

BROWN **Jessie** **L.**

(Last Name)

(First)

(Middle)

993 13 76

AS

V5

(Service No.)

(Rate)

(Class)

Hdqtrs. 9ND, Great Lakes, Ill.

(Present Ship or Station)

TRANSFER RECORD

Date Transferred **12 February 1947**Authority **NACP Bulletin No. 14 dated
24 January 1947.**

ULTIMATE DESTINATION & DUTY

**CO, NAS, Glenview, Ill. for flight
physical and FA.**

0

DAYS LEAVE AND

0

DAYS TRAVEL ALLOWED

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS

C. D. SCHELL

By direction, Officer authorized to Sign

INTERMEDIATE REPORTINGS

Reported

Transferred

Reported

Transferred

REPORTING - ULTIMATE DESTINATION

Reported At **USNAS, Glenview, Illinois**
(Name of Ship or Station)Date & Time **1814, 3/15/47****CECIL B. GILL, Capt., USN**

(Signature & Rank of Officer authorized to sign)

INSTRUCTIONS

1. This form shall be used in all cases of transfer of enlisted personnel, regardless of type or duration of duty.
2. No man shall be transferred without records, accounts and effects in his possession or in the possession of the senior in charge of the draft.
3. All envelopes and packages containing records and accounts shall be sealed with wax.
4. Marks shall be assigned upon transfer. These marks will be entered on the face hereof and on page 5a of the service record.
5. Indicate records, accounts and personal effects in the possession of the individual or the senior officer in charge of the draft by placing an (X) in the proper space hereof. If the individual does not possess a continuous service certificate place a zero (0) in the proper space.
6. If any records, accounts, and/or personal effects are missing or are not forwarded with the individual or his draft, so indicate by leaving the proper space on the face hereof blank and include a full explanation in the space following these instructions of the cause of such action, the present location of the missing items, and such steps as will be taken to forward them.
7. When an enlisted man reports to an activity and there is no need to break the seal of his records, proper information on the "Intermediate Reportings" shall be transcribed to the face hereof from the Standard Transfer Order. This shall be done upon return to the permanent duty station. This situation will occur particularly when a man reports to a non-naval activity such as a factory, and in cases of temporary and temporary additional duty.

BROWN Jesse Leroy
 (Last name) (First) (Middle)
 993 18 76 AS V-51 USNR
 (Service No.) (Rate) (Class)

USNAS, Glenview, Illinois
 (Present ship or station)

TRANSFER RECORD

Date transferred 5 April 1947

Authority CNARESTRA SPDLTR. 15559 of 4/3/47
 Reported: 3/16/47 Sel. Flt. Training

ULTIMATE DESTINATION AND DUTY

C.O. Navy Pre-Flight School, Ottumwa, Iowa,
for further training.

4 days leave and 1 days travel allowed.

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT
				4.0

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS
				X

F. G. REDLON, Lt. S(A5)USNR

By direction

(Signature and rank of officer authorized to sign)

INTERMEDIATE REPORTINGS

Reported _____

Transferred _____

Reported _____

Transferred _____

REPORTING—ULTIMATE DESTINATION

Reported at USNPFS, NAS, OTTUMWA, IOWA
 (Name of ship or station)

Date and time 1457 4-9-47

C. E. CLARK LTJG W USNR
MIDN RECORDS OFFICER

By direction

(Signature and rank of officer authorized to sign)

INSTRUCTIONS

1. This form shall be used in all cases of transfer of enlisted personnel, regardless of type or duration of duty.

2. No man shall be transferred without records, accounts and effects in his possession or in the possession of the senior in charge of the draft.

3. All envelopes and packages containing records and accounts shall be sealed with wax.

4. Marks shall be assigned upon transfer. These marks will be entered on the face hereof and on page 5A of the service record.

5. Indicate records, accounts and personal effects in the possession of the individual or the senior in charge of the draft by placing an "X" in the proper space on the face hereof. If the individual does not possess a continuous service certificate, place a zero (0) in the proper space.

6. If any records, accounts, and/or personal effects are missing or are not forwarded with the individual or his draft, so indicate by leaving the proper space on the face hereof blank and include a full explanation in the space following these instructions of the cause of such action, the present location of the missing items, and such steps as will be taken to forward them.

