, by J	oe J. Manlove
Give the name of each person who acted as nurse, and mention	a any other facts within your knowledge which would be helpful in adjust-
	Manlove, with assistance of various
\	pensioner from time to time,1
1111111111	P) 1



The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother. and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides-

* * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such

2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.

3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.

4. Application for reimbursement should be accompanied by the following evidence:

(a) Bills of all expenses of last sickness and burial.—If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant to properly the detection. the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.

All claims should be presented in the name of one person.

Bills which are forwarded become a part of the records of the Veterans Administration and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.

(b) The pension certificate which was issued in the name of the pensioner.—If such certificate is not in possession of the

claimant a statement showing its whereabouts or final disposition should be made.

5. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested creditable witnesses who have personal knowledge of the facts. 15-503



RECEIVED OF

Xc 2675027

METERANS ADMINISTRATION Adjudication Form 5036 Rev. Dec. 1937

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

	ner left a widow or minor children under sixteen years of age
STATE OF Jasper Missouri	
COUNTY OF Jamper - 3	
On this 11th. day of September	A. D. 19.40, before me, the undersigned, personally appeared
Joe J. Manlove , sged	62 years, a resident of Joplin
County of Jasper M	issouri, who makes the following declaration as an
	rom the accrued pension for expenses paid (or obligation incurred) in the
	, widow, , who was a pensioner of the United States by certificate
No. 846-250 and who DIED May 28	HE NOTE 그는 그 1985년 NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE
	on certificate in possession of Miss
Clara Manlove, who is absent from That the answers to questions propounded below are ful	Missouri at present, complete, and truthful to the best of my knowledge, information, and
belief, and that no evidence necessary to a proper adjustment	of all claims against the accrued pension is suppressed or withheld.
1. What was the full name of the deceased pensioner?	arriet E. Manlove
2. In what capacity was decedent pensioned? (As soldier or widow of John Manlows Civil	sailor, or as a widow, minor child, dependent relative, etc.) war veteran Private Co., D. 36th.,
Indiana Infantry. 3. If decedent was pensioned as a soldier or sailor—	
(a) Was he ever married? (Answer yes or no.)	101 - 10 0
(b) How many times, and to whom?	J. f.
	0/4/6
	8 OT 110.)
(d) If so, is she still living? (Answer yes or no.)	
(e) If not living, give full names and dates of death of	fall wives
(g) If so, is the divorced wife still living? (Answer y	es or no.)(If living, a copy of the decree of divorce must
be filed.).	
(h) If not living, give her full name and the date of h	er death
4. Did pensioner leave a child under 16 years of age? (Answ	er yes or no.)no
	no
6. Were any sick or death benefits paid on pensioner's account	nt? (Answer yes or no.) If so, give name of society
	no
7. Was there insurance (life, accident, or health) in force on life	of pensioner at time of death? (Answer yes or no.)
	s carried and the amount in which each policy was written
none /	

Sentinel Printing Co., Indianapolis.

John Manlove	BE IT REMEMBERED, That heretofore, to-wit:
TO	on the 15 day of Nov. A. D. 1865
Harrist & Harvey	the following Marriage License was issued, to-wit:
STATE OF INDIANA, Her	COUNTY, ss:
TO ANY PERSON EMPOWERED BY	LAW TO SOLEMNIZE MARRIAGES:
You are hereby authori	ized to join together as HUSBAND AND WIFE,
John Maulovs	and Harrist & Harvey
according to the laws of the State of Indiana, and	
IN TESTIMONY WHEREOF,	, I Benj Shirk , Clerk of
a Offen	Circuit Court, hereunto subscribe my name
and affix the seat	of said Court, at Verwcastle, and
this 15°	The day of Nov. 1865
01063	
	Bery Shirk Clerk.
	3/24
BE 11 FURTHER REMEMBERED, 1 Rat &	afterwards, to-wit: on the 3/24 day
of Jarrans 18	66, the following Certificate of Marriage was filed in my
office to-wit:	
0//100, 10-4000.	
SMARIE OF INDIANA OF	A - COTTANTA
STATE OF INDIANA,	COUNTY, ss:
THIS CERTIFIES, That I joined	in Marriage as HUSBAND AND WIFE.
	and Harrist & Hawry
on the 21st day of Mov	
	Ma Gross Ministe
STATE OF INDIANA, Oxu	COUNTY, ss:
	4
1. Chad Eshulh	F
and for the County of Henry	, and State of Indiana, do hereby certify
the foresteins to be to be	
\cap \circ	of the Marriage License and Certificate of Marriage
Lina Manlovs	to Object & Black

Also personally appeared x of Stevenson, residing in	
Courora, mo, and J. True residing in	
Common Missourie, persons whom I certify to be respectable and entitled to credit,	-
and who, being by me duly sworn, say they were present and saw Harriet & Marshor	~
the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason	
to believe, from the appearance of said claimant and their acquaintance with her of years and	
years, respectively, that she is the identical person she represents herself to be; and that	
they have no interest in the prosecution of this claim.	
(Signatures of witnesses.)	7
and I hereby certify that the contents in the foregoing declaration, etc., were fully made known and	
explained to the applicant and witnesses before swearing, including the words	
erased, and the words	
∡ added,	
Signature: Official Character: Official Character	Jon
each helpless child; and all Acts or parts of Acts inconsistent with the provisions of this Act are hereby repealed: Provided, however, That this Act shall not be so construed as to reduce any pension under any Act, public or private. Sec. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late Civil War and who has been honorably discharged therefrom, has died or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his Army or Navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided, that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands if living would have a pensionable status under the Joint Resolutions of February inteenth, eighteen hundred and ninety-five, July first, nineteen hundred and two, and June twenty-eighth, nineteen day deed and six. Sec. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or train in such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the person allowed or due such pensioner or claimant under this Act shall be guilty of a midden and part of a pension or claim allowed or due such pensioner or claimant under this Act shall be guilty of a midden and payon conviction thereof shall for each and every such offense he first e	ed Const
only upon the order of the Commissioner of Pensions by the pension agent making payment of the person all on payous any person who shall violate any of the provisions of this section or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Accessful be guilty of a misdemeanor, and upon conviction thereof shall, for each and every such offense, be fined not exceeding the hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court. Approved, April 19, 1908.	ist of

same octany octany octany purifiled w to manfiled w to man

Act of A total 18 19de DECLARATION FOR WIDOW'S PENSICE. County of some State of Au A. D. one thousand nine hundred and dance personally appeared before me, a within and for the county and state aforesaid years, a resident of Commence, State of Museum, who, being duly sworn according to law, makes the following declaration in order to obtain pension under the provisions of the Act of Congress Approved, 201966 -That she is the widow of , under the name of on the 77 2, 1864, having served ninety days of and honorably discharged x more during the late civil war. That he also served .. Here give a complete statement of all other services if any.) That he was not in the military or naval service of the United States otherwise than as stated above. That she was married under the name of_ ; that there was no legal barrier to the marriage; that she had Juff ... been previously married; that the soldier had the been previously married on the as a prior marriage of either, the date and place of death or divorce of former consort on and that neither she nor said soldier married otherwise than is stated above. That the said soldier died that she was not divorced from him, and that she has not remarried since his death. That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:

That she has Heretofore applied for pension

War with Spain

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JOHN MANLOVE AURORA MO 709176

ACT MAY

Commissioner.

T.	
FOLD HERE. FG	No. 1. Date and place of birth? Answer April, 20th 1840; Wayne Twop Henry Co Indiana The name of organizations in which you served? Answer. Co. D., 36th And Auft Whatseyned 53rd Broleana Brife No. 2. What was your post office at enlistment? Answer. Answer Farrett 5 Manhow Harrief 5 Harvey No. 3. State your wife's full name and her maiden name. Answer Farrett 5 Manhow Harrief 5 Harvey No. 4. When, where, and by whom were you married? Answer November 21'1865; 4 Mules NorthWarf Mules towns. Manama by Den Joseph No. 5. Is there any official or church record of your marriage? Livings taken out at New Castle Andrew If so, where? Answer Attimits the Confinate was filed there by the Munister No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.
FOL	
	No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. Musumanus happens.
	No. 8. Are you now living with your wife, or has there been a separation? Answer. Grad. We are Swring to gether
HERE.	No. 9, State the names and dates of birth of all your children, living or dead. Answer. Four children all
FOLD	
-	Versa M. Manlow October 13, 1866

AIM FOR PENSION

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DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application.

State of Missouri SSS.	ansaketee
County of Lawrence	
On this 23 92 day of May A. D. one thousand nine hundred	
and Tivelve personally appear before me, a Justice of the fease within and for	
the county and state aforesaid John Manlove who, being duly sworn according	
to law, declares that he is / 2 _ years of age and a resident of Qurana	
County of Lawrence State of Onineauti; and that he is the identical person	
who was ENROLLED at Richmond Indiana under the name of John Manlow	
on the 22 nd day of deptember 1861 as a pleasete in	1
Company (D) 36 = Regiment of Indiana Infantry arollentus	
in the service of the United States in the Cival war, and was HONORABLY DIS-	
CHARGED at did dian spolio on the 21 day of September 1864	
That he also served 5 3 = Regiment of Indiana Infanty valentus 1963	Michago
May 1864-Ot Indianaplie Indiana by reason of Circular 1005-4 offe	
Jasper County English Missauri Horman Lawrence esunt Onissauri	iana
That he was care employed in the military or naval service of the United States otherwise than as stated	d
above. Height & feet Inches	S.
complexion ; color of eyes Hazel _; color of hair wank; that his occupation	0
was Alest Smith that he was born april 20 - 1840 at Henry County andis	na
That he is a pensioner under certificate No. 709176 That he has Oras applied	d
for pension under original No. 709179 That he makes this declaration for the purpose o	f
being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.	
That his post office address is Queraus County of Lawland State o	fr
meeaure - D.11	40
Autest: (1) Raise Inday 1912.	2 1
(2) F. C. Phillion OFFIC GO MM 11 runtove	000
Subscribed and sworn to before me this 23 day of May A. D., 1912 and	. 5
hereby certify that the contents of the above declaration etc., were fully made known and	A. La
explained to the applicant before swearing, included the words	20

on or inme to be
de having
the peace,
s' for genby law to
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cial seat,
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107

* XSI

DECLARATION FOR PENSION.

	THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.
	State of missouri
	County of Courses
	On this 15 day of Fely, A. D. one thousand nine hundred and Acous
	personally appeared before me, a statistical within and for the county
	and State aforesaid, John Manuelou, who, being duly sworn according to law,
	declares that he is gears of age, and a resident of the state of the s
	county of State of Historica; and that he is the
	identical person who was ENROLLED at 71 Charles under the name of
1	Brigary 100 2 36 1 See In July 1861
	(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
	in the winds in the first
	in the service of the United States, in the war, Clvil or Mexicon War and was HONORABLY DISCHARGED
	at day of the day of the 1864
	That he also served (Here: The complete statement of an other services, (any.)
-	13 - Just out of the 13 day 7
1	That he was not applicated in the military or will service of the White Street
,	That he was not employed in the military or paval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, feet inches;
	complexion, Marie color of eyes color of hair, what his occu-
	pation was a Blad Smith that he was born Cepril 20 12 18 40
	That his several places of residence since leaving the sewice have been as follows:
2	no Mudisin to Ind fragertes, and Law
1	Zence Co, Thus some to be per the possible.)
	That he isa pensioner. That he hasheretofore applied for pension Derty_
	410. 749.176_
	(If a pensioner the certificate attender only need be given. If not, give the number of the former application, if one was made.) That he makes this declaration for the purpose of being placed on the pension roll of the United States
	under the provisions of the act of February 6, 1907
	That his post-office address is MIS Densen county of Courses
	State of Manlove
	Attest: (1) A. F. Dorgangue (Claimant's signature in fuil.)
	(2) M.L.C/3 Ww
	Also personally appeared for Mangrove, residing in movement mo
	and Off Bost residing in Manual Hapersons whom I
	certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present
	to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their
	acquaintance with him of 40 years and years, respectively, that he is the identical person he
1	represents himself to be, and that they have no interest in the prosecution of this claim.
X	E. C. H. Ofference

3-402. partment of the Interior, BUREAU OF PENSIONS, Washington, D. C., January 15, 1898. SIR: In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below. Very respectfully, Commissioner. First. Are you married? If so, please state your wife's full name and her maiden name. Second. When, where, and by whom were you married? Third. What record of marriage exists? Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

ACT OF FEBRUARY 6, 1907.

Western Div. G. C. Ex'r.

Department of the Interior. BUREAU OF PENSIONS,

Washington, D. C. July 12, 1907.

The Adjutant General,

War Department:

For use in the claim indicated below, you are respectfully requested to furnish this Bureau with a full military history and personal description, including birth-place

and occupation, of

Toho, it is alleged, entered the service

Sept. 22, 1861 as a Vrivali in Co. D U6 Res't Ind. Inf. and was discharged Sept. 21, 186

WAR DEPARTMENT, THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

6 Reg't Inl

the records show the following:

and M. O. with Co Sept 21, 1864

and the rolls on file for that period do not show him absent without leave or in desertion, arcent as following

Washington, D. C.

(Commissioner of Pensions

Also personally appeared J NStocker, residing at Presce lity Mo
and of I king, residing at liere City Mo, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and
saw John Monlove the claimant, sign his name (or make his mark) to the
foregoing declaration; that they have every reason to believe from the appearance of said claimant and
their acquaintance with him for Zuv years and Jour years, respectively,
that he is the identical person he represents himself to be; and that they have no interest in the prosecution
of this claim.
(2) Signatures of witness.]
SWORN to and subscribed before me this 103 day of April , A. D. 189/,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant and witnesses before swearing, including
[L. S.] the words und official No V be is Commende with, erased
and the words, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.
My Com Expus James of Vance Nov 25th 1894 James of [Signature.]
Notary Public
[Official character.]
The Act of June 27, 1890, REQUIRES, in case of a soldier:
1. An honorable discharge (but the certificate peed not be filed pyless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vierous resits. (Dueed not have originated in the service.)
4. The rates under the act are graded from \$6 to \$13, proportioned to the degree of inability to carn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under
other laws, but he cannot draw more than one pension for the same period.
E 23 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2





Act of June 27, 1890.

A DECLARATION FOR INVALID PENSION.

A

Manlowe

To be executed before a Court of Record or some officer thereof having oustody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

11 : 10 . '
STATE OF MISSOULY
COUNTY OF Lowlines }
On this 10 day of April , A. D. one thousand eight hundred and ninety- one
personally appeared before me, a Natoly Public
within and for the county and State aforesaid, John Manlove
aged 51 years, a resident of the Gity of Perice City
county of Lawlence , State of Missour , who, being
duly sworn according to law, declares that he is the identical Jahn Manlowe
who was enrolled on the 2 nd day of September, 1861, Printe 6 2
36 Tlegt Juft Wals Indianna.
in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONOR-
ABLY DISCHARGED at Indionopolis, on the 21st day of Septembers
1864. That he is unable to earn a support by manual labor by
reason of being Chifflen in left arm & Sept foot & Rheumstein
That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief
permanent. That he has not applied for pension under application No.
That he is a pensioner under certificate No.
[If a peusioner, the Certificate number only need be given. If not, give the number of the
former application if one was made.]
That he makes this declaration for the purpose of being placed on the pension roll of the United States under
the provisions of the Act of June 27, 1890.
He hereby appoints W W FLEMMING, of WASHINGTON, D. C., his true and lawful attorney to
Time his rost-office Address is Pierce Cy
county of Lawrence State of Misse

3-1081

PENSIONER DROPPER

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Of the interior

JUL 10 1917, 191

Certificate No. 709/76

AUT OF MAY 11, 1918

Class

Pensioner I Im Manlove

Soldier

Service D- 36 Ind Inf

The Commissioner of Pensions.

Sir:

PLATE DESTROYED

I have the honor to report that the name of

the above-described pensioner who was last paid at \$30, to MAY 4 1917, 1

has this day been dropped from the roll be-

cause of death June 10-1917

7C9176 ACT MAN

Very respectfully,

Mik Lauflace Division

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

JUL 11 1917