

337948
file
mk

SER-NO-RECORDED

RECEIVED
HEADQUARTERS
U.S. MARINE CORPS

USE ENVELOPE FOR RETURN
ON FACE OF CORRESPONDENCE

JUL 13 4 04 PM 1945

PERSONNEL DEPARTMENT

H. D. C. [unclear]
[unclear]

To: [unclear]
From: [unclear]



HEADQUARTERS MARINE CORPS VIE BUREAU CHIEF [unclear]
[unclear] [unclear]

Subject: [unclear]
Assignment to [unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]

U. S. MARINE CORPS VIE DIVISION CHIEF [unclear] [unclear]
[unclear] [unclear] [unclear]

127/jf

U. S. MARINE CORPS AIR STATION
CHERRY POINT, NORTH CAROLINA

28 June 1945

From: The Commanding General.
To: Staff Sergeant Byron D. BECKWITH, (337948), USMC.

Subject: ~~Orders, temporary duty.~~

Reference: (a) ComFive Letter Serial #ND5(22)/P13-8, dated 31Mar45.

1. In accordance with the authority contained in reference (a), you will take charge of the below named straggler and proceed on temporary duty on 29 June 1945, via Government aircraft, to Norfolk, Virginia, where, upon arrival, you will report to the Commanding Officer, Naval Training Station, Naval Operating Base, that place, and deliver the straggler under your charge. Upon the completion of this temporary duty and when directed by the Commanding Officer, thereat, you will return to this station, via Government aircraft, and report to the Commanding General, for duty.

LAWRENCE (659 13 97) Dover P. Slc USNR (Straggler

2. The above named man has been a straggler from NTS, NOB, Norfolk, Va., since 1925, 8 June 1945.

3. The Provost Marshal this station, will furnish you with the necessary pistol, holster and hand-irons to insure the security of the straggler enroute.

4. You will obtain an endorsement on these orders as a receipt for the above named straggler.

5. UNIFORM: Summer service with garrison cap.

6. As no expense is involved in the execution of these orders, none is authorized.

H. W. BOND
By direction.

Distribution: CMC CO, NTS, NOB, Norfolk, Va. BuPers
PM AirStaSgtMaj SSgt Beckwith
DIRAVN AES-44 HqSq
FILE OpersO

*File
out*

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 DeLa****StfsGt**

, 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
Date **5 Jan 42**Allotment
Expires **Indefinite**Assgd act d **5 Jan 42**Allottee, **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: **25 MAY 1945**

BYRON DELA BECKWITH

Registered: **W. W. RAYBOLT,**
Lt col., AFM., USMC.,By **F. H. ROBINSON**

Approved: Entered in Service Record Book.

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

ADM. AUDIT

DW

FILE

127/jf

U. S. MARINE CORPS AIR STATION
CHERRY POINT, NORTH CAROLINA

28 June 1945

From: The Commanding General.
To: Staff Sergeant Byron D. BECKWITH, (337948), USMC.
Subject: Orders, temporary duty.
Reference: (a) ComFive Letter Serial #ND5(22)/P13-8, dated 31Mar45.

1. In accordance with the authority contained in reference (a), you will take charge of the below named straggler and proceed on temporary duty on 29 June 1945, via Government aircraft, to Norfolk, Virginia, where, upon arrival, you will report to the Commanding Officer, Naval Training Station, Naval Operating Base, that place, and deliver the straggler under your charge. Upon the completion of this temporary duty and when directed by the Commanding Officer, thereat, you will return to this station, via Government aircraft, and report to the Commanding General, for duty.

LAWRENCE (659 13 97) Dover P. Slc USNR (Straggler

2. The above named man has been a straggler from NTS, NOB, Norfolk, Va., since 1925, 8 June 1945.

3. The Provost Marshal this station, will furnish you with the necessary pistol, holster and hand-irons to insure the security of the straggler enroute.

