

SR# 2-29635478708

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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



2-DN1LZZP

Non-Registry Block:

Registry Number: ***00000 098 728***

Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***1W***

Reg Veteran's Name: *ENOS JOHN*

SR Veteran's Name: *ENOS, JOHN*

SSN:

DOB:

POB:

SVN/SSN: *000219793*

Service Code: *CG*

Service Number:

SR Number: **2-29635478708**

Search Section: **5**

Record Charged to:

Name: Holly Rivet
Room#: 340I
Phone#: 3148010599

Core: Archival
Team: Public Research Room

Searcher Name: JLUCKEY

Initials: _____

Date: _____

Notes:



2-DN1LZZP

All Records Ordered for this Service Request:
2-DN1LZZP

Service Request Received in Center Date:		06/13/2024 00:00:00
Search Request Created By:	HRIVET	06/27/2024 15:59:19
Search Request Printed By:	LDIXON	06/28/2024 08:06:50

1. NAME (IN FULL, SURNAME FIRST)
ENOS, John (n) Jr. 219 793

2. RACE: WHITE
DATE OF BIRTH: 7-27-05
PLACE OF BIRTH: Honolulu TH

3. RANK OR RATE: CBM USCG
AVIATION: -
LENGTH OF SERVICE: 4 yrs. 11 mos.

4. DIAG. NO.: 212
DIAGNOSIS TITLE (NAVY NOMENCLATURE): Cardiac Arrhythmia, Auricular Fibrillation

5. TAKEN ~~ON~~ AS: Pt
DATE: 5-29-46
DISPOSITION: C
DATE: 6-1-46
SICK DAYS: 3

8. EPTE? No
PREVIOUSLY TAKEN UP?
DATE
KEY
SPECIALTY

7. PATIENT RECEIVED FROM-
Dist. C. G. Med. Cen.

8. TRANSFERRED AS A PATIENT TO-

9. DIAG. CHANGED (C)
TO- Embolism, Right Femoral Artery
DIAG. NO.: 223
ON ACCOUNT OF- Complication

10. (ACD)
DIAG. NO.
PRIMARY DIAGNOSIS

11. THIS CARD SENT FROM-
U. S. NAVAL HOSPITAL
NAVY NUMBER 10 (ONE ZERO)
C/O FLEET POST OFFICE
SAN FRANCISCO, CALIFORNIA

12. REMARKS

FILED

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED FORM FA CARD (REVISED 1942)

IBM 732894

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

1. NAME (IN FULL, SURNAME FIRST)
ENOS, John (n) Jr. 219 793

2. RACE: White
DATE OF BIRTH: 7-27-05
PLACE OF BIRTH: Honolulu TH

3. RANK OR RATE: CBM USCG
AVIATION: -
LENGTH OF SERVICE: 4 yrs. 11 mos.

4. DIAG. NO.: 223
DIAGNOSIS TITLE (NAVY NOMENCLATURE): Artery Embolism Right Femoral

5. TAKEN UP AS: ACD
DATE: 6-1-46
DISPOSITION: C
DATE: 7-6-46
SICK DAYS: 35

6. EPTE? No
PREVIOUSLY TAKEN UP? No
DATE:
KEY:
SPECIALTY:

7. PATIENT RECEIVED FROM- Change of Diagnosis

8. TRANSFERRED AS A PATIENT TO-

9. DIAG. CHANGED (C)
TO- Rt. Leg, Mid-Thigh Absence Acquired,
DIAG. NO. 2100
ON ACCOUNT OF- Sequela

10. (ACD)
DIAG. NO. 212
PRIMARY DIAGNOSIS: Cardiac Arrhythmia, Auricular Fibrillation

FILED C.M.

11. THIS CARD SENT FROM-
U. S. NAVAL HOSPITAL
NAVY NUMBER 10 (ONE ZERO)
FLEET POST OFFICE
CALIFORNIA

12. REMARKS:

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED FORM FA CARD (REVISED 1942)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 732894

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

N.S.A. Form No. 560a
Form prescribed by
Comptroller General, U. S.
October 20, 1943

436 10865

NAVY DEPARTMENT 3-14

D. O. Vou. No.
Bu. Vou. No.

PUBLIC VOUCHER FOR 6 MONTHS' DEATH GRATUITY PAY

(Act June 4, 1920, 41 Stat. 824, as amended, and regulations pursuant thereto.)

File as 10/10/46

PAID BY
E. J. BRENNAN
CHIEF DISBURSING OFFICER
TREASURY DEPARTMENT
SYMBOL 18-436
OCT 9 1946
(For use of paying office)

Appropriaton 2071203.001 (Symbol)

U. S. COAST GUARD (Address)

THE UNITED STATES, Dr., ENOS, John, Jr.

To* (1) Kathrene Enos (Name of Payee)

3021-L Kanu St., Manoa Housing Area, Honolulu, T.H. (Address)

*Pursuant to the Act of June 4, 1920, 41 Stat. 824, as amended, the gratuity may be paid to claimants only in the following order:

(1) Widow.
(2) Child or children, there being no widow.
(3) Other previously designated dependent relative, there being no widow, or child.
(4) Undesignated dependent grandparent, parent, sister, or brother, there being no widow, child, or previously designated dependent relative.

The numerals shown above in parentheses are to be used before payee's name, to denote the class status of the payee.

COMPUTATION OF DEATH GRATUITY

Name of Deceased John Enos, Jr. File or Service Number 219-793

Date of Death 20 August, 1946

Rank or Rating at Time of Death BM1c, USCG Service for Longevity 3 Yrs.

Base Pay Plus Longevity		$ 141.75
Additional Pay	S&FSD	$ 27.00
Additional Pay		$
Additional Pay		$
TOTAL PAY PER MONTH		$ 168.75
SIX MONTHS' DEATH GRATUITY PAY		$ 1012.50

Attached hereto are the official report of death bearing certificate that the person(s) named thereon as beneficiary(ies) has (have) qualified as such, and claimant's(s') signed application(s) for gratuity payment(s); also the following if so indicated by X mark:

☒ 1. Beneficiary slip(s).
☐ 2. Affidavit(s) of more distant relative(s) and corroborating witness(es).

MEMORANDUM

as

Paid by Check No. 11951 dated _____, 19____, for $ 1012.50 { on Treasurer of the United States in favor of payee named above.

Form 39A

~~(1) Acct. Sect. 6 + 7 GR~~ (2) 3-14 Filed as 3/21/47

CERTIFICATE OF SETTLEMENT

GENERAL ACCOUNTING OFFICE

D. O. Vou. No. ~~736~~ 1022

PAID BY
Paul D. Banning
C & O.
Treas. Dept.
Symbol 18-496
Mar 10 1947

Claim No. 2h3054h WASHINGTON, February 12, 1947 (Date)

ENOS, John, Jr.

Kathrene Enos, as widow of John Enos, Jr., deceased,
3021-L Kuna Street,
Manoa Housing Area,
Honolulu, Territory of Hawaii.

CERTIFICATE No.
1512682

Paying Officer will please show this CERTIFICATE NUMBER on the check used in payment hereof, and insert the check number in space provided below.

I CERTIFY there is due from the United States to the above-named claimant(s), payable from the appropriation(s) indicated, the sum of—

FORTY AND 60/100 Dollars ($ 40.60)

on account of pay due decedent at date of death, August 20, 1946, as boatswain's mate first class, United States Coast Guard, service No. 219-793.

2071203 Pay and Allowances, Coast Guard, 1947

Limitation 2071203.001

To: Chief Disbursing Officer,
(Assistant Disbursing Officer,
Coast Guard Headquarters).

HJK

MEMORANDUM

Copy for Administrative Office

40,60 42425

☆ U. S. GOVERNMENT PRINTING OFFICE: 1946

SCHEDULE OF CERTIFICATES OF SETTLEMENT PAYABLE FROM CURRENT APPROPRIATIONS

Treasury (Department or establishment) — Coast Guard (Bureau or office) — (Date paid)

By Chief Disbursing Officer, (Assistant Disbursing Officer, Coast Guard Headquarters), Washington, D. C.

Period February 1947 (Month or quarter ended) — Symbol No.

Bureau Schedule No. 338160 — Date February 24, 1947

DISBURSING OFFICER'S VOUCHER NO.	CERTIFICATE NO.	PAYEE	APPROPRIATION	AMOUNT
TSM	1512692	Fatherree Bros, etc.	2071203.001	40.40

The Certificates of Settlement listed hereon, payable from current appropriations, are transmitted herewith for payment to the payees named therein.

16—96-3 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

Address Reply To
THE COMMANDANT (FA-PR)
Refer to File: CG- 73

1 October, 1946

MEMORANDUM FOR CHIEF, MILITARY MORALE DIVISION

Subj: Arrears of pay at date of death

A transcript of pay account to date of death has been forwarded to the Claims Division, General Accounting Office, in the case of the person named below, showing balance "due" ~~or "overpaid"~~ in the amount indicated.

Name, service number, rank or rating HEOS, John, Jr. (219-793) BM1c, USCG

Pay Group Number 44

Date of death 20 August, 1946

Balance due ~~xxxxxxxxx~~ $40.60

Appropriation chargeable 2071203.001 Pay and Allowances, Coast Guard, 1947

REMARKS:

Death Gratuity Pay in amount of $1,012.50 frd. to Disbursing Office 27 September, 1946

Chief, Pay and Audit Section
Office of Finance and Supply

as

1. NAME (IN FULL, SURNAME FIRST)
ENOS, John (n) Jr. 219 793

2. RACE: White
DATE OF BIRTH: 7-27-05
PLACE OF BIRTH: Honolulu TH

3. RANK OR RATE: CBM CG
AVIATION: -
LENGTH OF SERVICE: 4 yrs.11 mos.

4. DIAG. NO.: 2100
DIAGNOSIS TITLE (NAVY NOMENCLATURE): Absence Acquired, Rt. Leg Mid-Thigh

5. TAKEN UP AS: ACD
DATE: 7-6-46
DISPOSITION: C
DATE: 8-20-46
SICK DAYS: 45

6. EPTE? No
PREVIOUSLY TAKEN UP?
DATE
KEY
SPECIALTY

7. PATIENT RECEIVED FROM-
Change of diagnosis

8. TRANSFERRED AS A PATIENT TO-

9. DIAG. CHANGED (C)
TO- Infarction, Heart, Posterior
DIAG. NO. 2135
ON ACCOUNT OF- Intercurrent

10. (ACD)
DIAG. NO. 212
PRIMARY DIAGNOSIS: Cardiac Arrhythmia, M. Auricular Fibrillation

11. THIS CARD SENT FROM-

12. REMARKS:

FILE

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED FORM FA CARD (REVISED 1942)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 732894

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

1. NAME (IN FULL, SURNAME FIRST)
ENOS, John (n) Jr. 219 793

2. RACE: White
DATE OF BIRTH: 7-27-05
PLACE OF BIRTH: Honolulu TH

3. RANK OR RATE: CBM USCG
AVIATION: -
LENGTH OF SERVICE: 4 yrs. 11 mos.

4. DIAG. NO.: 2135
DIAGNOSIS TITLE (NAVY NOMENCLATURE): Infarction, Heart, Posterior

5. TAKEN UP AS: AD
DATE: 8-20-46
DISPOSITION: DD
DATE: 8-20-46
SICK DAYS: 0

6. EPTE? No
PREVIOUSLY TAKEN UP?
DATE
KEY
SPECIALTY

7. PATIENT RECEIVED FROM-
Change of diagnosis

8. TRANSFERRED AS A PATIENT TO-

9. DIAG. CHANGED (C)
TO-
DIAG. NO.
ON ACCOUNT OF- FIL.

10. (ACD)
DIAG. NO.
PRIMARY DIAGNOSIS C. M.

11. THIS CARD SENT FROM-

12. REMARKS:

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED FORM FA CARD (REVISED 1942)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 732894

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

153° S. & M.

FILE T.L.B.

METAL USED			
GOLD	DWT	GRS.	COST
¾ CROWN			
SAD-BAR			
INLAY			
LIN. BAR-LONG			
" " -MED.			
" " -STOCK			
FOIL CYLINDER			
PLATE 22K			
" 24K			
SOLDER FOR 16K			
" " 18K			
" " 20K			
" " 22K			
WIRE RD. # 14 G			
" ½ RD. # 14G			
" RD. # 16 G			
" RD. # 18 G.			
11-			
TOTAL GOLD			
PLATINUM FOIL			
TICONIUM			
VITALLIUM			

PATIENT'S FULL NAME, RANK OR RATING, AND NO.: ENOS, John Jr. CBM USCG 219 973

U. S. NY Disp. Navy #128

DATE: 7-25-45

STATION TO WHICH ATTACHED: Coast Guard Base, Navy #48 c/FPO S.F.

AGE	YEARS OF SERVICE	PLACE OF BIRTH
40	20	Kaui, T.H.

DATES AND TYPES PREVIOUS NAVY PROSTHESIS

SIGNATURE OF PATIENT: John Enos



MOUTH IS READY FOR PROSTHESIS DEEMED NECESSARY IN ACCORDANCE WITH CURRENT DIRECTIVES. MISSING TEETH ARE INDICATED (X) ON CHART.

Lt. D.C., U. S. N. R.

ACTIVITY FURNISHING PROSTHESIS TO MAKE ENTRIES BELOW AND TO LEFT. MARK (X) OR INSERT NUMBER AS APPROPRIATE BELOW AND IN METAL COLUMN.

DO NOT COUNT CROWNS OR INLAYS IF BRIDGE ABUTMENTS.

DENTURE	TYPE								NO. TEETH	
	FULL	PART.	ACR	VUL	REP	REC	MOLD	SHADE	ANT.	POST.
MAX	X		X				3P	NH 77	6	8
MAND	7		X				3P	NH 77	6	8

OTHER (DESCRIBE)

BRIDGE			NO. TEETH	
TYPE	MOLD	SHADE	ANT.	POST.
MAX				
MAND				

CROWN		INLAY	
TYPE	NO. OF TEETH	TYPE	NO. OF TEETH
GOLD		GOLD	
PORC		PORC	
ACR		ACR	

DATE OF IMPRESSION	DATE OF INSERTION	NO. OF DAYS IN LAB.
8-5-45	9-17-45	6

SIGNATURE OF OFFICER RENDERING THIS TREATMENT: O E Stafford

STATION COMPLETING ABOVE PROSTHESIS: US NAVY YARD NAVY#128

TYPE NAME OF OFFICER RENDERING THIS TREATMENT: O.E. STAFFORD, LT. DC USNR, U. S. N.

REPORT OF PROSTHETIC DENTAL TREATMENT

SHEET NO. 1 -- NAVMED FORM L—REVISED 1944

00204

INSTRUCTIONS- ORIGINATING ACTIVITY MAKE ENTRIES (TYPE OR PENCIL) IN QUADRUPLICATE, RETAIN SHEET NO. 2 AND FORWARD SHEETS NOS. 1, 3 AND 4 TO THE APPROPRIATE ACTIVITY.

PROSTHETIC ACTIVITY ENTER APPROPRIATE DATA IN TRIPLICATE, RETAIN SHEET NO. 3 AND FORWARD SHEETS NOS. 1 AND 4 TO BUMED WITH MONTHLY LETTER NOTED IN PAR. 274(C), MAN. MED. DEPT.

WHEN ORIGINATING ACTIVITY ACCOMPLISHES PROSTHESIS SHEET NO. 2 MAY BE DISCARDED.

REPORT OF DEATH OF SERVICE PERSONNEL
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
CG-9885 (REV. 3-46)
TO: VERIFICATION SECTION OF VETERANS ADMINISTRATION.

COPY TO: SOCIAL SECURITY BOARD

DATE 27 August, 1946

NAME	NUMBER	RATING
ENOS, JOHN JR.	219-793	CBM-USCG

DATE & PLACE OF ENLISTMENT

13 August, 1944-extended enlistment-Honolulu, T.H.

DATE & PLACE OF BIRTH

27 July, 1905-Makaweli, Kauai, T.H.

NAME & ADDRESS OF NEXT OF KIN

Mrs. Katherine Enos-widow-49 Prospect Street, Honolulu, T.H.

INSURANCE	DATE OF DEATH
National Service Life Insurance	20 August, 1946

PRIOR SERVICE

Former Keeper LHS-9 years-6 months-22 days
Original enlistment CG-14 August, 1941-Pauwela, Maui, T.H.-continuous service

COMMENTS

Died Naval Hospital, A.I.E.A.-cerebral embolism. Class "A" Family allowance to Katherine Enos-widow-Dorothy A-Elizabeth G. and Ellen J.-daughters-in the amount of $120 -49 Prospect Street, Honolulu, T.H., and Class "B" allowance to brother-Emanuel Enos in the amount of $37-49 Prospect St., Honolulu, T.H., for support of dependents. Both allowances payment stopped after payment for August. No regular allotment in effect for support of dependents. Settlement of final pay has not been determined. Death was in the line of duty and not due to his own misconduct.

G. A. KNUDSEN, Comdr., USCG
Asst. Chief, Military Morale Division
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13	Base Force	Navy #48, % FPO San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 28 July, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1000

DATE 28 July, 1945

TRANSFERRED TO: CG 51, Navy #48

FOR assignment to permanent duty.

AUTH: CG-8, Navy #48, PTO #379-45, dated 27 July, 1945.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. (04)(F)

AUTH:

M. B. JACOBSEN, Lieut., USCG

(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
NO POSTING REQUIRED PEA-E-33	

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
ENOS, John Jr.	219-793	C.B.M., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13	Base Force	Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 30 March, 1945

TIME 1100
DATE 30 March, 1945

REPORTED FROM: ten (10) days authorized leave of absence
FOR resumption of regular duties.

DUTY CODE No. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

POSTING REQUIRED PER-FI

DUTY CODE NO.

AUTH:

M. B. Jacobsen
M. B. JACOBSEN, Lieut., USCG
(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
ENOS, John Jr.	219-793	C.B.M., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 19 March, 1945

TIME
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)

0800
19 March, 1945 Departed on ten (10) days authorized leave of absence, effective this date.

DUTY CODE NO. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

M. B. Jacobsen.

M. B. JACOBSEN, Lieut., USCG
(*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
NO POSTING REQUIRED PEA-E 33	

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
ENOS, John Jr.	219-793	C.B.M.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	6 January, 1945

TIME 1200
DATE 6 January, 1945

REPORTED FROM: ten (10) days authorized leave of absence
FOR resumption of regular duty.

DUTY CODE No. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

M. B. Jacobsen
M. B. JACOBSEN, Lieut., USCG
(Commanding)

NO POSTING REQUIRED

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

NCG 2599
U.S.Coast Guard
(Jan. 1943)

243

REPORT OF CHANGE IN PERSONNEL

ENOS,	John	-- Jr.	(219-793)	CBM, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG-13	Navy No. 48, % FPO, San Francisco, California	4 October, 1944
(Unit)	(Place)	(Date)

4 October, 1944 - Temporarily advanced in rating from Chief Boatswain's Mate (acting) to Chief Boatswain's Mate, effective 16 September, 1944.

EXAMINED BY

(04)(F)
AUTHORITY:
H/L (PEA)(CG-73),
dated 12 September, 1944

M. B. JACOBSEN Lieut.
M. B. JACOBSEN (Commanding)

Commanding Officer.
(Title)

RATE	R	EXP. PAY	PAY	NEXT PAY PER	FOR	DUTY
001			0	14	4	04

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Corres.	Records
	NO. 14		WKM

OPERATOR No. 60
OPERATOR No. 8

(PEA)
CG-73

12 September, 1944

To: CO, CG Base, Navy 48

Subj: Enos, John, Jr. (219-793) CBM(a); advancement in rating

1. In accordance with the recommendation contained in your letter dated 14 August, 1944, file 73, and the provisions of paragraph 9 (a), Section II, Personnel Bulletin No. 76-44, the above-named man is temporarily advanced to the rating of chief boatswain's mate, effective 16 September, 1944.

2. Report action on Form 2599.

E. ZOOLE
By direction

CC: DCGO, 14th ND (p)

U. S. COAST GUARD
MAIL SECTION (1)
MAILED SEP 13 1944

BEABES:jhb

RECEIVED
AUG 18 1944
DISTRICT COAST GUARD OFFICER
NAVY NO. 48 (forty-eight)

3-11

OK

NAVY
TREASURY DEPARTMENT
UNITED STATES COAST GUARD

3-12

SEP 5 4 PM

~~COAST GUARD BASE~~
COAST GUARD BASE
Navy No. 48
73

14 August, 1944

To: Commandant (P)

Via: DCGO, 14th Naval District

Subj: ENOS, John Jr. (219-793) CBM(a); recommendation for temporary advancement in rating to CBM(Pay Grade 1)

Ref: (a) Personnel Bulletin No. 76-44

1. In compliance with reference (a), subject man is recommended for advancement in rating to Chief Boatswain's Mate (Pay Grade 1). Enos completed one year as an acting chief petty officer on 5 July, 1944. He is a leading person of strong character; is capable of directing the work of a force under him and planning details for its best employment, and is capable of maintaining discipline. He has had no mark below 3.5 in proficiency in rating or below 4.0 in conduct during the year ~~immediately~~ preceding date of termination of probationary period.

7-5-43.

M. B. JACOBSEN

Ind-1
ODCGO,14ND(p)
21 August, 1944

To: The Commandant (P)

Forwarded.

F. A. ANDERSEN,
By direction.

OK
9/16/44
Lm

RECEIVED
SEP 14 1944
DISTRICT COAST GUARD OFFICE
NAVY NO. 48 (Navy-Mail)

File
2874

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

Navy No. 48, c/o Fleet Post Office, San Francisco, Calif.	13 September, 1944
CG-13	
Unit	Address / Date

ENOS, John - Jr.	(219-793)	CBM(a), USCG
~~SURNAME~~, FIRST NAME, INITIAL	Service No.	Rating

has completed a continuous period of three years' active service on 13 August, 1944, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon) ~~(star)~~ in lieu of issue of actual award at this time.

M. B. JACOBSEN, Lieutenant, USCG
Signature and rank of Commanding Officer.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

Enos, John Jr. | 919-793 | BM 1c | (Unit)
(Name, surname first) (Service number) (Rank or rating)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Honolulu, T.H., Date February 3, 1943

To: _____
(Coast Guard unit)

_____
(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
Otitis media, chronic	x80-956	1/18/43	1/19/43

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Referred to Naval Hospital, Aiea Heights for consultation
(Audiometer test)

CONDUCT REPORT:

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

J.H.Linson
J.H.Linson, Medical Director
Medical Officer in Charge
U. S. Public Health Service.

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.

2—663

2522
DEPARTMENT
COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

ENOS, John jr.	219-793	B.M.1c	Molokai Light Station, Molokai, T.H.
(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
(Enlistment status)

Place Honolulu, T.H., Date 18 January, 1943

To: Officer-in-Charge, U.S.Public Health Service, Honolulu, T. H.

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 District Office, 14th Naval District,

John Enos Jr
(Signature of patient)

W. M. ANTHONY, Lieutenant, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Honolulu, T.H., Date January 18, 1943

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

#80-956 - Otitis, media, chronic
(Give diagnosis by number and name according to official nomenclature)

RECEIVED
HONOLULU BASE

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 U.S.P.H.S. Relief Station {*hospital / *office} on January 18, 1943.

J.H. Lawson, Medical Director
Medical Officer in Charge
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.

2—663

(FA-PR)
CG-73

3-1
File
as

18 September, 1946

AIR MAIL

To: Commander, 14th CGD (fpd)

Subj: ENOS, John, Jr. (219-793) BM1c, USCG, deceased; request for pay record

It is requested that Pay Record (Nav S. and A. Form 500) of the above-named man who died 20 August, 1946 at the U. S. Naval Hospital, Navy No. 10, Aiea Heights, T. H., while attached to your district, be forwarded to HQ, Pay and Audit Section.

W. H. ROBERTS
By direction

U.S. COAST GUARD
MAIL SECTION (1)
MAILED SEP 19 1946

AS 2-18

as

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT (FA-~~CP~~ PR)
REFER TO FILE: CG-~~90~~173

WASHINGTON 25, D. C.

3-14
File as

1 October, 1946

General Accounting Office
Claims Division
Washington 25, D. C.

Re: **MNOS, John, Jr. (219-793) BMlc, USCG; deceased 20 August, 1946**

Gentlemen:

The accounts of the deceased have been examined. A photostatic copy of Pay Record (Nav S. and A. Form 500) is herewith inclosed showing balance due at date of death, in the amount indicated below. This amount has not been paid and, if found due, is to be charged to the appropriation:

2071203.001 Pay and Allowances, Coast Guard, 1947 - $40.60

By direction of the Commandant.

