

ABRAMS FRANK KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

07763

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	FRANK	ABRAMS	APR.	1919	5
2	LEASEL E.	ABRAMS	OCT.	1919	6
3	KATHRYN A.	ABRAMS	JULY	1938	7
4	DENNIS P.	ABRAMS	NOV.	1941	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

LEASEL ABRAMS
(Signature of applicant or authorized agent)

16-33916-1

MAY 25, 1943
(Date)

698051 DU

AIKEN OSCAR C KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
Gen. Del. LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

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DO NOT WRITE HERE

47266

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	OSCAR C.	AIKEN	4	1885	7.00
2	JAMES F.	AIKEN	11	1928	6
3					
4					

IF MORE SPACE IS NEEDED USE BACK OF CARD

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Oscar C. Aiken
(Signature of applicant or authorized agent)

16-33916-1

560357 DU

8/28/43
(Date)

Ameling

(Last name of head of family)

Liddie

(First name)

Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho.

(State)

(Mail address, number and street, R. F. D., box number, etc.)

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DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank1 **Liddie Ameling****Feb. 1875**

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697819**DU**

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Nell E Crocker (for Liddie Ameling)

(Signature of applicant or authorized agent)

16-33916-8

June 2, 1943
(Date)

<i>Ameling</i>	<i>Helma</i>		<i>Kendrick</i>
(Last name of head of family)	(First name)	(Initial)	(City or post office)
<i>Latok</i>		<i>Idaho</i>	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	
		(State)	

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DO NOT WRITE HERE

672082

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	<i>Helma Ameling</i>	<i>Jan.</i>	<i>1908</i>	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

392879 DX

7-12-44
(Date)

Helma Ameling
(Signature of applicant or authorized agent)

16-33916-1

(Last name of head of family)	Adair County	(First name)	MENDRICK
ANDERSEN	THERESA	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	IDAHO

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DO NOT WRITE HERE

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	THERESA ANDERSEN	12	1896	G
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697921 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Theresa Andersen

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Armitage
(Last name of head of family)Ross
(First name)D. Kendrick
(Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

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DO NOT WRITE HERE

0 4 0 1 3

dy

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Ross D. Armitage
2 Inez J. Armitage
3 Joyce A. Armitage
4 Jimmie L. Armitage

Oct. 1910 0
June 1917 1
Jan. 1937 2
June 1938 3

IF MORE SPACE IS NEEDED USE BACK OF CARD

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that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

698006

DU

June 8
(Date)Ross D. Armitage
(Signature of applicant or authorized agent)

16-33016-1

GANNETT CANTIS G KENDRICK
 (Last name of head of family) (First name) (Initial) (City or post office)
 (Mail address, number and street, R. F. D., box number, etc.) LATAH IDAHO (County) (State)

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DO NOT WRITE HERE

07723

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	CANTIS G. GANNETT	12	1889	2
2	MAUD A. ANNETT	2	1900	3
3	WAYNE B. ANNETT	5	1927	4
4	DONNA M. ANNETT	59	1924	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

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Cantis G. Gannett
 (Signature of applicant or authorized agent)

16-33916-1

697872

DU

5-24-43

(Date)

BABCOCK

(Last name of head of family)

WILBER

(First name)

O

(Initial)

KENDRICK

(City or post office)

R.F.D. NO. 2

(Mail address, number and street, R. F. D., box number, etc.)

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

426110

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WILBER. OWEN. BABCOCK

NOV

1876

8

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

861675

DU

W.O. Babcock

(Signature of applicant or authorized agent)

16-33916-1

(Date)

BAKER

(Last name of head of family)

JAMES

(First name)

B

(Initial)

KENDRICK

(City or post office)

KENDRICK

(Mail address, number and street, R. F. D., box number, etc.)

Tatah

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

06023

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 JAMES BAKER

4

1891

X

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697948

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

James B Baker

(Signature of applicant or authorized agent)

(Date)

16-33916-1

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	MILLIE M. ABRAMS	FEB.	1890	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Gerald D. Armitage	NOV.	1941	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	FRED. A. ARNETT	5	1930	6
6	FLOYD. A. ARNETT	4	1933	7
7	LARRY. L. ARNETT	12	1938	8
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Barclay, Harry, E Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Bx 155 LATAH Idaho.
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

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DO NOT WRITE HERE

4 2 0 6 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	HARRY, E. BARCLAY,	Jan 4	1887	6
2	Laurel, G. Barclay,	Sept 18	1892	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698029 DU

May 24-43
(Date)

Harry, E. Barclay
(Signature of applicant or authorized agent) 16-33916-1

BARTLETT LAURENCE A KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

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DO NOT WRITE HERE

2 7 9 2 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	BARTLETT, LAURENCE A.	Sept	1892	2
2	BARTLETT, ROSE E.	Aug	1893	3
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697891 DU

June 1. 43
(Date)

Mrs L.A. Bartlett
(Signature of applicant or authorized agent) 16-33916-1

Benscoter

(Last name of head of family)

Frank

(First name)

P.

(Initial)

Kendrick

(City or post office)

R.F.D. 1

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

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DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Frank P. Benscoter

Sept 1890

6

2 Jo W. Benscoter

Dec 1898

7

3 Ray P. Benscoter

June 1926

8

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697915

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 6

(Date)

Mrs. Jo W. Benscoter

(Signature of applicant or authorized agent)

16-33916-1

Benscoter Harry S Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

R 7 S
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

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DO NOT WRITE HERE

4 7 6 0 8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	HARRY S BENSOTER	7	1894	4
2	ELLA BENSOTER	10	1898	5
3	ROBERT S BENSOTER	1	1927	6
4	RICHARD L BENSOTER	1	1927	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697906 DU

June 8/43 Mr. Harry Benscoter
(Date) (Signature of applicant or authorized agent)

16-33916-1

BENS COTER WALTER PHENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

I LATAH Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

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DO NOT WRITE HERE

270579 CE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 JUDITH W BENS COTER Aug 14 1944
2
3
4

IF MORE SPACE IS NEEDED USE BACK OF CARD

560808 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs. W. Benscoter

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Benscoter

(Last name of head of family)

Walter

(First name)

R

(Initial)

Kendrick

(City or post office)

R.F.D. 1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

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1 4 3 6 3 00

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Walter R. Benscoter

Sep.

1898

0

2 Ullie E. Benscoter

July

1909

1

3 John S. Benscoter

Oct.

1927

2

4 Wilma J. Benscoter

Aug.

1929

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697935

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 5

(Date)

Mrs. Walter Benscoter

(Signature of applicant or authorized agent)

16-33916-1

Biddison

(Last name of head of family)

Charles

(First name)

A

(Initial)

Kendrick

(City or post office)

Box 104

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 5 7 0 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Charles A. Biddison

May

1889

0

2 Clara Biddison

Nov.

1888

1

3 Ruth G. Biddison

Nov.

1926

2

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

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57382 DW

6/8/43

(Date)

Charles A. Biddison

(Signature of applicant or authorized agent)

16-33916-1

BIGHAM

(Last name of head of family)

WALTER

(First name)

KENDRIK

(Initial)

(City or post office)

IDATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

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40831

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WALTER BIGHAM

SON 1892

2 Christina Bigham

July 1. 1897

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697914

DU

June 1

(Date)

WALTER BIGHAM

(Signature of applicant or authorized agent)

16-33916-1

BLANKENSHIP WINNIE KENBRICK
(Last name of head of family) (First name) (Initial) (City or post office)
(Mail address, number and street, R. F. D., box number, etc.) LATAH IDAHO
(County) (State)

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DO NOT WRITE HERE

05015

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 AUSTIN ROLLIN BLANKENSHIP

13

7

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697897 DU

(Signature of applicant or authorized agent)

(Date)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Mary B. Benscoter	OCT.	1930	4
6	Betty J. Benscoter	July	1932	5
7	Priscilla M. Benscoter	Jan.	1935	6
8	Nila C. Benscoter	Mar.	1939	7
9	Dorothy D. Benscoter	Aug	1942	8
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Blewett	Richard	L	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(County) (State)	

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Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Richard L Blewett	Sept. 3	1903	4
2	Esther M. Blewett	Oct 25	1920	5
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697789 DU

June 10, '43
(Date)

R. L. Blewett
(Signature of applicant or authorized agent)

<i>Blankenship</i>	<i>Minnie</i>	<i>Kendrick</i>
(Last name of head of family)	(First name)	(Initial) (City or post office)
		<i>Idaho</i>
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

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DO NOT WRITE HERE

<i>8</i>	<i>9</i>	<i>1</i>	<i>0</i>	<i>5</i>	
----------	----------	----------	----------	----------	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	<i>Minnie Blankenship</i>			
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

560440 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

BLANKENSHIP (Last name of head of family)	MINNIE (First name)	KENDRICK (Initial)	KENDRICK (City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		LATAH (County)	IDAHO (State)

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DO NOT WRITE HERE

2	9	2	7	3	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	MINNIE BLANKENSHIP	FEB	1895	7
2				
3				
4				

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560455 DU

Sept 23⁴⁴
(Date)

MINNIE BLANKENSHIP
(Signature of applicant or authorized agent)

Blewett
(Last name of head of family)

Richard
(First name)

L
(Initial)

Kendrick
(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

LoTah
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30286

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 William R Blewett

Sept 1942 9

2 Birth

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560662 DU

R. L. Blewett

(Signature of applicant or authorized agent)

10/30
(Date)

16-33916-1

BOWER

(Last name of head of family)

CHAS.

(First name)

J. KENDRICK

(Initial)

(City or post office)

R.F.D. # Box 32

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

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DO NOT WRITE HERE

1 2 7 1 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHAS. J. BOWER

NOV. 1873

2

2 ANNA BOWER

JUL 1890

3

3 CHAS. A. BOWER

APR. 1920

4

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697866

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 8-43

(Date)

Chas. J. Bower

(Signature of applicant or authorized agent)

16-33916-1

BRANSCOM

(Last name of head of family)

LEON

(First name)

V

(Initial)

KENDRICK

(City or post office)

KENDRICK

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

06023

• Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1 LEON V BRANSCOM

7

1900

5

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697947

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Leon Victor Branscom

(Signature of applicant or authorized agent)

(Date)

16-33916-1

16
Brocke George F Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Box no. 43 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE
3 4 0 6 0

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year Leave Blank

1	George F Brocke	Oct. 8	1904	0
2	Emma Brocke	Aug. 31	1913	1
3	George F Brocke Jr.	Aug. 22	1930	2
4	Morris Eugene Brocke	July 5	1931	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

698084 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 4, 1943 Mrs. George F. Brocke
(Date) (Signature of applicant or authorized agent) 16-33916-1

Brocke

(Last name of head of family)

Kenneth

(First name)

C

(Initial)

Kendrick

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23 993

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Kenneth E. Brocke	July	1928	5
2	LeRoy David Brocke	Feb.	1941	6
3	Julia Ann Brocke	April	1943	7
4	Lucille E. Brocke	Oct.	1918	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

698098

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Kenneth Brocke

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Brocke

(Last name of head of family)

Walter

(First name)

E

(Initial)

Kendrick

(City or post office)

Box 145

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 3 9 1 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Walter, E. Brocke.

July

1911

5

2 Jare. Brocke

Dec.

1913

6

3 Patricia F. Brocke

Nov.

1932

7

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697961

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1942

(Date)

Mrs Walter E. Brocke

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Darrel James Brock	May	25 1938	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Kenneth C. Brocke	May	1915	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Brown Ed none Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
P.O. Box 127 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 6 3 4 2

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	Ed none Brown	July	1904	1
2	Lula Maud Brown	Nov.	1906	2
3	Pearl Helen Brown	Sept	1926	3
4	Donald Edward Brown	Jan.	1928	4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ed Brown

(Signature of applicant or authorized agent)

(Date)

16-33916-1

BROWN. EMULUS. R KENDRICK.
(Last name of head of family) (First name) (Initial) (City or post office)
P.O. Box 53. LATAH. IDAHO.
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 3 0 6 2

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	EMULUS. R. BROWN.	OCT	1888	5
2	BESSIE. B. BROWN.	FEB	1897	6
3	THOMAS. H. BROWN.	JAN	1925	7
4	ETHEL. J. BROWN.	JUNE	1930	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9, 1934.

(Date)

Bessie. B. Brown.

(Signature of applicant or authorized agent)

16-33916-1

BURNS	ArL	Kendrick
(Last name of head of family)	(First name)	(Initial) (City or post office)
Rt. 1 Box 34	Latah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23 9 13

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 ArL BURNS	JUNE 10	1892	0
2 Cora Francis BURNS	Dec. 5	1892	1
3 Robert ArL BURNS	Dec. 13	1923	2
4 ELVA JEAN BURNS	May 11	1927	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697924 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2, 1943

(Date)

Mrs ArL Burns

(Signature of applicant or authorized agent)

16-33916-1

Butler

(Last name of head of family)

James

(First name)

R

(Initial)

Kendrick

(City or post office)

Latah

(County)

Ida.

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 0 3 3 6

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 James R. Butler

MAY 16 1905 3

2 Maude I. Butler

APR. 23 1912 4

3 Davida R. Butler

MAR. 10 1934 1

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697814

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3rd

(Date)

JAMES R BUTLER

(Signature of applicant or authorized agent)

16-33916-1

Byrne	Mary C	Kendrick
(Last name of head of family)	(First name)	(Initial)
		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Mary C Byrne	May	1878	9
2	Agnes E Byrne	July	1869	70
3				
4	Mary F Byrne	December	1897	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

698003

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mary C. Byrne.

(Signature of applicant or authorized agent)

(Date)

16-33916-1

CAIN

(Last name of head of family)

ROBERT

(First name)

W

(Initial)

KENDRICK

(City or post office)

1

LATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ROBERT W. CAIN

OCT. 1883

8

2 ADA LEONA CAIN

MARCH 1894

9

3 RITA M. CAIN

MAY 1930

80

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697894

DU

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

JUNE 9 1943

(Date)

Robert W. Cain

(Signature of applicant or authorized agent)

16-33916-1

Callison Maile Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Pontata Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

354483

CE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

2

3

4

Robert Maile Callison Nov 9 1944

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

158306 DX

Maile Callison
(Signature of applicant or authorized agent)

16-33916-1

CALLISON

(Last name of head of family)

NORLA

(First name)

S

(Initial)

KENDRICK

(City or post office)

RFD #1

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

07985 04

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

1 NORLA S. CALLISON

2 MABEL G. CALLISON

3 NANCY Lee CALLISON

4

DATE OF BIRTH

Month

Year

Leave
Blank

MAY 1903

JAN. 1907

SEPT. 1936

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697905

DU

JUNE 10 43

(Date)

MABEL G. CALLISON

(Signature of applicant or authorized agent)

16-33916-1

Candler

(Last name of head of family)

Matilda

(First name)

C

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

37004

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Matilda C. Candler

Sept. 1855

3

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622885

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/4/43

(Date)

Matilda C. Candler

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Kathryn May Brown	Aug.	1930	5
6	Kenneth Ray Brown	Aug.	1930	6
7	Violet Marie Brown	Sept.	1932	7
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	JERRY, L. BROWN,	SEP	1934	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Betty Jane Burns	Aug 15	1929	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Cann

(Last name of head of family)

ALFRED

(First name)

Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

2 3 2 2 2

DK

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ALFRED CANN

May 1902 2

2 Bertha M CANN

Oct 1904 3

3 Donald L CANN

May 1928 4

4 MARGARET E CANN

June 1930 5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697775

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3

(Date)

Mrs. ALFRED CANN

(Signature of applicant or authorized agent)

16-33916-1

CARDINAL

LEAH

KENDRICK

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Box 35
(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00051

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 MRS LEAH CARDINAL

August 1879

2

August 1879

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698087

DU

MAY 21 1934

(Date)

Mrs Leah Cardinal

(Signature of applicant or authorized agent)

16-33916-1

Cargill

(Last name of head of family)

John

(First name)

Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

19382

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 John Cargill

Oct.