4. You will obtain an endorsement on these orders as a receipt for the above named straggler.

5. UNIFORM: Summer service with garrison cap.

6. As no expense is involved in the execution of these orders, none is authorized.

H. W. BOND
By direction.

Distribution: CMC CO, NTS, NOB, Norfolk, Va. BuPers
PM AirStaSgtMaj SSgt Beckwith
DIRAVN AES-44 HqSq
FILE Opers0

*file
ack*

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 Byron	Middle DeLa	Last name BECKWITH	
2. HOME ADDRESS: Number		Street or rural route 306 George St.		County, city, town, or post office Greenwood	State Miss.
3. I WAS BORN AT	City, town, or post office	State	Day of month	Month	Year
	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		357948	
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)

	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**, 19**45**

A. I enclose here with 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
\$.67	\$ _____	\$ _____	\$ _____	\$ _____

SIGNED AT **MCAS, Cherry Point, N. C.** ON THE **22nd** DAY OF **May**, 19**45**

WITNESSED BY: **AND**

INFORMATION AS TO SERVICE CERTIFIED BY: **Eng. Sq. 44**
1st Lt, USMCR **MCAS, Cherry Point, N. C.**

(APPLICANT SIGN HERE, DO NOT PRINT SIGNATURE)
APPLICANT MUST ALSO SIGN STATEMENT ON PAGE 2

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

FILE

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
Approximately a week for fever; hospitalized approx. 4 months from wounds in action.

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? **Yes**

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**, 19**45**

 (SIGNATURE OF APPLICANT)

136

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? <p style="text-align: center;">No (See above)</p>	26. How well and how long have you known him? <p style="text-align: center;">Unknown</p>	27. By what means are you satisfied with his identity? <p style="text-align: center;">Health record. (Give some mark of identification)</p>
28. Have you ever treated the applicant for any disease or injury? No If so, give dates and diagnosis _____		
29. Height in shoes. 6 ft. 8 1/2 in.	30. Weight, coat and vest off 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 122 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: Specific gravity 1.018 Albumin Neg Color Amber Reaction Acid Sugar Neg (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**
 (CITY) (COUNTY) (STATE)

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
16	.64	21	.65	26	.68	31	.73	36	.77	41	.87	46	1.03	51	1.35	56	1.90	61	2.82
17	.64	22	.68	27	.69	32	.73	37	.79	42	.89	47	1.08	52	1.44	57	2.05	62	3.07
18	.64	23	.68	28	.69	33	.74	38	.81	43	.92	48	1.14	53	1.54	58	2.21	63	3.34
19	.65	24	.67	29	.70	34	.75	39	.83	44	.95	49	1.20	54	1.65	59	2.40	64	3.64

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.

137



337948

1525/JPC:wpd 2nd Lieutenant 26 March, 1945.
MARINE WING SERVICE SQUADRON NINE, NINTH MARINE AIRCRAFT WING, FLEET MARINE
FORCE, U.S. MARINE CORPS AIR STATION, CHERRY POINT, NORTH CAROLINA.

From: The Commanding Officer.
To : The Commanding Officer, MAG 91, USMCAS, Cherry Point, N. C.

Subject: Personal effects of Sergeant Byron D. BECKWITH, U. S.
Marine Corps, transmittal of.

1. Forwarded. The records of this office indicate that the subject named man was transferred to your organization on 16 March, 1945.

J. P. Cuetara
J. P. CUETARA,
By direction.

1525/JNR:jgf 3rd Endorsement 27 March, 1945.
MARINE AIRCRAFT GROUP NINETY-ONE, 9MAW, FMF, USMCAS, CHERRY POINT, N.C.

From: The Commanding Officer.
To: The Commanding Officer, Marine Fighting Squadron 914.

1. Forwarded for delivery and compliance with paragraph two (2) of basic letter.

E. R. Zimmerman, Jr.
E. R. ZIMMERMAN, Jr.,
By direction.

1525/PHM/hwj 4th Endorsement 28 March, 1945.
MARINE FIGHTING SQUADRON NINE FOURTEEN, MARINE AIRCRAFT GROUP NINETY ONE, NINTH
MARINE AIRCRAFT WING, FLEET MARINE FORCE, U.S. MARINE CORPS AIR STATION, CHERRY
POINT, NORTH CAROLINA.

