NAVPERS—NRB FORM 70 (REV. 20 MAY 41) NAVPERS—NRB—40799—11 Feb 44—300M.

AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expense. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

---

985 1939

COUNTY OF PHILADELPHIA
STATE OF PENNSYLVANIA } ss

I, John William Coltrane,

AS V-6 USNR-SV, *U. S. Naval Reserve, being first duly sworn,*
(Rank or Rating)

upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension, disability allowance, disability compensation, or retired pay (*) from the Government of the United States.

John William Coltrane

Subscribed and sworn to before me this 6- AUG 1945

day of _____, A.D., 194

E. F. Hoch, Jr
E. F. HOCH, Lt.(jg), USN
(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-Bupers
1-To Comdt.
1-To service record.

(*) 'Retired Pay' does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

985 1939

Form M-10

U. S. NAVY RECRUITING STATION
13 South 13th Street
Philadelphia, 7, Pennsylvania

FOR USE OF MEN INDUCTED INTO NAVAL SERVICE

DATE 6 Aug 45

Have you ever been arrested or in the custody of the Police?

no

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? no

If so, for what?

Are you now on probation? no

John William Coltrane
(First) (Middle) (Last)
(FULL NAME)

985 1939 mhg

NAME COLTRANE, John William (SERVICE NO.) AS USN-I (RATE) $50.00 (PAY PER MONTH)

DATE 6 - AUG 1945 (DAY) (MONTH) (YEAR) INDUCTED INTO THE UNITED STATES NAVY.

ACCEPTED FOR INDUCTION AT LB #17, Phila., Pa. (ADDRESS OF LOCAL BOARD FROM WHICH ORIGINALLY RECEIVED)

PLACE OF INDUCTION NRS Phila., Pa.

TRANSFERRED TO (STATION) ACTIVE DUTY USN-I ☐ ENLISTED: USN-SV ☐ USNR-SV ☒

OCCUPATION Checker, *CITIZENSHIP U.S.

PLACE OF BIRTH Hamlet, N. C. DATE OF BIRTH 23 Sep. 26 AGE: YEARS 18 MOS. 10

HOME ADDRESS 1450 N. 12th St. (STREET AND NUMBER) Phila. (TOWN) Phila. (COUNTY) Pa. (STATE)

NEXT OF KIN OR LEGAL GUARDIAN (NAME) Alice Gertrude Coltrane (RELATIONSHIP) Mother

ADDRESS 1450 N. 12th St., Phila., Pa. MARRIED ☐ SINGLE ☒

CREDITED TO 3rd CONGRESSIONAL DISTRICT, STATE OF Pa.

EDUCATION: GRADE SCHOOL 8 YRS; HIGH SCHOOL 3 YRS; COLLEGE YRS; POST GRAD. YRS.

PREVIOUS SERVICE IF NONE, CHECK HERE ☒

**CONTINUOUS SERVICE CERTIFICATE NO. FIRST ENLISTED IN Regular Navy ☐ Naval Reserve ☐

DATE PLACE LAST ENLISTMENT OR EXTENSION: Regular Navy ☐ Naval Reserve ☐

DATE TERM WAS LAST DISCHARGED (DATE) FROM

WITH DISCHARGE AS SERVICE IN REGULAR NAVY (RATE)

NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)

PHYSICAL CHARACTERISTICS

HEIGHT 5 FEET 8½ INCHES; WEIGHT 168; EYES (COLOR) Brown; SEX Male; HAIR Black; COMPLEXION Negro COLOR Negro

MARKS ANT: VSLA. BMK rt. shldr. POST: S 2" lt. elbow. S 1" rt. elbow.

THIS IS TO CERTIFY that the above-named inductee has been examined, agreeably to the Regulations of the Navy, and in my opinion he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated that he has no disease concealed or likely to be inherited.

C. P. Jones
(SIGNATURE OF NAVAL MEDICAL OFFICER)
C. P. Jones, Lt., MC, USNR

OATH OF ALLEGIANCE: I, John William Coltrane do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Term of Service: In accordance with Selective Service Act of 1940 as amended.

John William Coltrane
(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this day of 6 - AUG 1945, A. D.
and contract perfected.
United States citizenship substantiated.

E. F. Hoch
E. F. Hoch, Lt. (jg), USN
(NAME AND RANK OF RECRUITING OFFICER)

Place of Induction NRS PHILADELPHIA, Pa.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A.; Guam, Guam; Phillippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.

**For reenlistments with continuous service note Art. D-1002, Bureau of Naval Personnel Manual.

NAVPERS 603B (REV. 8-43)

INDUCTION ARTICLES

PART 1 FOR BuPers JACKET

NOTE: FOR USE OF NAVY INDUCTEES ONLY

985 1939 mhg COLTRANE, John William AS $50.00

(SERVICE NO.) NAME (RATE) (PAY PER MONTH)

DATE 6 (DAY) - AUG (MONTH) 1945 (YEAR) FIRST ENLISTMENT [X] REENLISTMENT [ ] IN THE UNITED STATES NAVY AS REGULAR [ ] RESERVE [X] CLASS V-6 SV FOR 2 YEARS; MINORITY [ ]

ACCEPTED AT LB #17, Phila, Pa., ENLISTED AT NRS Phila, Pa.

TRANSFERRED TO ACTIVE DUTY [XX] OR INACTIVE DUTY [ ] NTC Sampson, N.Y. (STATION)

OCCUPATION Checker, *CITIZENSHIP U.S.

PLACE OF BIRTH Hamlet, N.C. DATE OF BIRTH 23 Sep. 26 AGE 18 YRS. 10 MOS.

HOME ADDRESS 1450 N. 12th St. (STREET AND NUMBER) Phila. (TOWN) Phila. (COUNTY) Pa. (STATE)

NAME OF NEXT KIN OR LEGAL GUARDIAN Alice Gertrude Coltrane (RELATIONSHIP) Mother

ADDRESS 1450 N. 12th St., Phila., Pa. MARRIED [ ] SINGLE [XX]

CREDITED TO 3rd CONGRESSIONAL DISTRICT, STATE OF Pa.

EDUCATION: GRADE SCHOOL 8 YRS.: HIGH SCHOOL 3 YRS.: COLLEGE YRS.: POST GRAD. YRS.