7. When an enlisted man reports to an activity and there is no need to break the seal on his records, proper information on the "Intermediate Reportings" shall be transcribed to the face hereof from the Standard Transfer Order. This shall be done upon return to the permanent duty station. This situation will occur particularly when a man reports to a nonnaval activity, such as a factory, and in cases of temporary and temporary additional duty.

BROWN, Jesse Leroy

(Last Name)

(First)

(Middle)

993 18 76

AS

V5

USNR

(Service No.)

(Rate)

(Class)

USNPFS, NAS Ottumwa, Iowa

(Present Ship or Station)

14 April 1947

Discharged this date for the convenience of the Government in order to accept appointment as Midshipman, USN in the Naval Aviation Officer Candidate Program.

AUTH: BuPers ltr Pers-3635 ABL dtd 7 April 1947.

C. E. Clark
C. E. CLARK, LTJG W USNR
Midn. Records Officer
By direction

Discharged this date for the convenience of the Government in order to accept appointment as Midshipman, USN in the Naval Aviation Officer Candidate Program.

AUTH: BuPers ltr Pers-3635 ABL dtd 7 April 1947.

C. E. Clark
C. E. CLARK, LTJG W USNR
Midn. Records Officer
By direction

C. O. Order No. _____

993 18 76 BROWN, Jesse Leroy

(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)
 AS USN ☐ RET ☐ USNR ☒ V5 USN (I) ☐
 (RATING) (CLASS)
 USNPFS, NAS OTTUMWA, IOWA

(SHIP OR STATION)

Enlisted on 7/8/46 and is this date, 4/14/47
 (DATE) (DATE)

1. Discharged with Spec. order disch (HON COG) to
accept appt as Midn. (CHARACTER OF AND REASON FOR DISCHARGE)

2. Transferred to Fleet Reserve _____ (CLASS) (at expiration of enlistment ☐)

(at other than expiration of enlistment ☐) and (is ☐) (is NOT ☐) immediately released from active duty.

3. Released from active duty ☐

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

If enlistment NOT extended, or extended only 1 year, net time served in enlistment and extension if any.

0 9 7
 (YRS.) (MOS.) (DAYS)

If enlistment extended 2 or more years, net time served in extension only.

X X X
 (YRS.) (MOS.) (DAYS)

Time (was ☐) (was NOT ☐) lost during this 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)

X X X
 (YRS.) (MOS.) (DAYS)

Net Service completed on date of last discharge.

X X X
 (YRS.) (MOS.) (DAY)

Naval Service to include date of last discharge.

0 9 7
 (YRS.) (MOS.) (DAY)

Medals Awarded:

Accepted for enlistment at ☒ Inducted at ☐

Ordered to Active duty from ☐ Cincinnati, Ohio
 (PLACE)

Discharged or transferred to Fleet Reserve at USNPFS, NAS Ottumwa, Iowa
 (PLACE)

The above named individual (is ☐) (is NOT ☐) recommended for reenlistment.

The above named individual (is ☐) (is NOT ☐) recommended for Good Conduct Medal

Payment of Discharge Gratuity

Due at Discharge \$ _____

(is ☐) (is NOT ☐) directed

Personal Funds \$ _____

C. E. CLARK, LTJG USNR
Midn. Records Officer

Gratuity Credited \$ _____

By direction

(NAME AND SIGNATURE)

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

(All sections which do not apply to this order shall be lined out before signature is affixed.)

To be entered by the Disbursing Officer:

Travel Allowance \$ None

PART 1 - FOR SERVICE RECORD

SUMMARY OF SERVICE

Vessel or Station	From—	To—	Rate
Inactive duty	7/8/46	2/12/47	AS V5 USNR
NAS Glenview, Ill.	2/12/47	4/5/47	AS V5 USNR
USNPFS, NAS Ottumwa, Iowa	4/5/47	4/14/47	AS V5 USNR

Permanent address after discharge Hattiesburg, Mississippi

Final average in all marks upon discharge under instruction

Certified to be a true copy.

