

Aibright	Marvin	L	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R.F.D. #2	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

26103

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	MARVIN L AIBRIGHT	6	1900	1
2	ESTHER P AIBRIGHT	8	1900	2
3	MARVEL MAY AIBRIGHT	12	1928	3
4	MARY ANN AIBRIGHT	9	1930	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.

622956 DU

June 3-1943

(Date)

Marvin L. Albright

(Signature of applicant or authorized agent)

16-33916-1

Albright	Raleigh	W	Julietta
(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.)		(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

19493

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Raleigh W. Albright	Oct.	1892	6
2	Lora d. Albright	Mar.	1898	7
3	Peggie J. Albright	Aug.	1921	8
4	Roylan T. Albright	Nov.	1926	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622960 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

(Signature of applicant or authorized agent)

16-33916-1

Anderson

(Last name of head of family)

George

(First name)

W.

(Initial)

Juliaetta

(City or post office)

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

4 6 1 5 0

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 George W. Anderson

2

3

4

Oct. 1897

1 DY

IF MORE SPACE IS NEEDED USE BACK OF CARD

250982 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.

George W. Anderson

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Armer DWight E Juliaetta
 (Last name of head of family) (First name) (Initial) (City or post office)
 Juliaetta, R.F.D. 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.

DO NOT WRITE HERE		
1	69	15
2		
3		
4		

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

1 DWight E. Armer
 2 EFFIE Armer
 3 Gary Armer
 4

DATE OF BIRTH		Leave Blank
Month	Year	
Jan.	1889	7
AUG.	1889	8
OCT.	1934	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.

548451 DU

Jukes
 (Date)

DWight E. Armer

(Signature of applicant or authorized agent)

16-33916-1

Baune William Juliaetta
 (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	29	64
2		
3		
4		

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

1 William Baune
 2
 3
 4

DATE OF BIRTH		Leave Blank
Month	Year	
Feb	1877	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.

622866 DU

June 2, 1943

(Date)

William Baune

(Signature of applicant or authorized agent)

16-33916-1

AUNSpaugh

(Last name of head of family)

(First name)

(Initial)

Julietta

(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

45299

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

622987 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

Baker

(Last name of head of family)

Bertie

(First name)

Tulhatch

(City or post office)

(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

29 7 6 1

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Bertie Beulah Baker

Dec

50

1921 2

2 Beulah Jean Baker

Oct

1921 3

3 Virgil Leonard Baker

Nov

12

1921 4

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

548987 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.

10.6.43

(Date)

Bertie Baker

(Signature of applicant or authorized agent)

16-33916-1

Biddison

(Last name of head of family)

Crayton

(First name)

8

(Initial)

Julietta

(City or post office)

P.O. Box no 364

(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

26648

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Nellie Bly Biddison

Dec 1889

7

2 Crayton S. Biddison

Aug 1886

8

3 Hazel L. Talpott

Apr 1903

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.

622921 DU

June 1st

(Date)

Nellie Bly Biddison

(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	William Fred Albright	9	1932	5
6	John Paul Albright	8	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

Birge

(Last name of head of family)

Virgil

(First name)

R. Juliaetta

(Initial)

(City or post office)

Juliaetta

(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 6 4 1

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

DATE OF BIRTH

Month

Year

Leave
Blank

- 1 Virgil R. Birge
- 2 June L. Birge
- 3 Larry Dale Birge
- 4 Glenda M. Birge

Aug	1910	9
May	1918	20
May	1937	1
Nov.	1938	2

IF MORE SPACE IS NEEDED USE BACK OF CARD

631036 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 10th '43

(Date)

June L. Birge

(Signature of applicant or authorized agent)

16-33916-1

BISHOP	ID (MRS.)	A	JULIACCTA
(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

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Mrs W. R. Bishop	June	1858	1
2	Alvée E. Smoot	Aug	1876	2
3	Nellie M. McWilliam		1882	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.

623014 DU

June 2-43
(Date)

Nellie M. McWilliam
(Signature of applicant or authorized agent)

Boone

(Last name of head of family)

Lueella

(First name)

Juliaetta

(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

3/7/10

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Lueella Boone	January	1892	0
2	Alfred Boone	November	1893	1
3	Billy R. Boone	August	1931	2
4	Alfred A. Boone	November	1934	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

622857 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)

Lueella Boone

(Signature of applicant or authorized agent)

16-33916-1

~~WILLARD~~ BOWEN WILLARD C JULIETTA
 (Last name of head of family) (First name) (Initial) (City or post office)
 P.O. Box 322 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 9 0 7 5

dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	WILLARD C. BOWEN	June	1919	2
2	ELIZABETH M. BOWEN	Nov.	1922	3
3	BEVERLY P. BOWEN	Oct.	1940	1
4	BYRON M. BOWEN	Dec.	1941	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.

622896 DU

June 4
 (Date)

Elizabeth M. Bowen
 (Signature of applicant or authorized agent)

16-33916-1

Bowen (Last name of head of family)	Sandra (First name)	L (Initial)	Juliaetta, Ida. (City or post office)
Juliaetta (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	7	0	7	0	
---	---	---	---	---	--

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Sandra Lee Bowen	June	1943	0
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

623350 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

BOWEN (Last name of head of family)	WILLARD (First name)	C (Initial)	Quincy (City or post office)
Latah (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
	Month	Year	
1 _____			
2 _____			
3 Birth BORTON P. BOWEN	Sept	1943	8
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.

560524 DU
Oct. 3, 1943
(Date)

W. Willard C. Bowen
(Signature of applicant or authorized agent)

Brown	Robert	L	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R.F.D. 2	Nez Perce	Idaho	
(Mail address, number and street, R. F. D., box number, etc.)	(County)	(State)	

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DO NOT WRITE HERE

22969

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Robert L. Brown	Jan	1903	0
2	Helena G. Brown	Jan	1902	1
3	Arleen M. Brown	Apr	1930	2
4	Donald L. Brown	July	1936	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.

Lloyd Brown

(Signature of applicant or authorized agent)

16-33916-1

622986 DU

6/5/43

(Date)

Browning	C. C		Juliaett
(Last name of head of family)	(First name)	(Initial)	(City or post office)
			Laurel
(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 4 9 9

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

DATE OF BIRTH

Month

Year

Leave Blank

1 C. C. Browning

Apr 24 18 73

6

2 Viola Browning

June 21 18 94

7

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622904 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	Billy Ray Birge	may	1936	3
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	BURTON P. BOWEN	Sept.	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

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	Carol L. Brown	Dec.	1940	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

Buchanan | Lula | L. | Juliactha
(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

2 | 1 | 7 | 5 | 1 |  Dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Lula L. Buchanan

Aug. 1871

5

2

3

4

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.

Lula L. Buchanan

(Date)

(Signature of applicant or authorized agent)

16-33916-1

623015 DU

Calvert	George	D.	Juliaetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
P.O. Box 335	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

306845

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Clema S. Calvert	Oct. 3	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.

560863 DU

Oct 7-1944

(Date)

Mrs George D. Calvert

(Signature of applicant or authorized agent)

16-33916-1

Candler	Donald	B	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 351	nesperse	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

602254ex

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Leah A. Candler	April	30	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.

323203 DX

D. B. Candler

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Candler William L Julietta
(Last name of head of family) (First name) (Initial) (City or post office)

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

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DO NOT WRITE HERE

3 6 1 5 8

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	William Lloyd Candler	July	1880	4
2	Flora Maude Candler	Jan.	1894	5
3	Lila Willaean Candler	Jan.	1929	6
4	Neil Leon Candler	OCT.	1930	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

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697933

DU

June 1st
(Date)

W. L. Candler

(Signature of applicant or authorized agent)

16-33916-1

CARLTON

(Last name of head of family)

CAROLINE

(First name)

JULIAETTA

(Initial)

(City or post office)

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

(County)

(State)

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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 CAROLINE CARLTON

FEB 16

1887

8

2 JAMES CARLTON

DEC 30

1908

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.

623042 DU

Caroline Carlton

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Carlton	Charles	L.	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Lalah		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

6022950x

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	CHARLES L. CARLTON	Aug	1913	
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.

560921 DU

6-12-45
(Date)

Charles L. Carlton
(Signature of applicant or authorized agent)

16-33916-1

CLARK

(Last name of head of family)

OLIVER

(First name)

W

(Initial)

TULIAETIA

(City or post office)

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

27405

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 OLIVER W. CLARK.

Feb. 25 1893

2 EDITH S. CLARK.

July 11 1894

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

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623030 DU

June 2, 1943

(Date)

Oliver W. Clark.

(Signature of applicant or authorized agent)

16-33916-1

CLARK

(Last name of head of family)

Wallace

(First name)

H.N. Julietta

(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

41446

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 WALLACE, H.N. CLARK

11

1947

4

2 Nora B. CLARK

5

1906

5

3 Jacquelyn, H. CLARK

7

1927

6

4 CLINTON, W. CLARK

1

1930

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.

623041

DU

6/3/-43

(Date)

Wallace, H.N. Clark

(Signature of applicant or authorized agent)

16-33916-1

Clark

(Last name of head of family)

Wilfred

(First name)

C

(Initial)

Julietta

(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

36/57

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

DATE OF BIRTH

Leave
Blank

		Month	Year	
1	Wilfred Claude Clark	11	1904	8
2	Lois C. Clark	11	1909	9
3	Claudene Clark	11	1929	80
4	Joan Clark	9	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.

23027 DU

6-1-43

(Date)

Claude Clark

(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	Arthur Dale Candler	Oct.	1925	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

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	Dean C. Clark	9	1934	2
6	Carol E. Clark	2	1937	3
7				
8				
9				
10				
11				
12				

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

CLARK

(Last name of head of family)

WILLIAM

(First name)

M. JULIAETTA

(Initial)

(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

3 3 5-6 3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 WILLIAM M. CLARK

MAY 1891

8

2 ALICE M. CLARK

FEB 1893

7

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

711229

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. M. Clark.

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Cochran
(Last name of head of family)

Walter
(First name)

J
(Initial)

Julietta
(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

25647

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Walter J Cochran

Mar. 1882

4

2 Myrtle M Cochran

Oct 1885

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622939

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. J. Cochran

(Date)

(Signature of applicant or authorized agent)

16-33916-1

✓ COOK

(Last name of head of family)

ASA

(First name)

(Initial)

Julietta
(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

Kathleen Sharon Cook

July 21

1944

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

70141

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.

✓ Asa Cook

(Date)

(Signature of applicant or authorized agent)

16-33916-1

COOK

(Last name of head of family)

ASA

(First name)

C

(Initial)

Julietta

(City or post office)

R. F. D.

(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

02146

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	COOK	ASA	C	Jan.	1890	5
2	COOK	Mary	Ellen	Nov	1939	6
3	COOK	Georgia	Ann	Feb	1931	7
4	COOK	Carrie	B	Aug	1905	8

IF MORE SPACE IS NEEDED USE BACK OF CARD

623018 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.

ASA C. COOK

(Signature of applicant or authorized agent)

16-33916-1

(Date)

CORKILL

(Last name of head of family)

JOHN

(First name)

R

(Initial)

Julietta

(City or post office)

Route 2

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

Teton

(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

14651

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

JOHN. RALPH CORKILL

Sept 1886

2

2

EDITH MABLE CORKILL

April 1882

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.

623001

DU

John R Corkill

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Crane

(Last name of head of family)

Frank

(First name)

E Juliaetta

(Initial)

(City or post office)

Juliaetta

(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

03152

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Frank E Crane

Apr 1881

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.

