

NAVPERS-601
(Revised 11-44)

BROWN

(Surname)

Jesse Leroy

(Christian name)

913 18 76

(Service number)

U. S. WHITE

(Citizenship)

A.S.

(Enlisted as)

8 July 1946

(Date)

V-5 USNR

(Class)

NOB Cincinnati, Ohio

(Place of enlistment, assignment, or transfer)

00

Years

00

Months

00

Days.

(Previous Naval Service)

REGULAR NAVY
AND
NAVAL RESERVE
SERVICE RECORD

C. S. C. No.

(Discharged as)

(Date discharged)

(Character of discharge)

(Place of discharge)

HONORABLE DISCHARGE CERTIFICATE

NO. Issued

(Date)

(Permanent address after Discharge)

FOR RESERVES ONLY

**In case of release from active duty,
this record shall be forwarded at once
to the**

Commandant

Naval District
(Give address)

993 18 76 BROWN, Jesse Leroy
 (SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)
 15 USN ☐ RET ☐ USNR ☒ V-5 USN(I) ☐
 (RATING) (CLASS) (CSC NO.)

ONOP, Cincinnati, Ohio
 (SHIP OR STATION)

☒ First Enlisted } 8 July 46 ☒ for 2 years
☐ Reenlisted } (DATE) ☐ for duration
☐ Inducted } ☐ during minority

Accepted for enlistment or induction at Cincinnati, Ohio (DATE) (PLACE)

Reported for active duty (DATE) (Fill in this section in connection with cases of naval reservists and retired enlisted men only).

Place from which ordered to active duty (DATE)

Last previously enlisted on (DATE) for years,

or during minority until (DATE) and was discharged on (DATE)

(DATE) with (CHARACTER OF AND REASON FOR DISCHARGE)

as Completed years service on (RATING) (NUMBER) (DATE)

If last enlistment NOT extended, or extended only 1 year, net time served in enlistment and extension if any. (YEARS) (MONTHS) (DAYS)

If last enlistment extended 2 or more years, net time served in extension only. (YEARS) (MONTHS) (DAYS)

Time (was ☐) (was NOT ☐) lost during above enlistment or extension because of AWOL, AOL or NPDI. Permission (was ☐) (was NOT ☐) granted to make up time lost.

Other Service (Act 6-16-42) (YEARS) (MONTHS) (DAYS)

Net Service completed on date of last discharge. (YEARS) (MONTHS) (DAYS)

Naval Service to include date of last discharge. (YEARS) (MONTHS) (DAYS)

Medals awarded:

Deserter or Straggler from (SHIP OR STATION)

on or about (DATE) Take up the account as of (DATE)

date following date of return to Naval Jurisdiction.

(ALL SECTIONS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED).

PART 1-FOR SERVICE RECORD

Citizenship U. S. WHITE
 Place of birth Hattiesburg, Mississippi
 Date of birth 13 October 1926
 Home address Route #1
 Hattiesburg, Mississippi
 Next of kin John BROWN
 Relationship Father
 Address Same
 Education 14 yrs.

Reason for enlistment Learn to Fly

Branch of service for which best suited V-5

Do you expect to make the Navy a career? No

Trade schools attended None

Special duties for which qualified None

Language qualifications English

Credited to Congressional District 6th

State of Mississippi











I certify that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

G. E. Baxter, Lt. (D), USNR
 (SIGNATURE AND RANK OF RECRUITING OFFICER)

ONOP, Cincinnati, Ohio
 (STATION)

IDENTIFICATION RECORD

16-31880-2

RIGHT HAND				
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				
LEFT HAND				
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

DESCRIPTIVE LIST OF BROWN, Jesse Leroy 993 18 76
 (Name in full, surname to the left) (Service number)
 Age 19 years 8 months. Height 5 feet 9 1/2 inches.
 Weight 147 pounds. Eyes Brown Hair Brown
 Complexion Dark Personal characteristics, marks, etc. ANT: S3" rt lo f arm; S2" rt pat;
S3" rt up leg; S2" rt lo leg; CS 1/2" lt up leg; CS 1/2" lt pat; S1" lt hand; POST: CS 1/2" rt up f arm;

DATE AND NATURE OF ANY WAIVER

NONE

I agree to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by the Naval authorities.