PREVIOUS SERVICE IF NONE, CHECK HERE [X]

**CONTINUOUS SERVICE CERTIFICATE NO. FIRST ENLISTED IN REGULAR NAVY [ ] NAVAL RESERVE [ ]

DATE PLACE LAST ENLISTMENT OR EXTENSION: REGULAR NAVY [ ] NAVAL RESERVE [ ]

DATE TERM WAS LAST DISCHARGED (DATE) FROM

WITH DISCHARGED AS (RATE) SERVICE IN REGULAR NAVY (YEARS) (MONTHS) (DAYS)

NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)

NATIONAL GUARD (STATE) (DATE OF ENLISTMENT) (DATE OF DISCHARGE)

PHYSICAL CHARACTERISTICS

HEIGHT 5 FEET 8½ INCHES; WEIGHT 168 ; EYES Brown (COLOR) SEX Male ; HAIR Black ; COMPLEXION Negro COLOR Negro

Marks ANT: VSLA. BMK rt. shldr. POST: S 2" lt. elbow. S 1" rt. elbow.

I CERTIFY that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated to me that he has no disease concealed or likely to be inherited.

C. P. Jones

C. P. Jones, Lt., MC, USNR, Examining Surgeon,

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with E. F. Hoch, Lt.(jg), USN (NAME OF COMMANDING OFFICER) of the United States Navy, as follows:

First: To enter the service of the Navy of the United States and to report to such station or vessel of the Navy as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything comformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 2 years from 6 - AUG 1945, 1.... / during minority until, 1.... } unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows:

SEC. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States as their enlistment may have occurred on either the Atlantic or Pacific Coast of the United States, in some public or other vessel, all petty officers and persons of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or in a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer, according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or who shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: **Provided,** That the shipping articles shall hereafter contain the substance of this section.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained the addition of one-quarter pay as specified in Section 1422, Revised Statutes, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and articles for the government of the Navy as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

Fifth: I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, John William Coltrane do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

John William Coltrane

(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this ..... day of 6 - AUG 1945, A. D. ..... and contract perfected.

United States citizenship substantiated.

E. F. Hoch

E. F. Hoch, Lt.(jg), USN

Commanding, U. S. S. NRS PHILADELPHIA, Pa.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.

**For reenlistments with continuous service note Art. D-1002, Bureau of Naval Personnel Manual.

NAVPERS 603 (REV. 12-44)

SHIPPING ARTICLES

PART 1 FOR BuPers ENLISTED MAN'S JACKET

1. Order No. 12,089 Local Board 17 Phila State Pa.
(From "Notice to Appear before Local Board" DSS Form 60)

2. Date specimen drawn 8/6/45

3. Coltrane (Last name) John (First name) William (Middle name)

4. 1450 N. 12th St. Phila. (Town or city) Phila. (County) Pa. (State) Urban ☐ Rural ☐
Permanent address: (Street or P. O. box)

5. Birth date 9 (Month) 23 (Day) 26 (Year) Race Col

6. Suspicious open lesions: Primary ☐ Secondary ☐

7. GC discharge: Yes ☐ No ☐ Smear: Pos. ☐ Neg. ☐ Taken but not yet examined ☐ Not done ☐

RETURN TO AFIS
32nd & Lancaster Ave. _____, M. D.
Examining Physician.

LABORATORY REPORT OF SEROLOGIC BLOOD TEST

9. Lab. Specimen No. KLINE-NEG

10. Name of test

Neg	Pos.	Doubt	Specimen unsatisfactory
☐	☐	☐	☐

11. AUG 6 1945
(Name and address of laboratory)

Werner Milot MD
Laboratory Director.

(TO SELECTIVE SERVICE BOARD) Date of Report

IMMEDIATE INDUCTION

Form HVD-14033

DO NOT DEFACE THIS STAMP 90

DSS Form 221
(Revised 9-20-43)

BUDGET BUREAU NO. 33-R030.2
APPROVAL EXPIRES 12-31-44

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

Masterplate Imprint	Armed Forces Serial No.
	985 1939

Local Board No. 17 5
Philadelphia City 101
AUG 6 1945 017
8th & Jefferson Sts.
Philadelphia, Pa.
(Local Board of Origin Date Stamp with Code)

SECTION I.—GENERAL (Local board will prepare from latest information available).

1. Name COLTRANE (Last—in capitals) John (First) William (Middle)
2. Present address 1450 N. 12th St. (Street or rural route) Phila (Town or city) Phila. (County) Pa. (State)
3. Registrant's order No. 12,089 4. Social Security No. [redacted]
5. Marital status: Single [X] Married [ ] Widower [ ] Divorced [ ] Separated [ ]
6. Number of Group 4 children 0 7. Birthdate of registrant 9 (Month) 23 (Day) ~~26~~ 26 (Year)
8. Birthplace of registrant Hamlet (Town or city) N.C. (State) (Country)
9. Race: White [ ] Negro [X] Other (specify)
10. Citizenship: (a) United States citizen: Yes [X] No [ ] (b) First papers: Yes [ ] No [ ] (c) If not citizen of United States, citizen or subject of (specify country)
11. Court record: (a) Convicted of a crime other than minor traffic violation: Yes [ ] No [X]
(b) If "yes," specify crime, date, location of court, and sentence
(c) Now on parole, conditional release, probation, or suspended sentence: Yes [ ] No [ ]
(d) If answer to (c) is "yes," has necessary release or waiver been secured: Yes [ ] No [ ]
12. United States military service: (a) Previous service: None [X] Army [ ] National Guard [ ] Navy [ ] Marine Corps [ ] Coast Guard [ ]
(b) Date of discharge (c) Type of discharge
13. Education: (Number of years completed) Elementary school 7 High school 4 Trade, night, or business school 0 College or university 0
14. Occupation and industry: (a) Title and duties of present job Checker
(b) Length of experience: Years 0 Months NA
(c) Business of present employer Signal Depot
15. Employment class (present job): Employee [X] Independent worker [ ] Employer [ ] Unpaid family worker [ ] Student [ ] Unemployed [ ]
16. (a) Number of times previously sent to Induction Station 1
(b) Date last sent ~~10/19/44~~ 1/4/45 (c) Was this a preinduction physical examination: Yes [X] No [ ]
17. If transferred for induction, or referred for Class IV-E final-type physical examination, local board of transfer is Local Board No. ____, County or city of ____, State of ____

Do Not Use
RESIDENCE
State
County
Place inducted
DATE INDUCTED
Day
Month
Year
Source
Nativity
Year of birth
Race/citizenship
Education
Occupation
Marital status

INSTRUCTIONS—ORIGINAL

1. *To Local Boards.*—The Original DSS Form 221 will be prepared and distributed as set forth in Instruction No. 1 for Form 221.
2. *To the Armed Forces.*—The induction station will make the following disposition of this Original Copy of DSS Form 221:

(a) For registrants inducted: (1) By the Army, this Original will be forwarded from the induction station to the reception center for extraction of data, then to the Service Command Headquarters for machine record purposes, and then to The Adjutant General, War Department, Washington, D. C. (2) By the Navy or Coast Guard, this Original will be forwarded from the induction station through the Main Recruiting Station to the Bureau of Personnel, Washington, D. C. (3) By the Marine Corps, this original will be sent from the induction station direct to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

(b) For registrants rejected: This Original of DSS Form 221 will be marked at the top of Page 1 "Rejected by the Armed Forces" and will be sent together with the Second Copy of DSS Form 221 and Form 151 to State Director of Selective Service.