622867 DU

Frank E Crane

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Custer Benton C Julizette
(Last name of head of family) (First name) (Initial) (City or post office)

Box 293 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

34075

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	BENTON, C. CUSTER	May 2	1870	1
2	NORA, E. CUSTER	March 11	1878	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.

622899 DU

BENTON CUSTER

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Daniels

David

P

JULIETTA

(Last name of head of family)

(First name)

(Initial)

(City or post office)

~~Daniels~~ ^{Rt #2} JULIETTA ~~Daniels~~

NEZ PERCE

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

47604

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

DATE OF BIRTH

Month

Year

Leave
Blank

- 1 DAVID P. DANIELS
- 2 FRANCES M. DANIELS
- 3 ZELMA L. DANIELS
- 4 CECIL D. DANIELS

NOV	1904	4
JAN	1929	5
JULY	1909	6
AUG.	1942	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.

622984

DU

JUNE 6-1943

(Date)

Zelma L. Daniels

(Signature of applicant or authorized agent)

16-33916-1

DANIELS (Last name of head of family) | DAVID (First name) | P (Initial) | Julietta (City or post office)
My Place (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.

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

Phillip D. Daniels

Oct

1943

107

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

549124 **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.

10-21-43

(Date)

David P. Daniels

(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	COOK CLIFFORD Joseph	Nov	1934	9
6	COOK Carrie Bell	Oct.	1928	70
7	COOK Robert	June	1938	1
8	COOK Dorothy Mae	Aug.	1927	2
9	COOK William	June	1941	3
10	COOK Lloyd Alfred	Oct	1936	4
11	COOK ASA JAMES.	Feb.	1933	5
12				

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

DANIELS

(Last name of head of family)

VESTER

(First name)

K

(Initial)

JULIETTA

(City or post office)

RFD #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

4 5 8 0 9 [REDACTED] DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

LAVERN S. DANIELS

Nov.

25

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.

Lavern S. Daniel

(Signature of applicant or authorized agent)

16-33916-1

(Date)

No 549817 CN
126000 DW

DANIELS

(Last name of head of family)

Vester

(First name)

K. Juliaetta

(Initial)

(City or post office)

JULIAETTA IDA RIFE Ry Perce 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

1 3 5 0 6

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

DATE OF BIRTH

Month

Year

Leave

Blank

1 Vester K. DANIELS.

July

1913

8

2 Bonnie E. DANIELS.

March

1927

9

3 Effie R. WRIGHT

Sept

1875

70

4 BETH COOK

July

1941

1

IF MORE SPACE IS NEEDED USE BACK OF CARD

622985 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)

Bonnie E. DANIELS

(Signature of applicant or authorized agent)

16-33916-1

DAVIS

(Last name of head of family)

ERNEST

(First name)

L

(Initial)

JULIAETTA

(City or post office)

~~R.F.D.~~ 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

2 2 9 6 7

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ERNEST L. DAVIS

DEC. 1909

5

2 EVA M. DAVIS

APRIL 1918

6

3 MARY J. DAVIS

OCT. 1936

7

4 ~~BOB~~ ROBERT L. DAVIS

DEC. 1937

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.

623025 DU

Ernest L Davis

(Signature of applicant or authorized agent)

JUNE 5

(Date)

16-33916-1

Davis

(Last name of head of family)

Willis

(First name)

R

(Initial)

Julietta

(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

46375

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Willis Robert Davis

June 1891

8DY

2 Mary Almeta Davis

March 1896

7

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622845 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

DENNEY

(Last name of head of family)

RAYMOND

(First name)

A

(Initial)

(City or post office)

WITH ARMED FORCES

(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 KENNETH RAY DENNEY

JULY 1944

2 note from Dr. Shawn

3 11/8/44 JB

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

560854 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

DENNLER ADOLPH G JULIAETTA
(Last name of head of family) (First name) (Initial) (City or post office)

JULIAETTA 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 0 3 0 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	ADOLPH G DENNLER	AUG 11	1913	8
2	ESTHER P. DENNLER	MAR 7	1916	9
3	KENNETH A. DENNLER	AUG 31	1936	20
4	LINETTE D. DENNLER	DEC 21	1940	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

697780 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 Adolph Denner.
(Date) (Signature of applicant or authorized agent)

DENNLER

(Last name of head of family)

DAVE

(First name)

H. JULIETTA

(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

41447

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DAVE H. DENNLER

Aug. 7

1910

2

2 ELEANOR V. DENNLER

Nov. 7

1913

3

3 DAVID C. DENNLER

Oct. 18

1934

4

4 DONALD W. DENNLER

Oct. 12

1935

5

IF MORE SPACE IS NEEDED USE BACK OF CARD

623020 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 2nd 43

(Date)

Dave Dennler

(Signature of applicant or authorized agent)

16-33916-1

DENNLER

(Last name of head of family)

GEORGE

(First name)

JULIAETTA

(Initial)

(City or post office)

1 Box 11

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

Leave
Blank

Month

Year

1	GEORGE	DENNLER	10 th	1885	9
2	FRIEDA	DENNLER	10 th	1914	30
3	EARNEST	DENNLER	6 th	1924	1
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.

623036

DU

6/7/43

(Date)

George Dennler

(Signature of applicant or authorized agent)

16-33916-1

Dennler

(Last name of head of family)

George Fred

(First name)

Juliaetta

(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

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 George Fred Dennler

Nov. 15 1906

6

2 Phyllis E. Dennler

July 28 1916

7

3 Arlene P. Dennler

Nov. 23 1937

8

4 Janice M. Dennler

Aug. 7 1941

9

IF MORE SPACE IS NEEDED USE BACK OF CARD

623034 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.

George Fred Dennler

(Signature of applicant or authorized agent)

16-33916-1

(Date)

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	ARLENE F. DAVIS	FEB.	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

DENNier Kuni Juliaetta
 (Last name of head of family) (First name) (Initial) (City or post office)
 Juliaetta 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

27419

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

DATE OF BIRTH

Month

Year

Leave Blank

1	Kuni DENNier	July	1984	1
2	TOM DENNier	April	1912	2
3	MARTIN DENNier	Nov.	1914	3
4	HERMAN DENNier	Dec.	1917	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.

623035 DU

June 3
(Date)

Mrs Kuni Dennier
(Signature of applicant or authorized agent)

DENNLER

(Last name of head of family)

WALTER

(First name)

P

(Initial)

JULIAETTA

(City or post office)

RED #1 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

4 1 4 4 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DENNLER WALTER PETER

DEC 29

1911

8

2 DENNLER MARIE T

FEB 18

1914

9

3 DENNLER ROBERT W

APR 17

1939

76

4 DENNLER JUDITH M

DEC 18

1940

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.

623031

DU

June 2

(Date)

Walter Dennler

(Signature of applicant or authorized agent)

16-33916-1

DILLMAN

(Last name of head of family)

DANIEL

(First name)

J

(Initial)

JULIAETTA

(City or post office)

P.O. BOX 314

(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

1949

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DANIEL J. DILLMAN

Aug 1913

6

2 MAZIE J. DILLMAN

FEB 1915

2

3 CORAL J. DILLMAN

JULY 1940

8

4 LARRY D. DILLMAN

JAN 1943

9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622901 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)

Mrs Daniel Dillman

(Signature of applicant or authorized agent)

16-33916-1

DILLMAN William M Juliaetta
 (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

33499

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

DATE OF BIRTH

Month

Year

Leave Blank

1	William M. Dillman	April	1883	0
2	Polly May Dillman	May	1885	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.

622873 DU
 June-4-1943
 (Date)

Polly May Dillman
 (Signature of applicant or authorized agent)

16-33916-1

Draper
(Last name of head of family)

MARY
(First name)

E Duliaceta
(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

2 1 7 5 1 [] DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	MARY E. DRAPER	Aug.	1889	7
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622910 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

Dudley Rufus F. Juliaetta
 (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)
Idaho.

Print below full name and date of birth of each person included in this application. If 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 2 4 2

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Rufus F. Dudley	Mar	1855	9
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622872 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.

Rufus F. Dudley
 (Signature of applicant or authorized agent) 16-33916-1

Elver.

Abram.

E.

Juliaetta

(Last name of head of family)

(First name)

(Initial)

(City or post office)

R.F.D. 1

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 1 0 9 9

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME of each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Abram E. Elver.	Aug.	1878	8
2	Emma C. Elver.	April.	1882	9
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622970 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
 (Date)

A. E. Elver
 (Signature of applicant or authorized agent) 16-33916-1

DUMBAULD
(Last name of head of family)

SARAH
(First name)

QUINCY
(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

03153

04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 SARAH DUMBAULD,

APRIL 1861

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.

622868 DU

June 7
(Date)

SARAH DUMBAULD

(Signature of applicant or authorized agent)

16-33916-1

Eaton	Melger	S.	Juhetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 316			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 2 8 9 0

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Melger S Eaton

Feb.

1969

7

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622919 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.

Melger S Eaton

(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	KUNI DENNLEY	July	1884	5
6	TOM DENNLEY	April	1912	6
7	MARTIN DENNLEY	Nov	1914	7
8	HERMAN DENNLEY	Dec.	1917	8
9				
10				
11				
12				

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

Erwin | Arv | S. | Julianna
 (Last name of head of family) | (First name) | (Initial) | (City or post office)

373 | 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

20200

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Arv S. Erwin
 2
 3
 4

june

1943

0

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.

622890 DU

june 2, 1943
 (Date)

Arv S. Erwin
 (Signature of applicant or authorized agent)

16-33916-1

Estes

(Last name of head of family)

Edgar

(First name)

Julietta

(Initial)

(City or post office)

Rt. #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

3 9 0 2 8

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Edgar, Estes

DPC

1878

4

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697941 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)

M. Klopfer

(Signature of Applicant or authorized agent)

16-33916-1

Fitzhugh

(Last name of head of family)

Mack

(First name)

A

(Initial)

Julietta

(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

3 7 6 1 0 7

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

Mack A Fitzhugh.

Feb

189

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

70192

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.

3/25/44

(Date)

Mack A Fitzhugh

(Signature of applicant or authorized agent)

16-33916-1

FIX

(Last name of head of family)

IRA

(First name)

W JULIAETTA

(Initial)

(City or post office)

Box 303

(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 5 6 4 8

04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 IRA W. FIX
2 LIZZIE PEARL FIX

JULY 1819 0
AUG. 1885 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.

622898 DU

6/2/43

(Date)

Ira W. Fix

(Signature of applicant or authorized agent)

16-33916-1

F I I G E R

(Last name of head of family)

C A R L

(First name)

F

(Initial)

J u l i a e t t a

(City or post office)

R o u t e # 1 B o x # 4

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

L A T A H

(County)

I d A H O

(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 1 0 0

D Y

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 C A R L F. F I I G E R
2 L O I S L. F I I G E R
3 C A R L B. F I I G E R
4 E R N S T R. F I I G E R

F e B. 1917
N O V. 1918
O C T. 1938
S e p t. 1941

0
1
2
3

IF MORE SPACE IS NEEDED USE BACK OF CARD

623043

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. Carl F. Fliger

(Signature of applicant or authorized agent)

16-33916-1

FOWLER

(Last name of head of family)

HARRY

(First name)

C Julietta

(Initial)

(City or post office)

Route 2

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

Big 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

30098

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 HARRY C. FOWLER

MARCH 1887

4

2 LENA C. FOWLER

DEC. 1890

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.

