

SR# 2-29816976717

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

Source: Research Room Walk-ins
Complexity: Others
Search Type: 1st Search



2-DP49AI1

Non-Registry Block:
Registry Number: ***00000 413 385***
Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***15W***
Reg Veteran's Name: *BENNETTS ROBERT E*
SR Veteran's Name: *BENNETTS, ROBERT E*
SSN:
DOB: *06/25/1900*
POB: *MI*
SVN/SSN: *003042005*
Service Code: *CG*
Service Number:

SR Number: 2-29816976717
Search Section: 5

Record Charged to:
Name: James Hebert
Room#: 158
Phone#: 3148010870

Core: Archival
Team: Public Research Room

Searcher Name: CTHIRDKILL

Initials: _____

Date: _____

Notes:



2-DP49AI1

All Records Ordered for this Service Request:
2-DP49AI1

Service Request Received in Center Date:		07/29/2024 00:00:00
Search Request Created By:	JMHEBERT	07/29/2024 14:19:09
Search Request Printed By:	DRWOLF	07/30/2024 10:07:48

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised 1938

#619

PE - E
66

HEALTH RECORD TO MED. DIV.

Service Record

BENNETTS
(Surname)

Robert Earl	(m) 3042-005	Nat. Born
(Christian names)	(Service No.)	(Citizenship)
B.M.2c.(R) ~~(S)~~	30 December, 1942	3 Years
(Enlisted as)	(Date)	(Term of years)
DISTRICT C.G.TRAINING STATION		HANCOCK, MICHIGAN
(Ship or station)		(Place)

16—9677

Disability - Anomaly, right kidney (aberrant vessel)
Presbyopia.

CERTIFIED FOR DISCHARGING-OUT
CODED
NO. 23



BENNETTS, Robert E.
(3042-005) B.M.2c (S)(R)
Born 25 June, 1900
Enlisted 12-30-42
Photo 12-30-42
Blue Eyes Dk.Br.Hr.
57"-Ht. 189-Wt.

MEDICAL DEPARTMENT, U. S. COAST GUARD

PHOTOFLUOROGRAPHIC EXAMINATION OF THE CHEST

STATION: SEPERATION CENTER NO. 9

DATE: 5-25-46 FILM NUMBER: 17200

NAME IN FULL: BENNETT S. ROBERT E.

RANK OR RATING: BM1C

SERVICE NUMBER: 3042-005

DATE AND PLACE OF BIRTH: 6-25-1900 Houghton Mich.

REPORT:

SURGEON, U. S. P. H. S.



S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT (3042-005)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,512,723

SUPERSEDES AUTH. NO. 972,158

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

BENNETTS, Robert E. (007-682) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE | SERVICE NUMBER | RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Alice B. Bennetts, Oskar Route, Houghton, Michigan.	Wife		

T MAY 46
DIS 5-29-46

BUREAU OF PERSONNEL
COPY

LETTER 2629

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: September, 1944

Delete Joan A. Bennetts, daughter; died 30 August, 1944

DATE 16 September, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
HANCOCK MICH	Frac. of rib	11-22-43	11-22-43	OP
MH CHICAGO	Renal hematuria, due to unk. cause	6-14-44	7-8-44	IP
MH CHICAGO	Anomaly, rt. kidney (undiag.) Not	8-27-44		
	treated		8-30-44	IP
MH CHICAGO ILL	Observation- kidney disease; Anomaly, rt. kidney (aberant vessel);	12-4-44		IP
	Presbyopia		12-13-44	
HOUGHTON MICH	Epidermophytosis	5/22/45		OP

NAME: BENNETTS, Robert E.

SERVICE NO.: 3042-005

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
DETROIT MC	No disease	5-27-46	5-29-46	OP

NAME BENNETTS, Robert

SERVICE NO. 3042-005

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT (3042-005)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 972,158

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

BENNETTS, Robert E. (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(007-682) (SERVICE NUMBER)

B.M.1c. (RATING)

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Alice B. Bennetts, Oskar Route, Houghton, Michigan.	Wife		
A		1	Joan A. Bennetts, Same.	Daughter	1	33

BUREAU OF PERSONNEL COPY

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Nov.,1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

DATE 14 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

B. N. P. 668

NAVY DEPARTMENT

PART 1

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

- ☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
- ☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- ☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 15 November, 1943

I. I, Bennetts (Last name) Robert (First name) Earl (Middle name) B.M.1c.(R) (Rate or rank)

U. S. COAST GUARD RESERVE (Organization) (3042-005) (Service or serial number)

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."

	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
1.	Bennetts	Alice	Blume	Wife	
	Oskar Route (Number and street or R. F. D.)		Houghton (City or post office)		Michigan (State)
2.	Bennetts	Joan	Alice	Daughter	January 10, 1933
	Oskar Route (Number and street or R. F. D.)		Houghton (City or post office)		Michigan (State)
3.					
	(Number and street or R. F. D.)		(City or post office)		(State)
4.					
	(Number and street or R. F. D.)		(City or post office)		(State)

MAY 4 1946 5-29-46 DIS T

(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 January 1, 1931 Marquette, Michigan

Date and place of marriage to divorced wife - - - - - - - - -

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, $ - - - - - - - -

Date alimony or support payment ceases - - - - - - - - - -

Name and location of court - - - - - - - - - - - - -

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

- - - - - - - - - - - - - -

16—29368-1

HI: [illegible] **CLASS B** **PART 1**

Consists of only the following relatives to whom you contribute a substantial portion of their support (father, mother, natural or adoption; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren)

Give following information as to each Class B dependent claimed:

1. NONE
(Full name) (Relationship) (Date of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

2. _____
(Full name) (Relationship) (Date of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

3. _____
(Full name) (Relationship) (Date of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

4. _____
(Full name) (Relationship) (Date of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

5. _____
(Full name) (Relationship) (Date of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

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

_____ _____ _____ _____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____ _____ _____ _____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____ _____ _____ _____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

State any other facts pertinent to this claim or in explanation thereof: Subject man occupying government quarters and $0.90 per day will be checked against his account for PUBLIC QUARTERS.

Robert Earl Bennetts
Robert Earl Bennetts
(Signature)

Subscribed and sworn to before me, this 15th day of November, 1943

P. H. Forner
(Signature)

P. H. FORNER, Lieut.
Commanding Officer
(Title)

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

16—29368-1

UNITED STATES COAST GUARD

U.S. COAST GUARD
OFFICE OF D.C.G.O.
CLEVELAND, 9TH N.D.

ADDRESS REPLY TO
Commanding Officer,
CGSta., Hancock, Mich.
AND REFER TO
File SP 7-08 46 1944
File 7831-522

MILITARY MORALE SECTION
RECEIVED
SEP 10 1944

SEP 9 '44 PM

4 September, 1944

To: The Commandant, U. S. Coast Guard, Military Morale Section, Washington 25, D. C.

Via: 1. Commanding Officer, CGSta., Hancock, Michigan
2. DCGO, Cleveland, Ninth Naval District

Subj: BENNETTS, Robert E. (3042-005) B.M.lc.(R)(S); family allowance cancellation of dependent

1. You are informed that my daughter Joan Alice Bennetts passed away on 30 August, 1944 and it is requested that she be cancelled as dependent from the family allowance which I have in effect at the present time.

Robert E. Bennetts
Robert E. Bennetts

Ind-1
CGSta., Hancock, Mich.
4 September, 1944

Forwarded.

Ralph D. Lohr
RALPH D. LOHR

Ind-2
DCGO, Cleveland 9th NavDist.
7 September, 1944

To: The Commandant, U. S. Coast Guard, Military Morale Section, Washington, D. C.

Forwarded for you information.

B. Kennedy
B. KENNEDY
By direction

Commanding Officer,
CGSta., Hancock, Mich.

File 783-522

4 September, 1944

To: The Commandant, U. S. Coast Guard, Military Moral Section, Washington 25, D. C.

Via: 1. Commanding Officer, CGSta., Hancock, Michigan
2. DCGO, Cleveland, Ninth Naval District

Subj: BENNETTS, Robert E. (3042-005) B.M.1c.(R)(S); family allowance cancellation of dependent

1. You are informed that my daughter Joan Alice Bennetts passed away on 30 August, 1944 and it is requested that she be cancelled as dependent from the family allowance which I have in effect at the present time.

Robert E. Bennetts

Ind-1
CGSta., Hancock, Mich.
4 September, 1944

Forwarded.

RALPH D. LOHR

Ind-2
ODCGO, Cleveland 9th NavDist.
7 September, 1944

To: The Commandant, U. S. Coast Guard, Military Morale Section, Washington, D. C.

Forwarded for you information.

B. KENNEDY
By direction

1. ADDRESS CODE	2. DATE	Veterans Administration	REQUEST FOR INFORMATION	3. VA FILE NUMBER
13	09-24-84			475 48 5549

4. DATA REQUESTED	5. TYPE OF REQUEST	6. TYPE OF CLAIM
SERVICE	ORIGINAL	BURIAL

7. BRANCH OF SERVICE	8. LAST NAME - FIRST NAME - MIDDLE INITIAL *(Under Which Served)*
COAST GUARD	BENNETTS, ROBERT, EARL

FROM

9. NAME AND ADDRESS OF VA REQUESTING OFFICE
VETERANS ADMINISTRATION (317)
POST OFFICE BOX 1437
ST. PETERSBURG FL 33731

10. VA INSURANCE NO.

11. SOCIAL SECURITY NO. 475-48-5549

12. DATE OF BIRTH 06-25-00

13. PLACE OF BIRTH

14. DATE OF DEATH 08-09-84

15. ORIGINATING UNIT
ADJUDICATION 2132

	16. DATE ENTERED ACTIVE DUTY	17. DATE SEPARATED FROM ACTIVE DUTY	18. CHARACTER OF SEPARATION OR DISCHARGE	19. SERVICE NO.	20. LAST GRADE, RATE, RANK OR ORGANIZATION	21. SEPARATION FORMS ON FILE
a.	12-30-42	05-29-46	HON	3042005	E-3 BOATSWAINS MATE	YES
b.						
c.						

22. SUBSEQUENT RESERVE OR RETIRED STATUS	23. OBLIGATION TERMINAL DATE	24. RETIRED STATUS
NONE		

	25. ALLEGED DISEASE OR INJURY	26. DATES OF TREATMENT	27. PLACE OF TREATMENT	28. TYPE
a.				
b.				
c.				

29. ADDITIONAL INFORMATION

30. ENDORSEMENT-VERIFICATION BY SERVICE DEPARTMENT *(Check applicable box(es))*

☐ AVAILABLE REQUESTED RECORDS FORWARDED

☒ ITEMS 8, AND 11 OR 19 *(Whichever number was used as the identifier)*, AND 16 THROUGH 18 VERIFIED CORRECT.

☐ ITEMS 8, AND 11 OR 19 *(Whichever number was used as the identifier)*, AND 16 THROUGH 18 VERIFIED CORRECT, EXCEPT:

N.C 10.2.84

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS				DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS			MEDICAL RECORDS		
			OTHER RECORDS					

VA FORM MAY 1982 00-3101-3

Exception to SF 180
Approved by General Services Administration, March 1969

EXISTING STOCKS OF VA FORM 60-3101-3 MAY 1981, WILL BE USED.

HOME ADDRESS REPORT

(This form is not to be used in case of a change in rank or rating, or induction into service through the Selective Service System. Mail both completed copies to respective Service Headquarters, Washington, D. C.)

1. BENNETTS (Last name) Robert (First name) Earl (Middle name)
2. B.M.2c.(R) (Rank or rating)
3. [X] White. [ ] Negro.

4. Entered Service 12 (Month) 30 (Day) 42 (Year)
5. Through [ ] Regular Army. [ ] National Guard. [ ] Navy. [ ] Marine Corps. [X] Coast Guard.
6. 3042-005 (Army Serial or Navy Service number)

7. Home address at time of entry into Service:
Oskar Route (Street or R. F. D. number) Houghton (City or town) Houghton (County) Michigan (State)

8. Date of previous separation, if any, from U. S. Land or Naval Forces 9 (Month) 13 (Day) 27 (Year)

FOR THOSE ENLISTED MEN WHO HAVE REGISTERED AT A SELECTIVE SERVICE BOARD

9. Local Board of origin (special care must be taken in giving correct Local Board address and number) Michigan (State) Houghton (County) #2 (Local Board number) 11556 (Registrant's Selective Service order number)

Robert Earl Bennetts (Signature)

D. S. S. Form 166
(Rev. 1-15-42)

GPO 16—18432-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

Authority for enlistment H/D 142027 Dec., 1942.

UNITED STATES { ~~COAST GUARD~~ / COAST GUARD RESERVE } CLASS S

ENLISTMENT OF BENNETTS, Robert Earl (Full name, surname to left); 3042-005 (Service number); $96.00 (Pay per month)

Accepted for enlistment at Hancock, Michigan; B.M.2c., U.S.C.G.R. (Rating in which enlisted)

Enlisted at Hancock, Michigan; 30 December, 1942. (Date of enlistment)

Transferred to PORTAGE LAKE SHIP CANAL LIGHT STATION

Occupation 1st. Asst. Lt. House Keeper Citizenship* Nat. Born If naturalized, place and date of naturalization -- Certificate No. --

Date of birth 25 June, 1900 Place of birth Houghton County, Michigan

Home address Oskar route, (Street and number) Houghton (Town) Houghton county, (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian Alice Blume Bennetts, (wife) Oskar route, Houghton County, Michigan.

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

3042-005 (File or service No.) BENNETTS, Robert E. (Surname, First name, Initial) BM1c, USCGR (Rank or rating and branch of service)

29 May, 1946 (Date discharged or released from active duty) CG PerSepCen#9, Detroit, Michigan (Activity from which discharged) 60 Days or More (Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? Enter Yes or No NO

COMMANDING OFFICER'S CERTIFICATE:

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

(Sign original only)

J. A. WILLIAMSON, Lieutenant, USCG
(Name and signature of officer authorized to sign in accordance with article 3025(2) N.R.)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? NO (Enter Yes or No)

Robert E. Bennetts
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:
(Omit address if service is LESS than 60 days)

- - - - - - - - - - - - (Number) (Street)

Houghton, Michigan
(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 1-8-46 (Public voucher) 1326 (Check number) MAY 27 1946 MAY 29 1946 (Date)

1323 46

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

HOMER E. McCULLOUGH
Lt. (jg) USCG

Symbol 551-044

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

16—8420-2

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

Authority for enlistment
H/D 142027 Dec., 1942.

UNITED STATES { ~~COAST GUARD~~ / COAST GUARD RESERVE } CLASS S

ENLISTMENT OF BENNETTS, Robert Earl (Full name, surname to left); 3042-005 (Service number); $96.00 (Pay per month)

Accepted for enlistment at Hancock, Michigan; B.M.2c., U.S.C.G.R. (Rating in which enlisted)

Enlisted at Hancock, Michigan; 30 December, 1942. (Date of enlistment)

Transferred to PORTAGE LAKE SHIP CANAL LIGHT STATION

Occupation 1st. Asst. Lt. House Keeper Citizenship* Nat. Born If naturalized, place and date of naturalization -- Certificate No. --

Date of birth 25 June, 1900 Place of birth Houghton County, Michigan

Home address Oskar route, (Street and number) Houghton (Town) Houghton county, (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian

Alice Blume Bennetts, (wife) (Relationship) Oskar route, Houghton County, Michigan. (Address)

Continuous Service Certificate --- (Number) Previous service { Coast Guard / Reserve } 7 (Years) 4 (Months)

First enlisted 13 March, 1919 (Date) at Marquette, Michigan (Place)

last discharged 13 September, 1927 (Date) from Cutter LEGARE (Unit)

with Honorable (Character) discharge as C.Mo.M.M. (Rate) No. 5

Previous Navy service ---- (Years) (Months) (Days) Previous Marine Corps service --- (Years) (Months)

Previous Army service ---- (Years) (Months) (Days) Age 42 years 6

Height 5 feet 7 inches. Weight 189

Eyes Blue Sex Male Hair Dk. Brown Complexion Ruddy Color

Personal characteristics ---- marks, etc. Non

For and in consideration of the pay or wages due to the ratings which may from time to time be assi
the continuance of my service, I agree to and with F. C. SOLLMAN of the United States Coast Gu

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be
and to the utmost of my power and ability discharge my several services or duties and be in everything c
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 { three (3) years from 30 December / during minority until

unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR"
Rico.

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 6 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, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard 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 proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; 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 Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, 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 and for 6 months thereafter.

Fifth: 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, Robert E. Bennetts, 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 laws of the United States and the regulations governing the Coast Guard.

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

Robert E. Bennetts

Robert E. Bennetts

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 30 day of December, A. D. 1942

F. C. Sollman

F. C. SOLLMAN, Lieutenant (jg), U.S.C.G.

(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer

(Title)

Citizenship substantiated and contract perfected.

F. C. Sollman

F. C. SOLLMAN

Lieutenant (jg), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....

(Signature of man)

.....