(c) For registrants sent for preinduction physical examination: This Original of DSS Form 221 will be sent together with the Second Copy of DSS Form 221 to State Director of Selective Service.

(d) For Class IV-E registrants sent for final-type physical examination: This Original along with First Copy and Second Copy of DSS Form 221 will be returned to the local board.

H.S. Grad.

16—35269-1

ORIGINAL COPY

(PAGE 1)

IMMEDIATE INDUCTION

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(1,6)

SECTION II.—LOCAL BOARD EXAMINATION AND CLASSIFICATION.

18. MEDICAL HISTORY: (a) Has registrant had spells of unconsciousness, convulsions, fits, encephalitis, nervous trouble of any sort, tuberculosis, asthma, hay fever, diabetes, enuresis, stomach ulcer, rheumatic fever, heart trouble; been treated at hospital, asylum, or sanitarium; is or has been addicted to alcohol, narcotics, or habit-forming drugs: Yes ☐ No ☒ If yes, specify

Sinus

(b) Specify other defects or diseases claimed by registrant Sinus trouble

(c) I CERTIFY that the answers to Items 18 (a) and 18 (b) are correct.

(d) Signature of registrant _____ (e) Date _____

19. (a) Does examining physician have documentary evidence confirming statements in Item 18: Yes ☐ No ☐ (b) If not, does examining physician have any evidence which would substantiate statements in Item 18: Yes ☐ No ☐ (c) If yes, specify _____

(d) Serological test (syphilis): First specimen: Date 6 August 1945 Result NEGATIVE

Second specimen: Date _____ Result _____

(e) Does above-named registrant have any defects set forth in List of Defects (Form 220). (If in doubt, answer "No" and give details): Yes ☐ No ☐ If answer is "Yes," describe the defects in the order of their significance _____

(f) REMARKS _____

(g) Signature of examining physician _____

(h) Place _____ (i) Date _____

20. (a) Was local board physical examination waived: Yes ☒ No ☐ (b) If yes, under what Section of Regulations 629

(c) This local board has classified the above-named registrant in Class 1-A

(d) Signature of member of local board _____

(e) Place Phila. Pa. (f) Date 10/19/44

SECTION III.—MISCELLANEOUS (To be filled out at induction station for only those registrants accepted for military service).

21. (a) Organization and serial number of previous U. S. military service (if known) _____

(b) Reason for discharge _____

(c) Religious preference (voluntary for Army) prot.

22. (a) Nearest relative (other than wife or minor child) (Name in full) Alice Gertrude Coltrane

(b) Relationship mother (c) Address 1450 N. 12th St., Phila. 22, Pa.
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

(d) Person to be notified in case of emergency (Name in full) same as 22a

(e) Relationship _____ (f) Address _____
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

23. (a) The persons eligible to be my beneficiary are:

not married
(Full name of wife; if no wife, or if she is deceased or divorced, so state) [redacted] (Wife's full address)

none
(Full name and address of each minor child and each dependent child over 21 years of age)

(If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

(b) In the event of my leaving no widow or child, I then designate as my beneficiary to receive the six months' death gratuity the dependent relative whose name, relationship and address are shown below:

same as 22a
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

(c) In the event of the death or disqualification of the last-named dependent relative, I then designate as my beneficiary to receive the six months' death gratuity, the dependent relative whose name, relationship, and address are shown below:

Mary Lyerly - cousin - same as 22a
(If beneficiary is named in line 23b but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

24. (a) Signature of registrant John William Coltrane
(First name) (Middle name) (Last name)

(b) Witnessed at NRS PHILA., PA. on 6 Aug 45, 19__

E Zogorski E. ZOGORSKI, CBM USN RET
(Signature of witness attesting) (Name of witness typed) (Grade and organization)

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SECTION IV.—PHYSICAL AND MENTAL EXAMINATION

25. (a) High school graduate: Yes [X] No [ ] (b) English speaking: Yes [X] No [ ]
(c) Qualification test (Form used _____) Score _____
(d) Visual classification test score _____ (e) Block counting test score _____
(f) Concrete directions test score _____ (g) Illiterate: Yes [ ] No [X]
(h) Does registrant meet minimum intelligence standards: Yes [X] No [ ]

26. Limited classification: (a) 590: Yes [ ] No [ ] (b) Useful occupation: Yes [ ] No [ ]
(c) Trade test: Name _____ W. S. L. _____
(d) R. I. test score _____
(e) If physically qualified for limited service, does registrant meet limited classification standards: Yes [ ] No [ ]

27. Psychiatric diagnosis: Normal

28. Neurological diagnosis: Normal

29. Psychiatric or neurological symptoms: None
NSA-19-H

30. Eye abnormalities: None

31. Ear, nose, throat abnormalities: None

32. Mouth and gum abnormalities: None

33. TEETH: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X; teeth replaced by denture by horizontal line over X ——; teeth replaced by fixed bridge by oval to include abutments (X).

EXAMINEE'S

Right								*Left*							
~~8~~	~~7~~	~~6~~	5	4	3	2	1	1	2	3	4	5	6	(7)	~~8~~
(16)	~~15~~	~~14~~	13	12	11	10	9	9	10	11	12	13	(14)	~~15~~	16

(b) Remarks, including other defects: None

(c) Prosthetic dental appliances: None

34. Skin: Normal

35. Varicose veins: None

36. Hernia: None

37. Hemorrhoids: None

38. Genito-urinary (nonvenereal): Normal

39. Venereal diseases: None

40. Feet: Normal

41. Musculoskeletal defects: None

42. Abdominal viscera: Normal

43. Cardiovascular system: Normal

44. Lungs: Negative

45. Chest X-ray: Negative

46. Endocrine system: Normal

47. Vision, without correction:
(a) Right eye 20/ 20
(b) Left eye 20/ 20
(c) Both eyes 20/ 20

48. Vision, with correction:
(a) Right eye 20/_____
(b) Left eye 20/_____
(c) Both eyes 20/_____

49. Color perception*: Normal

50. Hearing:
(a) Right ear 15/15
(b) Left ear 15/15

51. Height 68½ inches

52. Weight 168 pounds

53. Girth at nipples:
(a) Inspiration 38 inches
(b) Expiration 34 inches

54. Girth, at umbilicus 29 inches

55. Posture:
Good [ ] Fair [X] Poor [ ]

56. Frame:
Heavy [ ] Med. [X] Light [ ]

57. Color of eyes: Brown

58. Color of hair: Black

59. Complexion: Colored

60. Pulse, sitting: 84

61. Pulse, after exercise*: _____

62. Pulse, 2 minutes after exercise*: _____

63. Blood pressure:
(a) Systolic 130
(b) Diastolic 74

64. Urinalysis:
(a) Specific gravity 1.017
(b) Albumin Neg.
(c) Sugar Neg.
(d) Microscopic*: _____

65. OTHER DATA:

* When indicated.