Very truly yours,

R. D. FRITZ, Lieut., USCG
Chief, Pay and Audit Section

Incl.
Photostatic copy of Pay Record
(Nav S. and A. Form 500)

U.S. COAST GUARD
MAIL SECTION (1)
MAILED OCT 2 1946

as 8 11[illegible]

(PBA)
CG-73
783

29 June, 1943

To: DCGO, 14th Naval District

Subj: Personnel; advancement in rating

1. Effective 1 July, 1943, you are authorized to advance the below-listed man in rating as follows:

Adams, George F. (236-072) B.M.1c.(Pro.) to C.B.M.(a)(Pro.)
Dobney, Arthur E. (215-644) B.M.1c.(Pro.) to C.B.M.(a)(Pro.)
Enos, John, Jr. (219-793) B.M.1c.(Pro.) to C.B.M.(a)(Pro.)
Grisdale, James F. (215-582) G.M.1c.(Pro.) to C.G.M.(a)(Pro.)
Stark, Joseph A. (500-196) Ph.M.1c. to C.Ph.M.(a)

2. Report action on Form 2599.

E. J. ROLAND
By direction

DEABES:mmd Return to 3-12

RECEIVED
1943 JUN 17 AM 8 20
MAY 31 1943
District Coast Guard Office
Honolulu, T. H.

NAVY ~~TREASURY~~ DEPARTMENT
UNITED STATES COAST GUARD

COAST GUARD BASE
Honolulu, T. H.

73

30 May, 1943.

From: Commanding Officer, Coast Guard Base, Honolulu, T. H.
To : District Coast Guard Officer, 14th Naval District.

Subj: ENOS, John, Jr. (219-793) B.M.1c.(Pro); recommendation for advancement in rating.

Ref: (a) Personnel Bulletin No. 71-42.
(b) Personnel Bulletin No. 127-42.

1. In accordance with reference (a) and (b) it is recommended that subject man be advanced to the rating of Chief Boatswain's Mate, (acting)(Provisional). He entered the Lighthouse Service on 29 October, 1931 and was inducted into the Coast Guard on 14 August, 1941. He is capable of performing the duties as required in maintaining and servicing Aids to Navigation. He is at present assigned to the Sand Island Depot in a supervisory capacity and accomplishes his tasks most satisfactory, displaying leadership and attention to duty.

2. Enos has received the following average marks for his current enlistment: Proficiency in Rating 3.58, Seamanship 3.5, Mechanical Ability 3.7, Leadership 3.07, and Conduct 4.0.

W. J. Mazzoni.
W. J. MAZZONI.

Ind-1 31 May, 1943 DCGO 14ND
To: Commandant.

1. Forwarded, recommending approval.

F. K. Johnson,
Acting.

B3rl(a)
7/1/43

ENOS, JOHN JR. 219-783 BM1C(PRO) 6-23-43

(Name) (Number) (Grade or rate) (Date)

Health Height Weight

Enlisted (8-14-41) Rate (BM2C) Born (7-27-05) Army, Navy, Lighthouse

Changed Rate to	Date
BM1C(PRO)	2-5-43

Commendations

Grammar School (grad) High School (2 years)
Courses, Special qualifications, etc.

Censure, Investigations, Debts, etc.

Courts.

Reports of Fitness. (Favorable)

9½ years in Light House Service

Reports of Fitness. (Unfavorable)

Yrs.	Ships and Stations	Prof.	Con.	Sob.	Ld. Ship.

Eligible list - (Yes) - (No) - (Because) -

Remarks

/

G C M & B (Yes) (No) (?) Officer checking

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

ENOS, John J. (219-793) B.M.1c. C.G.BASE, HONO.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. NAVAL HOSPITAL, PH. TH., Date February 5, 1943.

To: Commanding Officer, C.G.BASE
(Coast Guard unit)

PIER 4 HONOLULU, T. H.
(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
OTITIS MEDIA, CHRONIC.	1206	1-20-43	2-3-43

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.

J.J.A. MC MULLIN, CAPT. (MC) USN.,
COMMANDING OFFICER.
U. S. Public Health Service.

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.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

ENOS, John J. (219-793) B.M.1c. C.G.BASE, HONO.
(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
(Enlistment status)

Place HONOLULU, T. H., Date 20 January, 1943.

To: Commanding Officer,

U. S. Hospital, Aiea, Oahu, T. H.

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, USCG BASE, HONO. T.H.

John J. Enos.
(Signature of patient)

W. J. MAZZONI,
Lieutenant. *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Place U.S. NAVAL HOSPITAL, PH. TH., Date January 31, 1943., 19

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

OTITIS MEDIA, CHRONIC. #1206.
(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 U.S. NAVAL HOSPITAL, ~~PEARL HARBOR, T.H.~~ {*hospital / *~~dispensary~~} on January 20, 1943., 19

J.J.A. McMULLIN, CAPT.(MC) USN.,
COMMANDING OFFICER.
~~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.

2—663

VIA AIR MAIL

FILE
U. S. COAST GUARD (5)
REC'D JUL 24 1941

75

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Date 14 JULY, 1941.

From: ENOS, John Jr. - Keeper, Pauwela Point Light Station.
To: Commandant.

Via: Commander, Honolulu District.

Subject: Induction into Coast Guard.

Reference: (a) Headquarters' letter 19 April, 1941 (P-75).

Receipt is acknowledged of reference (a) on 14 JULY, 1941.

2. I desire to be enlisted in the Coast Guard in the rate tendered me by reference (a), and I shall make immediate application to the district commander for this purpose.

~~/ / 3. / / / / I hereby decline enlistment in the Coast Guard in / the rate tendered me in reference (a). /~~

John Enos, Jr.

(Note: With reference to paragraph 2, strike out the paragraph which does not apply to your case.)

75-73 1st Indorsement

HONOLULU DISTRICT,
Honolulu, T. H.,
15 July, 1941.

From: Commander, Honolulu District.
To : Commandant.

1. Forwarded, approved.

G. T. FINLAY.

Noted S.W.K.

REMARKS: .....

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that ENOS, John

He is physically qualified for Enl.
(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. E. Waters

F.E.WATERS *Surgeon, U.S. Public Health Service.*

P.A. (R.)

1st INDORSEMENT

16 January, 1942
(Date)

Place New Orleans, Louisiana.

From: SR. C. G. OFFICER 8TH NAVAL DIST.

To: Commandant.

Enlistment, regular status, CGR.

1. Forwarded for action. Present status:

R. L. Camors

Ensign, USCGR.

R. L. CAMORS, *Commanding—Dist. Comdr.-Off. in Chg.*

By direction.

2d INDORSEMENT

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

FEB 4 1942
(Date)

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

.....

.....

.....

By direction of the Surgeon General:

C. H. [illegible]

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON, FEB 5 1942
(Date)

From: Commandant.
To: New Orleans, Louisana
S.C.G.O. 8th Naval District

1. ENLISTMENT APPROVED

.....

Insert this copy in health record.

By direction,

F. C. Billard

ASSISTANT CHIEF, DIVISION

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—16141

Form No. 2525 B
TREASURY DEPARTMENT
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

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

Name ENOS, John W. (Surname first) Service Number

Age: Years 26 Months - Color White

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

Rank or Rating

Place N.O.La. Date 1/8/42

Personal Medical History Negative

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

Color blind? No Test used Ishihara

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

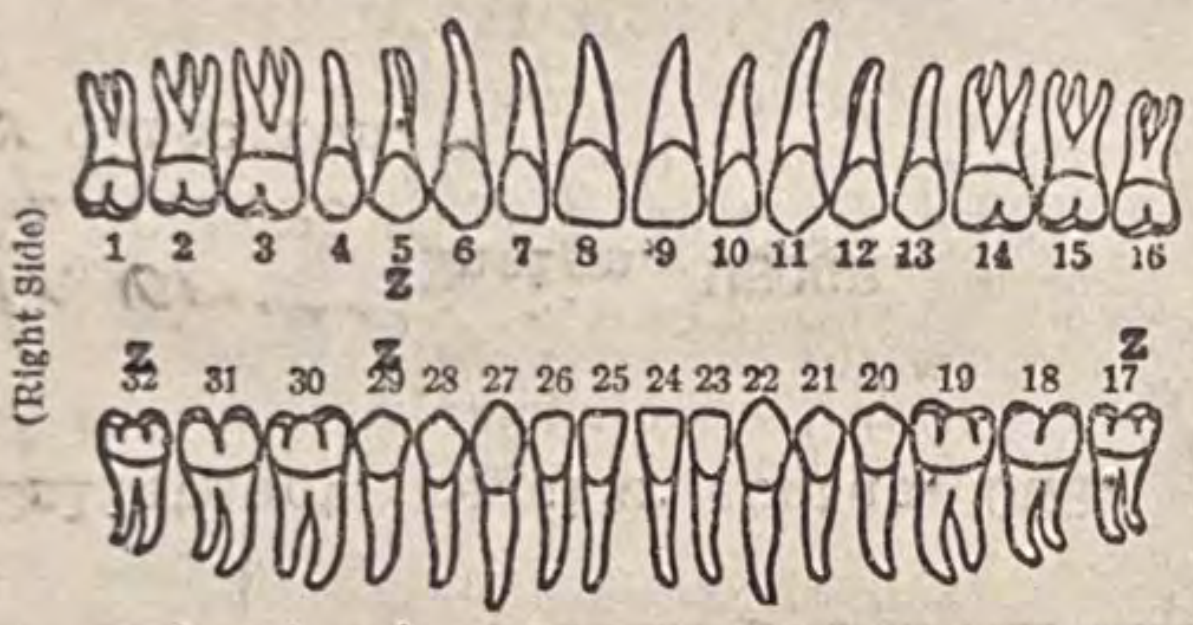
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left 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 Temperature 37

Height 69 inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36½ Expiration 34¼

Heart and blood vessels Normal

Blood pressure: Systolic 115 Diastolic 75

Pulse before exercise 84, after exercise 120, after 2 min. 88

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.020

orr

PR-73

12 March, 1942.

United States Civil Service Commission,
Washington, D. C.

Sirs:

In reply to your Form 2618 dated 18 November, 1941, you are informed that it was necessary to forward a copy of this form to the Pauwela Point Light Station, Honolulu, Hawaii, to which John Enos, Jr. (219-793), boatswain's mate, second class, is attached.

The Certificate of Baptism for John Enos is herewith inclosed together with your Form 2618.

By direction of the Commandant.

Very truly yours,

F. E. ALLISON,
Lieutenant Commander, U. S. Coast Guard,
Assistant Chief, Detail Section.

Two Inclosures.

MAR 18 1942

B Bad.

COPY

CERTIFICATE OF BAPTISM

HOLY ROSARY CHURCH

Paia Maui, T. H.

This is to Certify

That John Enos (Ignace)

Child of John Ignace

and Maria da Cambra

born in Makaweli, Kauai, T. H.

on the 27th day of July 19 05

was Baptised at Eleele

on the 6th. day of August 19 05

According to the Rite of the Roman Catholic Church

by the Rev. Emmeran Schulte

the Sponsors being (Leonard Reloho
(Maria Cordeira

(as appears from the Baptismal Register of this Church)

Book_____ Page_____ No._____

Dated January 12th, 1942

/s/ F. Lawrence Naurpary
Pastor

NAVY

~~TREASURY~~ DEPARTMENT

UNITED STATES COAST GUARD

HONOLULU, HAWAII

HONOLULU DISTRICT

73

U. S. COAST GUARD (5)

2 February 1942. REC'D FEB 22 1942

From: Senior Coast Guard Officer, 14th Naval District.
To: Commandant, U. S. Coast Guard.

Subject: ENOS, John Jr. (219-793) B.M.2c; date of birth.

Reference: (a) Headquarters letter 2 Dec. 1941 (PR-73) to Commanding Officer, Pauwela Point Light Station.

Inclosure: (A) Certificate of Baptism.

1. Inclosure (A) is submitted in accordance with reference (a).

G. B. GELLY,
Chief of Staff.

PR-73

orr

2 December, 1941.

From: Commandant.
To: Commanding Officer, Pauwela Point Light Station.

Subject: ENOS, John Jr. (219-793) B.M.2c.; forwarding of papers.

Reference: (a) Civil Service Form No. 2618 attaching Form No. 2933 (C.S.C.), and Form No. 2473, dated 18 November, 1941.

Inclosure: (A) Reference (a).

1. Inclosure (A) is forwarded for appropriate information and reply to this office. The only data on file which gives the date of birth of the above-named man as 27 July, 1905, is shown on his enlistment papers on file at Headquarters at the time of his enlistment in the Service. This is not sufficient information required by the Civil Service Commission.

F. E. ALLISON,
By direction.

FILED

DEC 3 1941

mB pas.

45
73

FILE: SR:CJW

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

November 18, 1941

Director of Personnel
Room 26, U. S. Treasury Building
Treasury Department
Washington, D. C.

U. S. COAST GUARD
RECD NOV 21 1941

Sir:

The records of the Commission show 7-27-05 and 6-30-86 as the date of birth of John Enos, Jr., Lighthouse Keeper, Honolulu, Hawaii.

In accordance with the provisions of the Retirement Act it is necessary that this Commission have a record of the correct date of birth. It is requested, therefore, that evidence as outlined in the enclosed Form 2473 be obtained and forwarded to the Commission at an early date. If none of the forms of evidence mentioned in paragraphs 1 to 4, inclusive, is available, a statement to that effect should be made, the correspondence in support of such a statement should be submitted to your organization, and the attached Form 2933 completed in detail and forwarded direct to the Director of the Census, Washington, D. C.

In this connection it should be stated that all evidence which is not of an irreplaceable nature will be retained by the Commission as a part of its files. Evidence of an irreplaceable nature, such as original baptismal certificates, military discharges, and foreign birth certificates, should be accompanied by photostatic or certified copies, except in the case of naturalization certificates, which it is illegal to reproduce.

By direction of the Commission:

Very respectfully,

L. A. Moyer

L. A. Moyer
Executive Director
and Chief Examiner

Enclosure. #102653

U. S. GOVERNMENT PRINTING OFFICE 16—4280

U. S. COAST GUARD (15)
REC'D FEB 13 1942

Form 2599

REPORT OF CHANGE IN PERSONNEL

ENOS,	John Jr.		219-793	B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rate)

MAUI COAST GUARD STATION	Maui, T. H.	17 January, 1942
(Unit)	(Place)	(Date)

1001 - 17 January, 1942 -- Reported from Pauwela Point Light Station for assignment to permanent duty as Officer-in-Charge.

AUTHORITY:
Senior Coast Guard Officer, 14th Naval District letter dated 10 December, 1941 (73-701).

R. A. CARROLL, Lt. (j.g.)
(Commanding)

Personnel Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

NOTED
C.P.

B&P

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

ENOS, John, Jr.	219-793	B.M.2c
(NAME)	(SERVICE NUMBER)	(RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Waipahu Grammar School - 8 years (Graduated)
(Number of years attended, graduated) (Grade)

(b) High school: Waipahu Community School (night) 2 years
(Number of years attended, grade completed or graduated

(c) College: NONE
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general) - - - - -	(12)	Engineer, steam	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

Ability based on 4.0 as interpreter of the Portuguese and Spanish

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as weill indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

John Enos, Jr.
(SIGNATURE)

REMARKS: /

CERTIFICATE

~~We~~ / ~~I~~ certify that ~~We~~ / I have personally made this physical examination and find that ENOS, John Jr.

He is physically qualified for Regular enlistment.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M. 2c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

James M. Wolfe

JAMES M. WOLFE
P.A. (R) *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

22 JULY, 1941.
(Date)

Place Honolulu, T. H.

From: Commander, Honolulu District.

To: Commandant.

1. Forwarded for action. Present status:
Keeper, Pauwela Point Light Station.

G.T. FINLAY, ~~Commandant~~ Dist. Comdr. ~~U.S.C.G.~~ Captain,

2d INDORSEMENT

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

JUL 28 1941
(Date)

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

By direction of the Medical Director:

By direction of the Surgeon General:

REG.
BM2c

T. LeBLANC
Medical Director, U.S. Public Health Service.
~~CHIEF PHARMACIST~~

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

29 July, 1941
(Date)

From: Commandant.
To: Commander, Honolulu District.

1. Enl. Auth. R.E. BM2c.

Insert this copy in health record.

By direction,
S. P. MEHLMAN, Chief Personnel Section.
By direction

7-27-41

U.S. GOVERNMENT PRINTING OFFICE 2—16141

AIR CLEANER WARNING

VIA CLIPPER AIR MAIL (17)

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

FOR JUL 26 1941

PHYSICAL EXAMINATION RECORD

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

Name ENOS, John Jr. (Surname first) Service Number Portugese

Age: Years 35 Months 11 Color White

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

Rank or Rating B.M. 2c

Place Paumela Pt., Maui Date 7-14-41

Personal Medical History Measles, mumps. Vasectomy 1935.

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

Color blind? No. Test used Isihara.

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

Eyes, eyelids, and reflexes Normal.

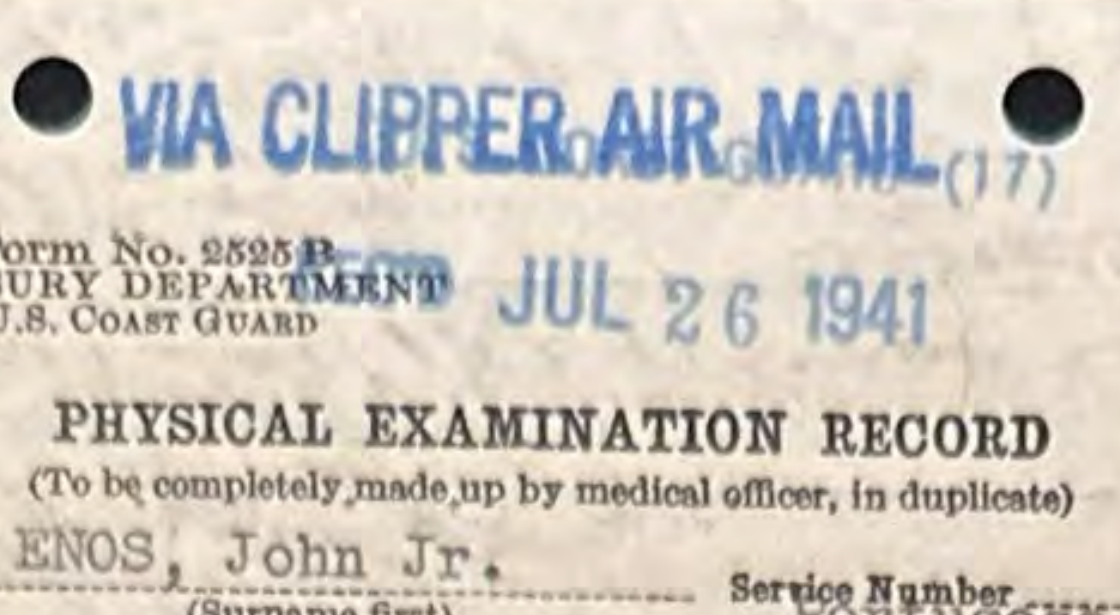
Ears: Right Normal. Left Normal.
(Condition of drum, discharge, etc.)

Head, face, and neck Normal.

Mouth, nose, and throat Normal.

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

(Right Side)



FULL UPPER AND LOWER DENTURES.

Gums Normal. Temperature 98.6

Height 68½ inches. Weight (stripped) 170 Lbs. Obesity Slight.

Skin Normal.

Lymph. glands Normal.

Chest: Inspiration 39 Expiration 36½

Heart and blood vessels Normal.

Blood pressure: Systolic 125 Diastolic 78

Pulse before exercise 72, after exercise 104, after 2 min. 70

Lungs Normal.

Abdomen and pelvis Normal.

Genito-urinary organs Normal.

Spine and extremities Normal.

Nervous and mental conditions Normal.

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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

Blood cells — — Pus cells — —

Blood (if indicated) Hb — —

Wassermann

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

COLED NO. 1

U. S. C. G. COAST GUARD BASE
(Unit)
HONOLULU, T. H.
(Place)
13 August, 1944
(Date)

Authority for extension:
Alcoast #83, December, 1941.
Article 541 (1), Regulations.

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, JOHN ENOS, JR. (Name of applicant), (219-793) (Service number), CBM(a) (Rating), having on 14 August, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 2 year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. I further agree to the extension of this enlistment by ~~My reason for making this agreement is~~ the Secretary of the Navy for such additional time as may be deemed necessary in the public interest, in time of war or National emergency declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

John Enos, Jr.
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 13th day of August, A. D., 1944.

M. B. JACOBSEN, Lieutenant, USCG
(Commanding officer or notary public)

U. S. C. G. COAST GUARD BASE,
(Unit)
HONOLULU, T. H.
(Place)
13 August, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

M. B. JACOBSEN, Lieutenant, USCG
Commanding Officer. (Or officer authorized to accept extension)

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21900-1 U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

COAST GUARD BASE, Honolulu, T. H.
(Unit)

ENOS, John Jr. — 14 August, 1944
(Name in full—surname to the left) — (Date)

(219-793) — CBM(a)
(Service number) — (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	August	14
Enlistment extended (for 2 years from)	1944	August	14
Date of discharge (——————) (Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

13 August, 1944 - Voluntarily agreed extension of enlistment for a period of two years and for such additional time as may be deemed necessary in the public interest, in time of war or National emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

P.A.F.E. - Pauwela Point Light Station, Pauwela, Maui, T.H.
P.A.F.Ext. - Coast Guard Base, Honolulu, T. H.

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

M. B. Jacobsen.
M. B. JACOBSEN

Date 14 August, 1944 (Rank) Lieutenant, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 14 August, 1944 — COAST GUARD BASE, Honolulu, T. H.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of two years from this date.

M. B. Jacobsen.
M. B. JACOBSEN

(Rank) Lieutenant, U. S. C. G.
Commanding officer.

16—20908-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

ENOS,	John	-- Jr.	(219-793)	C.B.M.(a), USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG-13	Navy No. 48 c/o FPO, San Francisco, California	14 August, 1944
(Unit)	(Place)	(Date)

13 August, 1944 - Original enlistment of three (3) years expires this date.

13 August, 1944 - Voluntarily agreed extension of enlistment for a period of two (2) years and for such additional time as may be deemed necessary in the public interest, in time of war or National emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

14 August, 1944 - Enlistment extended for a period of two (2) years, from this date.

AUTHORITY:
Alcoast #83, December, 1941.
Article 541 (1), Regulations.

M. B. Jacobsen Lieut.
M. B. JACOBSEN (Commanding)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

JOHN ENOS, Jr.

Inducted Rm 2C. - 8-14-41

John Enos, Jr.

ADDRESS YOUR REPLY TO
SUPERINTENDENT OF LIGHTHOUSES
HONOLULU, HAWAII
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

1931 MAY - 2 - AM 11:39

OFFICE OF SUPERINTENDENT, 19TH DISTRICT
HONOLULU, HAWAII

WCR:FEL

Hoe file room

April 21, 1932.

COMMISSIONER OF LIGHTHOUSES:

1. Transmitted herewith is Oath of Office and Personal History Sheet of Mr. John Enos, Jr., who was appointed Second Assistant Keeper at Molokai Light Station, effective April 21, 1932, by authority of Departmental Circular A-8 of April 27, 1931, the appointment being necessary for the proper protection of life and property.

2. Nomination in quadruplicate requesting approval after the fact of this appointment made in the field has been forwarded to the Bureau through the local Civil Service Secretary in the usual manner.

3. It is respectfully requested that the appointment of Mr. Enos to position of Second Assistant Keeper at Molokai Light Station, effective April 21, 1932, be approved, and that this District be advised by radio of such approval as soon as practicable, in order to avoid the necessity of terminating Mr. Enos' services at the expiration of the one-month period allowed for such appointment under authority of above-quoted regulation. The Bureau appreciates that this is a key position which must be filled as a result of transfers of Keepers Keanu and F. E. and W. K. Nihoa at Molokai Light Station, and further, the Bureau undoubtedly is aware of the fact that were it necessary to terminate Mr. Enos' services at the expiration of the one-month period, having him return to Honolulu and again sent to Molokai when nomination is finally approved, it would necessitate an additional expense to the Government, which, in view of present condition of funds throughout the Service, it is highly undesirable to incur.

F. A. Edgecomb

F. A. EDGECOMB,
Superintendent of Lighthouses.

Encls.

Form 78
WOR.

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 12th DISTRICT.

Honolulu, T. H. (City) April 21, 1932. (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Probationary appointment

Name, John Enos, Jr.

Position, Keeper (Assistant) Second

Location, Molokai Light Station, Kalaupapa, Molokai.

Effective, April 21, 1932.

Legal residence, Hawaii

Proposed salary, $1260.00 per annum

Proposed range, $1260 - 1620.

Appropriation, Salaries, Keepers of Lighthouses.

[1] the actual date of entrance on duty, ~~or~~
~~As soon thereafter as he enters on duty.~~

Former position, ----

Location, ----

Former salary, ----

Former range, ----

Rank on eligible list, First Rating, Asst.Kpr. Percentage, 89.5, Other eligibles considered:
Henry L. Almeida (C)
Robt. M. Clayton (C)

Previous incumbent, Wm. K. Nihoa (Lt.#834) ~~Services terminated;~~

Reason, Transferred to position 1st Asst. Keeper, Molokai Light Station.

Members of family in Government service, None.

Date of birth, July 27, 1905.

Remarks: Emergency appointment. Approval after the fact requested in line with authority Department Circular No. A-8 of 4/27/31. This appointment necessary for proper protection life and property. Radio advice of approval requested.

