

Result of Examination

L

43. Defects None disqualifying
(Indicate by number and state whether considered sufficient to disqualify. See General Order 122)

44. Is candidate qualified for duty involving flying as: (a) Pilot Yes; (b) observer Yes; (c) student aviator
(YES or NO) (YES or NO)

Yes; (d) other classification _____
(YES or NO) (Specify classification and state YES or NO)

45. Is the individual physically qualified to perform all of his duties at sea (and in the field, in the case of Marine Corps officer)? Yes If not, state limit of duty _____
(State YES or NO)

46. Recommendations Is physically qualified and temperamentally adapted for duty involving the actual control of aircraft, enlistment in Aviation Cadet Class V-5, USNR

W. V. LUETKE

Lieutenant(jg)MC-V(G) USNR Medical Corps, U. S. Navy.

Aviation Medical Examiner

Medical Corps, U. S. Navy.

Medical Corps, U. S. Navy.

26 February 1944
FIRST INDORSEMENT:

NAVAL AVIATION CADET SELECTION BOARD
Office of Naval Officer Procurement
San Francisco, California

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

1. Forwarded.

C. L. ARNOLD
Director

R. D. ATKINSON
By direction

Bureau of Medicine and Surgery

MAY 26 1944

Is physically qualified and temperamentally adapted for duty involving actual control of aircraft.

By direction of the Chief, BuMed.

R. B. PIERCE
R. B. PIERCE,
Lt. Comdr. (MC) USNR

Ab

6 January, 1944.

Two settlements to same date entered by reason of claiming emergency payment (✓) of \$ 10.00 made in December, 1943 by the undersigned without extending account.

To facilitate the administrative audit of this man's pay account by Headquarters, Marine Corps, it is requested that the following remarks be entered in next settlement of pay account:

"Last sett on rolls of Casual Battalion, Transient Center, Second Marine Division, to incl ****(date)**** in the account of JOHN HALLA, Colonel, U.S.M.C., for the month of DECEMBER, 1943, on Voucher No. 1975.."

John Halla
JOHN HALLA,
Colonel, U.S.M.C.

336
2016
336
336

Vertical stamp or mark on the right edge of the document.

Date 3 JAN 1946

I certify that I have had explained to me the right to file a claim for compensation, pension, or hospitalization with the Veterans Administration and do not wish to file such a claim at this time.

W. E. K. Mubase

Interviewer

Lyman D. Beckwith Dischargee

2165-15-45
HCD/mgr

HEADQUARTERS
SECOND AMPHIBIAN TRACTOR BATTALION
SECOND MARINE DIVISION, FLEET MARINE FORCE
MARINE CORPS BASE, SAN DIEGO, CALIFORNIA

20 April 1942

BATTALION SPECIAL ORDER)

NUMBER.....14-42) : SPECIALISTS, Appointment and revocation of.

REFERENCE: (a) Article 1-35, Marine Corps Manual

1. In accordance with the authority contained in the reference, the following named men are rated specialists from and including this date:

<u>RANK</u>	<u>NAME</u>	<u>CLASS</u>	<u>DUTY</u>	<u>SPEC.DUTY</u>	<u>ORGANIZATION</u>
PFC.	SMITH, Richard	5cl	gen d	Mechanic	A-2dAmphTrBn.
PFC.	CROUT, Oliver A. III	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	MC DONALD, John W.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	MOFFIT, Stanley J.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	MOISE, Norman S.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	SPARKS, William G.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	STINEBAUGH, Marvin H.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	VOGT, Melvin W.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	WARBURTON, Richard K.	5cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	BECKWITH, Byron D.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	BURTON, Cecil J.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	KRUSE, Orville P.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	LEMM, Elmer W.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	LEMM, Rudolph E.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	PERKO, Felix J.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	PETERS, Ralph E.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
PFC.	STERRETT, Thomas R.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	ADAMS, Othello R.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	KENNEDY, William J.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	KRINER, Ervin E.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	PRUITT, Charles W.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	RANDOLPH, James M.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	REEDER, William S.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.
Pvt.	THISSEN, Edward A.	6cl	gen d	Crew.&Gnr.	A-2dAmphTrBn.

2. In accordance with the authority contained in the reference, specialists rating of the below listed men are hereby revoked from and including this date:

<u>RANK</u>	<u>NAME</u>	<u>CLASS</u>	<u>DUTY</u>	<u>SPEC.DUTY</u>	<u>REASON</u>	<u>ORGANIZATION</u>
PFC.	MC DONALD, John W.	6cl	gen d	Crew.&Gnr.	Rated	A-2dAmphTrBn.
PFC.	MOFFIT, Stanley J.	6cl	gen d	Crew.&Gnr.	Rated	A-2dAmphTrBn.
PFC.	SPARKS, William G.	6cl	gen d	Crew.&Gnr.	Rated	A-2dAmphTrBn.
PFC.	WARBURTON, Richard K.	6cl	gen d	Crew.&Gnr.	Rated	A-2dAmphTrBn.