(SIGNATURE AND RANK OF COMMANDING OFFICER)

C. E. Clark
 C. E. CLARK, LTJG W USNR
 Midn. Records Officer
 By direction

NAVAL AVIATION PREPARATORY CONSENT FORM

I certify that I am the parent or the guardian of

Jesse Leroy Brown

(name of applicant in full)

and I hereby consent to his enlistment in the Naval Aviation Preparatory Program. I understand that he is being enlisted upon the assumption that one or the other of two aviation plans will be approved. I further understand that if he is selected for one or the other of these training plans he will be required to enter into one of the following agreements concerning his service in the Navy (depending upon which plan is placed into effect):

- (a) If selected under PLAN I, he must agree to remain in the Navy for a period of five years from the date of entry into the college training phase of the Program, unless sooner released by the Navy Department.

OR,

- (b) If selected under PLAN II, he must agree at the time of transfer to flight training following college training, to remain on active duty for four years from the date of entry into flight training, unless sooner released by the Navy Department.

NAME:

Julia Brown

ADDRESS:

Route 1, Hattiesburg
Miss

Subscribed and sworn to before me this 29th day of June, 1946.

Ella Brown

(Navy Officer or Notary Public)
Notary Public

My commission expires 2/25/47.

THIS APPLICATION MUST BE MADE OUT IN APPLICANT'S OWN HANDWRITING

RATE AS

APPLICATION FOR ENLISTMENT INTO THE NAVAL SERVICE

6 Congressional District, County of Forrest State of Mississippi
(Information to be supplied by Recruiter)HAVING BEEN INFORMED THAT ANY FALSE STATEMENT MADE BY ME WOULD BAR ME FROM ENLISTING,
I CERTIFY THAT THE FOLLOWING STATEMENTS ARE CORRECT.Last school grade completed: 14
Reason for enlistment: Learn to fly
Language qualification: English
What is your trade? StudentONOP Cincinnati, Ohio
(Recruiting, Station)
8 July, 1946
(Date)
I desire to enlist for 2 yearsName in full (print) Jesse Leroy Brown
(First) (Middle) (Last)Date of birth October 13 1926 Place of birth Hattiesburg, Miss.
(Month) (Day) (Year) (City) (State)What is your race? Negro Religion? Protestant Are you now a U. S. citizen? yes
If you were born in foreign territory, how did you acquire citizenship?

When did you acquire citizenship?

Have you resided continuously in U. S. since initial entry?

Have you anyone solely or partially dependent upon you for support? yesAre you married? no Have you ever been married? no

Status: (Married) (Divorced) (Legally separated) (Widowed)

Local Board # 14 Address 44 West Gay St. Columbus, OhioYour address when registered? 61 East 11th Ave. Columbus, Ohio Selective Service Classification 1-AHome address: Route #1 Hattiesburg, Mississippi
(House Number) (Name of Street) (City or Town) (State)Where was your father born? Mississippi Where was your mother born? MississippiIs your father living? yes Is your mother living? yes
(Yes or No) (Yes or No)Are your parents divorced? no Separated? no Have you a stepfather? no Stepmother? no
(Yes or No) (Yes or No) (Yes or No) (Yes or No)Name of next of kin or legal guardian: John BrownRelationship: Father Full home address of next of kin or legal guardian:Route #1 Hattiesburg, Forrest, Mississippi
(House No.) (Name of Street) (City or town) (County) (State)

ATTENTION IS INVITED TO THE INVESTIGATION OF EACH APPLICANT BY THE FEDERAL BUREAU OF INVESTIGATION

Have you ever been arrested or in the custody of police? no If so, for what?Have you ever been convicted of any crime? noHave you ever been in a reform school, jail or penitentiary? noHave you ever been an applicant for enlistment or processed for induction into the Armed Forces? yesHave you ever been commissioned, enlisted, or inducted in U. S. Navy no Naval Reserve no NavalMilitia no Coast Guard no Coast Guard Reserve no Marine Corps no Marine CorpsReserve no Army no Army Reserve no National Guard noCharacter of last discharge None Date(Applicant sign full name here) X Jesse Leroy Brown

Consent _____ Discharge Certificate _____

Birth verification _____ Proof of Divorce and Custody _____

School record _____ Citizenship _____

Release (probation/employer) _____ Proof of death _____

Guardianship _____ Father's name _____

45 card _____ Mother's name _____

REMARKS: Form 62 _____ Case complete _____

GCT { 1S _____ NSS
2 _____ NSS

EDDY TEST

Date Enlisted 8 July 1946

Service Number

993-18-76

First Enlistment ☒ USN ☐ USNR ☒Reenlistment ☐ Class 1-5 NAPP

NAME Brown, Jesse Leroy TAGDate 8 July 1946

HAVE YOU EVER HAD THE FOLLOWING?:

Asthma	<u>no</u>	Rupture or hernia—Did you ever wear a truss	<u>no</u>	Urinated in bed in last five years	<u>no</u>
Heart trouble	<u>no</u>	Lung trouble (any form)	<u>no</u>	Dizzy or fainting spells or walking in sleep	<u>no</u>
Head injuries	<u>no</u>	Broken bones	<u>no</u>	Do your legs or feet tire easily	<u>no</u>
Ear trouble	<u>no</u>	Stutter	<u>no</u>	Operations (kind)	<u>none</u>
Trouble breathing	<u>no</u>	Chronic rash or pimples	<u>no</u>	Depressed arches or any indication of same or previous foot injuries	<u>no</u>
Hay fever	<u>no</u>	Any insanity in family	<u>no</u>	Have you ever worn arch supporters	<u>no</u>
Fits	<u>no</u>	Spitting of blood	<u>no</u>	Have you ever had a serious illness or been in a hospital? If so, give particulars	<u>no</u>
Are tonsils out	<u>no</u>	Tonsillitis (sore throat)	<u>no</u>		
Rheumatism	<u>no</u>	Do you wear or have you ever worn glasses	<u>no</u>		
Venereal diseases	<u>no</u>				
Piles	<u>no</u>			Are you well	<u>yes</u>

Have you lost or gained weight during the past 6 months? no If so, how much? _____

I certify that, to the best of my knowledge, the information given hereon is correct.

X

Jesse Leroy Brown
(Signature of Applicant)

19 (d) Ser. test (syph.)

1st spec.: No. _____ 2nd spec.: No. _____

Res. _____

Res. _____

25 (a) HS grad.: Yes ☐ No ☐ (b) Eng. spk.: Yes ☐ No ☐ (c) QT score _____

(d) GT score _____ (e) Ind. ex. score _____ (f) Non-Eng. I. E. score _____

(g) Illit.: Yes ☐ No ☐ (h) App. meets min. intel. stands.: Yes ☐ No ☐26 Limited class (a) 590: Yes ☐ No ☐ (b) Useful occupation: Yes ☐ No ☐(c) Tr. T. _____ WSL _____ (d) RI test score _____ (e) MLCS: Yes ☐ No ☐

27 Psy. diag. _____

28 Neuro. diag. _____

29 Psy. or neuro. symp. _____

30 Eye abnorm. _____

31 Ear, nose, throat abnorm. _____

32 Mouth and gum abnorm. _____

33 Teeth: (a)

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, incl. other defects _____

(c) Pros. den. appliances _____

34 Skin _____

35 Varicose veins _____

36 Hernia _____

37 Hemorrhoids _____

38 G.U. (nonven.) _____

39 Ven. dis.

(If syph.: Onset _____ Duration _____ yrs. I.V. _____ I.M. _____)

Adequate ☐ Inad. ☐ Spinal fluid: Yes ☐ No ☐ Result: Neg. ☐ Pos. ☐

40 Feet _____

41 Musculoskel. def. _____

42 Abdom. vis. _____

43 Cardiovas. sys. _____

44 Lungs _____

45 Chest X-ray (See slip attached) _____

46 Endo. sys. _____

47 Vis. w/o corr.

(a) R. E. 20/_____

(b) L. E. 20/_____

(c) Bil. 20/_____

48 Vis. with corr.

(a) R. E. 20/_____

(b) L. E. 20/_____

(c) Bil. 20/_____

49 Col. per. _____

50 Hearing

(a) R. E. _____/15

(b) L. E. _____/15

51 Height _____ ins.

52 Weight _____ lbs.

53 Gir. at nip.

(a) Inspi. _____ ins.

(b) Expi. _____ ins.