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SECTION IV.—PHYSICAL AND MENTAL EXAMINATION—Continued. Do Not Use

66. Other defects, diseases, and/or remarks None

67. Summary of defects: (a) Principal defect None

(b) Other defects in order of significance

68. (a) I CERTIFY that the above-named registrant was carefully examined, physically and mentally, that the results of the examination have been carefully recorded on this form, and that, to the best of my knowledge and belief, he is—

(1) Qualified for general military service ☒

(2) Qualified for limited service ☐ because of

(3) Disqualified for any military service ☐ because of

(b) Signature of medical examiner C. P. Jones

(c) Name typed or stamped C. P. JONES, (d) Title LT.(SG)MC,USNR

SECTION V.—DISPOSITION OF REGISTRANT BY ARMED FORCES.

69. Type of examination: Regular induction ☒; preinduction ☐

70. Registrant's service preference: None ☒ Army ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐

71. (a) I CERTIFY that the qualifications of the above-named registrant have been considered in accordance with the most recent regulations governing the acceptance of Selective Service registrants and that he was this date:

(1) Inducted into the armed forces ☒

(a) Service: Army ☐ Navy ☒ Marine Corps ☐ Coast Guard ☐

(b) Was ordered to report to (Place) (Date)

(c) Qualified for: General military service ☒ Limited service ☐

(2) Found acceptable for limited service but not inducted ☐

(3) Rejected for service in the armed forces ☐ because of: Medical ☐ Moral ☐ Alien ☐ Other ☐ If other, specify

(b) Signature of Commanding Officer of the Induction Station E. F. Hood

(c) Name typed or stamped J.E.DORR,LT.(JG)USN(RET.)

(d) Place AFIS, Phila., Pa. (e) Date 6 August 1945

SECTION VI.—TRANSFER FROM RECEPTION CENTER.

72. Above-named man was transferred from Reception Center to:

(Place and organization, if known) on (Date)

SECTION VII.—FINGERPRINTS—RIGHT HAND (for only those registrants who are inducted).

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

16—35260-1 U. S. GOVERNMENT PRINTING OFFICE

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APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT JS 6 Batt.

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
USN TADCEN SHOEMAKER, CALIFORNIA	11/6/45	6 August 1945

[X] BUREAU OF NAVAL PERSONNEL [ ] COMMANDANT U. S. COAST GUARD [ ] COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
COLTRANE, John William	985 19 39	S2c

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Alice Coltrane 1450 North 12th St. Philadelphia, Penna.	Mother	45	Years.	$60.00	$$60.00
2							
3							
4							
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Single. | DATE OF MARRIAGE: | IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. [ ] YES [ ] NO

HAVE YOU BEEN PREVIOUSLY MARRIED? [ ] YES [ ] NO | IF SO, HOW WAS MARRIAGE DISSOLVED [ ] DEATH [ ] DIVORCE [ ] ANNULMENT | IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE | ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: Mother partially dependent on applicant for support.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY USN REC/STA SHOEMAKER, CALIFORNIA

DATE 7 November 1945

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (PR-500 *Pay Number*) A MONTHLY FAMILY ALLOWANCE

OF $22 *(Strike Out One)* XXX EFFECTIVE November *(Month)* 1945

R. A. DONALD, JR.
Lt. Comdr. (SC) USNR.

(Signature of Disbursing Officer) *Sign Third Copy Only - (Pink)*

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

jb 514

VETERANS ADMINISTRATION
Insurance Form 350
(Rev. March 1945)

Form approved
Budget Bureau No. 76-R002-42.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. (USE INK OR TYPE)

1. NAME IN FULL: (Please print or type) — First: John — Middle: William — Last name: Coltrane

2. HOME ADDRESS: Number / Street or rural route: 1450 N. 12th St. — County, city, town, or post office: Phila. — Zone — State: Pa.

3. I WAS BORN AT — City, town, or post office: Hamlet — State: N.C. — Day of month: 23 — Month: Sept — Year: 1926 — Age nearest birthday: 19

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: Aug 6, 1945

5. PRESENT ORGANIZATION — Rank, grade, or rating: AS — Organization, regiment, station, ship, etc.: NAVAL TRAINING CENTER SAMPSON, NEW YORK

6. SERIAL NUMBER: 985-19-39

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")
None

8. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 10,000

9. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ _____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

10. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship to me	Amount of insurance to be paid to each beneficiary	Post office address (Number and street, city, town, or post office and State)
Alice Coltrane	Mother	10,000	1450 N. 12th St. Phila., Pa.
CONTINGENT: Bettie Lyerly	Aunt	10,000	Same
(In Loco - PARENTIS)			

Permitted class of beneficiaries: Wife or husband, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 1.)

11. I DESIRE THE PROCEEDS OF THIS INSURANCE PAID IN THE EVENT OF MY DEATH UNDER OPTIONAL SETTLEMENT INDICATED BY CROSS MARK (x) BELOW.
Optional Settlement 1 ( ) Optional Settlement 2 ( )
(For full information as to mode of settlement under each option, see reverse side of this form.) NO ELECTION NOW

12. I REQUEST THE CERTIFICATE BE MAILED TO—(Please print or type)
FIRST PRINCIPAL BENEFICIARY
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (not later than the first day of the month following date of application)
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 20 day of Aug, 19 45, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $ _____
in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $ 6.50 on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ _____ on the insurance.

For effective date see instructions on reverse side, paragraph 4.

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 6.50	$	$	$	$

SIGNED AT SAMPSON, NEW YORK ON THE 20 DAY OF Aug, 19 45

WITNESSED BY: and the
INFORMATION AS TO SERVICE CERTIFIED BY:

W. A. POISSANT, Lieut., USNR
(Rank and organization. See reverse side, paragraph 3.)

_____
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $ _____ Premium: Mo. $ _____ Qr. $ _____ S. A. $ _____ A. $ _____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—43568-1

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

INSTRUCTIONS

1. Beneficiaries.

Any one or more of the following persons may be named as beneficiary(ies): Wife (or husband), child (including an adopted child, stepchild, illegitimate child), parent (including parent through adoption, and persons who have stood in loco parentis (in place of a parent) to the insured at any time for a period of not less than 1 year prior to his entry into active service), brother or sister (including those of the half blood) of the insured.