(Signature of commanding officer)

16—8420-2

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (REV. 10-45)

SR

NAME	SERVICE NUMBER	RATING
BENNETTS, Robert E.	3042-005	BMlc, USCGR
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL SEPARATION CENTER NO. 9	Detroit, Michigan	25 May, 1946
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING 3.50	CONDUCT 4.0

PE-E 66

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)

PFWOAD: Hancock, Michigan

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

☐ NONE ☐ ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

☒ SURRENDERED ☐ NOT SURRENDERED (Explanation below)

ADDRESS SUBSEQUENT TO DISCHARGE:
Houghton, Michigan

ID CARD SENT TO IDENT SEC(INT)

(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
1600 5/27/46	Honorable	B118371
REASON	**AUTHORITY**	
19 Expiration of Enlistment	Alcoast 57-46	

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

☐ 1 HONORABLE DISCHARGE BUTTON ☐ 1 HONORABLE SERVICE BUTTON ☐ 1 HONORABLE SERVICE SSC#119857

SIGNATURE OF DISCHARGEE
Robert E. Bennetts
Robert E. Bennetts

MUSTERING OUT PAY (Check)

MRP 131.10

☒ ENTITLED TO & CERTIFIED FOR M.O.P. ☐ NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: Detroit, Michigan	TO: Hancock, Michigan	27.80
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of discharge)	CHECK NO.	NAME OF PAY OFFICER
85.99	Cash	HOMER E. MC CULLOUGH, Lieutenant, USCG Symbol 551-044

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	3	4 5	0 ~~28~~ 30

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE	
J. A. WILLIAMSON, Lieutenant, USCG By direction	USCG PERSONNEL SEPARATION CENTER NUMBER 9

brr

CODED
NO. 23

(P)

ND

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

SERVICE RECORD

RECORD OF BENNETTS, Robert E. (Full name, surname to the left) 3042-005 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
DCGTS, Hancock, Mich.	12-30-42	F. C. Dollman	PLSC Lt. Sta.	12-30-42	F. C. Dollman
PLSC Lt. Sta. Mich	5-2[illegible]-46	[illegible]			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
PORTAGE STATION	B.M.1c, (R)	5-1-43	[illegible]

2—13678

RECORD OF BENNETTS, Robert E. 3042-005

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Mech. ability	Ability as leader of men	Seamanship	Adaptability for warrant grade	Vessel or station	Signature
12-31-42	3.5	4.0	3.5	3.4	3.5		PLSCLS-Houghton	F. C. Sullyman Lt. jg.
3-31-43	3.5	4.0	3.5	3.4	3.5		PLSCLS-Houghton	F. C. Sullyman Lt. jg.
6-30-43	3.5	4.0	3.5	3.4	3.5		PLSC IS-HOUGHTON	Charles Smyth
9-30-43	3.5	4.0	3.5	3.4	3.5		CG Sta. Hancock	P. Hforner
12-31-43	3.5	4.0	3.5	3.4	3.5		CG Sta. Hancock	P. Hforner
3-31-44	3.5	4.0	3.5	3.4	3.5		CG Sta. Hancock	Ralph D. Lohr
6-30-44	3.5	4.0	3.5	3.4	3.5		CG Sta. Hancock	Ralph D. Lohr
9-30-44	3.5	4.0	3.5	3.4	3.5		CG Sta. Hancock	Ralph D. Lohr
12-31-44	3.5	4.0	3.5	3.4	3.5		CGSta., Hancock	Ralph D. Lohr
3-31-45	3.5	4.0	3.5	3.4	3.5		Grp, Hancock	Ralph D. Lohr
6-30-45	3.5	4.0	3.5	3.4	3.5		Grp, Hancock	Frank F. Petrishi
9-30-45	3.5	4.0	3.5	3.4	3.5		Grp. Hancock	Frank F. Petrishi
12-31-45	3.5	4.0	3.5	3.4	3.5		Grp. Hancock	James E. Colling - CBM
5-23-46	3.5	4.0	3.5	3.4	3.5		Grp. Hancock	August O. Rumpula CBM
Average								

Upon receipt of enlistment record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF BENNETTS, Robert E. 3042-005
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
		Entitled to World War II Victory Medal (Authority: Almav 352)	By direction
		Entitled to American Area Campaign Medal (Authority: Almav 351)	By direction
CG PerSepCen#9,Det	5/27/46	Issued Good Conduct Medal	By dir

RECORD OF BENNETTS, Robert E. 3042-005

(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
DCGTS, Hancock, Michigan	4-21-43	C.G. Acheivment Test M.A.148	F. C. Sollman F.C. SOLLMAN, Lt. (jg)
Fort Brady Range	9-30-43	Pistol - 162 - U.	P. H. Forner
Fort Brady Range	9-30-43	Rifle - 113 - U.	P. H. Forner

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
PLSCLS, Hancock, Mich.	12-30-42		Active	
DCGTS, Hancock, Mich.	12-30-42	Assigned active duty PFWOAD		Frank F. Petarski
Balled active duty at Hancock, Mich. 12/30/42				

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF BENNETTS, Robert E. (Full name, surname to the left) 3042-005 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
DCGTS, Hancock, Mich.	12-30-42	1st.yr.	Credit	-30-	-0-	F. C. Sollmann Lt.jg.
CG Station, Hancock	8-23-43	8-29-43	5	25		P. A. Forner
CG Station, Hancock	12-30-43	2nd year	accrual	30	0	Ralph D. Fohr
CG Station, Hancock	9-1-44	9-7-44	5	25	0	Ralph D. Fohr
CG Sta., Hancock	12/30/44	3rd yr	accural	30	0	Ralph D. Fohr
CGGrp, Hancock	3-7-45	3-23-45	15	15	0	Ralph D. Fohr

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 2146 A

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BENNETTS, Robert E.	3042-005	BMlc USCGR

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG PERSEFCEN#9		Detroit, Mich.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
		5-27-46

TIME 1700
DATE 5-24-46

REPORTED FROM: CG GRP., HANCOCK, MICHIGAN
FOR duty and discharge from the USCGR.

DUTY CODE NO.

AUTH: COM9CGD/D 220340Z (MAY, 1946).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

J. A. WILLIAMSON, Lieut. USCG
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☑ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
C.G. GROUP HANCOCK	Hancock, Michigan	2-22-46	73-531

TO (insert name, surname first, Service No., rank or rating):

BENNETTS Robert E. 3042-005

1. In accordance with NCGO, Cleve/D 2203402 { copy / certified copy / original of which is attached

PROCEED TO 7600 E. Jefferson St. Detroit, Michigan

REPORT TO Commanding Officer, USCG Separation Center No. 9 (Detroit)

FOR Temporary duty and Discharge in Accordance with PB No. 94-45

2. You will take charge of the None additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

TRAVELER'S NAME(S) (Addressee)	SERVICE No.	RANK OR RATE	RECORDS ATTACHED (Indicate by check (✓) records included for each person)			
			SERVICE	HEALTH	PAY	OTHER
Robert E. Bennetts	3042-005	BM1c	Yes	Yes	No	None

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against Cleve/Dist travel allotment, symbol 19-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by Art. 219, P&SI and indicated below, is (AUTHORIZED) (~~DIRECTED~~).

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
Ncg 662-345	Coach	Hancock, Mich	Detroit, Mich	DSS&A and MC	-1-	14 55
Ncg 662-348	Pullman	Mackinaw City, Mich	Detroit, Mich.	Pullman Co. MC	-1-	220

MEAL TICKET(S) ISSUED (Surrender unused or spoiled tickets at destination).

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
1066317 - - - - - - -	1066318 - - - -	-2-	-2-

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR	MODEL AND YEAR	LICENSE No.	STATE

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

OTHER (specify):

None

Houghton, Mich.
Oskar Raute

ISSUED ITEMS AS DESCRIBED ABOVE.

August Kumpula
August Kumpula CMoMM
(Signature)

Officer in Charge, Act. C.G. GROUP, Hancock, Mich
(Title) (Unit)

(OVER)

16—40626-2

~~420~~ 489 (4) P 231

4. LEAVE OF ABSENCE in the amount of no days and no days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From Hancock, Michigan (Specific location) To PTWOAD if qualified by authorized person at PerSepCen

6. DELIVERED AND DEPARTED at 0800 (Time) on 23 May, 1946 (Date)

August O Kumpula
August Kumpula CMoMM, USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT Keweenaw Upper Entrance LB Sta (Place) on 23 May, 1946 (Date) at 0800 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

Robert E. Bennetts
Robert E. Bennetts BMlc.
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

UNIT AND PLACE OR ADDRESS	TIME DATE	GOVERNMENT FACILITIES FURNISHED (Yes or No)		SIGNATURE
		QUARTERS	SUBSISTENCE	
	Reported			
	Departed			
	Reported			
	Departed			
	Reported			
	Departed			

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

CG PerSepCen. #9 (Unit)	Detroit, Mich. (Place or address)	1700 (Time)	5-24-46 (Date)

By Direction
J. A. WILLIAMSON
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

SPECIAL INSTRUCTIONS

U. S. GOVERNMENT PRINTING OFFICE 16—40636-2

UNITED STATES COAST GUARD
Detroit, Mich.
Personnel Separation Center No. 9

INFORMATION FURNISHED DISCHARGEES BY CRO OFFICE:

1. ✓ LAST CIVILIAN JOB
2. ___ [illegible] JOB
3. ___ CARD TO FORMER EMPLOYER
___ YES ___ NO
4. ___ CIVIL SERVICE (Federal, State, Local)
_____
5. ___ UNEMPLOYED ALLOWANCE
6. ___ APPRENTICE JOB TRAINING
7. ___ EDUCATIONAL INFORMATION
8. ___ REHABILITATION TRAINING
9. ___ HOSPITAL OR MEDICAL CARE
10. ___ DISABILITY PENSION
___ DID FILE 5-27 DID NOT _____ DATE
11. ___ REVIEW OF DISCHARGE
12. ___ LOAN GUARANTY
13. ___ PERSONAL PROBLEMS (CHAPLAIN)
14. ___ HOME PROBLEMS (RED CROSS)
15. ___ INSURANCE
16. ___ WAR BONDS
17. ___ INCOME TAX
18. ___ LEGAL ASSISTANCE
19. ___ E. H. I. C.
20. ___ WEARING OF UNIFORM
21. ___ LAPEL BUTTON
22. ___ TRAVEL ALLOWANCE
23. ___ DRAFT STATUS
24. ___ PAY PROBLEMS (Personal dependents, claims, family, allotments)
25. ___ MUSTERING OUT PAY
26. ___ SURPLUS WAR PROPERTY
27. ___ REFERRED TO:
___ U. S. E. S.
___ V. A.
___ RED CROSS
___ CHAPLAIN
___ LEGAL OFFICER

I have had the above-checked information explained to me.

Robert E. Bennetts
(Signature of Dischargee)

J. R. Thomas
(Interviewer)

Robert E. Bennetts
(Print name of Dischargee)

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE - COAST GUARD

NAVCG-553 (Rev. 9-44)

1. NAME (LAST) (FIRST) (MIDDLE)	2. RATE OR RANK	3. PAY GRADE	4. C. G. SERVICE NO.
BENNETTS, Robert E.	BM1c(R)	second	3042-005

5. PERMANENT ADDRESS FOR MAILING PURPOSES	6. RACE	7. SEX	8. DATE OF BIRTH
Houghton, Michigan(Houghton)	White	Male	25 June, 1900

9. ADDRESS FROM WHICH DISCHARGEE WILL SEEK WORK (IF DIFFERENT FROM ITEM #5)	10. MARRIED YES	10. MARRIED NO	11. NO. OF DEPENDENTS	12. U. S. CITIZEN YES	12. U. S. CITIZEN NO
Same as Item #5	X		1	X	

RECORD OF COAST GUARD SERVICE

SELECTIVE SERVICE DATA ▶	13. REGISTERED YES	13. REGISTERED NO	14. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	15. LOCAL BOARD NO., COUNTY AND STATE
	X		Same as Item #5	Houghton, Michigan

16. PLACE OF ENTRY INTO SERVICE	MO.	DAY	YR.	17. PLACE OF SEPARATION FROM SERVICE	MO.	DAY	YR.
Hancock, Michigan;Active duty	12	30	42	CG PerSepCen#9, Detroit,Michigan	5	29	46

18. CHARACTER OF DISCHARGE	19. LENGTH OF FOREIGN AND/OR SEA SERVICE WORLD WAR II	YEARS	MONTHS	DAYS
Honorable	No			

20. SERVICE SCHOOLS ATTENDED	COURSES	WEEKS	21. OFF DUTY EDUCATIONAL COURSES	CLASS HOURS
NONE			NONE	

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

22. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (GIVE FIRM NAME AND ADDRESS)	DATE LEFT
Lighthouse keeper	12-42

23. USUAL CIVILIAN OCCUPATION (D.O.T. TITLE AND BRIEF DESCRIPTION)	24. JOB FIELD PREFERENCE
Lighthouse keeper 5-61.310	Same as Item #23

25. JOB AID DESIRED? YES	25. JOB AID DESIRED? NO	26. LOCALITY PREFERENCE (GIVE GENERAL AREA)
X		Houghton, Michigan

27. NON-SERVICE EDUCATION	ENTER NUMBER OF YEARS COMPLETED: GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE	28. MAJOR COURSE OR FIELD
	8	0	0	- - -

29. VOCATIONAL OR TRADE COURSES (INDICATE NATURE AND LENGTH OF COURSES)

3 months - auto repair

30. PREFERENCE FOR ADDITIONAL EDUCATIONAL TRAINING

NONE

31. REMARKS

* Item 2, Boatswain's Mate, first class, USCGR
* Item 8, Born: Houghton county, Michigan
MEDALS: Good Conduct; World War II Victory; American Area;

SS# - Unknown

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Coast Guard and that a copy of this form has been delivered to him in person.

32. [signature] (SIGNATURE OF DISCHARGING OFFICER)

R. B. FOSSEE, Lieutenant, USCGR
Civil Readjustment Officer

(TYPE NAME AND RANK OF DISCHARGING OFFICER)

33. SIGNATURE OF DISCHARGED PERSON: Robert E. Bennetts

Robert E. Bennetts

DATE 29 27th May, 1946

2

TO: COAST GUARD HEADQUARTERS

UNITED STATES COAST GUARD
Detroit 14, Mich.

Address reply to
COMMANDING OFFICER
CG PerSepCen #9
And refer to: 701
29 783
27 May, 1946

To: **BENNETTS, Robert E. (3042-005) BMlc, USCGR - PRESENT**

Subj: Discharge from the United States Coast Guard (Reserve)

1. Under authority of **Alcoast 57-46** you are hereby discharged from the U. S. Coast Guard (Reserve) effective this date with: **Honorable Discharge Certificate No. B118371, by reason of Expiration of Enlistment.**

2. The following information if for your guidance and to aid you in ascertaining your status subsequent to discharge:

(a) Any attempt to reenlist in the U. S. Coast Guard or other branches of the Service without revealing fact, character, and reason of last discharge is a serious offense.

(b) You are permitted to retain uniforms upon discharge and may wear same from place of discharge to your home within 90 days after date of discharge. You are not permitted to wear uniform after arrival home, even though the 90-day period has not expired. The uniform, if worn, shall be worn in such a manner as not to discredit the Service. Except for overcoat, shoes or raincoat, no outer or distinctive parts of uniform shall be worn with civilian clothing.

(c) You should register with the proper local Board of Selective Service immediately subsequent to discharge.

(d) You are required to surrender all identification cards in your possession and you shall not hereafter use any identification card issued during service in the Coast Guard.

(e) Medical relief will be furnished by the U. S. Public Health Service in the event that application therefor is made within 3 days subsequent to discharge.

(f) You will be afforded every assistance in seeking employment upon application to the U.S. Employment Service via nearest facility of the Veterans' Administration.

(g) In the event you carry Government insurance and desire to continue it subsequent to discharge, the premiums should be forwarded direct to the Veterans' Administration, Washington, DC, the first premium being accompanied by a statement of information indicating address, fact of discharge, description of policies, etc.

(h) Should you desire to submit an application for a pension, the following records will be prepared at your request and forwarded to the nearest applicable regional office of the Veterans' Administration:

(1) Application for pension (VA 526)
(2) Typed or photostatic copy of Form 2525B(Report of Physical Exam)
(3) Typed or carbon copy of medical record
(4) Copy of report of Board of Medical Survey
(5) Statement as to type, character, etc. of discharge issued
(6) A letter of transmittal listing items 1 to 5 hereof as inclosures

3. Acknowledgement of receipt by indorsement hereon is requested, indicating your address subsequent to discharge.

E. H. SPURLOCK,
By direction

Incls
1. HD Serial No. **B118371**
2. HD Button 3. HS Button 4. HS Emblem

Ind-1
Detroit, Michigan
27 May, 1946
29

I hereby acknowledge receipt of the foregoing information, Honorable Discharge Certificate, Serial No. **B118371**, Honorable Discharge Button, Honorable Service Button and Honorabl Service Emblem. I indicate my address subsequent to discharge as: **Houghton, Michigan;**

Robert E. Bennetts
Robert E. Bennetts

UNITED STATES COAST GUARD
Detroit 14, Mich.

Address reply to
COMMANDING OFFICER
CG PerSepCon #9
And refer to: 701
783
29
27 May, 1946

To: **BENNETTS, Robert E. (3042-005) BMlc, USCGR - PRESENT**

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(5) Statement as to type, character, etc. of discharge issued
(6) A letter of transmittal listing items 1 to 5 hereof as inclosures

3. Acknowledgement of receipt by indorsement hereon is requested, indicating your address subsequent to discharge.

E. H. SPURLOCK,
By direction

Incls
1. HD Serial No. **B118371**
2. HD Button 3. HS Button 4. HS Emblem

Ind-1
Detroit, Michigan
27 May, 1946
29
I hereby acknowledge receipt of the foregoing information, Honorable Discharge Certificate, Serial No. **B118371**, Honorable Discharge Button, Honorable Service Button and Honorabl Service Emblem. I indicate my address subsequent to discharge as: **Houghton, Michigan;**

Robert E. Bennetts
Robert E. Bennetts

MEDICAL HISTORY QUESTIONNAIRE

NAME: BENNETTS ROBERT E RATE: BM 1C AGE: 45 DATE: 5-25-46

HOME ADDRESS HOUGHTON MICH.

You are asked to answer these questions carefully in order to help your Medical examination, and to make certain that your final records are completed properly. Be as complete as possible, for your own protection. If you need more space, use the back of the paper.

What kind of discharge are you getting? Underline: Overage Underage Dependecny Convenience of the Government Release from active duty

How long have you been in the service? 3 YRS 4 mo 16

How much ashore: ALL Overseas? NONE At sea? NO

Have you been in combat: NO If yes, where: ___ tell about it. ___

What injuries or disabilities have you received while in the service? Sholder.

Were you treated for any illnesses which are not in your health record, but which you want noted? If yes, tell about it. yes

Have you been nervous or worried about anything while in the service? no

Do you require any medical attention or hospitalization for any reason at the present time? yes

Are you worried or nervous about anything now? Do you wish to speak to the psychiatrist? no

Do you plan to apply for a disability pension? (Note: If there is any doubt in your mind about this, it is best for your own protection to file an application at this time to establish any possible claim.) If yes, list your complaints in detail. yes

Have you any other medical questions to ask or statements to make?

yes.

INTERNATIONAL BLOOD TYPE "A"

BENNETT

(Surname in capital letters)

Robert Earl

(Christian name(s) in full)

(M) 3042-005

(Service number)

HEALTH RECORD, U. S. COAST GUARD

RANK OR RATING _____

CHANGES

Cr fr B.M.2c to B.M.1c - 5/1/43

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

Protestant

Form NCG-2525
October 1936

16—30671-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert (Name, surname first) | 3042-005 (Service number) | BM1c (Rank or rating) | CGSEPARATION CENTER (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place Detroit, Michigan, Date 27 May 19 46

To: MEDICAL OFFICER IN CHARGE, U.S. MARINE HOSPITAL

Detroit, Michigan

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDING OFFICER, CGSEPARATION CENTER

Robert E. Bennetts
(Signature of patient)

R. J. Bussey
R. J. BUSSEY, Lieut.
By direction
U. S. Coast Guard.

Robert Bennetts

RETURN MEDICAL CERTIFICATE

Place USMH, Detroit, Michigan, Date 29 May, 1946, 19

I CERTIFY that I have examined the above-named person and find him suffering from

No Disease, Y00-000

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USMH {*hospital / *office} on 27 May, 1946, 19

A. J. Hruby, Jr., Asst. Surg., (R) USPHS

U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert (Name, surname first) 3042-005 (Service number) BM1c (Rank or rating) COSEPARATION CENTER (Unit)

REGULAR
~~VOLUNTEER~~
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Detroit, Michigan, Date 29 May, 1946, 19

To: COMMANDING OFFICER, COSEPARATION CENTER
(Coast Guard unit)
Detroit, Michigan
(Address)

The above-named patient was discharged from {~~*inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No Disease	Y00-000	5-27-46	5-29-46

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*Yes. / *~~No.~~} Guilty of insubordination? {*Yes. / *~~No.~~}

A. J. Hruby

~~A. J. Hruby, Ass't. Surg. (R) USPHS~~

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

speci

SPECIAL EXAMINATION AND TREATMENT REQUEST

FILE NO. 17200 DATE 5-25-46

NAME BENNETTS, Robert RATE BM1c SER.NO 3042-005

DIAGNOSIS t.b. suspect

EXACT EXAMINATION DESIRED 14 x 17 x-ray

U.S.P.H.S.

REPORT

14 x 17 x-ray reported paranchymal infiltrations in upper lobes of both lungs, with questionable cavitation in right apex. Bilateral apical tuberculosis. To hospital.

/s/ R. J. HURBY

J.P. IANNOTTI
SURG.(R)USPHS

U.S.P.J.S.

(Special forms and outlines may be stamped on fromt & back)

N. C. G.-2525 E
March 1938

TERMINATION OF HEALTH RECORD

Name BENNETTS, Robert E.

Rating BM1c Service Number 3042-005

Place Detroit, Mich. Date 5/29/46

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted

1 possible kidney stones

1 varicose veins asymptomatic

In my opinion those numbered 1 are incident of service.

In my opinion those numbered ---------- are not incident of service.

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

J.P. IANNOTTI, SURG(R)
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s)

That I have the following defect(s) RELIEF

TROUBLE Kidney

Right Shoulder

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

Robert E. Bennetts

Robert E. Bennetts, BM1c
Rank or Rating, U.S. Coast Guard.

Service terminated 29 May, 1946
(Date)

At C. G. Separation Center, Detroit, Mich.
(Place)

By reason of EXPIRATION OF ENLISTMENT
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

R. J. BUSSEY, LIEUT.
(Rank), *Custodial Officer.*

16—26760-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BENNETTS Robert E. Service Number 3042-005
(Surname first)

Age: Years 45 Months 11 Color W

For: _____
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1c

Place Detroit Mich Date 5-28-46

Personal Medical History _____

_____

30 25

Vision: R.E. 20/ ~~20x25~~ L.E. 20/ ~~20~~ Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? no Test used plates

Hearing: Conversational speech R.E. 30/ ~~20~~ 26 L.E. 30/ 26

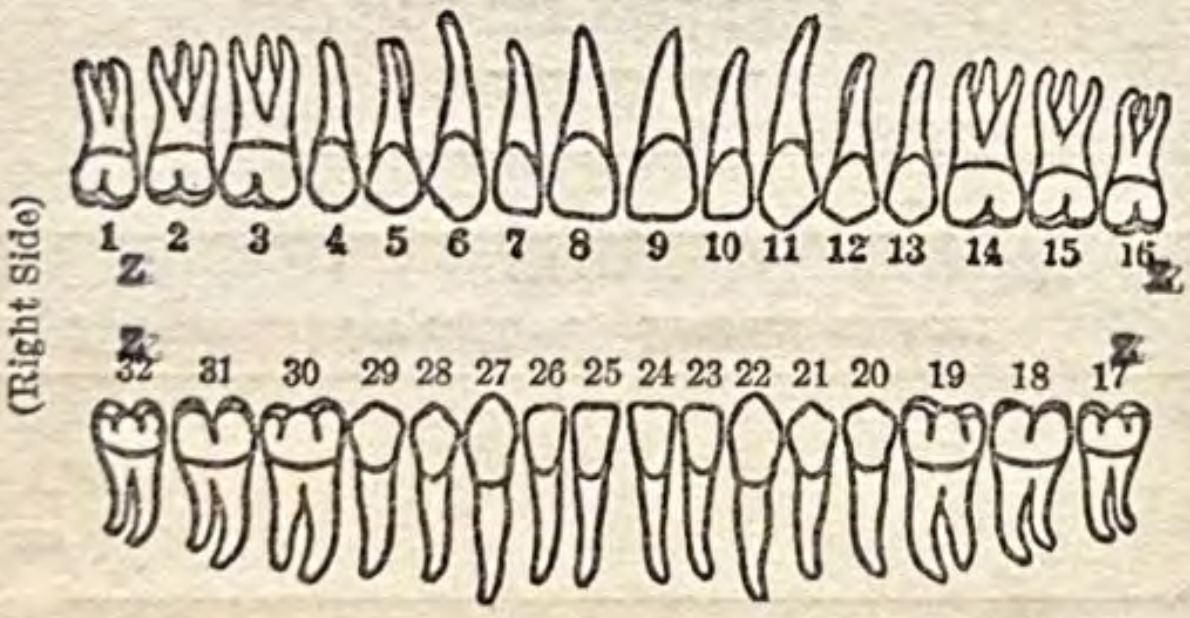
Eyes, eyelids, and reflexes ~~norm~~ normal

Ears: Right ~~normal~~ normal Left ~~normal~~ normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal 67 185 Temperature 98.6

Height _____ inches. Weight (stripped) _____ Lbs. Obesity _____

Skin ~~normal~~

Lymph. glands normal

Chest: Inspiration 44 Expiration 40

Heart and blood vessels normal

Blood pressure: Systolic 128 Diastolic 80

Pulse before exercise 80, after exercise 120, after 2 min. 84

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs possible kidney stones

Spine and extremities varicose veins asymptomatic

Nervous and mental conditions normal

Urine: Albumin 0 Sugar 0 Shreds _____

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1.018

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____%. Reds _____ Whites _____

Wassermann or Kahn test; Date 5-28-46 Result neg

16—27070-1

REMARKS: ~~35mm xray~~ 5-28-46

CERTIFICATE

~~W~~ I } certify that { ~~We~~ I } have personally made this physical examination and find that BENNETTS Robert E

He is physically qualified for discharge
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

J.P. IANNOTTI SURG(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG 2525-A

DENTAL RECORD

(To be filled in by the Dental Officer)

BENNETTS
(Surname)

Robert Earl
(Given name-s)

B.M. 1/c (M) 3042-005
(Rank or rate) (Service number)

INSTRUCTIONS

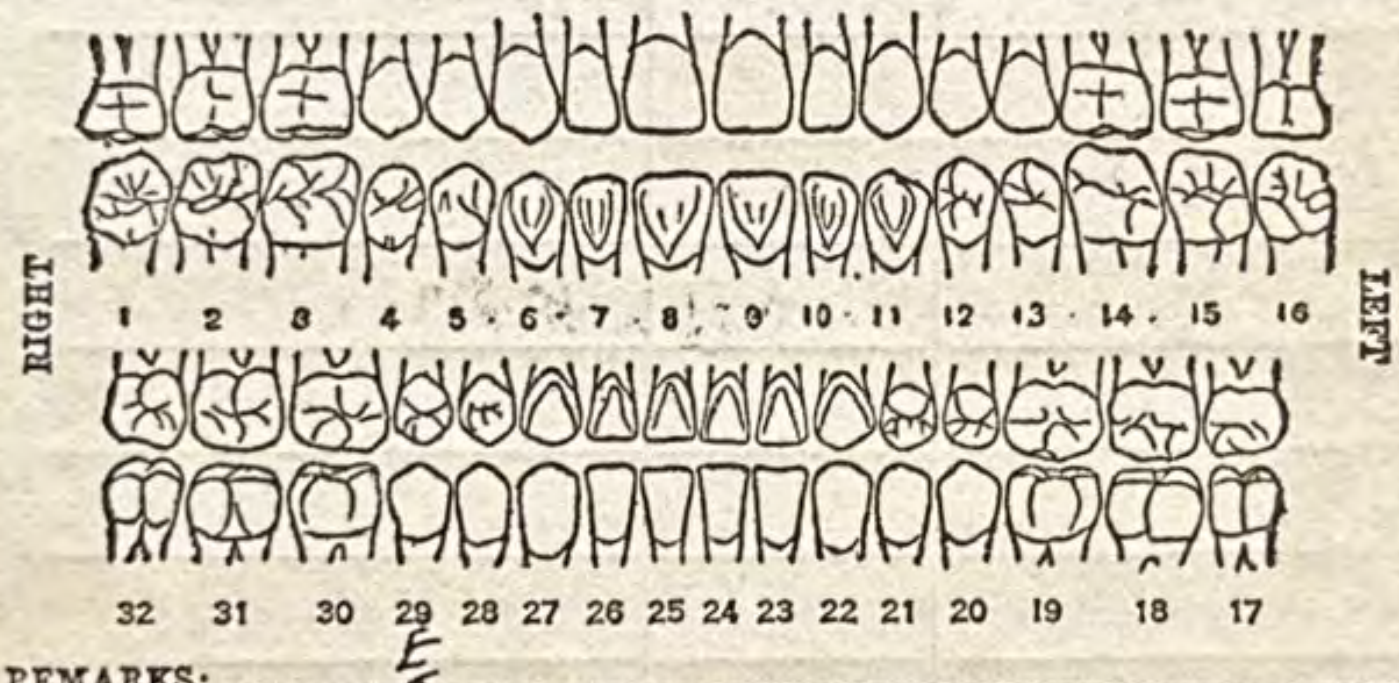
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS: E 5

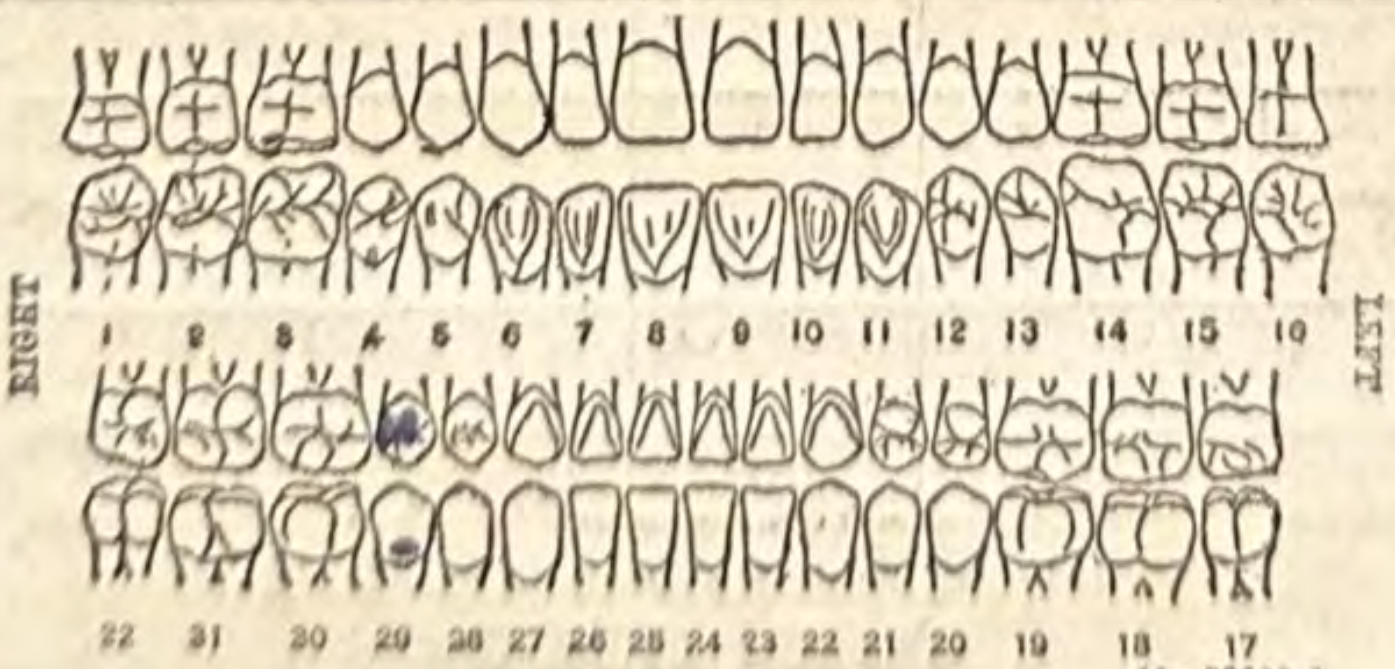
CG Group, Hancock, Michigan 10/30/45

R. J. Tofte

R. J. Tofte, P.A. Dental Surgeon (R) USPHS

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—30266-1

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Examination	10/30/45	
Prophylaxis		R.J. Tofte
# 29-E & #29-S aaa		R. J. Tofte

16-30206-1

NCG 2525-A

DENTAL RECORD

(To be filled in by the Dental Officer)

Bennetts
(Surname)

Roberts
(Given name-s)

B.M.1c (M) (3042-005)
(Rank or rate) (Service number)

INSTRUCTIONS

The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

Examined
R.A. Wallberg.
Dental Surgeon

12/5/44

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—30266-1

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Exam	12/5	a q w.
Silicate filling #10 G.	12/8	M C M.
Silicate #2 H Alloy #13 B	12/13	M C M.
Pon Sh.		M C M
Case Completed.		

U. S. GOVERNMENT PRINTING OFFICE 15—30203-1

Hancock, Mich

NCG 2525-A

DENTAL RECORD

(To be filled in by the Dental Officer)

Bennett
(Surname)

Robert
(Given name-s)

B.M. 1c (M)(3042-005)
(Rank or rate) (Service number)

INSTRUCTIONS

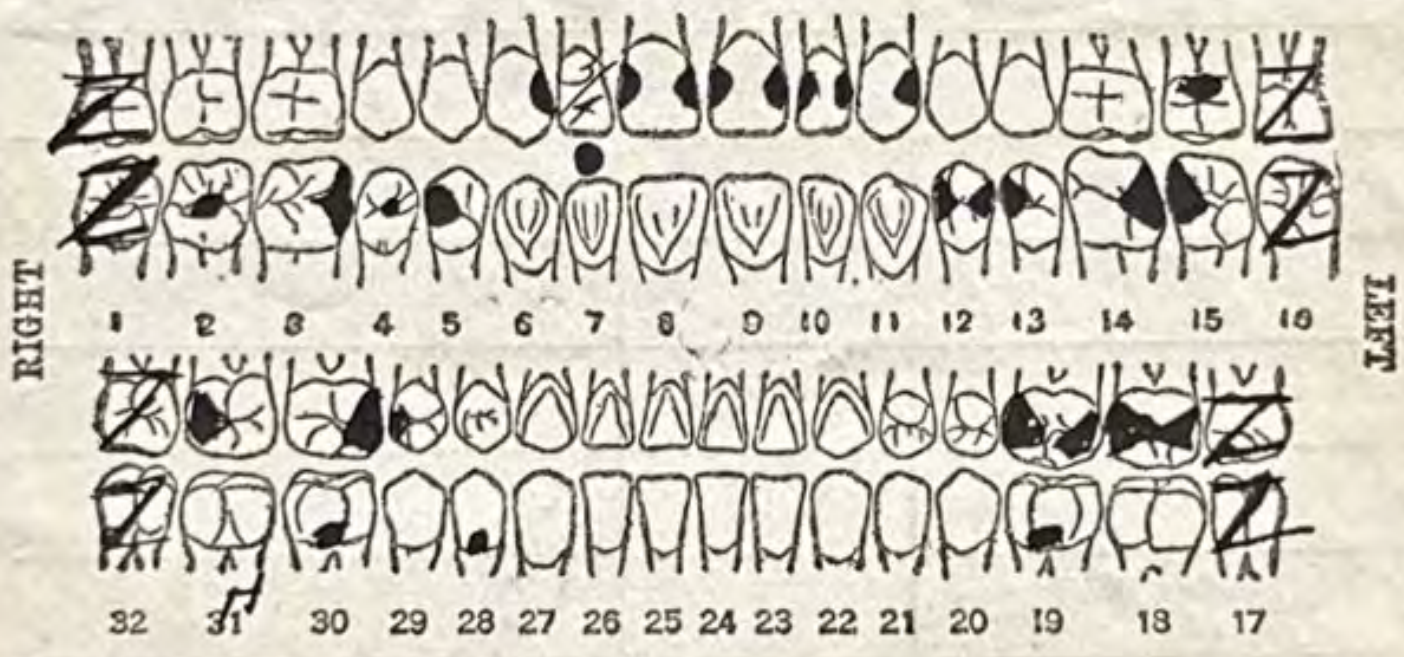
The Dental Record will be inserted as the top sheet in the Health Record.

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The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

4/19/44 R E Conwell

R.E. Conwell P.A. Dental Surg (R) USPHS

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS

16—80266-1

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Exam X Ray #19	6/19	Rec
3/4 alloy	6/23	aGB
Scaling	"	aGB
	Comp	
Examination	9/15/44	M. J. Bump
E15 Alloy	9/15/44	"
Scaling, Prophy		

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

BENNETTS, Robert E.

(Surname)

(Given name-s)

B.M. 2c.

(Rank or rate) (Service number)

INSTRUCTIONS

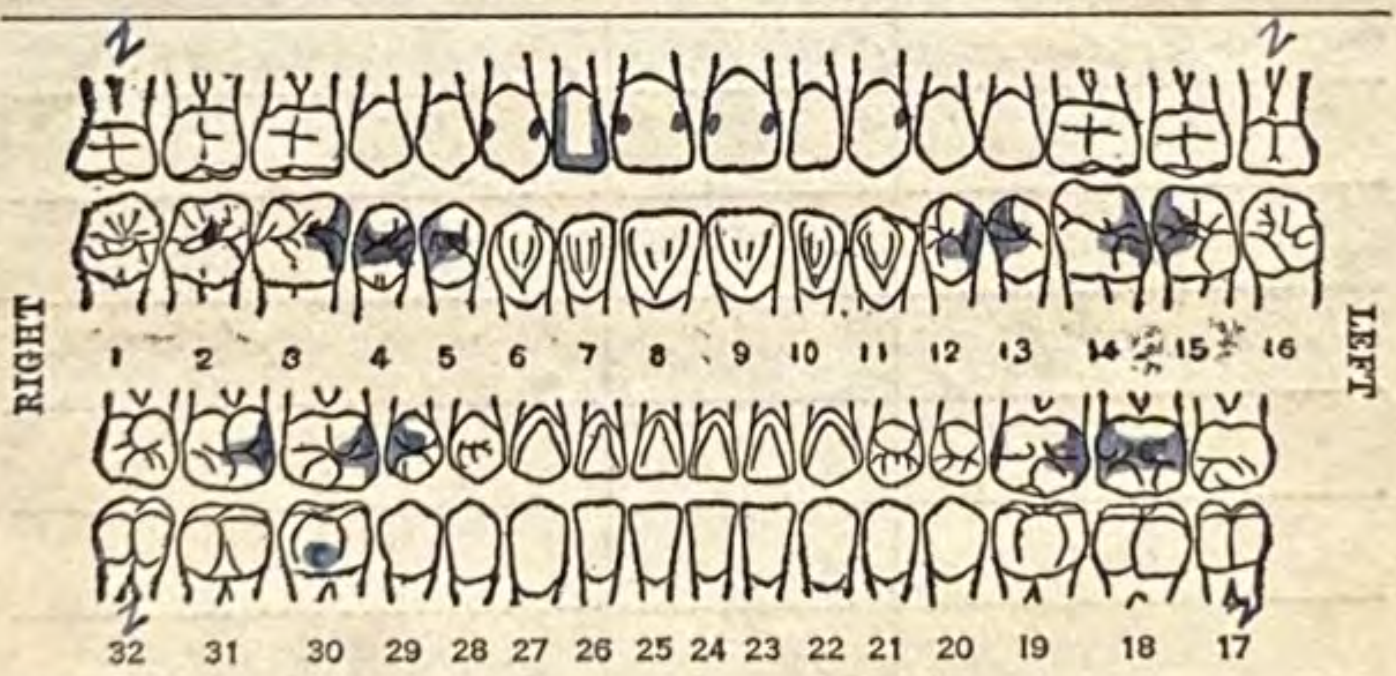
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The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION

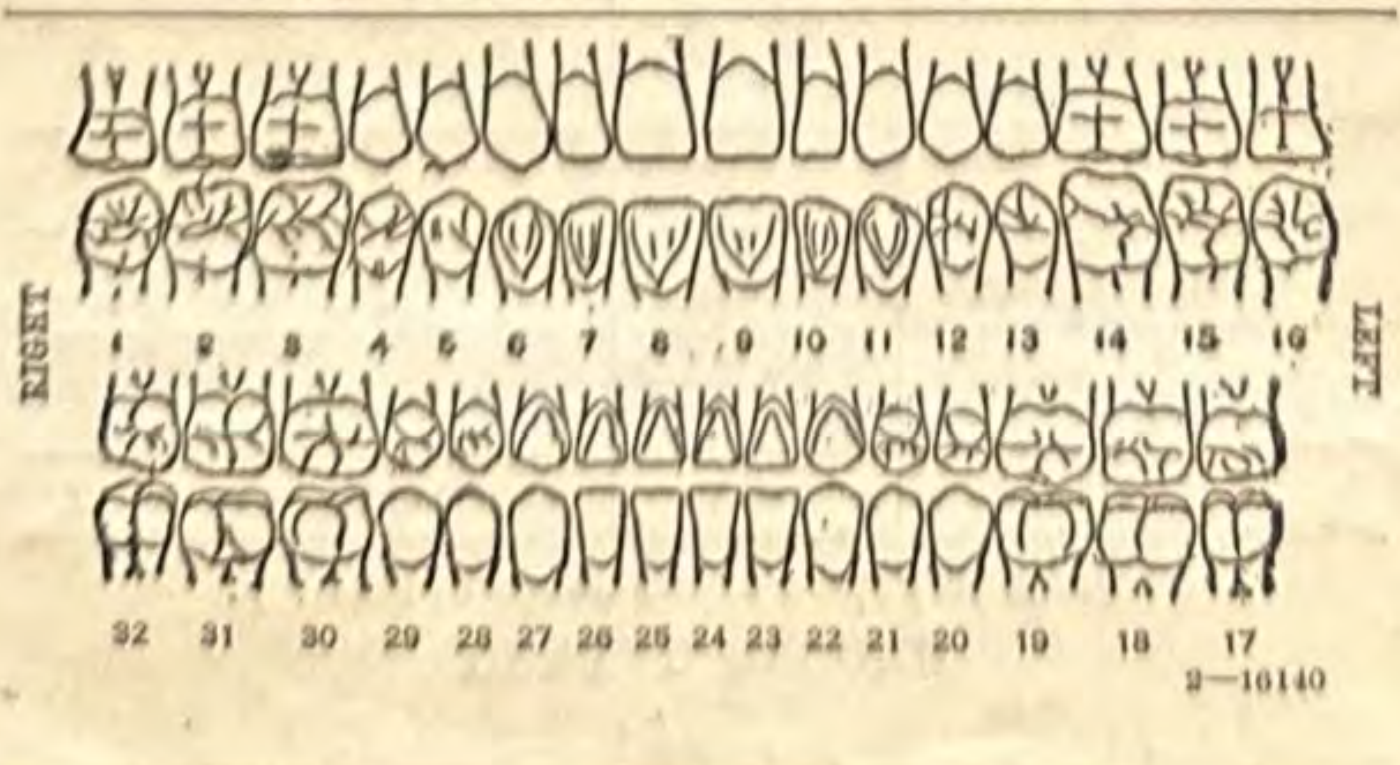


REMARKS: #1 - 3 A CROWN

8-12-43 EXAMINATION - C. V. Zajdzinski

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Examination	8.12.43	C. V. Zajac Jinshi
scaled all teeth	" "	C.V.Z.
Prophylaxis		

U. S. GOVERNMENT PRINTING OFFICE 2—16140

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

M (3042-005)

Name BENNETTS, Robert E. Service Number
(Surname first)

Age: Years 42 Months 5 Color White

For: Regular Enlistment In U.S.C.G. Reserve
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Boatswain's Mate, 2c.

Place Hancock, Mich Date Nov. 18, 1942

Personal Medical History
Heriotomy in 1920- good recovery

Vision: R.E. 20/20 L.E. 20/20 Corrected: R.E. 20/ L.E. 20/

Color blind? no Test used

Hearing: Conversational speech R.E. 30/30 L.E. 30/30

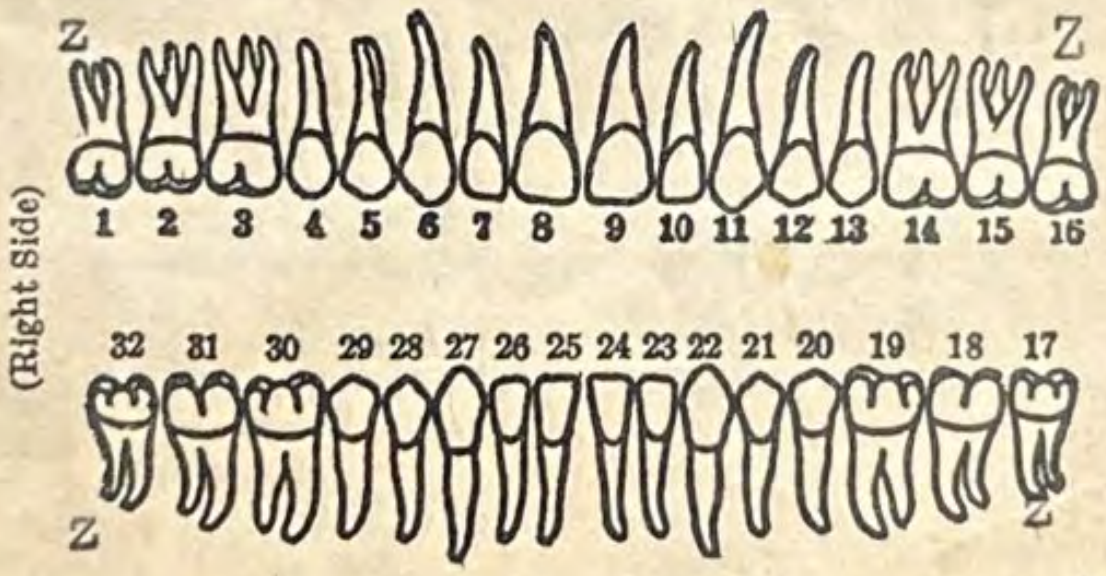
Eyes, eyelids, and reflexes neg.

Ears: Right neg. Left neg.
(Condition of drum, discharge, etc.)

Head, face, and neck neg.

Mouth, nose, and throat neg.

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)



Gums neg. Temperature 98.6

Height 66 inches. Weight (stripped) 187½ lbs. Obesity slight

Skin neg.

Lymph. glands neg.

Chest: Inspiration 42 Expiration 39

Heart and blood vessels neg.

Blood pressure: Systolic 135 Diastolic 85

Pulse before exercise 84, after exercise 86, after 2 min. 80

Lungs neg.

Abdomen and pelvis neg.

Genito-urinary organs neg.

Spine and extremities neg.

Nervous and mental conditions normal

Urine: Albumin neg. Sugar neg. Shreds neg.

Microscopical exam. (if indicated) epithelia Sp. Gr. 1018

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 11/18/42 Result will follow

16—27070-1

RELIGION - PROTESTANT

Negative

REMARKS: .....

.....

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that BENNETTS, Robert E

He is physically qualified for Reg. enlist.

(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of .....
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

.....

A. A. .....

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

.....
(Date)

Place .....

From:

To: Commandant.

.....

1. Forwarded for action. Present status:

.....

.....

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington.

.....
(Date)

The findings of the certificate are ~~not~~ approved .....

.....

Recommended

.....

.....

By direction of the Surgeon General:

.....

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON. NOV 28 1942

.....
(Date)

From: Commandant.

To:

1. ENLISTMENT AUTHORIZED REGULAR RESERVE

.....

Insert this copy in health record.

By direction,

.....

Chief, Personnel Section.

☆ U. S. GOVERNMENT PRINTING OFFICE 1942 16—27070-1

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name BENNETTS, Robert E.
(Surname first)

Rank or rating B.M.2c.(R) Service number 3042-005

SMALLPOX VACCINATION

Number of prior scars 2-SLA

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
3-26-43	A. Kalin, PhMic.	P.R.	S. Pollack

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
	TETANUS Toxoid (P.D.&Co)		
3-16-43	5-12-43		S. Pollack

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

INTERNATIONAL BLOOD TYPE "A"

(Signature of medical officer)

2—16142

Religion- Methodist

Portage L. H.

Form NCG-2525D

MEDICAL HISTORY

Page 1

Surname Bennetts Service No. 3042-005

Christian name-s Robert E

STATE NAME OF PLACE	DATE EACH NEW ENTRY
PLACE Portage Station	
DATE MAY 18 1943	
35 M.M. CHEST PLATE, # 2432	
RESULT: NEGATIVE.	
READ BY: J.J. White	

16—25558-1

Form NCG-2525D

MEDICAL HISTORY

Surname BENNETTS. Service No. 3042-005

Christian name-s Robert E.

STATE NAME OF PLACE DATE EACH NEW ENTRY

IN-PATIENT ENTRY

U. S. Marine Hospital, Chicago, Ill.
ADMITTED: June 14, 1944

DIAGNOSIS:
71x-x30 - Renal hematuria, due to unknown cause
STATUS: Incident of service and not due to misconduct.

CHIEF COMPLAINT: "My right eye bothers me."

PAST HISTORY: Usual childhood diseases.

FAMILY HISTORY: Irrelevant

OPERATIONS: Right herniorraphy and tonsillectomy.

VENEREAL: Denied

PRESENT HISTORY: Patient enters this hospital for Board of Medical Survey. He complains of occasional times when there is streaking of blood after going to the toilet and of irritated area around the anus. This has been present about last eight months and is free from symptoms as long as he is not constipated. His other complaint is blurring of vision in the right eye. This started out about ten weeks ago. His eye began to itch and then the lids became swollen and sore. This has subsided but he now complains of blurring in the eye when he does any type of work which requires any eye strain. The blurring is present only after he has been using his eyes to any excess.

PHYSICAL EXAMINATION: The eyes appear essentially negative at this time. Nothing present on physical examination which could account for his symptoms.

Rectal: There is a small tear in the skin surrounding the anus. It is external just beneath the anus.

LABORATORY REPORTS:
6-15-44 - Uruinalysis revealed rare blood cells and occasional pus cells, otherwise normal.

16—25658-1

(Over)

LABORATORY REPORTS: (Cont'd.) Page 4

6-15-44 - Wassermann and Kahn test was negative.

6-15-44 - RBC: 5,085,000; WBC: 6,900; hemoglobin; 93.7%; small mono; 36; transitionals; 5; neutrophiles; 59

6-16-44 - Uruinalysis revealed slight trace of albumin, 50-60 blood cells, rare pus cells, otherwise normal.

6-21-44 - Urine culture: No growth after 24 hours.

6-24-44 - Uruinalysis was normal except for 2-4 pus cells.

7-4-44 - Uruinalysis revealed 10-12 blood cells, 5-6 pus cells, otherwise normal.

6-21-44 - X-Ray report of kidney visualization: The Scout film shows an irregular calcification on the right side near the crest ileum which is probably and I believe quite surely a calcified mesenteric node or rather a group of nodes. The urograms are normal, I believe although the patient seems to have great difficulty in holding his breath. In view of the blood and pus in the urine, I believe that a cystocopic-examination is important, and if the bladder can be ruled out as the source of the bleeding than a retrograde pyelogram on the right side should be done to bring out a little more clearly the detail in the right kidney calices. Otherwise the urograms appear to be normal.

6-26-44 - X-ray report of cystoscopy and retrograde pyelogram: The regrograde pyelograms show somewhat dilated left renal pelvis but with normally cupped calices. The ureter appears to be normal. On the right side there is an abnormal kidney which is somewhat rotated. The calices do not seem to be dilated and they are apparently properly cupped. The right kidney seems to be rotated somewhat but otherwise normal. It's general shape and size are normal. I do not see anything in this examination to explain gross bleeding from the urinary tract. Did the cystoscope show it? (Signed) James T. Case, MD, Roent

TREATMENT: Symptomatic treatment but condition remained unchanged.

DISCHARGE NOTE: Studies are now under way for tumor cells in urine and Guinea pig innoculations.

Patient was discharged on July 8, 1944 fit for duty. Advised to return to this hospital on Aug. 28, 1944 for results of Guinea pig innoculations.

M. Busch

M. Busch,
Asst. Surgeon, USPHS(R)

CL

Form NCG-2525D

MEDICAL HISTORY

Surname BENNETTS. Service No. 3042-005

Christian name-s Robert E.

STATE NAME OF PLACE DATE EACH NEW ENTRY

IN-PATIENT ENTRY

U.S. Marine Hospital, Chicago, Ill.

ADMITTED: August 27, 1944

DIAGNOSIS:

710-0y0 - Anamaly, right kidney (undiagnosed)

STATUS: Incident of service, and not due to misconduct.

CHIEF COMPLAINT: "Returning for checkup."

PAST HISTORY: Usual childhood diseases.

~~FAMILY HISTORY: Irrelevant~~

OPERATIONS: Right herniorraphy and tonsillectomy.

~~VENEREAL: Denied~~

PRESENT HISTORY: Patient previously entered this hospital on June 14, 1944 ~~for re-classification with complaints~~ only referrable to pain and rather poor ~~vision in right eye.~~ Physical examination was negative and laboratory tests showed a microscopic hematuria. I.V. urography was negative - Cystoscopy revealed no bladder abnormality, large but normal left renal pelvis and rotation of right kidney. He was discharged on July 8,1944 ~~with diagnosis of renal hematuria, cause~~ unknown.

In the interval, patient has been entirely asymptomatic, except for fleeting, rare, right costo-vertebral angle ~~ache. No gross hematuria.~~

PHYSICAL EXAMINATION was normal.

LABORATORY REPORTS:

7-6-44 - Guinea Pig inoculation and culture of urine was negative for tuberculosis.

8-28-44 - Urinalysis was normal except for 2-3 pus cells.

8-28-44 - Wassermann and Kahn test was negative.

8-28-44 - RBC: 200,000; WBC: 6,900; hemoglobin; 103.3%; small mono: 20; transitionals; 2; eosinophiles; 5; neutrophiles; 73

(Over)

LABORATORY REPORTS: (Cont'd.)

8-30-44 - Urinalysis was negative for sugar.

TREATMENT: None except routine hospital care.

DISCHARGE NOTE: Because of illness in family, patient was discharged from this hospital at his own request on August 30, 1944, fit for duty. Advised to return in three months for study of eye condition and further checkup.

E. W. Hanson,
A.A. Surgeon, USPHS

CL

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Page 4p

3042-005

Surname BENNETTS. Service No.

Christian name-s Robert E.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

IN-PATIENT ENTRY tal

~~U.S.Marine Hospital, Chicago 13, Ill.~~

ADMITTED: Dec. 4, 1944

DIAGNOSIS: 710-0y0 Anomaly, right kidney (aberant vessel) x20-79x Presbyopia.

STATUS: Not incident of service and not ~~due to own misconduct.~~

CHIEF COMPLAINT: In for Medical Survey.

PAST HISTORY: Irrelevant.

FAMILY HISTORY: Irrelevant.

VENEREAL: Denied.

~~OPERATIONS: Herniaplasty, tonsillectomy.~~

PRESENT HISTORY: Patient was first admitted to this hospital on 6/14/44, at ~~which time he complained of blurring of~~ vision in the right eye, especially when ~~required to do any fine copy work which~~ strained the eyes. During routine examinations, blood was found in his urine. ~~Further urinary studies revealed an abn~~ormality of the right kidney which consisted of dilated calices and a distortion, indicating malposition of the kidney. Guinea pig inoculation was done and ~~urine culture taken. He was discharged~~ 7/8/44 and advised to return for further study at a later date. He was re-admitted to the hospital on 8/30/44 and recheck of the urinary findings were normal. ~~Guinea pig inoculation and culture gr~~owth of urine were negative. He was again discharged and advised to return after three months for recheck.

PHYSICAL EXAM: Essentially negative, ~~except for kidney condition.~~

LABORATORY FINDINGS: Urinalysis was negative. Blood: WBC: 8,850; Hemoglobin 93.7% ~~Sm.Mono 2% 39%; Trans. 2%; Neutro 40%;~~ Stabs 11%; Basophiles 2%. Wassermann and Kahn test, negative.

X-RAY FINDINGS: "The renal pelvies both show dilatation with no evidence

16-25658-1

of dilatation of the ureters; which means that there is a certain amount ~~of ureteral pelvic obstruction and one~~ would anticipate that it was due to a congenital or some similar benign type of obstruction. The right kidney shows its calices at an unusual angle, pro~~bably anteriorly, in relation to the~~ pelvis and kidney instead of protruding straight laterally. The renal contour is normal in size and shape on both sides. There are some calcific messenteric nodes near the mid-line at about level of the 4th lumbar vertebra. The bladder seems to be normal without re~~siduum. The peculiar position of the~~ calices of the right kidney, is probably a congenital affair. We have previously referred to this peculiar position of the right kidney." (signed) ~~James T. Case, M. D. Roentgenologist.~~

TREATMENT: Symptomatic treatment, Dental exam, Eye exam and routine hospital care. Survey written 12/14/44

~~DISCHARGE NOTE: Patient discharged~~ 12/13/44, fit for duty. No misconduct. Recommend that subject-man be reclassified for limited duty. Discharged to light duty pending action of the board.

gn

E. W. Hanson,

1. A. Surgeon, USPHS

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Page 8

Surname BENNETTS Service No. 3042-005

Christian name-s Robert E.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
A. Portage St. Houghton, Mich	5-22-42
Cyst abscess to r blister on right heel. Probably epidermophyton. D. To duty. R 1/2 St. Whitfield, Miss.	
H. S. Stern ARS, USPHS.	

10—25653-1

Form NCG-2525D

MEDICAL HISTORY

Surname BENNETTS, Service No M3042-005

Christian name-s Robert E.

STATE NAME OF PLACE DATE EACH NEW ENTRY

OUT PATIENT ENTRY

U.S.Marine Hospital,Chicago, Illinois
ADMITTED: 6-14-45.
DIAGNOSIS: y00-002 Examination only.
~~STATUS: Incident of service and not due~~ to own misconduct.
CHIEF COMPLAINT: Exam for class "M".
PHYSICAL EXAM: Essentially the same as on previous entry.
~~TREATMENT: None indicated.~~
~~DISCHARGE NOTE:~~
LABORATORY FINDINGS: 6-14-45 Urinalysis: amorphous debris, occasional epithelia, and shreds.
~~DISCHARGE NOTE: Pt. examined this date,~~ and found to be fit for retention in class "M". To return to duty in this status. No misconduct.

E. W. HANSON
A. A. SURG. USPHS

dc

Form NAVCG-2525D

MEDICAL HISTORY

Page

Surname BENNETTS Service No. 3042-005

Christian name-s Robert

STATE NAME OF PLACE	DATE EACH NEW ENTRY

CGSeparation Center #9
~~Detroit, Michigan~~
25 May, 1946

On physical examination for separation from the service, 35mm x-ray revealed ~~t.b. suspect. 14 x 17 x-ray taken and~~ reported parenchymal infiltrations in upper lobes both lungs, with questionable cavitation in right apex. Bilateral apical tuberculosis. To ~~Hospital.~~

/s/ R. J. HRUBY

J.P. IANNOTTI
SURG.(R)USPHS

CGSeparation Center #9
Detroit, Michigan
27 May, 1946

In view of above findings, man is transferred this date to U.S. Marine Hospital, Detroit for examination and treatment.

J.P. IANNOTTI
SURG.(R)USPHS

16—25658-2

Form NAVCG-2525D

MEDICAL HISTORY

Page _____

Surname BENNETTS Service No. 3042-005

Christian name-s Robert

STATE NAME OF PLACE DATE EACH NEW ENTRY

US Marine Hospita l, Detroit, Michigan

29 May, 1946

~~This patient was admitted to this hospi~~tal from the CG Sepa ration Center for Tuberculosis Observation with no subjective complaints. Physical Examination not remarkable. Laboratory reports, Urine - ~~negative, Hb 16 gm, WBC - 1,000,~~ Sputum - negative for Tuberculosis. X-ray reports revealed a healty chest. Patient was placed on a Tuberculosis Observation Ward on a high protien diet.

~~Diagnosis: No Disease, Yoo-ooo~~

Discharged: 5-29-46, maximum hospital benefits received, fit for duty.

A. J. Hruby

A. J. Hruby
Ass't. Surg. (R)mUSPHS

Approved: J. H. Linson
Medical Director, USPHS
Medical Officer In Charge

16—25658-2

Form No. 2525E
TREASURY DEPARTMENT
U. S. COAST GUARD
March 1938

TERMINATION OF HEALTH RECORD

Name BENNETTS, Robert E.

Rating B.M. 2c. Service Number _____

Place _____ Date _____

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

In my opinion those numbered _____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

_____
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

_____

_____
Rank or Rating, U.S. Coast Guard.

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

_____

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
CG Station, Hancock, Mich.	12-30-42	5/28/46
CG Sep. Center Detroit		5.27.46
USMH, Detroit, Mich.	5/27/46	5-29-46
CGPERSEPCEN#9 Detroit	5/29/46	5/29/46

2—16144

Detroit,Michigan

COMMANDING OFFICER
CG PerSepCen#9

783

27 May, 1946

To: BENNETTS, Robert E. (3042-005) BM1c, USCGR - PRESENT

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three-year period of continuous active duty in the United States Coast Guard Reserve, form 30 December, 1942 to 29 December, 1945. You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your Good Conduct Medal the following information:

Robert E. Bennetts
PLSC,Lt. Sta
12/29/45

J. A. WILLIAMSON,
By direction

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓟ NAME (PRINT CLEARLY): BENNETTS, ROBERT EARL (LAST) (FIRST) (MIDDLE)
SERVICE NUMBER: 3042-005
HEIGHT: FT. 5 IN. 7
WEIGHT: LBS. 189
RACE: W

(2) HOME ADDRESS: OSKAR RT. HOUGHTON, MICH.

(3) BIRTHPLACE: HOUGHTON, MICH.
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 25 JUNE 1900
HOW LONG IN U. S. _____ YEARS

(5) CITIZEN [X] L-25 NON-CITIZEN [ ] L-28 TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS: MARRIED
(7)-Ⓣ NUMBER OF DEPENDENTS: 2

(8) EDUCATION
NON-E. [ ] R-3 ILLITERATE [ ] R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8					
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL	1/6		X	YMCA MOTOR AUTO MECH. SCHOOL DETROIT, MICH.		

(9)-Ⓡ TOTAL SCHOOL YEARS: 8 1/6

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)		
FAIRLY WELL	S R W	S R W	S R W	S R W	S R W	S R W
FLUENTLY (L-27)	S R W	S R W	S R W	S R W	S R W	S R W

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: PORTAGE, STH. DATE: 30 DEC 1942

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
		X		

(13)-Ⓣ MAIN OCCUPATION: Lighthouse Keeper — YEARS AT IT: 12 — WKLY. WAGE: $8.00
D. O. T. CODE: 5-61.310
JUST WHAT DID YOU DO? Tended operation and maintenance of lighthouse.

LAST DATE OF EMPLOYMENT: 29 Dec. 1942 Active
EMPLOYER: U. S. Coast Guard (FIRM NAME)
ADDRESS OF EMPLOYER: Portage Lake Ship Canal Light Station
DEPT., SHOP OR BRANCH:
KIND OF BUSINESS: Gov. Serv.

(14)-Ⓣ SECOND BEST OCCUPATION: — YEARS AT IT: — WKLY. WAGE: $
D. O. T. CODE:
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-Ⓑ 88	(16)-Ⓑ 70	(17)-Ⓑ 148				

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. No conversion
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. None
2.
3.

(24) RATING
(4) (9) TOP ROW: YEAR OF BIRTH BOTTOM ROW: NUMBER OF SCHOOL YEARS
NON-ENGLISH SPEAKING 3
ILLITERATE 2

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
Coast Guard	7	Enl.	1927				

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. Foreman Sch. Curtiss Bay	12	Surf. Motor Sch.	1922
2. New London, Ct.	4	Diesel Sch.	1927
3.			
4.			

(22) REMARKS: Prof. 3.5 AIOM 3.4 Cond. 4.0
Likes present work and intends to remain in same in as much as it has been his main occupation, Qualified for duties.

(23) NEXT OF KIN Wife

NAME Alice B. Bennetts.

ADDRESS Oskar Rt.

CITY Houghton STATE Mich

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
10-14-43.	Portage Sta.	BM 1/c	Light House.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BENNETTS Robert E.	3042-005	BM1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
C.G.GROUP, HANCOCK	Keweenaw Up Ent, Light Sta	Hancock, Michigan

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 19-307

DATE: 23 May, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 0800

DATE 23 May, 1946

TRANSFERRED TO: PerSepCen No.9 Detroit, Michigan

FOR Temporary duty and discharge from USCG

AUTH: DCGO. Cleve/D 220342 PB No. 94-45

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

August Kumpula CMoMM

Officer in Charge, Act (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☑ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
C.G.GROUP HANCOCK	Hancock, Michigan	2-22-46	73-531

TO (insert name, surname first, Service No., rank or rating):

BENNETTS Robert E. 3042-005

1. In accordance with DCGO, Cleve/D 220340Z ..... { ~~copy~~ certified copy original of which is attached

PROCEED TO 7600 E. Jefferson St. Detroit, Michigan
REPORT TO Commanding Officer, USCG Separation Center No.9 (Detroit)
FOR Temporary duty and Discharge in Accordance with PB No.94-45

2. You will take charge of the None additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

TRAVELER'S NAME(S) (Addressee)	SERVICE No.	RANK OR RATE	RECORDS ATTACHED (Indicate by check (✓) records included for each person)			
			SERVICE	HEALTH	PAY	OTHER
~~Robert E. Bennetts~~	3042-005	BM1c	Yes	Yes	No	None

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against Cleve/Dist travel allotment, symbol 19-20 ..... TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by Art.219, P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
Neg 662-345	Coach	Hancock, Mich	Detroit, Mich	DSS&A and MC	-1-	14 55
Neg 662,348	Pullman	Mackinaw City, Mich	Detroit, Mich.	Pullman Co. Mc	-1-	220

MEAL TICKET(S) ISSUED (Surrender unused or spoiled tickets at destination).

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
1066317 - - - - - - -	1066318 - - - -	-2-	-2-

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR	MODEL AND YEAR	LICENSE No.	STATE

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ....., ... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

OTHER (specify):

None

ISSUED ITEMS AS DESCRIBED ABOVE.

August Kymbula
~~Authenticating~~ August Kymbula CMoMM — Officer in Charge, Act. — C.G.GROUP, Hancock, Mich
(Signature) (Title) (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of no days and no days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—
From Hancock, Michigan (Specific location) To PFWOAD if qualified by authorized person at PerSepCen

6. DELIVERED AND DEPARTED at 0800 (Time) on 23 May, 1946 (Date)

August Kumpula CMoMM, USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT Keweenaw Upper Entrance LB Sta, (Place) on 23 May, 1946 (Date) at 0800 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

Robert E. Bennetts BM1c.
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

UNIT AND PLACE OR ADDRESS		TIME DATE	GOVERNMENT FACILITIES FURNISHED (Yes or No) QUARTERS	SUBSISTENCE	SIGNATURE
	Reported				
	Departed				
	Reported				
	Departed				
	Reported				
	Departed				

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

(Unit) (Place or address) (Time) (Date)

(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy-Army-Coast Guard-Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

SPECIAL INSTRUCTIONS

U. S. GOVERNMENT PRINTING OFFICE 16—40635-2

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-783.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 6 April, 1943.

UNITED STATES COAST GUARD
REC'D APR 8 1943
Office District Coast Guard Officer Cleveland, Ninth Naval District

From: Commandant.
To: District Coast Guard Officer, Cleveland, Ninth Naval District.
Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 30 December, 1942, of BENNETTS, Robert Earl (3042-005) B.M.2c., U.S.C.G.R.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
3-13-19	3-12-20 H D	None		None		None	
5-3-21	8-31-22 H D	None		None		None	
9-1-22	8-31-24 H D	None		None		None	
9-1-24	8-31-25 H D	None		None		None	
9-1-25	8-31-26 H D	None		None		None	
9-1-26	9-13-27 H D	None		None		None	
12-30-42 (Reserve)							
Now serving							

6-4-10
1-0-0
1-0-9
8-14
8-12-24

Yr. Mo. Days

Coast Guard service.....
Navy service.....
.....
.....
Total.....
Completed years

S. C. CRANDALL,
By direction.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG Station (Unit) — Hancock, Michigan (Place)

4 September, 1944 (Date)

FROM: BENNETTS, Robert E. (3042-005) B.M.1c.(R)(S)

To: COMMANDANT (via DCGO, Clev., Ninth NavDist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Alice Blume Bennetts (Full name of wife; if not married, so state)	Oskar Route, Houghton, Michigan (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Susie Chinn Bennetts (Full name of relative)	Mother (Relationship)	406 Houghton Ave. Houghton, Michigan (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Noah James Bennetts (Full name of relative)	Father (Relationship)	406 Houghton Ave., Houghton, Michigan (Address of relative)

Potential (State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 4th day of Sept., 19 44

Ralph C. Lohr (Signature) Lieut. (j.g.)

RALPH C. LOHR

Commanding Officer (Rank or title)

Robert E. Bennetts (Signature)

Robert E. Bennetts

B.M.1c.(R)(S) (Rank or rating)

16—25758-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

BENNETTS	Robert	E.	(M)3042-005	B.M.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Cleveland, 9ND (Major unit) — (Unit Item No. or vessel's assigned district) — Hancock, Michigan (Place) — 24 January, 1945 (Date)

Portage Lifeboat Sta. (Minor unit)

16 Jan., 1945 - Placed in class "M" due to "Anomaly, right kidney (aberant vessel) and Presbyopia".

DUTY CODE No.: 29
AUTHORITY: HQ/L file 783 (PEA-AD)
Dated 16 Jan., 1945.

Lieut. (j.g.)
RALPH D. LOHR (Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BENNETTS, Robert E.	(M)3042-005	B.M.1c.(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Cleveland, 9ND	Portage Lifeboat Sta.	Hancock, Mich.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 7 March, 1945

TIME [illegible]
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH.

OTHER CHANGES (SPECIFY)

0900 - 7 Mar., 1945 - Departed on fifteen (15) days authorized leave of absence.

Address while on leave:

537 E. Ohio St.
Marquette, Michigan

DUTY CODE NO. 29

AUTH: Form 2519 - 3/6/45

RALPH D. LOHR, Lieut. (j.g.)
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BENNETTS, Robert E.	(M)3042-005	B.M.1c.(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group	Portage Lifeboat Sta.	Hancock, Michigan

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 23 March, 1945

TIME 0900
DATE 23 Mar., 1945

REPORTED FROM: fifteen (15) days annual leave of absence.
FOR resumption of duty.

DUTY CODE NO. 29 AUTH: Form 2519 dated 6 Mar., 1945

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

RALPH D. LOHR, Lieut. (j.g.)
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

BENNETTS, Robert E. (M)(3042-005) BMlc(R)

USCG Group Portage Lifeboat Station Hancock, Michigan

13 June, 1945

1500
13 June, 1945 U. S. Marine Hospital, Chicago, Ill.
inpatient treatment and semi-annual physical examination in accordance with Pers. Bulletin No. 78-44.

DCGO, Clev. 9MD/L file 73-783-531 (pra) dated 6/8/45.

George A. Shelson, CMoMM
Acting

BENNETTS, Robert E. (M3042-005) BM1c(R)

USCG Group Portage Lifeboat Station Hancock, Michigan

15 June, 1945

1130
15 June, 1945

U. S. Marine Hospital, Chicago, Illinois
resumption of regular duty upon completion of semi-annual physical examination.

29

DCGO, Clev. 9ND/L file 73-783 (pra) dated 6/8/45

No leave granted enroute.

George A. Shelson, CMoMM
~~Executive Officer~~
Acting

TREASURY DEPARTMENT

Mr. Robert E. Bennetts, 1st Asst.Keeper, Portage Lake Ship Canals Light Station,

has been granted leave of absence (annual, ~~without pay, military~~) for seven consecutive *days, from* 5 to 11 November, *19*42, inclusive, in accordance with letter attached.

Leave will expire at ..... *M.,* ....., *19*

(Signed) Ernest Pointer,
Personnel Officer,
By direction.

Time Clerk.

To ~~CHIEF, DIVISION OF~~ Commanding Officer, Coast GuardStation, Hancock, Michigan.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2. GPO 2—6869

TREASURY DEPARTMENT

Mr. Robert E. Bennetts, 1 AK Portage Lake Ship Canals LH

compensation for unused accumulated annual leave

has been granted ~~leave of absence (annual, without pay, military)~~ for 56D6H30M from 30 December, 1942, to 2½ hrs. on 15 March, 1943, *~~days, from~~* ~~xxxxxxxxxxxxxxxxxxxxx, 19xx~~ inclusive.

Leave will expire at ..... *M.,* ....., *19*

(Signed) G. E. Trester,
By direction.

Time Clerk.

To CHIEF, DIVISION OF Coast Guard Station, Hancock, Mich.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2. GPO 2—6869

NCG-2522

FILE C. M.

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert (Name, surname first) 3042-005 (Service number) BM1c (Rank or rating) CGSEPARATION CENTER (Unit)

*REGULAR /SPECIAL/ TEMPORARY *RESERVE (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Detroit, Michigan, Date 29 May, 1946, 19

To: COMMANDING OFFICER, CGSEPARATION CENTER
(Coast Guard unit)
Detroit, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No Disease	Y00-000	5-27-46	5-29-46

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

A. J. Hruby, Ass't. Surg. (R) USPHS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FILE C.M

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert	3042-905-	BM1c	CGSEPARATION CENTER
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL //
TEMPORARY
*RESERVE
(Enlistment status)

Place Detroit, Michigan, Date 27 May 19 46

To: MEDICAL OFFICER IN CHARGE, U.S. MARINE HOSPITAL

Detroit, Michigan

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDING OFFUCER, CGSEPARATION CENTER

Robert E. Bennetts
(Signature of patient)
Robert Bennetts

R. J. BUSSEY, Lieut.,
By direction
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Detroit, Michigan, Date 29 May, 1946, 19

I CERTIFY that I have examined the above-named person and find him suffering from

No Disease, Y00-000
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at

USMH {*hospital / *office} on 27 May, 1946, 19

A. J. Hruby
A. J. Hruby, Ass't. Surg. (R) USPHS
U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

CERTIFIED COPY OF HONORABLE DISCHARGE—
U. S. COAST GUARD—2510—Series B—8-44. 8765-B DOUBLEDAY-HUNT-DOLAN CO., KALAMAZOO 2-10-45

B118371

Honorable Discharge

from the

United States Coast Guard

This is to certify that

Robert Earl Bennetts *a* Boatswain's Mate, First Class

is Honorably Discharged *from the* COAST GUARD PERSONNEL SEPARATION CENTER NO. 9 DETROIT MICHIGAN *and from the United States Coast Guard this* 29th *day of* MAY 1946

This certificate is awarded as a Testimonial of Fidelity and Obedience.

J. C. Wendland

J. C. WENDLAND
COMMANDER
U. S. C. G.
Commanding

STATE OF MICHIGAN, } ss.
COUNTY OF HOUGHTON }

I, MRS. DOMINIC M. VAIRO Clerk of the County of HOUGHTON, having the legal custody of the files and records thereof, do hereby Certify that I have compared the foregoing copy of Record of Discharge with the original thereof, on record in the Record of Service Discharges for this County in volume 1 on page 109 and have found the same to be a true and correct Transcript therefrom and the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Circuit Court at the VILLAGE of HOUGHTON in said County, this 10TH day of JUNE 19 46

[SEAL OF CIRCUIT COURT]

MRS. DOMINIC M. VAIRO
County Clerk.

By Dominic M. Vairo
Deputy Clerk.

Authority for Discharge (Article_____CG Regulations) Alcoast 57-46

Enlisted as Boatswain's Mate, second class *(Rate)* *on* 30 December, 1942 *(Date)*

At Hancock, Michigan *for* Three years & DOW

Born 25 June, 1900 *(Date)* *at* Houghton County, Michigan *(Place)*

Qualifications Pistol, Rifle, 9/30/43

Ratings held BM2c, BM1c

Certificates

Service schools completed

Special duties for which qualified

Military Taxable Income:
For 1945 $1586.36
For 1946 $ 678.93

Service (vessels and stations served on)
DCGTS, Hancock, Michigan; PISC Lt. Station, Michigan; Coast Guard Personnel Separation Center No. 9, Detroit, Michigan

Reserve (Active Duty) from 30 December, 1942 *to* 29 May, 1946

Discharged from Regular Reserve *(Regular—Special Temporary—Reserve)* *enlistment.* Issued Good Conduct Medal

Rating at discharge BM1c { ~~Acting~~ ~~Permanent~~ Temporary } *Service No.* 3042-005

Marital Status Married

Issued Honorable Discharge button
Issued Honorable Service Emblem
Issued Honorable Service Button.

V. F. Tydlacka, *U. S. C. G.*
V. F. TYDLACKA, COMMANDER *and Executive Officer.*

Personal marks, etc., VSULA: 6" Right Hernia Scar.

Finger Print

~~*I hereby certify that I have examined the man herein named and find that he:*~~

~~*is physically qualified for reenlistment.*~~

does _____ *require treatment or hospitalization.*

I certify that this is the actual print of the right index finger of the man herein named.

R. J. Bussey, *U. S. P. H. S.*
R. J. BUSSEY, Lieut., USCG *and Medical Officer.*

Monthly rate of pay when discharged $131.10

I hereby certify that the within named man has been furnished travel allowance amounting to $27.80 *at the rate of* $.05 *cents per mile from* Detroit, Mich. *to* Hancock, Mich. *and paid* $5.99 *(Amount) in full to date of discharge.*

Total net service for pay purposes 3 *years* 5 *months* 0 *years.*

Paid $100.00 MOP 5/29/46

Robert E. Bennetts *(Signature of Man)*
ROBERT E. BENNETTS

Homer E. McCullough, *U. S. C. G.*
HOMER E. MC CULLOUGH *and Disbursing Officer.*
Lt. (jg) USCG

Symbol 551-044

8765-B

No._____

CERTIFIED COPY OF
HONORABLE DISCHARGE
from the
U. S. COAST GUARD

DISCHARGE OF
Robert E. Bennetts

Recorded the 7th day of June 1946

In Liber 1 of Service Men's Discharge Record

Lillian H. Huhta ~~XXXXX~~ Clerk

DOUBLEDAY-HUNT-DOLAN COMPANY
Stationers and Publishers
KALAMAZOO - MICHIGAN

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BENNETTS Robert E.	3042-005	BM1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
C.G.GROUP, HANCOCK	Keweenaw Up Ent. Light Sta	Hancock, Michigan

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-307	23 May, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0800
DATE 23 May, 1946

TRANSFERRED TO: PerSepCen No.9 Detroit, Michigan
FOR Temporary duty and discharge from USCG

AUTH: DCGO. Cleve/D 22034Z PB No. 94-45

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

August Kumpula acting
August Kumpula CMoMM
Officer in Charge, (Commanding) Act

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

Detroit,Michigan

FILE
E. P. H.

COMMANDING OFFICER
CG PerSepCen#9

783

27 May, 1946

To: BENNETTS, Robert E. (3042-005) BM1c, USCGR - PRESENT

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three-year period of continuous active duty in the United States Coast Guard Reserve, form 20 December, 1942 to 29 December, 1945. You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your Good Conduct Medal the following information:

Robert E. Bennetts
PLSC,Lt. Sta
12/29/45

J. A. WILLIAMSON,
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Officer-in-Charge,
CG Group, Hancock, Michigan
AND REFER TO

File 783

1945 AUG 20 15 26

9 August, 1945

To: The Commandant (PEA-AD)

Via: DCGO, Cleveland, 9ND (pra)

Subj: BENNETTS, Robert E. (M3042-005) BM1c, USCGR; result of semi-annual physical examination of

1. In view of the results of the semi-annual examination of subject man at the U. S. Marine Hospital, Chicago, Illinois on 14 June, 1945, as shown on inclosure 1, it is recommended that Bennetts be retained in class "M" as he is fully capable of performing the duties presently assigned him which consist of acting as Assistant Light Station Keeper at Portage Lake Ship Canal Light Station, Houghton, Michigan.

2. There is no disciplinary action pending against subject man.

Frank F. Petoski
Frank F. Petoski

Incl
1. Form NCG 2525D dated 6-14-45 for subj man
2. Form NCG 2525D dated 12-4-44 for subj man

Ind-1
DCGO, Cleveland, 9ND (pra)
14 August, 1945

To: The Commandant (PEA-AD)

Forwarded, approved.

Ernest Pointer
ERNEST POINTER
By direction

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname BENNETT, Service No. M3042-005

Christian name-s Robert E.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

OUT PATIENT ENTRY

U.S.Marine Hospital, Chicago, Illinois
ADMITTED: 6-14-45

DIAGNOSIS: y00-002 Examination only,
~~STATUS: Incident of service and not due~~ to own misconduct.

CHIEF COMPLAINT: Exam for class "M".
PHYSICAL EXAM: Essentially the same as onprevious entry.
~~TREATMENT: None indicated.~~
LABORATORY FINDINGS: 6-14 -45 Urianlysi amorphous debris, occasional epithhelia, and shreds.
DISCHARGE NOTE: Pt; examined this date, ~~and found to be fit for retention in~~ class "M". To return to duty in this status. No misconduct.

E. W. ~~HANSON~~
A. A. SURG USPHS

Certified to be a true copy of the original:

Reuben J. LeClair, BMlc
Officer-in-Charge, Acting

16—25058-1

Form NCG-2525D

MEDICAL HISTORY

Surname BENNETTS., Service No. M3042-00 4

Christian name-s Robert E.

STATE NAME OF PLACE DATE EACH NEW ENTRY

IN PATIENT ENTRY

U.S.Marine Hospital, Chicago., I3, Illi.
Admitted; Dec. 4. 1945

DIAGNOSIS: 710-0y0 Anomaly, right kidney (aberant vessel) x20-79x Presbyopia.

STATUS: Not incident of service and not due to own misconduct.

CHIEF COMPLAINT: In for Medical Survey.

PAST HISTORY: Irrelevant.

FAMILY HISTORY: Irrelevant.

VENEREAL: Denied.

OPERATIONS: Hernioplasty, tonsillectomy.

PRESENT HISTORY: Patient was first admitted to this hospital on 6/14/44 at which time he complained of blurring of vision in the right eye, especially when required to do any fine copy work which strained the eyes. During routine examinations, blood was found in his urine. Further urinary studies revealed an abnormality of the right kidney which consisted of dilated calices and a distortion, indication malposition of the kidneys. Guinea pig inoculations was done and Urine culture taken. He was dischared 7-8-44 and advised to return for futher study at a later date. He was re-admitted to the hospital on 8-30-44 and recheck of the urinary findings were normal, guinea pig inoculation and culture growth of urine were negative. He was again discharged and advised to return after three months for recheck. PHYSICAL EXAM: Essentially negative, except for kidney condition.

LADORATORY FINDINGS: Urinalysis was negative. Blood: WBC: 8,850; Hemoglobin 93.7 % Sm.Mono 39%; Trans. 2%; Neut. 46%; Stabs 11%; Basophiles 2%. Wassermann and Kahn test, negative.

X-RAY FINDINGS: The renal pelvies both show dilation with no evidence of

of dilatation of the ureters; which means that there is a certain amount of ureteral pelvic obstruction and one would anticipate that it was due to a congenital or some similar benign type of obstruction. The right kidney shows its calices at an unusual angle, probably anteriorly, in relation to the pelvis and kidney instead of protruding straight laterally. The renal contour is normal in size and shape on both sides. There are some calcific messenteric nodes near the mid-line at aboutlevel of the 4th lumbar vertebra. The bladder seems to be normal without residuum. The peculiar position of the calices of the right kidney, is probably a congenital affair. We have preciously referred to this peculiar position of the right kidne (signed) James T. Case, M. D. Roentgenologist. TREATMENT: Symptomatic treatment, Dental exam, Eye exam and routine hospita care. Survey written 12/14/44.

DISCHARGE NOTE: Patient discharged 12/13/44, fit for duty. No misconduct. Recommend that subject man be reclassified for limited duty. Discharged to light duty pending action of the board.

/s/ E. W. Hanson,
A. A. Surgeion, USPHS

Certified to be a true copy of the original:

Reuben J. LeClair, Jr., BM1c
OinC, Acting

U. S. GOVERNMENT PRINTING OFFICE 16—25058-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert E. (M)3042-005 BM1c(R) Group Hancock, Mich.
(Name, surname first) (Service number) (Rank or rating) (Unit)

~~REGULAR~~
~~SPECIAL~~
~~TEMPORARY~~ EX
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Houghton, Mich., Date 21 May, 19 45

To: CG Group
(Coast Guard unit)
Hancock, Mich.
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.

Alb S Stern
A A *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert E.	(M) 3042-005	BM1c (R)	Group Hancock, Mich.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

~~REGULAR~~ ~~SPECIAL~~ ~~TEMPORARY~~ *RESERVE
(Enlistment status)

Place Hancock, Mich., Date 21 May, 19 45

To: Dr. I. D. Stern, USPHS

Houghton, Mich.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Reuben J. LeClair, Jr., BM1c

Robert E. Bennetts
(Signature of patient)

Reuben J. LeClair, Jr., BM1c
Commanding Officer
Hancock, Mich.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Houghton, Mich., Date 21 May, 19 45

I CERTIFY that I have examined the above-named person and find him suffering from Epidermophytosis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Houghton Relief Sta {*~~hospital~~ / *office} on May 22, 19 45

J. D. Stern

AA U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

DATE 3 FEB 1945

FROM
COMMANDANT

TO (FOR ACTION)
DCGO CLEVE 9ND

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
XX	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

Ø32155

TEXT

YOUR 012203 X SUBSTITUTE ONE BOATSWAIN MATE ANY CLASS

Ref---012203

request cancellation urlet 29 jan pea a cg 783 531 re transfer bennetts robert e m3042 dash 005 bmlc to dcgo 1nd due to fourteen years experience lighthouse duties and need of such men in this district

ROUTINE

Ø32155/L8/1V/#17RW/

TOD—

OFFICE OF ORIGIN: PEA-A

INITIALS OF RELEASING OFFICER: EZ MP:VMH 3-11

OPERATOR'S RECORD

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23/39-1

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: WN154

V MVXJA NR 6 A QUAD Ø12203 QUAH GR 37 BT

FROM: DCGO 9ND CLEVELAND 1945 FEB 2 08 10

ACTION: COMDT CG PEA-A

INFORM:

TEXT

REQUEST CANCELLATION URLET 28 JAN PEA A CG 783 531 RE TRANSFER BENNETTS ROBERT E M3042 DASH Ø05 BM1C TO DCGO 1ND DUE TO FOURTEEN YEARS EXPERIENCE LIGHTHOUSE DUTIES AND NEED OF SUCH MEN IN THIS DISTRICT BT Ø12203

Mrs. Jones

Ref this disp. Substitute BM

Adm. Management	Inspection
Aero. Engineering	Intelligence
Aids to Navigation	Legal
Allowances	Material Budget
Asst. Commandant	Mer Mar Inspection
Aviation	Mer Mar Personnel
Budget & Reports	Military Justice
Civil Engineering	Naval Engineering
Civilian Personnel	Operations
Comptroller	Personnel
Communications	Port Security
Comm. Engineering	Public Relations
Contract Services	Supply
Engineering	Training
Finance	Transportation

TOT 2229 HW Ø1 FEB 45 HG

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

(PEA-A)
CG-783
531

29 January, 1945

To: DCGO, Cleveland, 9ND

Subj: BENNETTS, Robert K. (M-3042-005) USCG; orders; transfer; travel

1. Transfer subject named man to DCGO, 1ND, Boston, Massachusetts, for assignment to duty commensurate with his disability.

2. Travel necessary to the execution of this order will be charged against Headquarters' Symbol No. 051-20.

3. This order constitutes a permanent change of station.

4. Records and account will be carried on transfer.

E. VAN LOPIK
By direction

U. S. COAST GUARD
MAIL SECTION (2)
MAILED JAN 30 1945

CC: DCGO 1ND

VP:WEE

file 3-14

(PEA-AD)
CG-783

16 January, 1945

To: DCGO, Cleveland, 9th Naval District

Subj: BENNETTS, Robert E. (3042-005) BM1c(R); retention in Service; Class (M)

In view of the information and recommendation contained in Report of Medical Survey, U. S. Marine Hospital, Chicago, Illinois, dated 14 December, 1944, with indorsements thereon, BENNETTS will be retained in Service and be assigned to duty commensurate with his disability. The Class (M) designator will be placed before his service number and the procedure outlined in paragraph (2) of Personnel Bulletin 78-44 will be observed.

E. ZOCLE
By direction

Diag: Anomaly, right kidney (aberant vessel); Presbyopia
Age: 44

1st ND

PHILLIPS:pjj

Ind-3
DCGO, Cleveland, 9ND (pra)
783
9 January, 1945

JAN 12 45 AM

1945 JAN 13 14 53

To: The Commandant (PEA-AD)

PEA-A

Subj: Bennetts, Robert E. (3042-005) BM1c, USCGR; Report of Medical Survey; forwarding of

Forwarded for HQ consideration and action. It is recommended that the subject man be retained in Service and placed in Class (M).

ROSCOE HOUSE
Acting

1.13.45

Recommend class M status.

R. G. Lewis

Class "M"

Ind-2
CG Grp, Hancock, Mich.
2 January, 1945

1. Forwarded, approved in accord with the recommendation of the Board of Medical Survey. There is no disciplinary action pending against Robert E. Bennetts (3042-005) B.M.1c.(R).

2. In accordance with Personnel Bulletin No. 112-44 the following information is submitted:

a) Specific duty now being performed - Ass't. keeper at Portage Lake Ship Canal Light Station, Houghton, Michigan.

b) Duty for which best qualified - Lighthouse keeper as subject man has had approximately 14 years experience.

c) Is man professionally qualified to perform the duties of his rate? - Yes, if retained in class "M".

d) Transcript of marks - See inclosure 1 of this indorsement.

e) Vessels or stations at which he has served - Portage Lake Ship Canal Light Station, Houghton, Michigan. Prior to joining the Lighthouse Service some twelve years ago Bennetts served in the U. S. Coast Guard for a period of seven years of which no record is on hand at this unit as to what ships or stations he served at.

f) Transcript of classification card, if available - Not available.

g) Definite recommendations of the Commanding Officer and/or the District Coast Guard Officer - That subject man be retained in the service and reclassified for limited duty such as he is performing at present.

h) Any additional pertinent information - None.

Ralph D. Lohr
RALPH D. LOHR

Incl.
1. Transcript of efficiency marks of
BENNETTS, Robert E. (3042-005) B.M.1c.(R)

REPORT OF MEDICAL SURVEY

Re: BENNETTS, Robert E.(3042-005) December 14, 1944

Attention is called to C.G.Form #2522 dated December 7, 1944, which reported the physical condition as incident of service. It was reported as such at that time inasmuch as sufficient time had not elapsed to make a study of the case.

There is no behavior difficulty in this case, and no environmental factors.

D. W. Scott, Jr.
P. A. Surgeon, USPHS

E. W. Hanson
A. A. Surgeon, USPHS

EWH:mlw

Ind-1
ODCGO, Cleveland, 9th ND(m)
20 December, 1944

To: The Commandant

Via: DCGO, Cleveland, 9th ND

Forwarded, concurring in the recommendation of the Board of Medical Survey.

A. R. SWEENEY
Medical Director, USPHS
District Medical Officer

REPORT OF MEDICAL SURVEY U. S. COAST GUARD

Place: U.S.Marine Hospital, Chicago 13, Illinois Date Dec. 14, 1944

From: Board of Medical Survey

To: District Coast Guard Officer, 9th Naval District, Cleveland, Ohio

Name: BENNETTS, Robert E. (3042-005) Rank or rate B.M.1/c

Born: Michigan Date June 25, 1900

Enlisted or appointed: Date Dec. 30, 1942 Place Portage Station, Hancock, Mich.

