

SR# 2-29887591136

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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



2-DQDCY9Z

Non-Registry Block:

Registry Number: ***00000 111 760***

Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***2W***

Reg Veteran's Name: *GRAVES HAL*

SR Veteran's Name: *GRAVES, HAL C*

SSN:

DOB: *01/01/1918*

POB: *WA*

SVN/SSN: *000215640*

Service Code: *CG*

Service Number:

SR Number: 2-29887591136

Search Section: 5

Record Charged to:

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

Core: Archival
Team: Public Research Room

Searcher Name: QYANCY

Initials: _____

Date: _____

Notes:



2-DQDCY9Z

All Records Ordered for this Service Request:
2-DQDCY9Z

Service Request Received in Center Date: 08/15/2024 00:00:00

Search Request Created By: HRIVET 08/16/2024 13:35:52

Search Request Printed By: KECHOLS 08/19/2024 11:08:13

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

HEALTH RECORD TO MED. DIV.

PEA-E
24

Service Record

GRAVES
(Surname)

Hal (Christian names) 215-640 (Service No.) N.B. (Citizenship)

Surfman (Enlisted as) 19 January, 1944 (Date) FOUR (4) (Term of years)

BAADDAH POINT LIFEBOAT STATION (Ship or station) Neah Bay, Washington (Place)

2—13678

CERTIFIED FOR MUSTERING-OUT PAY

CODED
NO. 2

HOME ADDRESS REPORT

(Complete both forms. See instructions on reverse side.)

NAME Graves Hal (none)
(Last name) (First name) (Middle name)

RANK OR RATING Surfman

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

No. 215-640 RACE White
(Army serial or Navy service)

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

Washington
(State, see note below)

Pe Ell, Lewis
(City or town, and county)

local
(Street No. or R. F. D. No.)

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

Hal Graves
(Signature)

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

16—18432 GPO

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: SUPPLEMENTAL DISABILITY

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [ ] SERVICE [X] MEDICAL [ ] DENTAL [ ] OTHER

4. TO: [ ] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [X] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO Seattle 1, Washington

5B. ORIGINATING UNIT: 3046/21 Adjudication Div.

6. CLAIM NO.: C- 16 678 890

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): GRAVES, Hal

9. ALL SERVICE NOS.: 215 640

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
7-15-18	Glen Echo, Wash.	

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	12-1-37	5-29-46	HON Disch	BM1C
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.	Crushed finger	Sept. 1940	USPHS Seattle, Wash.	
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Furnish entire record series.

22. DATE: 8-9-61

23. SIGNATURE AND TITLE OF VA OFFICIAL: T. J. BRIED, Adjudication Officer

5A

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

[X] AVAILABLE REQUESTED RECORDS FORWARDED [ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT [ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

— Clinical records maybe requested from the hospital concerned.

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS		7P	CLINICAL RECORDS			SERVICE INFORMATION		
PHYSICAL EXAMINATION AT ENTRANCE	1 enl	2C	X-RAYS					
		1C	DENTAL RECORDS				DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATION AT SEPARATION	transfer	1C	MEDICAL CARDS			MEDICAL RECORDS		L. W. TIBBITS, CDR, USCG ASST. CHIEF, MEDICAL DIVISION BY DIRECTION OF THE COMMANDANT
		1C	OTHER RECORDS		1T		OCT 6 1961	

VA FORM 3101 JUL 1957 SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

AUG 11 1961

2

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3294 (Rev. 4-57)

TRANSCRIPT OF MEDICAL HISTORY

(From records on file at Coast Guard Headquarters)

NAME	SERVICE NO.	GRADE OR RATE	
GRAVES, Hal	215-640	BM 1/c	

WHERE TREATED	DIAGNOSIS	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
LS GARIBALDI OREGON COTP JUNEAU ALASKA	Common cold Tonsillitis, acute follicular	8-17-44 8-25-45	8-17-44	OP

10-2-61
CERTIFIED TO BE A TRUE TRANSCRIPT
OF THE MEDICAL HISTORY IN THIS CASE.