1859

5

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

424803 DW

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

John Cargill

(Signature of applicant or authorized agent)

(Date)

16-33916-1

CASTER

(Last name of head of family)

FRANK

(First name)

KENDRICK

(Initial) (City or post office)

104 LAZAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 FRANK CASTER

1

'92

8

2 ANNA G CASTER

8

'66

9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698063

DU

Frank Caster

(Signature of applicant or authorized agent)

16-33916-1

(Date)

June 1, 1943

CHAMBERLAIN

(Last name of head of family)

CECIL

(First name)

C.

(Initial)

KENDRICK

(City or post office)

ROUTE 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 5 7 3 2

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	CECIL	G. CHAMBERLAIN	JUNE	1903	2
2	ELSIE	L. CHAMBERLAIN	APRIL	1907	3
3	CECIL	G. CHAMBERLAIN	JULY	1931	4
4					

IF MORE SPACE IS NEEDED USE BACK OF CARD

697864**DU**

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 1 - 1943

(Date)

MR. CECIL CHAMBERLAIN

(Signature of applicant or authorized agent)

16-33916-1

Christensen
(Last name of head of family)

Douglas
(First name)

A. Kendrick
(Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

Latah
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 8 7 2 3

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Irene S. Christensen

Feb.

1905

5

2 Douglas A. Christensen Jr

Mar.

1931

6

3 Charles C. Christensen

Jan.

1934

7

4 Vanica L. Christensen

July

1936

8

IF MORE SPACE IS NEEDED USE BACK OF CARD

698092

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 28, 1943
(Date)

D. Christensen
(Signature of applicant or authorized agent)

16-33916-1

OK
Christenson
~~CHRISTENSON~~

(Last name of head of family)

Douglas

(First name)

A.

(Initial)

Kendrick

(City or post office)

Nez Perce

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

9 3 5 2 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Douglas A. Christenson

Nov.

1903

4 dw

2

3

4

Replacement

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

545733 DU

11-1-43

(Date)

Douglas A. Christenson

(Signature of applicant or authorized agent)

16-33916-1

Clemenhausen

Adrienne

A

Kendrick

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Route 2

Latah

Idaho

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Adrienne A. Clemenhausen

May 12, 1877

2 Roy Richard Clemenhausen

Mar. 22, 1911

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697835

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943
(Date)

Adrienne A. Clemenhausen
(Signature of applicant or authorized agent)

16-33910-1

Clemenhausen

(Last name of head of family)

Grant

(First name)

L.

Kendrick

(Initial)

(City or post office)

Route 2

Latah

Idaho.

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 6 3 4 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Grant L. Clemenhausen	Oct. 8, 1901	6
2	Huldah Cecelia Clemenhausen	May 6, 1910	7
3	Doris Jean Clemenhausen	Sept. 7, 1929	8
4	Buddy Roger Clemenhausen	Sept. 30, 1933	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

697859 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Dorothy M. Cann	Nov	1933	6
6	Alice M. Cann	March	1940	7
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	James R. Christensen	Nov.	1938	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Monty Lee Clemenhagen	Sept.	20, 1937	20
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

CLEMENHAGEN JOSEPH E KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

KENDRICK, RED 2 LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 3 2 2 2  DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	CLEMENHAGEN, E. JOSEPH	10	SEPT	1898	8
2	CLEMENHAGEN, L. ANNIE	27	FEB	1904	9
3	CLEMENHAGEN, A. FERN	25	AUG	1925	30
4	CLEMENHAGEN, D. MAX	20	JULY	1938	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

697856

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 2

(Date)

CLEMENHAGEN, E. JOSEPH

(Signature of applicant or authorized agent)

16-33916-1

CLEMENhagen Robert H KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) LATAH IDAHO
(County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 07 91

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Robert H. CLEMENhagen	AUG	1896	2
2	BLANCHE M CLEMENhagen	DEC	1898	3
3	LORRAINE J. CLEMENhagen	MAY	1937	4
4	ALBERT J. CLEMENhagen	NOV	1935	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697870

DU

5/27/43
(Date)

Robt H. Clemenhagen
(Signature of applicant or authorized agent)

COMSTOCK

(Last name of head of family)

IDA

(First name)

M KENDRICK

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 7 4 8 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 IDA M COMSTOCK.

DEC. 1858

8

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

861674

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

W. D. Babcock

(Date)

(Signature of applicant or authorized agent)

16-33916-1

COOK

(Last name of head of family)

WALTER

(First name)

A KENDRICK

(Initial)

(City or post office)

STAR ROUTE

(Mail address, number and street, R. F. D., box number, etc.)

NEZ PERCE

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

33913

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WALTER A. COOK

10

,93

0

2 EMMA COOK

8

,72

1

3 ELLEN W. ERICKSON

12

,77

2

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697974 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2, 1943
(Date)

Walter A. Cook

(Signature of applicant or authorized agent)

16-33916-1

Corkill
(Last name of head of family)

Louis
(First name)

W Kendrick
(Initial) (City or post office)

Rural
(Mail address, number and street, R. F. D., box number, etc.)

Nez Perce
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30792

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Louis W. Corkill	Jan. 18	1909	0
2	Margaret A. Corkill	March 4	1915	1
3	Margaret P. Corkill	May 7	1941	2
4	Louis E. Corkill	Sep. 18	1939	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

698002 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 29-43 Louis Wilbur Corkill
(Date) (Signature of applicant or authorized agent)

16-33916-1

Cox

(Last name of head of family)

Carl

(First name)

H. Kendrick

(Initial)

(City or post office)

R.F.D. #2

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00308

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Carl H. Cox

April 1904

5

2 AGNES M. Cox

Jan. 1910

6

3 DELOYES J. Cox

Jan. 1934

7

4 DORATHY H. Cox

Nov. 1935

8

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697892

DU

May 29-43

(Date)

AGNES M. Cox

(Signature of applicant or authorized agent)

16-33916-1

Cox	Lelia		
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latah		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

15183

Dy

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Lelia Cox	Aug.	1865	5
2	Andrew "	Dec.	1902	6
3	Minnie "	Dec.	1905	7
4	Andrew " Jr.	Aug.	1930	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs Lelia Cox
(Signature of applicant or authorized agent)

16-33916-1

697920

DU

(Date)

CRAIG

(Last name of head of family)

CLAUDE

(First name)

KENDRICK

(Initial)

(City or post office)

LATAN

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

27929

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

CLAUDE CRAIG

10

1879

4

2

EMMA CRAIG

5

1884

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698050

DU

5/28/43

(Date)

Claude Craig

(Signature of applicant or authorized agent)

16-33016-1

CRAIG

(Last name of head of family)

ROY

(First name)

W

(Initial)

KENDRICK

(City or post office)

STAR ROUTE NE3 PERCE IDAHO

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 3 7 3 3

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 ROY W. CRAIG
2 RUBY S. CRAIG
3 PAIGE J. CRAIG
4

DATE OF BIRTH

Month

Year

Leave
Blank

JAN. 1903 3
DEC. 1913 4
MAY 1940 5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

Ruby S. Craig

(Signature of applicant or authorized agent)

16-33916-1

697997 DU

May 27, 1943
(Date)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	CLEMEN HAGEN, Q. BRUCE	MAY	24 1941	2
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Camille	Apr	1932	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

CRIDLEBAUGH	GERALD	F.	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
STAR ROUTE	NEZ PERCE	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	GERALD F. CRIDLEBAUGH	11	'03	3
2	LOUISE E. CRIDLEBAUGH	8	'13	4
3	JEANETTE L. CRIDLEBAUGH	7	'37	5
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697968 DU

June 1, 1943

(Date)

G. F. Cridlebaugh

(Signature of applicant or authorized agent)

16-33916-1

CROCKER	FRANK	D	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
114	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	FRANK D. CROCKER	DEC.	1870	8
2	JESSIE C. CROCKER	SEPT.	1878	9
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698057 DU

6-1-43

(Date)

Frank D. Crocker

(Signature of applicant or authorized agent)

16-33916-1

Crocker

Fred

D

Kendrick

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Latah

Idaho

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 7 9 2 6

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Fred D. Crocker

Apr. 1872

0

2 Lula L. Crocker

Mar. 1880

1

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697959 DU
May 25Th. 43.

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Fred L. Crocker

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Crocker

(Last name of head of family)

Lester

(First name)

D.

(Initial)

Kendrick,

(City or post office)

Latah,

(County)

Idaho.

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2	3	2	2	1	
---	---	---	---	---	--

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank1 Lester D. Crocker

Sept. 1899. 7

2 Nell G. Crocker

Nov. 1904. 8

3 Eula J. Crocker

April 1927. 9

4 Dan E. Crocker

Dec. 1931. 20

IF MORE SPACE IS NEEDED USE BACK OF CARD

698047

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Nell G. Crocker ^{for} *(Lester D. Crocker)*

(Signature of applicant or authorized agent)


(Date)

16-33916-1

Curtiss	Frank	S	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

9 | 3 | 2 | 2 | 5 |  DW.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Frank S Curtiss	Aug	1877	6
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Frank S Curtiss

(Signature of applicant or authorized agent)

16-33916-1

560686 DU

11-4-'43
(Date)

Dagefoerde Paul H Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Star Route Nez Perce Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23991

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Paul H. Dagefoerde	July	1908	5
2	Gertrude E. Dagefoerde	Feb.	1914	6
3	Norma Lee Dagefoerde	May	1936	7
4	Nina Irene Dagefoerde	May	1938	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

697999 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943
(Date)

Paul H. Dagefoerde
(Signature of applicant or authorized agent)

Dammarell

(Last name of head of family)

Edgar

(First name)

M

(Initial)

Kendrick

(City or post office)

Latah

(County)

Ida

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 8 7 3 8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Edgar M Dammarell

Dec 1907

1

2 Olive L "

June 1907

2

3 Donald R "

Dec 1926

3

4 Dorothy M "

Aug 1928

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698065

DU

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

Olive Dammarell

(Signature of applicant or authorized agent)

16-33916-1

(Date)

June 1943

Daugherty	Clyde	H	Kendrick,
(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		Latah	Idaho.
		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Clyde H. Daugherty	Jan.	1893	1
2	Edna O. Daugherty	Aug.	1896	2
3	Clyde Daugherty Jr.	Feb	1926	3
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697825 DU

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Davidson Clizzord H Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Box 172 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

27925

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
Nov.	1893	4
Oct.	1896	5

1 Clizzord H. Davidson
2 Susan C. Davidson
3
4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698017 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 29-43
(Date)

Clifford H Davidson
(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	David F. Crocker	Aug.	1934.	/
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Paul H. Jr. Dageforde	Dec	1940	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE			DATE OF BIRTH		Leave Blank
			Month	Year	
5	FRANK C	Don MARELL	Apr.	1930	8-29
6	MAXINE J	"	July	1931	6
7	Max E	"	July	1931	8-8
8	FRANCES C	"	Nov	1931	8-1
9	Edgar E	"	May	1939	8-8
10					
11					
12					

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Davis	Ernest	M	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box #24	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Ernest M. Davis	April	1892	2 Dy
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ernest M. Davis
(Signature of applicant or authorized agent)

698094 DU
May 25, '43
(Date)

16-33916-1

Davis	John	B.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R.F.D. 1, Box 2	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	John B. Davis	July	1879	0
2	Jessie H. Davis	Dec	1884	1 Dy
3	Verner B. Davis	Dec	1911	2
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697893 DU
June 4, 1943
(Date)

Jessie H. Davis
(Signature of applicant or authorized agent)

16-33916-1

DEETER

(Last name of head of family)

NELLIE

(First name)

W

(Initial)

KENDRICK

(City or post office)

BOX 764

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2/8/85/1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 NELLIE W. DEETER

AUG 1979

2

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698023 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943

(Date)

Nellie W. Deeter

(Signature of applicant or authorized agent)

16-33916-1

De Haven

(Last name of head of family)

John

(First name)

✓ Hendrick

(Initial)

(City or post office)

R.F.D. # no 2

(Mail address, number and street, R. F. D., box number, etc.)

Nezperce

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 | 1 | 7 | 1 | 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 John ✓ De Haven

Nov. 1885

7

2 Pearl ✓ De Haven

Oct. 1890

8

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697821

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

John De Haven

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Deobald

(Last name of head of family)

Edwin

(First name)

A.

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

2/3/38/8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 Edwin A. Deobald

2 Anna B. Deobald

3 Charles E. Deobald

4 Theodore L. Deobald

DATE OF BIRTH

Month

Year

Leave
Blank

6/30

1894

2

12/21

1898

3

1/14

1925

4

9/10

1926

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

698034

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 10 - 43

(Date)

Mrs. E. A. Deobald

(Signature of applicant or authorized agent)

16-33916-1

Deobald

(Last name of head of family)

Mary

(First name)

A.

Kendrick

(Initial)

(City or post office)

Route #1, Box 8

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25220

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Mary A. Deobald

Oct. 1863

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697903

DU

6/8/43

(Date)

Mary A. Deobald

(Signature of applicant or authorized agent)

16-33916-1

Deobald
(Last name of head of family)

William
(First name)

B
(Initial)

Kendrick
(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20986

04

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 William B. Deobald

Feb. 1896

1

2 Elsie A. Deobald

June 1901

2

3 Eloise L. Deobald

May 1925

3

4 Gabriella M. Deobald

Aug. 1928

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698086

DU

June 9, 1943
(Date)

William Bryan Deobald
(Signature of applicant or authorized agent)

16-33916-1

Diehl	James	N.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	James N. Diehl	July	1901	8
2	James M. Diehl	June	1935	9
3	Blanche M. Diehl	Dec.	1931	0
4	Josephine R. Diehl	Sept.	1912	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

James N. Diehl

(Signature of applicant or authorized agent)

16-33916-1

697938

DU

6-1-43

(Date)

<u>Easterbrooks</u> (Last name of head of family)	<u>Raymond</u> (First name)	<u>H.</u> (Initial)	<u>Kendrick</u> (City or post office)
<u>(Mail address, number and street, R. F. D., box number, etc.)</u>		<u>Latah</u> (County)	<u>Idaho</u> (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DATE OF BIRTH		Leave Blank
		Month	Year	
1	RAYMOND N. EASTERBROOKS	Oct 1	1902	7
2	BONNIE I. EASTERBROOKS	Dec 29	1904	8
3	CHARLES E. EASTERBROOKS	June 25	1928	9
4	RAYMOND H. EASTERBROOKS	Nov 17	1929	10

IF MORE SPACE IS NEEDED USE BACK OF CARD

645397 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 8 1943
(Date)

Bonnie I. Easterbrooks
(Signature of applicant or authorized agent)

16-33916-1

DO NOT WRITE IN THESE SPACES

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	John A. Deobald	3/15	1930	6
6	Lewis B. Keene	4/24	1919	7
7	Annabel D. Keene	9/8	1923	8
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Bonnie G. Diehl	Jan.	1943	
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON
NOT LISTED ON OTHER SIDE

DATE OF BIRTH

Month

Year

Leave
Blank

5	VERNA M. EASTERBROOKS	Sept 10	1931	1
6	JACK R. EASTERBROOKS	April 24	1988	2
7	EENE C. EASTERBROOKS	April 24	1938	3
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Eckman

(Last name of head of family)

Wloyd

(First name)

(Initial)

(City or post office)

Kendrick

(Mail address, number and street, R. F. D., box number, etc.)

Idaho

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

693957 CV

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Linda Louise Eckman

Feb

1945

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Edna Eckman

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Book Certificate
560896 DU

ECKMAN

(Last name of head of family)

LLOYD

(First name)

B. KENDRICK

(Initial)

(City or post office)

LATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

20450

PY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 LLOYD B. ECKMAN

DEC. 6 1890

4

2 EDNA I. ECKMAN

MAY 31 1911

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698012

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 31.