Selection regular, subject to the action of the
U. S. Civil Service Commission, April 21 19 32
By direction of the Manager, 12th Civil Service District.

B. Heflebower
Assistant Manager in Charge

Branch Office, ~~Secretary,~~ ~~Civil Service~~ District.
Twelfth Civil Service District, Hon., T.H.

F. A. Edgecomb
F. A. Edgecomb,
Superintendent of Lighthouses.

Noted and Forwarded

BUREAU OF LIGHTHOUSES
WASHINGTON

May 3, 1932

Manager, Twelfth Civil Service District

Submitted to the Secretary of Commerce, approved. Mr. Enos was assigned to duty on April 21 in the interest of safeguarding life and property, attention in this connection being invited to the Superintendent's letter of April 21, attached.

Acting Commissioner of Lighthouses

[1] Strike out the clause which does not apply.

11—2314

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

LIGHTHOUSES
1932 MAY - 9 - PM 3:21

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

April 21, 1932.

Mr. John Enos, Jr.,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Keeper

in the Lighthouse Service

at a salary of Twelve Hundred and Sixty dollars per annum

effective April 21, 1932.

Nature of appointment: Probationary.

Civil Service authority: Manager, Twelfth Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

WM. J. GARDNER,
Chief of Appointment Division.

19
E

GOVERNMENT PRINTING OFFICE

Appropriation (unit): Field.

Vice: William K. Nihoa.

Legal Residence: Hawaii.

11-8657

DEPARTMENT OF COMMERCE
Bureau of Lighthouses
Washington

May 3, 1932

Superintendent of Lighthouses: **Honolulu, T. H.**

It is requested that the information indicated in the item checked below be furnished the Bureau promptly, with the return of the attached papers, if any.

NAME AND DESIGNATION **JOHN ENOS, Jr. -- Keeper**

(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet, **in duplicate.**
(3) Furnish oath of office.
(4) Furnish civil service form 375 in triplicate.
(5) Submit form 88-66, showing last day served by temporary appointee .
(6) Furnish standard form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in civil service form 2473, attached.
(8) Submit inclosed nominations through the District Civil Service Secretary.
(9) Miscellaneous.

PHS Returned for completion of item 1, middle name; item 11; and item 12, indicate whether military or naval service. Personal history sheet should be furnished in duplicate.

Incl.
H-M

For the Commissioner:
R. J. GROSS
Chief of Personnel Division.

District_____ Date_____

Returned to Commissioner of Lighthouses:

Superintendent of Lighthouses.

Commissioner of Lighthouses

H-M

DISPATCH PLEASE SEND

WASHINGTON DC MAY - 6 1932

USLHE
HONOLULU T H

APPOINTMENT JOHN ENOS JUNIOR APRIL TWENTY ONE APPROVED

PUTNAM

confirmation

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOU
HONOLULU, HAWAII

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
LIGHTHOUSES

WCR:FEL

1931 MAY -28- AM 11:42

OFFICE OF SUPERINTENDENT, 19TH DISTRICT
HONOLULU, HAWAII

May 17, 1932.

COMMISSIONER OF LIGHTHOUSES:

1. With reference to your letter of May 3, 1932, returning Standard Form No. 6, original, for John Enos, Jr., the Bureau is advised that Mr. Enos has been requested to submit the Form 6 in triplicate to this office, at which time his Personal History Sheet will be forwarded to the Bureau in duplicate. He has been advised of the item not completed on his original Personal History Sheet, with the exception of item 11. It is not believed Mr. Enos is required to fill in item No. 11, inasmuch as this pertains to a female employee.

F. A. Edgecomb,
Superintendent of Lighthouses.

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

SUPERINTENDENT OF LIGHTHOUSES
JUN 3 1932
LIGHTHOUSES
HONOLULU, T. H.

Department or Establishment Department of Commerce 19th District Date May 23 1932.

1. Name in full (Mr., ~~Miss, or Mrs.~~) Enos Jr. (Surname) John (Given name) None. (Middle name)
2. Present address 95 (Number) Prospect St. (Street) Honolulu (City) Hawaii (State)
3. Legal (voting) residence Hawaii (State and Congressional District) Honolulu (County) Honolulu (City or town)
4. Where born Makaweli (State or foreign country) Kauai (City or town) When born July 27 1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single	Married √	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you Wife 26 yrs. 1 Boy 6 yrs. 2 girls 1-5 yrs. 1-2 yrs.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Lighthouses	Kaulola	Ind. asst keepers.	$1380.00 per yr.	Oct	29	1931	Jan	28	1932

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: None

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

(Title) No. (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) No. (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None √	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Spanish, Portuges and English Mechanical and Electrical

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Electric Shop.	Electrician	2 years.

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 (6) 7 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs Mary Enos.

Relationship Mother Post office address 95 prospect St. Honolulu T.H.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

John Enos Jr.
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1936 10—1930

Standard Form No. 17
Approved by the President, March 26, 1926

REPORT ON PROBATIONARY APPOINTEE

1932 OCT - 1 - AM 9:33

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

COMMERCE
(Department)

Superintendent, 19th Lighthouse District (Bureau or office) Honolulu, T. H., September 16, 1932. (Place and date)

To Commissioner of Lighthouses:
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on October 20, 1932.

The conduct and capacity of this employee have - - - been satisfactory during the probationary period, and (he) ~~(she)~~ is considered qualified for absolute appointment.

Name John Enos, Junior

Position Keeper (Assistant)

Salary $1260 per annum

Appropriation Salaries, Keepers of Lighthouses

Station Molokai Light Station, Territory of Hawaii

Date of entrance on duty April 21, 1932.

Remarks:

F. A. Edgecomb
(Signature of immediate superior)
Superintendent of Lighthouses

Submitted: OCT -3 1932

Submitted to Secretary of Commerce for his information.

(Head of bureau or office)

For the Commissioner,

Chief, Personnel Division

GOVERNMENT PRINTING OFFICE 10—1732

May 22, 1934

Superintendent of Lighthouses, Honolulu, Hawaii.

Referring to Forms 72 and 73A dated May 12, 1934 covering transfers of Samuel Anderson and John Enos, Jr., from Makapuu Point Light Station to Cape Kumukahi Light Station and Molokai Light Station to Makapuu Point Light Station, respectively, for permanent duty:

You are hereby authorized to expend not to exceed $100.00 for the packing, crating, transporting, etc., of their household effects.

For the Commissioner:

W. P. HARMAN
Administrative Assistant

olc-w

See letter 5/14/34 for 1944
- file Samuel Anderson

ARK

ACTION COPY

NAVAL MESSAGE

RECEIVED AT NAVY DEPARTMENT

1408 NPG RADIO HONOLULU CK33 GOVT USLHE NITE SIXTH 1655

W.D.M.C.

1934 JUN - 7 - AM 8:21

1934 JUN 7 5 04

6/7/34 Rad

U. S. GOVERNMENT PRINTING OFFICE: 1930 4—7143

GOVT USLHE COMMISSIONER OF LIGHTHOUSES WASHINGTON

NOTIFICATION TRANSFER

JOHN ENOS JUNIOR HAS NOT BEEN RECEIVED ALTHOUGH TRAVEL ORDER TO HAND STOP REQUEST PRIORITY RADIO ADVICE ACTION TAKEN RELATIVE TRANSFER ENOS TO MAKAPUU

ELLIOT

0137 CG JUN7

1934 JUN - 7 - PM 1:30

LIGHTHOUSES

acting commissioner of lighthouses

H-M

DISPATCH PLEASE SEND

WASHINGTON DC JUNE 7 1934

USLHE HONOLULU T H

RERAD TRANSFER OF JOHN ENOS JUNIOR TO MAKAPUU POINT AS PROPOSED IS WITHOUT CHANGE IN PAY AND PRIOR AUTHORITY NOT REQUIRED STO. COMPLETE TRANSFER AND REPORT EFFECTIVE DATE USUAL MANNER

KING

copy
RY

confirmation

Form 78a

WCR

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES. 19th DISTRICT.

1934 MAY 21 AM 11 39

Honolulu, T. H., May 12, 1934. ,19

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on or about June 16, 1934.

Name, John Enos, Jr.

From Molokai, Island of Molokai, T.H.

Previous incumbent, Frank Pate (LT #831)

Services terminated, June 15, 1934

Position, Second Assistant Keeper, ~~Molokai Light Station, Kalaupapa, Molokai~~

To position of Second Assistant Keeper, Makapuu Point Light Station, Island of Oahu, T.H.

Reason, Promoted to position of First Assistant Keeper, Makapuu Point Light Station.

Present Pay	Proposed Pay
$1260.00 P.A.	$1260.00 P.A.

Present Range	Proposed Range
$1260. - $1620.	$1260. - $1260.

NOTE: It is recommended that transportation of house hold effects in an amount not to exceed $50. be authorized in view of the fact that this transfer is being made for the best interests of the Government Service, not for convenience of employee.

F. A. Edgecomb,
Superintendent of Lighthouses

The above-referred-to transfer became effective beginning with 6-20-34, 19

11—4598

BUREAU OF LIGHTHOUSES
WASHINGTON

JUL 16 1934

Submitted to the Secretary of Commerce for his information.

~~Submitted to Secretary of Commerce for his information.~~

~~Acting Commissioner of Lighthouses.~~

For the Commissioner,

Chief, Personnel Division

Form A-38

DEPARTMENT OF COMMERCE

~~APPOINTMENT DIVISION~~
Division of Personnel
WASHINGTON

February 1, 1937

Mr. John Enos, Jr.
Through the
Commissioner of Lighthouses

Sir:

You are advised that your compensation has been changed as indicated below, effective February 1, 1937

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

W. J. GARDNER

Chief, Division of Personnel.
~~Chief of Appointment Division.~~

From: $1260

To: $1320

Service and grade:

Appropriation (unit): Field

19
Q

FEB 8 - 1937

GOVERNMENT PRINTING OFFICE 11—9051

LIGHTHOUSE
MAR 18 11 13 AM '37

DEPARTMENT OF COMMERCE
Lighthouse Service

Honolulu, T. H.

RW.

District 19th

Date February 23, 1937.

CHANGE IN STATUS OF EMPLOYEES

Name John Enos, Jr.
Nature of Action Salary Increase
Effective Date Feb. 1, 1937.

	FROM	TO
Position	2nd Asst Keeper	2nd Asst Keeper
Pay	$1260. p.a.	$1320. p.a.
Station	Makapuu Pt Lt & Radiobeacon Station 19th Lighthouse District.	Makapuu Pt Lt & Radiobeacon Station 19th Lighthouse District.

Remarks: See Division of Personnel Form A-38 dated Feb. 1, 1937 to Mr. John Enos, Jr., through the Bureau.

F. A. Edgecomb

F.A.EDGECOMB.
Signature.
Superintendent of Lighthouses.

NOTE: This form is to be used for both appointed and unappointed employees but only in reporting changes in status, such as salary promotions, changes in designation, etc. Separations in any manner (such as by resignation, death, retirement, etc.) should not be reported on this form but in such cases a certified copy of district form 2806 should be forwarded to the Bureau in accordance with the instructions in Bureau Circular Letter No. 309, dated November 30, 1931.

BUREAU OF LIGHTHOUSES - WASHINGTON D C March 18, 1937
Submitted to the Secretary of Commerce for information.

For the Commissioner:

Chief of Personnel Division.

see

ADDRESS YOUR REPLY TO
SUPERINTENDENT OF LIGHTHOUSES
HONOLULU, HAWAII
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

JMA:RW

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
MAY 18 3 30 PM '37
OFFICE OF SUPERINTENDENT, 19TH DISTRICT
HONOLULU, HAWAII

May 12, 1937.

COMMISSIONER OF LIGHTHOUSES:

1. Transmitted herewith are Forms 73 and 107 in connection with the proposed transfers of Assistant Keepers James J. Gibson and John Enos, Jr.

2. Authority for allowance of $50.00 to cover transportation of household effects of John Enos, Jr., is requested, due to the fact that the proposed transfer will be made in the interest of the Service and not at the request nor for the convenience of the employee.

3. No recommendation for allowance to cover transportation of household effects of James J. Gibson will be made.

F. A. EDGECOMB,
Superintendent of Lighthouses.

Encls.

~~TELEGRAPHIC REPLY IS DESIRED~~

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

VIA AIR MAIL

JMA:RW

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 19th DISTRICT,

Honolulu, T. H., (City) May 12 (Date), 19 37

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer ~~& Promotion~~

Name, John Enos, Jr.

Position, Keeper

Location, Pauwela Point Light Station

Effective, June 15, 1937 (Bur) see 19th letter of 7/15/37 in ~~the actual date of entrance on duty, or as soon thereafter as he enters on duty.~~[1]

Legal residence, Honolulu, T. H.

Proposed salary, $1320. p. a.

Proposed range, $1320 - $1680. p. a.

Appropriation, Salaries, Keepers of Lighthouses.

Former position, Second Assistant Keeper

Location, Makapuu Pt Lt & Radiobeacon Station

Former salary, $1320. p. a.

Former range, ~~$1320~~ 1260-1620 - $1680. p. a.

Rank on eligible list, -- Rating, -- Percentage, -- , Other eligibles considered:

Previous incumbent and his pay, New Station

Services terminated, ----

Reason, --

Members of family in Government service, none

Date of birth, July 27, 1905.

Remarks: This transfer is proposed for the good of the Service, and not for the personal convenience of the employee. Travel order for payment of transportation expenses is transmitted herewith for approval.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19-----

F. A. Edgecomb

Secretary, Civil Service District. F.A.EDGECOMB, Superintendent of Lighthouses.

BUREAU OF LIGHTHOUSES
WASHINGTON

July 27, 1937

Submitted to the Secretary of Commerce, ~~approved~~ for information. As the transfer of Mr. Enos was without change in pay or designation, this nomination is submitted as a Form 73a, and it is understood that no Department notice will be issued. The new position at Pauwela Point was authorized by the Department under date of May 5, 1937.

W. P. HARMAN
Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

COMMISSIONER OF LIGHTHOUSES
COMMERCE BRANCH 660

11

Washington D C May 25 1937

USLHE GOVT LIGHTHOUSE SUPERINTENDENT HONOLULU HAWAii

RE NOMINATIONS TRANSFER JAMES J GIBSON TO KALAE AND JOHN KING JUNIOR TO PAUWELA POINT AS NO CHANGE IN PAY INVOLVED TRANSFERS MAY BE COMPLETED AND EFFECTIVE DATES REPORTED TRAVEL ORDERS APPROVED STOP FRANK WILLIAMS CANNOT BE DROPPED WITHOUT DEPARTMENT APPROVAL STOP MAIL RECOMMENDATION HIS CASE STATING PROSPECTS HIS RETURNING DUTY AND WHETHER SUFFICIENT SERVICE FOR DISABILITY RETIREMENT GIBSON MAY BE SHOWN IN TEMPORARY ADDITIONAL POSITION AT THIRTEEN TWENTY AT KALAE MEANTIME

KING

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

June 16, 1939.

Mr. John Enos, Jr.

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective June 16, 1939.

A new appointment will not be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

OLIVER C. SHORT
Director of Personnel.

From: $1320

To: $1380

Service and grade:

Appropriation (unit): Field

19
C

JUL 15 1939

SUPERINTENDENT OF LIGHTHOUSES
SEP 28 1939
HONOLULU, T. H.

STANDARD FORM No. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Dept. U.S. Coast Guard Lighthouse Serv. Date Sept. 25, 1939

1. Name in full (Mr., ~~Miss, or Mrs.~~) Enos Jr. (Surname) John (Given name) None (Middle name)
2. Present address Pauwela pt. Lighthouse (Number) Haiku (Street) Maui (City) Hawaii (State)
3. Legal (voting) residence Hawaii (State and Congressional District) Maui (County) Haiku (City or town)
4. Where born Makawela Hawaii. (State or foreign country) When born July 27, 1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien (City or town) Not foreign born.
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single	Married √	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you Wife Dependents Ages; 33 years, 14 years, 12 years, 10 years, 7 years, 5 years.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Dept of Commerce	Kaukola Hawaii	Asst keeper	$1380 annum	October	29	1931	Jan.	28	32
Lighthouse Serv 12th District.	Kalupapa Molokai	2nd Asst keeper	$1260 annum	April	21	1932	Transferred		
"	Wakapuna pt. Honolulu	2nd Asst keeper	$1260 annum	June	16	1934	Transferred		
"	Pauwela Maui	Keeper	$1380 annum	June	28	1937	Still employed		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: None

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: None

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? – No.

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None √	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Mechanic, Electrician, Welding and Steam Languages; portuguese, and Hawaiian

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Bertania and Nuuanu St. Honolulu ROSCRANS Gen. Station	Mechanic	about 9 Months
Waimanalo Sugar Co. Honolulu	Master Mechanic	3 years.
Von Hamm Young Co. Hotel Street Honolulu	Welder	1 year
C. E. Jarman Hotel St. Honolulu.	Electrician Foreman	2 years
Teves and Lorenzini	Electrician	2 years

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

Work took 2 years on 8 & 9 grade on night School

16. In case of emergency, notify Mrs Katherine Enos

Relationship Wife Post office address Pauwela pt. Lighthstation

I certify that the foregoing answers are correct to the best of my knowledge and belief.

John Enos Jr. Per.

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1930 10—1930

Copy of this form not furnished the Department.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

8 206

14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-51		Navy 48, FPO, San Francisco, Cal.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT (14)

DATE 31 July, 1945

TIME 1100
DATE 28 July, 1945

REPORTED FROM: CG-13- Navy #48
FOR assign to duty.

DUTY CODE NO. 18-F

AUTH: CG-13,N-48/L 7-28-45, 73.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

DUTY CODE NO.

AUTH:

E B Berdelman
E. B. BERDELMAN, Lt. (jg) USCGR(W)
By direction ~~(Commanding)~~

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
001	0	14	4	18
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 33	

Machine Accounting
Punched _____
Verified _____

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

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 26 AUGUST 1946

FROM COMMANDANT (PHM)

TO (FOR ACTION) CONDR, 14 CG District, Honolulu

3-14 File MJM 73.

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
RRRR	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

261700

TEXT

REURDIS 231930Z X AUTHORIZED X

ENOS, John Jr. (219-793) CBM

261700 # 27 MC

TOD— Bell S. Joynes
Room 2116 sta 2-4
OPERATOR'S RECORD

OFFICE OF ORIGIN: L. H. MORINE, Cmdr. USCG
Chief, Casualty Section (PHM)

INITIALS OF RELEASING OFFICER:
Chief, Military Morale Division

TIME RELEASED:

mjm.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—23739-1

3-14
File
73-gha

AUG 22 1946

My dear Mrs. Enos:

I have learned of the untimely death of your husband, John Enos, Jr., Chief Boatswain's Mate, U. S. Coast Guard, on 20 August, 1946.

Please permit me to express my sympathy for you and your family in your great loss.

Nothing that I might say can tend to minimize your distress. However, I know that you will, in some measure, be comforted by the knowledge that he served his country faithfully and won for himself the respect and admiration of his shipmates who now share your sorrow.

Sincerely yours,

J. F. FARLEY
Admiral, U. S. Coast Guard
Commandant

Mrs. Katherene Enos
49 Prospect Street
Honolulu, T. H.

AUG 23 1946

mjm

BSJ:gha Return to 2-4 21 August, 1946

(PMM)
CG-73

3-14
File
73.0gha

22 August, 1946

Mrs. Katherene Enos
49 Prospect Street
Honolulu, T. H.

My dear Mrs. Enos:

Headquarters has been advised of the death of your husband, John Enos, Jr., Chief Boatswain's Mate, U. S. Coast Guard, on 20 August, 1946. Please apcept my sincere sympathy.

There is paid to designated beneficiaries of deceased members of the Coast Guard a sum equivalent to six months' pay in the form of a gratuity. Since you were designated beneficiary, there are inclosed Forms Nos. 9996 and 9996-c, to aid you in making application for this gratuity.

You will find inclosed forms necessary to effect settlement of the final pay due his estate at the time of his death. The next of kin or legal representative should execute the inclosed Forms No. 1055, claim for the final pay. If a legal representative is appointed a copy of the Court Order showing the appointment should be attached to Forms No. 1055. This information is necessary to substantiate your claim for the final pay.

Veterans' Administration Adjudication Form No. 534 is inclosed for making application for the pension award. This form should be executed in the presence of two witnesses. A certified copy of the public record of marriage must be forwarded to substantiate your claim for the pension award.

When the inclosed forms have been completed, they should be returned to the Commandant (PMM), U. S. Coast Guard Headquarters, 1300 E. Street, N.W., Washington 25, D.C.

By direction of the Commandant.

Very truly yours,

Incls.
1. Forms No. 1055
2. Forms Nos. 9996-9996-c
3. Forms No. 534

G. A. KNUDSEN
Comdr., USCG
Asst. Chief, Military Morale Division

U.S. COAST GUARD
MAIL SECTION (1)
MAILED AUG 23 1946

BSJ:gha Return to 2-4

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 14 August, 1941

Name: Knox, John Jr.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 2c.
Grade	Field (Range $1320-1680)	No change in pay and allowance, Sec. 7, Act of August 5, 1939, applies.
Salary	$1380 p.a. plus $240 p.a. Qtrs.	
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Honolulu, T. H.	Honolulu, T. H.
Post of Duty	Pauwela Point Lt. Sta., T.H.	Pauwela Point Lt. Sta., T.H.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

EFFECTIVE 14 August, 1941 — FIELD ☐ DEPRTMTL. ☐ — FIELD ☒ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 7-27-1905

LEGAL RESIDENCE: Hawaii, T.H.

SEX: M — RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

S. P. MERRIMAN,
Lt. Commander, U.S.Coast Guard,
Acting Assistant Personnel Office

DATE APPROVED BY THE SECRETARY

SEP 10 1941

BUREAU SUSPENSE AND FILE COPY

Med. Ex. T & R

Form 93

NOTICE OF RESIGNATION

NAVY DEPARTMENT
United States Coast Guard

Honolulu, T.H.
14 August 1941.

Commandant,
U. S. Coast Guard,
Washington, D. C.

Herewith is transmitted the resignation of the following-named employee:

NAME	John Enos, Jr.	Position	Keeper
LEGAL RESIDENCE	Hawaii	Station	Pauwela Point Light Station
		Salary	$1380 p. a.

The acceptance of this resignation is recommended effective at the close of 13 August 1941.

This employee has not taken leave in excess of the accrued rate.

He has no veteran (military) preference under the Civil Service Rules and Regulations.

G. T. FINLAY,
Captain, U. S. Coast Guard,
Senior Coast Guard Officer,
14th Naval District.

N A V Y D E P A R T M E N T
United States Coast Guard

75

Pauwela Pt Lt Station
Pauwela, Maui.
14 August 1941

From: John Enos, Jr., Keeper, Pauwela Point Light Station.
To: Senior Coast Guard Officer, 14th Naval District.

Subject: Resignation from Civil Service Status.

1. In view of the fact that I am going to be enlisted as Boatswain Mate, 2nd class, in the U. S. Coast Guard, it is requested that my resignation as Keeper, Pauwela Point Light Station, be accepted at the close of 13 August 1941.

John Enos

John Enos, Jr.

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

ENOS	John	Jr.	219-793	B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Pauwela Point Light Station	Pauwela, Maui, T. H.	14 August, 1941
(Unit)	(Place)	(Date)

Originally enlisted this place and date as boatswain's mate, second class, in the regular establishment for a period of three years.
Former position held - Keeper Pauwela Point Light Station, Pauwela, Maui, T. H.
Salary - $1380.00 p.a.
Creditable lighthouse service for retirement computed to and including 13 August, 1941 -- 9 years, 6 months, 23 days.

NO MILITARY SERVICE

Not entitled to enlistment allowance. Entitled to clothing bounty of $118.95.
P.A.F.E. Pauwela, Maui, T. H.

1100 - this place and date - assumed duty as keeper of Pauwela Point Light Station, Pauwela, Maui, T. H.
ENLISTMENT EFFECTED PURSUANT TO ACT OF AUGUST 5, 1939 (PUBLIC NO. 291-76th CONGRESS: (CHAPTER 477 - 1st SESSION).

AUTHORITY:
Headquarters' third indorsement on Form 2525B, dated 28 July, 1941.

G. T. FINLAY, (Commanding) Captain,
Senior Coast Guard Officer,
Fourteenth Naval District.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. Government Printing Office 9 10035

T. STOCK FORM 2249
EV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 14 August, 1941

Name: Enos, John Jr.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 2c.
Grade	Field (Range $1320-1680)	No change in pay and allow-
Salary	$1380 p.a. plus $240 p.a.Strs.	ance, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Honolulu, T. H.	Honolulu, T. H.
Post of Duty	Pauwela Point Lt. Sta., T.H.	Pauwela Point Lt. Sta., T.H.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

FIELD [X] DEPRTMTL. [ ] FIELD [X] DEPRTMTL. [ ]

EFFECTIVE 14 August, 1941.

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 7-27-1905

LEGAL RESIDENCE: Hawaii, T.H.