Total Service; Coast Guard 10 yrs. Marine Corps 0 Army 0
U.S.C.G. 1919-1927

PRESENT HISTORY OF CASE

Admitted from CG Group, Hancock, Michigah Date Dec. 4, 1944

Diagnosis: 1. Anomaly, right kidney (aberant vessel)
2. Presbyopia

Disability is not (is or is not) the result of his own misconduct and was not (was or was not) incurred in line of duty. Existed prior to enlistment Yes (yes or no). If "yes" was condition aggravated by service Possibly (yes orno), Present condition As above. Probable future duration Indeterminate

Recommendation Classification "M", - Limited duty service

Reference: Coast Guard File 783

Facts are as follows: Patient was first admitted to this hospital on June 14, 1944, at which time he complained of blurring of vision in the right eye, especially when required to do any fine copy work which strained the eyes. During routine examinations, blood was found in his urine. Further urinary studies revealed an abnormality of the right kidney which consisted of dilated calices and a distortion, indicating malposition of the kidney. Guinea pig inoculation was done and urine culture taken. He was discharged on July 8, 1944 and advised to return for further study at a later date. He was re-admitted to the hospital on August 30, 1944, and recheck of the urinary findings were normal. Guinea pig inoculation and culture growth of urine were negative. He was again discharged and advised to return after three months for recheck.

Patient was admitted to the hospital on December 4, 1944. At this time urinalysis was negative and x-ray examination of the kidney showed no further change in the abnormality. It was decided that he had a probable congenital anomaly of the right kidney with some malposition, which might not cause him any further trouble, providing no untoward accident or injury were sustained to the kidney.

It is recommended that the subject-man be reclassified for limited duty. He has been informed of this recommendation and does not wish to submit a statement. He will be discharged from the hospital to light duty pending action on the Board.

(Continued on next page)

Senior Member of Board

Member # 144

EWB:mlw

EFFICIENCY MARKS

Record of BENNETTS, Robert E. (Full name, surname to the left) 3042-005 (Service No.)

Date	Prof in rating	Conduct	Mech. Ability	Ability as ldr	Seamanship	Signature
12-31-42	3.5	4.0	3.5	3.4	3.5	/s/F.C.SOLLMAN
3-31-43	3.5	4.0	3.5	3.4	3.5	/s/ F.C.SOLLMAN
6-30-43	3.5	4.0	3.5	3.4	3.5	/s/ C. SMYTH
9-30-43	3.5	4.0	3.5	3.4	3.5	/s/ P.H. FORNER
12-31-43	3.5	4.0	3.5	3.4	3.5	/s/ P.H. FORNER
3-31-44	3.5	4.0	3.5	3.4	3.5	/s/ RALPH D. LOHR
6-30-44	3.5	4.0	3.5	3.4	3.5	/s/ RALPH D. LOHR
9-30-44	3.5	4.0	3.5	3.4	3.5	/s/ RALPH D. LOHR
12-31-44	3.5	4.0	3.5	3.4	3.5	/s/ RALPH D. LOHR

CERTIFIED TO BE A TRUE AND CORRECT COPY OF ORIGINAL:

Ralph D. Lohr

RALPH D. LOHR, Lieut. (j.g.) USCG

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1) NAME (PRINT CLEARLY): BENNETTS (LAST) Robert (FIRST) Earl (MIDDLE) | SERVICE NUMBER: 3042-005 | HEIGHT: 5 FT. 7 IN. | WEIGHT: 189 LBS. | RACE: W

(2) HOME ADDRESS: Oskar Rt., Houghton, Mich.

(3) BIRTHPLACE: Houghton, Mich. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4) DATE OF BIRTH: 25 June, 1900 | HOW LONG IN U. S. ---- YEARS

(5) CITIZEN [X] NON-CITIZEN [L-28] TAKEN OUT FIRST PAPERS [ ]

(6) MARITAL STATUS: Married | (7) NUMBER OF DEPENDENTS: 2

(8) EDUCATION — NON-E. [R-3] ILLITERATE [R-2]

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8					
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL	1/6		x	YMCA Motor Mech. School, Detroit, Mich.		

(9) TOTAL SCHOOL YEARS: 8 1/6

(10) LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)
FAIRLY WELL	S R W	S R W	S R W	S R W
FLUENTLY (L-27)	S R W	S R W	S R W	S R W

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: | DATE:

(12) BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
		X		

(13) MAIN OCCUPATION: Lighthouse Keeper | YEARS AT IT: 12 | WKLY. WAGE: $ 28
D. O. T. CODE: 5-61.310
JUST WHAT DID YOU DO? Tended operation and Maintenance of Lighthouse.

LAST DATE OF EMPLOYMENT: 29 Dec., 1942 Active
EMPLOYER: U. S. Coast Guard (FIRM NAME)
ADDRESS OF EMPLOYER: Portage Lake Ship Canal Light Station
DEPT., SHOP OR BRANCH: | KIND OF BUSINESS: Gov. Serv.

(14) SECOND BEST OCCUPATION: | YEARS AT IT: | WKLY. WAGE: $
D. O. T. CODE:
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES (15)	ARITHMETIC (16)	MECHANICAL APTITUDE (17)
GRADE —SCORE	88	70	148

(18) SERVICE SCHOOLS QUALIFIED FOR
1. No conversion
2.
3.

(19) SERVICE SCHOOLS DESIRED
1. none
2.
3.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
Coast Guard	7	C.M.M.	1927				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. Curtis Bay, Md.	12	Surf. Motor School	1922
2. New London, Ct.	4	Diesel Sch.	1927
3.			
4.			

(22) REMARKS:

Prof. 3.5 ALOM 3.4 Cond. 4.0
Likes present work and intends to remain in same in as much as it has been his main occupation.
Qualified for duties.

(23) NEXT OF KIN

Wife

NAME Alice B. Bennetts
ADDRESS Oskar Rt.
CITY Houghton STATE Michigan

(24)- (R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
10-14-43	Portage Sta.	B.M.1c	Lighthouse

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert E. (Name, surname first) | 3042-005 (Service number) | B.M.1c.(R)(S) (Rank or rating) | CG Group, Hancock, Mich. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, Chicago, Illinois, Date December 19, 19 44

To: Commanding Officer
(Coast Guard unit)
CG Group
Hancoc, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Anomaly, right kidney (aberant vessel)	710-0y0	12/4/44	12/13/44
Presbyopia.	x20-79x	12/4/44	12/13/44

He {*is / *~~is not~~} fit for light duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Patient discharged 12/13/44, fit for duty. No misconduct.

Recommend that subject-man be reclassified for limited duty.

Discharged to light duty pending action of the board.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

E. W. Hanson, A. A. Surgeon, USPHS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

BENNETTS, Robert E. (Name, surname first) | 3042-005 (Service number) | B.M.1c.(R)(S) (Rank or rating) | CG Group, Hancock, Mich. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Hancock, Michigan, Date 3 December, 19 44

To: Medical Officer-in-Charge
U. S. Marine Hospital
Chicago, Illinois

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Ralph D. Lohr

Robert E. Bennetts
Robert E. Bennetts
(Signature of patient)

RALPH D. LOHR, Lieut. (J.g.)
Commanding Officer
Hancock, Michigan
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Chicago, Ill., Date 7 December, 19 44.

I CERTIFY that I have examined the above-named person and find him suffering from

710-001 Observation (kidney disease)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ? days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USMH Chicago, Ill. {*hospital / *office} on 4 December, 19 44.

E. W. HANSON
A. A. Surgeon
U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

BENNETTS,	Robert	'E.	3042-005	B.M.1c (R) (S)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Cleveland, 9th NavDist.	19-266 19-266-15	Hancock, Michigan	26 August, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Coast Guard Station
(Portage Lake Ship Canal Light Station)
(Minor unit)

1500, 26 August, 1944 - Departed for hospitalization at U. S. Marine Hospital, Chicago, Illinois for a board of medical survey.

DUTY CODE No.: 29
AUTHORITY: DCGO, Clev. 9th ND/L
Dated 9 June, 1944
File 783-531 (pra) Ind-1

Ralph D. Lohr
RALPH D. LOHR, Lieut. (j.g.)
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-5 22	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert E.	3042-005	B.M.1c.	CG Station, Hancock, Mich.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Chicago, Ill., Date July 17, 1944

To: Commanding Officer,
U.S. Coast Guard Station,
(Coast Guard unit)
Hancock, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Renal hematuria, due to unknown cause	71x-x30	6-14-44	7-8-44

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Discharged from hospital on July 8, 1944, condition, unchanged, and fit for duty. Advised to return to this hospital on August 28, 1944 for results of Guinea pig innoculations.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes / *No.} Guilty of insubordination? {*Yes / *No.}

M. Busch,
Asst. Surgeon, U. S. Public Health Service.

16—27156—(R)

CL

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156—1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BENNETTS, Robert E.	3042-005	B.M.1c	CG Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Hancock, Michigan, Date 14 June, 19 44

To: Medical Officer in Charge
U.S.Marine Hospital
Chicago, Illinois

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO, CG Station, Hancock, Michigan

Robert E Bennetts
(Signature of patient)
Robert E. Bennetts

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Chicago, Illinois, Date 14 June, 19 44

I CERTIFY that I have examined the above-named person and find him suffering from

xOx Fatigue of muscles of eye - Requires refraction for lens fitting
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 5 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USMH Chicago, Illinois {*hospital / *office} on 14 June, 1944

M. BUSCH
Assitant Surgeon (R)

U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27153-1

N. C. G.-2529
(Rev. 9-2-41)

Headquarters

CODED
NO. 1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG Station (Unit) Hancock, Michigan (Place)

4 September, 1944 (Date)

FROM: BENNETTS, Robert E. (3042-005) B.M.1c.(R)(S)

To: COMMANDANT (via DCGO, Clev., Ninth NavDist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Alice Blume Bennetts	Oskar Route, Houghton, Michigan
None	
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Susie Chinn Bennetts	Mother	406 Houghton Ave. Houghton, Michigan

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Noah James Bennetts	Father	406 Houghton Ave., Houghton, Michigan

Potential
(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

4th day of Sept., 19 44

Ralph D. Lohr (Signature)

RALPH D. LOHR

Lieut. (j.g.)

Commanding Officer
(Rank or title)

Robert E. Bennetts
Robert E. Bennetts
(Signature)

B.M.1c.(R)(S)
(Rank or rating)

16—25758-4

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILED

BENNETTS, Robert E. (3042-005) B.M.1c R.S. C.G.Station, Hancock, Michigan.
(Name, surname first) (Service number) (Rank or rating) (Unit)

~~REGULAR~~ ~~SPECIAL~~ TEMPORARY *RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Hancock, Michigan., Date November 22nd, 1943.

To: C.G.Station,
(Coast Guard unit)
Hancock, Michigan.
(Address)

The above-named patient was discharged from {~~*inpatient~~ *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Fractured Skull		Nov 22, 43	Nov 22, 43

He {*is ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. ~~*No.~~} Absent without permission? {~~*Yes~~ *No.} Guilty of insubordination? {~~*Yes~~ *No.}

A. M. Stern
A A U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office *hospital} at _____ for
(Diagnosis)
_____ since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILED

BENNETTS, Robert E.	(3042-005)	B.M.1c R.S.	C.G.Station, Hancock, Michigan.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

~~REGULARY~~ ~~RESERVE~~ ~~TEMPORARY~~ *RESERVE
(Enlistment status)

Place Hancock, Michigan., Date November 22nd, 1943.

To: Dr. I.D.Stern, U.S.P.H.S.
Hancock, Michigan.

SIR: You are requested to examine the above-named {~~*enlisted man~~} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to P. H. Forner

Robert E. Bennetts
(Signature of patient)

P. H. FORNER,
Lieut., Commanding Officer
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Hancock, Michigan, Date November 22nd, 1943

I CERTIFY that I have examined the above-named person and find him suffering from

Fracture of rib
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes.} {~~*No.~~} Fit for duty? {*Yes. *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes~~ *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {~~*Yes~~ *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {~~*inpatient~~ *outpatient} treatment at Dr I. D. Stern's ~~*hospital~~ {*office} on November 22nd, 1943

I. D. Stern
AA U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

CG-73 (P)

3-12

Ltr

23 June, 1943

To: DCG Trasta, Hancock, Michigan

Via: DCGO, Cleveland, 9th Naval District

Subj: BENNETTS, Robert E. (3042-005) B.M.1c.(R); advancement of; recommendation of

The recommendation contained in your letter of 2 June, 1943 is disapproved, for the reason there are no vacancies in the Cleveland District for Chief Boatswain's Mates, and it is considered that subject man does not have the qualifications as a Chief Boatswain's Mate for general duty.

E. J. ROLAND
By direction

U. S. COAST GUARD (7)
CGHD JUN 25 1943

IBS/mm

Steele Rm. 3020 3-1

783.

UNITED STATES COAST GUARD
REC'D JUN - 7 1943
Office
District Coast Guard Officer,
UNITED STATES COAST GUARD
REC'D JUN 12 1943
Office
District Coast Guard Officer
Cleveland, Ninth Naval District

UNITED STATES COAST GUARD

DISTRICT C. G. TRAINING STATION — HANCOCK, MICHIGAN

Ninth Naval District

2 June, 1943

To: The Commandant

Via: DCGO, Cleveland, 9th Naval District

Subj: BENNETTS, Robert E. (3042-005) B.M. 1c (R); change of rating; request for

1. A change in rating for subject named man from B.M. 1c (R) to C.B.M. (R), is hereby requested. He has completed over seven years service in the regular Coast Guard, having received an honorable discharge 13 September, 1927, with the rating of C.Mo.M.M. Since that time he has completed over twelve and one half years in the U. S. Lighthouse Service and again enlisted in the U.S.C.G.R. on 30 December, 1942.

2. Having served over ninteen years in the Coast Guard and Lighthouse service he is fully qualified to perform the duties of the desired rating of C.B.M. (R). His mental, moral, physical and professional qualifications are most highly commendable. It is there for recommended that he be advanc- in rating to C.B.M. (R).

3. His quarterly marks for current enlistment are as follows:-

Date	Pro. in Rating	Seamanship	Mech. Ability	Ability as Ldr. of Men	Conduct
3-31-43	3.5	3.5	3.5	3.4	4.0
12-31-42	3.5	3.5	3.5	3.4	4.0

Charles Smyth
CHARLES SMYTH

Ind-1
Office, DCGO, Cleveland, 9th NavDist
783
15 June, 1943

S-X 3-1

To: The Commandant

Subj: Bennetts, Robert E. (3042-005) B.M.1c., USCGR(S); advancement in rating.

1. Forwarded, disapproved. At the present time subject man is serving at the Portage Lake Ship Canals Light Station in the capacity of first assistant keeper, and his duties are not compatible with the rating of Chief Petty Officer.

2. There are no existing vacancies in this district in the rating of Chief Boatswain's Mate.

G. E. TRESTER
By direction

NCG 2500
(Rev. June, 1942)

CODED

COUNTED

UNITED STATES COAST GUARD

ENLISTMENT CONTRACT

Authority for enlistment
H/D 142027 Dec., 1942.

REC'D JAN 28 1943

UNITED STATES { ~~COAST GUARD~~ / COAST GUARD RESERVE } CLASS S

ENLISTMENT OF BENNETTS, Robert Earl (Full name, surname to left); 3042-005 (Service number); $96.00 (Pay per month)

Accepted for enlistment at Office District Coast Guard Officer, Cleveland, Ninth Naval District Hancock, Michigan; B.M.2c., U.S.C.G.R. (Rating in which enlisted)

Enlisted at Hancock, Michigan; 30 December, 1942. (Date of enlistment)

Transferred to PORTAGE LAKE SHIP CANAL LIGHT STATION

Occupation 1st. Asst. Lt. House Keeper Citizenship* Nat. Born If naturalized, place and date of naturalization - - Certificate No. - -

Date of birth 25 June, 1900 Place of birth Houghton County, Michigan

Home address Oskar route, (Street and number) Houghton (Town) Houghton county, (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian

Alice Blume Bennetts, (wife) (Relationship) Oskar route, Houghton County, Michigan. (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 7 (Years) 4 (Months) 12 (Days)

First enlisted 13 March, 1919 (Date) at Marquette, Michigan (Place) and was

last discharged 13 September, 1927 (Date) from Cutter LEGARE (Unit)

with Honorable (Character) discharge as C.Mo.M.M. (Rate) No. 55,211

Previous Navy service - - - - (Years) (Months) (Days) Previous Marine Corps service - - - - (Years) (Months) (Days)

Previous Army service - - - - (Years) (Months) (Days) Age 42 years 6 months.

Height 5 feet 7 inches. Weight 189 pounds.

Eyes Blue Sex Male Hair Dk. Brown Complexion Ruddy Color White

Personal characteristics - - - - marks, etc. None

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 F. C. SOLLMAN of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel 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 { three (3) years from 30 December, 1942 / during minority until ____, 1____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

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 6 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, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard 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 proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; 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 Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, 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 and for 6 months thereafter.

Fifth: 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, Robert E. Bennetts, 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 laws of the United States and the regulations governing the Coast Guard.

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

Robert Earl Bennetts
Robert E. Bennetts
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 30 day of December, A. D. 1942

F. C. Sollman
F. C. SOLLMAN, Lieutenant (jg), U.S.C.G.
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

F. C. Sollman
F. C. SOLLMAN

Lieutenant (jg), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

16—8420-2

DISTRICT COAST GUARD
TRAINING STATION

Hancock, Michigan

14 January, 1943.

UNITED STATES COAST GUARD
REC'D JAN 28 1943
Office
District Coast Guard Officer,
Cleveland, Ninth Naval District

From: Commanding Officer, DISTRICT COAST GUARD TRAINING STATION, Hancock, Ninth Naval District.

To: Local Draft Board No. 1, Community Building, Houghton, Michigan

Subject: BENNETTS, Robert Earl (3042-005) B.M.2c.(R)

Reference: Letter DCGO. dated 2 January, 1943.