(Date)

Edna Eckman

(Signature of applicant or authorized agent)

16-33916-1

EICHNER

(Last name of head of family)

HARLEY

(First name)

R

(Initial)

KENDRICK

(City or post office)

R.F.D. 1

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

29119

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 HARLEY R. EICHNER

JAN 11

19 12

0

2 JUANITA M. EICHNER

MAY 10

19 13

1

3 DONALD H. EICHNER

MARCH 9

19 33

2

4 HARLEY G. EICHNER JR.

SEPT. 5

19 31

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697900

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 4th

(Date)

Harley R. Eichner

(Signature of applicant or authorized agent)

16-33916-1

Eldridge Leonard E. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Box 33 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 3 7 3 8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Leonard Elmo Eldridge	April	1920	1
2	Marjorie Fay Eldridge	April	1921	2
3	Leonard Elmo Eldridge Jr.	JUNE	1941	3
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698089 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943
(Date)

L. E. Eldridge
(Signature of applicant or authorized agent)

16-33916-1

Eldridge	Leonard	E	Hendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 33	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

945	3	3	6	
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Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 David E. Eldridge

April 1944

2

3

4

Birth O.K. YW

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

392917 DX

May 15, 1944

(Date)

Mrs. Elmo Eldridge

(Signature of applicant or authorized agent)

16-33916-1

Elliott

(Last name of head of family)

Eugene

(First name)

Kendrick

(Initial)

(City or post office)

Kendrick Idaho²

(Mail address, number and street, R. F. D., box number, etc.)

Tatah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

05015

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Eugene Elliott

Nov 1865

6

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697883

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 28-

(Date)

Eugene Elliott

(Signature of applicant or authorized agent)

16-33916-1

ELLIS Jane Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Katah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

47131

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE NATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Mrs. Jane Ellis	Mar.	1864	0
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Beard Long
Ketter Genting
(Signature of applicant or authorized agent)

16-33916-1

560973 DU

4 U. G. 27-43 HERMARK.
(Date)

ENNETT JAMES W KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
P.O. 72 LATAH IDAHO
(Mail address, number and street, R. F. D. box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 5098

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	JAMES W. ENNETT	MARCH	1890	6
2	MARY A ENNETT	Aug	1891	2
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698073

DU

June 7, 1943
(Date)

J. W. Emmett
(Signature of applicant or authorized agent)

16-33916-1

EMMETT MARY C KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
Box 173 LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	MARY C. EMMETT	6	1863	8
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mary C Emmett
(Signature of applicant or authorized agent)

16-33910-1

697787 DU
6/9/43
(Date)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	HENRICK EICHNER	April 25	1853	4
6	Dottie J STANTON	Sept. 30	1888	5
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Enmett Roy W Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) (County) Idaho (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30790

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Roy W. Enmett	May	1913	0
2	Mervyn Enmett	Dec	1934	1
3	Gary Enmett	Aug.	1935	2
4	Inogene Enmett	Nov.	1919	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697836 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 4, 1943,
(Date)

Roy W. Enmett
(Signature of applicant or authorized agent)

(Last name of head of family)	(First name)	(Initial)	(City or post office)
-------------------------------	--------------	-----------	-----------------------

Estes	Ernest	Kendrick
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State) <i>Iowa</i>

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE				
2	9	6	4	0

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Ernest E. Estes	Sept	1912	4
2	Ellen Beth Estes	July	1935	5
3	Albert Lee Estes	Jan	1937	6
4	Robert Emory Estes	July	1941	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

548946 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

10-4-43

(Date)

Bertha M. Estes

(Signature of applicant or authorized agent)

16-33916-1

Etter

(Last name of head of family)

Marion

(First name)

N. Kendrick

(Initial)

(City or post office)

Kendrick Idaho Latah

(Mail address, number and street, R. F. D., box number, etc.)

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

29118

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Leave
Blank

	Month	Year	
1 Marion N. Etter	JAN. 20	1911	4
2 Tillie E. Etter	OCT. 24	1918	5
3 Carol J. Etter	MAR. 28	1937	6
4 MARION N. J. Etter	MAR. 16	1939	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

622852 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

EVERINGHAM ERNEST R KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

Box 81 LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 5 2 7 0 0

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	ERNEST R. EVERINGHAM	OCT	1907	0
2	MILDRED E. EVERINGHAM	APR.	1915	1
3	MILDRED E. EVERINGHAM	AUG.	1935	2
4	PATRICIA C. EVERINGHAM	MAR	1939	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

698068 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 5, 1943
(Date)

Mildred E. Everingham
(Signature of applicant or authorized agent)

16-33910-1

<i>Fairfield</i>	<i>Edith</i>		<i>Hendrick</i>
(Last name of head of family)	(First name)	(Initial)	(City or post office)
<i>R 7 10 # 2</i>			<i>Idaho</i>
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

7 4 1 1 5

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	MRS. EDITH FAIRFIELD	Sept	1906	0
2	Erma CAROL FAIRFIELD	DEC	1930	1
3	DONALD FRANK FAIRFIELD	APRIL	1934	2
4	Ernest FREDRICK Bean	May	1900	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697847 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 22, 1943 *Mrs. EDITH FAIRFIELD*

(Date)

(Signature of applicant or authorized agent)

16-33916-1

FAIRFIELD

(Last name of head of family)

HARVEY

(First name)

O

(Initial)

KENDRICK

(City or post office)

KENDRICK.

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

21719

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 HARVEY. O. FAIRFIELD

DEC 1893

2 ADA FAIRFIELD

JAN 1902

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697844

DU

June 1.

(Date)

HARVEY FAIRFIELD

(Signature of applicant or authorized agent)

16-33916-1

FAIRFIELD

(Last name of head of family)

LEONARD

(First name)

H HENDRICK

(Initial)

(City or post office)

RURAL ROUTE 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

06137 DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	NEETA M FAIRFIELD	JAN	1898	7
2	LEONARD H FAIRFIELD	APR	1891	8
3	BURFORD R FAIRFIELD	MAR	1930	9
4	BYRON W NEEDHAM	APR	1872	0

IF MORE SPACE IS NEEDED USE BACK OF CARD

697849 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9, 1943. Mrs. L. H. Fairfield

(Date)

(Signature of applicant or authorized agent)

16-33910-1

Fairfield
(Last name of head of family)Roy
(First name)G. Kendrick
(Initial) (City or post office)Route # 2
(Mail address, number and street, R. F. D., box number, etc.)Latah
(County)Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

602277ex

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Roy G. Fairfield

Apr. 1919

2 ~~Berna Fairfield~~~~Mar 1924~~

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ray G. Fairfield
(Signature of applicant or authorized agent)

(Date)

16-33916-1

Has a book #4

Residence 6-21-45
323194 DX
shown

Farrington

(Last name of head of family)

Rose

(First name)

V

(Initial)

Kendrick

(City or post office)

Box 25

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

40829

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Rose Violet Farrington

6-13

1895

2 Evelyn Rena Farrington

8-17

1924

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697958

DU

June 1, 1943

(Date)

Rose Violet Farrington

(Signature of applicant or authorized agent)

16-33916-1

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Ernest William Esler	Oct. 11	-1939	8
6	Bertha Mary Esler	Feb. 25	-1919	9
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	GAROLD D. ETTER	JULY, 1	1941	8
6	GORDON L. ETTER	FEB. 13	1943	9
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	FREDRICK P. EVERINGHAM	AUG	1941	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

<i>Ferguson</i>	<i>Roy</i>	<i>R</i>	
(Last name of head of family)	(First name)	(Initial)	(City or post office)
<i>Hendrick, Edsals</i>			
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE				
<i>1</i>	<i>7</i>	<i>4</i>	<i>6</i>	<i>95</i>

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	<i>Sharon Kay Ferguson</i>	<i>Feb</i>	<i>1945</i>	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

870516 DW

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs Roy Ferguson

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Fonburg

(Last name of head of family)

James

(First name)

M

(Initial)

Kendrick

(City or post office)

R.F.D. 1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

11094

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 James M. Fonburg

Sep.

1876

4

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697917

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 5

(Date)

James M. Fonburg

(Signature of applicant or authorized agent)

16-33916-1

FOREST

(Last name of head of family)

Adolph

(First name)

S

(Initial)

HENDRICK

(City or post office)

R 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

15438

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Adolph S. FOREST

AUG 8 1893

5

2 OPAL B. FOREST

MAR 9 1911

6

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697857 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 8, 43

(Date)

Adolph Forest

(Signature of applicant or authorized agent)

16-33916-1

FOREST

(Last name of head of family)

EDWIN

(First name)

H.

(Initial)

KENDRICK

(City or post office)

R.F.D. 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 0 4 6 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	MRS. SIGRID FOREST	Aug.	1869	6
2	EDWIN H. FOREST	July	1903	7
3	BERTINA FOREST	Nov.	1897	8
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697840

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 8-'43, Edwin H. Forest.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

FOREST (Last name of head of family)	GABRIEL (First name)	H (Initial)	HEMERICK (City or post office)
R 2 (Mail address, number and street, R. F. D., box number, etc.)	LATAH (County)	IDAHO (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

04948

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Leave
Blank

	Month	Year	
1 GABRIEL H. FOREST	JUNE	1891	7
2 EMMA FOREST	DEC	1895	8
3 LOUELLA D. FOREST	APR	1930	9
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

697854 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 8, 43 GABRIEL H. FOREST
(Date) (Signature of applicant or authorized agent)

Foster

(Last name of head of family)

Ira

(First name)

E

(Initial)

Kendrick

(City or post office)

P.O.Box, 112

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho.

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Ira E. Foster

Dec.

1868

2

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ira E. Foster

(Signature of applicant or authorized agent)

16-33916-1

698059

DU

May 10th.

(Date)

Fraser David M Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

08389 y.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 David M. Fraser July 1849
2
3
4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

X David M. Fraser
(Signature of applicant or authorized agent)

16-33916-1

697784 DU

6-8-43
(Date)

FRASER

(Last name of head of family)

ELMER

(First name)

M KEANDRICK

(Initial)

(City or post office)

R.F.D. 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

01307

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ELMER M FRASER

2

2 ETHEL I FRASER

3

3 BERNICE I FRASER

4

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697858

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-8-43

(Date)

Elmer M Fraser

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Lois. M. Fey	July 20	1927	7
6	HARLAN. C. Fey	FEB 13	1930	8
7	Teddy. E. Fey	Apr. 30	1932	9
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Fraser
 (Last name of head of family)

Everett
 (First name)

W
 (Initial)

Kendrick
 (City or post office)

Latah
 (County)

Idaho
 (State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 77 6 3

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	Everett W. Fraser	Mar	1897	0
2	Eugenia Fraser	Oct.	1902	1
3	Wallace E. Fraser	Feb.	1923	2
4	Arthur E. Fraser	Mar	1925	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697950 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 26.43
 (Date)

Eugenia Fraser
 (Signature of applicant or authorized agent)

16-33916-1

(Last name of head of family)

(First name)

(Initial)

(City or post office)

FREYTAG

THEODORE C

KENDRICK

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00990

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 THEODORE C. FREYTAG
2 VINA V. FREYTAG

2 1908
9 1921

0
1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697791

DU

6/10/43

(Date)

Theodore C. Freytag

(Signature of applicant or authorized agent)

16-33916-1

FREYTAG WILLIAM KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

GEN DEL. LATAM IDAH.
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 7 9 2 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WILLIAM FREYTAG
2 OTTILIE FREYTAG
3
4

12/1857
5/1872

8
9

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697964 DU

(Date)

(Signature of applicant or authorized agent)

16-33916-1

<i>Fry</i> (Last name of head of family)	<i>Angus</i> (First name)	<i>W</i> (Initial)	<i>Kendrick</i> (City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		<i>Way Pierce</i> (County)	<i>Idaho</i> (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1	0	4	6	9	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	<i>ANGUS W. FRY</i>	<i>May</i>	<i>1896</i>	<i>0</i>
2	<i>BERTHA D. FRY</i>	<i>Dec</i>	<i>1899</i>	<i>1</i>
3	<i>WILLIAM T. FRY</i>	<i>May</i>	<i>1939</i>	<i>2</i>
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698009 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs Bertha D Fry
(Signature of applicant or authorized agent)

(Date)

16-63916-1

FRY	CLARENCE H	Kendrick
(Last name of head of family)	(First name)	(Initial) (City or post office)
Kendrick	Latah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

26923

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	FRANCES K. FRY	Mar 20	1893	6
2	NORMAN L. FRY	Mar 27	1929	7
3	NELLIE E. FRY	Nov 6	1930	8
4	CLARENCE H. FRY	Oct 19	1886	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

698040 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Clarence H. Fry

(Signature of applicant or authorized agent)

(Date)

16-33916-1

<i>Fry</i> (Last name of head of family)	<i>William</i> (First name)	<i>G.</i> (Initial)	<i>Kendrick</i> (City or post office)
<i>KENDRICK</i> (Mail address, number and street, R. F. D., box number, etc.)	<i>LATAH</i> (County)	<i>IDAHO</i> (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE					
<i>4</i>	<i>0</i>	<i>8</i>	<i>2</i>	<i>9</i>	<i>4</i>

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
<i>1 WILLIAM GEORGE FRY</i>	<i>JUNE</i>	<i>1912</i>	<i>2</i>
<i>2 MAXINE MABLE FRY</i>	<i>APRIL</i>	<i>1923</i>	<i>3</i>
<i>3</i>			
<i>4</i>			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698019 DU

May 22, 1943
(Date)

William Fry
(Signature of applicant or authorized agent)

Galloway	Eddie	J	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Rt 2			Idaho
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 0 3 3 6

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Eddie J. Galloway	Mar. 7	1897	6
2	Eddie D. Galloway	Mar. 29	1940	7
3	Clara M. Galloway	Mar. 4	1902	8
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697843 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Galloway	Henry	Kendrick
(Last name of head of family)	(First name)	(Initial)
Route 2	Saddle	Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Henry Galloway	March	14, 1905	9
2	Eula May Galloway	Feb.	3, 1911	40
3	Larry Henry Galloway	Nov	25, 1942	1
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697869

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3
(Date)

Henry Galloway
(Signature of applicant or authorized agent)

16-33916-1

CALLOWAY | JOHN. | KENDRICK
 (Last name of head of family) (First name) (Initial) (City or post office)
 KENDRICK R.F.D. 2 | Latoka | IDAHO
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 3063

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	JOHN CALLOWAY	Oct 23	1893	6
2	DUKE CALLOWAY	July 24	1898	7
3	ANDY CALLOWAY	Nov 6	1900	8
4	KATE CALLOWAY	Apr 3	1868	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

697871

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

6-33910-1

June 9 / 1943 John Galloway

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Robert Fraser	Nov	1926	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Gentry David F Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 5 7 3 3

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	David F. Gentry	Mar. 7 1879	5
2	Nancy E. Gentry	Dec. 3 1882	6
3	Dorothy M. Holt	Mar. 1908	7
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Dorothy M. Holt
(Signature of applicant or authorized agent)

16-33916-1

698093 DU

June 7, 1943
(Date)

Gentry Nettie Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

7 8 8 5 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH
Month Year

Leave
Blank

1	Nettie Gentry	Dec 18 1873	5
2			
3			
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697831 DU

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Gladden	Fred		Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R 22			Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DO NOT WRITE HERE		Leave Blank
	Month	Year	
1 FRED T. GLADDEN	3	0336	9
2 ELLA M. GLADDEN		June 8 1894	70
3 LEYDY T. GLADDEN		Oct 31 1934	1
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

697868 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date) _____ (Signature of applicant or authorized agent) _____

GLENN

(Last name of head of family)

JOHN

(First name)

B

(Initial)

Kendrick

(City or post office)

R.F.D.#1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 JOHN B. GLENN

March 1904 3

2 AGNES M. GLENN

Jan. 1912 4

3 JOANNE M. GLENN

Jan 1938 5

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697907

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 7, 1943
(Date)

Agnes M. Glenn
(Signature of applicant or authorized agent)

16-33916-1

GLENN	ROY	R	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATHA		IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	
		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 5 2 7 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	ROY R. GLENN	JAN	1903	0
2	MABEL E. GLENN	MAR	1906	2
3	ELIZABETH A. GLENN	July	1931	3
4	DOROTHY L. GLENN	July	1934	4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698020

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Roy R. Glenn

(Signature of applicant or authorized agent)

16-33916-1

June 7

(Date)

GLENN

(Last name of head of family)

ROY

(First name)

R.