54 Gir. at umbil. _____ ins.

55 Posture

Good ☐ Fair ☐ Poor ☐

56 Frame

Heavy ☐ Med. ☐ Light ☐

57 Col. of eyes _____

58 Col. of hair _____

59 Complexion _____

60 Pulse, sit. _____

61 Pulse, af. ex. _____

62 Pulse, 2 min. af. ex. _____

63 B. P.

(a) Sys. _____

(b) Dia. _____

64 Urine

(a) Sp. g. _____

(b) Alb. _____

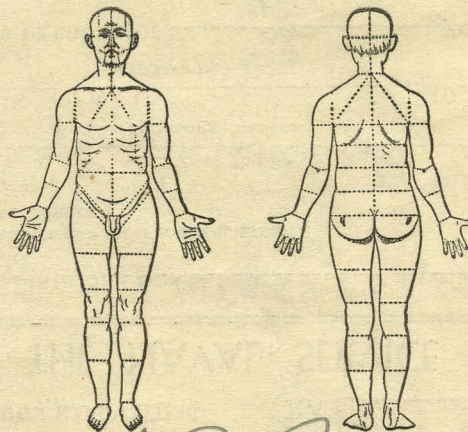
(c) Sug. _____

(d) Micro. _____

ACCEPTED

R. R. Lewis
R. R. LEWIS, LT. COMDR. (MC), USN

(Signature of Medical Officer)

G. E. Baxter
G. E. BAXTER, LT. (D), USNR

Age: _____ Years _____ Months _____

Recruiter's Signature

[511]

993 18 76 NAME BROWN, JESSE LEROY, AS V-5, USNR \$50.00 (SERVICE NO.) (RATE) (PAY PER MONTH)

DATE 8 July 1946 FIRST ENLISTMENT [X] REENLISTMENT [] IN THE UNITED STATES NAVY (DAY) (MONTH) (YEAR) AS REGULAR [] RESERVE [X] CLASS V-5 FOR Two YEARS; MINORITY []

ACCEPTED AT Cincinnati, Ohio ENLISTED AT ONOP, Cincinnati, Ohio

TRANSFERRED TO ACTIVE DUTY [] OR INACTIVE DUTY [X]

OCCUPATION Student (STATION) U.S. Negro

PLACE OF BIRTH Hattiesburg, Mississippi DATE OF BIRTH 13 October 1926 AGE 19 YRS. 8 MOS.

HOME ADDRESS Route #1 Hattiesburg Forrest Mississippi (STREET AND NUMBER) (TOWN) (COUNTY) (STATE)

NAME OF NEXT KIN OR LEGAL GUARDIAN John Brown (RELATIONSHIP) MARRIED [] SINGLE [X]

ADDRESS Route #1, Hattiesburg, Mississippi

CREDITED TO 6th CONGRESSIONAL DISTRICT, STATE OF Mississippi

EDUCATION: GRADE SCHOOL 8 YRS.: HIGH SCHOOL 4 YRS.: COLLEGE 2 YRS.: POST GRAD. 00 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 FROM

WITH DISCHARGED AS SERVICE IN REGULAR NAVY (DATE) (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 9 1/2 INCHES; WEIGHT 147; EYES Brown; SEX Male; HAIR Brown; COMPLEXION Dark COLOR US NEGRO (COLOR)

Marks ANT: S3" rt lo f arm; S2" rt pat; CS 1/2" lt 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;

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 no disease concealed or likely to be inherited.

R.R. LEWIS, Lt. Comdr. (MC), USN, 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 G. E. BAXTER, Lt. (D), USNR of the United States Navy, as follows:

(NAME OF COMMANDING OFFICER)

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 conformable 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 { Two years from 8 July 1946 during minority until I 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 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, JESSE LEROY BROWN 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.

Jesse Leroy Brown (SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this 8th day of July, A. D. 1946 and contract perfected.

United States citizenship substantiated. G. E. BAXTER, Lt. (D), USNR

Commanding, U. S. S. ONOP, Cincinnati, Ohio

*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, Samos; and Virgin Islands, V. I.

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

A F F I D A V I T

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.

County of Hamilton

State of Ohio

SS

I, Jesse Leroy BROWN,
AS V-5, USNR, U. S. Naval Reserve, being
 (Rank or Rating)
 first duly sworn, 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.

Jesse Leroy Brown

Subscribed and sworn to before me this 8th
 day of July, A.D., 1946

G. E. Baxter
G. E. BAXTER, Lt.(D), USNR
 Signature and Official Title)

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.

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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
(Signature)

Lt. (D), USNR
(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.