

**R3640**  
**REGISTRATION CARD**

SERIAL NUMBER	1492	ORIGINAL NUMBER	R3640
---------------	------	-----------------	-------

1 *Simon* *Shyken*  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:  
1009-2nd Ave. Co Bluffs Patta Iowa  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

3 Age in Years 35 4 Date of Birth Oct 15 1882  
(Month) (Day) (Year)

RACE				
White	Negro	Oriental	Indian	
5 <input checked="" type="checkbox"/>	6	7	Citizen	Noncitizen
8	9			

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10	11 <input checked="" type="checkbox"/>	12	13	14

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

16 PRESENT OCCUPATION *junk buyer* 17 EMPLOYER'S NAME *Self*

18 PLACE OF EMPLOYMENT OR BUSINESS:  
1009-11-2nd Ave Co Bluffs Iowa  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

19 NEAREST RELATIVE Name *Mrs Brane Shyken (wife)*  
20 Address *1009-2nd Ave Co Bluffs Patta Ia*  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
P. M. G. O. *Simon Shyken*  
Form No. 1 (Rev) 69-0171 (Registrant's signature & mark)

**14-2-10**  
**REGISTRAR'S REPORT**

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 <input checked="" type="checkbox"/>	23	24	25 <input checked="" type="checkbox"/>	26	27 <i>gray</i>	28 <i>brown</i>

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)  
*No.*

30 I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

*H. C. Fullberg*  
(Signature of Registrar)

Date of Registration *9/12/1918*

Local Board  
for the  
City of Council Bluffs  
State of Iowa  
(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

69-0171 (OVER)