5246

Fill and Return

FORM B-1

No. A.....

Application of Indigent Widow of Confederate Soldier or Salior, for a Pension Under the Laws of the State of Oklahoma

EVERY QUESTION MUST BE FULLY ANSWERED. WRITE THE ANSWERS CAREFULLY, USING INK. APPLICATION MUST BE SWORN TO BEFORE SOME OFFICER AUTHORIZED TO ADMINISTER OATHS, AND FILED WITH AND DULY APPROVED BY THE COUNTY JUDGE OF THE COUNTY WHEREIN THE APPLICANT LIVES. READ THE ENTIRE APPLICATION BEFORE BEGINNING. OBSERVE THE INSTRUCTIONS IN FINE PRINT UNDER THE LINES. MAKE YOUR ANSWERS EXPLICIT.

STATE OF OKLAHOMA, COUNTY OF Pushmataha, ss:

I, the undersigned, the widow of a Confederate Soldier (or sailor), do hereby make application for a pension, to be granted me according to the laws of the State of Oklahoma, and under oath I make answer to the following questions:

1. What is your FULL NAME? Mollie Turner
   Give your first name, your middle initial and your surname.
2. What is your post office address? Antlers, Oklahoma
3. What is your street, route or box number?
4. Are you an actual resident of the State of Oklahoma? Yes. Of what county? Pushmataha
5. How long have you lived in the State of Oklahoma continuously? Ten years
6. Where were you born? Jackson County Arkansas What is your age? 54
7. Have you ever applied for a pension anywhere? No Where? When?
8. If so, were you granted a pension? If not, why not?
9. Do you receive any income from any source whatever? No If so, state amount thereof
   Yes or no.

10. Do you own property of any kind, either real, personal or mixed (household goods and wearing apparel not included) in fee simple, for life, or in your own right, or an interest therein, or does anyone hold in trust for your benefit or use, any such property? (Answer yes or no.) No
11. If so, give value of said property over and above all encumbrance
12. What is your physical condition? Feeble Are you able to work? No
13. What occupation are you engaged in?
14. Are you an inmate of any public home or institution, charitable or otherwise? No
15. Do you apply for a pension because you are indigent and unable to earn a livelihood by manual labor? Yes

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16. What was your husband's FULL NAME? William S. Turner
17. Is the man named in answer to question 16 above, the one upon whose military service you base this claim for a pension? Yes
18. HAVE YOU REMARRIED SINCE HIS DEATH? No Did you abandon your husband and live separate from him until his death? No
19. When were you married to him? Feb. 1st 1908 Where? Helena Ark.
20. When did he die? Jan 31st 1923 Where? Moroe Ark.
21. Did he ever draw a pension? Yes State fully when and where in Okla. Pension #2912
22. Did he serve in the Confederate infantry, cavalry, artillery or navy?
23. In what state was his command organized or from what state did he enlist?
24. When did he enlist? Where How long did he serve?
25. What was the name or letter of his company, battery or ship?
26. State the name and number of his regiment or battalion
27. To what other commands if any was he ever transferred?
28. If possible, state the names and rank of his officers
29. How was he released from the Confederate service? (Captured, paroled or honorably discharged?)

    When? Where?
30. Was he a commissioned officer? State rank and date of his commission
31. Was he detailed for special service in an armory or shop for the maintenance of the army or navy? State fully.

I, the undersigned applicant, do solemnly swear that the foregoing answers are all true and complete, and I do further swear that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and lawful wife up to the date of his death and that I know of no reason why I am not entitled to receive a pension.

IF APPLICANT SIGNS BY MARK HAVE TWO WITNESSES TO MARK SIGN HERE

Mrs. F. B. Morris

Clare Leonard

Her
Mollie X Turner
Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this 24 day of March A. D., 1923

W. W. Jr. Notary Public
Signature and title of officer.

My commission expires Aug 8. 1923.

(SEAL) Oklahoma.