Any named beneficiary may be designated in Question 10 as "Principal Beneficiary" or "Contingent Beneficiary." Any named beneficiary who is not designated as "Contingent Beneficiary" will, in general, be presumed to be a principal beneficiary. In settlement of the insurance as a death claim, installments payable under the optional settlement elected will be paid to the principal beneficiary if living, and any such installments payable after the death of the principal beneficiary will be paid to the contingent beneficiary, if living.

2. Optional Settlements.

There are two ways in which the proceeds of your National Service Life Insurance may be settled when it matures as a death claim. These are described below as Options 1 and 2.

If you elect Option 2 for all beneficiaries, settlement will be made under that option. However, you may restrict your election so that Option 2 applies only in case a particular beneficiary is the first to receive payment after your death. You may do this by checking Optional Settlement 2 in Question 11 and adding "for _____" naming in full the beneficiary(ies) to whom Option 2 is to apply. *If you make no election, the first beneficiary may choose either Option 1 or 2.* If neither you nor the beneficiary make an election, settlement will be made under Option 1.

You may revoke an election of Option 2 by written notice to the Veterans Administration but no election or revocation will be valid unless and until it is received in the Veterans Administration. A separate form must be used for each policy under which you wish to elect Option 2.

All payments under either option are subject to the beneficiary provisions of the policy.

OPTION 1

(a) *First beneficiary under age 30 at death of insured—240 INSTALLMENTS.*

240 equal monthly installments will be paid at the rate of $5.51 for each $1,000 of policy proceeds (the face value of the policy less any indebtedness).

(b) *First beneficiary age 30 or more at death of insured—LIFE INCOME WITH 120 INSTALLMENTS CERTAIN.*

Equal monthly installments will be paid throughout the remaining lifetime of the first beneficiary, with the provision that if such beneficiary dies, installments will continue to be payable until a total of 120 installments have been paid. The amount of each installment per $1,000 of policy proceeds is based on the first beneficiary's age last birthday on the date of death of the insured.

OPTION 2

First beneficiary under age 69 at death of insured—LIFE INCOME WITH TOTAL INSTALLMENTS CERTAIN EQUAL TO POLICY PROCEEDS.

Equal monthly installments will be paid throughout the remaining lifetime of the first beneficiary, with the provision that if such beneficiary dies, installments will continue to be payable until the total amount paid equals the policy proceeds (the face value of the policy less any indebtedness), the last installment being of such reduced amount as may be necessary. The number of installments certain and the amount of each installment per $1,000 of policy proceeds are based on the first beneficiary's age last birthday on the date of death of the insured.

Option 2 is not authorized for any case in which there would be less than 120 installments certain; therefore, if the first beneficiary is 69 or more years of age on the date of death of the insured, settlement will be made under Option 1.

3. Witness and Certification of Service Record.

This application must be witnessed by a commissioned officer. If you are on detached service and no commissioned officer is available, it may be witnessed by a noncommissioned officer.

The information as to your service record must be certified by the officer, commissioned or noncommissioned, who has custody of your service record.

4. Effective Date of Insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

U. S. GOVERNMENT PRINTING OFFICE 16—43568-1

[61]

NM14/P16-4/MM/na

Serial No. 5

U. S. NAVAL RECEIVING STATION
NAVY NUMBER 128 (One Two Eight)
c/o FLEET POST OFFICE
SAN FRANCISCO, CALIFORNIA

5576—S/M Base, (128)—1-5-45—20M.

28 November 1945.

From: The Commanding Officer.
To : COLTRANCE, John W., 985 19 39 S2c(Negro) USNR.
Subject: Orders.
Reference: (a) Verbal Orders COM-14 of 26 November 1945.
(b)

1. Upon receipt of these orders, and when directed by proper authority, you will proceed via transportation furnished you, to MANANA BARRACKS, NAVY No. 919

and immediately upon arrival report to the Commanding Officer

for duty.

2. Records and accounts will be forwarded via registered mail or as indicated in letter of transmittal.

R. G. FITCH,
By direction of C.O.

cc: Manana Barracks
Flt Record Office
M.A.A.
Record Office
File

[1,10]

U. S. NAVAL BARRACKS
Navy 919 (nine one nine)
% Fleet Post Office
San Francisco, California

NM121/01/00H
P16-4/MM/coa

28 November 1945

From: Commanding Officer, U. S. NAVAL BARRACKS, NAVY #919.
To : COLTRANE, John W., 985 19 39, S2c, V6S USNR.

Subj: O R D E R S.

1. You reported aboard this date at 1024.

O. O. Hubbell
O. O. HUBBELL,
Executive Officer,
By direction.

SECURITY

1. NAME		2. SERVICE NO.	
COLTRANE, JOHN WILLIAM		385 19 39	20 3/4
3. RATE ABBREVIATION	4. DESIGNATOR	5. DESIGNATOR QUALIFICATIONS	6. BRANCH OF SERVICE
~~Sic~~ S1c			V6S
7. DUTY ASSIGNED	8. DATE ENLISTED	9. PLACE ENLISTED	
DUTY	8/6/45	PHILADELPHIA, PA.	
10. DATE ENLISTMENT EXPIRES	11. NEXT LONGEVITY	12. FOR YEARS	13. COLOR
8/5/47	8/6/48	3	NEGRO
14. SEX	15. DATE OF BIRTH	16. LANGUAGE ABILITY	17. TOTAL AWARDS
MALE	9/23/26		
18. LIMITED DUTY			
QUAL			
19. CURRENT TOUR DATE	20. CUM. MOS. OUT	21. ACTIVE DUTY DATE	22. DEPENDENTS
11/12/45	0	8/6/45	NONE B

23. DATE	24. CODE	25. COMBAT QUALIFICATION, SPECIAL QUALIFICATION, SERVICE SCHOOL COMPLETED
		3

26.	27.	28	29.	30	31.	32.	33.
							5642

34. UNIT ATTACHED			
U. S. NAVAL BARRACKS, MANANA, T.H.			
35. DATE RECEIVED	36. RECEIVED FROM	37. RECEIPT AUTHORITY	
11/28/45	USN RECEIVING STATION, SHOEMAKER, CAL.	CNSP SER. NO. 2-195 of 11/7/45.	

FORM E. P. 100 (P)

22 1/2

Dec.		...y.	21
Jan.	15 1/2	Aug.	
Feb.	16 1/4	Sep.	
Mar.	17 1/2	Oct.	
Apr.	18 1/4	Nov.	
May	19	Dec.	
Jun.	20 1/4	Jan.	