622978 DU

June 3-1943 Lena C. Fowler

(Date)

(Signature of applicant or authorized agent)

16-33916-1

FOWLER

(Last name of head of family)

JAY

(First name)

C

(Initial)

JULIAETTA

(City or post office)

THIRD + WATER ST 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

10/14/45

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 JAY C. FOWLER

9

1892

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.

552487 DU

6-9-1943

(Date)

Jay C Fowler

(Signature of applicant or authorized agent)

16-33916-1

FRISBEE | JOHN

(Last name of head of family)

(First name)

M | Juliaetta

(Initial)

(City or post office)

P.O. BOX No 335

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 86 4 8

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

DATE OF BIRTH

Leave
Blank

1 JOHN M. FRISBEE

5

18 77

6

2 HULDA A. FRISBEE

12

18 85

7

3 Hulda

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622912 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 25-1943

(Date)

Hulda A Frisbee

(Signature of applicant or authorized agent)

16-33916-1

* Garnes Melvin Julianna
(Last name of head of family) (First name) (Initial) (City or post office)
Box 365 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

44357  10/7

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Melvin Garnes	Oct 15	1913	7
2	Donald L. Garnes	July 9	1923	8
3	Don George L. Garnes	Aug. 9	1941	9
4	Linda S. Garnes	Nov. 17	1942	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.

Mrs. Melvin Garnes
(Signature of applicant or authorized agent)

16-33916-1

645372 DU

June 7, 1943
(Date)

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	MARTHA M. FINGER	DEC.	1875	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	<i>Ration books mailed to Mrs. Melvin Garner Box 365 Juliaette, Idaho</i>			
6				
7				
8				
9				
10				
11				
12				

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

Gibbs George H. Julietta
(Last name of head of family) (First name) (Initial) (City or post office)

R.F.D. - No. 2, Box 62 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.

DO NOT WRITE HERE

3 4 0 0 0

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	George H. Gibbs	Feb.	1861	0
2	Margaret E. Gibbs	Jan.	1869	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.

622976 DU

June 2, 1943
(Date)

George H. Gibbs
(Signature of applicant or authorized agent)

16-33916-1

Giese George M. Julietta
(Last name of head of family) (First name) (Initial) (City or post office)

R.F.D. 1 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

2 0 1 6 4

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	George M. Giese	Dec.	3	1900	0
2	Gladys G. Giese	Aug.	31	1906	1
3	Gwendolyn E. S. Giese	Nov.	3	1927	2
4	Bruce A. Giese	Nov.	10	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.

623023 DU

(Date)

Gladys Giese
(Signature of applicant or authorized agent)

16-33916-1

Glenn

(Last name of head of family)

Fred

(First name)

A Juliaetta

(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

1 9 4 9 4

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Fred A. Glenn

Nov. 1909 0

2 Gladys B. Glenn

Aug. 1911 1

3 Mary Ann Glenn

Feb. 1936 2

4 Janet A. Glenn

Feb. 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.

623004 DU

June 1, 1943

(Date)

Mrs Fred Glenn

(Signature of applicant or authorized agent)

16-33916-1

Glenn John L. Juliaetta
(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 6 6 8 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 John L. Glenn

Nov. 1877 4

2 Julia W. Glenn

May 1876 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.

623010 DU

John L. Glenn

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Grantham Winfred Juliaetta
 (Last name of head of family) (First name) (Initial) (City or post office)
 Box 347 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

09491

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Winfred GRANTHAM
 2 Nellie Ann GRANTHAM
 3 Jeannine GRANTHAM
 4

10 1907 0
 5 1910 1
 3 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.

622917 DU

June 7 - 1943
 (Date)

Nellie Ann Grantham
 (Signature of applicant or authorized agent)

16-33916-1

Greene

Fanny

Juliaetta Id

(Last name of head of family)

(First name)

B

Box 357
 (City or post office)

Box 357 Juliaetta Ida.

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

21751

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Fanny B. Greene

July 1869 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.

622925 DU

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Eckman	Leonard	L	Julietta
(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 76/1/3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Leonard Lee Eckman	Jan	1944	
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

70121 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.

2-18-44

(Date)

Edna L Eckman

(Signature of applicant or authorized agent)

16-33916-1

GRAYSON

(Last name of head of family)

MARVIN

(First name)

R

(Initial)

JULIAETTA, IDA

(City or post office)

RT. 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

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

MARVIN R. GRAYSON

OCT

1918

3

2

3

4 DISCHARGE A.L.

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.

560448 DU

9-14-43

(Date)

Marvin R. Grayson

(Signature of applicant or authorized agent)

16-33916-1

Gregory

(Last name of head of family)

Rose

(First name)

V. Juliaetta

(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

25647

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Rose V. Gregory

10-17 1871

2 VERNON J. Gregory

10-15 1909

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.

023017 DU

6-3-43

(Date)

Rose V. Gregory

(Signature of applicant or authorized agent)

1-33916-1

GROSECLOSE

(Last name of head of family)

EDWARD

(First name)

J

(Initial)

JULIAENA

(City or post office)

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

1 1 3 0 8

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 EDWARD J. GROSECLOSE

Feb. 18 1893

0

2 DIXIE G. GROSECLOSE

Feb. 25 1900

1

3 BONNIE I. GROSECLOSE

Jan. 23 1930

2

4 JOHN A. GROSECLOSE

July 27 1936

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.

622974 DU

JUNE 4-43

(Date)

DIXIE G. GROSECLOSE

(Signature of applicant or authorized agent)

16-33916-1

GROSECLOSE

(Last name of head of family)

GEORGE

(First name)

W

(Initial)

JULIAETTA

(City or post office)

R.F.D.#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

3

2

2

3

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

GEORGE W. GROSECLOSE

JUNE

1905

3

2

HELEN GROSECLOSE

DEC.

1910

4

3

JAMES T. GROSECLOSE

FEB.

1930

5

4

VIRGIE A. GROSECLOSE

APRIL

1931

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.

622957 DU

June 3, 1943

(Date)

George Groseclose

(Signature of applicant or authorized agent)

16-33916-1

Groseclose Houston L Juliaetta
 (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
 10307

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

DATE OF BIRTH		Leave Blank
Month	Year	
Apr	1887	2
Oct	1896	3
Jan	1864	4
Oct	1933	5

1 Houston L. Groseclose
 2 Lillian M Groseclose
 3 Booker Dyer
 4 Thomas K Groseclose

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.

622859 DU

June 7
 (Date)

Houston L. Groseclose
 (Signature of applicant or authorized agent) 16-33916-1

Groseclose Susan A Juliaetta
 (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
 25647

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

DATE OF BIRTH		Leave Blank
Month	Year	
Feb	1870	6
June	1908	7

1 Groseclose, Susan A
 2 Groseclose, Everett J
 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.

622877 DU

June 2, 1943
 (Date)

Groseclose, Susan A.
 (Signature of applicant or authorized agent)

ROSECLOSE | LAURA | V | JULIAETTA
 (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
 34000

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	LAURA V. ROSECLOSE	DEC. 25	1869	6
2	JAMES BLAINE ROSECLOSE	Aug 24	1872	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.

622907 DU
 June 2, 1943 Laura Roseclose
 (Date) (Signature of applicant or authorized agent) 16-33916-1

Gruell | Cecil | | Juliaetta
 (Last name of head of family) (First name) (Initial) (City or post office)
 Box 374 | 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
 19492

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Cecil Gruell	Feb. 19	1902	4
2	Crystal M. Gruell	Nov. 16	1905	5
3	Kenneth C. Gruell	Sept. 25	1935	6
4	Mary E. Ottosen	Sept. 14	1878	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.

622908 DU
 June 2, 1943 Cecil Gruell
 (Date) (Signature of applicant or authorized agent) 16-33916-1

Grosechase

(Last name of head of family)

Lesse

(First name)

B

(Initial)

Tuliacette

(City or post office)

R.F.D. 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

33499

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Lesse B. Grosechase

Sep. 18 1890

2 Anna Grosechase

Mar. 3 1893

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.

622961

DU

Lesse B. Grosechase

(Signature of applicant or authorized agent)

16-83916-1

6/7/43

(Date)

GRUELL
(Last name of head of family)DONALD
(First name)i
(Initial)JULIAETTA
(City or post office)Box i
(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

25649

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DONALD I GRUELL

MAR 1899

4

2 MARY E GRUELL

NOV 1896

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622941

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.

Donald I Gruell

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Guthrie ALONZO Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)

~~GUTHRIE~~ 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.

DO NOT WRITE HERE

3 4 0 7 5

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	ALONZO GUTHRIE	2	95	5
2	AUDREY HAZEL GUTHRIE	10	91	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.

Alonzo Guthrie
(Signature of applicant or authorized agent)

622946 DU

6-4-43
(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	BENNY L. GROSECLOSE	MAY	1932	7
6	PHYLLIS ELAINE GROSECLOSE	OCT	1933	8
7	DONNEL E. F. GROSECLOSE	JULY	1936	9
8	RICHARD EARL GROSECLOSE	NOV.	1938	40
9	JOSEPH THEODORE GROSECLOSE	MARCH	1940	1
10				
11				
12				

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

Guthrie Marie E Juliactra
(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

39028

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Marie E Guthrie

June 1865

2

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622861 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.

x Maria E Guthrie

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Hadley

(Last name of head of family)

Fred

(First name)

W. Gulietta

(Initial)

(City or post office)

P.O. Box 375 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

26155 DY

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

DATE OF BIRTH

Leave
Blank

Month

Year

1 Fred W. Hadley

Sept

1901

6

2 Rose E. Hadley

April

1906

7

3 Shirley W. Hadley

Feb

1929

8

4 Peggy M. Hadley

April

1932

9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622909 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)

Fred W. Hadley

(Signature of applicant or authorized agent)

16-33916-1

HALL

(Last name of head of family)

ALVA

(First name)

R

(Initial)

Julietta Ida

(City or post office)

R.F.D. # 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

25639

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ALVA R. HALL

Sept, 1897

4

2 ESTHER E. HALL

Nov, 1895

5

3 ALVA REYNOLD. HALL

June 1935

6

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622989 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

(Date)

Alva R Hall

(Signature of applicant or authorized agent)

16-33916-1

Hall (Last name of head of family) James (First name) M (Initial) Julietta (City or post office)
 P.O. Box 353 (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.

DO NOT WRITE HERE

4 3 2 4 2 DY

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

DATE OF BIRTH

Month

Year

Leave Blank

1	JAMES MARTIN HALL	APRIL	77	6
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622892 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 MARTIN HALL

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Hall	Robert	H	Idaho
(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

4 3 2 4 2

DY

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

DATE OF BIRTH

Leave
Blank

Month

Year

1 ROBERT H HALL

APRIL 12 1868

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622932 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

Halliday

(Last name of head of family)

M.

(First name)

C

(Initial)

Julietta

(City or post office)

R F D # 1

(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

3/17/20

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 M. C. Halliday

June

1887

0

2 Margaret. Halliday

Jan.

1893

1

3 Janet C. Halliday

Jan

1923

2

4 Mary Louise Halliday

Oct

1925

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.

M. C. Halliday

(Signature of applicant or authorized agent)

16-33916-1

623013

DU

June 5-1943

(Date)

Hanks

(Last name of head of family)

Marion

(First name)

F

(Initial)

Juliaetta

(City or post office)

Box K

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

1	3	3	8	2	
---	---	---	---	---	--

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Marion F Hanks

April 1903

7

2 Louise A Hanks

April 1904

8

3 Patricia M Hanks

April 1927

9

4 Roberta A Hanks

August 1932

30

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.

910171 DU

June 9, 1943

Marion F Hanks

(Applicant or authorized agent)

16-22016-1

10 y

HANNEMANN

(Last name of head of family)

CARL

(First name)

F.