L. W. TIBBITS, CDR, USCG

GPO 923197

NAVCG
2500-C (Supplement)
(8-45)

TERMINATION OF SERVICE

NAME GRAVES, Hal	Service Number 215-640	Rating BM1c
Unit USCG Personnel Separation Center No. 17,	Location Ketchikan, Alaska	Date Reported 5/25/46
Final Average Efficiency Marks	Proficiency in rate 3.59	Conduct 4.0

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

215-640 (File or service No.) | GRAVES, (Surname) | Hal (First name) | (n) (Initial) | BM1c, USCG (Rank or rating and branch of service)

29 May, 1946 (Date discharged or released from active duty) | Commander, 17th CG District (Activity from which discharged) | 60 days or more (Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

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

(Sign original only)

N. P. THOMSEN, Lieut. Comdr., USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)
By direction

VETERAN'S CERTIFICATE:

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

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

Hal Graves
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

General Delivery, (Number) (Street)

Po Ell, Washington (City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on [redacted] 381 (Public voucher) 16124 (Check number) 29 MAY 1946 (Date)

W. K. WALLACE Lt. COMDR SDA 54-360
(Type name and symbol No. of disbursing officer making initial payment)

16—29039-1

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

MUSTERING OUT PAY — ENTITLED TO AND CERTIFIED FOR [redacted]

TRAVEL ALLOWANCE AND PAY — Paid travel allowance at rate of five centers per mile from * * * to * * *
Total Travel Allowances $ * * and paid $144.05
in full to date of discharge
Name of pay officer W. K. WALLACE, Lieut. Comdr., Check No. SDA 54360

CREDITABLE SERVICE DURING THIS ENLISTMENT 2 YEARS 4 MONTHS 11 DAYS

Certified to be correct upon termination of Service

N. P. THOMSEN, Lieut. Comdr., USCG
Commanding Officer-Officer-In-Charge
By direction
USCG PERSONNEL SEPARATION CENTER NO 17

PEA-E
24

NAVCG
2500-C (Supplement)
(8-45)

TERMINATION OF SERVICE

NAME GRAVES, Hal	Service Number 215-640	Rating BM1c
Unit USCG Personnel Separation Center No.	Location 17, Ketchikan, Alaska	Date Reported 5/25/46
Final Average Efficiency Marks	Proficiency in rate 3.59	Conduct 4.0

PAFE or PFWOAD (Whichever is applicable for determination of travel allowance) Neah Bay, Washington

Deductible time while attached to Separation Center: none

None [ ]

Entered in Absence from duty article of record [ ]

Disposition of identification credentials: [ ] Surrendered

[X] Not surrendered Statement attached

DISCHARGE

DATE 29 May 1946

CHARACTER Honorable

SERIAL NUMBER B 59752

REASON Convenience of the Government

AUTHORITY Art. 583, Regs. NB 106-45.

DISCHARGE EMBLEMS

x Presidential Testimonial

Receipt of the following is acknowledged

x Honorable Discharge Button

x Honorable Service Button

[ ] Honorable Service Emblems

x Satisfactory Service Card No. 216329

Hal Graves

Hal Graves
Signature of Dischargee

MUSTERING OUT PAY ENTITLED TO AND CERTIFIED FOR ~~xxxxxxxxxxxxxxxxxxxx~~

TRAVEL ALLOWANCE AND PAY

Paid travel allowance at rate of five centers per mile from * * * to * * *

Total Travel Allowances $ * * and paid $144.05 in full to date of discharge

Name of pay officer W. K. WALLACE, Lieut. Comdr., Check No. SDA 54360

CREDITABLE SERVICE DURING THIS ENLISTMENT 2 YEARS 4 MONTHS 11 DAYS

Certified to be correct upon termination of Service

N. P. THOMSEN, Lieut. Comdr., USCG

Commanding Officer-Officer-In-Charge

By direction

USCG PERSONNEL SEPARATION CENTER NO 17

PEA-E
24

29 May, 1946

THIS IS TO CERTIFY that I do not have a Coast Guard Identification Card in my Possession. The Card was lost or stolen at an unknown time and place.

Hal Graves

Hal Graves
(216-640) BM1c

WITNESSED:

I. A. Hoage

I. A. HOAGE, Lt.(jg), USCG

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

NAVCG-553 (Rev. 9-44)

1. NAME (LAST)	(FIRST)	(MIDDLE)	2. RATE OR RANK	3. PAY GRADE	4. C. G. SERVICE NO.
GRAVES,	Hal	(n)	BM1c	2	(216-640)

5. PERMANENT ADDRESS FOR MAILING PURPOSES	6. RACE	7. SEX	8. DATE OF BIRTH
General Delievery Juneau, Alaska	White	Male	15 July, 1918

9. ADDRESS FROM WHICH DISCHARGEE WILL SEEK WORK (IF DIFFERENT FROM ITEM #5)	10. MARRIED? YES	NO	11. NO. OF DEPENDENTS	12. U. S. CITIZEN YES	NO
Same as Item #5		X	0	X	

RECORD OF COAST GUARD SERVICE

SELECTIVE SERVICE DATA ▶	13. REGISTERED YES	NO	14. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	15. LOCAL BOARD NO., COUNTY AND STATE
		X	c/O Ray Graves Pe Ell, Washington	---