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-16

DATE OF OATH

DATE APPROVED BY THE SECRETARY 9-16-41

BUREAU OR DIVISION PERSONNEL FILES

SEP 20 1941

File
3-14

APR 29 1947

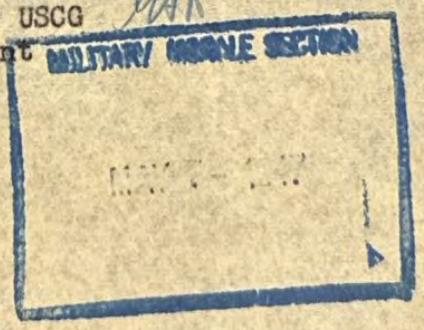
My dear Mrs. Enos:

It is my privilege to forward to you an Accolade from the President of the United States in memory of your husband, John Enos, Jr., Boatswain's Mate, first class, United States Coast Guard.

This award is made to you as a tribute to your husband's sacrifice in the service of his country. May it serve in some small measure as a lasting memorial and a tangible manifestation of the Government's grateful recognition of his faithful and unselfish performance of duty.

Sincerely yours,

J. F. FARLEY
Admiral, USCG
Commandant



Mrs. Kathrene Enos
3021-L Kanu Street
Manoa Housing Area
Honolulu, T. H.

MJM:erb return to 2-4

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

Died on
8-20-46.

Service Record

ENOS
(Surname)

John Jr. | 219-793 | N.B.
(Christian names) | (Service No.) | (Citizenship)

B.M.2c. | 14 August, 1941 | THREE YEARS
(Enlisted as) | (Date) | (Term of years)

Pauwela Light Station
Pauwela, Maui, T. H.
(Ship or station)

Pauwela, Maui, T. H.
(Place)

16—9677

REPORT OF SEPARATION

(Not to be used in case of a change in rank or rating)

1. ENOS, JOHN JR., 2. C.B.M. 3. [X] White. [ ] Negro. [ ] Other.
(Last name) (First name) (Middle name) (Rank or rating)

4. Entered Service 8 14 41 5. Through [ ] Regular Army. [ ] National Guard. [ ] Selective Service. [ ] Navy. [ ] Marine Corps. [X] Coast Guard. 6. 219-793
(Month) (Day) (Year) (Serial or Service no.)

7. Home address at time of entry into Service:

(Street or R. F. D. number)	(City or town)	(County)	(State)
	PAUWELA		MAUI, T.H.

8. Date of discharge or separation 8-20-46 (Month) (Day) (Year) 9. Discharge certificate [ ] Honorable. [ ] Blue. [ ] Dishonorable.

10. Cause of discharge or separation DEATH
(State specifically)

FOR THOSE MEN WHO HAD REGISTERED AT A SELECTIVE SERVICE LOCAL BOARD BEFORE ENTRANCE INTO SERVICE

11. Local Board of origin (special care must be taken in giving correct Local Board address and number)

(Local Board number)	(Selective Service order no.)	(County)	(State)

D. S. S. Form 167
(Rev. 7-1-42) GPO 16—18311-2

(Signature of reporting officer—Rank)

—ENOS

NAME ENOS John Jr.
(Last name) (First name) (Middle name)

T. H.
(State, see note below)

RANK OR RATING B.M.2c.

Pauwela, Maui, T. H.
(City or town, and county)

SERVICE U. S. Coast Guard,
(Army, Navy, Marine Corps, etc.)

Pauwela Post Office
(Street No. or R. F. D. No.)

No. 219-793 RACE Portuguese
(Army serial or Navy Service)

NOTE.—Give home address at time of entrance into service.

John Enos Jr.
(Signature)

(This form is not to be used for men inducted into service through Selective Service)

D. S. S. Form 166—HOME ADDRESS REPORT.

16—18432 GPO

NMS-Form N
(1940)

CERTIFICATE OF DEATH

From: THE MEDICAL OFFICER IN COMMAND, U.S. NAVAL HOSPITAL, NAVY NO.10 (ONE ZERO)

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name ENOS, John (n) Jr. (219 793) Rank or rate CBM, USCG

2. Born: Place Makewela, Kauai, T.H. Date 27 July 1905

3. Nationality White (White—U. S., Colored, Samoan, etc.) Religion Prot. (Denomination)

4. Eyes - - - - Hair Black Complexion Brown Height 5' 8½" Weight 170

5. Marks, scars, etc. (noted in health record) None noted in health record.

FINGERPRINT

State which finger Rt. Index. (Right index preferred)

6. Relation, name and address of next of kin or friend (Wife) Kathrene Enos, 49 Prospect Street, Honolulu, T.H.

7. Original admission: Place U.S. Nav. Hosp., Navy No.10 (Ship or station to which attached when first admitted to sick list) Date 5-29-46

8. Died: Place U.S. Nav. Hosp., Navy No. 10 Date 8-20-46 Hour 0940

9. Cause of death
Principal Coronary Embolism with Cardiac Infarction Key Letter
Contributory Rheumatic heart disease with mitral stenosis and aortic stenosis

10. Death is not (Is or is not) the result of own misconduct and is (Is or is not) in the line of duty.

11. Disposition of remains Remains delivered to contract undertaker for local burial by request of the NOK.

12. Summary of facts relative to the death:

Patient was admitted to this hospital 5-29-46 with diagnosis of Cardiac Arrhythemia Auricular Fibrillation, in decompensated state. While under treatment, right femoral embolism occurred. Gangrene necessitated mid-thigh amputation. General condition improved on rest and digitalis until patient was completely comfortable and up and around in a wheel chair. On 8-19-46 at 2130, more emboli were dislodged, characterized by pain, syanosis, shock, coma, and flaccid paralysis of left side of body. Death occurred 8-20-46 at 0940. Autopsy revealed: Rheumatic heart disease with mitral stenosis and aortic stenosis; Mural thrombi left auricle; emboli right external iliac artery, kidneys, spleen, and coronary artery; cardiac infarction, posterior; and absence acquired right leg.

16—15556

(Continued on back of this form)

Summary of facts—Continued

ANATOMIC DIAGNOSES:

1. Rheumatic heart disease with mitral and aortic stenosis.
2. Auricular Fibrillation (clinical)
3. Mural Thrombi, left auricle.
4. Arterial emboli to right external iliac artery, left common iliac artery, kidneys, Spleen, left coronary artery.
5. Amputation of right leg, remote.
6. Pulmonary embolus, left lung remote.
7. Cardiac infarction, recent.
8. Generalized arteriosclerosis.
9. Patent foramen ovale.

J.W. METCALFE (Medical officer), COMDR. (Rank), *M. C., U. S. Navy.*

Approved: Court of inquiry or board of investigation will not (Will or will not) be held.

R.E. DUNCAN (Commanding officer), CAPTAIN (MC) (Rank), *U. S. Navy.*

16—15556

ENOS, John Jr. 219-793 BM1c

COMMANDER, 14th CGD Honolulu, T.H.

14-001 4 Sept. 1946.

SERVICE RECORD

0940, 20 August, 1946 - Died at USNH #10, Aiea Heights, T. H. due to Coronary Embolism with Cardiac Infarction. Death was in line of duty. Remains delivered to contract undertaker for local burial by request of the NOK.

18-F

A. F. WAYNE, Lt. Comdr., USCG
By direction

ENOS, John Jr. 219-793 BMlc

COMMANDER, 14th CGD Honolulu, T.H.

14-001 4 September, 1946

SERVICE RECORD

Temporary rating as of 30 June, 1946 was...CBM
Date originally advanced to above rating...9-16-44
Rating made permanent as of 1 July, 1946...BMlc

18-F

ALCOAST 119-46

A. F. WAYNE, Lt. Comdr, USCG
By direction

NCG-2599
U. S. COAST GUARD
(Jan., 1943)

REPORT OF CHANGE IN PERSONNEL

SURNAME	FIRST NAME	M.I.	SERVICE NO.	RATE
ENOS,	John	Jr.	219-793	CBM

CG-51 FPO San Francisco, Calif.

UNIT LOCATION

15 November, 1945
DATE

SERVICE RECORD

EFFECTIVE November 3, 1945 permanent rating established as _____.

Certified to be fully qualified.

Auth: Alcoast 143-45

E B Berdelman

E. B. BERDELMAN, Lieut., USCGR(W)
By direction

SPACE BELOW FOR HEADQUARTERS USE ONLY

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. COAST GUARD BASE
(Unit)
HONOLULU, T. H.
(Place)
13 August, 1944
(Date)

Authority for extension:
Alcoast #83, December, 1941.
Article 541 (1), Regulations.

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, JOHN ENOS, JR. (Name of applicant) (219-793) (Service number), CBM(a) (Rating), having on 14 August, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 2 year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

~~My reason for making this agreement is:~~ I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interest, in time of war or National emergency declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

John Enos Jr.
John Enos, Jr.
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 13th day of August, A. D., 19 44.

M. B. Jacobsen
M. B. JACOBSEN, Lieutenant, USCG
(Commanding officer or notary public)

U. S. C. G. COAST GUARD BASE,
(Unit)
HONOLULU, T. H.
(Place)
13 August, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

M. B. Jacobsen
M. B. JACOBSEN, Lieutenant, USCG
Commanding Officer.
(Officer authorized to accept extension)

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21990-1 U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

COAST GUARD BASE, Honolulu, T. H.
(Unit)

[redacted], John Jr.
(Name in full—surname to the left)

14 August, 1944
(Date)

(219-793)
(Service number)

CEM(a)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	August	14
Enlistment extended (for 2 years from)	1944	August	14
Date of discharge ([redacted]) (Character of discharge)			

Total time of last enlistment period	NUMBER OF— Years	Months	Days
	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

13 August, 1944 - Voluntarily agreed extension of enlistment for a period of two years and for such additional time as may be deemed necessary in the public interest, in time of war or National emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

P.A.F.S. - Pauwela Point Light Station, Pauwela, Maui, T.H.
P.A.F.Ent. - Coast Guard Base, Honolulu, T. H.

Total Absence (0 days)		
Creditable time served during last enlistment period	3	0 0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

H. B. Jacobsen

Date 14 August, 1944

(Rank) Lieutenant, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 14 August, 1944

COAST GUARD BASE, Honolulu, T. H.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of two years from this date.

H. B. Jacobsen

Lieutenant

(Rank) ..., U. S. C. G.
Commanding officer.

16—20906-1

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

AUTHORITY: Headquarters third indorsement dated 28 July, 1941., on Form 2525B

ENLISTMENT CONTRACT

ENLISTMENT[a] of ENOS, John Jr. (219-793) as B.M.2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Pauwela Point Light Station District, Pauwela, Maui, T. H.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Pauwela, Maui, T. H.
(Place)

1. I, John Enos Jr., this 14th day of August, 1941., desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Makewela, Kauai, T. H., on 27 July, 1905 Citizenship[b] N.B.

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - Certificate number - - - - - -

If intentions declared, place and date of declaration -

Occupation or trade Keeper of lighthouses Home address Pauwela Point Light Station, T. H.

Full name and address of the following: Katherene Enos, Pauwela Point Light Station, Maui, T. H.
(Wife, if any)

Adam Enos (Age 16), Bernice Enos, (Age 14); Helen Enos (Age 11); Elizabeth Enos
(Children under 21 years of age. Specify ages of children)

(age 10); Dorothy Enos (age 7) all residing at Pauwela Point Light Station,

Pauwela, Maui, T. H. Mary Enos (mother) Widowed? Yes
(Mother, if living)

(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Yes, but not convicted.
(State fully nature of offense, if any,

Charge: Hunting pheasants out of season. Assumed blame for son,
and nature of institution in which incarcerated)

6. I have NOT had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on - - - - - - - -, 19--, from Cutter Station - - - - - - - - -
(Strike out one)

with - - - - - - - - discharge, herewith submitted, serial No. - - - - -
(Kind of discharge)

9. I agree to and with the United States of America, represented by F. A. ERICKSON, Lieut., United States
(Name of enlisting officer)

Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station 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 lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by F. A. ERICKSON, Lieut., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said John Enos Jr. who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

John Enos Jr
John Enos, Jr.
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. A. Erickson
F. A. ERICKSON, Lieutenant
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

F. A. Erickson
F. A. ERICKSON
Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Enos, Jr., do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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 and Regulations for the government of the United States Coast Guard.

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

John Enos Jr.
John Enos, Jr.
(Signature of enlisted person)

Subscribed and sworn to before me this 11th day of August, A. D. 19 41

F. A. Erickson Lieut.
F. A. ERICKSON,
Enlisting Officer, Honolulu District
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 36 years ..... months. Height 5 feet 8½ inches. Weight 170 pounds. Eyes Brown

Hair Black Complexion Brown Color White Married Yes

Distinguishing marks NONE

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian .....
(Within the United States, in the territory or islands of the United States)

.....where this enlistment is made.

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

SERVICE RECORD

RECORD OF ENOS, John Jr. (Full name, surname to the left) 219-793 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Enlisted 3 yrs.	8/14/41	R.E. Stokestill Lt.	Pauwela Light Station Maui (Coast Guard Station	8/14/41	R.E. Stokestill Lt.
Pauwela Light Station	1/17/42	R. Lawson (jg)		1/17/42	Lawson Lt(jg)
MAUI CG STATION	6-21-42	Lalauson Lt.(jg)	MOLOKAI CG STA.	6-21-42	Lalauson Lt.(jg)
MOLOKAI CG STA.	1-20-43	W.J. Maggoni Lt.	Lt.Cmdr. C.G. BASE HONO	1-20-43	W.J. Maggoni Lt.
CG Base, Hono	7-28-45	R.B. Jacobsen Lt	Makapuu Pt.Lt.Stat.	7-28-45	E.B. Berdelman Lt.jg.
MAKAPUU PT. LT. ST. MAY 29 1946		M.K. Lauke LT. COMDR.	NAVHOSP, AIEA, T.H.	29 MAY 1946	M.E. Kizer
NAVHOSP, AIEA, T.H.	8-20-46	BY DIR. M.E. Kizer			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
MAUI COAST GUARD STATION	B.M.2c to BM1c (Pro)	2/5/42	R. Lawson Lt.(j.g.).
CG BASE, HONOLULU	C.B.M.(a)(Pro)	7-5-43	W.J. Maggoni Lieut.
CG BASE HONO TH	CBM Auth: H/L(PEA) (CG-73) 9/12/44	9-16-44	R.B. Jacobsen Lt.
ODCGO, 14ND	LAST PERMANENT RATING BM1C AUTH: ALCOAST 143-45	NOV 3 1945	E.B. Berdelman Lt. Lieut.
COMDR, 14CGD	CBM to BM1c eff. 2-5-42 AUTH: ALCOAST 119-46	7-1-46	Lt. Comdr., By dir.

16—0676

RECORD OF ENOS, John Jr. (Full name, surname to the left) 219-793 (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	Sobriety	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
8/14/41	LESS THAN ONE MONTH						Pauwela Light Station	[signature] Lt.
- - - - - - - -	FOR CONTINUATION OF MARKS SEE ATTACHED SHEET NO (2) (A)							
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 16—9676

Record of ENOS, John Jr. (Full name, surname to the left) 219-793 (Service No.)

3. EFFICIENCY MARKS

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
MAY 29 1946	CBM	3.7	3.3	3.5	3.5	4.0	MAKAPUU PT. LT. ST. W W Lauke LT. COMDR. BY DIR.
8-20-46	BM1c	3.7	3.3	3.5	3.5	4.0	a F Wagner Lt.Comdr, By dir.
AVERAGE	X X X X						
6-30-44	CBM(a)	3.5	3.3	3.3	3.3		4.0
9-30-44	CBM(a)	3.5	3.3	3.3	3.3		4.0
12-31-44	CBM	3.5	3.3	3.3	3.3		4.0
3-31-45	CBM	3.5	3.3	3.3	3.3		4.0
6-30-45	CBM	3.5	3.3	-	3.3	CG BASE, Hono TH	4.0
7-28-45	CBM	LESS	THAN	ONE	MONTH		4.0
9-30-45	CBM	3.7			3.6		4.0
DEC 31 1945	CBM	3.7	3.3		3.5	MAKAPUU PT. LT. ST.	4.0
MAR 31 1946	CBM	3.7	3.3	3.5	3.5	MAKAPUU PT. LT. ST.	4.0
Average							W W Lauke Lt. Comdr. By Direction

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

Date	Rate	Proficiency in Rating	Seaman-ship	Mechanical Ability	Abil. as ldr of men	Special Qualification or Special Detail	Conduct	Signature
9-30-41	B.M.2c	3.8	3.8	---	3.7		4.0	Captain.
12/31/41	B.M.2c.	3.8	3.8	3.9	3.7		4.0	Lt. Comdr.
3/31/42	B.M.1c	3.5	3.5	3.8	2.5		4.0	Lt. (jg)
6-21-42	B.M.1c.	3.5	3.5	3.8	2.8		4.0	Lt. (jg)
6/30/42	BM1c	- -	- - -	- -	- - -	LESS THAN ONE MONTH	4.0	Lt. (jg)
9-30-42	BM1c.	3.5	3.5	3.8	2.8		4.0	Lt(jg)
12-31-42	BM1c.	3.5	3.5	3.8	2.8		4.0	Lt.
1-20-43	BM1c.	3.5	3.5	3.8	2.8	- - - - - - - - - - - - - -	4.0	LtCmdr
3-31-43	B.M.1c.	3.6	3.5	3.5	3.5		4.0	Lt.
6-30-43	B.M.1c.	3.6	3.5	3.5	3.5		4.0	Lt.
9-30-43	CBM(a)	3.6	3.5	3.5	3.5		4.0	Lt.
12-31-43	CBM(a)	3.6	3.5	3.5	3.5		4.0	Lt.
3-31-44	CBM(a)	3.6	3.5	3.5	3.5		4.0	Lt.
6-30-44	CBM(a)	3.5	3.3	3.3	3.3		4.0	Lt.
9-30-44	CBM(a)	3.5	3.3	3.3	3.3		4.0	Lt.
12-31-44	CBM	3.5	3.3	3.3	3.3		4.0	Lt.
3-31-45	CBM	3.5	3.3	3.3	3.3		4.0	Lt.
6-30-45	CBM	3.5	3.3	-	3.3	CG BASE, Hono TH	4.0	Lt.
7-28-45	CBM	LESS	THAN	ONE	MONTH		4.0	Lt.
9-30-45	CBM	3.7			3.6		4.0	Lt.
DEC 31 1945	CBM	3.7	3.3		3.5	MAKAPUU PT. LT. ST.	4.0	Lt. Comdr.
MAR 31 1946	CBM	3.7	3.3	3.5	3.5	MAKAPUU PT. LT. ST.	4.0	Lt. Comdr. By Direction
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

RECORD OF ENOS, John Jr. 219-793
(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
HONDISTOFF	12-7-41	Served on station at Pauwela Point Light, Pauwela, Maui, T.H., during surprise attack on Pearl Harbor and Honolulu, T.H., on 7 December, 1941.	Lt. Cmdr.
CG BASE, HONO. TH.	3-31-44	Serving outside continental United States this date.	Lt.
CG BASE HONO TH	6-30-44	Entitled to Asiatic-Pacific Area Campaign Medal	Lt.
CG BASE HONO TH	9-13-44	Entitled to Good Conduct Ribbon. Auth: Pers. Bltn. #86-44.	Lt.

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

RECORD OF ENOS, John Jr. (Full name, surname to the left) 219-793 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
Pauwela Light Station	CREDIT ON	ORIG. ENL.	8/14/41	30	0	[illegible] Lieut.
Molokai CG STA	Credit	2nd year	8-14-42	30	0	[illegible] Lieut.
CG BASE HONO TH	Credit 3rd Yr. (8-14-43)			30	0	[illegible] Lt.
CG BASE HONO TH	Cr 4th Yr. and Ex.Ln.(8-14-44)			30	30	[illegible] Lt.
CG BASE HONO TH	12-25-44	1-6-45	10	20	30	[illegible] Lt.
CG BASE HONO TH	3-19-45	3-31-45	10	10	30	[illegible] Lt.

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RECORD OF ENOS, John Jr. (Full name, surname to the left) 219-793 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
MAUI C.G. STA.	"NO UNAUTHORIZED ABSENCE WHILE ATTACHED THIS UNIT"					palamuse Lt.(jg).
MOLOKAI CG STA.	NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT					T.L. Thorp. Lt.Cmdr
CG Base, Hono.	NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT					R.B. Jacobsen Lt.
MAKAPUU PT. LT. ST.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					W.P. Mankin LT. COMDR.
NAVHOSP. AIEA, T.H.	No deductible time while Attached this unit					M.B. Jacobsen Jr

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG BASE, Honolulu, T.H.	14 August, 1944 -	Enlistment voluntarily two (2) years. Auth: 1941; Article 541 (1),	extended for a period of Alcoast #83, December, Regulations.
Discharge otherwise entitled to: "HONORABLE"			R. B. Jacobsen M. B. JACOBSEN, Lieut., USCG

12. ON DISCHARGE

Date _____, 19____ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

Is _____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF ENOS, John Jr. (Full name, surname to the left) 219-793 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature
USNH #10 Aiea Hgts, T. H.	0940 8-20-46	Coronary Embolism with Cardiac Infarction.	Diamond Head Memorial Cem Honolulu, T.H.	Delivered to NOK (Wife) Kathrene Enos	Yes	a F Wayne Lt. Comdr., By dir.

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years), _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19_____

_____

Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD BASE, (Unit) HONOLULU, T. H. (Place)

1 OCTOBER, 1943 (Date)

FROM: ENOS, John Jr. (219-793) C.B.M.(a) U.S.C.G.

TO: COMMANDANT (via Commanding Officer)

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)
Kathrene Enos	49 Prospect Street, Honolulu, T.H.
Master Adam Enos	"
Bernice Enos	"
Helen Enos	"
Elisabeth Enos	"
Dorothy Enos	"

(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:

NONE (Full name of relative) (Relationship) (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:

NONE (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 2 day of October, 19 43

W. J. Manzoni (Signature)

W.J. MANZONI, Lieutenant, U.S.C.G. (Rank or title)

John Enos Jr. (Signature)

John Enos, jr.

C.B.M.(a) (Rank or rating)

16—25758-1

ENOS, John — Jr. (219-793) C.B.M.(a), USCG

Navy No. 48
CG-13 c/o FPO, San Francisco, California 14 August, 1944

13 August, 1944 - Original enlistment of three (3) years expires this date.

13 August, 1944 - Voluntarily agreed extension of enlistment for a period of two (2) years and for such additional time as may be deemed necessary in the public interest, in time of war or National emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the war or National emergency.

14 August, 1944 - Enlistment extended for a period of two (2) years, from this date.

Alcoast #83, December, 1941.
Article 541 (1), Regulations.

Lieut.

M. B. JACOBSEN

Commanding Officer.

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

ENOS, John, Jr. (NAME) | 219-793 (SERVICE NUMBER) | B.M.2c (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Waipahu Grammar School - 8 years (Graduated)
(Number of years attended, graduated) (Grade)

(b) High school: Waipahu Community School (night) 2 years
(Number of years attended, grade completed or graduated

(c) College: NONE
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general) - - - - -	(12)	Engineer, steam	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

Ability based on 4.0 as interpreter of the Portuguese and Spanish

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as weill indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

John Enos Jr.
John Enos, Jr.
(SIGNATURE)

NAVY DEPARTMENT

UNITED STATES COAST GUARD

Honolulu, T. H.
18 August, 1941.

TO WHOM IT MAY CONCERN

This will certify that the Baptismal Certificate of John Enos, Jr. was produced at this office and shows that John Enos, Jr. was born at Makewela, Kauai, Territory of Hawaii, on the 27th of July, 1905.

W. K. Wallace

W. K. WALLACE
Pay Clerk, U. S. Coast Guard.

75-702

NAVY
XXXXXXXXXXXXX

Honolulu, T. H.
30 July 1941.

Recruiting Officer,
U. S. Coast Guard,
Honolulu, T. H.

Dear Sir:

John Enos, Jr. has served in the former Lighthouse Service and the Coast Guard from 29 October 1931 to date as Assistant Keeper and Keeper of an attended light station.

The undersigned has known John Enos, Jr. for more than ten years and it is considered that his reputation has been very good and his services entirely satisfactory during the period he has been employed by the Federal Government.

Mr. Enos is a married man and of steady habits. He has some electrical and mechanical ability and is excellently fitted for the duties of keeper of a major light station in the Coast Guard.

Yours very truly,

F. A. Edgecomb,
Commander, U.S. Coast Guard.

75-702

Office of Commander
HONOLULU DISTRICT

Honolulu, T. H.,

14 July, 1941.

Recruiting Officer,
U. S. Coast Guard,
Honolulu, T. H.

Dear Sir:

I have known John Enos, Jr. since October, 1931, at which time he entered on duty in the former U.S. Lighthouse Service as Assistant Keeper. His efficiency, reputation and moral tendencies are excellent. He is married.

I consider Enos excellent material for enlistment in the U. S. Coast Guard.