(Initial)

KENDRICK

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

945333

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 SALLY VANE GLENN

March 1944

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

983519

DW

5-22-44

(Date)

Mabel E. Glenn

(Signature of applicant or authorized agent)

16-33916-1

Greenwood

(Last name of head of family)

Charles

(First name)

S. Kendrick

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25902

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Charles S. Greenwood

4

1905

2 Ida C. Greenwood

5

1904

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697896

DU

June 4, 1943

(Date)

Charles S. Greenwood

(Signature of applicant or authorized agent)

16-33916-1

GROSECLOSE

(Last name of head of family)

DALLAS

(First name)

KENDRICK

(Initial)

(City or post office)

R.F.D. #2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

07764

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	DALLAS GROSECLOSE	FEB.	1908	0
2	GRACE M. GROSECLOSE	APR.	1921	1
3	DAISY A. GROSECLOSE	FEB.	1939	2
4	EUGENE GROSECLOSE	JUNE	1940	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697824

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Dallas Groseclose

(Signature of applicant or authorized agent)

(Date)

16-33910-1

GROSECLOSE

(Last name of head of family)

DALLAS

(First name)

KENDRICK

(Initial)

(City or post office)

R.F.D. #2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHOO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

NANCY JOYCE

NOV. 1943

2

GROSECLOSE

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

70200

DX

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

March 6/44

(Date)

Grace Groseclose

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	BERNADINE M. GLENN	DEC.	1935	5
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	SHANNON F. G. ROSE	CLOSE	MAR. 1942	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

GUSTAFSON OSCAR C. KENDRICK
 (Last name of head of family) (First name) (Initial) (City or post office)
 2 LATAH IDAHO
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 GUSTAFSON C. OSCAR	July	1889	0
2 GUSTAFSON V. ELVIRA	June	1899	1
3 GUSTAFSON W. HERBERT	Jan	1922	2
4 GUSTAFSON B. ALICE	June	1925	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697863 DU
 The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9, 1943 (Date)
 Mrs. Elvira Gustafson (Signature of applicant or authorized agent)
 16-33916-1

Halseth Ed KENDRICK
 (Last name of head of family) (First name) (Initial) (City or post office)
 Latka Idaho
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 Ed Halseth	Nov	1894	4
2 Olga Halseth	Jan	1893	5
3 Betty Halseth	Feb	1926	6
4 Orville Halseth	Jan	1933	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

697877 DU
 The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ed Halseth (Signature of applicant or authorized agent)
 (Date)
 16-33916-1

Hammond

(Last name of head of family)

Everett

(First name)

L

(Initial)

Kendrick

(City or post office)

H2 R F0

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

03601

Dy

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Everett L. Hammond

aug. 1915

5

2 Elma F. Hammond

dec. 1915

6

3 Donald Wayne Hammond

Nov 1942

7

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697880

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 8 '43

(Date)

Mrs Everett L. Hammond

(Signature of applicant or authorized agent)

16-33916-1

Harris	Frank	G	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 103	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23992

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Frank	G	Harris	Jan	1900	5
2	Violet	L	Harris	Mar	1901	6
3	VILHA	L	Harris	Oct	1926	7
4	Richard	F	Harris	June	1929	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

698062

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 4.
(Date)

Mrs Frank G. Harris
(Signature of applicant or authorized agent)

16-33916-1

HARRISON (Last name of head of family)	ENOCH (First name)	Kendrick (Initial)	Idaho (City or post office)
Star Route (Mail address, number and street, R. F. D., box number, etc.)	LATAH (County)	Idaho (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 0 4 6 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	ENOCH HARRISON	Oct	1868	3
2	PAULINE F. HARRISON	Nov	1919	4
3	BOYD E. HARRISON	Oct	1925	5
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697995

DU

June 1943
(Date)

Enoch Harrison
(Signature of applicant or authorized agent)

16-33916-1

Hartung	Lela	M.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		Katah	Glaho
		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

945357

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Lela M. Hartung			
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Signature on application

392840 DX

June 7 44
(Date)

(Signature of applicant or authorized agent)

16-33916-1

Hartung

(Last name of head of family)

Walter

(First name)

Kendrick

(Initial)

(City or post office)

R 1. Kendrick Late

(Mail address, number and street, R. F. D., box number, etc.)

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

18875

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Walter C. Hartung

April 1908

2 Lucile E. Hartung

June 1909

3 Doris Lee Hartung

Nov 1940

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697782

DU

Walter E. Hartung

(Signature of applicant or authorized agent)

16-33916-1

June 5

(Date)

Havens

(Last name of head of family)

George

(First name)

E

(Initial)

Kendrick

(City or post office)

Route 1 Box 18

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

06854

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 George HAVENS

2 Martha HAVENS

3 IRA HAVENS

4 Theodore HAVENS

DATE OF BIRTH

Month

Year

Leave
Blank

Feb 23 1911 9

Sept 23 1911 50

Jan 27 1935 1

Nov 10 1936 2

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697913

DU

May 21

(Date)

George E. Havens

(Signature of applicant or authorized agent)

16-33916-1

HAVENS

(Last name of head of family)

IRA

(First name)

W

(Initial)

KENNEDY

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3/6/89/7

dy

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

MR 1 IRA W. HAVENS

2 MRS ELSIE HAVENS

3 MRS MARIE MILLS

4

3

4

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697949

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33910-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
	Month	Year	
GUSTAFSON E. LEONARD	Feb.	1936	4
6			
7			
8			
9			
10			
11			
12			

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Harold Halseth	May	1928	8
6	Gerald Halseth	" "	1928	9
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Jerry D. Harris	Sept	1933	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE			DATE OF BIRTH		Leave Blank
			Month	Year	
5	CHARLES	HAYENS	Nov 24	1938	3
6	RAYNER	HAYENS	Aug 24	1941	4
7					
8					
9					
10					
11					
12					

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

HEATH | John | J | KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

~~None~~ | LATAM | IDAHO.
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 | 2 | 4 | 0 | 0 | ☐ Dy

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	JOHN J. HEATH	AUG.	1893	4
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

859337 DU
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

John J. Heath
(Signature of applicant or authorized agent)

(Date)

16-33916-1

HECHT | HERMAN | A | KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

RFD No 2. | LATAM | IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 | 5 | 6 | 6 | 9 | ☐ Dy

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	HERMAN A HECHT.	May 6	1894	4
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697865 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

July 9, 1943, Herman A Hecht,
(Date) (Signature of applicant or authorized agent)

16-33916-1

HECHT

(Last name of head of family)

WILLIAM

(First name)

E

(Initial)

Kendrick

(City or post office)

R.F.D. No 2, Box 55

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

45136

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Mrs. Edith A. Hecht

Oct 28 1889

5

2 Miss V E L M A Hecht

Feb 7 1911

6

3 William E. Hecht

7

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697846

DU

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

June 9, 1943

(Date)

Mr W. E. Hecht

(Signature of applicant or authorized agent)

16-33916-1

Heffel

(Last name of head of family)

Jesse

(First name)

H

(Initial)

Kendrick

(City or post office)

Nez Perce

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

21602

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Jesse H. Heffel

2

'10

4

2 Gertrude H. Heffel

1

'12

5

3 Gerald S. Heffel

11

'38

6

4 Elaine J. Heffel

10

'40

7

IF MORE SPACE IS NEEDED USE BACK OF CARD

697945

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3, 1943

(Date)

Mrs. Jesse Heffel

(Signature of applicant or authorized agent)

16-33916-1

Heffel (Last name of head of family) Stewart (First name) J (Initial) Kendrick (City or post office)
 (Mail address, number and street, R. F. D., box number, etc.) Latah (County) Idaho (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25902 XXXX DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Stewart J. Heffel	12	1864	6
2	Dora B. Heffel	10	1870	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697946 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3, 1943 Stewart Heffel

(Date)

(Signature of applicant or authorized agent)

16-33916-1

HERRES	LOUIS	J	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
HENDRICK	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	LOUIS. J. HERRES	MAY	1877	6
2	LULU. M. HERRES	Feb.	1882	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698035 DU


MAY 26 (Date)

LULU-HERRES (Signature of applicant or authorized agent)

NIELLY Frank B Kendrick
 (Last name of head of family) (First name) (Initial) (City or post office)
 KENDRICK Satah IDOHIO
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2/8/85/1 

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1

Francis B. Hidy

7-10-1874

4

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA
 that he has authority to do so and that all statements in
 it are true. A false certification is a criminal offense.

Francis B. Hidy
 (Signature of applicant or authorized agent)

698054 DU

5-22-43

(Date)

16-33016-1

H I N R I C H S E W A L D K E N D R I C H
(Last name of head of family) (First name) (Initial) (City or post office)

Nez Perce Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 8 6 5 2

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	E W A L D, H I N R I C H S	9	1904	7
2	H E L E N, M. H I N R I C H S	5	1916	8
3	H E Y M A N, E. H I N R I C H S	1	1937	9
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698043 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Hoffman

(Last name of head of family)

Chas.

(First name)

Kendrick

(Initial)

(City or post office)

Kendrick St. Rte

(Mail address, number and street, R. F. D., box number, etc.)

New Perce

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 4 5 8 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 Chas. Hoffman
2 Lucille Hoffman
3 Donna Leo Hoffman
4

DATE OF BIRTH

Month

Year

Leave
Blank

July 1882 8
Mar. 1900 9
Oct. 1927 20

IF MORE SPACE IS NEEDED USE BACK OF CARD

697996

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 21, 1943

(Date)

Chas. Hoffman

(Signature of applicant or authorized agent)

16-33910-1

HOFFMAN JESSE Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Star Route NezPence Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	JESSE HOFFMAN	Nov.	1880	8
2	MABEL I. HOFFMAN	Sept.	1888	9
3	DWIGHT S. HOFFMAN	Aug	1916	30
4	BETTY R. HOFFMAN	Sept.	1923	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Dwight Hoffman
(Signature of applicant or authorized agent)

16-33916-1

697991 DU

June 4, 1943
(Date)

Holt Hardy Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1				
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Hardy Holt
(Signature of applicant or authorized agent)

16-33916-1

70131 DX

(Date)

Holt	Hardy		Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
		Satah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

9 7 9 1 8 8

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1				
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

70131

DX

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Hardy Holt

(Signature of applicant or authorized agent)

(Date)

16-33916-1

HOLT (Last name of head of family)	HARDY (First name)	KENDRICK (Initial)	IDAHO (City or post office)
LATAH (Mail address, number and street, R. F. D., box number, etc.)		IDAHO (County)	IDAHO (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0	0	3	0	5
---	---	---	---	---

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	HARDY HOLT	5	1902	7
2	MARY W. HOLT	3	1911	8
3	MARY J. HOLT	3	1922	9
4	JAMES H. HOLT	5	1934	60

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697963 DU

5/28/43
(Date)

Hardy Holt
(Signature of applicant or authorized agent)

Holt

(Last name of head of family)

James

(First name)

Kendrick

(Initial)

(City or post office)

Box 133

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

174687

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Carolyn Ann Holt

4

1945

2

3 to Dr.

4 from

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

870518 DW

James Holt

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Holt

(Last name of head of family)

William

(First name)

R. Kendrick

(Initial)

(City or post office)

Rt. 1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20887

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 William Raymond Holt

Aug. 1913

2

2 Flo Lelia Holt

Dec. 1917

3

3 Oreta Rae Holt

Dec. 1936

4

4 Howard Henderson Holt

Mar. 1938

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697899

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/6/43

(Date)

Mrs. Flo Lelia Holt

(Signature of applicant or authorized agent)

16-33916-1

Hudson	Ernie	I	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
			Ida.
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

602253 EX

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Boyd Charles Hudson			
2	birth certificate - 6-9-45 - D.B.			
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

323212 DX

6-9-45
(Date)

Ernie I Hudson
(Signature of applicant or authorized agent)

16-33916-1

<u>Hudson</u> (Last name of head of family)	<u>Raymond</u> (First name)	<u>E</u> (Initial)	<u>Bendrick</u> (City or post office)
<u>Latah</u> (County)		<u>Idaho</u> (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

<u>3</u>	<u>7</u>	<u>6</u>	<u>1</u>	<u>41</u>	
----------	----------	----------	----------	-----------	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	<u>David Raymond Hudson</u>	<u>Feb.</u>	<u>1944</u>	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

"70108"
March 20 **DX**

March 20
(Date)

Max Raymond E. Hudson
(Signature of applicant or authorized agent)

16-33916-1

Hudson Raymond E. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
(Mail address, number and street, R. F. D., box number, etc.) (County) Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

42063

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Raymond E. Hudson	Apr. 19	1919	2
2	Bernadine Hudson	Feb. 25	1923	3
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698015 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Bernadine Hudson

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Ingle

(Last name of head of family)

Gerald

(First name)

A

(Initial)

Kendrick

(City or post office)

R.F.D. II.

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 4 5 6 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Gerald A. Ingle

April 1910

2

2 Grace M. Ingle

Dec. 1909

3

3 DONALD L. Ingle

Sept. 1936

4

4 MARJORIE M Ingle

July 1939

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697873

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 20, 1943

(Date)

(Signature of applicant or authorized agent)

16-33916-1

INGLE Henry L Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
R. F. D. No 2 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 Henry L. Ingle	Sept	1877	4
2 Emeline Ingle	Oct	1883	5
3 Leonie Gail Ingle	Aug	1916	6
4 Jerry L Ingle	May	1925	7

697867 DU
June 6, 1943.
(Date)
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
Henry L. Ingle
(Signature of applicant or authorized agent) 16-33916-1

INGLE King D. KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
Kendrick, R. F. D. 2 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 King D. Ingle	Jan.	31 1892	2
2 Florence L. Ingle	May	15 1884	3
3			
4			

697841 DU
June 7, 1943
(Date)
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
King D. Ingle
(Signature of applicant or authorized agent) 16-33916-1

JANES ARTHUR E. KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
R F D No 1 LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 ARTHUR E. JANES	FEB	1873	8
2 EDITH MAE JANES	JULY	1884	9
3			
4			

697930 DU
5/26/43
(Date)
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
Arthur E. Janes
(Signature of applicant or authorized agent) 16-33916-1

Johns

(Last name of head of family)

ARTHUR

(First name)

W. KENDRICK

(Initial)

(City or post office)

Route 1

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

26924

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ARTHUR W. JOHNS

June 9 1907

40

2 RUTH A. JOHNS

Dec. 5. 1906

1

3 PHYLLIS L. JOHNS

Oct. 11 1928

2

4 DONALD R. JOHNS

JAN 23 1930

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697936

DU

June 2, 43

(Date)

Arthur W. Johns.

(Signature of applicant or authorized agent)

16-33916-1

Johnson
(Last name of head of family)

Herman
(First name)

V Kendrick
(Initial) (City or post office)

Star Route
(Mail address, number and street, R. F. D., box number, etc.)

