Civil War Confederate pension application of Francis Marion Rainwater dated 3 June 1915, pension #23709 Arkansas microfilm roll #86 #1091

23709 APPLICATION OF F. M. Kamwaler Examined and Aprovi and \$/00 0C allowed and Auditor authorized to draw warrant for same. TILED IN AUDITORS DEFICE JUL 28 1915 _ M.F. Dixinson ROTIGUA This AUGy 18 1915 Major-General Commanding U. C. V. DEMOCRAT P. & L. CONTROL CO. LITTLE RCCK.

STATE OF ARKANSAS, COUNTY OF LOW Melie We, the undersigned, sitting as a Pension Board for Lewellie County, do certify that we have examined the application of the within named J. M. Nacionales for pension, under Act of General Assembly of the State of Arkansas, as approved March 17, 1901, and subsequent amendatory Acts, and the proof in support f same, and find that said applicant is a wounded Confederate soldier, is in indigent circumstances, and wholly or partially incapacitated for manual labor, and that his claim is just, and that he should be allowed \$ 100 20 pension. It livelle [SEAL]

I V CANCLERSON [SEAL]

The Scall [SEAL]

VETERAN'S APPLICATION FOR PENSION

STATE OF ARKANSAS,
COUNTY OF A americal
I, FM Rainwalu do solemnly swear that I
served as a soldier in the army (or sailor in the navy) of the Confederate States, being a member
of HZ ad Museus (Baber) Regiment of Cavally Number of Regiment or name of Colonel Infantry, Artiller or Cavalry
from the State of OMCansus or a member of the crew of the ship
called ; that I was honorably discharged (paroled or released)
from such service on or about the Salay of June 186.
and did not desert the same; that I am now, and for the past twelve months have been, a bona
fide resident of this State; that I do not myself, nor does my wife, nor do we both together,
own property, real or personal, or both, or money or choses in action in excess of the value of
\$500.00 (not including the value of homestead, or household goods, owned by either or both);
nor has either of us conveyed title to any property to enable me to draw a pension, and that
neither I nor my wife is in receipt of any income, annuity, pension or wages for any services,
the emoluments of an office, in excess of \$250.00 per year; that I am incapacitated to perform
manual labor in any of the ordinary avocations of life (or am totally blind), and that such
incapacity (or disability) is the result of wounds received in the service, being
Ino Lego. Diseased Testietes
Tota uge

Here describe same generally or of age, accident or disease, and that such disability is not the result of my own vicious habits (Signature) . F. M. Ramwater still persisted in, so help me God. - Subscribed and sworn to before me this day of day of

For Original Applicants

PROOF OF SERVICE

(By Comrades if possible)

County of Allnew)	
On this day personally came before	he under-
signed, a Notey Publis within and for the Camerice and State of Mansas	County of
Lamine and State of Wansas	
citizens of Amunee Co whom I certify to be ere	
sons and worthy of confidence, who, being duly sworn, state that they are each, I	personally,
well acquainted with applicant F M Kamwalero-	
and have known him July Set years, respectively.	
That he was a Confederate soldier, belonging to Company.	
Regiment of 42 nd alkans Cavely That as such soldier he se	rved from
1868 to June 1864 That he was hone	orably dis-
charged (paroled or released) from such service and did not desert the same. That	t we have-
no interest in this claim.	
I A Cosper	
	•,

Subscribed and sworn to before me this day of My Commission Expires Feb. 1st, 1919 APPENDED.

The Said F.M. Rainwaters Futher Says,

that he did on the 20th Day of June, 1861 Inlist

in Co, D, 13 Ark, infantry, and served continuusly, for a

period of about 29 Month, and was Discharged on account of Disibilyty

and Remained, at home untill June 1864. Reinlisted in the 2nd

Arkansas Cavelry, Co F, and served in same untill Surrendesing

at Jacksonpory, June 1865.

Subsilio Jack, Rainwater & 1910

Lafer me the Jul 8 1910

Lafer NP

For Original Applicants

PROOF OF INDIGENCY

STATE OF ARKANSAS,
County of Laurene
On this day personally came before the undersigned, a
Toler Puller within and for the County of
Laure and State of alkanses
citizens of Auture & whom I certify to be credible per-
sons and worthy of confidence, who, being duly sworn, state that they are each, personally, well
acquainted with applicant F 710 Kainwaler
and have known him Feffy Set years, respectively.
That he is now and has been for the past twelve months a bona fide resident of Arkansas.
That he is incapacitated for manual labor by reason of the degree
Desensed Testides & Rd age
Notice of the second of the se
and that such incapacity (or disability) is not the result of his own vicious habits still persisted
in. That to the best of our knowledge all property now owned by him and his wife, together,
is not worth exceeding \$500.00, not including the value of his or her homestead,* or household
goods. That neither he nor his wife is in receipt of any income, annuity, pension or wages for

any service, or the emoluments of an office, in excess of \$250.00 per year. That we have no

interest in this claim. Cuspie Subscribed and sworn to before me this..... My Commission Expires Feb. 1st, 1919 *In city or town homestead shall not exceed 1 acre in extent, or \$2,500 in value; in country, shall not exceed 160 acres in extent, or \$2,500 in value.

* (ORIGINAL APPLICATION) EVIDENCE OF PHYSICIAN

STATE OF A	RKANSAS,)	\sim	
COUNTY OF Saw				
1	m. Hu		a duly registered and prac	ticing physician in
			cansas, do hereby certify th	
well acquainted with	F.M.	Ramwater	of Laurine	My Dento
Arkansas, who is an a	pplicant for a p	ension under the	Statutes of Arkansas.	
That at his req	uest I have mad	le an examinatio	n of his physical condition	and find:
State description and	character of wo	und	•	
	•	.1	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·				
				N. **
Physical condition and	d to what cause	is his incapacity	for manual labor attributa	ible 5
Spronie 1	rheers	on bol	h legs be	low knees.
Chronie I	rheers	on bol	for manual labor attributa h legs be in wright	low knees.

and that said disability is not the re	sult of his own yicious ha	bits still persiste	d in Not	
-		-		
Extent of disability	total			
Execute of the second of the s	(State whether total or otherwise)			
		m. Hun	heis .	
			M	. D.
Subscribed and sworn to before	ore me, this 3 da	y of Jour	u w	191_4
Supscribed and sword to		240	asper	
		Noty	Poll	
		A '	Expires Feb. 1st	