Henry C. Drewes
HENRY C. DREWES,
Captain, U. S. Marine Corps,
Commanding.

Copy to: Each man concerned;
Commandant, U. S. Marine Corps;
Commanding General, Department of Pacific;
SRBs;
F-I-L-E

MARINE AVIATION DETACHMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE.

62

17 June, 1944.

From: Corporal Byron D. BECKWITH (337948), USMC.
To: The Commandant of the Marine Corps.
Via: The Commanding Officer, MarAvnDet,
Naval Air Station, Memphis, Tenn.

Subject: Change in rank, request for.

1. It is requested that my rank be changed from Corporal "line duty", to that of Corporal "Aviation Duty".

2. I am at present serving with an aviation unit and desire to remain in this branch of the service.

3. I was recently wounded in the Pacific Area, returned to the United States for hospitalization, and on complete recovery, requested duty at this station.

BYRON D. BECKWITH

1st endorsement 17 June, 1944.
MARINE AVIATION DETACHMENT, NAVAL AIR STATION, MEMPHIS, TENN.

From: The Commanding Officer.
To: The Commandant, U. S. Marine Corps.

Reference: (a) Letter of Instruction No. 434.

- 1. Forwarded, recommending approval.
- 2. Information in accordance with reference (a).

- (a) 2 years, 5 months active service.
- (b) None
- (c) AGCT-106 MA3-121.
- (d) 604
- (e) None
- (f) Corporal Beckwith joined this detachment for duty from MB, NSD, Clearfield, Utah on 1 May, 1944.

He is at present serving as a member of the line crew where he has demonstrated high interest and is recommended for aviation duty.

F. D. WILLIAMS JR.

MARINE AVIATION DETACHMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE

12 July, 1944.

From: The Commanding Officer.
To: Corporal Byron D. BECKWITH (337948), USMC.
Subject: Change of warrant.
Reference: (a) Serial MC-278272 of 7 July, 1944.

1. In accordance with instructions outlined in reference (a), you are hereby appointed a Corporal "Aviation duty", temporary, in the United States Marine Corps, to rank from 1 April, 1943, in lieu of the warrant you now hold.

FRANK D. WILLIAMS JR.

cc: CMC; DofA; PMDeputy; SRB; File.

SERVICE TROOPS, SECOND MARINE DIVISION,
FLEET MARINE FORCE, IN THE FIELD.

1 April 1943.

SERVICE TROOPS)
SPECIAL ORDER #²⁴-43) PROMOTION

Reference: (a) Circular Letter #599, dated
15 August 1942.

1. Effective this date as authorized by
reference (a) the following named men are promoted to the
ranks indicated: "ORGANIZATIONAL WARRANT" "FIRST MARINE AMPH-
IBIOUS CORPS":

No. Name Serial No. Unit To Rank From

FROM PLATOON SERGEANT TO GUNNERY SERGEANT (LINE)

1. James A. FYFFE 256330 "A" 2d Amph Tr Bn
2. Sidney R. LEOPARD 260467 "C" 2d Amph Tr Bn

FROM STAFF SERGEANT TO TECHNICAL SERGEANT (QM) (MECH)

1. #Harry A. CARLSEN 337447 "A" 2d Amph Tr Bn

FROM SERGEANT TO PLATOON SERGEANT (LINE)

1. Ruben DAILEY 222293 "A" 2d Amph Tr Bn
2. Edwin L. HILMER 253282 "A" 2d Amph Tr Bn
3. Jack E. MYNATT 329124 "B" 2d Amph Tr Bn

FROM CORPORAL TO SERGEANT (LINE)

1. Grover C. CUNNINGHAM 288195 "A" 2d Amph Tr Bn
2. Frid A. ESCOBEDO 268805 "C" 2d Amph Tr Bn
3. #Will M. SPELLINGS 251480 "A" 2d Amph Tr Bn
4. Rudolph YARDAS 346798 "B" 2d Amph Tr Bn

FROM PRIVATE FIRST CLASS TO CORPORAL (LINE)

1. Othello R. ADAMS 337539 "A" 2d Amph Tr Bn
2. Edward "E" AMES 341658 "B" 2d Amph Tr Bn
3. #Henry ANDREGG, Jr. 387337 "C" 2d Amph Tr Bn
4. Ernest M. AUSTIN 379170 "B" 2d Amph Tr Bn
5. John O. BARNES 348164 "A" 2d Amph Tr Bn
6. Byron D. BECKWITH 337948 "A" 2d Amph Tr Bn ✓
7. Glen E. DARNEL 336037 "A" 2d Amph Tr Bn
8. Olin K. DARNEL 336038 "A" 2d Amph Tr Bn
9. John M. ENNIS 345565 "A" 2d Amph Tr Bn
10. Claire E. GOLDTRAP 385798 "A" 2d Amph Tr Bn
11. Charles W. FOX 324857 "B" 2d Amph Tr Bn
12. Otis E. HARN 296661 "A" 2d Amph Tr Bn
13. Dwight HELLUMS 338037 "A" 2d Amph Tr Bn
14. Charles E. JENSEN 361395 "C" 2d Amph Tr Bn
15. Morris C. KALMOE 357453 "A" 2d Amph Tr Bn
16. #William J. KENNEDY 347603 "A" 2d Amph Tr Bn
17. #Robert J. KJOLSETH, 402922 "C" 2d Amph Tr Bn
18. #LeRoy R. KOMASSA 356649 "B" 2d Amph Tr Bn
19. Charles KOZEY 316924 "A" 2d Amph Tr Bn
20. Irvin E. KRINER 346026 "A" 2d Amph Tr Bn
21. Orville P. KRUSE 349533 "A" 2d Amph Tr Bn
22. Elmer W. LEMM 347562 "A" 2d Amph Tr Bn
23. Rudolph E. LEMM 347563 "A" 2d Amph Tr Bn
24. #Conrad E. LINDQUIST 346005 "A" 2d Amph Tr Bn
25. #Stanley J. MOFFIT 328594 "A" 2d Amph Tr Bn

26.	Norman S. MOISE	531153	"A"2dAmphTrBn
27.	James C. NORRIS	298429	"C"2dAmphTrBn
28.	John A. NOVAK	350110	"A"2dAmphTrBn
29.	#John PAULINE	370660	"B"2dAmphTrBn
30.	Jesse B. PENN	334888	"A"2dAmphTrBn
31.	#Ralph C. PETERS	346655	"A"2dAmphTrBn
32.	Melton G. POE	342013	"A"2dAmphTrBn
33.	Gerald O. QUERN	346237	"A"2dAmphTrBn
34.	Thomas E. RECORD	350166	"A"2dAmphTrBn
35.	#Jack A. SAPP	347564	"A"2dAmphTrBn
36.	Delbert E. SCHEULLER	333836	"A"2dAmphTrBn
37.	#Robert V. SCOTT	357472	"A"2dAmphTrBn
38.	Claude W. SHRIVER	331480	"C"2dAmphTrBn
39.	Richard D. SOMMERVILLE	349389	"A"2dAmphTrBn
40.	John J. SPILLANE	311385	"A"2dAmphTrBn
41.	Thomas E. STARKE	348167	"B"2dAmphTrBn
42.	#George G. STAUP	335751	"A"2dAmphTrBn

FROM PRIVATE TO ASSISTANT COOK

1. #Edgar E. PETTERMAN 389233 "C"2dAmphTrBn

2. Warrants will not be issued. A copy of this order will be placed in the Service Record Book of each man concerned.

" BY ORDER OF COLONEL Wm. M. MARSHALL "

S. W. Robinson
S. W. ROBINSON,
1st Lt., USMCR.,
Adjutant.

Copy to:	Comdt.	Each Man Concerned
	CG, DoFP	SRB Each Man
	CG, 2dMarDiv	F-I-L-E
	CO, 2dAmphTrBn	

MARINE AVIATION DETACHMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE

1 October, 1944

POST PROMOTION ORDER
NUMBER 9.....1944

Reference: (a) Director of Personnel, Marine Corps,
(Enlisted Performance Division) Ltr
Serial MC-322052 dated 27 September,
1944.

1. In accordance with authority contained in
reference(a), the below named man of this command is
hereby promoted to the rank indicated, effective this
date, with rank for the purpose of seniority from 27
September, 1944.

TO: SERGEANT (SPECIAL), "AVIATION", TEMPORARY.

1. BECKWITH, BYRON D. 337948 Corporal(A) USMC

FRANK D. WILLIAMS JR.
Major, USMCR,
Commanding.

cc:CMC; DirPers; DOFA; PM Deputy; SRB; Man concerned; File.

207

MARINE AVIATION DEPARTMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE

16 January, 1945.

POST PROMOTION ORDER

NUMBER 1 . . . 1945.

Reference: (a) Director of Personnel, Marine Corps
(Enlisted Performance Division) Ltr
Serial MC359398 dated 4 December, 1944.

1. In accordance with authority contained in reference (a), the below named man of this command is hereby promoted to the rank indicated, effective this date, with rank for purpose of seniority from 4 December, 1944:

TO: STAFF SERGEANT (MECHANICAL) "AVIATION DUTY", TEMPORARY.

1. BECKWITH, Byron D. 337948 Sergeant(A) USMC.

DAVID C. MC DOWELL,
Major, USMCR,
Commanding.

cc: CMC; DirPers; DoFA; FM Deputy; SRB; Man concerned; File.

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(Indicate which by check mark)

- National Service Life Insurance Premiums
- United States Government Life Insurance Premiums

BECKWITH Byron D. 337948 StfsGt
 (Last name) (First name) (Middle initial) (Service number) (Grade or rank) (Unit or organization)

I hereby request the discontinuance of allotment in the amount of \$.67 for the monthly premium on \$ 1,000. after deduction has been made for the month of August, 19 45
(Amount of insurance)

I ~~do not desire~~ ~~desire~~ to continue my insurance in force and understand that if I do desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning September, 19 45 9Nov1920
(Date of birth)

Permanent home address 306 George St., Greenwood, Miss.
(Number and street or rural route) (City, town, or post office) (State)

Dated 5 September, 19 45 Byron D. Beckwith
(Signature of insured)

Reason for discontinuance Request of Grantor.

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured was ~~will be~~ made for the month of August, 19 45, for the premium due for the month of September, 19 45

(Signature of disbursing officer)

(Rank and organization) (Service)

To: VETERANS ADMINISTRATION
 NAVY—via Allotment Officer (Original only).
 MARINE CORPS—via The Paymaster (In duplicate).
 COAST GUARD—via Headquarters (In duplicate).

REMARKS:

ALLOTMENT STOP NOTICE

A I request that my allotment, as described hereon, be stopped by reason of

Discharge, expiration of enlistment

Byron De La Beckwith

(Signature of grantor)

B To: W. W. RAYBOLT, 21Dec45
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of Discharge, expiration of enlistment

*Last settled to 1st Lt 21Dec, 1945, on rolls of AMS-44
MCAS, Cherry Point, N. C.

ENTERED in service record book.

Air Eng. Sq. 44

USMCAS, Cherry Point, N. C.

H. L. Maryott
H. L. MARYOTT,
Major USMC, Commanding.

C To: Marine Corps Allotment Officer, _____
(Date)

Stoppage is requested by reason of _____

† Copy furnished custodian of service record book.

(Disbursing officer)

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

Byron De La BECKWITH., StfsGt

(Full name and rank of grantor)

SERIAL No. 337948

AMOUNT, \$ 22.

FIRST PAYMENT October, 1945

LAST PAYMENT January, 1946

REG. BY W. W. RAYBOLT

ALLOTTEE: PA Class "A"

(Use by Allotment Officer)

MUSTERING OUT PAYMENT

CODE "2"

COMMANDING OFFICER'S CERTIFICATE

I certify that BECKWITH Byron D. 337948 StSgt USMC
 (Surname) (First Name) (Initial) (File or Service No.) (Rank or Rating & Branch of Service)
 is being discharged or released from active duty 4 January 1946 and that he (~~she~~) had
 (Date)
 active service in the armed forces 60 days or more and is entitled to payment
 (See Instr. 1 on Reverse)
 under the Mustering Out Payment Act of 1944. Service record does
 (Enter (does) (does not))
 show service outside continental limits of U. S. or in Alaska.
 Air Eng. Sq. 44
 USMCAS, Cherry Point, N. C.
 (Activity from which Discharged) H. L. MARYOTT
 (Name and signature of Officer Authorized to Sign in accordance with Art. 2025(2) NR.)
H. L. MARYOTT, Major, USMGR, Comdg.

(Veteran's Certificate)

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE— Have you served outside the continental limits of U. S. or in Alaska? Yes
 Address to which checks are to be mailed: (Enter Yes or No)

306

(Number)

George Street,

(Street)

Greenwood,

(City)

Mississippi

(Zone)

(State)

Byron De La Beckwith
 (Signature of Applicant)

DISBURSING OFFICER'S PAYMENT DATA

Paid \$100.00 on P. V. W. W. RAYBOLT, LtCol, APM, USMC, Symbol/53-326 Check No. Date

(Type Name and Symbol No. of Disbursing Officer Making Initial Payment.)

(INSTRUCTIONS ON REVERSE)

MUSTERING OUT PAYMENTS
DIVISION DATA

105

INSTRUCTIONS

1. Enter "Less than 60 days" or "60 days or more" as appropriate.
2. Navy and Coast Guard Personnel.

Prepare in quadruplicate and forward to disbursing officer for payment. After payment, the disbursing officer will complete form, and endorse payment on discharge certificate, if available, otherwise on original orders for release from active duty. Such payments will be expended daily on one public voucher (Std Form 1034 and 1035) for Navy personnel and one public voucher for Coast Guard personnel, listing thereon the name, file or service number and amount. The original of this form together with one copy of the public voucher will be forwarded daily to the Navy Department, Bureau of Supplies and Accounts, Field Branch (Mustering-out Payments Division) Cleveland 15, Ohio. The duplicate of this form will be attached to original public voucher. The triplicate copy will be forwarded to Bureau of Naval Personnel or Coast Guard Headquarters as appropriate. The quadruplicate will be retained in the disbursing officer's files.

3. Marine Corps Personnel

All Marine Corps personnel will be paid mustering-out pay by crediting \$100 on NAVMC-90 Statement of Account for Settlement, or on final pay voucher in case of officers, and payment will be made by separate check. Commanding officers will prepare in quadruplicate and submit to the disbursing officer with NAVMC-90 in case of enlisted personnel. After the disbursing officer has completed required entry, the original and duplicate will be forwarded to Headquarters, Marine Corps, by letter of transmittal numbered serially for each fiscal year. The triplicate will be retained by the disbursing officer and the quadruplicate delivered to the veteran. The commanding officer will endorse the following on the discharge certificate, or original orders in case of personnel relieved from active duty, "Paid \$100 mustering-out payment (date)." Navy and Coast Guard personnel carried on Marine Corps payrolls will be paid mustering-out pay as required by paragraph 2 of these instructions.

Last set by W.W. Raybolt to incl 30Sep45 on roll of AES-44, MCAS, Cherry Point, N. C.

07948

CLASS "A" DEPEND

N. M. C. 535 PM

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

TWENTY-TWO DOLLARS * * * * * \$ 22.
(Words) (Figures)

By these presents

I, BECKWITH, Byron DeLa StfSgt, U. S. M. C., First pay't: Month Oct. Year 1945
(Surname) (Full-Christian name) (Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. Appl dtd 19Oct45
(Words and figures)
Enlistment Date 5Jan42 Allotment Expires Indefinite

~~Assgd act d 5Jan42~~

Allottee, _____
Address, _____

Date of registry: _____
Byron DeLa Beckwith
(Signature of grantor)

Registered: _____

Approved: Entered in Service Record Book.
Robert W. [Signature]

U. S. 1st Lt U. S. M. C. Commanding
HSMCAS, Cherry Point, N. C.

Month	19 ____	19 ____	19 ____	19 ____
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

ALLOTMENT STOP NOTICE

A I request that my allotment, as described hereon, be stopped by reason of

Request of Grantor

Byron DeLa Beckwith
(Signature of grantor)

Byron DeLa BECKWITH, StfsGt

(Full name and rank of grantor)

SERIAL No. 537948

AMOUNT, \$.87

B To: W. W. RAYBOLT 5Sep45

(Disbursing officer)

(Date)

It is requested that the allotment described hereon be stopped by reason of

Request of Grantor

*Last settled to Insl 31 Jul, 1945, on rolls of AHS-44,

USMCAS, Cherry Point, N. C.

ENTERED in service record book.

H. Mayst
Air Eng. Sq. 44
USMCAS, Cherry Point, N. C.

MAJOR, USMCB

USMC, Commanding.

FIRST PAYMENT May 1945

LAST PAYMENT August 1945

REG. BY W. W. Raybolt

ALLOTTEE: Treas. of the U. S.
Veterans Administration
Washington, D. C.

(Use by Allotment Officer)

C To: Marine Corps Allotment Officer, _____

(Date)

Stoppage is requested by reason of _____

† Copy furnished custodian of service record book.

(Disbursing officer)

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

ALLOTMENT STOP NOTICE

A I request that my allotment, as described hereon, be stopped by reason of

Request of Grantor

Byron DeLa Beckwith
(Signature of grantor)

B To: W. W. RAYBOLT, (Disbursing officer), 5 Sep 45 (Date)

It is requested that the allotment described hereon be stopped by reason of

Request of Grantor

*Last settled to 1 incl 31 Jul, 1945, on rolls of ABS-44,
MCAS, Cherry Point, N. C.

ENTERED in service record book.

ALNAV #187 complied with

W. W. Raybolt
AIR Eng. Sq. 44
USMCAS, Cherry Point, N. C.

MAJOR, USMCR
USMC, Commanding.

C To: Marine Corps Allotment Officer, _____ (Date)

Stoppage is requested by reason of _____

† Copy furnished custodian of service record book.

(Disbursing officer)

Byron DeLa BECKWITH, StfSgt

(Full name and rank of grantor)

SERIAL No. 337948

AMOUNT, \$ 18.75

FIRST PAYMENT July 1945

LAST PAYMENT August 1945

REG. BY W. W. Raybolt

TREASURER OF U. S.
ALLOTTEE War. Bond Issuing Officer

HDQRS. U.S.M.C.
WASHINGTON, D. C.

(Use by Allotment Officer)

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

337948

N. M. C. 535 PM

D S BOND
M-29

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

EIGHTEEN DOLLARS AND SEVENTY FIVE CENTS

\$ 18.75

By these presents,

BECKWITH, Byron DeLa

(Words)

(Figures)

I, _____
(Surname)

(Full-Christian name)

S1S1Sgt

U. S. M. C.,

First pay't: Month July Year 1945

(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.Number of mos. Indefinite

(Words and figures)

Enlistment 5Jan42Allotment IndefiniteAssgd act d Date 5Jan42

Expires _____

Allottee, _____
Address, _____
TREASURER OF U. S.
War Bond Issuing Officer
HDQRS. U.S.M.C.
WASHINGTON, D. C.

Date of registry:

BYRON DELA BECKWITH
(Signature of grantor)

Registered:

Approved: Entered in Service Record Book.

1st Lt,

XXXXXXXXXX

U. S. M. C. Commanding.

U. S. _____
Air Eng. Sq. 44
USMCAS, Cherry Point, N. C.

Month	19 ____	19 ____	19 ____	19 ____
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

D S BOND
M-29

U. S. SAVINGS BOND ORDER

MONTHLY SUM TO BE DEDUCTED—

EIGHTEEN AND SEVENTY FIVE CENTS

Dollars.

\$ 18.75

(Words)

(Figures)

BY THESE PRESENTS

Service No. 337948

I, BECKWITH, Byron DeLa StfsGt

U. S. M. C.

First deduction July 1945

(Surname)

(Full given names)

(Rank)

(Month)

(Year)

do authorize the monthly deduction of the sum stated above per month from my pay, and subject to the conditions stated herein, do appoint the Treasurer of the United States; War Bond Issuing Officer, Headquarters, U. S. Marine Corps, my attorney to receive the sum so deducted, in payment for United States Savings Bonds of the number and denomination stated herein.

Number of months Indefinite

(Words and figures)

Expires Indefinite

1. Pursuant to this application it is requested that Indef bonds of \$ 25. denomination be issued in the name of:

BECKWITHByron DeLa

(Surname)

(Full given name)

2. And as BENEFICIARY or CO-OWNER (You may designate one but not both. CROSS OUT ONE):

ElizabethCAMPBELL~~Mrs.~~ Mrs.

(Given name)

(Middle name)

(Surname)

32Morningside DriveMemphisTenn.

(Number)

(Street)

(City)

(Zone)

(State)

3. It is requested that bonds issued upon this application be mailed to:

Mr. William G. YERGER306 George St., Greenwood, Miss.

4. Or held in safekeeping without charge: (If checked here do not fill out paragraph 3.)

5. Signature of Purchaser:

BYRON DELA BECKWITHStfsGt

(Rank)

(Ship or station)

Air Eng. Sq. 44
USMCAS, Cherry Point, W. C.

Received at M. C. A. O.

(Date)

337948

NSI

N. M. C. 535 PM

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

SIXTY SEVEN CENTS

\$ 67

(Words)

(Figures)

By these presents,

I, BECKWITH, Byron DeLaStfSgt

, U. S. M. C.,

First pay't: Month May Year 1945

(Surname)

(Full-Christian name)

(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.Number of mos. Indefinite

(Words and figures)

Enlistment

Allotment

Date 5Jan42Expires IndefiniteAssgd act d 5Jan42Allottee, Treas. of the U. S.
Address, Veterans Administration
Washington, D. C.

Month

19

19

19

19

Jan.

Feb.

Mar.

Apr.

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Date of registry:

Byron DeLa Beckwith
BYRON DeLa BECKWITH
Registered:Approved J.K. Warren, Jr. Entered in Service Record Book.1st Lt. U. S. M. C. ~~COMMORON~~Air Eng. Sq. 44
U. S. USMCAS, Cherry Point, N. C.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

1. NAME IN FULL (Please print or type)		First	Middle	Last name
		Byron	DeLa	BECKWITH
2. HOME ADDRESS: Number		Street or rural route		County, city, town, or post office
		306 George St.		Greenwood Miss.
3. I WAS BORN AT		City, town, or post office	State	Day of month
		Sacramento, California		9 November 1920
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY		5. PRESENT ORGANIZATION Rank, grade, or rating.		6. SERIAL NUMBER
5 Jan 42		1st Lt		337948
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")		8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS		
None		No		

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$1,000.

10. 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)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)		Relationship	Amount of Insurance to be paid to each beneficiary	Post office address (Number and street, city, town, or post office and State)
PRINCIPAL { Principal Beneficiary			\$1,000.	
CONTINGENT {				

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)
Mr. William G. YERGER 306 George St., Greenwood, Miss.
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of June, 1945 and

- A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ in the amount of \$_____ in payment of the first _____ premium on the insurance. or
(Check, draft, or money order)
- 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 \$_____ 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 \$.67 on the 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

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
\$ <u>.67</u>	\$	\$	\$	\$

SIGNED AT MCAS, Cherry Point, N. C. ON THE 22nd DAY OF May, 1945

WITNESSED BY: AND
INFORMATION AS TO SERVICE CERTIFIED BY: Eng. Sq. 44
1st Lt, USMCR MCAS, Cherry Point, N. C.
(Rank and organization) (For further information see Specific Instructions, page 4, paragraph 4)

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 _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancellation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED. IF IN DOUBT AS TO MEDICAL TERMS, CONSULT PHYSICIAN.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? No (b) Disability allowance? No (c) Retirement pay? No (d) Pension? No (e) Hospitalization? No (f) Examination or treatment? No (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application

16. Has any application for insurance on your life ever been declined? No If answer is "Yes," state name of insurance company and approximate date of your application

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with Tuberculosis No Paralysis No Insanity No Epilepsy No Apoplexy No

18. Have you ever had any of the following (answer "Yes" or "No")- (a) Surgical operation Yes (b) Accident or injury Yes (c) Hospitalization for illness Yes If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician SUB-mucous operation, 1939, Dr. Adams, Greenwood, Miss. Gun shot wound in left thigh, 20 Nov 43, operation performed on USS Solace (Hospital ship). Dengue fever 9 Sept 42.

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item) CANCER No CONSUMPTION (Tuberculosis) No DIABETES No FITS OR CONVULSIONS No GOITER No NERVOUS OR MENTAL TROUBLE No KIDNEY STONES No PARALYSIS No RHEUMATISM No SYPHILIS No ANEMIA No GALL STONES No DISEASE OF THE STOMACH OR INTESTINES No

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item) APPENDICITIS No ARTHRITIS No ASTHMA No CHRONIC BRONCHITIS No HABITUAL COUGH No PLEURISY No OTHER DISEASES OF THE LUNGS No FISTULA No HEMORRHOIDS No RECTAL ABSCESS No TUMOR No SINUSITIS No VARICOSE VEINS No

(c) Have you within the last 5 years had any disease of- (Answer "Yes" or "No" after each item) BLOOD VESSELS No HEART No BLADDER No KIDNEYS No LIVER No PROSTATE No SKIN No BONES No JOINTS No EYES No EARS No

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians

20. (a) Do you use alcohol? Yes If so, to what extent? Most moderately. (b) Do you use habit-forming drugs? No If so, to what extent?

(c) Have you ever been treated for alcoholism or drug addiction? No (If answer is in the affirmative, give details)

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you Dengue fever, contracted in the Solomonson Tulagi, treated by personnel of AMED attached to 2nd Marine Division.

(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above? No

22. Time lost from your occupation through illness during the last 5 years approx. 4 months from wounds in action. Approximately a week for fever, hospitalized

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? None

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself. I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS 21st DAY OF May, 1945

(SIGNATURE OF APPLICANT)

214

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Public Health Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? **No**
(See above)

26. How well and how long have you known him? **Unknown**

27. By what means are you satisfied with his identity? **Health record.**
(Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? **No** If so, give dates and diagnosis _____

29. Height in shoes. **5** ft. **8 1/2** in.

30. Weight, coat and vest of **145** lbs.

31. Girth of chest, normal **34** in.
 Forced expiration **33** in.; forced inspiration **38** in.

32. Girth of abdomen. **29** in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:

(a) Before exercise **72** (c) One minute after **80**

(b) Immediately after **92** (d) Two minutes after **72**

34. Blood pressure:

Before exercise Immediately after exercise

Systolic **118** Systolic **132**

Diastolic **72** Diastolic **76**

Instrument used _____
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:

Is there a murmur? **No** If the answer is "Yes," state location and time _____

Where transmitted _____ Functional or organic _____

Probable cause _____ Any history of acute rheumatic fever or rheumatism _____

Any enlargement, dilation, or hypertrophy? **No** Measurements _____

Any evidence of myocarditis? **No** Dyspnea **No**

How severe? _____ Edema of extremities or lungs _____ Cyanosis **No**

Is there any arteriosclerosis? **No** If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant. _____

Is there any evidence of kidney disturbance? **No**

State if compensation is maintained or is failing _____ Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure? _____

If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise. _____

36. Has there been any abnormal variation in weight within the past year? **No** If so, explain fully _____

37. After examination do you find any abnormality of the lungs? **No** (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed. Record the facts here. _____

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—

(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait.) **No**

(b) Of mouth, nose, or throat? **No**

(c) Of the stomach, liver, other abdominal or genital organs? **No**

(d) Of the skin, glands, lymph, or endocrine? **No**

(e) Of the ears? (Test each ear, give degree of any deafness or discharge) **No**

(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) **No**

(a) Is there any abnormality of external structures? **No**

(b) Is there any nystagmus, conjunctivitis, inequality of pupils, or abnormal reaction to light and accommodation? **No**

(g) Of the bones and joints? **No**

39. Do you find any evidence which in your opinion indicates the applicant ever had — (a) Syphilis **No** (b) Rheumatism **No**

40. Any deformity or departure from normal in any respect? **No**

41. URINALYSIS: **1.018** Albumin **Neg** Color **Amber**

Specific gravity _____ Sugar **Neg**

Reaction **Acid** (Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? **Yes**

43. Has the applicant lost an eye, hand or arm, foot or leg? **No**

44. Is the applicant ruptured? **No** If so, give size _____ type _____ and location _____ Is a suitable support worn? _____

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES: Any history of uterine or ovarian diseases or any disease of breast? (Glands, thyroid, etc.)	Married: If pregnant, month advanced _____ Number of pregnancies _____ Were deliveries normal? _____	Date of last menstruation _____ Is menstruation regular and normal? _____ Has she successfully passed the menopause? _____	Number of miscarriages, if any, and dates. _____ _____ _____
--	---	--	--

46. REMARKS (if you have any facts or impressions gained and not covered in this report, please indicate in detail):

Byron DeLa BECKWITH

Examination of _____ made by _____
(Type or print applicant's name)

O. V. RENAUD, LtComdr (MC) USN

(Type or print examining physician's name and official designation)

this **21st** day of **May**, 19 **45**

Cherry Point **Craven** **North Carolina**

O. V. Renaud
(SIGNATURE OF EXAMINING PHYSICIAN)

(The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.)

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.				
15	\$0.63	20	\$0.65	25	\$0.67	30	\$0.71	35	\$0.76	40	\$0.85	45	\$0.99	50	\$1.27	55	\$1.77	60	\$2.60	65	\$4.00	70	\$6.00
16	.64	21	.66	26	.68	31	.73	36	.77	41	.87	46	1.03	51	1.35	56	1.90	61	2.89	66	4.30	71	6.30
17	.64	22	.66	27	.69	32	.73	37	.79	42	.89	47	1.08	52	1.44	57	2.06	62	3.07	67	4.50	72	6.50
18	.64	23	.66	28	.69	33	.74	38	.81	43	.92	48	1.14	53	1.54	58	2.21	63	3.34	68	4.80	73	6.80
19	.65	24	.67	29	.70	34	.75	39	.83	44	.95	49	1.20	54	1.65	59	2.40	64	3.64	69	5.10	74	7.10

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or 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; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than six months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.
2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than one year), brother or sister (including those of the half blood) of the insured.
 The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.
3. The insurance shall be payable in the following manner:
 - (1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.
 - (2) If the beneficiary to whom payment is made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.
 - (3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—
 - (A) to the widow or widower of the insured if living;
 - (B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
 - (C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
 - (D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.
 If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above and the insurance shall be payable in equal monthly installments in accordance with subparagraph (1) and (2) as the case may be.
4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

811

NAVY DEPARTMENT

PART 1

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

- BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY) Date 19 October, 1945
- COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

I, BECKWITH Byron DeLa StfSgt
(Last name) (First name) (Middle name) (Rating) (Organization)
 Air Eng. Sq. 44 337948 5 January 1942 5 January 1942
(Ship or station) (Service or serial number) (Date of enlistment) (Date of reporting for active duty)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law (\$22 for Class A or B dependents or \$27 for Class A and B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. BECKWITH Mary Louise Wife
(Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
9 Arnold St. Knoxville Tenn.
(Number and street or R. F. D.) (City or post office) (State)

2. _____
(Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

3. _____
(Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

4. _____
(Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

DATE and place of marriage to present wife 22 September 1945 Hernando, Miss.

DATE and place of marriage to divorced wife _____

Amount of monthly alimony or support payment decreed by court order or provided under written agreement

for former wife divorced, or for wife and/or child living separate and apart, \$ _____
(Court order must be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases _____

DATE and place of divorce _____

Name and designate any child included above who is legally adopted or acknowledged as illegitimate _____

Wife \$30 off Oct 45 10-29-45



FILE