NOTE: It is unlawful for anyone to charge or receive a fee, either directly or indirectly, for the procuring of a pension, or for taking the acknowledgements or oaths required herein.
See that all the questions are answered.
If applicant cannot write she must sign by mark, show the mark between the words "her" and "mark," and have two witnesses thereto sign on the lines for that purpose

Fill Affidavit No. 1

Affidavit No. 1. Residence and Widowhood. By Two Citizens Who Know the Applicant Has Resided in the State of Oklahoma More Than One Year and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF Pushmataha, ss:

Before me the undersigned authority (County Judge, Notary Public or Justice of the Peace) in and for said county and state, on this 24 day of March 1923, personally appeared Mrs F B Morris whose address is Antlers, Okla, and C. A. Finley whose address is Antlers, Okla, who are personally known to me to be credible citizens, who by me being duly sworn, each for himself deposeth and saith:

That he is personally acquainted with the within named applicant for pension; that he has read the within and foregoing application and to the best of his knowledge and belief the statements therein contained are true; that to his knowledge said applicant is now and has been a bona fide resident and citizen of the State of Oklahoma for Ten years next preceding this date; that said applicant is in truth and in fact the widow of the man named in this application upon whose military service she bases this claim for pension; that she has not remarried since his death; that the applicant's habits are good and free from dishonor; and that he knows of no reason why said applicant should not be granted a pension under the laws of Oklahoma; and further, that he has no interest whatever in this claim for a pension.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 DAY OF March A.D., 1923.

H. M. Notary Public

My com exp 8/8/23.

In and for said County and State.
(SEAL)

Mrs. F. B. Morris

C. A. Finley

SIGNATURES OF TWO WITNESSES

My commission expires _____ 192____

AFFIDAVIT NO. 2. PROOF OF SERVICE IN THE CONFEDERATE ARMY OR NAVY—BY TWO COMRADES IF POSSIBLE.

STATE OF _____, COUNTY OF _____, ss:

Before me _____, a _____ in and for said county and state, on this _____ day of _____ 192____, personally appeared _____ whose address is _____, and _____, whose address is _____, both known to me to be credible citizens, and after being duly sworn by me, each for himself deposeth and saith:

That he knows personally that _____ (Give his full name.), deceased husband of the within named applicant served in the Confederate army (navy) from _____ 186____, until _____ 186____, in Company (or Battery) _____ (Letter.), of the _____ (Give number and name.) Regiment of _____ (Infantry, Cavalry or Artillery.);

that his officers were _____;
that he served honorably and did not desert at any time, but remained true to his colors; that he was released from service on the _____ day of _____, 186____, at _____ by reason of _____

_____
State fully why and by what method—honorable discharge, capture, parole, etc., and by what authority.

Affiants further state that they know these statements to be true because of having served themselves in the Confederate Army (Navy)

_____, affiant first above named, states that he served in company _____ of _____ Regiment of _____, from _____ 186____ until _____ 186____.

_____, affiant last above named, states that he served in Company _____ of _____ Regiment of _____, from _____ 186____, until _____ 186____.

Affiants declare that they have no interest in this claim for a pension, and further state: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____ A. D., 192____.

In and or said County and State.
(SEAL)

(SIGNATURES OF TWO WITNESSES)

My commission expires _____ 192____

NOTE: There must be two witnesses to each of the affidavits above. Both affidavits must be acknowledged before some officer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be witnessed by two persons. If additional affidavits are needed, or it is necessary to send to distant points to secure proof of service, copies of Affidavit No. 2 may be made on separate sheets, and when executed, attached to the application proper. If applicant has a parole, discharge or other documentary evidence, it should be attached to the application, which when completed, SHOULD BE SENT TO THE COUNTY JUDGE of the county wherein the applicant lives.

Form B-1 No. A 5246

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

Mollie Turner

P. O. Antlers

St., R., Bx. No.

Filed in Pension Office APR 4 1923

Disallowed

Allowed 4-18-23 No. P 4304

Allowed from 4-1-23 Amt. $

per month. Class

Reconsidered and allowed

From Amt. $ No. P

Chas. J. Stewart
Commissioner

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY.

State of Oklahoma, County of Pushmataha

Filed in the office of the County Judge of said county and state this 24th day of March 1923

It is hereby recommended that the within named applicant for pension be granted a pension, if found eligible by Commissioner.

L. P. Davenport
(SEAL) County Judge.

County Judge Must Approve

Pension Department
STATE OF OKLAHOMA
Oklahoma City

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

a 5246

Now Mrs Zender married

OKLAHOMA CITY JAN 2 6 30 PM 1925 OKLA.