(Initial)

JULIAETTA

(City or post office)

P.O. 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

27406

D4

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 CARL F. HANNEMANN

OCT.

1883

4

2 GRACE E. HANNEMANN

JAN

1882

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.

22938 DU

June 2, 1943

(Date)

Mrs. C. F. Hannemann

(Signature of applicant or authorized agent)

16-33916-1

(Last name of head of family) HANSON (First name) August (Initial) J (City or post office) Juliacta
 (Mail address, number and street, R. F. D., box number, etc.) _____ (County) _____ (State) Idaho

Print below full name and date of birth of each person included in this application. If 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	August Hanson	July	1986	2
2	Anna Hanson	January	1890	3
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622886 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	Jayne C. Hadley	OCT	1933	60
6	Fredric L Hadley	Feb	1936	1
7	Billy T. Hadley	OCT	1938	2
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	Donald Franklin Hanks	Aug.	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

Harrison Louie A JULIAETTA
(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

1 9 4 9 3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	LOUIE A. HARRISON	OCT.	1888	2
2	MOLLIE S. HARRISON	NOV.	1895	3
3	ELLEN SEVENS	AUG.	1869	4
4	RICHARD M. ELLENWOOD	MAR.	1936	5

IF MORE SPACE IS NEEDED USE BACK OF CARD

622949 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.

Louie A. Harrison.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

HAZEITINE E)md L JULIETTA
(Last name of head of family) (First name) (Initial) (City or post office)

ROUTE 2 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.

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	E)md	L	HAZEITINE	NOV.	1917	8
2	Pearl	E	HAZEITINE	DEC.	1915	9
3	Harold	E	HAZEITINE	SEPT.	1941	21
4						

IF MORE SPACE IS NEEDED USE BACK OF CARD

622998 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)

E)md L HAZEITINE
(Signature of applicant or authorized agent)

16-33916-1

Heath

(Last name of head of family)

Edward

(First name)

N.

(Initial)

Juliaetta

(City or post office)

R. F. D.

(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

96576

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

Edward N. Heath

Oct.

1891

4

2

Mildred E. Heath

Aug.

1893

5

3

Gordon P. Heath

Apr.

1923

6

4

Evelyn M. Heath

June

1926

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.

622990 DU

June 1, 1943

(Date)

Mildred E. Heath

(Signature of applicant or authorized agent)

16-33916-1

Heath

(Last name of head of family)

Flora

(First name)

E. Julianna

(Initial)

(City or post office) Idaho

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.

4 | 7 | 2 | 3 | 0

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Heath, Flora E.

4

1915 only

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.

545988DU

2 Sept. 1943

(Date)

Flora E. Heath

(Signature of applicant or authorized agent)

16-33916-1

Hedler

(Last name of head of family)

John

(First name)

M

(Initial)

Juliaetta

(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 6 9

04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	John M Hedler	March	1889	2
2	Fannie Hedler	January	1892	3
3	Michael F Hedler	May	1928	4
4				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.

J. M. Hedler

(Signature of applicant or authorized agent)

16-33916-1

(Date)

June 3-1943

622942

DU

Heimgartner | ALBERT | J | Juliaetta
 (Last name of head of family) | (First name) | (Initial) | (City or post office)
 Juliaetta | 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

19492

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

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Albert J. Heimgartner	3/18	1884	8
2	Mystic B. Heimgartner	14/24	1887	9
3	Floyd K. Heimgartner	1/19	1924	30
4	Bernice B. Heimgartner	4/23	1926	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.

Albert Heimgartner

(Signature of applicant or authorized agent)

623006 DU

6/2/43

(Date)


16-33916-1

Heimgartner | Eldon | A | Julietta
(Last name of head of family) (First name) (Initial) (City or post office)

R.F.D. 1 | 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

4 | 1 | 4 | 4 | 5 | 

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Eldon A. Heimgartner	May	15	1913	2
2	Gertrude H. Heimgartner	Aug.	2	1915	3
3	Eugene A. Heimgartner	Aug.	10	1936	4
4	Gerald E. Heimgartner	Nov	3	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.

Mrs. Eldon A. Heimgartner
(Signature of applicant or authorized agent)

16-33916-1

623012 DU

June 3rd
(Date)

Heimgartner Elmer Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)
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

4 1 4 4 4

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Elmer Heimgartner	Oct.	1916	4
2	Lola Mae Heimgartner	Mar.	1913	5
3	Jeannine M. Heimgartner	Aug.	1938	6
4	Donna A. Heimgartner	Nov.	1942	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

623032 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)

16-33916-1

(Date)

HEIMGARTNER

(Last name of head of family)

ERMA

(First name)

R

(Initial)

JULIAETTA

(City or post office)

(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

42019

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ERMA R. HEIMGARTNER

APRIL

1918

2 NADINE J. HEIMGARTNER

NOV

1942

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

Nº 827737

CR

The person signing this application certifies 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

Mrs. Clarence Heimgartner

(Signature of applicant or authorized agent)

13-33916-1

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	Irene Fay Heath	Apr.	1928	8
6	Lee R. Heath	Jan	1930	9
7	Irene E. Heath	Feb	1932	70
8	Norma L. Heath	Oct	1934	1
9				
10				
11				
12				

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

Heimgartner	Lawrence	W.	Julietta
(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

4 3 0 2 7

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Lawrence W. Heimgartner	July 8	1914	6
2	Nellie M. Heimgartner	Oct. 14	1919	7
3	Janice M. Heimgartner	Oct. 2	1942	8
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. W. Heimgartner

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Heimgartner Leslie F. Juhietta
(Last name of head of family) (First name) (Initial) (City or post office)

#2 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

36101

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Leslie F. Heimgartner	August	1909	5
2	Madehena Zumhofe	August	1983	6
3	Elsie M. Heimgartner	July	1913	7
4	Robert M. W. Heimgartner	June	1934	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.

622993 DU

June 1, 1943
(Date)

Leslie F. Heimgartner
(Signature of applicant or authorized agent)

16-33916-1

Heimgartner Robert C. Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)

Julietta, Idaho 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

4 1 4 4 4

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Robert C. Heimgartner	Aug.	1985	8
2	Roy C. Heimgartner	March	1919	9
3	La Verne L. Heimgartner	May	1925	50
4	Betty J. Heimgartner	April	1927	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

623000 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.

Robert C. Heimgartner

(Date)

(Signature of applicant or authorized agent)

16-33916-1

HEIMGARTNER

(Last name of head of family)

WILLIAM

(First name)

F

(Initial)

JULIAETTA

(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 7 2 6 3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	WILLIAM F. HEIMGARTNER	Oct 1	1891	6
2	LODA M. HEIMGARTNER	May 27	1896	7
3	WILMA F. HEIMGARTNER	July 1	1926	8
4	FRANK W. HEIMGARTNER	Aug 15	1929	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.

623033

DU

(Date)

WILLIAM FERDINAND HEIMGARTNER

(Signature of applicant or authorized agent)

16-33916-1

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Heimgartner

William F.

Julietta

(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 34 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 WILM S, Fern Heimgartner 1424 1916 SDN.

2 Replacement

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.

560681 DU

Lona Heimgartner

(Signature of applicant or authorized agent)

(Date)

16-33916-1

HOISINGTON | CLETIS | F | JULIAETTA
(Last name of head of family) (First name) (Initial) (City or post office)

R.F.D. | 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

3 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	CLETIS F. HOISINGTON	JULY	1901	1
2	BEATRICE M. HOISINGTON	JAN.	1901	2
3	FRANK D HOISINGTON	SEPT.	1924	3
4	PHIL E HOISINGTON	APR.	1926	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.

622995 DU

June 3 '43
(Date)

Cletis F. Hoisington
(Signature of applicant or authorized agent)

16-33916-1

HOMSEY

(Last name of head of family)

NELS

(First name)

—JULIAETTA

(Initial)

(City or post office)

R.F.D. 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

11616

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	NELS HOMSEY	FEB. 18	1910	60
2	HAZEL M. HOMSEY	AUG. 18	1915	1
3	GERALD A. HOMSEY	APR. 35	1940	2
4	CAROL A. HOMSEY	MAR. 16	1943	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.

Nels Homsey

(Signature of applicant or authorized agent)

16-33916-1

623026 DU

June 9, 1943

(Date)

Hooper

(Last name of head of family)

Eileen

(First name)

E.

(Initial)

Julietta

(City or post office)

To Mrs. W. R. Davis

(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

43474

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Mrs. Eileen Hooper

Aug

1920

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.

818728 EB

Mrs. Eileen Hooper

(Signature of applicant or authorized agent)

16-33916-1

June 1, 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	Ida M. Heimgartner	April	20 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

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	ILENE L. HEIMBARTNER	Sept.	1936	40
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	ARNOLD J	HOISINGTON	MAY	1927	6
6	CLETA MAE	HOISINGTON	JULY	1928	6
7	VIVIAN L	HOISINGTON	JUNE	1930	7
8	NEALE R	HOISINGTON	APR.	1932	8
9	JAMES R	HOISINGTON	SEPT	1930	9
10	WARREN D	HOISINGTON	AUG	1941	3-0
11					
12					

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

Howell	Willis	A	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
P.O. Box 333	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

01520

dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Willis A. Howell	JAN	1919	0
2	Luetta M. Howell	MAY 11	1924	1
3	Connie F. Howell	AUG 12	1941	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.

622849

DU

June 8-43

(Date)

Luetta Mae Howell

(Signature of applicant or authorized agent)

16-33916-1

Hutchison

(Last name of head of family)

Howard

(First name)

(Initial)

Julietta

(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

20026

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Howard Hutchison

Nov

1890

1

2 Agnes G. Hutchison

Sept.

1907

2

3 Wallace G. Hutchison

July

1883

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

623022 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, 1943

(Date)

Howard Hutchison

(Signature of applicant or authorized agent)

16-33916-1

Irwin

(Last name of head of family)

Laura

(First name)

E

(Initial)

Juliaetta

(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.

30821

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 (Mrs.) Laura E. Irwin

Nov. 1871

8

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622871

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)

(Signature of applicant or authorized agent)

16-33916-1

JEAN

(Last name of head of family)

FRANK

(First name)

J

(Initial)

JULIETTA

(City or post office)

Box 326

(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

33589

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 FRANK J. JEAN

3/10

1879

5

2 JULIA W. JEAN

1/18

1879

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.

622920 DU

June 7, 1943

(Date)

Frank Joseph Jean.

(Signature of applicant or authorized agent)

16-33916-1

JESSUP

(Last name of head of family)

Charles

(First name)

W

(Initial)

Juliaetta

(City or post office)

P.O. Box 88

(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

16532

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

DATE OF BIRTH

Leave
Blank

Month

Year

1 Chas. W. Jessup

May 19 1862

2 Annie L. Jessup

Oct. 30 1875

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.

022933 DU

June 8, 1943. Chas. W. Jessup

(Date)

(Signature of applicant or authorized agent)

16-33916-1

<i>John</i> <i>Adrian</i> (Last name of head of family)	<i>Adrian</i> (First name)	<i>C</i> (Initial)	<i>Julianette</i> (City or post office)
(Mail address, number and street, R. F. D., box number, etc.)	<i>Ketch</i> (County)	<i>Mass</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

3	7	6	1	59	
---	---	---	---	----	--

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

DATE OF BIRTH

	First Name, Middle Initial, Last Name	Date of Birth		Leave Blank
		Month	Year	
1	<i>Douglas Carl Johns</i>	<i>Jan⁸⁰</i>	<i>1944</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.

(Date)

(Signature of applicant or authorized agent)

16-33916-1

birth **10104 DX**

Mar. 19. 1944

Mrs. Adrian Johns

Johns

(Last name of head of family)

Adrian

(First name)

C. Juliaetta

(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.

10367

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Adrian C. Johns	May	1912	6
2	Viola Delphine Johns	July	1912	7
3	Patricia Diann Johns	JAN.	1942	8
4	Donald LeRoy Whybark	May	1936	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.

622928 DU

June 1, 1943

(Date)

Viola D. Johns

(Signature of applicant or authorized agent)

16-33916-1

Johns

(Last name of head of family)

Phil

(First name)

A

(Initial)

Juliactta

(City or post office)

Box 356

(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 Phil A. Johns

7-10

1905

2

2 Iva E. Johns

9-30

1912

3

3 Dicky A Johns

2-2

1930

4

4 Marjorie F. Johns

12-6

1931

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.

622922 DU

(Signature of applicant or authorized agent)

16-33916-1

(Date)

Johnson	John L	J	Juliaetta
(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

3	4	0	0	0	
---	---	---	---	---	--

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 John L Johnson

Feb.

1871

4

2 Florence M Johnson

Feb.

1881

5

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622874 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

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	Helen M. Johns	8-31	1933	6
6				
7				
8				
9				
10				
11				
12				

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

Johnson	John	R.	Troy
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 236	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 5 9 6 8

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	John R. Johnson	July	1898	8
2	Alice V.S. Johnson	Feb.	1906	9
3	Vivian L. Johnson	Aug.	1934	90
4	Arlo J. Johnson	Nov.	1937	1

IF MORE SPACE IS NEEDED USE BACK OF CARD

810348 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)

Mrs. Alice V. S. Johnson

(Signature of applicant or authorized agent)

16-33916-1

Jones

(Last name of head of family)

Clyde

(First name)

E

(Initial)

Juliaetta

(City or post office)

Box No. 372

(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 4 0 5  44

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

DATE OF BIRTH

Month

Year

Leave

Blank

1 Clyde E. Jones

May 1911

2

2 Zelva M. Jones

Feb. 1912

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.

622889

DU

Clyde E. Jones

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Kile | Minnie | E. | Dulacatta
 (Last name of head of family) | (First name) | (Initial) | (City or post office)

324 | 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

27406

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

DATE OF BIRTH

Leave Blank

	Month	Year	
1 Minnie E. Kile	June	1943	2
2 Juanita L. Kile	June	1943	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.

622903 DU
June 2, 1943
(Date)

Minnie E. Kile
(Signature of applicant or authorized agent)

16-33916-1

KLOPHER

(Last name of head of family)

Martin

(First name)

JULIETTA

(Initial)

(City or post office)

RT-#2

NEZPERCE 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

16686

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Martin KLOPHER

Jan 1884

0

2 BERTHA KLOPHER

SEPT 1887

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.

623007 DU

June 7-1943

(Date)

M. Klopfer

(Signature of applicant or authorized agent)

16-33916-1

Knight	Lloyd		Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
			Lees
(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 0 2 5

dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Lloyd Knight	Aug. 13	1897	0
2	Ethel Knight	June 4	1894	7
3	Boyd Knight	Jan. 23	1926	8
4	Rex Knight	June 7	1933	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622884 **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

Lackey

(Last name of head of family)

Caroline

(First name)

B

(Initial)

Julietta

(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

01306

DY

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

DATE OF BIRTH

Leave Blank

	Month	Year	
Caroline G. Lackey	9	1924	
1 Marilyn Lee Lackey	4	1943	3
2 Patsie Louise Lackey	1	1914	7
3			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.

622913

DU

6/1/43

(Date)

Mrs. Caroline G. Lackey

(Signature of applicant or authorized agent)

16-33916-1

Long
(Last name of head of family)

Rose
(First name)

A Juliaetta
(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

20025 74

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	<u>Rose A. Long</u>	<u>May</u>	<u>1900</u>	<u>8</u>
2	<u>Zada M. Long</u>	<u>October</u>	<u>1927</u>	<u>9</u>
3	<u>Leta A. Long</u>	<u>March</u>	<u>1930</u>	<u>60</u>
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.

622882 DU

7 1943

Rose A. Long
Authorized agent

MAUND

(Last name of head of family)

JOHN

(First name)

JULIAETTA

(Initial)

(City or post office)

2

NEZPERCE

(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

20308

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 JOHN MAUND

3/1

1883

2

2 LILY M. MAUND

12/27

1889

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.

552143 DU

5/30-43

(Date)

John Maund

(Signature of applicant or authorized agent)

16-83916-1

McAllister ELMER O Juliaetta
(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

3/12/97

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

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	ELMER O. McAllister	SEP.	1878	2
2	NANCY P. McAllister	Aug.	1902	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.

622951 DU

JUNE 1943
(Date)

NANCY Pearl McAllister
(Signature of applicant or authorized agent)

16-33916-1

McALLISTER | JEAN | E | JULIAETTA
(Last name of head of family) | (First name) | (Initial) | (City or post office)

BOY 355 | 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

5 | 7 | 0 | 3

04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	JEAN E. McALLISTER	MAY	1923	0
2	KATHERINE L. McALLISTER	MAR.	1942	1
3	RALPH E. McALLISTER	SEPT	1924	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.

622911 DU

June 1-43
(Date)

Mrs Jean McAllister
(Signature of applicant or authorized agent)

16-33916-1

M^cAtty

(Last name of head of family)

Esther

(First name)

J Juliaetta

(Initial)

(City or post office)

R#2 Juliaetta

(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

09608

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank1. Esther J. M^cAtty

Dec. 1910

7

2. Abel M^cAtty

June 1906

8

3. Beatrice S. M^cAtty

Feb. 1929

9

4. Beverly A. M^cAtty

Oct. 1931

90

IF MORE SPACE IS NEEDED USE BACK OF CARD

622955 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)

Esther J. M^cAtty

(Signature of applicant or authorized agent)

16-33916-1

McCall

(Last name of head of family)

Mary

(First name)

M

(Initial)

Julietta

(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

30822

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Mary M. McCall

May 1977

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622854 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 M. McCall

(Date)

(Signature of applicant or authorized agent)

16-33916-1

McKellips	Melvin	L	Juliaetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 363	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 1 4 4 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Melvin L. McKellips

July 1915

0

2 Hazel M. McKellips

Sept. 1914

1

3 Neal P. McKellips

Mar. 1933

2

4 Sharon M. McKellips

Dec. 1941

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.

Melvin L. McKellips

(Signature of applicant or authorized agent)

16-33916-1

622891

DU

JUN 3 1943

(Date)

MILLARD	HERB.		JOLIETT
(Last name of head of family)	(First name)	(Initial)	(City or post office)
PO Box 296	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 H. MILLARD.	APRIL	26-1885	4
2	GEORGIA A. MILLARD.	JULY	10-1885	6
3	Herb Millard			
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.

622926 DU

June 7-43
(Date)

J. H. Millard
(Signature of applicant or authorized agent)

16-33916-1

Miller

(Last name of head of family)

Charles

(First name)

W. Juliaetta

(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

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Charles W. Miller

June 1893

9

2 Leroy D. Miller

SEP 1915

50

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.

623019

DU

Charles W. Miller

(Date)

(Signature of applicant or authorized agent)

16-33916-1

Nelson	CHAS.	T	Julianna
(Last name of head of family)	(First name)	(Initial)	(City or post office)
P.O. Box 333	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	CHAS. T. Nelson	JAN-8	1882	8
2	Ethel G. Nelson	JUNE-7	1882	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.

622894 DU

JUNE 4-1943
(Date)

Ethel G. Nelson
(Signature of applicant or authorized agent)

16-33916-1

Nelson

(Last name of head of family)

Clifford

(First name)

H

(Initial)

Juliaetta

(City or post office)

Box # 351

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 7 0 6 9

04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Clifford H. Nelson

Dec. 29 1911

5

2 Lura V. Nelson

Dec. 19 1917

6

3 Karen E. Nelson

Apr. 8 1939

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.

622879

DU

Lura V. Nelson

(Signature of authorized agent)

Nye	ALVIN	L	JULIAETTA
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 354	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	1
4			

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	ALVIN G. Nye		JAN.	1908	5
2	ARLEE P. Nye		OCT.	1914	6
3	BOBBY G. Nye		MARCH	1934	7
4	DORIS M. Nye		AUG.	1935	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.

622906 DU	Mrs. Arlee Nye
June 1	(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	Walter M ^c . Atty	Sept.	1934	1
6	Cecil M ^s Atty	June	1936	2
7	Rodney M ^s Atty	Aug.	1937	3
8	Phyllis M ^s Atty	Sept.	1939	4
9	Enice J. M ^s Atty	March	1943	5
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	MELVIN J. Nte	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

NYE

(Last name of head of family)

MAECI

(First name)

JULIAETTA

(Initial)

(City or post office)

Rt. H1

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

4/5026

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 MAECI NYE

JAN 1895

0

2 BERT NYE

FEB 1938

1

3 SAM NYE

OCT 1894

2

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

623024 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)

Maeci Nye

(Signature of applicant or authorized agent)

16-33916-1

OZMAN

(Last name of head of family)

Lewis

(First name)

(Initial)

Julietta

(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

42964

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

DATE OF BIRTH

Month

Year

Leave
Blank

1

Lewis OZMAN

July 1873

7

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622876

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.

Lewis OZMAN

(Signature of applicant or authorized agent)

(Date)

16-33916-1

PAPINEAU

(Last name of head of family)

LEONARD J. JULIAETTA

(First name)

(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

13073

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	LEONARD J. PAPINEAU	JULY 2, 1900	6
2	ANNA PAPINEAU	AUG 30, 1898	7
3			
4			

IF MORE SPACE IS NEEDED USE BACK OF CARD

558047 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 J. Papineau

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Parker

(Last name of head of family)

John

(First name)

A

(Initial)

Julietta

(City or post office)

Idaho

(State)

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

(County)

Print below full name and date of birth of each person included in this application. If 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

45799

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 John A Parker

Jan 1875

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.

622812

DU

John A. Parker

(Signature of applicant or authorized agent)

(Date)

16-33916-1

PARKS

(Last name of head of family)

Charles

(First name)

H

(Initial)

Julietta

(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

36102

DY

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

DATE OF BIRTH

Month

Year

Leave

Blank

1 Charles H. PARKS

MAY 1909 0

2 Myrtle J. PARKS

Feb. 1914 L

3 Betty J. PARKS

Nov 1932 2

4 CHARLES H PARKS Jr

JULY 1934 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.

623002 DU

June 1, 1943

(Date)

C. H. Parks

(Signature of applicant or authorized agent)

16-33916-1

PARKS

(Last name of head of family)

HUGH

(First name)

R

(Initial)

Julietta

(City or post office)

RED #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

31522

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 KATHERINE L. PARKS

Sept

1903

1

2 BYARD W. PARKS

March

1929

2

3 FROTH A. PARKS

Dec.

1930

3

4 HUGH R. PARKS

April

1901

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622999 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)

Hugh R. Parks

(Signature of applicant or authorized agent)

16-33916-1

Parker Irene B Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)
R. F. D #2 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

06034

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Irene B. Parker	Sept	1921	4
2	Rudolph D. Parker - Jr	Dec	1942	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.

622969 DU
June 7, 1943 Mrs Irene B. Parker
(Date) (Signature of applicant or authorized agent) 16-33916-1

PEELER

(Last name of head of family)

CHARLES

(First name)

JULIAETTA

(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

3 2 4 9 8

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHARLES PEELER

DEC. 27. 1864 6

2 MARY ADALAI DE PEELER

JAN. 10. 1874 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.

622905 DU

6/4/43

(Date)

Mary A. Peeler

(Signature of applicant or authorized agent)

16-33916-1

Perkins (Last name of head of family)	Bonnie (First name)	m. (Initial)	Juliaetta (City or post office)
Box 332 (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

663248 CX

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Michael L. Perkins	May	22	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.

323198 DX

Mrs. Bonnie Perkins

(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	LAVET R. PARKS		April	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

PETERS

(Last name of head of family)

John

(First name)

D

(Initial)

JULIAETTA

(City or post office)

Box 243

(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

33950

DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 John DEE PETERS

Oct

1900

6

2 BULAK VIRGA PETERS

May

1908

6

3 FRED A SUE PETERS

Aug

1925

8

4 JAMMY MALTON PETERS

May

1927

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.

J. D. Peters

(Signature of applicant or authorized agent)

16-33916-1

622893 DU

6-3-43

(Date)

Porter	Dennis		Juliaetta
(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

27405

04

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Dennis Porter	March	1874	6
2	Hulda M. Porter	July	1883	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.

022918 DU

June 1st
(Date)

Dennis Porter

(Signature of applicant or authorized agent)

PRATER LIZZIE M JULIAETTA
(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

34075

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 LIZZIE M. PRATER

MAY 1886 9

2 MARY L. PRATER

OCT. 1926 60

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.

622855 DU

JUNE 4
(Date)

LIZZIE M PRATER
(Signature of applicant or authorized agent)

16-33918-1

PRATER

(Last name of head of family)

Lizzie

(First name)

M

(Initial)

TULHARTTA

(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.

9/3/59/6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 EUGENE S. PRATER

JULY 1924

odw

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.

560729 DU

MAY 26 1943

EUGENE S. PRATER

(Applicant or authorized agent)

16-22016-1

<u>PRIDEAUX</u> (Last name of head of family)	<u>LEVON</u> (First name)	<u>D.</u> (Initial)	<u>JULIAETTA</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

584555 CV

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 MARGARET GAIL PRIDEAUX

11

1944

2
3
4
note shown - 42
2-10-42

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.

158332 DX

Mrs. L. D. Prideaux
(Signature of applicant or authorized agent)

(Date)

16-33916-1

Red Elk.

(Last name of head of family)

Rosa

(First name)

(Initial)

Julianette

(City or post office)

R. F. D. No. 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

20858

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

1 Rosa Red Elk.

2 Cy Red Elk.

3 Jonas Wateren

4

DATE OF BIRTH

Month

Year

Leave
Blank

8

'93.

4

6

02.

5

7

1864

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.

622953 DU

June 5/43.

(Date)

Rosa Red Elk.

(Signature of applicant or authorized agent)

16-33916-1

RICE

(Last name of head of family)

GEORGE

(First name)

H

(Initial)

JULIAETTA

(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

34284

DY

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

1 GEORGE H. RICE
2 MINNIE E. RICE
3 MERRITT D. RICE
4 MERILYN E. RICE

DATE OF BIRTH

Month

Year

Leave Blank

MAR 2 1904

OCT 27 1910

FEB 22 1936

JAN 1 1938

0

1

2

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.

622856 DU

Mrs Minnie E. Rice

(Signature of applicant or authorized agent)

16-33916-1

June 4

Richardson

(Last name of head of family)

Pearl

(First name)

A

(Initial)

Juliaetta

(City or post office)

(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

16770

by

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Pearl Ann Richardson	Feb.	1901	4
2	Ethel Alice Richardson	Mar	1905	5
3	Claude C. Richardson	Nov.	1908	6
4	Claude C. Richardson	Nov.	1908	7

IF MORE SPACE IS NEEDED USE BACK OF CARD

622870 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.

Pearl Richardson

(Signature of applicant or authorized agent)

16-22016-1

Richardson

(Last name of head of family)

Pearl

(First name)

A

(Initial)

Juliaetta

(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

2 9 3 7 8

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Clyde C Richardson

Nov. 1908

9

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

560483 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.

Sept. 21, 1943

(Date)

Pearl Richardson

(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	MINNIE LOU PETERS	July	1929	10
6	FRANKIE MAUR PETERS	April	1933	1
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	MACIL ROSE RICE	NOV 12	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

Richardson Paul W Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)

R#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

4 2 9 6 4 [] DX

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Paul W. Richardson	Feb	1902	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.

623038 DU

Paul Richardson
(Signature of applicant or authorized agent)

6-1-43
(Date)

16-33916-1

RICHARDSON RALPH E. JULIAETTA
(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.

DO NOT WRITE HERE

1949 2

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	RALPH E. RICHARDSON	11-13	1887	0
2	OLIVET F. RICHARDSON	2-14	1911	1
3	MAXINE E. RICHARDSON	2-22	1930	2
4	CONNIE J. RICHARDSON	4-4	1934	3

IF MORE SPACE IS NEEDED USE BACK OF CARD

623039 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)

Ralph E. Richardson
(Signature of applicant or authorized agent)


16-33916-1

RICHARDSON *RALPH* *E* *Idaho*
(Last name of head of family) (First name) (Initial) (City or post office)

R 7 D W 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

9 *3* *3* *1* *7* 

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	<i>Cleo R. Richardson</i>	<i>8</i>	<i>7</i>	<i>4</i>
2				
3	<i>"Birth"</i>			
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

560715 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.

11-17-43
(Date)

Ralph E Richardson
(Signature of applicant or authorized agent)

16-33916-1

Richie

(Last name of head of family)

Ferdinant

(First name)

Juliaetta

(Initial)

(City or post office)

Box 77 Juliaetta

(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

16686

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

DATE OF BIRTH

Leave
Blank

1 Ferdinand Richie

June

1861

6

2 Margaret Richie

May

1868

7

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622935 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)

Ferdinand Richie

(Signature of applicant or authorized agent)

16-33916-1

Robbins

(Last name of head of family)

Jenny

(First name)

O

(Initial)

Julietta

(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

45214

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Jenny O Robbins

Oct

1869

2

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622850 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

RODERICK O R A D JULIAETTA
(Last name of head of family) (First name) (Initial) (City or post office)

~~RODERICK~~ PO BOX 321 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 3 DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	O R A. D. R O D E R I C K	Dec 10 1903	6
2	M I L L I E. I. R O D E R I C K	Aug 31 1911	7
3	C L E O. E. R O D E R I C K	Mar 19 1931	8
4	V E R L A. M. R O D E R I C K	Nov 19 1934	9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622881 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 O R A. D. R O D E R I C K
(Date) (Signature of applicant or authorized agent)

Sampson (Last name of head of family)	Harry (First name)	M (Initial)	Juliaetta (City or post office)
Route 2 (Mail address, number and street, R. F. D., box number, etc.)	Nex 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 7 4 4 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

- Harry M. Sampson
- Selma J. Sampson
- Norma M. Sampson
- Rachel G. Wilsey

Dec.

1891

0

Aug.

1889

1

Sept.

1927

2

Nov.

1916

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

711392 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)

Mrs. Selma Sampson
(Signature of applicant or authorized agent)

16-33916-1

SAMS

(Last name of head of family)

C Het.

(First name)

A.

(Initial)

Julietta

(City or post office)

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

Nespers

(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

36102

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHESTER A. SAMS

Oct

1898

5

2 ROMONA SAMS

Nov.

1911

6

3 JUREDA SAMS

Aug.

1930

7

4 ARNETHA SAMS

Sept.

1933

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.

623055 DU

Mrs Chat Sams

(Signature of applicant or authorized agent)

16-33916-1

June 2

(Date)

Schetzle George W Julianna.
(Last name of head of family) (First name) (Initial) (City or post office)

L. 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

6533

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Schetzle George W.			3
2	Schetzle Ray L.			4
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

623009 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

Schupfer

(Last name of head of family)

Otto

(First name)

Juliaetta

(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

0	5	4	2	0	
---	---	---	---	---	--

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

DATE OF BIRTH

Month

Year

Leave
Blank1 **Otto Schupfer****May****1891****0**2 **Elizabeth J. Schupfer****Oct****1898****1**3 **Maribel M. Schupfer****Aug****1925****2**

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

697790**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)

Otto Schupfer
(Signature of applicant or authorized agent)

16-33916-1

RobertS Melvin P JULIAETTA
 (Last name of head of family) (First name) (Initial) (City or post office)

Route 2 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 0 9 7 1

BY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	MELVIN P. ROBERTS	April	1913	5
2	GLADYS M. ROBERTS	Dec.	1923	6
3	JAMES V. ROBERTS	Oct.	1940	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.

622994 DU

GLADYS ROBERTS

(Signature of applicant or authorized agent)

16-33916-1

(Date)

June 7, 1943

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	Barbara G. Wilsey	Oct.	1942	4
6	Ada Lou Groseclose	Sept.	1921	5-
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	APETTA SAMS	OCT.	1937	9
6	RAY SAMS	JAN	1938	30
7				
8				
9				
10				
11				
12				

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

Scott

(Last name of head of family)

Bruce

(First name)

A.

(Initial)

Julietta

(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.

3	3	4	9	9	
---	---	---	---	---	--

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Bruce A. Scott

May

1920

4

2 Mrs. Bruce A. Scott

Aug.

1920

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.

622853 DU

June 3, 1943

(Date)

Mrs. Bruce A. Scott

(Signature of applicant or authorized agent)

16-33916-1

SCOTT

(Last name of head of family)

PEARL

(First name)

L

(Initial)

JULIAETTA

(City or post office)

P.O. Box 323

(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

33498

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

DATE OF BIRTH

Leave
Blank

Month

Year

1 Pearl Lydia Scott

Aug 1885

4

2 John E Scott

April 1910

5-

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622895 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 14

(Date)

Mrs Pearl L. Scott

(Signature of applicant or authorized agent)

16-33916-1

Shepherd

(Last name of head of family)

Harvie

(First name)

J

(Initial)

Julietta

(City or post office)

Box 317

(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 4 0 6

dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Harvie J. Shepherd

July

1912

0

2 Irene M. Shepherd

March

1918

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.

622929

DU

June 1st

(Date)

Harvie Shepherd

(Signature of applicant or authorized agent)

16-33916-1

X Sherman Bruce V. Julietta
(Last name of head of family) (First name) (Initial) (City or post office)

X 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

X 1	<u>Jack Sherman</u>	<u>Dec</u>	<u>1943</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.

X Jay Sherman
(Signature of applicant or authorized agent)

3/25/44
(Date)

16-33916-1

SHORES	Clydina	J	Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
JULIETTA	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

16685

09

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Mrs CLYDINA SHORES	5-26	1885	8
2	JOHN W. SHORES	10-19	1927	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.

623046 DU

June 6 1943
(Date)

Clydina Shores
(Signature of applicant or authorized agent)

Sherman | Bruce | V. | Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)

R F D No 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

3 4 0 7 5

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

DATE OF BIRTH

Leave
Blank

		DATE OF BIRTH		Leave Blank
		Month	Year	
1	Bruce (V.) Sherman	Aug.	1917	7
(M.) Fay	Sherman	Oct.	1917	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.

Fay Sherman

(Signature of applicant or authorized agent)

622947 DU

6-5-43

(Date)

16-33916-1

Shore	IAE	Julietta
(Last name of head of family)	(First name)	(Initial) (City or post office)
Julietta	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

39628

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

DATE OF BIRTH

Month

Year

Leave Blank

1 IAE Shore

Aug 19-23

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.

I. H. Shore

(Signature of applicant or authorized agent)

16-33916-1

809930 DU

June 14, 1943

(Date)

Shutt	James	M	Juliaetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 445			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
1 JAMES W. SHUTT.	JAN 18 1968	7
2		
3		
4		

IF MORE SPACE IS NEEDED USE BACK OF CARD

622930 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

S L E A D

M+S.

LAWRENCE

V.

JULIAETTA

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Route I

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 Mrs. LAWRENCE W. SLEAB

945380

1 VIOLET MARIE SLEAD
2

March 27, 1944

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.

392846 DX

(Signature of applicant or authorized agent)

16-33916-1

SHEPHERD

(Last name of head of family)

HARVIE

(First name)

J

(Initial)

JOLIAETTA

(City or post office)

Box 317

(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 6 8 6 3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DOUGLAS W. SHEPHERD

AUG. 2

1943

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.

Harvie Shepherd
(Signature of applicant or authorized agent)

16-33916-1

8-21-43

(Date)

560337 DU
Girth. (MTH)

SLEAD

LAWRENCE

W.

JULIAETTA

(Last name of head of family)

(First name)

(Initial)

(City or post office)

Route I

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

09492

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	LAWRENCE W. SLEAD	December	1913	2
2	EVA L. SLEAD	JANUARY	1923	3
3	LARRY R. SLEAD	July	1942	4
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

623040 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)

LAWRENCE W. SLEAD

(Signature of applicant or authorized agent)

16-33916-1

Slickpoo (Last name of head of family)	David (First name)	L (Initial)	JULIAETTE. (City or post office)
Juliaette (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

24089

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	David W. Slickpoo	Jan.	1904	1
2	Janet Peterson Slickpoo	June	1907	2
3	Morris Slickpoo	June	1938	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.

622952 DU
June 1st
(Date)

David L. Slickpoo
(Signature of applicant or authorized agent)

SMITH

(Last name of head of family)

BID

(First name)

J. J. JULIAETTA

(Initial)

(City or post office)

PO Box 295

(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

21751

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 BID. J. SMITH

MAY 1904 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.

622916

DU

BID. J. SMITH

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Smith

(Last name of head of family)

Harry

(First name)

K

(Initial)

Juliaetta

(City or post office)

R. F. D. #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

15170

DP

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Harry K. Smith

Apr

1891

6

2 Margaret S. Smith

July

1897

7

3 Edwin Smith

Mar

1926

8

4 Louise J. Smith

Feb

1932

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.

622971

DU

June 7

(Date)

HARRY K. SMITH

(Signature of applicant or authorized agent)

16-33916-1

Smith Lucinda F. Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)
Box 347 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

25649

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Lucinda F. Smith
2 William H. Smith
3
4

4 1866 2
6 1861 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.

Lucinda F. Smith

(Signature of applicant or authorized agent)

16-33916-1

622927 DU
June 3-1943
MAY (Date)

Snyder

(Last name of head of family)

Frank

(First name)

Julietta

(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

34075

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Frank Snyder

Aug 1971

2 Charles Snyder

July 1973

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622934 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

SPRAY

(Last name of head of family)

FRANK.

(First name)

(Initial)

JULLIETTA

(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.

27 4 0 5

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 FRANK SPRAY

May

1867

4

2 SUSIE E. SPRAY

Oct

1873

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.

622944 DU


SPRAY FRANK

(Signature of applicant or authorized agent)

16-22016-1

<u>Steensma</u> (Last name of head of family)	<u>Jelly</u> (First name)	<u>Jehiaetta</u> (Initial)	<u>Jehiaetta</u> (City or post office)
<u>R.F.D. 2</u> (Mail address, number and street, R. F. D., box number, etc.)	<u>Nezperce</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>30</u>	<u>8</u>	<u>21</u>	
DATE OF BIRTH		Leave Blank	
Month	Year		
<u>April</u>	<u>1857</u>	<u>9</u>	

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

1	<u>Jelly Steensma</u>
2	
3	
4	

IF MORE SPACE IS NEEDED USE BACK OF CARD

623054 **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.

6/3/43
(Date)

Jelly Steensma
(Signature of applicant or authorized agent)

STEIGERS

(Last name of head of family)

ERNEST

(First name)

A. JULIAETTA

(Initial)

(City or post office)

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

0 2 1 4 5

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ERNEST, A. STEIGERS

OCT.

1902

7

2 NELLIE M. STEIGERS

MAY

1905

8

3 WILLIAM D. STEIGERS

AUG.

1926

9

4 KATHLEEN D. STEIGERS

MAY

1928

60

IF MORE SPACE IS NEEDED USE BACK OF CARD

622988

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.

Ernest A. Steigers

(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	Lois J. Smith	Feb	1932	10
6	Peter Wagner	Oct.	1887	1
7	steady fired hand			
8	since-1931-			
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 J. STEIGERS	FEB.	1933	61
6	KEITH R. STEIGERS	FEB.	1933	2
7	ERNEST DAVID STEIGERS	DEC.	1935	3
8	ALMEDA E. DEANE	JULY	1878	4
9				
10				
11				
12				

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

STETGERS

(Last name of head of family)

Robert

(First name)

JULIAETTA

(Initial)

(City or post office)

Cherry Lane RR 2 Key Perce

(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

22968

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

DATE OF BIRTH

Month

Year

Leave

Blank

1 Robert # Steigers

10-17

96

5

2 Ruth E Steigers

6

98

6

3 Mildred Steigers

8

25

7

4 Ann Addie Steigers

4

31

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.

622983

DU

Mrs Ruth E Steigers

(Signature of applicant or authorized agent)

(Date)

16-33916-1

STEIGER

(Last name of head of family)

WILLIAM

(First name)

(Initial)

(City or post office)

JULIAETTA

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

N.Z.P. 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

26639

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 STEIGER, WILLIAM

JAN

1870

3

2 STEIGER, ELIZABETH

MAR

1870

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.

William Steiger

(Signature of applicant or authorized agent)

(Date)

16-33916-1

Stevens

(Last name of head of family)

Glen

(First name)

S

(Initial)

Juliaetta

(City or post office)

R.F.D. #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

34289

dy

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

DATE OF BIRTH

Month

Year

Leave
Blank

- 1 Glen S. Stevens
- 2 Marion M. Stevens
- 3 Erma E. Stevens
- 4 Crystal F. Stevens

Aug.	1903
Oct.	1913
July	1917
May	1942

5
6
7
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.

622996

DU

(Date)

(Signature of applicant or authorized agent)

16-33916-1

STUART | ELMER. | O. | JULIAETTA
(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

02182

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	ERMA JEAN STUART	JAN	1929	0
2	ELVA MAE STUART	JAN	1931	1
3	NORETTA RAE STUART	MAY	1937	2
4	NORA STUART	NOV	1896	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.

Elmer O Stuart

(Signature of applicant or authorized agent)

(Date)

16-33916-1

622862 DU

Swanhorst

(Last name of head of family)

Leona

(First name)

H Juliaetta

(Initial)

(City or post office)

Route I

(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

26639

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Leona H. Swan Horst

Sept 1919

2 Barbara A. Swan Horst

May 1939

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622878 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

TABER

(Last name of head of family)

SAMUEL

(First name)

S

(Initial)

JULIAET

(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 SAMUEL S. TABER

OCT

1866

6

2 REX S. TABER

JAN

1927

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.

623037 DU

June 2nd

1942

Samuel S. Taber

(Signature of applicant or authorized agent)

16-33916-1

Taylor (Last name of head of family) | Ed. (First name) | H (Initial) | Julia (City or post office)
 Gen Del (Mail address, number and street, R. F. D., box number, etc.) | Latah (County) | Okla. (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 | 2 | 0

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

DATE OF BIRTH

Month

Year

Leave Blank

1	Ed. H. Taylor	Aug	1873	4
2	Elsie L. Taylor	March	1885	5
3	Margaret Covington	Oct.	1916	6
4	Jane Covington	April	1938	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.

Ed. H. Taylor

(Signature of applicant or authorized agent)

16-33916-1

622858 DU

Taylor	Eugene		Julietta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
R.F.D.I Box II	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 7 0 6 8

04

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

DATE OF BIRTH

Month

Year

Leave Blank

1	Eugene Taylor	Jan	1908	3
2	Earlen Taylor	May	1906	4
3	Charles E. Taylor	May	1935	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.

623044 DU

June 2, 1943

(Date)

Eugene Taylor

(Signature of applicant or authorized agent)

16-35916-1

Taylor

(Last name of head of family)

Robert

(First name)

C

(Initial)

Juliacton

(City or post office)

Lathco

(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

20308

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Robert C Taylor

10

72

4

2 Nellie M Taylor

7

29

5-

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

623056 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)

Robert C Taylor

(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 F Steiders	2	34	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

<i>Stinson</i>	<i>Grace</i>	<i>A</i>	<i>Juliaetta</i>
(Last name of head of family)	(First name)	(Initial)	(City or post office)
<i>Box 297</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

4 3 2 4 3 *DX*

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

DATE OF BIRTH

Month

Year

Leave Blank

1	<i>Grace A Stinson</i>	<i>APR</i>	<i>1867</i>	<i>4</i>
2				
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622943 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	ELMER O. STUART			✓
6				
7				
8				
9				
10				
11				
12				

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

THOMPSON

(Last name of head of family)

EVEA

(First name)

(Initial)

Julietta

(City or post office)

Box 294

(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

46006

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

EVEA THOMPSON

LDY

IF MORE SPACE IS NEEDED USE BACK OF CARD

571600 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.

Evea M. Thompson

(Signature of applicant or authorized agent)

July 3, 1943

(Date)

16-33916-1

TROMBETTA

(Last name of head of family)

JOHN

(First name)

-

(Initial)

JULIAETTA

(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

669680 CV

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DORIS ELIZABETH TROMBETTA 7 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.

924127 DW

(Date)

(Signature of applicant or authorized agent)

16-33916-1

birth certificate shown 1345 JB

Mrs. Thos. Hendrix

<u>Types</u> (Last name of head of family)	<u>Thomas</u> (First name)	<u>Julietta</u> (Initial)	<u>Idaho</u> (City or post office)
<u>R. F. D. #2</u> (Mail address, number and street, R. F. D., box number, etc.)	<u>Nez Perce</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

30059

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	<u>Thomas Types</u>	<u>unknown</u>	<u>1864</u>	<u>6</u>
2	<u>Mrs. Lucy Types</u>	<u>Nov.</u>	<u>1871</u>	<u>7</u>
3				
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

622975 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)

Thomas Types
(Signature of applicant or authorized agent)

16-33916-1

Vincent	Emma	V	Julietta
(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

16533

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Emma V Vincent

Feb. 1872

5

2 Wilma E Vincent

Jan. 1908

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.

622851 DU

Emma V Vincent

(Signature of applicant or authorized agent)

16-33916-1

(Date)

WALSH

(Last name of head of family)

ERNEST

(First name)

J

(Initial)

JULIETTA

(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

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ERNEST JOHN WALSH
2 MAE IRENE WALSH
3 JOHN ELMER WALSH
4 LCC EDWARD WALSH

Feb 23 18 93 6
April 1 19 03 7
Oct 23 19 22 8
July 8 19 32 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.

Mrs Ernest J. Walsh

(Signature of applicant or authorized agent)

16-33916-1

022864

DU

June 3

(Date)

WAYLAND | GEORGE | A | JULIETTE
(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

23867

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	GEORGE A WAYLAND	SEPT	1873	4
2	MABEL S WAYLAND	JUNE	1883	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.

622863 DU
june 9 1943
(Date)

L. A. Wayland
(Signature of applicant or authorized agent)

16-33916-1

Weatherby
 (Last name of head of family)

Ben
 (First name)

H
 (Initial)

Julietta
 (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 6 1 0 0

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

DATE OF BIRTH

Leave
Blank

	Month	Year	
1 Weatherby, Ben H.	May	1890	2
2 Weatherby, Frances E.	July	1885	6
3 Weatherby, Goldie J.	March	1926	7
4 Weatherby, Betty M.	Feb.	1932	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.

Ben H. Weatherby

(Signature of applicant or authorized agent)

16-33916-1

623021 DU

6-2-43

(Date)

Weatherby

(Last name of head of family)

Ben

(First name)

Jr.

(Initial)

Juliaetta

(City or post office)

Box 313

(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 James B. Weatherby

July

1943

2

2 "Birth"

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.

560586

DU

Oct 20/43

Mrs. Ben Weatherby, Jr.

(Applicant or authorized agent)

16-52016-1

WEATHERBY

(Last name of head of family)

BEN

(First name)

B.W.

(Initial)

JULIAETTA

(City or post office)

BOX 313

(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 4 6 8 9 PY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	BEN WEATHERBY JR	APRIL	1921	2
2	JEAN A. WEATHERBY	MARCH	1922	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.

622897 DU

6/9/43

(Date)

Ben Weatherby, Jr.

(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	L U ELLCN WALSH	Oct 27	1922	70
6	SHARON EILEEN WALSH	Sept 8	1942	1
7				
8				
9				
10				
11				
12				

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

WEBER

(Last name of head of family)

HERBERT

(First name)

JULIAETTA

(Initial)

(City or post office)

314

(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

36101

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 MRS HERBERT WEBER

AUGUST

1912

0

2 MR. HERBERT WEBER

MARCH

1903

1

3 LEO EDWARD WEBER

APRIL

1931

2

4 RICHARD LEROY WEBER

SEPTE

1941

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.

DU

JUNE. 2

(Date)

MRS HERBERT WEBER

(Signature of applicant or authorized agent)

16-33916-1

Wells

(Last name of head of family)

Arlos

(First name)

G

(Initial)

Julietta

(City or post office)

Julietta

(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

22968

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

DATE OF BIRTH

Month

Year

Leave
Blank

1. Arlos G. Wells

Oct.

1915

0

2. Roxanna C. Wells

April

1919

1

3. Le Bay A. Wells

Aug.

1938

2

4. Carlton F. Wells

Dec.

1941

3

IF MORE SPACE IS NEEDED USE BACK OF CARD

622860 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.

Arlos G. Wells

(Signature of applicant or authorized agent)

(Date)

16-33916-1

WEST | JAMES | B | JULIAETTA
(Last name of head of family) (First name) (Initial) (City or post office)
JULIAETTA | 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

693952 CV

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 JAMES B. WEST
2 HAZEL O. WEST
3 BEVERLY G. WEST
4 BONNIE D. WEST

4 1900
1 1909
12 1932
10 1934

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.

560855 DU

10-4-44
(Date)

James B. West
(Signature of applicant or authorized agent)

16-33916-1

WESTLING

(Last name of head of family)

CHESTER

(First name)

A

(Initial)

JULIAETIA

(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

3 3 4 9 9

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 CHESTER. A. WESTLING.

APRIL 18.98

2

2 GUSSIE. B. WESTLING.

APRIL 1902

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.

022923 DU

JUNE. 4. 1943

(Date)

CHESTER. A. WESTLING

(Signature of applicant or authorized agent)

16-33916-1

WHALEN

(Last name of head of family)

JAMES

(First name)

JULIETTA

(Initial)

(City or post office)

JULIETTA R.F.D. 1 BOX 41

(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 89 3 3

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 JAMES. WHALEN

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.

7/5. 1943.

(Date)

Ray E. Eastman

(Signature of applicant or authorized agent)

16-33916-1

WHITE (Last name of head of family) Mrs CHARLES M. (First name) Julietta (Initial) Idaho (City or post office)
Julietta, Ida. #2 (Mail address, number and street, R. F. D., box number, etc.) Payson (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

07905

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Charles M. White	Mar.	1874	32
2	Emma D. White	Apr.	1885	43
3	Homer C. White	Dec.	1911	54
4	Gladys R. White	Jan.	1925	65

IF MORE SPACE IS NEEDED USE BACK OF CARD

549491 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)

Mrs. C. M. White

(Signature of applicant or authorized agent)

16-33916-1

White	Dale	E	Juliaetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
No Place		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 5 6 6 9 XXXX 04

Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE NATION BOOK			DATE OF BIRTH		Leave Blank
			Month	Year	
1	White, Dale E.		Mar	1914	7
2					
3					
4					

IF MORE SPACE IS NEEDED USE BACK OF CARD

548672 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.

7-7-43

(Date)

Mrs. C. M. White

(Signature of applicant or authorized agent)

16-33916-1

WHYBARK	FRELAND	W	JULIAETTA
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Box 352	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

945340

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 DOROTHY M. WHYBARK

APRIL
24

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.

392924 DX

May 24 1944
(Date)

Mrs. F. H. Whybark
(Signature of applicant or authorized agent)

16-33916-1

Whybark (Last name of head of family)	Freland (First name)	W (Initial)	Julietta (City or post office)
--	-------------------------	----------------	-----------------------------------

Box 352 (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	1	6	7	8	
---	---	---	---	---	--

dy

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Freland W. Whybark	July 10	1910	3
2	Una L. Whybark	Sept 12	1921	4
3	Vivian E. Whybark	Apr. 8	1940	5
4	Bonnie Jean Whybark	Feb 27	1943	6

IF MORE SPACE IS NEEDED USE BACK OF CARD

910172 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 1st
(Date)

Mrs F. H. Whybark
(Signature of applicant or authorized agent)

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	JEANNINE CORINNA WEBER	MARCH	1943	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 Pete J S Tump	Aug	1920	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	JIMMIE	F. WEST	2	1936	
6	ROBERT	C. WEST	3	1938	
7	MONTY	C. WEST	8	1939	
8	LYLE	D. WEST	6	1942	
9	COLIN	K. WEST	7	1944	
10					
11					
12					

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

WICKERSHAW, EDWARD

I. JULIETTA

(Last name of head of family)

(First name)

(Initial)

(City or post office)

ROUTE 2

NESPERCE

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 0 0

Dy.

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 EDWARD I. WICKERSHAW, JR. 1870 2

2
3 JENNIE M. WICKERSHAW July 1883 3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622954 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

WIECHMAN

(Last name of head of family)

ALVIN

(First name)

Julietta

(Initial)

(City or post office)

R.F.D. 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

3 2 3 0 0 04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	ALVIN WIECHMAN	JULY	1907	0
2	EMMA L. WIECHMAN	NOV	1907	1
3	EARL R. GRUVER	DEC	1907	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.

623008

DU

JUNE 1st

(Date)

Alvin Wiechman

(Signature of applicant or authorized agent)

16-33916-1

WILLIAMS

(Last name of head of family)

ALEX

(First name)

J

(Initial)

Julietta

(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

43528

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 ALEX J WILLIAMS
2 LENORA P WILLIAMS
3 DONALD B WILLIAMS
4 KENNETH W WILLIAMS

JUNE 1900
MAY 1906
APRIL 1925
DEC 1931

0
1
2
3

IF MORE SPACE IS NEEDED USE BACK OF CARD

622965 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

Williams	Lilly	Julietta
(Last name of head of family)	(First name)	(Initial) (City or post office)
Bx. 26		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

44901

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	DATE OF BIRTH		Leave Blank
		Month	Year	
1	Lilly Williams	5	1882	8
2	Edward Williams	7	1894	9
3	Margaret Jackson	12	1926	20
4				

IF MORE SPACE IS NEEDED USE BACK OF CARD

644771 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

WILLIAMSON

(Last name of head of family)

HARVE

(First name)

(Initial)

JULIAETTA

(City or post office)

P.O. Box 362

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 | 1 | 7 | 5 | 1 |  DY

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 HARVE WILLIAMSON

JUNE

1976

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.

622888 DU

JUNE - 34

(Date)

HARVE WILLIAMSON

(Signature of applicant or authorized agent)

16-33916-1

Willoughby

(Last name of head of family)

Robert

(First name)

S

(Initial)

Juliaetta

(City or post office)

R. F. D. 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

09649

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Robert S. Willoughby

July

1889

8

2 Beatrice I. Willoughby

Feb.

1893

9

3

4

IF MORE SPACE IS NEEDED USE BACK OF CARD

622979

DU

June, 1, 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.

Robert S. Willoughby

(Signature of applicant or authorized agent)

16-33916-1

Wilson

(Last name of head of family)

Cleo

(First name)

Juliaetta

(Initial)

(City or post office)

Box 67, R.F.D. 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

42861

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Cleo Wilson

Aug. 1915-2

2 EMERY Wilson

Feb. 1912-3

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.

Mrs Cleo Wilson

(Signature of applicant or authorized agent)

16-33916-1

June 7

(Date)

622972 DU

WING

(Last name of head of family)

Beth

(First name)

N

(Initial)

Julietta

(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

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 BETH N. WING
2 MARGORY BELLE WING
3 JOE HARVEY WING
4 ERNEST WING

Feb. 1901
May 1928
Apr. 1931
Sept. 1934

6
7
8
9

IF MORE SPACE IS NEEDED USE BACK OF CARD

622966 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)

Beth N. Wing

(Signature of applicant or authorized agent)

16-33916-1

WOODY

(Last name of head of family)

MELVA

(First name)

G

(Initial)

JULIAETTA

(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

20024

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 MELVA G. WOODY

2

01

3

2 ROBERT E. WOODY

2

93

4

3 CHARLES E. WALKER

12

71

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.

623005 DU

6/1/43

(Date)

Melva G. Woody

(Signature of applicant or authorized agent)

10-33916-1

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	DARLENE. F. WILLIAMS	JULY	1935	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	Lilly Williams, L.	5	1882	
6	Edward Williams	7	1894	
7	Margaret Jackson	12.	1926.	
8				
9				
10				
11				
12				

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

WOLF Henry F. Juliaetta
(Last name of head of family) (First name) (Initial) (City or post office)
Route 1 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

5702 04

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Henry F. WOLF	Nov.	1914	1
2	Dorothy M. WOLF	August	1918	2
3	William H. WOLF	Oct.	1942	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.

622977 DU
June 8, 1943
(Date)

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

Wunderlich
(Last name of head of family)

Howard
(First name)

E.
(Initial)

Juchietta
(City or post office)

341
(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 0 2 6

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

DATE OF BIRTH

Month

Year

Leave
Blank

1 Wunderlich, Howard E.

July

1916

4

2 Wunderlich, Marjorie A.

Feb.

1920

5

3 Wunderlich, Harry D.

June

1940

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.

622880 DU

June 1, 1943
(Date)

Wunderlich, Marjorie A.
(Signature of applicant or authorized agent)

16-33916-1

Wunderlich Marjorie A Julietta
(Last name of head of family) (First name) (Initial) (City or post office)
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

4 5 9 4 2

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

DATE OF BIRTH

Month

Year

Leave
Blank

1	Wunderlich, Linda, D.	July	9	1943	/
2					
3					
4					

IF MORE SPACE IS NEEDED USE BACK OF CARD

561001 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.

August 6, 1943 Marjorie A. Wunderlich
(Date) (Signature of applicant or authorized agent)

16-33916-1