

# CCM Carlton R. Saloman

Location - West-N: R4, C9



**CCM Carlton R. Saloman, 172 Waugoo street, was awarded the Asiatic-Pacific theater service ribbon, American theater ribbon and Philippine liberation ribbon. He joined the navy May 13, 1943.**

## **Carlton R. Saloman**

Carlton R. Saloman, 68, of 1255 Merritt Ave., died Saturday at 2 p.m. at Mercy Medical Center. He had been ill two weeks.

He was born in Oshkosh on Aug. 27, 1908, son of Carl and Norma Saloman, and was married on Sept. 24, 1930, to Alice Jetschow, who preceded him in death on Jan. 4, 1962. On Feb. 23, 1964, he was married to Donna Pipkorn.

Mr. Saloman was a civil engineer, employed by C.R. Meyer & Sons Co. from 1960-72. Prior to that he had been employed by Miles Kimball Co., City of Oshkosh and Peter Rasmussen Co.

An active Mason, he was a member of Tripoli Shrine, Oshkosh Lodge 27 of Masons, Tyrian Chapter 15 and Oshkosh Commandery 11. He was a member of Oshkosh Country Club. He served in the Navy in World War II.

Surviving are his widow; one son, Carl H. Saloman, Panama City, Fla.; and one stepson, Homer Pipkorn, Oshkosh.

CCM Carlton R. Saloman, 172 Waugoo street, is now stationed somewhere in the Marianas. He began making "home-made" island jewelry while on Eniwetok and now in the Marianas is continuing the hobby when he can spare time from his work building roads for airfields with the navy seabee unit stationed there.





**IMPORTANT: Read the instruction sheet before completing this form. Type or print in caps (except signatures).** Form Approved OMB No. 76-RO668

|                                                                                                                                                                                                                                                           |                               |                                                                                                                                                                     |                                                                                                      |                                                                                                                                                                                        |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. NAME OF DECEASED EXACTLY AS IT IS TO APPEAR ON HEADSTONE OR MARKER (See Item 1 of Instructions regarding options)                                                                                                                                      |                               |                                                                                                                                                                     | 13. APPLICANT'S NAME AND ADDRESS (No. and street, city, and State)                                   |                                                                                                                                                                                        | ZIP CODE                                     |
| FIRST<br><b>CARLTON</b>                                                                                                                                                                                                                                   | MIDDLE<br><b>R.</b>           | LAST<br><b>SALOMAN</b>                                                                                                                                              | <b>MRS. DONNA E. SALOMAN</b><br><b>1255 MERRITT AVENUE</b><br><b>OSHKOSH, WISCONSIN</b>              |                                                                                                                                                                                        | <b>54901</b>                                 |
| 2. HIGHEST RANK; AND BRANCH OF SERVICE IN WHICH HELD<br><b>U.S. NAVY</b>                                                                                                                                                                                  |                               |                                                                                                                                                                     | 14. AREA CODE AND PHONE NO.<br><b>414-235-6423</b>                                                   |                                                                                                                                                                                        | 15. RELATIONSHIP TO DECEASED<br><b>WIDOW</b> |
| 3. WAS THE DECEASED AWARDED THE MEDAL OF HONOR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                    |                               | 4. WARS DURING WHICH DECEASED SERVED<br><b>WWII</b>                                                                                                                 |                                                                                                      | I accept responsibility for placement of the headstone or marker at no expense to the Government. I certify that all statements made are true and correct to the best of my knowledge. |                                              |
| 5. YEAR OF BIRTH<br><b>AUGUST 27, 1908</b>                                                                                                                                                                                                                |                               | 6. YEAR OF DEATH<br><b>JULY 16, 1977</b>                                                                                                                            |                                                                                                      | 16. SIGNATURE OF APPLICANT<br><i>Donna Saloman</i>                                                                                                                                     |                                              |
| 7. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)<br><input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input type="checkbox"/> FLAT GRANITE MARKER <input checked="" type="checkbox"/> FLAT BRONZE MARKER |                               | 17. DATE<br><b>7/21/1977</b>                                                                                                                                        |                                                                                                      | 18. SIGNATURE OF APPLICANT<br><i>Donna Saloman</i>                                                                                                                                     |                                              |
| 8. RELIGIOUS EMBLEM DESIRED (Check one)<br><input checked="" type="checkbox"/> LATIN CROSS (Christian) <input type="checkbox"/> STAR OF DAVID (Jewish) <input type="checkbox"/> OTHER (Specify in item 25 on reverse) <input type="checkbox"/> NONE       |                               | 18. SHIP TO: CONSIGNEE'S NAME AND ADDRESS (No. and street, city, and State)<br><b>REINKE MONUMENT CO.</b><br><b>900 S. MAIN STREET</b><br><b>OSHKOSH, WISCONSIN</b> |                                                                                                      | ZIP CODE<br><b>54901</b>                                                                                                                                                               |                                              |
| 9. NAME DECEASED USED DURING SERVICE (First, middle, last)<br><b>CARLTON RALR SALOMAN</b>                                                                                                                                                                 |                               | CHECK IF THE REMAINS WERE NONRECOVERABLE<br><input type="checkbox"/>                                                                                                |                                                                                                      | 19. AREA CODE AND PHONE NO.<br><b>414-231-0650</b>                                                                                                                                     |                                              |
| 10. SOCIAL SECURITY NO.<br><b>390 20 5787</b>                                                                                                                                                                                                             |                               | 11. PENSION NO. OR VA CLAIM NO.<br><b>NONE</b>                                                                                                                      |                                                                                                      | I have agreed to take the headstone or marker to the cemetery.                                                                                                                         |                                              |
| 12. PLACE OF BURIAL (Name of cemetery, city, and State)<br><b>RIVERSIDE CEMETERY OSHKOSH, WISCONSIN</b>                                                                                                                                                   |                               |                                                                                                                                                                     | 20. SIGNATURE OF CONSIGNEE<br><i>George Dunthun</i>                                                  |                                                                                                                                                                                        | 21. DATE<br><b>7/23/77</b>                   |
| FOR USE OF VETERANS ADMINISTRATION<br>INSCRIPTION DATA<br><i>US Navy WWII</i>                                                                                                                                                                             |                               |                                                                                                                                                                     | A headstone or marker of the type checked in Item 7 will be permitted at the grave or memorial plot. |                                                                                                                                                                                        |                                              |
| B/L NO<br><b>65674</b>                                                                                                                                                                                                                                    | ORDERED<br><b>AUG 19 1977</b> | CONTRACTOR<br><b>Sheidow Bronze Corp</b>                                                                                                                            |                                                                                                      | 22. SIGNATURE AND TITLE OF OFFICIAL IN CHARGE OF CEMETERY<br><i>George Dunthun</i>                                                                                                     |                                              |
|                                                                                                                                                                                                                                                           |                               |                                                                                                                                                                     |                                                                                                      | 23. DATE<br><b>8/8/77</b>                                                                                                                                                              |                                              |

VA FORM DEC 1974 40-1330 APPLICATION FOR HEADSTONE OR MARKER