Nez Perce
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 5 9 3 3

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Herman V. Johnson

Nov 6 1908

3

2 Mildred C. Johnson

Apr 31 1912

4

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697982

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 7th 1943
(Date)

Herman V. Johnson
(Signature of applicant or authorized agent)

16-33916-1

JOHNSON	Roy	S	MENDTICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATAH		IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	ROY S. JOHNSON	MARCH	1888	4
2	ZONA E. JOHNSON	MARCH	1902	5
3	ANITA T. JOHNSON	SEPT	1930	6
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698079 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 20/1943
(Date)

Mrs Roy S. Johnson
(Signature of applicant or authorized agent)

JOHNSTON

(Last name of head of family)

CLARENCE

(First name)

KEWICK

(Initial)

(City or post office)

R R 701

LATAH

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20451

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CLARENCE JOHNSTON

MAR 1886

0

2 VIOLA KATY JOHNSTON

APRIL 1881

1

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697898

DU

June 2. 1941

(Date)

Viola Katy Johnston

(Signature of applicant or authorized agent)

16-33910-1

<i>Jones</i>	<i>Albert</i>	<i>W</i>	<i>Kendrick</i>
(Last name of head of family)	(First name)	(Initial)	(City or post office)
<i>R 710 #2</i>			<i>Idaho</i>
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

			DATE OF BIRTH		Leave Blank
			Month	Year	
1	<i>Albert</i>	<i>W. Jones</i>	<i>Dec.</i>	<i>1873</i>	<i>7</i>
2	<i>Myrtle</i>	<i>J. Jones</i>	<i>Feb</i>	<i>1880</i>	<i>20</i>
3	<i>Bernard</i>	<i>H. Jones</i>	<i>Sept</i>	<i>1911</i>	<i>1</i>
4	<i>Ronald</i>	<i>R. Jones</i>	<i>Nov</i>	<i>1917</i>	<i>2</i>

IF MORE SPACE IS NEEDED USE BACK OF CARD

697879 **DU**

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

A. W. Jones

(Signature of applicant or authorized agent)

(Date)

16-33910-1

Jones

(Last name of head of family)

Claude

(First name)

W

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2	0	2	3	3	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Claude W. Jones

May

1906

6

2 Janice A. Jones

Nov.

1907

7

3 Roger C. Jones

March

1935

8

4 Lou H. Myers

June

1879

9

IF MORE SPACE IS NEEDED USE BACK OF CARD

697881

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Ray W. Jones	Oct	1919	3
6	Mary P. Jones	May	1925	4
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

JONES	DONALD	P	MENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATAH		IDAHO	
(County)		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

5845582V	
----------	--

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Donald P Jones	Mar	1921	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

158357 DX

June 4-43

(Date)

Donald P Jones

(Signature of applicant or authorized agent)

16-33916-1

JONES	ERNEST H	MENDRICK
(Last name of head of family)	(First name)	(Initial)
RF D # 2	LATH	IDAHO
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

00990	
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	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Ernest H. Jones	Oct.	1894	6
2	Mabel P. Jones	Oct.	1894	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697783 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 4-43

(Date)

E. H. Jones

(Signature of applicant or authorized agent)

16-33916-1

JONES	ERNEST	H	KENDRICK IDAHO
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R F D # 2	LATH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00990 PY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Leave
Blank

1	Ernest H. Jones
2	Mabel P. Jones
3	
4	

Month	Year	
Oct.	1891	6
Oct.	1894	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

697783 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 4-43
(Date)

E. H. Jones
(Signature of applicant or authorized agent)

Jones

(Last name of head of family)

Henry

(First name)

Kendrick

(Initial)

(City or post office)

Route #2

Box #2

Latah

Idaho

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

93404

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Edward Arthur Jones

11

43

2du

2 Birth
3 G.W.
4

IF MORE SPACE IS NEEDED USE BACK OF CARD

560714 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

✓ Mrs. Henry Jones

(Signature of applicant or authorized agent)

16-33916-1

(Date)

JONES

(Last name of head of family)

HENRY

(First name)

Kendrick

(Initial)

(City or post office)

90 J.E. Foster

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

53211

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 HENRY JONES

July 1902 48

2 Allie M. JONES

May 1912 5

3 Lee H. JONES

Jan 1935 6

4 George I JONES

June 1937 7

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

18709DY

(Date)

(Signature of applicant or authorized agent)

16-33016-1

Jump	Roy	W	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATAH		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4/4/1928

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Marjorie	R.	Jump	OCT	1938	0
2	Thomas	A.	Jump	April	1941	1
3	CLAYTON		Jump	JAN.	1943	2
4	Phyllis	G.	Jump	MARCH	1920	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

698096

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9, 1943

(Date)

Phyllis Jump

(Signature of applicant or authorized agent)

16-33916-1

KARLSON LINUS L KENDRIG
(Last name of head of family) (First name) (Initial) (City or post office)

2 LATAN IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 5 4 3 8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	KARLSON K. LINUS	Nov	1869	7
2	KARLSON A. CHARLOTE	Feb	1861	8
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697862 DU

June 9-1942.
(Date)

Karl L. Karlson
(Signature of applicant or authorized agent)

16-33916-1

Kanikkeberg

(Last name of head of family)

Albin

(First name)

O

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

00309

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

- 1 Albin O. Kanikkeberg
- 2 Mamie A. Kanikkeberg
- 3 Oswald Kanikkeberg
- 4 Jordon S. Kanikkeberg

Aug.	1896
Nov.	1901
Feb.	1926
Feb.	1928

3
4
5
6

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698052

DU

June 1st, 1943.

(Date)

Albin O. Kanikkeberg

(Signature of applicant or authorized agent)

16-33916-1

KEENE	WADE	T	KEENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATAH		IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 4 0 6 3

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	WADE T KEENE	March	1889	4
2	MARY E KEENE	July	1895	5
3	MEREPOSA KEENE	Aug	1856	6
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698032

DU

May 26
(Date)

Wade T Keene
(Signature of applicant or authorized agent)

16-33916-1

Kent	Edgar		Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

115438

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	Edgar Kent	Aug	1889	9
2	Emma Kent	Aug	1892	90
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697895

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9

(Date)

Edgar Kent

(Signature of applicant or authorized agent)

16-33916-1

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Jean C. Jones	April	1940	8
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Donna Mae Kanikkeberg	Mar.	1936	7
6	Ann Kay Kanikkeberg	July	1937	8
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

KLETH ALBERT KENDRICK
 (Last name of head of family) (First name) (Initial) (City or post office)
 LATAH IDAHO
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23233

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	ALBERT KLETH	12/5	1859	2
2	MARY KLETH	9/23	1870	3
3	INGWALD M. KLETH	2/16	1898	4
4	OLE A. KLETH	5/7	1900	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697839

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ingwald M. Kleth

(Signature of applicant or authorized agent)

(Date)

16-33916-1

KNUTSON

(Last name of head of family)

MIKE

(First name)

KENDRICK

(Initial)

(City or post office)

R.F.D. #2 BOX 44

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 4 5 6 0

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 MIKE KNUTSON

9-9 1865

8

2 AMANDA KNUTSON

7-25 1878

9

3 CARL J.A. KNUTSON

7-22 1914

10

4 ELSIE M. KNUTSON

7-17 1922

1

IF MORE SPACE IS NEEDED USE BACK OF CARD

697855

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-1-43

(Date)

MRS MIKE KNUTSON

(Signature of applicant or authorized agent)

16-33916-1

Knutson

(Last name of head of family)

Oscar

(First name)

R

(Initial)

(City or post office)

Kendrick

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

90469

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

Oscar R. Knutson

DEC

1916

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Oscar R. Knutson

(Signature of applicant or authorized agent)

16-33916-1

(Date)

870524

DW

Knutson

(Last name of head of family)

Ray

(First name)

H

(Initial)

Kendrick

(City or post office)

R.F.D. #1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25902

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Ray Knutson

Oct.

1917

2

2 Dorothy Knutson

Oct.

1920

3

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697902

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Ray Knutson

(Signature of applicant or authorized agent)

June 1, 43

(Date)

16-33916-1

Knutson

(Last name of head of family)

Ray

(First name)

H.

(Initial)

Kendrick

(City or post office)

R.F.D. #1

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30287

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Peggy B. Knutson

Oct. 1943 1

2
3 "Birth"

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560621 DU

Oct. 28, 1943
(Date)

Mrs. Ray Knutson
(Signature of applicant or authorized agent)

16-33916-1

KORTEMEIER HENRY A KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

R 2 4ATAH I DA
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 3 9 1 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	HENRY A KORTEMEIER	Nov 28	1894	2
2	GRACE S KORTEMEIER	SEPT 30	1900	3
3	PAUL A KORTEMEIER	Dec 27	1937	4
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697884

DU

MAY 31
(Date)

MRS HENRY KORTEMEIER
(Signature of applicant or authorized agent)

16-33916-1

KUYKENDALL

(Last name of head of family)

WAYNE

(First name)

S.

(Initial)

KENDRICK

(City or post office)

KENDRICK STAR R.

(Mail address, number and street, R. F. D., box number, etc.)

NEZPIENCE

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

58904

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WAYNE, S. KUYKENDALL

Jan

1900

2

2 ALICE D. - - -

DEC

1904

3

3 ELMOR W. - - -

OCT

1926

4

4 CLEO V. - - -

NOV

1927

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

698001

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Wayne S Kuykendall

(Signature of applicant or authorized agent)

(Date)

16-33016-1

KUYKENDALL MYRTIE M KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

37004

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 KUYKENDALL, MYRTIE, M DEC. 1872

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Myrtie M. Kuykendall.
(Signature of applicant or authorized agent)

16-33916-1

(Date)

697829 DU

LA HATT	LEE	S	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
# 93	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DO NOT WRITE HERE		Leave Blank
		Month	Year	
1	MRS VIOLET M. LAHATT	JULY	1892	4
2	L. S. LAHATT	MAY	1881	5
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

L. S. LaHatt
 (Signature of applicant or authorized agent)

698066 DU

5-21-43

(Date)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	RICHARD A KUYRENDAL	Nov	1928	6
6	WILLIAM H - - -	Dec.	1929	7
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

LANGDON HARRY L KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

Box 4 LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	HARRY L LANGDON	Sept	1888	8
2	EMMA L LANGDON	Oct	1893	9
3	BUDDY A LANGDON	Dec	1927	30
4	ERMA Q. LANGDON	Jan	1929	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

16-33916-1

LARSON ALEX KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

Rejserce Ida.
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

16433

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	ALEX LARSON	Jan	1896	6
2	ALLEM LARSON	Jan	1892	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697976 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Leith

(Last name of head of family)

Estella

(First name)

C

(Initial)

Kendrick

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

44273

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

Estella Leith

Oct.

1881

7

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698022

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 8

(Date)

Estella Leith

(Signature of applicant or authorized agent)

16-33916-1

Lien	Ed	E	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R. 2	Box 15	Latah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

18652

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Ed E. Lien	Oct 6	18	4
2	Mrs. Ed Lien	Jan 29	1885	5
3	Margaret Lien	Sept 3	1915	6
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs Ed Lien.

(Signature of applicant or authorized agent)

16-33916-1

697882

DU

May 20, 1934

(Date)

Lien (Last name of head of family)	Halvor (First name)	E (Initial)	Kendrick (City or post office)
Route 2 (Mail address, number and street, R. F. D., box number, etc.)	Latah (County)	Idaho (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2	0	4	5	4	
---	---	---	---	---	--

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 **Halvor E. Lien**

Dec.

1877

8

2 **Hilda P. Lien**

Oct.

1885

9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697875

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 3-1943
(Date)

Hilda Lien
(Signature of applicant or authorized agent)

16-33916-1

LIEU	HANS	KENDRICK
(Last name of head of family)	(First name)	(City or post office)
12	LATAH	IDAH.
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	HANS LIEU	SEPT.	1870	0
2	ANDREW LIEN	FEB.	1867	1
3	CARRIE SOLLIE	MAY	1871	2
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697837 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 10/1943.

(Date)

HANS LIEU

(Signature of applicant or authorized agent)

16-33916-1

LIEH

OLE

Kendrick

(Last name of head of family)

(First name)

(Initial)

(City or post office)

KENDRICK, IDAHO

LATAH

IDAHO

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

* Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

42531

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1 OLE LIEH
2 ANNA PETRA LIEH
3 EVAH LIEH
4 HENRY LIEH

MAY 1865 2
JULY 1866 3
Sept. 1890 4
August 1901 5

IF MORE SPACE IS NEEDED USE BACK OF CARD

697838

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Henry Lien

(Signature of applicant or authorized agent)

16-33016-1

May 31, 1943

(Date)

Lind	Paul	A.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 3, Kendrick	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 6 9 2 3

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Paul A. Lind	Nov.	1895	2
2	Edith Grace Lind	Feb.	1901	3
3	Milton E. Lind	Oct.	1923	4
4	William R. Lind	June	1926	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Paul A. Lind

(Signature of applicant or authorized agent)

698099 DU

June 3, 1943

(Date)

16-33916-1

Lohman CARL W KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20450

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	CARL W. LOHMAN	MAR.	1886	6
2	HATTIE M. LOHMAN	APR.	1892	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698045 DU

June 1
(Date)

CARL W. LOHMAN
(Signature of applicant or authorized agent) 16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
NOT LISTED ON OTHER SIDE

DATE OF BIRTH

Month

Year

Leave
Blank

5

6

7

8

9

10

11

12

* Ration Books mailed to
Henry Lieberman
Rt 2
Hendrick Idaho

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Lohman Herman C. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) (County) Idaho (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	Herman C. Lohman		march	1867	3
2	Amelia Lohman		march	1867	4
3					
4					

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698027 DU
June 8, 1943
(Date) Herman C. Lohman
(Signature of applicant or authorized agent) 16-33916-1

Lohman Herman F. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Kendrick Nezperce Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	HERMAN F. LOHMAN		Apr. 29	1900	9
2	VERNE LOHMAN		Oct 8	1926	10
3	EVERETT LOHMAN		Oct 30	1928	1
4	BETTY LOHMAN		Apr. 29	1930	2

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

552479 DU
June 9, 1943
(Date) Herman F. Lohman
(Signature of applicant or authorized agent) 16-33916-1

Long Edgar Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Katah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

14064

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Edgar Long	Aug 17	1800	0
2	Fearle Long	Mar 9	1894	1
3	Barbara J Long	Nov 11	1922	2
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698076 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 20 1943 Mrs. Edgar Long
(Date) (Signature of applicant or authorized agent)

(Last name of head of family)

(First name)

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	ELBERT T. LONG	10	1889	0
2	ANNA LONG	10	1899	1
3	ELBERT T. LONG JR	10	1926	2
4	MAURICE B. LONG	3	1928	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33918-1

LONG

(Last name of head of family)

FRANK

(First name)

M

(Initial)

KENDRICK

(City or post office)

Box 7

LATAM

IDAHO.

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 3 7 3 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 FRANK M LONG
2 MARTHA M LONG
3 FLORA M LONG
4

4 1894 8
10 1903 9
8 1861 80

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697962

DU

5/27/43

(Date)

F. M. Long

(Signature of applicant or authorized agent)

16-33916-1

Lowery	Marion	E	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
40 Marvin Long	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

45469

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Marion E. Lowery	Feb	1908	6
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

242967 DW

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 7, 1943

(Date)

Marion Lowery

(Signature of applicant or authorized agent)

16-33916-1

Lucken

(Last name of head of family)

Gust

(First name)

N.

(Initial)

Hendrick

(City or post office)

Hendrick

125

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 GUST N. LUCKEN

March 1886

2 MARGARET H. LUCKEN

June 1879

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Gust N. Lucken

(Signature of applicant or authorized agent)

16-33916-1

698039

DU

6/1/1943

(Date)

LUNDERS

(Last name of head of family)

Louis

(First name)

M. KENDRICK

(Initial)

(City or post office)

Box # 73

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 4 5 6 2

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 LOUIS M. LUNDERS

8

1901

7

2 ETHEL E. LUNDERS

2

1906

8

3 LOUIS M. LUNDERS

2

1926

9

4 LEONARD L. LUNDERS.

2

1926

30

IF MORE SPACE IS NEEDED USE BACK OF CARD

698074

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-1-43

(Date)

Mrs ETHEL E LUNDERS.