[illegible]

U. S. NAVY ENLISTED PERSONNEL QUALIFICATIONS CARD — NAV. PERS. 609 (3-45)

19

(1) SERVICE NUMBER	(2) LAST NAME	FIRST	MIDDLE	(3) RATE AT ENLIST.	(4) BR-CL.	(5) CO. NO.	(6) DATE OF ENLISTMENT MO.	DAY	YEAR
985 19 39	COLTRANE	JOHN	WILLIAM	AS	V6S	514	8	6	45

(7) GCT	(8) READING	(9) ARI	(10) MAT	(11) SPELL	(12) CLER	(13) RADIO	(14) MK MECH.	(15) MK ELEC.	(16) BIRTH DATE MO.	DAY	(17) YR.	(18) OCC. CODE
69 1	56 2	36 4	47 3	65 1	62 2	71 1	38 4	44 4	9	23	26	000.000

(19) EDUC.	(20) PHYS. QUALS.	(21) QUAL. CLASS.	(22) 1ST RECOM.	(23) 2ND RECOM.	(24)
C	1-85	3	46	43	30

HOME ADDRESS — CITY OR TOWN AND/OR COUNTY — STATE	BIRTHPLACE — CITY OR TOWN AND/OR COUNTY — STATE	RACE	MAR. ST.	NO. DEP.	REL. PREF.
Philadelphia, Penn.	Hamlet, N.C.	N	S	0	Prot

FATHER'S BIRTHPLACE — CITY — STATE	MOTHER'S BIRTHPLACE — CITY — STATE
— N.C.	Edenton, N.C.

PREVIOUS MILITARY OR SEA DUTY	FROM	TO	ARM OR SERVICE	TYPE OF DUTY
—	—	—	—	—

MOST SIGNIFICANT EDUCATION: HIGH SCHOOL — YEARS ATTENDED: 4 — YEAR LEFT SCHOOL: 43 — NON ENGLISH: —

YRS. EDUC.	GRAD.	DEGREE OR DIPLOMA	NAME OF INSTITUTION	MAJOR COURSE
12	YES	H.S	WILLIAM PENN H.S. HIGH POINT N.C	PRE-COLLEGE

SPECIAL STUDIES	ALG.	GEOM.	TRIG.	PHYS.	TYP.	SHORT	BIOLOGY	CHEM.		
	1	1	—	—	—	—	1	1		

SPECIALIZED TRAINING (VOCATIONAL, TECHNICAL, TRADE, BUSINESS)
1 OXY.-ACETYLENE WELDING - 3 MONTHS WILL. PENN. HS. N.C.
2

LANGUAGE FLUENCY: —

SERVICE OR RESIDENCE OUTSIDE U. S. A.: —

LEISURE TIME ACTIVITIES: SPORTS IN SEASON
MODEL AIRPLANE - FLYING
PAINTING - OILS.

SPORTS IN WHICH QUALIFIED: —

TALENT FOR PUBLIC ENTERTAINMENT: SAXOPHONE - 4 YRS
CLARINET - 1/2 YR.

HIGHEST POSITIONS OF LEADERSHIP (INCLUDING MILITARY): —

WHEN MAN IS DETACHED, INSERT THIS CARD IN HIS SERVICE RECORD.

MAIN OCCUPATION (DICTIONARY TITLE): CASUAL WORK — YRS. IN FIELD: —

SECOND BEST OCCUPATION (DICT. TITLE): — — OCC. CODE: —

YRS. SERVICE	WKLY. WAGE	TRADE TEST	TRADE TEST RATING
—	—	—	—

EMPLOYER (FIRM NAME): —

ADDRESS OF EMPLOYER (ST., CITY, STATE): —

DUTIES: —

KIND OF BUSINESS: — — DEPARTMENT OR SHOP: — — DATE LEFT MO. — DAY YR.

YRS. SERVICE	WKLY. WAGE	TRADE TEST	TRADE TEST RATING
—	—	—	—

DUTIES, SKILLS, MACHINES
1. MUSICIAN - PLAYED SAXOPHONE & CLARINET IN ORCHESTRAS DURING VARIOUS MUSICAL ENGAGEMENTS, BOTH PART TIME AND FULL TIME TOTAL 1 YR. 1944-5.
2. LABORER PART & FULL TIME 10 MONTHS 1943-44.
3. SODAJERKER PART TIME AFTER SCHOOL 5 MOS. 1942.

REMARKS
RECMD TO STRIKE FOR COMMUNICATIONS RATES.

PHYSICAL QUALIFICATIONS: HT 5' 9 WT. 160 — QUAL. 3 & 5 — DISQ. —
VISUAL ACUITY L. 20/20 — R. 20 — R.H.

SPECIAL TESTS: NAME — FORM — DATE — SCORE

NAVAL STATION: Sampson — DATE: 24 AUG 1945

INTERVIEWER: C. T. Barrington

INTERVIEWEE'S SIGNATURE: John W. Coltrane

VISION TESTS

ACUITY	FAR	NEAR
BOTH		
RIGHT		
LEFT		
V PHOR		
L PHOR		
IPD	COL	ST

[1,12]

SERVICE RECORD

MAN'S LAST NAME COLTRANE MAN'S SERVICE NO. 985 19 39

DATE	REASON FOR ENTRY	SHIP OR STATION	TYPE	RATE	DUTIES, EQUIPMENT AND GQ STATION	PROF. IN RATE	P. O. ABIL.	CONDUCT	EXEC. OFF. INITIALS
8/7/45	Rec.	Sampson NY	NTC	AS	Recruit Trng.				
10/18/45	C.R.	" "	"	S2c	" " COMP.				
11-1-45	REC	SHOEMAKER, CAL	T&D CEN	"	FURAS				
11-28-45	"	NAVY 919	USNB	"	DUTY				
3-1-46	CR	Navy 919	"	S1c	3/18/46 TRAN TO SECOND BATT. CO.	"B"			
					4-4-46 Transferred to Security				

FOLD HERE

DATE	TRAINING COURSE OR SERVICE SCHOOL (INCLUDING LOCATION)	NO. WKS. TAKEN	MARK	SKILLS OR EQUIPMENT	REMARKS	EXEC. OFF. INITIALS

16

1. NAME		2. SERVICE NO.
COLTRANE, JOHN WILLIAM		985 19 39

3. RATE ABBREVIATION	4 DESIGNATOR	5. DESIGNATOR QUALIFICATIONS	6. BRANCH OF SERVICE
S1c			SV-6 USNR

7. DUTY ASSIGNED	8. DATE ENLISTED	9. PLACE ENLISTED
GD STAFF DUTY	8/6/45	PHILADELPHIA, PENNA.

10. DATE ENLISTMENT EXPIRES	11. NEXT LONGEVITY	12. FOR YEARS	13. COLOR
8/5/47	8/5/48	3	NEGRO.

14. SEX	15. DATE OF BIRTH	16. LANGUAGE ABILITY	17. TOTAL AWARDS
MALE	9/23/26 10		

18. LIMITED DUTY

QUAL.

