1) Dept - Decessed SERIAL NUMBER 1. NAME (Print) ORDER NUMBER 3398 FEOR 9E FRAME (First) (Middle) (Last) 2. ADDRESS (Print) and (Number and street or R. F. D. number) (Town) (County) (State) 3. TELEPHONE 4. AGE IN YEARS 5. PLACE OF BIRTH 6. COUNTRY OF CITIZENSHIP ChesTAUT 2000 (Town or county) DATE OF BIRTH 33 9 U.S.A RYINIA (Exchange) (Number) (Mo.) (Day) (Yr.) (State or country) 7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS 8. RELATIONSHIP OF THAT PERSON ARVIA AMES (Mr., Mrs., Miss) (First) (Middle) (Last) 9. ADDRESS OF THAT PERSON VIRGIAUR. RT. #1 VIENNA (Number and street or R. F. D. number) (Town) (County) (State) 10. EMPLOYER'S NAME ONTINENTAL 11. PLACE OF EMPLOYMENT OR BUSINESS ST. 71.70 (Number and street or R. F. D. number) (Town) (County) (State) I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE. **REGISTRATION CARD** D. S. S. Form 1 (over) (Registrant's signature)



SOURCE INFORMATION

Image url:	https://www.fold3.com/image/598847282		
Publication Title:	Selective Service Registration Cards, World War II: Multiple Registrations		
Content Partner:	NARA		
Content Source:	NARA		
Record Group:	147		
Fold3 Publication Year:	2012		
Fold3 Job:	12-029		
Language:	English		
Country:	United States		
National Archives Catalog ID:	Pending		
National Archives Catalog Title:	Pending		
Short Description:	Draft registration cards compiled from multiple registrations beginning in 1940, for men 18 to 45 years old.		
Roll:	44044_10_00046		
Series Title:	Draft Registration Cards for Virginia, 10/16/1940 - 03/31/1947		
State Headquarters:	Virginia		
Full Name:	Frame, George William		
Birth Date:	25 Jan 1915		
Birth Place:	Virginia, USA		
Race:	White		
Employer:	Continental Baking Co		
Weight:	135		
Height:	5 10		
Complexion:	Light		
Eye Color:	Brown		
Hair Color:	Brown		
Contact Person:	Sanders, James Marvin		
Relation To Head:	[Blank]		
Year:	1940		
Residence:	Washington, Diistrict Of Columbia		
Residence Country:	USA		
Conflict Period:	World War II		
Served For:	United States of America		
Original data from:	The National Archives (http://www.archives.gov)		

~	Rotto US WWI	for	t 483 Bombe 4	bank/wwill original		
1	1. NAME OF DECEASED-LAST-FIRST-MIDDLE (Print or type)	1 1.70	APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)			
)	Frame, George W.		12. EMBLEM (Check one)	13. CHECK TYPE REQUIRED		
	2. ENLISTMENT DATE (Month, Day, Year) 3. DISCHARGE DATE	(Month, Day, Year)	CHRISTIAN (Latin Cross)	UPRIGHT MARBLE HEADSTONE		
	V	an V	HEBREW (Star of David)	FLAT MARBLE MARKER		
	March 13, 1943 Ap None (OVER		FLAT GRANITE MARKER		
_	4. SERVICE NO. 5. PENSION OR VA CL	AIM NO.		K FLAT BRONZE MARKER		
and another	33,628,035 XC-4,097,010		14. SHIP TO (Name and address of person who will transport stone or marker to cemetery)			
	6. STATE 7. GRADE 8. M	IEDALS	and the second se	- Gala		
	Virginia Sergeant I	None	15. FREIGHT STATION Herndon, Virginia			
	9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHI Air Force, 483rd Bomb Group - Fifteenth Air Force 817 Bomb	Sa ARMY V	16. NAME AND LOCATION OF CEMETERY (City and State) Chestnut Grove Cemetery, Herndon, Virginia			
	10. DATE OF BIRTH (Month, Day, Year) 11. DATE OF DEATH (F BIRTH (Month, Day, Year) 11. DATE OF DEATH (Month, Day, Year)		17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.		
	January 25, 1915 June 5, 1945		SIGNATURE			
	DO NOT WRITE HERE	18. NAME AND ADDRESS	OF APPLICANT (Print or type)	set milet berorgines list		
	RECEIVED JUN 21 Junes M. Frame, Centreville, Virginia					
	VERIFIED 19. I certify this appli member or former me Armies of the Civil W		cation is submitted for a stone or marker for the unmarked grave of a deceased ember of the Armed Forces of the United States, soldiers of Union and Confederate			
	B/L 745 JAMES H. MATTHEWB (302)		ccept responsibility for properly placing the stone or marker at the grave at no			
	ORDERED AUG - 7 1962 SIGNATURE OF APPLICANT Jours on France DATE 5/29/62					
	DA 1 AUG 56 1815 REPLACES OOMG FORM 646, 13 OCT 52 IMPORTANT-Reverse Side Must Be Completed 16-11453-10 GPO					