From: The Commanding Officer.
To: The Director of Personnel, Marine Corps, (Casualty Division).

1. Received and delivered.

P. H. Mueller
P. H. MUELLER,
By direction.

138

FORGE, U.S. MARINE CORPS AIR STATION, CHERRY POINT, NORTH CAROLINA.
MARINE WING SERVICE SQUADRON NINE, NINTH MARINE AIRCRAFT WING, FIRST MARINE
1525/TP:wpd 2nd Lieutenant 26 March, 1945.

From: The Commanding Officer,
To: The Commanding Officer, MAG 91, USMCAS, Cherry Point, N. C.

Subject: Personal effects of Sergeant Byron D. Beckwith, U. S. Marine Corps, transmittal of.

1. Forwarded. The records of this office indicate that the subject named man was transferred to your organization on 16 March, 1945.

[Handwritten signature]
J. P. CUSTARA,
by direction.

MARINE AIRCRAFT GROUP NINETY-ONE, GMAW, FMF, USMCAS, CHERRY POINT, N.C.
1525/JHR:jet 3rd Endorsement 27 March, 1945.

From: The Commanding Officer,
To: The Commanding Officer, Marine Fighting Squadron 91A.

1. Forwarded for delivery and compliance with paragraph two (2) of basic letter.

[Handwritten signature]
J. R. WIGGERSMAN, Jr.,
by direction.

MARINE AIRCRAFT WING, FIRST MARINE FORCE, U.S. MARINE CORPS AIR STATION, CHERRY POINT, NORTH CAROLINA.
MARINE FIGHTING SQUADRON NINE FOURTEEN, MARINE AIRCRAFT GROUP NINETY-ONE, NINTH
1525/THM:hw 4th Endorsement 28 March, 1945.

From: The Commanding Officer,
To: The Director of Personnel, Marine Corps, (Casualty Division), PERSONNEL DEPARTMENT

1. Received and delivered.

MAR 31 11 50 AM 1945
337948
J. R. WIGGERSMAN, Jr.,
by direction.

RECORDED
HEADQUARTERS
U.S. MARINE CORPS

REC'D-RECORDED



IN REPLYING ADDRESS
COMMANDANT OF THE MARINE CORPS
WASHINGTON 25, D. C.
AND REFER TO

SERIAL 337948
DGU-296-mps

HEADQUARTERS U. S. MARINE CORPS
WASHINGTON

8 March, 1945.

From: Director of Personnel, Marine Corps, (Casualty
Division).

To: **418479** The Commanding Officer, Marine Aviation
Detachment, Naval Air Station, Memphis,
Tennessee.

Subject: Personal effects of Sergeant Byron D. Beckwith,
U. S. Marine Corps, transmittal of.

Enclosure: 1.

1. Forwarded with the request that the enclosed
personal effects be delivered to Sergeant Beckwith who is
attached to your command.

2. Please acknowledge receipt by endorsement hereon.

M. G. Craig
M. G. CRAIG,
By direction.

1st Endorsement 15 March, 1945.
MARINE AVIATION DETACHMENT, NAVAL AIR STATION, MEMPHIS, TENN.

From: Commanding Officer.
To: Commanding Officer, MWSS-9, Cherry Point, N.C.

1. Forwarded.

2. Records of this office show subject-named man
transferred to your command.

D. C. McDowell
D. C. MC DOWELL.

mab-91
3/16/45

Handwritten signature

I hereby certify that the above is a true and correct copy of the original as shown to me by the person named above.

I, _____

Notary Public for the State of _____
My Commission Expires _____

WITNESSED my hand and seal this _____ day of _____, 19____.

Notary Public

I hereby certify that the above is a true and correct copy of the original as shown to me by the person named above.

I, _____

Notary Public for the State of _____
My Commission Expires _____

I, _____

Notary Public for the State of _____
My Commission Expires _____

WITNESSED my hand and seal this _____ day of _____, 19____.