Yours truly,

N. W. WETHERBY,
Lieutenant, U. S. C. G.

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

(1)-Ⓑ NAME (PRINT CLEARLY): Enos (J.) John — (LAST) (FIRST) (MIDDLE)

219-793 — SERVICE NUMBER | 5 FT. | 10 IN. — HEIGHT | 170 LBS. — WEIGHT | W — RACE

(2) HOME ADDRESS: 49 Prospect Ave, Honolulu, T.H.

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

(4)-Ⓡ DATE OF BIRTH: 27 July 05 — HOW LONG IN U. S.: NB YEARS

(5) CITIZEN [X] L-29 — NON-CITIZEN [ ] L-28 — TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS: Married — (7)-Ⓣ NUMBER OF DEPENDENTS: Six

(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	✓		Waipahau, T.H.		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
~~TRADE, NIGHT OR BUSINESS SCHOOL~~	2		✓	Waipahau, T.H.	To complete grammer school	
(9)-Ⓡ TOTAL SCHOOL YEARS	10	X	X	X	X	X

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 14th — DATE: 14 Aug 41

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-Ⓣ MAIN OCCUPATION: Lighthouse Keeper — YEARS AT IT: 5 — WKLY. WAGE: $43.00

D. O. T. CODE: 5-61.310

JUST WHAT DID YOU DO? Tended to the operation and maintenance of a lighthouse and its equipment

Total experience in lighthouse work - 11 years

LAST DATE OF EMPLOYMENT: August 1941

EMPLOYER: U. S. Government - Dept. of Commerce (FIRM NAME)

ADDRESS OF EMPLOYER: Federal Building, Honolulu T.H.

DEPT., SHOP OR BRANCH — KIND OF BUSINESS: Gov Ser

(14)-Ⓣ SECOND BEST OCCUPATION: Automobile Mechanic — YEARS AT IT: 7 — WKLY. WAGE: $30.00

D. O. T. CODE: 5-81.010

JUST WHAT DID YOU DO? Made all major and minor repairs and adjustments on passenger cars and trucks.

TEST	SOCIAL STUDIES (15)-Ⓑ	ARITHMETIC (16)-Ⓑ	MECHANICAL APTITUDE (17)-Ⓑ
GRADE —SCORE	67	57	101

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR

1. Motor Machinist's Mate 09
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED

1. Motor Machinist's Mate 09
2. Seamanship 15
3. Electrician's Mate 04

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)
		None					

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

Can do both acetylene and arc welding
Has had work experience of about 2 years as riviter
Hobby — wood working
Has had about 3 years power boat handling
" " " 1 year part-time experience as pipe fitter. Can do electrical wiring can repair line starters, motors, generators and other electrical appliances.

(23) NEXT OF KIN

NAME Mrs Katherine Enos
ADDRESS 49 Prospect St
CITY Honolulu STATE T.H.

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
8/14/41	Maui Air Station	BM 2c	Officer in charge
2/ 42	" " "	BM 1c	" " "
6/22/42	Molokai - Lt. Sta	"	Guard
4/6/43	Pier 4	"	Buoy gang
7-5-43	14th ND	C.B.M.	M.M.H - Buoy Depot.

(25)

DATE OF INTERVIEW 2 July 1943 UNIT Pier 4 - Honolulu

SIGNATURES

INTERVIEWER J. A. Shaw CSp T(a)(R)

ENLISTED PERSON John Enos Jr BM 1/C

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U.S. PAT. NO. 2,215,007

Return to Base — Fill in service record.

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 4 September, 19 44

I. I, ENOS, (Last name) John (First name) Jr. (Middle name) CBM(a) (Rate or rank)

U. S. COAST GUARD (Organization) (219-793) (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.	ENOS,	Katherene	--	Wife	
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
2.	ENOS,	Dorothy	Agnes	Daughter	2 August, 1934
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
	ENOS,	Eleizbeth	Grace	Daughter	11 December, 1932
3.	ENOS,	Helen	Jane	Daughter	14 August, 1930
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
4.	ENOS,	Bernice	Mae	Daughter	21 May, 1927
	49 Prospect Street, (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)

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

(Name)	(Number and street or R. F. D.)	(City or post office)	(State)
Mrs. Katherene Enos,	49 Prospect St.	Honolulu,	Oahu, T. H.

Date and place of marriage to present wife 5 January, 1925, Honolulu, Oahu, T. H.

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

III. **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. _____
(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:

Supplementing original application of 12 November, 1943 to show reduction in number of dependents due to marriage of son on 20 July, 1944, at which time dependency was terminated.

John Enos, Jr.
(Signature)

Subscribed and sworn to before me, this 4th day of September, 1944

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

M. B. Jacobsen. Lieut., USCG
M. B. JACOBSEN (Signature)
Commanding Officer, CG Base, Navy No. 48,
c/o FPO, San Francisco, California
(Title)

16—29368-1

NOTICE TO OFFICER ADMINISTERING OATH — PART 2

Instructions.—Applicant will complete items 1, 2, 3, and 4. Officer administering oath will detach and send this part of the form to disbursing officer carrying pay accounts of applicant. Disbursing officer will endorse to Bureau of Supplies and Accounts or Commandant, Coast Guard, as applicable. (*This part of the form will not be executed by enlisted men of the Marine Corps.*)

1. ENOS, (Last name) John (First) Jr. (Middle) (219-793) (Service number) CBM(a) (Rating)

2. I have made supplemental application on this 4th day of September, 1944, for payment of the family allowances provided in the Servicemen's Dependents Allowance Act of 1942 to my dependents as indicated by "x" entered below:

CLASS A [X] Includes lawful wife; former wife divorced who has not remarried and to whom alimony has been decreed and is still payable; child, meaning legitimate child, child legally adopted, stepchild, and illegitimate child where man has been judicially ordered or decreed to support or judicially decreed to be putative father or has acknowledged under oath in writing to be father of such child.

CLASS B [ ] Includes father, mother, grandfather, grandmother, stepfather, stepmother, father or mother through adoption; persons who for period of 1 year prior to your entry into service stood in loco parentis to you; brother, sister, including those of half blood, stepbrothers, stepsisters, and brother and sister through adoption; grandchild to whom you stood in loco parentis for a period of 1 year prior to your entry in service.

3. Were you in active service on June 1, 1942? Yes. (Answer yes or no)

4. If not, give date of enlistment or reporting for active duty _____, 19____ (Whichever is the later)

---

*To:** COMMANDANT, U. S. COAST GUARD, HEADQUARTERS,

Washington, D. C.

SEP 8 - 1944

From: DISBURSING OFFICER ODCGO, 14th Naval District.

Account now being charged at rate of $22.00 per month.

I have this date entered checkage of _____ dollars in pay account of the applicant beginning as of the month of _____, 19____

A. M. GLENN, Lt. (jg) USCG. 55-160
(Signature of disbursing officer)
Ass't Pay Officer, Navy No. 48.
% F.P.O. San Francisco, California.

*If applicant is an enlisted man of the Navy, address to: The Chief of the Bureau of Supplies and Accounts (Family Allowance Division), Washington, D. C.
If applicant is an enlisted man of the Coast Guard, address to: The Commandant, Headquarters, U. S. Coast Guard, Washington, D. C.

GENERAL INSTRUCTIONS

1. Read carefully the substance of Servicemen's Dependents Allowance Act of 1942 as printed on page 4 of this application.
2. Complete Part 1 and items 1, 2, 3, and 4 on Part 2. Use typewriter where possible, or print clearly.
   (*a*) Give complete and specific information for each dependent. If additional space is required to list dependents, enter on separate sheet and attach securely to Part 1 of this application.
   (*b*) Indicate under II and III of Part 1 to whom check or checks are to be sent. When check is to be sent to some person other than the dependent named, this should be indicated clearly and if more than one dependent's Family Allowance is to be sent to another individual, the names of the dependents should be listed with the name of the person to whom the Allowances are to be sent.
3. Completed applications will be submitted to the Commanding Officer, or officer designated to receive applications.
4. Commanding officers will designate officers to administer oaths and such officers will be responsible for the submission of Part 1 of application to the Bureau of Naval Personnel; Commandant, U. S. Coast Guard; or Commandant, Marine Corps, as applicable.
5. The officers administering oaths will insure the completion of Part 2 by applicants who are enlisted men of the Navy or Coast Guard and forward Part 2 to Disbursing Officer carrying the man's pay account.

16—29368-1

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

CG-13	Navy No. 48, c/o Fleet Post Office, San Francisco, Calif.	13 September, 1944
Unit	Address	Date

ENOS, John - Jr.	(219-793)	CBM(a), USCG
SURNAME, FIRST NAME, INITIAL	Service No.	Rating

has completed a continuous period of three years' active service on 13 August, 1944, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon) ~~(star)~~ in lieu of issue of actual award at this time.

M. B. JACOBSEN, Lieutenant, USCG

Signature and rank of Commanding Officer.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-51		Navy 48, FPO, San Francisco, Cal.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 31 July, 1945

TIME 1100
DATE 28 July, 1945

REPORTED FROM: CG-13- Navy #48
FOR assign to duty.

DUTY CODE NO. 18-F AUTH: CG-13,N-48/L 7-28-45, 73.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD

DUTY CODE NO. AUTH: E. B. BERDELMAN, Lt. (jg) USCGR(W)
By direction xxxxxxxx

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

ENOS, John -- Jr. (219-793) CBM, USCG

CG-13 Navy No. 48, % FPO, San Francisco, California 4 October, 1944

4 October, 1944 - Temporarily advanced in rating from Chief Boatswain's Mate (acting) to Chief Boatswain's Mate, effective 16 September, 1944.

(04)(F)

H/L (PEA)(CG-73), dated 12 September, 1944

Lieut.

M. B. JACOBSEN

Commanding Officer.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	C.B.M.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 25 December, 1944

TIME

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)

0800
25 December, 1944 - Departed on ten (10) days authorized leave of absence, effective this date.

DUTY CODE No. (04)(F) AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art.1936 (3) Reg.

M. B. JACOBSEN, Lieut., USCG
(*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
ENOS, John Jr.	219-793	C.B.M.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 6 January, 1945

TIME 1200
DATE 6 January, 1945

REPORTED FROM: ten (10) days authorized leave of absence
FOR resumption of regular duty.

DUTY CODE No. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. B. JACOBSEN, Lieut., USCG
(*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
ENOS, John Jr.	219-793	C.B.M.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #48, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 6 January, 1945

TIME 1200
DATE 6 January, 1945

REPORTED FROM: ten (10) days authorized leave of absence
FOR resumption of regular duty.

DUTY CODE No. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. B. JACOBSEN, Lieut., USCG
(*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

C. G. BASE
HONOLULU, T. H. 12-19

From compensation of—

ENOS, John Jr (219-793)

APPLICATION FOR ALLOTMENT

PAYABLE TO—

Monthly allotment in the amount of—

Four dollars and five cents ($ 4.05) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name Treasurer of the United States,

Name John Enos, Jr.

Street and number

Reason for allotment Payment of N.S.L.I. premium.

Post office Washington *State* D. C.

First payment: Month August, 1943

I hereby request and authorize allotment, chargeable to my pay, as above.

John Enos, Jr.

John Enos, Jr.

Rank or rating C.B.M., U. S. C. G.

6 August, 1943

Approved, allotment granted.

W. J. Mazzoni

W. J. MAZZONI, Lieut., U.S.C.G.

Commanding Coast Guard Base,

Commander, Honolulu, T. H. *District.*

Witnessed and registered 6 August, 1943

C. V. Smith

C. V. SMITH, Lt.(jg), U.S.C.G.

Pay officer, Honolulu District.

16—12642-1

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	13	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

COPY

* Allotter or member immediate family

ERS

Subj: Allotment for payment of National Service Life Insurance premiums:

ENOS, John Jr. (219-793), CBM, CG Base, Honolulu, T.H., 14th ND

Amount and month of first payment: $4.05 - Aug. 1943

Dear Sir:

The above named person has authorized a monthly allotment from his pay, in your favor, as indicated. Payment will be made on the last day of each month without action on your part.

Very truly yours,

C. L. HERNDON
Lieutenant, U. S. Coast Guard
Allotment Disbursing Officer

THIS ALLOTMENT APPLICATION REMAINS IN FORCE AFTER REGISTRATION BY PAY OFFICER UNTIL SUCH TIME

NOTICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	C.B.M., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #128, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 19 March, 1945

TIME
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)

0800
19 March, 1945 Departed on ten (10) days authorized leave of absence, effective this date.

DUTY CODE NO. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

M. B. JACOBSEN, Lieut., USCG
(*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

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT SUPPLEMENTAL FOR CLASS "B"

NAVPERS - 668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
CG BASE, Navy No. 48	25 Mar., 1945	14 Aug. 1941

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
ENOS, JR.	JOHN	(N)	219-793	CBM

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Manuel Enos 49 Prospect St. Honolulu, T. H.	brother	5	1896	none	$20.00
2							
3							
4							
5							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED?	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☐ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
Due to the fact that my brother is crippled and unable to work I am the only one able to support him.	March, 1945

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY CDCGO, Navy #48

DATE 26 March, 1945

I HAVE THIS DAY NOTED IN THE APPLICANT'S PAY ACCOUNT (PR Pay Number) AN ADDITIONAL ALLOWANCE OF $22 (Graduated Amt.) $0 EFFECTIVE March, (Month) 194 5

22 $5. 22

A. M. GLENN, Lieut.(jg) USCG

Ass't Pay Officer, DCGO Navy #48

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

(Retain Duplicate) Third Copy Only — Pink

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
KNOS, John Jr.	219-793	C.B.M., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13		Navy #43, % FPO, San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 30 March, 1945

TIME 1100
DATE 30 March, 1945

REPORTED FROM: ten (10) days authorized leave of absence
FOR resumption of regulard duties.

DUTY CODE NO. (04)(F)

AUTH: Navy #128, District Circ. Ltr. 50-44, dated 1 Jan., 1944. Art. 1936 (3) Reg.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. B. JACOBSEN, Lieut., USCG
(*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

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 12 November, 19 43

I. I, ENOS, (Last name) John (First name) Jr. (Middle name) C.B.M.(a) (Rate or rank)

U. S. COAST GUARD (Organization) 219-793 (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.	ENOS,	Katherene	- - -	Wife	
	(Number and street or R. F. D.)		(City or post office)		(State)
	49 Prospect Street,		Honolulu,		Oahu, T. H.
2.	ENOS,	Dorothy	Agnes	Daughter	2 August, 1934
	49 Prospect Street,		Honolulu, T.H.		Oahu
3.	ENOS,	Eleizbeth	Grace	Daughter	11 December, 1932
	ENOS,	Helen	Jane	Daughter	14 August, 1930
	49 Prospect Street,		Honolulu,		Oahu, T. H.
4.	ENOS,	Bernice	Mae	Daughter	21 May, 1927
	ENOS,	Adam	Harold	Son	11 November, 1925
	49 Prospect Street,		Honolulu,		Oahu, T. H.

(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)
Mrs. Katherene Enos,	49 Prospect St.,	Honolulu,	Oahu, T. H.

Date and place of marriage to present wife 5 January, 1925, Honolulu, Oahu, T. H.

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

III. **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. _____
(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:

_____

_____

John Enos, Jr.
_____
(Signature)

Subscribed and sworn to before me, this 12th day of November, 19 43

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

W. J. Mazzoni
W. J. MAZZONI, (Signature) Lieut. U.S.C.G.

Commanding Officer, CG Base, Honolulu, T. H.
(Title)

16—29368-1

Base

NOTICE TO OFFICER ADMINISTERING OATH — PART 2

Instructions.—Applicant will complete items 1, 2, 3, and 4. Officer administering oath will detach and send this part of the form to disbursing officer carrying pay accounts of applicant. Disbursing officer will endorse to Bureau of Supplies and Accounts or Commandant, Coast Guard, as applicable. (*This part of the form will not be executed by enlisted men of the Marine Corps.*)

1. ENOS, (Last name) John (First) Jr. (Middle) 219-793 (Service number) C.B.M.(a) (Rating)

2. I have made application on this 1st day of November, 19 43, for payment of the family allowances provided in the Servicemen's Dependents Allowance Act of 1942 to my dependents as indicated by "x" entered below:

CLASS A [X] Includes lawful wife; former wife divorced who has not remarried and to whom alimony has been decreed and is still payable; child, meaning legitimate child, child legally adopted, stepchild, and illegitimate child where man has been judicially ordered or decreed to support or judicially decreed to be putative father or has acknowledged under oath in writing to be father of such child.

CLASS B [ ] Includes father, mother, grandfather, grandmother, stepfather, stepmother, father or mother through adoption; persons who for period of 1 year prior to your entry into service stood in loco parentis to you; brother, sister, including those of half blood, stepbrothers, stepsisters, and brother and sister through adoption; grandchild to whom you stood in loco parentis for a period of 1 year prior to your entry in service.

3. Were you in active service on June 1, 1942? Yes (Answer yes or no)

4. If not, give date of enlistment or reporting for active duty _____, 19____ (Whichever is the later)

---

*To:** Commandant, Headquarters, U. S. COAST GUARD,

Washington, D. C.

Office of D.C.G.O.,
14th Naval District.
Honolulu, T. H.

From: DISBURSING OFFICER

I have this date entered checkage of $22.00 dollars in pay account of the applicant beginning as of the month of November 1943 #

"Applicant has elected Family Allowance and Disbursing Officer has been notified to stop credit of quarters allowance for dependents as of month preceeding effective month for Family Allowance".

C. V. Smith

C. V. SMITH, Lieut.(jg) USCG.
(Signature of disbursing officer)

SDA 55-160

*If applicant is an enlisted man of the Navy, address to: The Chief of the Bureau of Supplies and Accounts (Family Allowance Division), Washington, D. C.
If applicant is an enlisted man of the Coast Guard, address to: The Commandant, Headquarters, U. S. Coast Guard, Washington, D. C.

Checked on Shore Units, Oahu, T. H. payroll for November, 1943-Vo. 1250

GENERAL INSTRUCTIONS

1. Read carefully the substance of Servicemen's Dependents Allowance Act of 1942 as printed on page 4 of this application.
2. Complete Part 1 and items 1, 2, 3, and 4 on Part 2. Use typewriter where possible, or print clearly.
   (*a*) Give complete and specific information for each dependent. If additional space is required to list dependents, enter on separate sheet and attach securely to Part 1 of this application.
   (*b*) Indicate under II and III of Part 1 to whom check or checks are to be sent. When check is to be sent to some person other than the dependent named, this should be indicated clearly and if more than one dependent's Family Allowance is to be sent to another individual, the names of the dependents should be listed with the name of the person to whom the Allowances are to be sent.
3. Completed applications will be submitted to the Commanding Officer, or officer designated to receive applications.
4. Commanding officers will designate officers to administer oaths and such officers will be responsible for the submission of Part 1 of application to the Bureau of Naval Personnel; Commandant, U. S. Coast Guard; or Commandant, Marine Corps, as applicable.
5. The officers administering oaths will insure the completion of Part 2 by applicants who are enlisted men of the Navy or Coast Guard and forward Part 2 to Disbursing Officer carrying the man's pay account.

16—29368-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ENOS, John Jr.	219-793	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-13	Base Force	Navy #48, % FPO San Francisco, Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 28 July, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1000

DATE 28 July, 1945

TRANSFERRED TO: CG 51, Navy #48

FOR assignment to permanent duty.

AUTH: CG-8, Navy #48, PTO #379-45, dated 27 July, 1945.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. (04)(F)

AUTH: M. B. JACOBSEN, Lieut., USCG

(*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	
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Verified _____

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

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

(1)-Ⓑ NAME (PRINT CLEARLY) (LAST) (FIRST) (MIDDLE)	SERVICE NUMBER	HT. FT.	HT. IN.	WEIGHT	RACE
Enos (Z) John —	219-793	5	10	170	W

(2) HOME ADDRESS: 49 Prospect Ave, Honolulu, T.H.

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

(4)-Ⓡ DATE OF BIRTH: 27 July 05 — HOW LONG IN U. S.: NB YEARS

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

(6)-Ⓣ MARITAL STATUS: Married — (7)-Ⓣ NUMBER OF DEPENDENTS: Six

(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	✓		Waipahau, T.H		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
~~TRADE, NIGHT OR BUSINESS SCHOOL~~	2		✓	Waipahau, T.H	To complete grammar school	

(9)-Ⓡ TOTAL SCHOOL YEARS: 10

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 14th — DATE: 14 Aug 41

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-Ⓣ MAIN OCCUPATION: Lighthouse Keeper — YEARS AT IT: 5 — WKLY. WAGE: $43.00
D. O. T. CODE: 5-61.310
JUST WHAT DID YOU DO? Tended to the operation and maintenance of a lighthouse and its equipment

Total experience in lighthouse work - 11 years

LAST DATE OF EMPLOYMENT: August 1941
EMPLOYER: U. S. Government - Dept. of Commerce (FIRM NAME)
ADDRESS OF EMPLOYER: Federal Building Honolulu T.H.
DEPT., SHOP OR BRANCH: Lighthouse Service — KIND OF BUSINESS: Gov Ser

(14)-Ⓣ SECOND BEST OCCUPATION: Automobile Mechanic — YEARS AT IT: 7 — WKLY. WAGE: $30.00
D. O. T. CODE: 5-81.010
JUST WHAT DID YOU DO? Made all major and minor repairs and adjustments on passenger cars and trucks.

TEST	SOCIAL STUDIES (15)-Ⓑ	ARITHMETIC (16)-Ⓑ	MECHANICAL APTITUDE (17)-Ⓑ
GRADE —SCORE	67	57	101

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. Motor Machinist's Mate 09
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. Motor Machinist's Mate 09
2. Seamanship 15
3. Electrician's Mate 04

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

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)
		None					

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

Can do both acetylene and arc welding
Has had work experience of about 8
2 years as riviter.
Hobby — woodworking
Has had about 3 years power boat handling
" " " 1 year part-time experience
as pipe fitter. Can do electrical wiring-
can repair line starters, motors,
generators and other electrical appliances.

(23) NEXT OF KIN

NAME Mrs Katherine Enos
ADDRESS 49 Prospect St
CITY Honolulu STATE T.H.

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
5/14/41	Maui Air Station	BM 2c	Officer in charge
2/ 42	" " "	BM 1c	" " "
9/22/42	Molokai - Lt. Sta	"	Guard
4/16/43	Pier 4	"	Boxing
7/5/43	Advanced to	C.B.M(a)	" "
8/14/44	Extended enlistment	"	

(25)

DATE OF INTERVIEW 2 July 1943 UNIT Pier 4 - Honolulu

SIGNATURES

INTERVIEWER J. A. Shaw CSp T(a)(R)

ENLISTED PERSON [signature] B. M. 1/C

(L.H.) (Auto Mech) (Weld)

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,213,607

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

U. S. COAST GUARD
RECD SEP 8 1941

AUTHORITY: Headquarters' third indorsement dated 28 July, 1941., on Form 2525B

ENLISTMENT CONTRACT

9-13-41 B&P my

ENLISTMENT[a] of ENOS, John Jr. (219-793) as B.M.2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Pauwela Point Light Station District, Pauwela, Maui, T. H.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Pauwela, Maui, T. H.
(Place)

1. I, John Enos Jr., this 14th day of August, 1941., desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Makewela, Kauai, T. H., on 27 July, 1905 Citizenship[b] N.B.

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - - - Certificate number - - - - - -

If intentions declared, place and date of declaration -

Occupation or trade Keeper of lighthouses Home address Pauwela Point Light Station, T. H.

Full name and address of the following: Katherene Enos, Pauwela Point Light Station, Maui, T. H.
(Wife, if any)
Adam Enos (Age 16), Bernice Enos, (Age 14); Helen Enos (Age 11); Elizabeth Enos
(Children under 21 years of age. Specify ages of children)
(age 10); Dorothy Enos (age 7) all residing at Pauwela Point Light Station,
Pauwela, Maui, T. H. Mary Enos (mother) Widowed? Yes
(Mother, if living)

(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Yes, but not convicted.
(State fully nature of offense, if any,
Charge: Hunting pheasants out of season. Assumed blame for son.
and nature of institution in which incarcerated)

6. I have NOT had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on - - - - - - - -, 19--, from Cutter Station - - - - - - - - -
(Strike out one)
with - - - - - - - - discharge, herewith submitted, serial No. - - - - - -
(Kind of discharge)

9. I agree to and with the United States of America, represented by F. A. ERICKSON, Lieut., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station 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 lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by F. A. ERICKSON, Lieut., United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said John Enos Jr. who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

John Enos Jr.
John Enos, Jr.
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. A. Erickson
F. A. ERICKSON, Lieutenant
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

F. A. Erickson
F. A. ERICKSON
Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Enos, Jr., do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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 and Regulations for the government of the United States Coast Guard.