(Signature of applicant or authorized agent)

16-33916-1

MacDonald John J. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Gen Del Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

37004

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	John James MacDonald	Sept	1888	7
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697953

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

John James MacDonald

(Signature of applicant or authorized agent)

(Date)

16-33910-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	DOROTHY LOHMAN	July 17	1932	3
6	DAVE LOHMAN	Feb 9	1934	4
7	GERALD LOHMAN	Sept 23	1935	5
8	ERMA LOHMAN	Feb 27	1937	6
9	DAVE LOHMAN	Sept 15	1939	7
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	PATRICIA L. LONG	8	1932	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

MASON	LOWELL	W	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
			Idaho
		(County)	(State)
(Mail address, number and street, R. F. D., box number, etc.)			

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank	
			Month	Year		
1	Richard Lowell MASON			JUNE	1943	2
2						
3						
4						

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

559006 DU

July 23, 1943
(Date)

Velma H. Mason
(Signature of applicant or authorized agent)

16-33916-1

Mason	Lowell	W.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
		Latah	Idaho
		(County)	(State)
(Mail address, number and street, R. F. D., box number, etc.)			

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank	
			Month	Year		
1	Lowell W. MASON			Dec.	1909	4
2	Velma H. MASON			Feb.	1913	5
3	James B. MASON			Feb.	1939	6
4						

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698055 DU

JUNE 3, 1943.
(Date)

Lowell W. Mason
(Signature of applicant or authorized agent)

16-33916-1

Mattoon	Donald	E	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 195	Latona	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 0 2 9 9

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Donald E. Mattoon JR.	OCT.	1943	6DW
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Donald E. Mattoon

(Signature of applicant or authorized agent)

16-33916-1

"Birth" DU
560663
10/28/43
(Date)

MATTOON PERRY A KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

R#1 LAZAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

07753 PY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	PERRY A. MATTOON	OCT.	1900	6
2	CARRIE E. MATTOON	JAN.	1902	7
3	HELEN L. MATTOON	JUNE	1924	8
4	CAROL M. MATTOON	JULY	1926	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697901 DU

MAY 28
(Date)

Carrie C. Mattoon
(Signature of applicant or authorized agent)

MATTOON WILLIAM KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

40834

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	RAYMOND B. BORGEN MATTOON	13	2
2	PATRICIA IVIMA MATTOON	10	3
3			
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

697954 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

MAY | ARCHIE | A | KENDRICK
(Last name of head of family) | (First name) | (Initial) | (City or post office)
KENDRICK STARR | IDAHO
(Mail address, number and street, R. F. D., box number, etc.) | (County) | (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

27928

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ARCHIE A. MAY

OCT 23

1880

2

2 ELFRIDA A. MAY

Jan 31

1894

3

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697981

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Archie A May

(Signature of applicant or authorized agent)

(Date)

16-33916-1

May (Last name of head of family)	Walter (First name)	L (Initial)	Kendrick (City or post office)
R.F. D#1, Box 16 (Mail address, number and street, R. F. D., box number, etc.)	Latah (County)	Idaho (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DO NOT WRITE HERE		Leave Blank
		00308		
		DATE OF BIRTH		
		Month	Year	
1	Walter L May	Mar	1906	9
2	Norma L May	May	1913	10
3	Walter B May	Aug	1931	1
4	Dora Dean May	July	1932	2

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Walter May

(Signature of applicant or authorized agent)

16-33916-1

697910

DU

(Date)

May Warney H Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

R. F. D. 1 Box 17 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 Warney H. May	July	1883	2
2 Rose May	Nov.	1886	3
3 Warney May Jr.	Nov.	1924	4
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

697912 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943
(Date)

Shirley H. May
(Signature of applicant or authorized agent)

16-33916-1

MCALLISTER IDA S KENNEDY
(Last name of head of family) (First name) (Initial) (City or post office)
GENDEL LATAH IDAH
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

06023

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 IDA. S. MCALLISTER

6 1883

7

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697830

DU

6/11/43
(Date)

Ida S Mcallister
(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH	Leave Blank	
	Month	Year	
5 JAMES H. MAZZOON	JUNE	1931	40
6 BEVERLY A. MAZZOON	OCT.	1936	1
7			
8			
9			
10			
11			
12			

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

McALLISTER Mary E. Kenrick
(Last name of head of family) (First name) (Initial) (City or post office)

General Delivery IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 7 2 6 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Mary. E. McALLISTER	Sept	1869	2 PY
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560367 DU

Aug 31-1943
(Date)

Mary Christina McAllister
(Signature of applicant or authorized agent)

16-33916-1

MCCALL

(Last name of head of family)

WALTER

(First name)

N

(Initial)

Kendrick

(City or post office)

P.O. Box. 92

LATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

26098

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WALTER N. MCCALL

MAR.

1901

0

2 BERTHA E. MCCALL

JULY

1906

1

3 WALTER E. MCCALL

MAR

1927

2

4 RICHARD J. MCCALL

Aug

1928

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

698067

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

5/21/43

(Date)

Walter N. McCall

(Signature of applicant or authorized agent)

16-33916-1

McCoy

(Last name of head of family)

Mason

(First name)

Kendrick

(Initial)

(City or post office)

R.F.D.#2

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

15733

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Mason McCoy

Feb

1870

4

2 Anna Webber

Mch.

1872

5

3 Frank B. Webber

June

1898

6

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697885

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943

(Date)

Mason McCoy

(Signature of applicant or authorized agent)

16-33916-1

McCreary

(Last name of head of family)

William

(First name)

L.

(Initial)

Kendrick

(City or post office)

Kendrick Box 9

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 4 5 5 0

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 William E. McCreary

Apr

1905

4

2 Patricia J. McCreary

July

1929

5

3 Parker C. McCreary

Sept

1871

6

4 Parker F. McCreary

Apr

1934

7

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698053

DU

William L. McCreary

(Signature of applicant or authorized agent)

16-33916-1

6/8/43

(Date)

McCreary	William L.	Kendrick
(Last name of head of family)	(First name)	(Initial)
		(City or post office)
		Idaho
(Mail address, number and street, R. F. D., box number, etc.)		(County)
		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

47485

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Floyd M. McCreary	Aug	1907	Idy
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

896903 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

(Date)

16-33916-1

McDowell Emmet E Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) LATAH IDAHO
(County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
4	29	12
9	1883	2
10	1878	3

1 EMMET EMERY McDowell

2 THERESA STAPLETON McDowell

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697932

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-2-1943

(Date)

Emmet E. McDowell

(Signature of applicant or authorized agent)

16-33916-1

Mc Graw

(Last name of head of family)

Floyd

(First name)

R Kendrick

(Initial)

(City or post office)

Route no. 2

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

14362

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Floyd	R. Mc Graw	FEB. 29	1912	0
2	Mildred	I. Mc Graw	MAY. 11	1912	1
3	Carolee	T. Mc Graw	MAY. 31	1934	2
4	Floyd	R. Mc Graw	PR. SEPT. 24	1935	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697951

DU

6/7/43

(Date)

McGraw
(Signature of applicant or authorized agent)

16-33916-1

McKeever	George	W	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(County) (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3	0	7	9	0	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

- George W. McKeever
- Ruby M. McKeever
- Paula M. McKeever
- Chloe F. McKeever

April

1897

8

Nov

1901

9

May

1926

10

Dec

1930

1

IF MORE SPACE IS NEEDED USE BACK OF CARD

698090

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Geo. W. McKeever

(Signature of applicant or authorized agent)

(Date)

16-33916-1

McQueen
(Last name of head of family)

Bert
(First name)

L Kendrick
(Initial) (City or post office)

General Delivery Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25901

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Bert L. McQueen	Jan.	1909	6
2	Norma M. McQueen	Jan.	1920	7
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697942 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/2/43
(Date)

Norma M. McQueen
(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Robert T. R. McCall	July	1934	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WRITE IN THIS SPACE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Floy M. McCreary	Aug	1907	
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

MCDOWELL

THOMAS

KENDRICK

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Box 84

LATAH

IDAHO

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25901

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 THOMAS MCDOWELL

APR

1873

8

2 MINNIE MCDOWELL

OCT

1877

9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698070

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/4/43

(Date)

THOMAS MCDOWELL

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Richard D. McGraw	May	28 1939	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

McQUEEN WILLIAM KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) LATAM IDAHO
(County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

27927

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	WILLIAM McQUEEN	8	1877	4
2	SADIE L McQUEEN	9	1877	5
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

William McQueen

(Signature of applicant or authorized agent)

16-33916-1

(Date)

MICHALSCHECK RAY L KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) 34 LATAM IDAHO
(County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

38465

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	RAY L. MICHALSCHECK	JULY	1909	4
2	MURIEL L. MICHALSCHECK	SEPTEMBER	1914	5
3	FRED L. MICHALSCHECK	JULY	1933	6
4	ROBERT L. MICHALSCHECK	MARCH	1937	7

IF MORE SPACE IS NEEDED USE BACK OF CARD LOOK-ON BACK

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 4, 1943 RAY L. MICHALSCHECK

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Millard Floyd J Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Box 105 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

03094

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Leave
Blank

	Month	Year	
1 Floyd J Millard	June	1904	0
2 Irene A Millard	May	1906	1
3 John Herbert Millard	Feb	1930	2
4 Donald Floyd Millard	July	1932	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

622869 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/7/43
(Date)

Irene A Millard
(Signature of applicant or authorized agent)

Miller Donald A Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

74 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 1 6 0 4 04

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Donald A. Miller	July	1899	0
2	Eula W. Miller	January	1902	1
3	Donald D. Miller	March	1924	2
4	Wallace D. Miller	April	1929	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697779 DU

June 4, 1943
(Date)

Donald A. Miller
(Signature of applicant or authorized agent)

16-33916-1

MOORE

(Last name of head of family)

CHARLEY

(First name)

KENDRICK

(Initial)

(City or post office)

RT-2 - BX 17

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 9 8 6 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHARLIE MOORE

Aug. 1895

2 ALTA RACHEL MOORE

Nov. 1896

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697876

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Charley Moore

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Morey

(Last name of head of family)

Walton

(First name)

S. Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

42912

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Walton S. Morey

April 1911

4

2 Kathlyn M. Morey

Aug. 1916

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697842

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/1/43

(Date)

Walton S. Morey

(Signature of applicant or authorized agent)

16-33916-1

Morgan Donald H Kendrick
 (Last name of head of family) (First name) (Initial) (City or post office)
 (Mail address, number and street, R. F. D., box number, etc.) Nez Perce Idaho
 (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 7 9 2 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Donald W Morgan

Feb.

1917

0

2 Lena Belle Morgan

April

1922

1

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697977

DU

June 1, '43
 (Date)

Donald W Morgan
 (Signature of applicant or authorized agent)

16-33916-1

MORRISON J. W. KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)

70 N. G. BATEMAN LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

625039 CV

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 LYNDIA DIANE MORRISON

1

1945

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

158359 DX

2-15-45
(Date)

(Mrs J W Morrison)
(Signature of applicant or authorized agent)

16-33916-1

Moser

(Last name of head of family)

Wilmer

(First name)

M.

(Initial)

Kendrick

(City or post office)

Box #184

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho.

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

376140

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Larry . R. Moser

JAN.

21

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

70101

DX

3/6/44

(Date)

Florence L. Moser

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	JOHN EMIL MICHALSCHECK	JUNE	1941	8
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Murray Roy H. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

26922

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Roy H. Murray	July	1897	20
2	Miriam C. Murray	May	1902	1
3	Mark F. Murray	March	1933	2
4	Gordon R. Murray	March	1935	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698080 DU

June 1, 1943
(Date)

Miriam Cloud Murray
(Signature of applicant or authorized agent)

16-33916-1

Needham Arthur C. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
General Delivery Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

276005

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Arthur C. Needham	Aug.	1916	
2				
3	Discharged			
4	SW			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560747 DU

Dec 10, 1943
(Date)

Arthur C. Needham
(Signature of applicant or authorized agent)

16-33916-1

Nelson	Albert	H	Hendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
		Latah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

39295

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Karen Irene Nelson	2	1945	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

560910 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Albert Nelson

(Date)

(Signature of applicant or authorized agent)

16-33916-1

NELSON

(Last name of head of family)

ALBERT

(First name)

KENDRICK

(Initial)

(City or post office)

R.F.D. #2, BOX 45

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 | 0 | 9 | 9 | 4 |

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ALBERT NELSON

DEC. 26 1894

2 EDNA J. NELSON

AUG. 9 1913

3 DAWN M. NELSON

JUNE 6 1937

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697852

DU

JUNE, 7

(Date)

Mrs. Albert Nelson

(Signature of applicant or authorized agent)

16-33916-1

Nelson	Edwin	R	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	
		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

693959CV

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Roger E. Nelson	March	1945	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Edwin R. Nelson

(Signature of applicant or authorized agent)

16-33916-1

560949 DU

3-30-45

(Date)

Nelson

(Last name of head of family)

Edwin

(First name)

R

(Initial)

Kendrick

(City or post office)

LATAH

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

33912

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1 Edwin R. Nelson

March 1905

7

2 ERNA I. Nelson

Feb 1916

8

3 Richard A. Nelson

Feb 1942

9

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698044

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943

(Date)

Edwin R. Nelson

(Signature of applicant or authorized agent)

16-33916-1

Nelson

(Last name of head of family)

James

(First name)

S

(Initial)

Kendrick

(City or post office)

RFD#2

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

14362

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 James S. Nelson

Feb. 1871

2 Selma Nelson

Aug. 1878

3 Lester Nelson

Feb. 1905

4 Pearl Nelson

Legal

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697861

DU

June 7, 1943

(Date)

James S. Nelson

(Signature of applicant or authorized agent)

16-33016-1

NELSON

(Last name of head of family)

JOHANNA

(First name)

H

(Initial)

KENDRICK

(City or post office)

Route 2.

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

Idaho.

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

44274

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697874

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

NESBIT

(Last name of head of family)

BENJAMIN

(First name)

F

(Initial)

KENDRICK

(City or post office)

KENDRICK

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

25902

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 B. F. NESBIT

FEB. 20

1870

2 ANNA NESBIT

MAR. 28

1870

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698036

DU

June 4

(Date)

B. F. Nesbit

(Signature of applicant or authorized agent)

16-33010-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	William Nelson	June	1886	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Miklosky Joe J Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Joe J Miklosky	March	1887	9
2	Rosa Miklosky	May	1891	90
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Rosa Miklosky
(Signature of applicant or authorized agent)

June 6-1943
(Date)

16-33916-1

698026 DU

Olmstead Irene T Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

RFD 2, Latah Ida
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Irene T. Olmstead	5	13	
2	Ray - W. Olmstead	12	11	
3	Leonard - W. Olmstead	9	35	
4	Betty M. Olmstead	3	37	

IF MORE SPACE IS NEEDED USE BACK OF CARD

697886 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 24, 1943 Irene T. Olmstead
(Date) (Signature of applicant or authorized agent)

16-33916-1

OLSON

(Last name of head of family)

EUGENE

(First name)

C KENDRICK

(Initial)

(City or post office)

ROUTE # 2

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDA

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 EUGENE C OLSON

JULY 1904

9

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

739216 DU

6-7-43

(Date)

Eugene C. Olson

(Signature of applicant or authorized agent)

16-33916-1

OLSON

(Last name of head of family)

~~LEONARD~~

(First name)

O. KENDRICK

(Initial)

(City or post office)

R.F.D. 9

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 LEONARD, O. OLSON

3-29 1908

2 WILFORD, J. OLSON

7-8 1902

3 EUGENE C. OLSON

7-11 1904

4 FLORENCE, P. OLSON

3-13 1910

IF MORE SPACE IS NEEDED USE BACK OF CARD

697851

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Leonard Olson

(Signature of applicant or authorized agent)

(Date)

16-33916-1

OSTOTT

(Last name of head of family)

ADOLPH

(First name)

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20451

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1

ADOLPH OSTOTT

Jan

1878

2

2

SARAH A. OSTOTT

May

1883

3

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698014

DU

June-2-

(Date)

Adolph Ostott

(Signature of applicant or authorized agent)

16-33916-1

Onstott	Manning	A	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		Watah	Idaho
		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE			
5	07	90	

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	Manning	A. Onstott	Dec	1909	4
2	Elsie M	Onstott	Aug	1913	5
3	Geraldine E.	Onstott	Nov	1939	6
4	Raymond M.	Onstott	March	1940	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

698007 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Manning A. Onstott

(Date)	(Signature of applicant or authorized agent)
--------	--

Parker

(Last name of head of family)

Lester

(First name)

P

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

DO NOT WRITE HERE

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Lester P. Parker

Feb 10 1909

2 Beatrice E. Parker

Apr 1 1915

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Lester P. Parker

(Signature of applicant or authorized agent)

(Date)

16-33916-1

698024

DU

PARKS (Last name of head of family)	HOMER (First name)	A (Initial)	Kendrick (City or post office)
Star Route (Mail address, number and street, R. F. D., box number, etc.)			Idaho (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	HOMER, A. PARKS	7	'36	9
2	MARGARET, I. PARKS	7	'37	10
3	LINDA, L. PARKS	10	'38	1
4	LUTHER, O. PARKS	2	'33	2

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697940

DU

June 1, 1943
(Date)

Homer A. Parks
(Signature of applicant or authorized agent)

16-33916-1

PARKS
(Last name of head of family)RUTHERFORD B
(First name) (Initial)KENDRICK
(City or post office)Slater Park
(Mail address, number and street, R. F. D., box number, etc.)NEZ PERCE
(County)IDAHO
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
July	1877	0
Mar	1880	1

1 RUTHERFORD B PARKS

2 LEONA PARKS

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698085

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Rutherford B Parks
(Signature of applicant or authorized agent)

(Date)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	LEONE, O. PARKS	4	37	3
6	LYLE, H. PARKS	8	41	4
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

PEARSON

(Last name of head of family)

ELLWOOD

(First name)

L

(Initial)

KENDRICK

(City or post office)

PO. BOX. #164 LATAH

(Mail address, number and street, R. F. D., box number, etc.)