19. CURRENT TOUR DATE	20 CUM. MOS. OUT	21. ACTIVE DUTY DATE	22. DEPENDENTS
11/12/45 1½	00	8/6/45 4½	NONE

23. DATE	24. CODE	25. COMBAT QUALIFICATION, SPECIAL QUALIFICATION, SERVICE SCHOOL COMPLETED
		3

26	27	28	29	30.	31.	32.	33

34. UNIT ATTACHED

U.S. NAVAL RECEIVING STATION, PEARL HARBOR, T.H.

35. DATE RECEIVED	36. RECEIVED FROM	37 RECEIPT AUTHORITY
5/22/46	U.S.NAVAL BARRACKS, MANANA, T.H.	ComNavBase T.O. 309-46 of 5/15/46

FORM E. P. 100 (P)

86-09-14

NMS Form Y
(1939)

RVM

REPORT OF PHYSICAL EXAMINATION

Purpose of this examination DISCHARGE Date of examination 8-10-46

Place of duty USNPSC, BAINBRIDGE, MD. Place of examination SAME

Name GOLTRANE John William Rank S1/c Corps USNR
(Surname first, Christian names in full)

Place of birth N.C. 985 1939 Date of birth 9-23-26

Family history Non-ess

History of illness or injury Usual childhood diseases

Head and face Normal

Eyes: Pupils (size, shape, reaction to light and distance, etc.) Normal

Distant vision Rt. 20 /20, corrected to /20 by

Lt. 20 /20, corrected to /20 by

Binocular vision (Without lenses—Recorded only when visual defects exist) Color perception Normal (State edition of Stilling's plates used)

Disease or anatomical defects None

Ears: Hearing Rt. Watch /40″ Coin click 20/20′ Whispered voice 15/15′ Spoken voice /15′

Lt. Watch /40″ Coin click 20/20′ Whispered voice 15/15′ Spoken voice /15′

Binaural /15′ (Spoken voice) Disease or defects None

Nose Normal (Disease or anatomical defect, obstruction, etc. State degree)

Sinuses Normal

Tongue, palate, pharynx, larynx, tonsils Normal

Teeth and gums (disease or anatomical defect): As charted

Missing teeth 1,2,18,19,20, 30,31 (List numbers)

Nonvital teeth None (List numbers)

Periapical disease None (Degree)

Marked malocclusion No (Yes or no)

Lack of serviceable occlusion No (Yes or no)

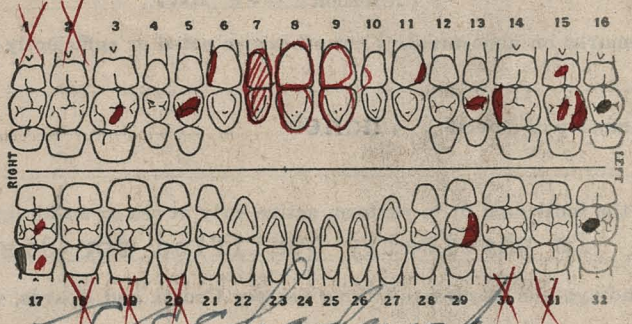
Pyorrhea alveolaris None (Degree)

Teeth replaced by bridges None (List numbers)

Meets dental requirements Yes (Yes or no)

Dentures none (Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



E.F.GARDNER, LT. COM DR. (DC) USNR
(Signature of dental examiner)

General build and appearance Med. (State whether slender, medium, or heavy, and postural abnormalities)

Temperature Normal Chest at expiration 36

Height 69 Chest at inspiration 38

Weight 145 Circumference of abdomen at umbilicus 30

Recent gain or loss, amount and cause None

Skin, hair, and glands Normal

Neck (abnormalities, thyroid gland, trachea, larynx) Normal

Spine and extremities (bones, joints, muscles, feet) Normal

[1,14]

Thorax (size, shape, movement, rib cage, mediastinum) Normal

Respiratory system, bronchi, lungs, pleura, etc. Normal

Photoflurographic Chest X-Ray; Negative 43772

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 72 Blood pressure: Before, S 130, D 80

After exercise 84 Three minutes after, S 130, D 80

Three minutes after 76 (Manual of the Medical Department par. 1520(6))

Condition of arteries Normal Character of pulse Regular

Condition of veins Normal Hemorrhoids None

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Normal

Urinalysis: Sp. gr. 1.018, alb. Neg., sugar Neg., microscopical

Venereal disease denied

Nervous system Normal

(Organic or functional disorders)

Romberg Negative Incoordination (gait, speech) Normal

Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None

Serological tests (when required) Kahn negative

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None

Smallpox vaccination { Date last vaccination / Reaction See HR. }

Typhoid prophylaxis { Number of courses / Date of last course }

Remarks on abnormalities not otherwise noted or sufficiently described above None

Summary of defects none

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Yes

Is physically qualified for discharge from Naval Service.

Findings and recommendations (as per Courts and Boards, when necessary)

G.E. CLAPP, LT.(JG)(MC)USNR

Remarks or endorsement

AUTH: ALNav 442-45

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

16—11249

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE

NAVPERS-553 (REV. 8-45)

1. SERIAL OR FILE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE AND CLASS/OR RANK AND CLASSIFICATION 4. PERMANENT ADDRESS FOR MAILING PURPOSES

9 8 5 1 9 3 9
COLTRANE, John William
Seaman 1/c SV 6 USNR
1450 N.12th.St.
Philadelphia, Philadelphia Co., Pa.

5. PLACE OF SEPARATION
USN PERSONNEL SEPARATION CENTER, BAINBRIDGE, MD.

6. CHARACTER OF SEPARATION
Honorable

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT
1450 N.12th.St.
Phila.,Pa.

8. RACE	9. SEX	10. MARITAL STATUS	11. U.S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
Negro	M	Single	Yes	9-23-26 Hamlet, N. C.

RECORD OF NAVAL SERVICE

Sel. Ser. Data — 13. REGISTERED: [X] YES [ ] NO

14. SELECTIVE SERVICE BOARD OF REGISTRATION: #17, Phila.,Phila.Co,Pa.

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: 1450 N. 12th. St, Phila.,Pa.

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)

[ ] ENLISTED DATE
[X] INDUCTED DATE 8-6-45
[ ] COMMISSIONED DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 8-6-45

18. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS): 1-0-6

19. PLACE OF ENTRY INTO ACTIVE SERVICE: Phila.,Pa.

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: Thoseof Rate

21. RATINGS HELD: AS, S2/c, S1/c

22. FOREIGN AND/OR SEA SERVICE WORLD WAR II: [X] YES [ ] NO

23. SERVICE SCHOOLS COMPLETED: - WEEKS: -

24. SERVICE (VESSELS AND STATIONS SERVED ON)
NTC, Sampson, N.Y.
US N Bars. Manana, Oahu, T.H.

PAY & INSURANCE DATA

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S SUBDIVISION, VETERAN'S ADMINISTRATION, WASHINGTON 25, D. C.

25. KIND OF INSURANCE	26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	27. MO. NEXT PREMIUM DUE	28. AMOUNT OF PREMIUM DUE EACH MONTH	29. INTENTION OF VETERAN TO CONTINUE INS.
NSLI		SEPT. 46	6.50	No

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$ 53.40	$	$100.00	T.C. CHRISTOPHERSON LT.

34. REMARKS
AL NAV 161-46
Pacific Theater Ribbon
American Theater Ribbon
Victory Medal

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)
G.H. LOWE
LT. COMDR. USNR

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER: Mel Melvin (Band) Phila.,Pa.

37. DATES OF LAST EMPL'MT. FROM 7-45 TO 8-45

38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.: Musician

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA): School - Pa.

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): Music

41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED) GRAM.: 8 H. S.: 4 COLL.: -

42. DEGREES: -

43. MAJOR COURSE OR FIELD: -

44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE): -

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED: -

47. DATE OF SEPARATION: 8-11-46

48. SIGNATURE OF PERSON BEING SEPARATED

TO: BUREAU OF NAVAL PERSONNEL

NAV. S. AND A. FORM 550 (M

MUSTERING OUT PAYMENT

985 19 39 COLTRANE, JOHN W. COL SER 8742

S1c SV-6 USNR

USN PERSEPCEN BAINBRIDGE, MD.

(Activity from which Discharged)

11 AUG 1946 60 DAYS OR MORE

(Date Discharged or Released from Active Duty) (Length of Service-Enter (Less than 60 days) or (60 days or more)

Does service record show service outside of continental limits of United States or in Alaska? YES

ENTER YES OR NO

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. (Sign original only)

J. W. DOTSON, LT.(JG) USNR

(Name and signature of officer authorized to sign in accordance with Art. 2025 (2)NR)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 375-47 8/11/46

(Public Voucher) (Check No.) (Date)

T. C. CHRISTOPHERSON 520003

(Type name and symbol no. of disbursing officer making initial payment)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for/or received Mustering Out Payment for military service in any branch of the armed forces. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

I served outside the continental limits of United States or in Alaska on/at: *(Not to be filled in unless commanding officer's certification is "No" and veteran claims such service.)*

(Ship or Station) (Month and Year)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

1450 North 12th Street

Philadelphia, Pennsylvania

VETERAN MUST SIGN IN SPACE BELOW

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE (To BuPers or Coast Guard Headquarters)

RECORD CARD

Acc. of Enlistment

985-19-39 Coltrane John W.
(SERVICE NUMBER) (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Sta 5V6 USN USNR USNI Hon Cond. 8/9/46
(RATE) (CLASS) (CHARACTER OF DISCHARGE) (DATE OF ARRIVAL AT CENTER)

Permanent Address for Mailing Purpose 1450 W. 12th Phila. Pa.
(NUMBER) (STREET) (CITY) (STATE)

U.S.N. Rec. Sta. Navy #128 7/25/46 8/2/46
(Last permanent Duty or Station) (Date Detached) (Date of arrival in USA)
Activity from which transferred to Center U.S.N. Rec. Sta. Til.
Auth: 161-46
Discharge Date 8/11/46 Code Roster Number 86-09-14
Single ✓
Married Pir 3.5 Comduct 4.0
Months overseas NINE
Points overseas 2¼

John W. Coltrane
(SIGNATURE)

[1,17]

45-19-42
4 5-8-6
45-8
45-11-36
0-11-6
0-12-6
0-0-6
1

DIVISION	NAME	SERVICE NO.
SECURITY	COLTRANE, John William	985 19 39

DATE	RATE	PROFICIENCY IN RATING	SEAMANSHIP	MECHANICAL ABILITY	ABILITY AS LEADER OF MEN	SPECIAL QUALIFICATIONS OR SPECIAL DETAIL	CONDUCT	INITIALS OF DIV. OFFICER
12/31/43	S2c	3.5	3.5			Semi Annual	4.0	
5/20/46	S1c	3.6	3.6		3.6	Trans	4.0	

EXECUTIVE OFFICER ASSIGNS MARKS IN CONDUCT. ENTRIES TO BE MADE IN INK.

SCALE:
0.0 BAD
1.0 INDIFFERENT
1.5 FAIR
2.5 PASSING
3.0 GOOD
3.5 VERY GOOD
4.0 EXCELLENT

QUARTERLY MARKS CARD NAVPERS-618 (8-43) 16—14526-3 U. S. GOVERNMENT PRINTING OFFICE

MARKS REQUIRED

5632 5631

Honorable Discharge.—Average of marks not less than 3.0 in proficiency in rating and 3.25 in conduct. BuPers Manual D–8020 (3) (a).

Good Conduct Medal.—Average of 3.5 in proficiency in rating for enlistment and no offense or qualifying remarks entered in service record. BuPers Manual D–8020 (3) (c).

Advancement in Rating (BuPers Manual D–5107)—

To—	Proficiency in rating	Conduct
Seaman, second-class	No requirements as to marks	No requirements as to marks.
Fireman, third-class	Do.	Do.
Other nonrated grades except officers' stewards and cooks.	No mark less than 2.5 for preceding 6 months and not less than 3.5 for quarter preceding advancement.	No mark less than 2.5 and an average of not less than 3.5 for 6 months.
Officers' stewards; officers' cooks	No mark less than 2.5 for preceding 12 months and not less than 3.5 for quarter preceding advancement.	No mark less than 3 and an average of not less than 3.5 for 1 year.
Lowest petty officer rating from nonrated grades.	Do.	Do.
Petty officer, second-class, from third-class	No mark less than 3 and an average of not less than 3.5 for 1 year.	Do.
Petty officer, first-class	Do.	Do.
Chief petty officer, chief steward or chief cook.	No mark less than 3 and an average of not less than 3.5 for 2 years.	No mark less than 3 and an average of not less than 3.5 for 2 years.

Permanent Appointment: No mark in conduct less than 4.0 and no mark less than 3.5 in any other subject except marksmanship, for one year. BuPers Manual D–5111.

16—14526-3