4304 MOLLIE TURNER
B-391
ANTLERS OKLA

Mrs F B Morris
Write C. A. Finley
bet Antlers

REASON FOR
NON-DELIVERY
CHECKED
UNCLAIMED ____ UNKNOWN ____
DECEASED ____ FOR BETTER ADDRESS ____
MOVED LEFT NO ADDRESS ____ REFUSED ____
NO SUCH POST OFFICE IN STATE NAMED ____

Ronlyad

ANTLERS JAN 3 8 PM 1925 OKLA.

Now:
Mrs. R. M. Fender
Leo E. Sharp, P. M.

OKLAHOMA CITY
MAY 2
6 30 PM
1925
OKLA.

LET'S GO!
CITIZENS' MILITARY
R AM

THIS SIDE OF CARD IS FOR ADDRESS

POSTAL CARD
ONE CENT
1 JEFFERSON 1

ANTLERS. OKLA. M.O.B.
MAY
23
1925

Postmaster
Antlers
Okla.

PENSION DEPT., OKLAHOMA CITY, OKLA., 5-22-25

P. 4304 ; (NAME) Mollie Turner.

We have not received pension claim of above named pensioner for quarter ended March-31-25. and pension warrant cannot be issued until this is returned.

If the pensioner is dead, the family should advise us EXACT DATE OF DEATH so that we may close our records in this case.

~~Warrant for preceding quarter has been returned to us and family is~~ entitled to receive this warrant. PLEASE ANSWER AT ONCE, ALSO RETURN THIS CARD WITH YOUR REPLY.

Margaret Lewis
Secretary.

Married

Pension Department

STATE OF OKLAHOMA

Oklahoma City

C. J. STEWART
COMMISSIONER
MARGARET PERRY LEWIS
SECRETARY

May 28, 1925.

P-4304

Mrs. R. M. Fender,
Nee Mrs. Mollie Turner,
Antlers, Oklahoma.

Dear Madam:

We are advised by the postmaster at Antlers that you are now Mrs. Fender. We have in our office pension warrant covering quarter ending Dec. 31,1924, which was issued to you as Mrs. Mollie Turner. This warrant was mailed to you at Antlers, but was returned to us marked "Moved, left no address." We have hoped to hear from you, but as we did not we lately sent out two cards trying to trace you, one to the Antlers postmaster and the other addressed to "Family of Mollie Turner." We have not as yet heard from this second card.

If you will let us know when you were married to Mr. Fender we can tell whether or not you are entitled to this warrant, and if you are entitled to it we will send it to you at once.

Awaiting your reply, we are

Yours very truly,

CONFEDERATE PENSION DEPARTMENT
Margaret Lewis
SECRETARY
By M. E.

Over

milas p pention ire.
Cived October Bout the 3
1924 was the Last idroed
Was marid Oct to bes
the 13 1924
Yours truly mister
Agent hoping to
~~H~~ her Soon
mis Moley Fender
antlers okla

May 28, 1925.

P-4304

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Awaiting your reply, we are

Yours very truly,

CONFEDERATE PENSION DEPARTMENT

SECRETARY
By

Warrant sent to her 6-9-25

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

Filed _____

STATE OF OKLAHOMA

PENSION NO. 4304

In Account with MOLLIE TURNER

P. O. Address B-391
ANTLERS OKLA

For quarter ending MAR 31 1925

Amt. Claimed **$75.00**

The State Auditor is hereby authorized to deliver warrant issued in payment of this claim to the Commissioner of Pensions, who is authorized to mail said warrant to claimant at address hereinafter stated.

I, the undersigned claimant, hereby declare that I am the identical person to whom the pension hereinabove claimed was granted; that I am a resident of the State of Oklahoma, and have not been absent therefrom for a period of more than six consecutive months, last past; that the conditions existing at the time of making my application and upon which the pension was originally granted, still exist; that I have full knowledge of the above and foregoing account; that the same is just, correct, due and according to law, and that the amount claimed, after allowing all just credits, is now due and wholly unpaid.

Petitioner Must Sign Name Exactly As It Is Written Above, Using Ink

GIVE YOUR PERMANENT ADDRESS:

P. O. _____

Route _____ Box _____

St. No. _____

_____

Pensioner sign on this line as above written. Must be signed in the presence of two citizens who must also sign the claim as witnesses.

On this _____ day of _____ 192____, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES OF TWO WITNESSES

_____ Address _____

_____ Address _____

DATE, SIGN AND RETURN AT ONCE