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1/5/7/3/1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ELLWOOD L. PEARSON

JULY

1896

9

2 NOVA E. PEARSON

FEB.

1893

20

3 FRANCES M. SUTTON

JULY

1861

21

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698028

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 31st 1943

(Date)

ELLWOOD L. PEARSON

(Signature of applicant or authorized agent)

16-33916-1

PEMBERTON (Last name of head of family) IDA (First name) M. KENDRICK (Initial) (City or post office)

R. Route 2 (Mail address, number and street, R. F. D., box number, etc.) NEZ PERCE (County) Idaho (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 0 8 8 8

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	IDA M. PEMBERTON	3	57	0
2	HUNE R. PEMBERTON	11	16	1
3	ANNA F. PEMBERTON	4	15	2
4	NORMAN C. SPEKKER	3	5	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697823

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 5/43 (Date) IDA M. Pemberton (Signature of applicant or authorized agent)

PERRYMAN
(Last name of head of family)

EVA
(First name)

KENDRICK
(Initial) (City or post office)

83
(Mail address, number and street, R. F. D., box number, etc.)

LATAH
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 7 9 2 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 EVA, PERRYMAN.

2 CLARENCE, PERRYMAN.

3

4

2

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697955

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Peters Amiel G Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Star Route Nez Perce Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00610 DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Amiel G. Peters	JAN. 21	1884	8
2	Sylvia O. Peters	June 17	1895	9
3	Irene L. Peters	Aug. 22	1925	10
4	Cornelia J. Peters	Aug. 18	1927	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

697834 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1, 1943
(Date)

777rs. A. G. Peters
(Signature of applicant or authorized agent)

16-33916-1

Peters	Elmer	L.	Kendrick Kewiston
(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., box number, etc.)		Nez Perce	Idaho
		(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

9 3 2 0 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Elmer L. Peters

Feb

1917

2

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

545771DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

E L Peters

(Signature of applicant or authorized agent)

(Date)

16-33916-1

PETERS GOYDON O. KENNEDY
(Last name of head of family) (First name) (Initial) (City or office)

ME3 PERCEIDA HO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

23992

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	GOYDON O. PETERS	Nov.	1913	0
2	FRANCES H. PETERS		1913	1
3	DARLENE M. PETERS		1935	2
4	WANDA L. PETERS	5	1939	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697983 DU

June 1, 1943
(Date)

Gordon Orrin Peters
(Signature of applicant or authorized agent)

~~George~~ Porter George D Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

(Mail address, number and street, R. F. D., box number, etc.) LATAH IDAHO
(County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

29805

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CAROL G PORTER

AUG 1944

2
3
4
birth cert.
shown

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

MRS VIOLET PORTER

(Signature of applicant or authorized agent)

16-33916-1

(Date)

560918 DU
APR 18 1945

Powell

(Last name of head of family)

Kenneth

(First name)

L Kendrick

(Initial)

(City or post office)

Box NO. 102.

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

03351

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Kenneth L. Powell

Oct

1913

6

2 Maxine M. Powell

Jan

1918

7

3 Sharon L. Powell

Jan

1944

8

4 Max L. Powell

Apr

1942

9

IF MORE SPACE IS NEEDED USE BACK OF CARD

698061

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Kenneth L. Powell

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Raby

(Last name of head of family)

Bina

(First name)

E.

(Initial)

Kendrick,

(City or post office)

Box 15

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho.

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 9 8 6 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

- 1 Bina E. Raby
- 2 Mary Jane Blackburn
- 3
- 4

July

1882

4

April

1852

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698095

DU

June 7, 1943.

(Date)

Bina E. Raby

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	SAMARA R. PETERS	8	1941	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Ramey

(Last name of head of family)

Roy

(First name)

H

(Initial)

Kendrick

(City or post office)

Box 54

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

26922

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Roy H Ramey

Sept 1887

4

2 Mae S Ramey

April 1893

5

3 Jeanne V Ramey

May 1917

6

4 Annie F Crosby

Oct 1862

7

IF MORE SPACE IS NEEDED USE BACK OF CARD

698081

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 20-1943

(Date)

Roy H Ramey

(Signature of applicant or authorized agent)

16-33916-1

Rathbun Marion L Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

R.F.D. 1 Box 32 Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

18652

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	PEARL I. Rathbun	Jan.	1906	1
2	LOUIS M. Rathbun	Jan.	1936	2
3	MARION L. Rathbun	July	1896	3
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

697926

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 28
(Date)

Pearl I. Rathbun
(Signature of applicant or authorized agent)

16-33916-1

(Last name of head of family)

(First name)

(Initial)

(City or post office)

REIL HENRY KENDRICK

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

LELAND NEZ PERCE IDAHO

DO NOT WRITE HERE

40 8 3 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 HENRY REIL

2 HENNY REIL

3 M

4

6

1906

C

10

1914

1

IF MORE SPACE IS NEEDED USE BACK OF CARD

697993

DU

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

Henry Reil

(Signature of applicant or authorized agent)

(Date)

16-33916-1

RILEY

(Last name of head of family)

AMELIA

(First name)

+ KENDRICK

(Initial) (City or post office)

R.R. 2 Box 74

LATAH

IDAHO

(Mail address, number and street, R. F. D., box number, etc.)

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE

1 37 345

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 AMELIA + RILEY
2 MARY J. RILEY
3 ALICE H. RILEY
4

OCT 1896 /
MARCH 1896 ~
JULY 1915 3

IF MORE SPACE IS NEEDED USE BACK OF CARD

697889 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 26 1943
(Date)

Amelia Riley
(Signature of applicant or authorized agent)

16-33916-1

Riley Carrie L Kehonick
(Last name of head of family) (First name) (Initial) (City or post office)

Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Carrie L Riley

JULY 1913

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

25868DW

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 22, 1943
(Date)

Carrie L Riley
(Signature of applicant or authorized agent)

16-33916-1

WILLIAM	WILLIAM	9	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
KENDRICK, IDAHO, R. 2.	Latah		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 7 7 2 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	WILLIAM ALLEN RILEY	March	1902	6
2	MATILDA B. RILEY	June	1909	7
3	LEILA Jane RILEY	Feb	1927	8
4	DONALD R. RILEY	Aug	1928	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

697887 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Roberts
(Last name of head of family)

Ernest
(First name)

P. Kendrick
(Initial) (City or post office)

R.F.D. #1
(Mail address, number and street, R. F. D., box number, etc.)

Latah
(County)

Idaho
(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 3 9 1 2 05

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Ernest P. Roberts

Feb 1895

1

2 Helen Roberts

Nov. 1894

2

3 Frank W. Roberts

Aug. 1884

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697904 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2, 1943
(Date)

Ernest P. Roberts
(Signature of applicant or authorized agent)

16-33016-1

Roberts	Harold O.	Kendrick
(Last name of head of family)	(First name)	(Initial)
R.F.D. 1, Box 22		Ida
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE				
4	3	0	4	3

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 Harold O Roberts	AUG	1897	2
2 Corrinah M Roberts	Sept	1908	3
3 Leonard M Roberts	OCT	1931	4
4 Celia L Roberts	MAR	1935	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697918 DU
June 1 43
(Date)

Harold O Roberts
(Signature of applicant or authorized agent)

16-33916-1

Salvis Edward E Juliaetta
 (Last name of head of family) (First name) (Initial) (City or post office)
 Idaho
 Kendrick R.F.D. 1 Latah Idaho
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 2 7 1 7

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1	Edward Salvis	August	1896	5
2	Olive Salvis	March	1904	6
3	Dixie	SEP.	1931	7
4	Carrolline Lyons	Jan	1923	

IF MORE SPACE IS NEEDED USE BACK OF CARD

697922

DU

The person signing this application certifies to OPA
 that he has authority to do so and that all statements in
 it are true. A false certification is a criminal offense.

June 9
 (Date)

Edward Salvis
 (Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	ARLI M E. MAX RILEY	Aug 21	1930	50
6	ROY. DALE RILEY	May 2	1932	1
7	DELMER. DALE RILEY	Dec 10	1933	2
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	ORVILLE H Roberts	Oct	1936	6
6	LOLITA M Roberts	Sept	1938	7
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Schmidt

(Last name of head of family)

Gerald

(First name)

J

(Initial)

Kendrick

(City or post office)

Nez Perce

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Gerald J. Schmidt

July 1916

2

2 Viola I Schmidt

Aug. 1920

3

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697969

DU

Gerald J. Schmidt

(Signature of applicant or authorized agent)

16-33916-1

7/6/43

(Date)

Schuler	Loretta	T.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latah		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1	4	4	7	6	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Loretta T. Schuler	May 30	1915	8
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697785 DU

Loretta T. Schuler

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Schupfer	Herman	C	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
31	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3	1	7	8	3	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Herman C. Schupfer	Oct	1892	6
2	Alberta W. Schupfer	June	1908	7
3	Beverly Ann Schupfer	June	1930	8
4	Marilyn Joan Schupfer	Dec	1933	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

698091 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 6, 1943
(Date)

Mrs. Herman C. Schupfer
(Signature of applicant or authorized agent)

16-33916-1

Schupfer

(Last name of head of family)

Ida

(First name)

M. Kendrick

(Initial)

(City or post office)

Box # 42

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Ida M. Schupfer

June 1896

1

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698083

DU

May 25, '43

(Date)

Ida M. Schupfer

(Signature of applicant or authorized agent)

16-33916-1

SHOLM

(Last name of head of family)

OSCAR

(First name)

J

(Initial)

Kendrick

(City or post office)

R.F.D. 1, Box 33.

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

20450

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 OSCAR J SHOLM

June 1982 8

2 MARY J. SHOLM

Sept 1984 9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697925

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

David J. Sholm

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Slead	Nellie	G.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE			
4	4	3	07

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Nellie G. Slead	July	1888	0
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698021

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Nellie G. Slead

(Signature of applicant or authorized agent)

6-143
(Date)

SLind Oscar M Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Latah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

24186

PE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Oscar M. SLind	April	1899	4
2	Ruth O. SLind	June	1908	5
3	Maxine L. SLind	April	1935	6
4	Weland O. SLind	October	1940	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697878 DU

June 5, 1943 Oscar M. SLind
(Date) (Signature of applicant or authorized agent)

16-33916-1

Smith

(Last name of head of family)

Russell

(First name)

E

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 1 6 5 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Russell E. Smith

April

1910

7

2 Blanche H. Smith

July

1913

6

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

561520 DU

Aug. 10

(Date)

Blanche H. Smith

(Signature of applicant or authorized agent)

16-33916-1

Smith

(Last name of head of family)

Russell

(First name)

E

(Initial)

Kendrick

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

90475

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Elisabeth Ann Smith

May 1945

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

870531 DW

Helma N. Strope

(Signature of applicant or authorized agent)

16-33916-1

(Date)

SNEVE	MELVIN		KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R.F.D #2 BOX 46	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE	
33912	BY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 MELVIN SNEVE	AUG. 17	1900	4
2 CARRIE SNEVE	SEP. 19	1868	5
3 HERMAN SNEVE	FEB. 22	1880	6
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697853 DU

June 2, 1943 (Date)

Melvin Sneve (Signature of applicant or authorized agent)

16-33916-1

STEDMAN	FRED	O KENDRICK
(Last name of head of family)	(Initial)	(City or post office)
KENDRICK	LATAH	IDA
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE	
21603	DU

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 FRED O STEDMAN	Jan 4	1901	2
2 HELENA O STEDMAN	June 16	1905	3
3 BAYLAVA J. STEDMAN	Sept 19	1928	4
4 SAMMY H. STEDMAN	July 16	1930	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698025 DU

June 4th 43 (Date)

Mrs. Fred Stedman (Signature of applicant or authorized agent)

16-33916-1

Stephenson

(Last name of head of family)

John

(First name)

H.

(Initial)

Kendrick

(City or post office)

~~KATAM~~

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30240

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 John H. Stephenson

May

1893

0

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

745995DU

10-28-43

(Date)

John Stephenson

(Signature of applicant or authorized agent)

16-33916-1

Stephenson Nettie V KENDRICK
(Last name of head of family) (First name) (Initial) (City or post office)
LATAH IDAHO
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

05015

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	NETTIE V STEPHENSON	JULY	1870	4
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Nettie V. Stephenson
(Signature of applicant or authorized agent)

697827 DU

5/27/43
(Date)

Stephenson

(Last name of head of family)

Nettie

(First name)

Kendrick

(City or post office)

Kendrick

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

30292

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 John H. Stephenson

May

1893

40 W

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560634 DU

Oct. 27th, 1943

(Date)

Betty Stephenson

(Signature of applicant or authorized agent)

16-33916-1

Stewart	Vera	N.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 115	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 4 2 5 9

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ~~Vera~~ N. Stewart

12/14 - 1904

9

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698058

DU

5/21/43

(Date)

Vera N. Stewart

(Signature of applicant or authorized agent)

16-33916-1

Storer

(Last name of head of family)

Orville

(First name)

W. Hendrick

(Initial)

(City or post office)

 B418 ROUTE #1
 (Mail address, number and street, R. F. D., box number, etc.)

(County)

 IDH D
 (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

21757

 Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Orville W. Storer

3-17-1905

2

2 June I Storer

June 23 1914

3

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June I Storer

(Signature of applicant or authorized agent)

16-33910-1

(Date)

697778

DU

STUMP

(Last name of head of family)

PETE

(First name)

KENNEDY

(Initial)

(City or post office)

STUMP

(Mail address, number and street, R. F. D., box number, etc.)