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

John Enos Jr.
John Enos, Jr.
(Signature of enlisted person)

Subscribed and sworn to before me this 14th day of August, A. D. 1941

F. A. Erickson Lieut.
F. A. ERICKSON,
Enlisting Officer, Honolulu District
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

XP-M

Age 36 years ..... months. Height 5 feet 8½ inches. Weight 170 pounds. Eyes Brown

Hair Black Complexion Brown Color White Married Yes

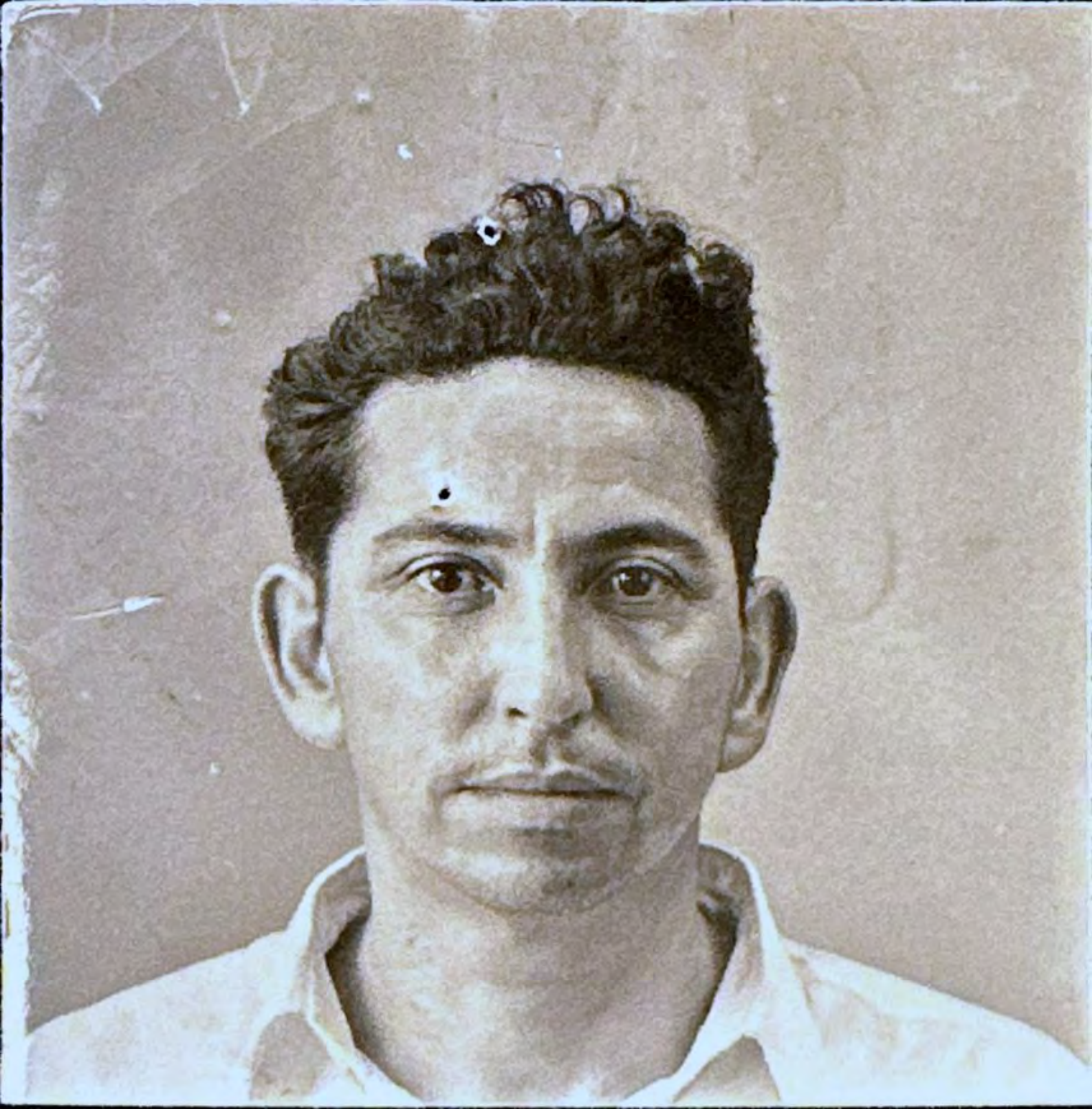
Distinguishing marks NONE

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian .....
(Within the United States, in the territory or islands of the United States)

.....where this enlistment is made.



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.

APPLICATION FOR ENLISTMENT

Position desired B M 2 c

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.

Pauwela Pt. Hale Ste.
(Place)
14 July, 19 41
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 35 years 11 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 John Enos Jr.

Date of birth 1905 - 27 July

Place of birth Makawela Hawaii Citizenship U. S.

Home address Pauwela Pt. Hale Ste.

Are you married? Yes Number and relationship of persons dependent on you for support? 6
wife and five children

Are you prepared to support your dependents on service pay? Yes.

Are your parents living? Mother Are your parents dependent on you for support? No

Name and address of next of kin wife - Katherene Enos

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—
Commander Honolulu Dist.	Federal Bld. Honolulu T.H.	U.S.C.G.	1931	1941	Keeper of Light Station

Do you drink intoxicating liquors? If so, to what extent? No. No.

Have you ever been arrested? If so, for what? Yes. But not Convicted.
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No. Hunting pheasants out of season took blame for son.

(OVER)

2—13412

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):

Waipahu Oahu — Waipahu Grammar School (Graduated)

Waipahu High School (3 years)
Waipahu Oahu

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No

If so, state which ———

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? No

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.

(Sign your full name here) John E. [illegible] Jr.

Accepted or rejected ACCEPTED Cause of rejection ———

Date 14 August, 1941

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. A. ERICKSON, Lieutenant
Recruiting Officer. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE: 1936 2—13412

Commander F. A. Algmob, U.S.C.G.
Lt. H. W. Wetherby U.S.C.G.

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Honolulu, T. H.
(Place)

14 JULY, 1941.
(Date)

To Chief of Police, Wailuku, Maui, T. H.

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:

John Enos, Jr., Pauwela Point Light Station , Island of Maui, T. H.
(Name of applicant)

34 years	68½"	170 lbs.	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? yes
Hunting phesants out of season.

To your knowledge is he married or single? ~~Married~~

F. A. ERICKSON, Lieutenant, USCG.
Recruiting Officer.

To Recruiting Officer, F. A. Erickson

July 15, 1941
(Date)

The above information is submitted from the records of this office.

George Larsen Jr.
Chief of Police.

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

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.



75-702

NAVY
~~TREASURY~~ DEPARTMENT

UNITED STATES COAST GUARD

Honolulu, T. H.
30 July 1941.

Recruiting Officer,
U. S. Coast Guard,
Honolulu, T. H.

Dear Sir:

John Enos, Jr. has served in the former Lighthouse Service and the Coast Guard from 29 October 1931 to date as Assistant Keeper and Keeper of an attended light station.

The undersigned has known John Enos, Jr. for more than ten years and it is considered that his reputation has been very good and his services entirely satisfactory during the period he has been employed by the Federal Government.

Mr. Enos is a married man and of steady habits. He has some electrical and mechanical ability and is excellently fitted for the duties of keeper of a major light station in the Coast Guard.

Yours very truly,

F. A. Edgecomb

F. A. Edgecomb,
Commander, U.S. Coast Guard.

75-702

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

~~COAST GUARD CUTTER~~
Office of Commander
HONOLULU DISTRICT

Honolulu, T. H.,

14 July, 1941.

Recruiting Officer,
U. S. Coast Guard,
Honolulu, T. H.

Dear Sir:

I have known John Enos, Jr. since October, 1931, at which time he entered on duty in the former U.S. Lighthouse Service as Assistant Keeper. His efficiency, reputation and moral tendencies are excellent. He is married.

I consider Enos excellent material for enlistment in the U. S. Coast Guard.

Yours truly,

N. W. Wetherby

N. W. WETHERBY,
Lieutenant, U. S. C. G.

NAVY DEPARTMENT

UNITED STATES COAST GUARD

Honolulu, T. H.
18 August, 1941.

TO WHOM IT MAY CONCERN

This will certify that the Baptismal Certificate of John Enos, Jr. was produced at this office and shows that John Enos, Jr. was born at Makewela, Kauai, Territory of Hawaii, on the 27th of July, 1905.

W. K. Wallace.

W. K. WALLACE
Pay Clerk, U. S. Coast Guard.

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Pauwela Point Light Station, Pauwela, Maui, T. H. (Unit) — Pauwela, Maui, T. H. (Place)

14 August, 1941 (Date)

FROM: ENOS, John, Jr. (219-793) B.M.2c.

TO: COMMANDANT (via Senior Coast Guard Officer, Fourteenth Naval District.

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)
Katherene Enos (wife)	Pauwela Point Light Station, Pauwela, Maui, T. H.
Bernice Enos (14); Helen Enos (11) (daughters)	Same as above
Elizabeth Enos (10); Dorothy Enos (7) (daughters)	Same as above
Adam Enos (16) (son)	Same as above

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)
Mary Enos	Mother	35 Prospect St. Honolulu, T. H.

Not dependent.
(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)
None		

(State briefly wherein dependency exists)

WITNESSED BY: F. A. Erickson
F. A. ERICKSON
Rank Lieutenant, U.S.C.G.

SIGNED: John Enos Jr.
John Enos, Jr.
Rank or Rating B.M.2c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

NAV. S. and A. Form 67
(Revised Aug. 1945)

NAVY DEPARTMENT

DISCONTINUANCE OF FAMILY ALLOWANCES

DISCONTINUANCE No. 835,395.

Last Name	First Name	Middle Name	Service No.	Rating
ENOS, Jr.,	John		(219-793)	C.B.M.

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Katherene Enos, 49 Prospect Street, Honolulu, T. H.	Wife.		
A		1	Dorothy A. Enos.	Daughter.	8	34
A		1	Elizabeth G. Enos.	Daughter.	12	32
A		1	Helen J. Enos.	Daughter.	8	30
B	P	2	Manuel Enos, 49 Prospect Street, Honolulu, T. H.	Brother.		

REASON FOR CANCELLATION

Deceased: 20 August, 1946.

FAA-Nov., '43
FAA+B-March, '45
T-Aug., '46 BJK

ITEM SUSPENDED

CHECKS CANCELLED

LAST MONTH PAID

LAST MONTH OF CHECKAGE

Authorization No. 1,527,631 for payment of monthly Family Allowances to the 5 (NUMBER OF) dependents named above is hereby cancelled. No payment shall be made to any of these dependents after the payment for the month of August, 19 46 except as subsequently authorized.

3

DATE 22 Agusut, 1946.

BY AUTHORITY OF THE SECRETARY OF THE NAVY

BJK Chief, FA Section.

NAV. S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,527,631

SUPERSEDES AUTH. NO. 1,527,630

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

ENOS, Jr., John — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(219-793) — SERVICE NUMBER

C.B.M. — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Katherene Enos, 49 Prospect Street, Honolulu, T. H.	Wife		
A		1	Dorothy A. Enos,	Daughter	8	34
A		1	Elizabeth G. Enos,	Daughter	12	32
A		1	Helen J. Enos,	Daughter	8	30
B	P	2	Manuel Enos, 49 Prospect Street, Honolulu, T. H.	Brother		

BUREAU OF PERSONNEL COPY

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 LIMITATION, ETC.)

Effective month: June, 1945 per advice 8/21/45 E.D.C.

Delete Daughter, Bernice M. Enos attained 18 years of age, May, 1945
Manuel Enos, brother, physically incapable of self-support.

DATE 23 July, 1945

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

NAV. S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,527,630

SUPERSEDES AUTH. NO. 1,501,656

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

ENOS, Jr. John — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(219-793) — SERVICE NUMBER

C.B.M. — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Katherene Enos, 49 Prospect Street, Honolulu, T. H.	Wife		
A		1	Dorothy A. Enos,	Daughter	8	34
A		1	Elizabeth G. Enos,	Daughter	12	32
A		1	Helen J. Enos,	Daughter	8	30
A		1	Bernice M. Enos,	Daughter	5	27
B	P	2	Manuel Enos, 49 Prospect Street, Honolulu, T. H.	Brother		

BUREAU OF PERSONNEL COPY

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: March, 1945

Manuel Enos, brother, physically incapable of self-support.

DATE 23 July, 1945

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

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,501,656

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SUPERSEDES AUTH. NO. 975,244

SERVICE NO. ON PREVIOUS AUTH. Same

ENOS, Jr., John — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(219-793) — SERVICE NUMBER

C.B.M.(a) — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Katherene Enos, 49 Prospect Street, Honolulu, T.H.	Wife		
A		1	Dorothy A. Enos, Same.	Daughter	8	34
A		1	Elizabeth G. Enos, Same.	Daughter	12	32
A		1	Helen J. Enos, Same.	Daughter	8	30
A		1	Bernice M. Enos, Same.	Daughter	5	27

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: December, 1943

Delete son, Adam H. Enos attained 18 years of age, November, 1943.

DATE 3 January, 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, Military Morale Section

BUREAU OF PERSONNEL COPY

S & A FORM 60
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 975,244

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

ENOS, Jr., John — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(219-793) — SERVICE NUMBER

C.B.M.(a) — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Katherene Enos, 49 Prospect Street, Honolulu, T.H.	Wife		
A		1	Dorothy A. Enos, Same.	Daughter	8	34
A		1	Elizabeth G. Enos, Same.	Daughter	12	32
A		1	Helen J. Enos, Same.	Daughter	8	30
A		1	Bernice M. Enos, Same.	Daughter	5	27
A		1	Adam H. Enos, Same.	Son	11	25

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	Nov., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

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

None

DATE 27 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

BUREAU OF PERSONNEL COPY

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT SUPPLEMENTAL FOR CLASS "B"

I SA delete Bernice May '45 Obtained 18yrs' oyage

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
MAY 22 1945 SA Mail '45 add CG BASE, Navy No. 148 APR 7 1945 B	25 Mar., 1945	14 Aug. 1941 ~~JUL 24 1945~~ SS 1,527,630

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
ENOS, JR.	JOHN	(N)	219-793	CBM

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Manuel Enos 49 Prospect St. Honolulu, T. H.	brother	5	1896	none	$20.00
2						SS 1,527,631	
3						835,395	
4							
5							
6							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
		☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED?	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☐ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES
975,244	

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:
Due to the fact that my brother is crippled and unable to work I am the only one able to support him.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
March, 1945

Subscribed and sworn to before me this 25 ~~th~~ March 1945.

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

E. F. LOWRIE, Lt.Comdr.USCG (Signature) — Finance Officer, 14ND (Title) — John Enos Jr. (Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel—Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel—Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel—Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

NAVCG 2569
Sept. 1943

RECD MAY 8 4 1945

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

7 April, 1945

Mr. Manuel Enos
49 Prospect Street
Honolulu, T. H.

Dear Sir:

John Enos, Jr. (219-793) an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

Chief, Family Allowance Section.

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

PLEASE PRINT NAME AND ADDRESS PLAINLY

1. (*a*) Your name ENOS (Last name) MANUEL (First name) — (Middle name) (*b*) Your age 48

(*c*) Your residence 49 PROSPECT (Street address or R. F. D.) HONOLULU (City or post office) T. H. (State)

(*d*) Your present occupation NONE Name and address of your employer NONE

Present monthly earnings from above occupation, $ NONE

(*e*) Your husband's (or wife's) occupation NO WIFE

Employer NONE Monthly earnings, $ NONE

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $ NONE (Per week)

(*f*) What is your Social Security No.? NONE

(*g*) Amount received from Social Security, $ NONE per month.

(*h*) If you (or your husband or wife) are unemployed at the present time, state the date on which the employment ceased NONE The date on which you (or your husband or wife) expect to resume your employment CANNOT DUE TO PHYSICAL DEFECT.

2. Relationship of enlisted person to you (for example, son) BROTHER Age 39

Married? YES (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation SINGLE (*b*) If your husband or wife is deceased, or is divorced or separated from you, state date of death, divorce, or separation ____ (Month) (Year)

4. (*a*) If you maintain your own household, list the members:

	Name	*Date of Birth—Month and Year*	*Relationship*
(1)	MARY ENOS	MOTHER 2-2-1878	MOTHER
(2)	JOHN ENOS	7-27-1905	BROTHER
(3)	KATHERNE ENOS	7-20-1905	SISTER IN LAW

16—35422-2

(b) State amount of living expenses, $ 90.00 per month.

(c) State the total income of yourself and your husband or wife, not including contributions from this person in the Service, $ NONE per month. Source NONE

(d) If you do not maintain your own household, state the name and relationship of the person with whom you reside, and whether that person furnishes you board and lodging without cost to you.

5. (a) List all members of your household who are employed.

	Name	Occupation	Present Monthly Earnings	Payments to You for His or Her Room and Board (per month)	Other Cash Contributed to You (per month)
(1)	JOHN ENOS	C.B.M.	$ 138.00	$ NONE	$ NONE
(2)					
(3)					

6. State the average amount per month of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(a) Rents, $ NONE Payments from boarders, $ NONE

(b) Alimony payments, $ NONE Contributions from other relatives, $ NONE

(c) From investments, $ NON (d) Savings, $ NONE 200.00 (e) Insurance, $ NONE

(f) Aid from welfare organizations, $ NONE (g) Pensions, $ NONE

7. Do you own (or live on) a farm? NO (Yes or no) If answer is yes, complete 7(a) and 7(b).

(a) Cash you received during the last 12 months from sale of livestock and farm produce, $ NONE

(b) Value of farm products used in your household during the last 12 months, $ NONE

8. How much rent do you pay per month, $ NONE If you live in your own home how much are your monthly payments? $ NONE

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? YES (Yes or no)

If so, list each item and its value

BANK of HAWAII $ 200.00

16—35422-2

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
NONE	$ NONE

11. (*a*) Amounts contributed to you during the preceding 12 months by person in the Service: (If enlisted person in Service during any part of the past 12 months, include amount contributed while in Service.)

Payments for Room and Board of Enlisted Person	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
Jan., $	$ 20.00	July, $	$ 20.00
Feb.,	20.00	Aug.,	20 00
Mar.,	20.00	Sept.,	20 00
Apr.,	20.00	Oct.,	20 00
May,	20.00	Nov.,	20 00
June,	20.00	Dec.,	20 00

(*b*) What other contributions did the enlisted person make to you in the form of labor or goods:

Description of Service	*Estimated Value*
HELPED REPAIR HOUSE	$ 300.00

(*c*) State the amount of contributions received from any other son or daughter in the Armed Forces, $ NONE per month. Amount of family allowance received per month, $ NONE

(*d*) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Manuel Enos
(Signature of dependent)

Subscribed and sworn to before me at Honolulu T.H., this 25 day of April, 1945

Hideo Shioji
(Name)

Notary Public, First Judicial Circuit, Territory of Hawaii
My commission expires November 16, 1945
(Title)

ALL QUESTIONS MUST BE ANSWERED IN DETAIL

GOVERNMENT PRINTING OFFICE 16—36422-2

Subscribed and sw

1286 Queen Emma St.

L. A. R. Gaspar Jr. M. D.

Physician and Surgeon

Honolulu, T. H.

May 7, 1945

TO WHOM IT MAY CONCERN:

Mr. Manuel Enos suffers from obesity and bilateral, chronic, recurrent phlebitis of his legs, and is unable to carry on continued employment.

Respectfully yours,

L. A. R. Gaspar

L. A. R. GASPAR, JR., M. D.

LARG/hnm

BAPTISMAL CERTIFICATE

VICARIATE APOSTOLIC OF THE HAWAIIAN ISLANDS

This is to Certify, that Elizabeth Grace Enos

~~Son~~ / Daughter } of John Enos Jr. and Catherine Correa

born on the 10 day of December A. D. 1932 at Kalaupapa, Molokai

was baptized on the 18 day of January A. D. 1933 in the Catholic Church of Kalaupapa,

by Rev. Father Peter d'Orgeval

Sponsors were: { Manuel Louis
Philomena Louis

October 17 1944

ADVERTISER 201387

Certificate of Baptism

Church of Our Lady of Peace

Honolulu, T. H.

This is to Certify

That DOROTHY ENOS

Child of JOHN ENOS JR.

and KATHERINE CORREA

born in HONOLULU, HAWAII

on the 3rd day of August 1934

was **Baptized** in St. Patrick's

on the 11th day of August 1934

According to the Rite of the Roman Catholic Church

by the Rev. Father Winthagen

the Sponsors being { Manuel Louis
Philomena Louis

as appears from the Baptismal Register of ~~This Church~~ St. Patrick's Church.

Dated October 13, 1944

Jr Robert Lehnert

Pastor

Certificate of Marriage

Church of

Our Lady of Peace

Honolulu, T. H.

This is to Certify

That JOHN ENOS, JR.,

and KATHERINE CORREA

were lawfully **Married**

on the 5TH day of JANUARY 19 25

According to the Rite of the Roman Catholic Church and in conformity with the laws of the Territory of Hawaii, Rev. FATHER PHILIP BLOM officiating, in the presence of JOSEPH CORDEIRO and DAISY CORDEIRO Witnesses, as appears from the Marriage Register of this Church.

Dated AUGUST 20, 1945

Copied from Volume 6-page 151

Fr. Robert Schoofs Pastor.

Certificate of Baptism

Church of Our Lady of Peace

Honolulu, T. H.

This is to Certify

That HELEN JANE ENOS

Child of JOHN ENOS JR.

and KATHERINE CORREA

born in HONOLULU, HAWAII

on the 14th day of August A. 1930

was **Baptized**

on the 24th day of August A. 1930

According to the Rite of the Roman Catholic Church

by the Rev. Father Victorinus

the Sponsors being { Manuel Rodrigues
Mary Rodrigues

as appears from the Baptismal Register of this Church.

Dated October 13, 1944
Bk. 10-189

Jr Robert Schoyle

Pastor

B.N.P. 668 Nov 1943

NAVY DEPARTMENT PART 1

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY) Date 12 November, , 1943

☑ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)

☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

975,244

I. I, ENOS, (Last name) John (First name) Jr. (Middle name) C.B.M.(a) (Rate or rank)

U. S. COAST GUARD (Organization) 219-793 (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).

Super 1,301,656

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.	ENOS,	Katherene	- - -	Wife	
	49 Prospect Street, (Number and street or R. F. D.)	Honolulu, (City or post office)			~~Oahu,~~ T. H. (State)
2.	ENOS,	Dorothy	Agnes	Daughter	2 August, 1934
	49 Prospect Street, (Number and street or R. F. D.)	Honolulu, T.H. (City or post office)			~~Oahu~~ (State)
3.	ENOS,	Elizabeth	Grace	Daughter	11 December, 1932
	ENOS,	Helen	Jane	Daughter	~~14 August, 1930~~
	49 Prospect Street, (Number and street or R. F. D.)	Honolulu, (City or post office)			~~Oahu~~, T. H. (State)
4.	ENOS,	Bernice	Mae	Daughter	21 May, 1927
	ENOS,	Adam	Harold	Son	~~11 November, 1925~~
	49 Prospect Street, (Number and street or R. F. D.)	Honolulu, (City or post office)			~~Oahu~~, T. H. (State)

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

(Name)	(Number and street or R. F. D.)	(City or post office)	(State)
Mrs. Katherene Enos,	49 Prospect St.,	Honolulu,	~~Oahu~~, T. H.

Date and place of marriage to present wife 5 January, 1925, Honolulu, Oahu, T. H.

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

III. 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. _____ (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:

John Enos, Jr.
(Signature)

Subscribed and sworn to before me, this 12th day of November, 19 43

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

W. J. MAZZONI, (Signature) Lieut. U.S.C.G.
Commanding Officer, CG Base, Honolulu, T. H.
(Title)

16—29368-1

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 4 September, 1944

I. I, ENOS, (Last name) John (First name) Jr. (Middle name) CBM(a) (Rate or rank)

U. S. COAST GUARD (Organization) (219-793) (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.	ENOS,	Katherene	--	Wife	
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
2.	ENOS,	Dorothy	Agnes	Daughter	2 August, 1934
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
	ENOS,	Eleizbeth	Grace	Daughter	11 December, 1932
3.	ENOS,	Helen	Jane	Daughter	14 August, 1930
	49 Prospect Street (Number and street or R. F. D.)		Honolulu, (City or post office)		Oahu, T. H. (State)
4.	ENOS,	Bernice	Mae	Daughter	21 May, 1927
	49 Prospect Street, (Number and street or R. F. D.)		Honolulu (City or post office)		Oahu, T. H. (State)

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

(Name)	(Number and street or R. F. D.)	(City or post office)	(State)
Mrs. Katherene Enos,	49 Prospect St.	Honolulu,	Oahu, T. H.

Date and place of marriage to present wife 5 January, 1925, Honolulu, Oahu, T. H.

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—20368-1

975,244

III. **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. _____ (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:

Supplementing original application of 12 November, 1943 to show reduction in number of dependents due to marriage of son on 20 July, 1944, at which time dependency was terminated.

John Enos Jr.

John Enos, Jr.
(Signature)

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

M. B. Jacobsen Lieut., USCG
M. B. JACOBSEN (Signature)
Commanding Officer, CG Base, Navy No. 48,
c/o FPO, San Francisco, California
(Title)

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

16—29368-1

NOTICE TO OFFICER ADMINISTERING OATH — PART 2

Instructions.—Applicant will complete items 1, 2, 3, and 4. Officer administering oath will detach and send this part of the form to disbursing officer carrying pay accounts of applicant. Disbursing officer will endorse to Bureau of Supplies and Accounts or Commandant, Coast Guard, as applicable. (*This part of the form will not be executed by enlisted men of the Marine Corps.*)

1. ENOS, (Last name) John (First) Jr. (Middle) (219-793) (Service number) CHM(a) (Rating)

2. I have made supplemental application on this 4th day of September, 19 44, for payment of the family allowances provided in the Servicemen's Dependents Allowance Act of 1942 to my dependents as indicated by "x" entered below:

CLASS A [X] Includes lawful wife; former wife divorced who has not remarried and to whom alimony has been decreed and is still payable; child, meaning legitimate child, child legally adopted, stepchild, and illegitimate child where man has been judicially ordered or decreed to support or judicially decreed to be putative father or has acknowledged under oath in writing to be father of such child.

CLASS B [ ] Includes father, mother, grandfather, grandmother, stepfather, stepmother, father or mother through adoption; persons who for period of 1 year prior to your entry into service stood in loco parentis to you; brother, sister, including those of half blood, stepbrothers, stepsisters, and brother and sister through adoption; grandchild to whom you stood in loco parentis for a period of 1 year prior to your entry in service.

3. Were you in active service on June 1, 1942? Yes. (Answer yes or no)

4. If not, give date of enlistment or reporting for active duty _____, 19____ (Whichever is the later)

---

*To:** COMMANDANT, U. S. COAST GUARD, HEADQUARTERS,

Washington, D. C.

SEP 8 - 1944

From: DISBURSING OFFICER ODCGO, 14th Naval District.

Account now being charged at rate of $22.00 per month.

I have this date entered checkage of _____ dollars in pay account of the applicant beginning as of the month of _____, 19____

A. M. GLENN, Lt. (jg) USCG. 55-160
(Signature of disbursing officer)
Ass't Pay Officer, Navy No. 48.
%F.P.O. San Francisco, California.

*If applicant is an enlisted man of the Navy, address to: The Chief of the Bureau of Supplies and Accounts (Family Allowance Division), Washington, D. C.
If applicant is an enlisted man of the Coast Guard, address to: The Commandant, Headquarters, U. S. Coast Guard, Washington, D. C.

GENERAL INSTRUCTIONS

1. Read carefully the substance of Servicemen's Dependents Allowance Act of 1942 as printed on page 4 of this application.
2. Complete Part 1 and items 1, 2, 3, and 4 on Part 2. Use typewriter where possible, or print clearly.
   (*a*) Give complete and specific information for each dependent. If additional space is required to list dependents, enter on separate sheet and attach securely to Part 1 of this application.
   (*b*) Indicate under II and III of Part 1 to whom check or checks are to be sent. When check is to be sent to some person other than the dependent named, this should be indicated clearly and if more than one dependent's Family Allowance is to be sent to another individual, the names of the dependents should be listed with the name of the person to whom the Allowances are to be sent.
3. Completed applications will be submitted to the Commanding Officer, or officer designated to receive applications.
4. Commanding officers will designate officers to administer oaths and such officers will be responsible for the submission of Part 1 of application to the Bureau of Naval Personnel; Commandant, U. S. Coast Guard; or Commandant, Marine Corps, as applicable.
5. The officers administering oaths will insure the completion of Part 2 by applicants who are enlisted men of the Navy or Coast Guard and forward Part 2 to Disbursing Officer carrying the man's pay account.

16—29368-1

Enos, John Jr. 219-793

Navy advises that check for $160 for Nov '43 on behalf of wife and 5 children was mailed 24 Jan '44 to Katherine Enos, 49 Prospect Street, Honolulu, T. H. under 995-244.

Under superseding 1,501,656 checks for $280/ for Dec '43 + Jan 44 on behalf of wife + 4 children was mailed on 18 Feb '44.

Feb thru Aug checks $140 each were mailed at the end of each month to the same address.

RECD JUL 10

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

22 May, 1945

Mr. Manuel Enos
49 Prospect Street
Honolulu, T.H.

Dear Sir:

Application for family allowance in your behalf has been made by

John Enos, Jr. (219-793)

The Servicemen's Dependents Allowance Act of 1942, as amended, provides for payments to certain relatives of enlisted persons in the Coast Guard. Part of the money for such payments comes from the pay of the enlisted person and part of it comes from the Government.

The law provides allowances for the children of an enlisted person and for the wife of an enlisted man whether or not they are financially dependent on the enlisted person. In the case of any other relative, an allowance is payable only if such person is dependent upon the enlisted person for at least a substantial portion of his or her support. The law as amended divides these dependents (fathers and mothers, grandparents, brothers, and sisters) into two groups. Those who are dependent on the enlisted person for a substantial portion of their support are to receive family allowance in a total amount of $37 per month for the entire group of such dependents. Those who are dependent on the person in the service for the chief portion of their support (more than half) are to receive a family allowance which is substantially higher in amount.

If you decide to make a claim for an allowance, you must answer all questions on this form. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman. When completed the form should be returned promptly in the enclosed envelope which requires no postage.

If you do not desire to claim dependency, you are requested to inform the Commandant, United States Coast Guard Headquarters, Washington 25, D. C., immediately in order that the amount deducted from the enlisted person's pay may be refunded.

By direction of the Commandant.

Yours very truly,

F. H. Comerog

Lieutenant, USCGR

Chief, Family Allowance Section.

16—43248-1

DEPENDENCY AFFIDAVIT

NAVCG 2569 (REV. 1-45)

YOU MUST PUT A CHECK IN THE SQUARE OPPOSITE ONE OF THE FOLLOWING TWO STATEMENTS:

☑ 1. *I hereby certify that I am dependent for a portion of my support on the person in the service and I hereby make claim for family allowance.*

☐ 2. *I am not dependent for a portion of my support on the person in service and do not make claim for family allowance. (If this item is checked sign on last page, leave all other items blank and return the form.)*

FORM TO BE EXECUTED BY INDIVIDUALS CLAIMING DEPENDENCY

NOTICE: *If you make a claim for a family allowance as a dependent of an enlisted person in the Coast Guard, you are asked to give a full answer to EVERY question in this form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided.*

1. YOUR NAME (Last)	(First)	(Middle)	AGE
Enos	Manuel		49

RESIDENCE (Street address or R. F. D.)	(City or Post Office)	(Zone)	(State)	SOCIAL SECURITY NO.
Prospect St 49	Honolulu			none

MARITAL STATUS

☑ Single ☐ Married ☐ Divorced ☐ Living apart under a legal separation ☐ Widowed

If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce or separation: (Month) (Year)

2. YOUR PRESENT OCCUPATION OR BUSINESS	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none		$
YOUR HUSBAND'S (OR WIFE'S) OCCUPATION	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
		$

3. IF THE WAGE EARNER IS UNEMPLOYED, STATE THE REASON

Jan crippled

NOTE: If unemployment is due to mental or physical disability, a licensed doctor's certificate must accompany this form. If receiving compensation as a result of such disability state amount per week: $_____ per week.

4. If you maintain your own household, list all members below. (You need not give occupation, earnings, or date of birth of persons not related to you.)

NAME	BUSINESS OR OCCUPATION	MONTHLY EARNINGS BEFORE DEDUCTIONS	RELATIONSHIP TO YOU	DATE OF BIRTH MO.	DATE OF BIRTH YR.	PAYMENTS TO YOU FOR HIS OR HER ROOM AND BOARD (PER MONTH)	OTHER CASH CONTRIBUTED TO YOU (PER MONTH)
manuel Enos	~~C/B~~	$	self			$	$
mary Enos		$	mother			$	$
John Enos	C.B.M. U.S.C.G.	$	brother			$ 20.00	$
Katherine Enos		$	sister			$	$
		$	Joy Hawes			$	$
		$				$	$
		$				$	$

5. If you do not maintain your own household, state the (Name) and relationship of the person with whom you reside and the amount you pay for board and lodging per month: (Name) (Relationship to you) (Payment) $_____

16—43343-1

6. LIST BELOW ALL YOUR LIVING CHILDREN (GIVE SERIAL NUMBER OF THOSE IN THE ARMED SERVICES) BUT OMIT EACH PERSON HERE LISTED IN ITEM (4) ABOVE.

NAME AND ADDRESS *(If in armed services, give serial number instead of address)*	AGE	MARRIED OR SINGLE	BRANCH OF SERVICE, BUSINESS, OR OCCUPATION	PRESENT MONTHLY CONTRIBUTIONS TO YOUR SUPPORT	HAS HE OR SHE APPLIED FOR FAMILY ALLOWANCE IN YOUR BEHALF
SERVICE PERSON NAMED ON FRONT PAGE					
OTHER CHILDREN					

7. What income was received by you or your husband (or wife) per month during the past year from the following sources (if none, so state):

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR
WAGES OR SALARIES	none		INTEREST ON BONDS, INVESTMENTS, SAVINGS	none	
SALE OF LIVESTOCK OR POULTRY	none		CONTRIBUTIONS FROM RELATIVES	none	
SALE OF FARM PRODUCE	none		OLD-AGE ASSISTANCE	none	
ALIMONY OR SUPPORT PAYMENTS	none		OTHER ASSISTANCE FROM WELFARE AGENCIES	none	
SOCIAL SECURITY PAYMENTS OR OLD-AGE AND SURVIVORS INSURANCE	none		UNEMPLOYMENT OR DISABILITY COMPENSATION	none	
PAYMENTS FROM INSURANCE OR PRIVATE PENSION	none		OTHER SOURCES OF INCOME (Specify below)	none	
RENTS RECEIVED FROM PROPERTY	200 month Pvt Pay				

8. DO YOU LIVE ON A FARM? ☐ YES ☑ NO IF YES, STATE MARKET VALUE OF FARM PRODUCTS USED IN YOUR HOME DURING PAST 12 MONTHS: $

9. HOW MUCH RENT DO YOU PAY PER MONTH OR, IF YOU LIVE IN YOUR OWN HOME, HOW MUCH ARE YOUR MONTHLY PAYMENTS? $

10. STATE AMOUNT OF OTHER LIVING EXPENSES PER MO. $

11. LIST BELOW ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (OR WIFE). (DO NOT INCLUDE YOUR HOME OR FURNITURE OR HOUSEHOLD EQUIPMENT.)

DESCRIPTION	VALUE	ENCUMBRANCES
	$	$
	$	$
	$	$
	$	$

12. LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND OR WIFE:

DESCRIPTION	AMOUNT
	$
	$
	$
	$
	$

(Please turn page)

13. Itemize by months, the amounts contributed to you (or to your husband or wife) by the enlisted person during the preceding twelve months:

MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH		MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH	
			ROOM AND BOARD	OTHER CONTRIBUTIONS				ROOM AND BOARD	OTHER CONTRIBUTIONS
July	C.B.M.	$138.00	$20.00	labor	Jan	C.B.M.	$138.00	$20.00	labor
Aug.	"	"	$20.00	"	Feb	"	"	$20.00	"
Sept	"	"	$20.00	"	Mar	"	"	$20.00	"
Oct	"	"	$20.00	"	April	"	"	$20.00	"
Nov	"	"	$20.00	"	May	"	"	$20.00	"
Dec	"	"	$20.00	"	June	"	"	[illegible]	"
					July	"	"	$20.00	

14. List below other contributions made to you by this enlisted person in the form of labor or goods. If he or she did not contribute previously because he (or she) was too young or was unemployed, explain briefly why you consider yourself to be dependent upon this enlisted person at this time:

I have been crypple all my life But have doing boot black work until 1943 And since than I cannot do any work of any kind and need help from my brother finance as well as physical

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; I FURTHER CERTIFY THAT I WILL NOTIFY U. S. COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C., AT ONCE OF ANY CHANGE IN THE FINANCIAL CIRCUMSTANCES OF ANY OF THE PERSONS LISTED IN THIS FORM OR OF ANY CHANGE IN THEIR STATUS SUCH AS MARRIAGE OR DEATH.

Manuel Enos
(Signature)

NOTE: *Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.*

IMPORTANT

1. IF YOU ARE MAKING A CLAIM FOR A FAMILY ALLOWANCE, HAVE YOU FILLED IN ALL THE BLANKS ON THIS FORM?
2. IF THE WAGE EARNER IS UNEMPLOYED BY REASON OF PHYSICAL OR MENTAL DISABILITY, HAVE YOU ATTACHED A DOCTOR'S CERTIFICATE TO THIS FORM?

FORM APPROVED
BUDGET BUREAU No. 45-R070-1
APPROVAL EXPIRES 1 AUGUST 1945

U. S. GOVERNMENT PRINTING OFFICE 16—43348-1

Telephone 5663

1286 Queen Emma St.

L. A. R. Gaspar Jr. M. D.
Physician and Surgeon
Honolulu, T. H.

June 21, 1945

TO WHOM IT MAY CONCERN:

Mr. Manuel Enos suffers from obesity and bilateral, chronic, recurrent phlebitis of his legs, and is unable to carry on continued employment.

Respectfully yours,

L. A. R. GASPAR, JR., M. D.

LARG/hmm

J.S Pomeroy
Lieutenant U.S.C.G.R
chiefs family allowance
Section Reference to a
letter file C.G.73
$\$$ for the [illegible] & months
I have Recieved a total
$\$$ 120.00

Respectfully

49 Mr Manuel Enos
Honolulu Oahu

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

ENOS, JR, John (n)	219 793	BMlc.
(Name)	(Service No.)	(Rating)

To: Chief, Military Morale Division, CG Headquarters, Washington, D.C.

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of AUGUST, 1946.

( ) * Checkage is being continued as required by regulations pending notification to stop.

20 August, 1946	DECEASED
DATE OF CHANGE IN STATUS	NATURE OF CHANGE IN STATUS

* Mark applicable status of checkage with "X"
Inserting month of last checkage if discontinued.

F. A. MATTSON, CH.PAY CLERK 18-425
(Signature of Disbursing Officer) Sym. No.

Office, Comdr. 14TH CG District.
(Station of Disbursing Officer)

CG HEADQUARTERS WASHINGTON 25, D. C.

22 August
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: Aug. 46

Chief, Military Morale Division

28. The Syphilitic Abstract Sheet will only be inserted in the Health Record after a diagnosis of syphilis has been made by a medical officer. Marine hospitals and other stations will be furnished a supply of blank Syphilitic Abstract Sheets, and when a diagnosis of syphilis has been established the sheet will be filled in as called for by the form and used thereafter to record syphilitic history. This abstract does not take the place of the usual entries made in the Medical History, but it is additional thereto.

29. The Abstract of Service Sheet appearing on the reverse side of the Termination of Service Sheet is self-explanatory. Upon receipt of a Health Record at a Coast Guard unit the necessary entry will be made on this sheet.

30. For ordinary cases the following examples indicate the data required:

CUTTER "MOJAVE", BOSTON, MASS.

October 13, 1936.

Diagnosis: Tonsillitis acute. Not due to misconduct; incident to service, result of exposure on watch.

Chief complaint: Sore throat and difficulty in swallowing.

Examination reveals acutely congested throat with considerable swelling. Temperature 38; respiration 24; pulse 90.

To bed; saline cathartic at once. Throat painted with 10 percent argyrol solution preceded by hot gargle.

October 14, 1936: Condition improving. Treatment continued. Temperature, pulse, and respiration now normal.

October 16, 1936: To duty, fit for same.

C. D. BROWNE,
Asst. Surgeon, U.S.P.H.S.

U.S. MARINE HOSPITAL, BALTIMORE, MD.

March 17, 1933.

Diagnosis: Gastroenteritis acute. No. 0619. Not misconduct.

Chief complaint: Acute pain in epigastric region, nausea, vomiting, and diarrhea.

Family history: Irrelevant.

Present history: Patient states that he was perfectly well until 2:15 a.m., this date, when he was aroused from sleep with a severe pain in epigastrium followed by nausea and vomiting. Had eaten some fried ham bologna and a lettuce and tomato sandwich for supper and a cup of coffee at 9:00 p.m. This was regurgitated. Patient then took some salts and called in a private physician who recommended transfer to hospital.

Physical examination: Age 40; weight 170. Gain of 10 pounds. Temperature 100.9 F.; pulse 100; respiration 22; blood pressure 120-78.

Heart and lungs: Negative.
Eyes: Negative.
Ears: Negative.
Nose: Negative.
Mouth: Negative.
Throat: Negative.
Tonsils: Negative.
Teeth: Extensive fillings.
Abdomen: Negative.
Genitalia: Negative.
C.N.S.: Negative.

General physical examination is essentially negative. The abdomen is soft. There is no rigidity or tenderness. No palpable masses.

March 18, 1933: Temperature 98.4 F.; pulse 84; respiration 20. No symptoms aside from weakness.

Blood count:

RBC	5,000,000
WBC	9,200
HgB	98
Band forms	60
Segmented	25
Lymphocytes	5
Basophiles	1
Monocytes	9

Urinalysis: 120 cc submitted clear amber; acid reaction; specific gravity 1.026; albumin positive 0.01 percent; positive for occult blood; cast few finely granular; mucus small amount; leucocytes 0-3 per HDF; erythrocytes 1-4 per HDF; epithelium few squamous. Electrocardiographic study essentially negative.

March 19, 1933: Temperature, pulse, and respiration normal. No symptoms. Discharged to duty well.

JOHN J. PHELPS,
P.A.S., U.S.P.H.S.

Approved:
G. H. PHELPS,
Medical Director, U.S.P.H.S.

2—16139 U.S. GOVERNMENT PRINTING OFFICE

Blood Type "O" Internal Hemorrhage

ENOS
(Surname in capital letters)

John Jr.
(Christian name(s) in full)

Died 8-20-46

219-793
(Service number)

IDENTIFICATION TAG ISSUED: 11-15-43

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING B.M.2c.

CHANGES

BM 1/c.

C.B.M.

N

PE-68

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

Form 2525
TREASURY DEPARTMENT
U.S. COAST GUARD
October 1936

2—16139

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

TERMINATION OF HEALTH RECORD

Name John Enos, Jr.

Rating B.M2c. Service Number 219-793

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 at 0940, 20 August, 1946
(Date)

At USNH No. #10, Aiea Hgts, T. H.
(Place)

By reason of death due to Coronary Embolism with Cardiac Infarction.
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

Not due to own misconduct.

A. F. WAYNE, Lt. Comdr, USCG
By direction
_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Orig. Enlist. Pauwela		
Lt. Station, Pauwela,		
Maui, T. H. ----------	8/14/41	
~~C.A.T.C. Hilo, Hawaii~~		
MOLOKAI, T. H.		
US NAV HOSP PH TH	1-20-43	2-3-43
~~Capt of Port Detail Hon~~ C. G. Base	2/3/43	
AREA NAVAL HOSP. T.H.	5-29-46	

DENTAL RECORD

(To be filled in by the Dental Officer)

ENOS
(Surname)

John Jr.
(Given name-s)

B.M.2c.
(Rank or rate)

219-793
(Service number)

INSTRUCTIONS

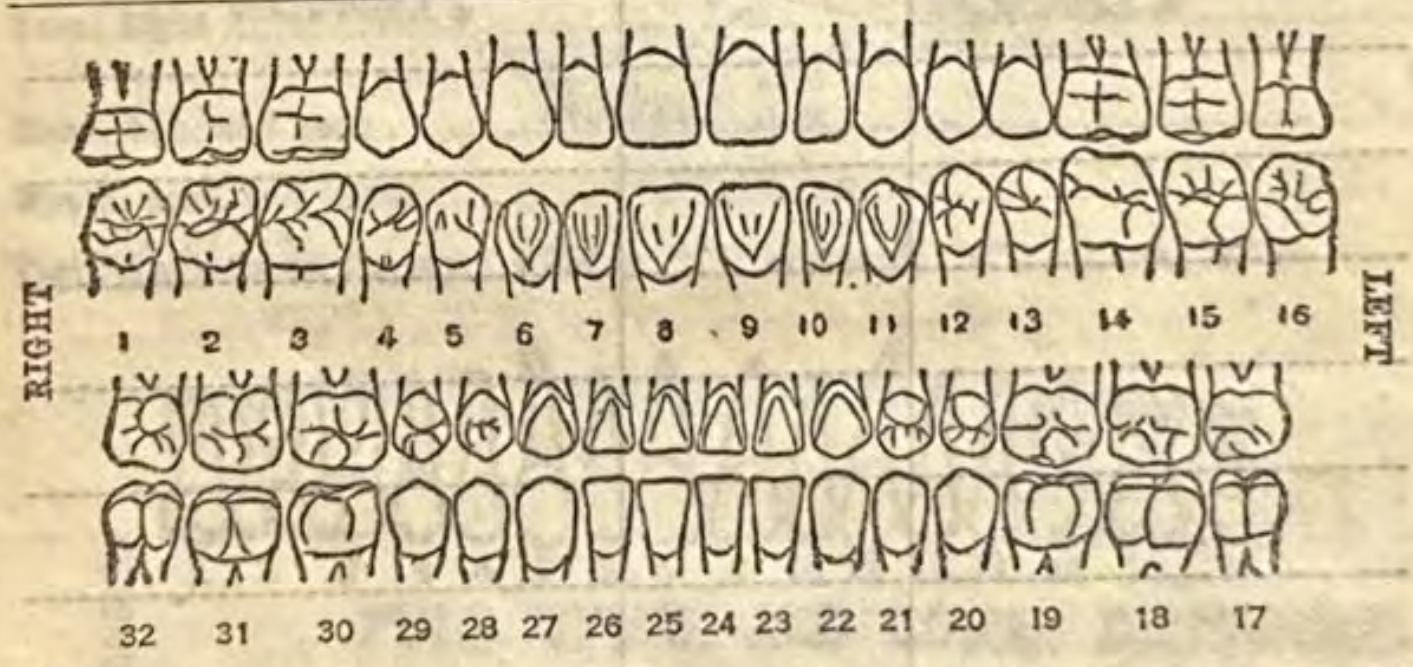
The Dental Record will be inserted as the top sheet in the Health Record.

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:

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Full Upper & Lower Denture	9-17-45	[illegible]

TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name ENOS, John Jr. Service Number _____
(Surname first)

Age: Years 35 Months 11 Color Portugese White

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

Rank or Rating B.M. 2c

Place Paumola Pt. Maui Date 7-14-41

Personal Medical History Measles, mumps. Vasectomy 1935.

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

Color blind? No. Test used Isihara.

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

Eyes, eyelids, and reflexes Normal.

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

Head, face, and neck Normal.

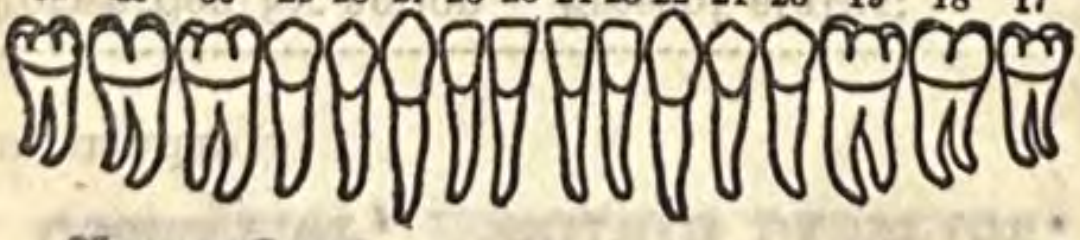
Mouth, nose, and throat Normal.

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



FULL UPPER AND LOWER DENTURES.

(Right Side)



Gums Normal. Temperature 98.6

Height 68½ inches. Weight (stripped) 170 Lbs. Obesity Slight.

Skin Normal.

Lymph. glands Normal.

Chest: Inspiration 39 Expiration 36½

Heart and blood vessels Normal.

Blood pressure: Systolic 125 Diastolic 78

Pulse before exercise 72, after exercise 104, after 2 min. 70

Lungs Normal.

Abdomen and pelvis Normal.

Genito-urinary organs Normal.

Spine and extremities Normal.

Nervous and mental conditions Normal.

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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 7-14-41 Result Negative.

2—16141

REMARKS: .....

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that ENOS, John Jr.

He is physically qualified for Regular enlistment.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M. 2c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

James M. Wolfe
JAMES M. WOLFE
P.A. (R) *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

22 JULY, 1941.
(Date)

Place Honolulu, T. H.

From: Commander, Honolulu District.

To: Commandant.

1. Forwarded for action. Present status:
Keeper, Pauwela Point Light Station.

C.T. FINLAY, Captain,
Dist. Comdr.

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)

TREASURY DEPARTMENT
U.S. COAST GUARD

RECD JUL 26 1941

PHYSICAL EXAMINATION RECORD

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

Name ENOS, John Jr. (Surname first) Service Number

Portugese

Age: Years 35 Months 11 Color White

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

Rank or Rating B.M. 2c

Place Pamela Pt. Maui Date 7-14-41

Personal Medical History Measles, mumps. Vasectomy 1935.

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

Color blind? No. Test used Isihara.

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

Eyes, eyelids, and reflexes Normal.