1. For your information and records, subject man enlisted in the United Stated Coast Guard Reserve 30 December, 1942.

F. C. SOLLMAN, Lieut.(jg)

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Mar., 1930

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

UNITED STATES COAST

APPLICATION FOR ENLISTMENT

REC'D JAN 20 1943

Position desired Boatswain's Mate, Second Class (R)(s)

Office

WARNING

If you have ever been in the Coast Guard, Army, Navy, or Marine Corps and deny such service, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Hancock, Michigan
(Place)

30 December, 19 42
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 42 years 6 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Robert Earl Bennetts

Date of birth 25 June, 1900

Place of birth Houghton county, Michigan Citizenship Nat. Born

Home address Oskar route, Houghton county, Michigan

Are you married? Yes Number and relationship of persons dependent on you for support? Two

Wife and daughter

Are you prepared to support your dependents on service pay? yes

Are your parents living? Yes Are your parents dependent on you for support? No

Name and address of next of kin Alice Blume Bennetts (wife) Oskar route, Houghton Co. Mich.

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U.S. Coast Guard	Cleveland, Ohio		1930	1942	Asst. Light Keeper

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No

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

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Grammar school

Graduated Surfmen's Motor School, U.S. Coast Guard Depot, Baltimore, Md., 4 April, 1922.

Graduated Submarine Training School, Diesel Engineering, New London, Conn. 12 February, 1927.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? Yes

If so, state which U. S. Coast Guard

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard?

When did you apply? Where?

Were you accepted or rejected? If rejected, state why

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Robert Earl Bennetts

(Sign your full name here) Robert Earl Bennetts

Accepted or rejected Accepted Cause of rejection

Date 26 December, 1942

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

F. C. Sollman

F. C. SOLLMAN, Lieut.(jg)

U. S. GOVERNMENT PRINTING OFFICE 2—13412

U. S. C. G.

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

REPORT OF POLICE RECORD

REC'D JAN 2 1943

Coast Guard Recruiting Station, Hancock, Michigan
(Place)

31 December, 1942
(Date)

Office
District Coast Guard Officer Ted Kearney
To Chief of Police, 9th Naval District

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Robert E. Bennetts
(Name of applicant)

42	5'-7"	189	White
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? Married

F. C. Sollman
F. C. SOLLMAN, Lieut. (JG) *Recruiting Officer.*

1-2-43
(Date)

To Recruiting Officer,

The above information is submitted from the records of this office.

Ted Kearney
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

38—9747

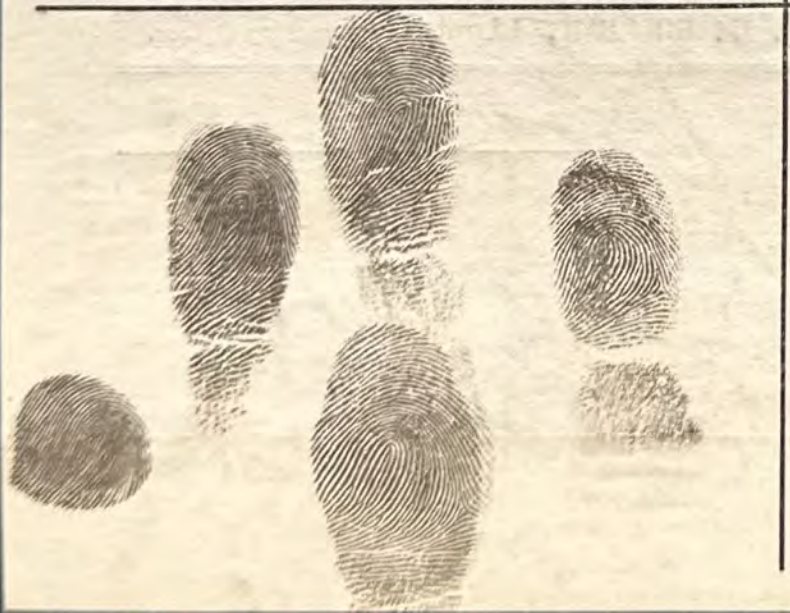
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



N. C. G.-2529
(Rev. 9-2-41)

RECD MAR 25 1943

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

DISTRICT C.G.TRAINING STATION (Unit) — HANCOCK, MICHIGAN (Place)

25 January, 1943 (Date)

FROM: BENNETTS, Robert E. (3042-005) B.M.2c.(R).

TO: COMMANDANT (via DCGW, Cleve., 9th. Nav. Dist.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)		(Address of wife)
Alice Blume Bennetts	WIFE	Oskar Route, Houghton, Michigan
(Full name of child; if none, so state)		**(Address of child)**
Joan Alice Bennetts	DAUGHTER	Oskar Route, Houghton, Michigan
(Full name of child; if none, so state)		(Address of child)
(Full name of child; if none, so state)		(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Susie Chinn Bennetts	MOTHER	Houghton, Michigan

POTENTIAL
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Noah James Bennetts	FATHER	Houghton, Michigan

POTENTIAL
(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 25th day of January, 19 43

F. C. SOLLMAN, Lieut.(jg)
(Signature)

Commanding Officer
(Rank or title)

Robert E. Bennetts
Robert E. Bennetts
(Signature)

B.M.2c.(R)
(Rank or rating)

16—25758-1

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-783.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 6 April, 1943.

From: Commandant.
To: District Coast Guard Officer, Cleveland, Ninth Naval District.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 30 December, 1942, of BENNETTS, Robert Earl (3042-005) B.M.2c., U.S.C.G.R.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
3-13-19	3-12-20 H D	None		None		None	
5-3-21	8-31-22 H D	None		None		None	
9-1-22	8-31-24 H D	None		None		None	
9-1-24	8-31-25 H D	None		None		None	
9-1-25	8-31-26 H D	None		None		None	
9-1-26	9-13-27 H D	None		None		None	
12-30-42 (Reserve)							
Now serving							

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			

Completed years

S. C. CRANDALL,
By direction.

16—23559-2

25 June, 1927.

From: Commandant.
To: Commander, DIVISION THREE, OFF SHORE PATROL FORCE.
(Via Destroyer Force).

Subject: Record of service.

Inclosure:

1. The records at Headquarters show that Robert Earl BENNETT, C.No.M.M.(e) has had previous creditable service under the United States, up to and including 25 June, 1927, as follows:

	Yrs.	Mos.	Days.
Revenue-Cutter Service and Coast Guard (enlisted service)	7	1	23
Life-Saving Service and Coast Guard (enlisted service)			
Navy (enlisted service)			
Naval Reserve Force (active enlisted service, not including training periods)			
Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey, and Public Health Service, or adjunct forces thereof (all active service as a warrant or commissioned officer during the period April 6, 1917, to December 31, 1921)			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31 (3), Pay and Supply Instructions	7	1	23
Army (all service, other than above)			
Navy (all service, other than above)			
Naval Reserve Force (all active service as a commissioned or warrant officer, other than above)			
Marine Corps (all service, other than above)			
Revenue-Cutter Service (all service, other than above)			
Coast Guard (all service, other than above)			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations	7	1	23
Coast and Geodetic Survey (all service, other than above)			
Public Health Service (all service, other than above)			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, qrovided in Art. 23 (2), Pay and Supply Instructions			

Copy to P & A

Completed four (4) years service on 2 May, 1924.

By direction.

G. P. CLARK.

June 23, 1924.

From: Commandant.
To : Superintendent, Eleventh District.

Subject: Record of Service.

Robert E. Bennett

1. The records at Headquarters show that Robert E. Bennett
No. U. S. 10. has had previous creditable service
under the United States, up to and including June 23, 1924. as follows:

	Yrs.	Mos.	Days.
Revenue Cutter Service and Coast Guard (all Service)..	4	1	21
Life Saving Service and Coast Guard (all Service).....			
Navy (enlisted service).....			
Naval Reserve Force (active enlisted service in Federal service).....			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31(3) Pay and Supply Instructions....	4	1	21
Navy (commissioned or warrant service).....			
Naval Reserve Force (active commissioned or warrant service in Federal service).....			
Army (all Service).....			
Marine Corps (all Service).....			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YRS. SERVICE, provided in Article 281(1) Regulations.....	4	1	21
Coast and Geodetic Survey (all Service).....			
Public Health Service (all Service).....			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Article 23(2) Pay and Supply Instructions...			

Completed 4 years service May 2, 1924.
Copy to "P and A".

By Direction.





BENNETTS, Robert E. (3042-005)



N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Coast Guard Infirmary (03-130)
(Unit)

Westhampton Beach
Long Island, New York.
(Place)

1 April, 1944.
(Date)

FROM: SHERROD, Carl A. Jr. (517-155) S.C.1c (R)

TO: COMMANDANT (via DCGO 3rdND Pay Office)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Sarah Mae Sherrod (Wife) (Full name of wife; if not married, so state)	Jagger Lane & County Road Westhampton, Long Island, N.Y. (Address of wife)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Helen L. England (Full name of relative)	Mother (Relationship)	608 Cedar Street, Chattanooga, Tenn. (Address of relative)

(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

1st day of APRIL, 1944.

James L. Palmer, P A Surgeon (R).
(Signature)

(Rank or title)

Carl A. Sherrod, Jr.
Carl A. Sherrod, Jr. (517-155)
(Signature)

S.C.1c (R)
(Rank or rating)

16—25758-1

NCG 2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

BENNETTS, Robert E.	3042-005	B.M.1c.	CG Sta., Hancock, Michigan
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Chicago, Ill., Date Sept. 4, 1944

To: Commanding Officer,
Coast Guard Station,
(Coast Guard unit)
Hancock, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Anomaly, right kidney (undiagnosed)	710-0y0	NOT TREATED	

He {*is / *~~XXXXXX~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Admitted to hospital on Aug. 27, 1944 and discharged on Aug. 30, 1944, fit for duty. Advised to return in three months for further check-up.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~XXX~~ / *No.} Guilty of insubordination? {*~~XXX~~ / *No.}

E.W. Hanson,
~~A.A. Surgeon,~~ *U. S. Public Health Service.*

CL

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

BENNETTS, Robert E.	3042-005	B.M.1c.	CG Sta., Hancock, Michigan
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Hancock, Michigan, Date Aug. 27, 19 44

To: Medical Officer in Charge,
U.S. Marine Hospital,
4141 Clarendon Avenue,
Chicago, Illinois

SIR: You are requested to examine the above-named {*officer / *~~enlisted man~~} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Coast Guard Station, Hancock, Michigan

X Robert E Bennetts
(Signature of patient)

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital, ~~Chicago, Illinois~~, Date Sept. 4, 19 44

I CERTIFY that I have examined the above-named person and find him suffering from

Y00-001 - Under observation for kidney disease

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 3 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U.S. Marine Hospital, Chicago, Ill. {*hospital / *~~office~~} on August 27, 19 44

E.W. Hanson,
A.A. Surgeon, U. S. Public Health Service.

CL

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27150-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

Hodges

REPORT OF CHANGE IN PERSONNEL

BENNETTS	Robert	E.	(M)3042-005	B.M.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Cleveland, 9ND		Hancock, Michigan	24 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Portage Lifeboat Sta.
(Minor unit)

16 Jan., 1945 - Placed in class "M" due to "Anomaly, right kidney (aberant vessel) and Presbyopia".

DUTY CODE No.: 29
AUTHORITY: HQ/L file 783 (PEA-AD)
Dated 16 Jan., 1945.

Ralph D. Lohr Lieut. (j.g.)
RALPH D. LOHR (Commanding)
Commanding Officer
(Title)

EXAMINED PEA

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
	Coding

PEA Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

(PEA-AD)
CG-783

16 January, 1945

To: DCGO, Cleveland, 9th Naval District

Subj: BENNETTS, Robert E. (3042-005) BM1c(R); retention in Service; Class (M)

In view of the information and recommendation contained in Report of Medical Survey, U. S. Marine Hospital, Chicago, Illinois, dated 14 December, 1944, with indorsements thereon, BENNETTS will be retained in Service and be assigned to duty commensurate with his disability. The Class (M) designator will be placed before his service number and the procedure outlined in paragraph (2) of Personnel Bulletin 78-44 will be observed.

E. ZOCLE
By direction

PHILLIPS:pjj

UNITED STATES COAST GUARD



ADDRESS REPLY TO
Portage Lake Ship Canal Lt. Sta.
Houghton, Michigan
AND REFER TO

UNITED STATES COAST GUARD
Rec'd
Office
District Coast Guard Officer
Ninth Naval District

To:
District Coast Guard Officer (pcp)
Ninth Naval District
Refer to file 73-75, also
date of communication

10 November, 1945

Subj: Continued Military status beyond the 120 days period.

1. In view of recent letter dated 1 November 1945, concerning remaining in Military status. I am requesting that my services be continued in a military status beyond the 120 day period for discharge referred to in file 73-75 dated 1 November 1945.

2. I will remain in my military status until it is convenient for you to restore me to my former civilian position.

3. Awaiting for your reply to said subject.

Robert E. Bennetts
BM 1c (3042-005)

Ind-1
DCGO, Cleveland, 9ND
19 December, 1945

To: The Commandant

Forwarded approved.

J. J. Hutson Jr.
J. J. HUTSON, Jr.
By direction

AUTHORIZED
SEE HQ. letter DEC 28 1945 file PEA-C CG 700 783

61-A-651 Discharged-1946

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

Manager Byron R. Patton Date 5/8/62

FROM: Social Security Administration
Orlando, Fla.

File 3-13

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Bennetts, Robert E.	6/25/00		475-48-5549

BRANCH OF SERVICE	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
Coast Guard	12/30/42	5/29/46	unk
RATE OR RANK: B/M - 2/c			
SERIAL NO.: 3042-005			

Part II ☐ . . . Part III ☒ below to be completed by the service department

REMARKS:

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 30 December 1942

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 29 May 1946

3. CHARACTER OF SEPARATION(S)* (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Honorable Discharge

4. *If period of service was less than 90 days*, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY? ☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED? ☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE (*Officers only*)

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

1. (*a*) Was this veteran an enlisted member of the Army, Air Force, Navy, or Marine Corps and retired after September 15, 1940, and before October 1, 1949, because of disability? . . . . . ☐ Yes ☐ No

(*b*) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? . . . . . ☐ Yes ☐ No

If answer to 1 (*a*) or 1 (*b*) is "Yes," answer (*c*) and (*d*).

(*c*) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☐ No

(*d*) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☐ No

2. (*a*) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? . . . . . ☐ Yes ☐ No

If answer is "Yes," answer (*b*) and (*c*).

(*b*) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . . . ☐ Yes ☐ No

(*c*) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? . . . . . ☐ Yes ☐ No

3. Did the veteran have active duty or active duty for training after December 31, 1956? . . . . . ☐ Yes ☐ No

REMARKS BY CERTIFYING AGENCY:

Part III is not applicable. Subject man was discharged.

☐ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD
DATE: 17 May 1962

SIGNATURE: M. J. MAYER
RANK OR TITLE: Chief, Survivors Benefits Branch
Special Services Division
By direction of the Commandant

Form OA-C654 (2-60)

Crew Ann

N. C. G. 9541A

BENNETTS, Robert Earl
(NAME)

"M" 3042-005
(SERVICE NUMBER)

83075

SINGLE
MARRIED X
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

BIRTH, DATE OF 25 June, 1900
BIRTH, PLACE OF Houghton So., Mich.
CITIZENSHIP N Stmt 4-6-43 ✓

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS (ORIG. ENL. REGULAR RESERVE 3 YEARS OR D. O. E. AUTH.)
~~CLEVELAND DIST.~~ HANCOCK MICH.	12-30-42 ✓	B.M.2c.				ASSIGNED ACTIVE DUTY
Hancock Sta	12-30-42 ✓	B.M.2c				to Portage Lake Ship Canal Light Sta.
Hancock Sta (19)	5-1-43 ✓	B.M.1c				to Portage L.B. Sta.
Hancock Sta (14)	4-10-44	B.M.1c				to Portage Lake Ship Canal L.S.
Hancock Sta (19)	1-16-45	B.M.1c				Portage L.B. Sta Cl'd in Class "M" HL 1-16-45
SEPARATION CENTER NO. 2 Detroit, Mich.	5-25-46	B.M.1c				to
SEPARATION CENTER NO. 2 Detroit, Mich.	5-29-46	B.M.1c	3	5	0	HD EXP. ENL. Aboard 5-7-46

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 DIEBOLD 2116-595

COAST GUARD.
Form 9545.
REGISTER ENLISTED FORCE.

(2)

(+) 5-2-24

BENNETTS, Robert Earl

113 787

Other creditable service— YRS. MOS. DAYS.

Birth, date of, June 25, 1900

Birth, place of, Houghton, Mich.

Citizenship, N.

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	SERVICE. MOS.	SERVICE. DAYS.	REMARKS.
LEGARE Div.3.	3-17-27	C.Mo.M.M.(a)				Tr.F.2599 2-28-27
DIVISION 3. (Legare)	8-15-27	C.Mo.M.M.				Rating issued 9-19-27
DIVISION 3.	9-13-27	C.Mo.M.M.	6	4	11	HD.Enl.Ext.13 days. Services needed.

COAST GUARD.
Form 9545.
REGISTER ENLISTED FORCE.

113 787

BENNETTS, Robert Earl

Other creditable service— YRS. MOS. DAYS.

Birth, date of, June 25, 1900

Birth, place of, Houghton, Mich.

Citizenship, N.

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	SERVICE. MOS.	SERVICE. DAYS.	REMARKS.
MARQUETTE STA.	3-13-19	Surfman				ORIG.ENL.
MARQUETTE STA.	3-12-20	Surfman	1	0	0	HD
MARQUETTE STA.	5-3-21	Surfman				RE NEW DATE ENLISTMENT
DEPOT	1-4-22	Surfman				TR auth.HL 12-20-21
MARQUETTE STA.	4-7-22	Surfman				TR auth CL 4-5-22
KEWAUNEE STA.	6-16-22	Surfman				TR auth HL 6-7-22 & HL 7-3-22.
KEWAUNEE STA.	8-31-22	Surfman				HD exp.enl. 336 Regs.urgency
KEWAUNEE STA	9-1- 22	Surfman				RE TWO YEARS NEW DATE ENL.
KEWAUNEE STA.	9-1- 22	Mo.M.M. 1c				Rated auth HL 7-10-22.
STURGEON BAY CANAL	11-23-22	Mo.M.M. 1c				TR auth HL 11-11-22
MARQUETTE STA.	9-23-23	Mo.M.M. 1c				TR auth HL 9-13-23.
DIESEL ENG. SCH. NEW LONDON	1-12-27	Mo.M.M.1c				Tr.Form 2599 1-9-27
RU NEW LONDON	2-12-27	Mo.M.M.1c.				
RU NEW LONDON	2-15-27	C.Mo.M.M.(a)				F.2599 2-25-27 HL 2-24-27
M. B. B.E.CORP	3-1-27	C.Mo.M.M.(a				TR.F.2599 2-28-27