Nez Perce

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 3 5 5 7 0 y

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 PETE STUMP
2 VETA C. STUMP
3 DIXIE P STUMP
4 PEGGYE G. STUMP

DATE OF BIRTH

Month

Year

Leave
Blank

May

1885

8

June

1895

9

Nov

1930

80

Dec

1932

1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698004

DU

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Sturdevant, Thomas H. Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
Satah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

46324

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	THOMAS H. STURDEVANT, Oct 12 1874	40y
2		
3		
4		

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

T. H. Sturdevant

(Signature of applicant or authorized agent)

16-33916-1

559349 DU

7/26-43
(Date)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	VIOLET. M. PICKLE	aug	1864	2
6	FRANK. S. CUMATIS	FEB	1876	3
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Supple

(Last name of head of family)

PAUL

(First name)

Kendrick

(Initial)

(City or post office)

Kendrick

(Mail address, number and street, R. F. D., box number, etc.)

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

46389

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 PAUL Supple

June 7 1893

904
maiden

2 Paulina Supple

Jan 5 1894

804

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

866385

DV

PAUL Supple

(Signature of applicant or authorized agent)

16-33916-1

July 26

(Date)

SWANSON	AXEL	V	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)
LATON		ID2HO	
(Mail address, number and street, R. F. D., box number, etc.)		(County) (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

26922

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
Dec	1912	8
July	1922	9
Jan	1941	30
OCT	1942	1

1 AXEL VERN SWANSON
2 THEODORE EVELYN SWANSON
3 JEANINE RAYE SWANSON
4 RAYMOND ALLEN SWANSON

IF MORE SPACE IS NEEDED USE BACK OF CARD

697816 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2
(Date)

Mrs Axel Swanson
(Signature of applicant or authorized agent)

16-33916-1

Thomas (Last name of head of family)	Harold (First name)	Kendrick (Initial)	Kendrick (City or post office)
Latah (County)		Idaho (State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

0 7 9 8 4 04

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Leave Blank

	Month	Year	
1 Harold Thomas	Feb.	1901	8
2 Grace Thomas	June	1900	9
3 Noel Thomas	March	1928	50
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

698077 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/10/1943
(Date)

Harold Thomas

(Signature of applicant or authorized agent)

16-33916-1

Thomas	Lucy	E	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah		Idaho	
(Mail address, number and street, R. F. D., box number, etc.)		(County)	
		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3	6	3	4	9	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave Blank

1 Lucy E. Thomas

2

3

4

Jan 1864 9

IF MORE SPACE IS NEEDED USE BACK OF CARD

697944 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9th 1943

(Date)

Lucy Thomas

(Signature of applicant or authorized agent)

16-33916-1

Thomas

(Last name of head of family)

Martha

(First name)

Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2/8/85/1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Martha Thomas

Jan. 1866

7

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697820

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2-1943

(Date)

Mrs. Nell G. Crocker (Martha Thomas)

(Signature of applicant or authorized agent)

16-33916-1

Lewis. S. Thurber Lewis. S. Kendrick
 (Last name of head of family) (First name) (Initial) (City or post office)

PO Box 62 Latah. Idaho
 (Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE
 40832

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
 TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
May	1883	6
Feb	1889	7

1 Lewis. S. Thurber.

2 Hattie. R. Thurber.

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Hattie. R. Thurber.

(Signature of applicant or authorized agent)

16-33916-1

698075

DU

5/21/43

(Date)

TOUT

(Last name of head of family)

Dorothy

(First name)

L

(Initial)

Kendrick

(City or post office)

LATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

15733

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Dorothy	L.	TOUT	NOV	1910	7
2	PATRICIA	A.	TOUT	JAN	1932	8
3	EMILIE	G.	TOUT	MAY	1938	9
4						

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698038

DU

June 1 - 1943

(Date)

Mrs Dorothy Tout

(Signature of applicant or authorized agent)

16-33916-1

Van Gordon

(Last name of head of family)

Harry

(First name)

Kendrick

(Initial)

(City or post office)

Box 122

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

May

1869

8

Harry VanGordon

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698042

DU

June 1st 1943

(Date)

Harry Van Gordon

(Signature of applicant or authorized agent)

16-33916-1

Vincent Marvin R Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

Star Nez Perce Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

40831

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Marvin R. Vincent
2 Myrtea M. Vincent
3
4

3
7

'94
'96

4
5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697832 DU

June 1, 1943
(Date)

Marvin R. Vincent
(Signature of applicant or authorized agent)

16-33916-1

WAIDE

(Last name of head of family)

JOHN

(First name)

F KENDRICK

(Initial)

(City or post office)

P.O. BOX 12

(Mail address, number and street, R. F. D., box number, etc.)

LATAH IDAHO

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

27 92 5

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 JOHN F. WAIDE

5

1871

8

2 MARY D. WAIDE

5

1880

9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

698097

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

5/25/43

(Date)

John F Waide

(Signature of applicant or authorized agent)

16-33916-1

<u>Walker</u> (Last name of head of family)	<u>Norris</u> (First name)	<u>E.</u> (Initial)	<u>Kendrick</u> (City or post office)
<u>Latah</u> (Mail address, number and street, R. F. D., box number, etc.)		<u>Idaho</u> (County)	<u>Idaho</u> (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

16532

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	<u>Norris. E. Walker</u>	<u>June</u>	<u>1884</u>	<u>3</u>
2	<u>Emma. J. Walker</u>	<u>Jan.</u>	<u>1886</u>	<u>4</u>
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

698071 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 6, 1943 Mrs. Emma J. Walker
(Date) (Signature of applicant or authorized agent)

16-33916-1

WALLACE

(Last name of head of family)

LESTER

(First name)

A

(Initial)

KENDRICK

(City or post office)

LATAH

(County)

IDAHO

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

398839

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 LESTER A WALLACE

Sept

1890

5

2 LILLIE E WALLACE

Feb

1887

6

3 DONNA JANE WALLACE

Oct

1925

7

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

398839 DT

The person signing this application certifies to OPA
that he has authority to do so and that all statements in
it are true. A false certification is a criminal offense.

5/5/43

(Date)

L. A. Wallace

(Signature of applicant or authorized agent)

16-33916-1

WALTZ

(Last name of head of family)

Lloyd

(First name)

Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

05015

DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Lloyd WALTZ

Jan. 1897

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697939 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-1-43

(Date)

Lloyd Waltz

(Signature of applicant or authorized agent)

16-33916-1

Ware

(Last name of head of family)

NEWTON

(First name)

E.

(Initial)

KENDRICK

(City or post office)

R. R. #2

Box 1

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

04279

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 NEWTON E. WARE

2 EFFIE M. WARE

3 PERCY N. WARE

4 GEORGIA H. WARE

DATE OF BIRTH

Month

Year

Leave
Blank

APR 21 1862

JUNE 14 1873

OCT. 24 1903

FEB. 22 1927

IF MORE SPACE IS NEEDED USE BACK OF CARD

697822

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

MAY 21, 1945

(Date)

Georgia Helen Ware

(Signature of applicant or authorized agent)

16-33916-1

Watts.	Wm.	A.	Kendrick,
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Latah.		Idaho.	
(Mail address, number and street, R. F. D., box number, etc.)		(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Wm. A. Watts.	Oct.	1891.	7
2	Bertha J. Watts.	Jul.	1887.	8
3	Robert E. Watts.	Sep.	1923.	9
4	Rilla M. Davidson.	May.	1883.	20

IF MORE SPACE IS NEEDED USE BACK OF CARD

698030 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May, 20th, 1943.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Wegner

(Last name of head of family)

August F.

(First name)

(Initial)

KENDRICK

(City or post office)

~~Kendrick~~

(Mail address, number and street, R. F. D., box number, etc.)

Nez Perce IDA.

(County)

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

13459

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	AUGUST F. Wegner	NOV.	1889	0
2	Meta S. Wegner	FEB	1890	1
3	Wayne E Wegner	NOV	1919	2
4	Gladys Wegner	JULY	1927	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698011

DU

6/5/43

(Date)

Meta S. Wegner

(Signature of applicant or authorized agent)

16-33916-1

WESTENDALL

(Last name of head of family)

ALBERT

(First name)

U.

(Initial)

Kendrick

(City or post office)

P.O. Box 161

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

07762

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	ALBERT U. WESTENDALL	NOV.	1895	5
2	VERNA M. WESTENDALL	May	1913	6
3	UNIS F. WESTENDALL	Mar.	1936	7
4	ALBERT M. WESTENDALL	Jan.	1939	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697980

DU

May 26

(Date)

Verna May Westendahl

(Signature of applicant or authorized agent)

16-33916-1

Westendahl

(Last name of head of family)

Ben

(First name)

Kendrick

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

90483

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHERYL COLLEEN WESTENDAHL

MAY 19

2

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

870523 DW

(Date)

(Signature of applicant or authorized agent)

16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	AUGUSTA A. HUTT	AUG	1862	4
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	MARY L. WESTENDALL	JAN	1941	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Westendahl	BENJAMIN	C	Kendrick Ida
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 65	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE			
2	4	2	4
7			

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 BENJAMIN, C. Westendahl	MAY	27 1909	8
2 Ada E Westendahl	MAY	20 1917	9
3 CHARLES D Westendahl	Sept	24 1936	10
4 SHEILA D Westendahl	May	3 1938	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698078 DU

June
(Date)

Mrs. Ben Westendahl
(Signature of applicant or authorized agent)

16-33916-1

Westendahl	Ben	C	Kendrick, Ida
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 65	Latah	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE			
9	3	2	9
7			

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
	Month	Year	
1 Sheila Diane Westendahl	May	3 38	7
2			
3			
4 Replacement			

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

560631 DU

10-27-43
(Date)

Ben Westendahl
(Signature of applicant or authorized agent)

16-33916-1

WESTENDAHN	ALBERT	U.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
P.O. Box 151	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

37602

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	DANIEL R WESTENDAHN	Oct	1943	8
2				
3				
4	Beth Ann			

IF MORE SPACE IS NEEDED USE BACK OF CARD

560767 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

12-29-43
(Date)

Mrs Albert Westendahl


(Signature of applicant or authorized agent)

16-33916-1

Westendahl	Charles	S	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
P.O. 151	LATAH	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

2 7 9 2 8  DY

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHARLES S WESTENDAH

July

1863

0

2 PETRA L WESTENDAH

MAY

1877

1

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697828

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

may 26

(Date)

Petra L Westendahl

(Signature of applicant or authorized agent)

16-33916-1

WEYEN	WEYE	H	KENDRICK
(Last name of head of family)	(First name)	(Initial)	(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)	(County)	Idaho.
		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4	6	3	4	7	
---	---	---	---	---	--

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	WEYE, H. WEYEN
2	ANNA R. WEYEN
3	
4	

May 1888	50Y
May 1898	40Y

IF MORE SPACE IS NEEDED USE BACK OF CARD

548732 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

July 24
(Date)

Mrs. Weyen H. Weyen
(Signature of applicant or authorized agent)

Weyen	William	F.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick	Latoh		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

4 6 2 3 6

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	WILLIAM	F. WEYEN	JAN.	1920	30y
2	ARIA	M. WEYEN	JAN	1921	20y
3	SHIRLEY	K WEYEN	JAN	1940	10y
4	CAROL	L WEYEN	JAN	1942	00y

IF MORE SPACE IS NEEDED USE BACK OF CARD

548733 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

July 24
(Date)

Mrs. Bill Weyen
(Signature of applicant or authorized agent)

Wilken

(Last name of head of family)

Frank

(First name)

A.

(Initial)

(City or post office)

Kendrick

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

44307

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 Frank A. Wilken

June

1890

1

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Frank A. Wilken

(Signature of applicant or authorized agent)

16-33910-1

697937

DU

6-1-43

(Date)

✓ Wilson Alex G Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)
✓ General Del Batah Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

1 1 0 9 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	Alex Gene Wilson	Mar	62	5
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

549437 DU

✓ 4 ureb.
(Date)

✓ A G. Wilson

(Signature of applicant or authorized agent)

16-33910-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	JAMES L Candler	May 6	1927	2
6	Charles B. Candler	July 15	1919	3
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

WILSON

(Last name of head of family)

Alonzo

(First name)

C

(Initial)

Kendrick

(City or post office)

R.F.D.#2

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 2 5 7 1

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 ALONZO C. WILSON

8

'95

5

2 Margaret R. WILSON

12

'03

6

3 Leona E. WILSON

4

'25

7

4 Wayne W. WILSON

1

'27

8

IF MORE SPACE IS NEEDED USE BACK OF CARD

over

697850

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6/8/43

(Date)

Alonzo C. Wilson.

(Signature of applicant or authorized agent)

16-33916-1

WILSON	JOHN	H.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
1	LATAH	IDAHO	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DO NOT WRITE HERE		Leave Blank
	Month	Year	
1 JOHN H WILSON	JULY	1911	4
2 GLADYS M. WILSON	FEB.	1914	5
3 LOTTIE M. WILSON	NOV.	1938	6
4 DORIS C. WILSON	AUG.	1942	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

697909

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

JUNE 9 1943
(Date)

Gladys M. Wilson
(Signature of applicant or authorized agent)

16-33916-1

WILSON

(Last name of head of family)

KIRK

(First name)

D. KENDRICK

(Initial)

(City or post office)

(Mail address, number and street, R. F. D., box number, etc.)

LATAH

(County)

IDAHO

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

00306

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1	WILSON	KIRK	D.	Feb	1906	1
2	WILSON	HAZEL	MAY	Mar	1911	2
3	WILSON	DOROTHY	MAY	July	1930	3
4	WILSON	ROSE	MARIE	April	1937	4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697957

DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 1.
(Date)

Mrs Kirk Wilson
(Signature of applicant or authorized agent)

16-33916-1

Woodward John M Kendrick
(Last name of head of family) (First name) (Initial) (City or post office)

MEZ PERCE Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

40830

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 John M. Woodward
2 GRACE, A WOODWARD

MAY 1879 4
JUNE 1885 5

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698000 DU

May 20
(Date)

John M Woodward
(Signature of applicant or authorized agent)

16-33916-1

Woodward	William	D	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)

Kendrick	Latah	Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

05015

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH

Month

Year

Leave
Blank

1 WILLIAM, D, WOODWARD

Jan

1872

3

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

W. D. Woodward

(Signature of applicant or authorized agent)

16-33916-1

698056

DU

6-1-43

(Date)

Woody

(Last name of head of family)

Gladys

(First name)

A Kendrick

(Initial)

(City or post office)

Latah

(County)

Idaho

(State)

(Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

3 7 0 0 4

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

1 Gladys A. Woody

2

3

4

DATE OF BIRTH

Month

Year

Sept. 16 1905

Leave
Blank

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

558079 DU

June 4, 1943

(Date)

Gladys A. Woody

(Signature of applicant or authorized agent)

16-33916-1

Woody

(Last name of head of family)

Martha

(First name)

W

(Initial)

Kendrick

(City or post office)

R.F.D. No. 1.

(Mail address, number and street, R. F. D., box number, etc.)

Latah

(County)

Idaho

(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

24121

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

- 1 Martha W. Woody
- 2 Lorraine M. Woody
- 3 Kenneth B. Woody
- 4

DATE OF BIRTH

Month

Year

Leave
Blank

May 17, 1876

DEC. 24, 1920

Aug. 15, 1923

8

9

20

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

697919

DU

June 4, 1943

(Date)

Martha W. Woody

(Signature of applicant or authorized agent)

16-35916-1

Zimmerman	Fred		Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 185	Katah		Idaho
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

307192

Uy.

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON
TO RECEIVE RATION BOOK

DATE OF BIRTH		Leave Blank
Month	Year	
Feb	1903	4
Nov	1902	5
April	1924	6
May	1925	7

- Fred Zimmerman
- Mamie T. Zimmerman
- Arnold H. Zimmerman
- Walter B. Zimmerman

IF MORE SPACE IS NEEDED USE BACK OF CARD

697817 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2, '43 Mamie T. Zimmerman

(Date)

(Signature of applicant or authorized agent)

16-33910-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON NOT LISTED ON OTHER SIDE	DATE OF BIRTH		Leave Blank
		Month	Year	
5	Jay D. Wilson	9	'28	9
6				
7				
8				
9				
10				
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE