

Do not write in this space  
APPLICATION NUMBER

X-

WAR DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES

(Servicemen's Dependents Allowance Act of 1942)

Date 8 January, 1944

H. (a) Soldier Evers Medgar W 34874245 Pvt  
(Last name) (First name) (Middle name) (Army serial number) (Present Army grade (private, corporal, sergeant, etc.))

271st QM Bkry Co., Ft. F E Warren, Wyo. S Negro  
(Soldier's Army mailing address) (Single, married, divorced) (Race)

Post Office Box 181 Decatur Miss  
(Soldier's home address: Number and street or R. F. D.) (City, town, or P. O.) (State)

I hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents who are related to me in the manner stated in paragraphs II and III below. Eff. 1 January 1944

I. (b) THIS SPACE MUST ALSO BE FILLED IN WHEN APPLICATION IS MADE BY A PERSON OTHER THAN THE SOLDIER.

(Applicant's name) I, \_\_\_\_\_  
(Last name) (First name) (Middle name) (Your relation to soldier or dependent)  
(Address) \_\_\_\_\_  
(Number and street or R. F. D.) (City or town) (State) hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents of the soldier whose name appears in paragraph I above, to whom this application pertains.

CLASS A

II. List: Wife (W), child (C), former wife divorced to whom alimony is still payable (W. Div.). (If there are none in class A, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors		
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year
1.										
2.										
3.										

Date and place of marriage to present wife None  
 Date and place of marriage to divorced wife None Date of divorce None  
 Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, \$ None  
 Date alimony or support payment ceases None, 194    Name and location of court None

CLASS B DEPENDENTS

III. List below the father, mother, grandfather, grandmother, stepfather, stepmother, either of husband or wife, person in loco parentis, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren, who are dependent upon the soldier for a substantial portion of their support. (If there are none in Class B, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors			Degree of dependency (percent)	Is family allowance desired? (Indicate yes or no)
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year		
6.	Evers	Jessie	(M)	P. O. Box 181	Decatur	Miss	W				50%	
7.	Evers	Elizabeth	(M)	P. O. Box 181	Decatur	Miss	S	3	1	27	50%	
8.	Evers	Mary	Ruth	P. O. Box 181	Decatur	Miss	S	5	12	29		

IV. Enter on the lines below the full name and address of the person or persons to whom the check or checks is or are to be made payable.

Make checks payable to—

Payments covering line numbers in paragraphs II and III above	Name			Address		
				Number and street or R. F. D.	City, town, or post office	State
6, 7, 8	Evers,	Jessie	(M)	P. O. Box 181	Decatur	Miss

AUTHORIZATION FOR ALLOTMENT OF PAY "double allotment"

(See AR 35-5520)

JTS.

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

EVERS, MEDGAR W. 31,871,245 Pvt. Reception Center, (Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service) The ~~enlisted man~~ named above hereby authorizes a Class N (Type of allotment)

allotment of his pay in the amount of \$ 6.40 per month for Indef. months commencing 1st, Nov., 19 43, and expiring Indef. 19

(Two) premiums deducted from pay for month of Nov., 19 43 (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))

to VETERANS ADMINISTRATION WASHINGTON, D.C. (Name of allottee) (Number and street or rural route) (City, town, or post office) (State)

or to (Name of alternate allottee) (Number and street or rural route) (City, town, or post office) (State)

Date of enlistment 7th, Oct., 19 43 When other than "Finance Service, Army" is affected, state allotment chargeable Relationship of allottee (Applicable to individual allottees only)

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—

(Name) (Relationship) (Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allotter only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place Fort Benning, Georgia., Medgar W. Evers (Signature of allotter) Entered on service record 1st, Nov., 1943 1st, Nov., 19 43 (Date) (Date)

\* Strike out words not applicable. (Signature of commanding officer or personnel officer, with grade and organization) 2ND LIEUT., A.U.S. (WAC)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

Members of immediate family now serving in the military or naval service

V. The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

Name			Home address			Serving in— (Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relationship	Age
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State			
None								

VI. I hereby swear or affirm that all the foregoing statements are correct and that every member of Class B for whom I claim the family allowance is dependent, to the degree indicated, upon the soldier whose name appears in paragraph I above, for support

*Medgar W. Ewers*  
(Signature)

Subscribed and sworn to before me this 8 day of January, 1944 at Hq. 271st QM Bkry Co., Ft F E Warren, Wyo. (Seal is required when sworn to before civilian)

(Title) \_\_\_\_\_  
(Notary, summary court, etc.)  
**EDWARD A GILBERT 1st Lt., QMC, Personnel Officer.**

**MORNING REPORT LOCATOR CARD**

EVERS MEDCO F W      34 874245      PVT      GMC      2      040324

NAME: \_\_\_\_\_      GRADE: \_\_\_\_\_      ARM OR SERVICE: \_\_\_\_\_      STATION: WARREN WYO

ORGANIZATION NAME: \_\_\_\_\_      SHIPMENT: \_\_\_\_\_      STATION: \_\_\_\_\_

OTHER CHANGES:  
 1-CHANGE IN GRADE  
 2-SICK ABSENT FROM POST  
 3-RETURN TO DUTY FROM ABSENT SICK, DS OR ASSIGNED, NOT YET JOINED  
 4-DEPARTURE FOR TEMPORARY DUTY OUTSIDE U.S.  
 5-RETURN FROM TEMPORARY DUTY OUTSIDE U.S.  
 6-DEPARTURE ON DS (SAME MRU OR SCU)  
 7-DEPARTURE ON DS (DIFFERENT MRU OR SCU)  
 8-DEPARTURE ON DS (OUTSIDE U.S.)

GA'S:  
 A-ASSIGNED OR ATTACHED UNASSIGNED, JOINED  
 B-ASSIGNED OR ATTACHED UNASSIGNED, NOT YET JOINED  
 C-ARRIVAL & ASSIGNMENT FROM OTHER THEATERS, BASES, DEPARTMENTS OR THE CONTINENTAL U.S. LOS'ES:  
 J-TRANSFER (SAME MRU OR SCU)  
 K-TRANSFER (DIFFERENT MRU OR SCU)  
 L-TRANSFER (OUTSIDE U.S.)  
 M-BATTLE CASUALTY, MISSING, CAPTURED OR DEATH  
 N-HONORABLE DISCHARGE  
 O-DISCHARGE NOT HONORABLE & NON BATTLE DEATH  
 P-RELIEVED FROM ASSIGNMENT AT U.S. HOSPITAL AFTER WOUNDED IN BATTLE  
 Q-DIED FROM BATTLE WOUNDS IN U.S. HOSPITAL

DETACHED SERVICE:  
 1-ARRIVAL ON DS  
 R-RELIEF FROM ATTACHMENT

NAME: \_\_\_\_\_      SERIAL NUMBER: \_\_\_\_\_      MRU OR SCU: \_\_\_\_\_      GRADE: \_\_\_\_\_

ARM OR SERVICE: \_\_\_\_\_      DATE OF CHG. DAY: \_\_\_\_\_ MO: \_\_\_\_\_      SUB UNIT: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_      STATION NAME OR SHIPMENT NO.: \_\_\_\_\_      A.P.O. NO.: \_\_\_\_\_

IBM 729957      LICENSED FOR USE UNDER PATENT 1,772,492

**THIS SPACE TO BE USED BY THE WAR DEPARTMENT TRANSMITTING COPY OF AN APPLICATION SUBMITTED BY OR FOR A DEPENDENT OR RELATIVE TO THE SOLDIER'S ORGANIZATION**

Allowance and Allotment Branch, WAR DEPARTMENT, Washington, D. C., \_\_\_\_\_, 194...

To: \_\_\_\_\_

1. Family allowances under the Servicemen's Dependents Act of 1942 has been authorized for the persons shown in paragraphs II and III on the reverse side of this form.

2. Monthly deductions of (\$22), (\$27), (\$.....) must be made on the pay roll starting with the month of \_\_\_\_\_ 194...

3. The "official copy" of the application is to be filed with the soldier's service record.

BY ORDER OF THE SECRETARY OF WAR: \_\_\_\_\_  
Adjutant General.

TAG

ALLOTMENT DISCONTINUANCE

No. F 2 083050

NOTICE UPON DISCHARGE OR RELEASE FROM ACTIVE DUTY

EVERS MEDGAR W 34874245 T-5

LAST NAME - FIRST NAME - MIDDLE INITIAL <b>ASF F C</b>				DATE OF BIRTH, IF AVAILABLE	REASON FOR SEPARATION	DATE OF SEPARATION	ARMY SERIAL NUMBER	
<b>PO BOX 181 DECATUR MISS</b>				<b>JUL 2/25</b>	<b>DISCHARGED</b>	<b>APR 16/46</b>		
ENTER IN THE SPACE PROVIDED BELOW EACH ALLOWANCE OR ALLOTMENT NOW IN EFFECT				(NO ENTRY HERE)	PERMANENT ADDRESS FOR MAILING PURPOSES			
ALLOTMENT	AMOUNT (1)	EFFECTIVE DATE MONTH AND YEAR (First Deduction)	FINAL DEDUCTION MADE FOR MONTH OF		FAMILY ALLOWANCE APPLICATION NUMBER, IF IN SERVICE RECORD			
<b>N</b>	\$ <b>6.40</b>	<b>NOV 43</b>	<b>1 APR 46</b>		<b>X-</b>			
<b>D</b>	\$				VETERANS ADMINISTRATION NUMBER (No Entry Here)			
<b>E</b>	(1) (2) (8)				<b>N-</b>			
<b>F</b>	\$ <b>22.00</b>	<b>JAN 44</b>	<b>APR 46</b>		NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE			
					<b>1473 SCU SEPARATION CENTER CAMP SHELBY MISS..</b>			
					ENTER NAMES OF "E" ALLOTTEES, IF IN SERVICE RECORD			
					(1) (2) (8)			
					TYPED NAME, GRADE, AND TITLE OF PERSONNEL OR DISBURSING OFFICER EFFECTING DISCONTINUANCE (No Signature Necessary)			
					<b>XXXXXXXXXXXX H.N. ELKINS MAJ MAJ FD.</b>			
W. D. A. G. O. Form No. 88-S 1 September 1944 6 PARTS				(Make No Entry Here)				<b>PINK</b>
				To: THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C. (Folded and inserted in the service record in cases of enlisted personnel)				

# ACKNOWLEDGMENT OF FORM 3101

DATE OF VA FORM 3101

CURRENT DATE

16 Sep 1948

29 SEP 1948

FROM:  Department of the Army, Office of The Adjutant General, Records Administration Center, St. Louis 20, Mo.  
 Department of the Army, Office of The Adjutant General, Personnel Information Branch, Washington 25, D. C.

LAST NAME—FIRST NAME—MIDDLE INITIAL

EVERS, Medgar W.

ARMY SERIAL NO.

34 874 245

VA CLAIM NO.

10 591 906

ACTION TAKEN

- CASE HAS BEEN RECEIVED AND WILL BE PROCESSED AS SOON AS POSSIBLE.
- INFORMATION ON WHICH TO BASE A REPLY HAS NOT BEEN FOUND IN THE FILES. AN EFFORT IS BEING MADE TO OBTAIN THIS INFORMATION AND A REPLY WILL BE MADE AT THE EARLIEST PRACTICABLE DATE.
- RECORDS NOT FOUND IN:
  - DEMOBILIZED PERSONNEL RECORDS BRANCH, ST. LOUIS 20, MO.
  - OFFICE OF THE ADJUTANT GENERAL, PERSONNEL INFORMATION BRANCH, WASHINGTON 25, D. C.
- CASE HAS BEEN FORWARDED FOR DISPOSITION TO:
  - DEMOBILIZED PERSONNEL RECORDS BRANCH, ST. LOUIS 20, MO.
  - OFFICE OF THE ADJUTANT GENERAL, PERSONNEL INFORMATION BRANCH, WASHINGTON 25, D. C.

TO: VA  Central  Branch  Regional Office  
 Organizational Unit: VA Sym. No. 23R-3BA  
 Adjudication Division  
 Jackson, Mississippi



EDWARD F. WITSELL  
 Major General  
 The Adjutant General

(CITY, ZONE, AND STATE)