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

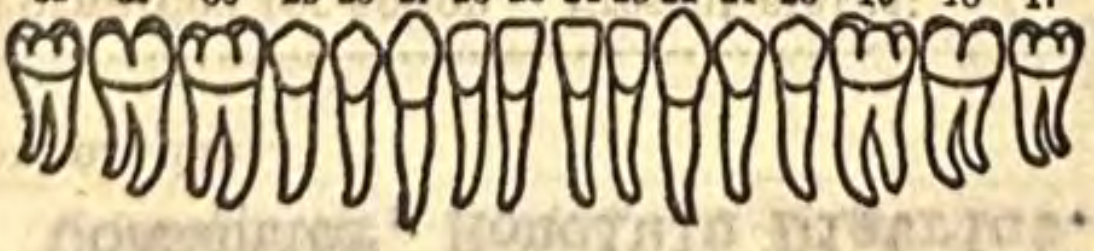
Head, face, and neck Normal.

Mouth, nose, and throat Normal.

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



(Right Side) FULL UPPER AND LOWER DENTURES.



Gums Normal. Temperature 98.6

Height 68½ inches. Weight (stripped) 170 Lbs. Obesity Slight.

Skin Normal.

Lymph, glands Normal.

Chest: Inspiration 39 Expiration 36½

Heart and blood vessels Normal.

Blood pressure: Systolic 125 Diastolic 78

Pulse before exercise 72, after exercise 104, after 2 min. 70

Lungs Normal.

Abdomen and pelvis Normal.

Genito-urinary organs Normal.

Spine and extremities Normal.

Nervous and mental conditions Normal.

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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 7-14-41 Result Negative.

2—1

REMARKS: .....

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that ENOS, John Mr.

He is physically qualified for Regular enlistment.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M. 2c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

James M Wolfe

JAMES M. WOLFE

P.A. (R) *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

22 JULY, 1941.
(Date)

Place Honolulu, T. H.

From: Commander, Honolulu District.

To: Commandant.

---

1. Forwarded for action. Present status:
Keeper, Pauwela Point Light Station.

G.T. Finlay

G.T. FINLAY, Captain,
Dist. Comdr.

2d INDORSEMENT

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

JUL 28 1941
(Date)

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

By direction of the Medical Director

By direction of the Surgeon General:

T. LeBLANC,
Medical Director, U.S. Public Health Service.
CHIEF PHARMACIST

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

29 July, 1941

From: Commandant.

To: Commander, Honolulu District.

1.

Enl. Auth. R.E. BM2c.

U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name ENOS
(Surname first)

Rank or rating B.M.2c. Service number 219-793

SMALLPOX VACCINATION

Number of prior scars one

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
9-29-42	Capt. C. Epstein MC		

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	
10-6-42	10-13-42	10-20-42	S. N. N.
10-13-42			
TYPHOID BOOSTER: 12-28-43			S. A. S Typ PH.M 2c
Typ.	1-16-45		G D Smith

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

TETANUS BOOSTER: 12-28-43 D Dunford, Ph. M 2c

Tetanus 1-16-45 G D Smith

(Signature of medical officer)

2—16142

YELLOW FEVER VACCINE

Date	Lot No.	Amt.	Med. Off.
3-23-44	1401	0.5cc	

ABSTRACT OF SERVICE

ENOS

(Surname)

JOHN JR.

(Christian name(s))

Born MAUI, T.H.

(Place) (Date)

AIEA, NAVAL HOSP. T.H.	5-29-46	

ABSTRACT OF MEDICAL HISTORY

A. or R. A. date	Diagnosis	Disposition date	Sick days
FT 5-29-46	CARDIAC ARRHYTHEMIA ARUI. FIBRILLATION	6-1-46	3
ACD 6-1-46	EMBOLISM OTHERWISE UNCLASSIFIED RT. FEMORAL ARTERY.	7-7-46	(36)
ACD 7-7-46	ABSENCE, ACQUIRED, RT. LEG.		
FT 8-20-46	INFARCTION, HEART, POSTERIOR #2135		

FORM 2020-D—TREASURY DEPARTMENT

MEDICAL HISTORY

Surname ENOS Service No. 219-793

Christian name-s John Jr.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Tetanus Toxoid Vaccination

1st - Sept. 29, 1942 cc/stern Rc

2nd - Oct 20, 1942 S. H. H. 1st Lt. M.C.

3rd Nov. 10, 1942 CC Cpt MC

Blood Group A - Typed 11-10-42

Army Annex, Shingle Neuropsy

U. S. NAVAL HOSPITAL, PEARL HARBOR, T. H

DATE: 1-20-43

DIAGNOSIS: OTITIS MEDIA, CHRONIC, (BILATERAL) NO. #1206

Origin: Is not due to misconduct. EPTE.

Chief Complaint: Discharging ears bilateral, difficulty hearing.

Present Illness: In 1934 left ear stanted to discharge, not preceded by earache, ear has discharged intermittently ever since. When ear stops discharging the left side of the face and ear swells and breaks into blisters. Ear has been dry for 1 week now.

3 months ago right ear stanted discharging without pain and has discharged enough to run onto cloths and onto the pillow at night. No mastoid tenderness or pain.

Past History: No previous ear history prior to that in present illness.

No operations or fractures. Has had measles, mumps, whooping cough, Denies venereal disease.

CONTINUED ON THE NEXT PAGE.

Physical Examination: Purulent discharge in right canal. Large perforation at 0800, Pus in middle ear.

Small drop of clear mucus in perforation in left MT. which is at 0800.

No mastoid tenderness.

W.V.: Right ear 2/15 high, 3/15 low

Left ear 1/15 high and low.

Spoken voice 15/15 (binaural).

Audiogram shows:

14% hearing loss right ear.

39% hearing loss left ear.

Nose: Open. Septum straight. No pus.

Sinuses clear.

Tonsils atrophic.

Teeth: All extracted (plates).

B.P.: 118/64.

Examination by system normal.

Admission diagnosis confirmed.

1-25-43: Left ear has been dry since 1-22-43. Small amount of discharge from right.

1-28-43: Left dry. Small amount of discharge right.

2-1-43: W.V. right 12/15 high and low.

W.V. left 12/15 low, 9/15 high.

Audiogram 14% hearing loss right ear. 33% hearing loss left ear.

2-1-43: Both canals have been dry for 3 days. Actual hearing has improved.

D 2-3-43 To duty. Fit for same.

14

R.C. SMEDLEY
LT.COMDR., MC-V(S), USNR.

APPROVED:

H.E. KAPLAN
LT.COMDR., MC-V(S), USNR,
CHIEF OF E.E.N.T.

Jan 3-43 To duty. Fit for same.

R.C. SMEDLEY
LT.COMDR., MC-V(S), USNR.

APPROVED:
H.Z. KAPLAN
LT.COMDR., MC-V(S), USNR,
CHIEF OF E.E.N.T.

COTP HONOLULU, T.H.
35 mm. X-Ray Chest Nos.

APR 1943

Form NAVCG-2525D

MEDICAL HISTORY

Page

Surname ENOS Service No. 219-793

Christian name-s John, Jr.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
DISTRICT MEDICAL CENTER 14th CGD, Honolulu, T.H.	29 May, 1946

410-x26

DIAGNOSIS: Auricular fibrillation.

CC: I had "asthma" last night and am having trouble breathing today.

PH: A week ago, he climbed a mountain following which he has been short of breath. Last night he was unable to sleep except in a sitting-up position.

PF: Shows marked irregularity of heart beats. B.P. 100/60

Disp: Pt. transferred to USN Hospital Base #10 for inpatient treatment this date.

W. H. MEYER
Sen.Surg. USPHS (R)

16—35658-2

MEDICAL HISTORY

ENOS
(Surname)

John, Jr.
(Christian name(s))

Born: Place Maui, T.H. Date

STATE NAME OF PLACE DATE EACH NEW ENTRY

FT **U.S. NAVAL HOSPITAL, AIEA HEIGHTS, T. H:**

DATE OF ADMISSION 5-29-46

DIAGNOSIS: CARDIAC ARRHYTHEMIA AURICULAR FIBRILLATION **NUMBER** 212

ORIGIN IS not **DUE TO MISCONDUCT AND DID** not **EXIST PRIOR TO HIS ENLISTMENT**

C.C.: "Shortness of breath."

P.I.: This 41 years old Portugese B.M. 1/C was in good health until one week ago when he first noted shortness of breath while climbing a hill, necessitating rest every 50 feet. There was slight associated sub-steral pain. Two days ago he had a chill, became short of breath at rest and noted inability to sleep horizontally, and therefore sat up to sleep in chair. Since onset he has had a hacking non-productive cough, last night he had spasm. gastric pain. There has been no ankle edema, abdominal swelling or anorexia. Has had no digatalis.

P.H.: Swelling joints, elbows, wrists and etc. at the age of 15. And usual child-hood diseases.

F.H.: Non-contributory. System: neg. except for right parietal headache with occasional vomiting.

P.E.: T-100 P-96 R-20 BP-100/80
General appearance: An acutely ill, dyspneaic male sitting erect in bed.
SKIN & LYMPHATICS: Normal.
HEAD & NECK: Engorged cervical veins.
EENT: Engorged retinal veins with very dark color. Edentulous.
CHEST: Large AP & transversed diameter. T.F. & Percussion normal. Inspiratory moist rales in bases and under right

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scapular angle. Heart: BP: 100/80, Rate: 160, Pulse: 96, LBD: Difficult to determine because of thick chest wall but about 10 cms. from in S L in 51 S (slight outside in C) L.

An irregular irregularity is present; auricular fabrillation. No murmurs of thrills. ABDOMEN: Tenderness in A U Q and a regular border of liver felt three fingers below C.M. in M.C.L. Abdomen distended with gas.

GENITALIA: Negative.

RECTAL: Deferred at this examination.

NEUROLOGICAL: Normal examination.

ORDERS:

(1) Complete bed rest.

(2) M.S. gr. 1/6 stat and H.S.Pen.

(3) Limit fluid to 1500C and Diet 1500 Cal. with salt free diet.

(4) Digitalis 4 Cat. units stat.

5-30-46: Four P.M., Rate-160 Pulse-96 4 cat units digitalis given, E.C.G. Reveals Auricular Fibrillations with Rate -150-175. At 8 P.M. Apical, Rate 156, Radial Pulse-100, 4 cat units digitalis.

5-31-46: At 9 P.M. Apical Rate L. 144, R, Radial Rate-104, 4 cat units digitalis. Total digitalis now 16 C.U.

At 4 P.M. Cat units II

At 9 P.M. Apical Rate0120, Radial Pulse 104. Cat units 1. Complains of sub-sternal and epigastric pain. M.S. gr. 1/6 H.S. for sleep and pain.

6-1-46: At 0830 called to see patient because of onset of numbness and pain in right thigh. Popliteal space and calf pain "jumps" from area to area is constant and excuriating. M.S. $\frac{1}{4}$ gr. stat. and 1 gr. papaverine. IV. The leg appears mottled from below inguinal ligament and graduallty becoming cooler then other leg.

gr. papaverine. IV. The leg appears mottled from below inguinal ligament and gradually becoming cooler then other leg. At 1000 patient has had

MEDICAL HISTORY

ENOS
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NAVHOSP, AIEA, T.H. CON'T. 3

sympathetics after para vertebral block attempted. Leg then packed in ice from thigh down. Complete relief of pain after spinal.
Had 3 C.U. digitalis today.
C 6-1-46: CHANGE OF DIAGNOSIS TO:
3 ~~EMBOLISM, OTHERWISE UNCLASSI~~-
FIED (223) COMPLICATIONS; RT.
FEMORAL ARTERY.
& ~~REASON: COMPLICATION~~
ACD NOT MISCONDUCT. D.N.E.P.T.E.
6-2-46: Last night about 3 A.M. patient coughed up about ½ cup of bright ~~RED BLOOD~~
No chest pain associated. Abdomen appears quite distended this A.M. Temperature ~~still septic in nature. Apical Rate 112,~~ today radial rate 104. Digitalis now ordered gr. ½ O.D.
~~6-2-46: EMERGENCY X-RAY REPORT:~~
There are confluent patchy extra density in the right and left upper lobes. Consistent with either bilateral pneumonia or pulmonary infarcts. The heart is enlarged.
~~6-3-46:~~ Apical Rate 112, Radial Rate 104. Two cat units digitalis today. Patient appears toxic; temperature 98.4 Fairly continuous hacking cough. Also complains of pain between scapulae which is constant. No pain in leg at this time. Two other possibilities are to be considered: -Dissecting aneurism and S.B.E. leg continued in ice pack.
6-4-46: Chest X-ray shows slight clearing of process, but rales in bases persist. 2 CU digitalis. Out of ice since last night. 6 CU digitalis on 6-5-46. Last night became blue and ~~xxxxxx~~ demarcated

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above knee with pain. Rate 120. Packed in ice again.

6-7-46: Chest X-ray - pneumonia process cleared. Maintenance digitalis 2 CU. Rate at approximately 96 with pulse deficit 4.

6-8-46: Temp.- 98.4 this A.M. Complains of severe crushing pain with episodes of accentuation in left chest posterior in area of scapula. Rate at approximately around 90 today. EEG shows continued Fibrillation plus ST segment depression in leads 1, 2, & 4 plus T wave inversion in lead 1.

6-10-46: Apical heart rate 96. Temp. 98 Radial pulse 96. Complains only of slight back pain. Right leg shows line of demarcation about 6" above knee. There is also a Bullous lesion 2x2 cm on medial aspect of mid-thigh. Digitalis continued 2 gr. O.D. Also placed on liquid 1500 cal. diet and gr. XX ammonium chloride qid. Taken out of ice today to see where line of demarcation is preparatory for surgery.

6-11-46: Seen by Surgeon who advise amputation at mid-thigh with ice and Tourniquê Anesthesia. To be done tomorrow. Heart rate at apex and pulse 84 and lungs clear to P. & A. Chest X-ary of yesterday (portable) shows previous process cleared.

6-12-46: OPERATION REPORT: Amputation Mid-Thigh-Right leg.

OPERATIVE FINDINGS: Line of demarcation plainly visible at level of mid thigh. Amputation performed with equal flaps just above level of mid thigh with femur only one inch shorter than skin skin vessels doubly ligated and transfixed with chromic #1. Skin pulled together over Penrose drain with wire mattress sutures over rubber tubing. In ice all last night to 6" above demarcation, tourniquet put on at same level at 5 A.M. It was required at

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STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVHOSP, AIEA, T.H. CON'T. 5

6-13-46: Heart rate 84 today. Condition good. Dressing changed and traction applied. ~~1/8 ms I.V. and 1/8 H. at time dressing~~ changed. This man can be more easily cared for on a surgical ward. ~~Special~~ necessary dressing, ~~etc. are not on this ward. He should~~ be given a maintenence dose of digitalis gr. 2 O.D., 2000 cc fluid, Reg or soft diet ~~and 1500 cal. diet.~~

6-14-46: Placed on penicillin therapy.

6-15-46: Dressing changed. Wound is grossly infected. Skin is gangrenous and sloughing beneath wire sutures. Sutures removed. Skin intraction reapplied.

6-22-46: Temperature has been normal for ~~past five days. Dressing changed.~~ Drainage is disappearing. Skin looks good. Circulation appears adequate. Patient is ~~cheerful. Cardiac condition is progressing~~ satisfactorily.

6-28-46: Dressing is being changed every ~~third day. Drainage has almost stopped.~~ TPR are normal. Cardiac condition remains satisfactory.. Is receiving maintenance ~~dose of digitalis, penicillin therapy,~~ multiple vitamins, and frequent feedings.

7-1-46: Patient complains of sharp stabbing pain in right costovertebral angle which radiates around abdomen, is soft, +0 RLQ Abdomen no abdominal tenderness, tympanitic throughout, ~~no rebound~~ Marked right costovertebral angle tenderness.

TREATMENT: 1. M.S. gr. 1/8 I.V.
2. Urine specimen unobtainable at time. Suggest R. & M. in A.M.

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7-5-46: Digitalis increased to gr. 1 at 1000 and gr. 1 at 1800. Apical rate 130 today with radial rate of 76.

7-6-46: Very little change today. Rate approximately same as yesterday.

7-7-46: Apical rate 120, radial rate 86. No signs of digitalis intoxication. Dressing changed. Wound cleaning. Granulation are reduced to 10X8 cm. Skin traction reapplied.

C 7-7-46: CHANGE OF DIAGNOSIS TO:
36 ABSENCE, ACQUIRED,, RT. LEG.
#2100
& REASON: SEQUELA
ACD NOT MISCONDUCT D.N.E.P.T.E.

7-8-46: Apical rate 120 per min. Radial rate 100. No signs of intoxications. Removed from S.L.

7-9-46: No change in cardiac status.

7-10-46: Apical rate 120 per min. Radial rate 96 per min.

7-11-46: No change in cardiac status.

7-12-46: Apical rate 108 per min; radial rate 100/min. No signs of digitalis intoxication.

7-13-46: Apical rate 100 per min. Radial rate 75 per min.

7-14-46: Patient had a bout of chest pain with dyspnea at 1600 yesterday. At time of notification today (0130) patient sleeping without apparent distress.

7-15-46: Apical rate 112, radial rate 100.

7-16-46: Apical rate 105, radial rate 90.

7-17-46: Patient complains of slight headache intermittently for the last 2 days No nausea, vomiting, diarrhea, constipation or other signs of digitalis intoxication. Apical rate 104, radial rate 96.

7-18-46: Traction still applied to stump with benefit. Not yet ready for secondary

with benefit. Not yet ready for secondary

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NAVHOSP, AIEA, T.H.	
	CON'T. 7

108.

7-23-46 Patient has been on 4 grains of digitalis daily for the last 3 days; 2 grs. at 1000 and 2 grains at 2000. No pulse deficit today, irregular rhythm at 80/min. No signs of digitalis intoxication.

7-27-46: Apical rate 75, radial rate 66.

7-30-46: Traction continued to stump. Granulating area smaller. Condition good.

8-8-46: General condition excellent. Up part of time in wheel chair.

8-19-46: Called to see patient who suddenly had an attack characterized by patient stating he had a "stuffy feeling" in chest then promptly proceeded to rapid, stiderous breathing, profuse perspiration, cold, dampy skin and moaning. Had been perfectly well all day and night and was preparing for bed when attacked occured. Examination reveals profuse perspiration, cold clammy skin, very weak left radial pulse, absent at times. Ulnar pulsation absent. Left extremities are flacid and lacking in muscular tone. Left hands and fingers are cyanotic with evidence of complete circulatory impairment. Slight left femoral pulsation palpable but absent pulsation in popliteal space and on foot.

REFLEXES:	Right	Left
Triceps	Hyperactive	Hyperactive
Bicep	"	"
Supinators	"	"
Hoffman sign	Absent	Present
K.J.		Absent
A.J.		"
Corneal reflex present		Present

Babinski sign modification neg. Seen by OOD, Ass't. OOD and interne. Blood Pressure

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~~right arm 140/100 Left arm 170-120/100~~
Respiration 38, Pulse 68-100/min.
Left pupil dilated and larger than right.
~~Pupillary reflexes normal.~~
8-19-46: 2230 Patient restless, moving right arm and thigh stump vigorously, has ~~left ankle clonus. Abdominal reflexes~~ positive on right, equivocal on left.
Head of bed elevated. Morphine gr. ½ for ~~restlessness. Oxygen standing by if needed~~
C 8-20-46: CHANGE OF DIAGNOSIS TO:
40 INFARCTION, HEART, POSTERIOR
~~#2135~~
& REASON: INTERCURRENT
AD NOT MISCONDUCT D.N.E.P.T.E.

DD 8-20-46: (0940) PATIENT PRONOUNCED
84 DEAD THIS DATE.

J.W. METCALFE
CDR. MC, USN

~~APPROVED:~~

E.S. LOWE
CAPTAIN (MC) USN
~~CHIEF OF SURGERY~~

8-21-46: AUTOPSY PERFORMED:
~~ANATOMIC DIAGNOSIS~~
1. Rheumatic heart disease with mitral and aortic stenosis.
2. ~~Auricular Fibrillation~~ (clinical)
3. Mural thrombi, left auricle.
4. Arterial emboli to right external iliac ~~artery, left common iliac artery~~, kidney, spleen, left coronary artery.
5. Amputation of right leg, remote.
6. ~~Pulmonary embolus~~, left lung, remote.
7. Cardiac infarction, recent.

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NAVHOSP, AIEA, T.H. CON'T. 9

Clinical History: ~~See hospital record.~~ This man had a childhood illness with painful joints. He was hospitalized for several ~~weeks before his death with auricular~~ fibrillation and an embolus to his right leg that necessitated a mid-thigh amputation. ~~Continued to fibrillate until his~~ death, which occurred suddenly.

POST Mortem Examination: Body is that of ~~a middle aged white male. Lips and nail~~ beds are intensely cyanotic. The right leg has been recently amputated at mid-~~thigh and the stump is in good condition.~~ Fat and musculature are of good quality. Body cavities are free of excess fluid. ~~There is a four~~ square inch area of adhesion between the lower lobe of the left lung and the lateral thoracic wall. All ~~organs of the thorax and abdomen are in~~ their usual positions and relationships.

Gastro Intestinal Tract: This is negative ~~from esophagus to anus.~~

HEART: The right side of the heart is dilated as i s also the left auricle, ~~Myocardium of the right ventricle and left~~ auricle is somewhat thicker than usual. Pulmonary artery is free of emboli. ~~Foramen ovale is both anatomically and functionally~~ patent. Tricuspid and pulmonary valves are normal. In the left auricle is a 2 cm ~~diameter~~ spherical thrombus attached to the endocardium of the auricular appendage by a narrow stalk. On the septal wall of the ~~left auricle~~ is a small tag of thrombus that has broken off recently. ~~There is a~~ moderate "fish-mouth" deformity of the ~~mitral valve~~ with thickening and fusion of the leaflets, shortening and ~~thickening~~

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of the chordae, but no vegetations are present. The aortic valve leaflets are thickened, their free edges are rolled, and there is some fusion at the commissures. There are no vegetations on the valve. Coronary orifices are patent. The myocardium of the diaphragmatic surface of the left ventricle, posterior portion of the septum, and posterior papillary muscle near the apex is discolored by a reddish and yellowish mottling. It is somewhat softer in this area. A descending branch of the left coronary artery leading to this infarcted area is distended and occluded by a firm red thrombus. Elsewhere the coronary arteries are patent, though there is a moderate deposit of yellow liquid in their intima.

There is moderate atheromatosis of the aorta, most marked in the abdominal portion. There is a fresh thrombus in the left common iliac artery. The right external iliac artery beneath Poupart's ligament is distended and occluded by a firmly attached reddish-gray thrombus.

Common carotid and axillary arteries are free of emboli. In the left lung beneath the pleural adhesion there is a scar containing golden-yellow pigment, roughly wedge shaped. There is aspirated vomitus in the trachea. The right lung is edematous.

Liver: Appears normal except for acute congestion.

Spleen: Wedge shaped pale areas on cut surface with the appearance of anemic infacts.

Pancreas: Normal.

Gall bladder and bile ducts: Normal.

Kidneys: Two depressed wedge shaped scars in the left kidney. Scars contain old

Kidneys: Two depressed wedge shaped ~~rt.~~ in the ~~left~~ kidney. Scars contain old

(Over) Page

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NAVHOSP, AIEA, T.H. CON'T. 11

Adrenals: Normal

Skull and Scalp: Negative.

Brain and Dura: External surface of the brain is normal. Cut sections are 2 cm. diameter zone of cystic softening.

R.H. Fuller

R.H. FULLER
~~LT.~~ COMDR. MC, USN

APPROVED: R.E. Duncan

R.E. DUNCAN
~~CAPTAIN (MC) USN~~
COMMANDING

mo

☆ GPO 16—9917-1

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

ENOS, John, Jr.-- 219-793

Former Lighthouse employee,
Enlisted pursuant to the Act of
August 5, 1939.

SINGLE
XMARRIEDXX
WIDOWED
DIVORCED

Other creditable service—

	YRS.	MOS.	DAYS
LIGHTHOUSE	9	6	23

122118

16—11203

Birth, date of July 27, 1905,

Birth, place of Makewela, Kauai, T. H.,

Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
PAUWELA POINT						Orig.Enl.3 Yrs.,Regular or D.O.E
LIGHT STA. (HD).	8-14-41	B.M.2c.				Auth.:-Form 2525-B, 7-29-1941.
MAUI STA.(HD) X	1-17-42	B.M.2c.				Tr.
MAUI STA.(HD) X	2-5-42	B.M.1c.(Pro)				Cr. ✓
MOLOKAI LT. STA.(HD) X	6-21-42	B.M.1c.)Pro)				TR
Honolulu Base	1-21-43	B.M.1c(Pro)				TR
Honolulu Base (14)	7-5-43	C.B.M. @ Pro.				C.R. Unit #13 ✓
Honolulu Base	8-13-44	CBM(A)				Enlgt. Type 4V
Unit 13, Navy 48	9-16-44	C B M.				Cr. H/L 9-12-44
Unit 51, Navy 48(14)	7-25-46	C B M				Tr.
UNIT 51, NAVY 48	8-20-46	C.B.M.				DIED.
						6/29 Ltr to USNH
						Norfolk
						Cordiality Host