Notary Public

Notary Public for the State of _____
My Commission Expires _____

Notary Public for the State of _____
My Commission Expires _____

~~537948~~
DGU-296-mps

8 March, 1945.

From: **418479** Director of Personnel, Marine Corps, (Casualty
Division).
To: The Commanding Officer, Marine Aviation
Detachment, Naval Air Station, Memphis,
Tennessee.
Subject: ~~Personal effects of Sergeant Byron D. Beckwith,~~
U. S. Marine Corps, transmittal of.

Enclosure: 1.

1. Forwarded with the request that the enclosed
personal effects be delivered to Sergeant Beckwith who is
attached to your command.

2. Please acknowledge receipt by endorsement hereon.

M. G. CRAIG,
By direction.

MARINE AVIATION DETACHMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE

20 February, 1945.

POST TRANSFER

ORDER NUMBER 94 - 1945.

Reference: (a) CMC Ltr Serial MC-400674 dated 10Feb45.

1. In accordance with the instructions outlined in the above reference, the following transfer is hereby ordered effective, Thursday, 1 March, 1945:

FROM: MARINE AVIATION DETACHMENT, NAVAL AIR STATION,
MEMPHIS, TENNESSEE.

TO: MARINE CORPS AIR BASES, CHERRY POINT, NORTH
CAROLINA.

1. ~~BECKWITH, 337948~~, Byron D., StfsGt(A) (747) USMC.

2. Staff Sergeant BECKWITH will proceed as routed by the Detachment Quartermaster, Marine Aviation Detachment, Naval Air Technical Training Center, Memphis, Tennessee, to the station indicated above, where upon arrival he will report to the Commanding General, thereat, for assignment to duty.

3. The Detachment Quartermaster, Marine Aviation Detachment, Naval Air Technical Training Center, Memphis, Tennessee, will furnish the necessary transportation for the the travel involved.

4. Staff returns will be transmitted by mail.

5. Staff Sergeant BECKWITH is directed to maintain proper decorum at all times while enroute to his new station of duty when travelling on trains and other conveyances; and is warned not to discuss matters pertaining to naval policies or administration. Violations of this order will result in disciplinary action.

6. The travel herein enjoined is necessary in the public service.

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

cc: ✓ CMC; DirAvn; CG, MCAB, Cherry Point, N. C.; ~~MC Deputy;~~
DetQM; SRB; File.



MVB J [unclear]

MAR 7 1947



 DEPT: ABB: LITE
 OO: ONC: DULYAN: CG: MOVB: SPECIAL BOYNE: M. SAVATION: MARINE CORPS

 COMMUNICATIONS
 HEADQUARTERS
 DAVID G. MC DONALD

ВЕРТТО ВЕЛАСОС
 2. ДРЕ ПЛАСЕУ РЕЛЕТИ ЕНЛОТНОС ТЕ НЕСЕВЕЛЛ ТИ СРЕ

УТРОУБИТНАЛ ВЕРТОН
 ОЛ ВРНУНАРКЕРТОН. ДРОУЕРТОНА ОЛ СРТА ОЛДЕЛ МУТТ ЛЕВТЕ ТИ
 ТЕ МАЛНОС НОС ДО УТРАСАИ МАДРЕЛА ВЕЛРНУТИС ДО ИСАУ БОУТОС
 ОЛ СРТА МРОН ПЛАЛОТИТИС ОН ПЛТИС ЕНУ ОФРЕЛ СОКЛАЛАНСА: ЕНУ
 ВЛОБЕЛ ВЕСОЛНА ВР ВТУ СТНАС МУТТЕ ЕНЛОТРЕ ДО ПТА ИСА АРТОТОН
 2. ВЕЛЛ ВЕЛВЕНЕ ВЕКМЛАН ТЕ УТРОСЕР ДО ШЕТНАТИ
 4. ВРЛЛ ЛЕРНАЛС МУТТ РЕ ПЛАНУТРЕС РЛ МУТТ.

СРЕ СРЕ ПЛАСЕУ ПЛАСАЕР
 ДЕНВЕНСЕ МУТТ ПЛАНУТРЕ СРЕ НЕСЕВЕЛЛ ПЛАНВЕРКЕРТОН ДОЛ
 ВЕРТОРМЕНЕ ИСАУ ВУХ ДЕСРНУСУ ДЛЕТИТИС СЕНСЕЛ МЕНБРИТА
 3. ДРЕ ВЕРТОРМЕНЕ СНАРКЕРМЕНАРЕЛ ИСАУ ВЕЛВЕРТОН

СРЕ СОММУТИТИС СЕНСЕЛУ СРЕЛЕР ДОЛ ВНАТВИМЕНЕ ДО СРТА
 ВРТОТОН ПНДРОСЕР ВРОДЕ МРОДЕ ПЛОМ ВЛЛТАУ НЕ МУТТ ЛЕВОЛС ДО
 ИСАУ ВУХ ДЕСРНУСУ ДЛЕТИТИС СЕНСЕЛ МЕНБРИТА ДЕНВЕНСЕ ДО СРЕ
 РЛ СРЕ ВЕРТОРМЕНЕ СНАРКЕРМЕНАРЕЛ ИСАУ ВЕЛВЕРТОН ВЕРТОРМЕНЕ
 5. ВРЛЛ ВЕЛВЕНЕ ВЕКМЛАН МУТТ ВЛОСЕР ВР ВОНТРЕ.

1. ~~ВЕКМЛАН~~ 332272 ВАЛОН D. ВРЛВЕР(V) (ΔΥΔ) ВЕНО

TO: ВУКТИЕ СОБРА ВИС ВУКЕС СЕНКИА БОИМЛ МОБИМ
 QUAKOYIMV

FROM: ВУКТИЕ ВАИВЛИОН ДЕЛВОНМЕНЕЛ ИВАУТ ВИС ВЕВЛИОН
 МЕНЬНТЕ ДЕНВЕНСЕ

СРЕСЕРТА ДРПЛЕРАЛ Т ВЕЛЕР ГДТТ
 СРЕ ВРОДЕ ЛЕХЕЛЕНСЕ СРЕ ДОТТОМТИС ПЛАНУТРЕ ТЕ РЕХЕРЛ ОЛДЕЛЕР
 1. ИВ ВЕСОЛЕНСЕ МУТТ СРЕ ПНАРКЕРТОНА ОНУТИНОС ТИ

ВЕХЕЛЕНСЕ: (5) ОНО ГЛ ВЕЛТЕЛ ИС-УООРАУ СРТАС ГОВЕРТТ

ОИДЕС ИАНВЕС ДУ - ГДТТ

БОСЛ ДВУИАНЕК

332272

SO ВЕРЛЕНАЛ ГДТТ

МЕНЬНТЕ ДЕНВЕНСЕ
 ИВАУТ ВИС ВЕВЛИОН
 ВУКТИЕ ВАИВЛИОН ДЕЛВОНМЕНЕЛ

1171

337948

OFFICE OF THE TRANSIENT CENTER QUARTERMASTER
TRANSIENT CENTER, ADMINISTRATIVE COMMAND, FME, PACIFIC,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

12 October, 1944

FROM: Effects Inventory Board, Transient Center.
TO: The Commandant of the Marine Corps.
SUBJECT: Inventory of effects of personnel whose whereabouts are
unknown to this office.
REFERENCE: 5th PhibCorps Memorandum No. 18-44, dated 8Feb44.

1. The following valuables and personal papers were found
among the personal effects of BECKWITH, B. D. CORP.
USMC(R)., (), whose whereabouts and
status are unknown to this office, formerly attached to
Doff.

- ✓ 1 Bible.
- ✓ 1 Prayer book.
- ✓ 1 Pocket Signal dish.
- ✓ 1 Marine hand book.
- ✓ 1 Novel.
- ✓ 1 Religious symbol.
- ✓ 1 Money belt.
- ✓ 1 Pr. scissors.
- ✓ 1 Pocket knife.
- ✓ 1 Pr. glasses in case.

File
ab

(Signed) W. J. [Signature]

(Signed) Francis E. [Signature]

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.

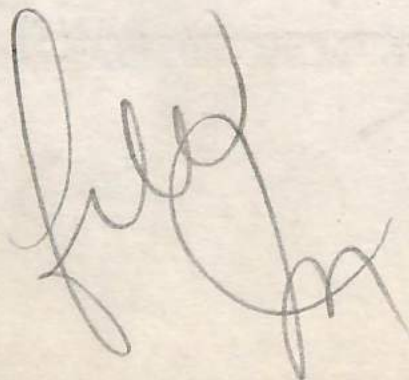
1. In accordance with authority contained in
reference (a), the below named man of this command is hereby
promoted to the rank indicated, effective this date, with
rank for purpose of seniority from 4 December, 1944:

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; DefA; FM Deputy; SRB; Man concerned; File.



245379
337948
DFB-700-bjm

10 February 1945.

M - 400674

From: Commandant of the Marine Corps.
To: The Commanding Officer, Marine Aviation
Detachment, Naval Air Station, Memphis,
Tennessee.
Via: The Commanding Officer, Naval Air Station.
Subject: Transfers - Enlisted personnel.

1. On 1 March 1945, please transfer the following named men to the organizations indicated for duty:

Marine Fleet Air, West Coast, Marine Corps
Air Depot, Miramar, San Diego, California

ARNETT, James W., SgtMaj (245379)

Marine Corps Air Bases, Cherry Point, North
Carolina

BECKWITH, Byron D., Sgt (337948)

2. Also, please grant the men concerned appropriate delays en route to their new stations provided such delays are not in excess of fifteen (15) days delay and furlough for their current enlistment years.

Elmer E. Hall,
By direction.

Copy for the Paymaster General,
Div. of Aviation,
Personnel Group, MPA, West Coast,
CG, MPA, West Coast,
Comdr, MCAB, Cherry Point, N. C.

OFFICE OF THE TRANSIENT CENTER QUARTERMASTER,
TRANSIENT CENTER, FLEET MARINE FORCE, PACIFIC,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

12 October, 1944.

FROM: Effects Inventory Board, Transient Center.
TO: Depot Quartermaster, Shipping & Receiving, (Personal
Effects) 6th Base Depot
SUBJECT: Inventory of effects of personnel whose whereabouts
are unknown to this office.
REFERENCE: 5th PhibCorps Memorandum No. 18-44, dated 8Feb44.

1. The following valuables and personal papers were found
among the personal effects of ~~BERNARD, B. L., CORP.~~
USMC(R), (), whose whereabouts
and status are unknown to this office, formerly attached to
~~DoD.~~

1 Pr. shoes.

337948

file
12/14/44

(Signed) Francis E. Dougherty
(Signed) Francis E. Dougherty 20/44

ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D. C.

AND REFER TO NO.

BUMED-VR-1-b-lmt

BECKWITH, Byron De La
11-9-20 (A)



WASHINGTON 25, D. C.

3 Nov 1944

To: The Commandant, U. S. Marine Corps

Subj: Physical examination for flight duty in the case of
BECKWITH, Byron De La Sgt. USMC App/Flight Training

Date Exam : 10-12-44
Place Exam: NAS, Memphis, Tenn.

1. The above named individual has been examined by a flight surgeon and found to be

- a. physically qualified and
- b. aeronautically adapted

for duty involving the actual control of aircraft in
Service Group _____

2. This Bureau approves of the findings and recommendations of the flight surgeon.

By direction of the Chief, BuMed:

W. L. Hummel
W. L. HUMMEL
Comdr. (MC), USNR

NAVVED 490

PERSONNEL DEPARTMENT

NOV 6 3 15 PM 1944

337948

RECEIVED
HEADQUARTERS
U.S. MARINE CORPS

Handwritten notes at the top of the page, including "100-100-100" and "100-100-100".

FILE
BY *A. A. Nelson*

RECEIVED
HEADQUARTERS
U. S. MARINE CORPS
NOV 7 1944
AVIATION, MARINE CORPS

146

Handwritten signature or initials in the top right corner.

MARINE AVIATION DETACHMENT
NAVAL AIR STATION
MEMPHIS, TENNESSEE

1 October, 1944.

POST PROMOTION ORDER

NUMBER 91944.

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 purpose of seniority from 27 September,
1944:

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

*File
dash*

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.

*file
mm*