Jesse Leroy Brown
 (Signature of recruit, in his own handwriting)

16-31880-1

R. R. LEWIS, LT. COMDR. (MC), USN
 (Signature and rank of Medical Officer, etc.)

Name BROWN, Jesse Leroy, Number 993 18 76
(Name in full, surname to the left.)

AUTHORIZED LEAVE

[illegible]

ABSENT FROM DUTY

On account of sickness due to own misconduct.
Unauthorized leave.

Nonperformance of duty because imprisoned, both while in arrest
resulting in court-martial sentence and while serving said sentence.

[illegible]

REPORT OF BENEFICIARIES

NAVPERS-601 (1-45)

☐ OFFICER ☒ ENLISTED

8 July 1946

(Date)

BROWN

(Last name)

Jesse

(First)

Leroy

(Middle)

993 18 76

(File or service number)

AS V-5, USNR

(Rank or rate and classification)

U. S. ONOP, Cincinnati, Ohio

(Ship or station)

To carry out the provisions of the acts approved 4 June 1920, 22 May 1928, 12 May 1930, and 17 March 1941, and acts amendatory thereof directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife or husband and that of each of my children:

Not Married

(Full name of wife or husband; if not married, so state)

(Address of wife or husband)

None

(Full name of child; if none, so state)

(Date of birth)

(Address of child)

(Full name of child)

(Date of birth)

(Address of child)

(Full name of child)

(Date of birth)

(Address of child)

In the event that I am not survived by a wife (or husband) or child, or in the event of their decease prior to payment and collection of the gratuity, I then designate the following person as my dependent beneficiary under the act.*

John BROWN

(Name in full)

Route #1, Hattiesburg, Mississippi

(Address)

Father

(Relationship)

In the event of the death of the above-named beneficiary before payment and collection of the gratuity, I then designate the following person as my dependent beneficiary under the act.*

(Name in full)

(Address)

(Relationship)

*The acts state that death gratuity must be paid to the surviving wife (or husband) or children, if any. In the event of leaving no wife or children, it may then be paid to a designated dependent beneficiary. Every member of the service, whether married or not, should designate a beneficiary (and an alternate, in case of prior death of the primary beneficiary). Failure to make such designation may result in nonpayment of the gratuity. Such designation does not affect payment to a surviving wife (or husband) or children.

06-16-43177-1

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I CERTIFY that I will inform the Bureau of Naval Personnel via my commanding officer immediately of any changes in marital status, or conditions of dependency, or of voluntary occupancy of public quarters by my dependents.

I CERTIFY that there has been no change in condition of dependency between _____ and current date.
(Date of last report of beneficiaries)

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Jesse Leroy Brown
(Signature)

Subscribed and sworn to before me this 8th

day of July, 1946, I having authority to administer oaths.
G. E. BAXTER, Lt. (D), USNR
(Signature) (Rank)

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip shall be made out and handled as follows:

Officer, Navy: Forward to Bureau of Naval Personnel.

Nurse: Forward to Bureau of Medicine and Surgery.

Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

New beneficiary slips shall be executed and forwarded as above in all cases of change in status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

Normally casualty notification will be sent to all the beneficiaries designated on this form. If, by reason of unusual circumstances, other special arrangements are desired, a statement should be attached setting forth full instructions including full names, addresses, and relationships.

ORDER TO ENTER ACCOUNT

003 18 76 BROWN, Jesse Leroy
(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)

AS USN ☐ RET ☐ USNR ☒ V-5 USN(I) ☐
(RATING) (CLASS) (CSC NO.)

ONOP, Cincinnati, Ohio
(SHIP OR STATION)

☒ First Enlisted } 8 July 46 { ☒ for 2 years
☐ Reenlisted } (DATE) { ☐ for duration
☐ Inducted } ☐ during minority

Accepted for enlistment or induction at Cincinnati, Ohio
(PLACE)

Reported for active duty _____ (DATE) (Fill in this section in connection with cases of naval reservists and retired enlisted men only.)

Place from which ordered to active duty _____ only.)

Last previously enlisted on _____ (DATE) for _____ years,

or during minority until _____ (DATE) and was discharged on

_____ (DATE) with _____ (CHARACTER OF AND REASON FOR DISCHARGE)

as _____ Completed _____ years service on _____ (DATE)
(RATING) (NUMBER)

If last enlistment NOT extended, or extended only 1 year, net time served in enlistment and extension if any. (YEARS) (MONTHS) (DAYS)

If last enlistment extended 2 or more years, net time served in extension only. (YEARS) (MONTHS) (DAYS)

Time (was ☐) (was NOT ☐) lost during above enlistment or extension because of AWOL, AOL or NPDI. Permission (was ☐) (was NOT ☐) granted to make up time lost.

Other Service (Act 6-16-42) (YEARS) (MONTHS) (DAYS)

Net Service completed on date of last discharge. (YEARS) (MONTHS) (DAYS)

Naval Service to include date of last discharge. (YEARS) (MONTHS) (DAYS)

Medals awarded:

Deserter or Straggler from _____ (SHIP OR STATION)

on or about _____ (DATE) Take up the account as of _____ (DATE)

date following date of return to Naval Jurisdiction.
The disbursing officer is authorized and directed to enter the account of the above named individual and to credit pay and allowances as provided by law and regulations.

(NAME AND SIGNATURE)

Officer (See Art. 2025(2) N. R.)

(D. O. SYMBOL NUMBER) (ALL SECTIONS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED).

PART 2 - FOR DISBURSING OFFICER FOR RETURNS

ORDER TO ENTER ACCOUNT

092 18 76 (SERVICE NUMBER) BROWN (SURNAME) Jesse (FIRST NAME) Leroy (MIDDLE NAME)

AS (RATING) USN ☐ RET ☐ USNR ☒ V-5 (CLASS) USN(1) ☐ (CSC NO.)

ONOP, Cincinnati, Ohio (SHIP OR STATION)

☒ First Enlisted } 8 July 46 { ☒ for 2 years
☐ Reenlisted } (DATE) { ☐ for duration
☐ Inducted } { ☐ during minority

Accepted for enlistment or induction at Cincinnati, Ohio (PLACE) until (DATE)

Reported for active duty (DATE) (Fill in this section in connection with cases of naval reservists and retired enlisted men only).
Place from which ordered to active duty

Last previously enlisted on (DATE) for years,
or during minority until (DATE) and was discharged on

(DATE) with (CHARACTER OF AND REASON FOR DISCHARGE)

as Completed years service on (DATE)
(RATING) (NUMBER)

If last enlistment NOT extended, or extended only 1 year, net time served in enlistment and extension if any. (YEARS) (MONTHS) (DAYS)

If last enlistment extended 2 or more years, net time served in extension only. (YEARS) (MONTHS) (DAYS)

Time (was ☐) (was NOT ☐) lost during above enlistment or extension because of AWOL, AOL or NPDI.
Permission (was ☐) (was NOT ☐) granted to make up time lost.

Other Service (Act 6-16-42) (YEARS) (MONTHS) (DAYS)

Net Service completed on date of last discharge. (YEARS) (MONTHS) (DAYS)

Naval Service to include date of last discharge. (YEARS) (MONTHS) (DAYS)

Medals awarded:

Deserter or Straggler from (SHIP OR STATION)

on or about (DATE) Take up the account as of (DATE)

date following date of return to Naval Jurisdiction.

The disbursing officer is authorized and directed to enter the account of the above named individual and to credit pay and allowances as provided by law and regulations.

(NAME AND SIGNATURE)

Officer (See Art. 2025(2) N. R.)

(D. O. SYMBOL NUMBER) (ALL SECTIONS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED).

PART 3 - FOR DISBURSING OFFICER FOR RETAINED FILE

Name BROWN, Jesse Leroy,
(Name in Full, Surname to the Left)

993 18 76 Rate AS V-5, USNR
(Service No.)

Date Reported Aboard: 8 July 1946

ONOP Cincinnati, Ohio
~~SHIP~~ ~~ENCLOSURE~~
 (Present Ship or Station)

First Enlistment
(Ship or Station Received From)

8 July 1946

Volunteered and enlisted this date as Apprentice Seamn, Class V-5, USNR, for assignment to Naval Aviation Preparatory Training and transferred to inactive duty.

Address upon return to inactive duty:

Rt. #1, Hattiesburg, Mississippi

Date Transferred 8 July 1946

To Inactive Duty

G. E. BAXTER, Lt. (D), USNR
Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

[illegible]