16. PLACE OF ENTRY INTO SERVICE	MO.	DAY	YR.	17. PLACE OF SEPARATION FROM SERVICE	MO.	DAY	YR.
Seattle, Washington	12	1	37	Ketchikan, Alaska	5	29	46

18. CHARACTER OF DISCHARGE	19. LENGTH OF FOREIGN AND/OR SEA SERVICE WORLD WAR II	YEARS	MONTHS	DAYS
Honorable		1	6	

20. SERVICE SCHOOLS ATTENDED	COURSES	WEEKS	21. OFF DUTY EDUCATIONAL COURSES	CLASS HOURS
None			Coxswain	
			Boswain Mate Second Class	

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

22. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (GIVE FIRM NAME AND ADDRESS)	DATE LEFT
Self-Employed Pe Ell, Washington	12-1-37

23. USUAL CIVILIAN OCCUPATION (D.O.T. TITLE AND BRIEF DESCRIPTION)	24. JOB FIELD PREFERENCE
Logger Laborer 8-30.10 Felling and splitting Logs.	Forestry

25. JOB AID DESIRED? YES	NO	26. LOCALITY PREFERENCE (GIVE GENERAL AREA)
	X	West Coast

27. NON-SERVICE EDUCATION	ENTER NUMBER OF YEARS COMPLETED: GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE	28. MAJOR COURSE OR FIELD
	8	4	0	

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

None

30. PREFERENCE FOR ADDITIONAL EDUCATIONAL TRAINING

No.

31. REMARKS

See Item #2 Boatswain Mate, First Class
Separated from the service for Convenience of the Government.

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

32. J. A. Hoage
(SIGNATURE OF DISCHARGING OFFICER)

J. A. HOAGE Lt(jg)
(TYPE NAME AND RANK OF DISCHARGING OFFICER)

33. Hal Graves
SIGNATURE OF DISCHARGED PERSON

DATE: 29 May, 1946

29 May, 1946

I enlisted in the U.S. Coast Guard on the 1 December, 1937 at Seattle, Washington. Upon my discharge from the service, it is my intention to make Juneau, Alaska my legal residence. I am residing at General Delievery Juneau, Alaska. I have guaranteed employment with the Yukon Bar Ketchikan, Alaska, temporarily. It is therefore requested that I be discharged in Ketchikan, Alaska and in consideration thereof I expressly waive and forfeit any and all rights to travel allowance back to my original place of enlistment.

Hal Graves

Hal Graves
(216-640) BM1c

Ind-1
Comdr 17th CG Dist
29 May, 1946

In view of the above undue hardship that would be created in transferring Graves back to his original place of enlistment, it is requested that orders be issued him for discharge to Personnel Separation Center No. 17, Ketchikan, Alaska. Subject-named man has expressly waived and forfeited any and all rights to his travel allowance back to his original place of enlistment.

I. A. Hoage

I. A. HOAGE Lt(jg)
Civil Readjustment Officer

UNITED STATES COAST GUARD
Ketchikan, Alaska

File CG-700

WAIVER OF TRAVEL ALLOWANCE ON DISCHARGE

29 May, 1946
(Date)

I request to be allowed to be discharged on my present ship or station in lieu of being transferred to the continental limits of the United States for discharge. If this request is granted, I hereby voluntarily waive all claim to consular aid, to all transportation in kind, and to all travel allowance involved from place of discharge to place of acceptance for current enlistment.

Hal Graves
(Signature)

Hal Graves
(216-640) BM1c
(Service Number) (Rate)

Witnessed by:
I. A. HOAGE Lt(jg) USCG
By direction

Granted:
N. P. THOMSEN Lt Comdr, USCG
(Commanding)
By direction

Ref: PB 106-45

DCGO, 17ND (p)
File No CG-73
29 May, 1946

8. If you desire to continue Government insurance subsequent to discharge, the premiums should be forwarded to the Veteran's Administration, Washington, D.C., the first premium being accompanied by a statement of information indicating address, fact of discharge, description of policies, etc.

9. You have been issued and Honorable Discharge button and Honorable Service lapel button this date.

N. P. THOMSEN
By direction

29 May, 1946

I hereby acknowledge receipt of this letter this date.

Hal Graves

Hal Graves

UNITED STATES COAST GUARD
Ketchikan, Alaska

Address Reply To
District Coast Guard Officer (p)
Seventeenth Naval District
Refer To File:

29 May, 1946

To: GRAVES, Hal (215-640) BMlc, USCG

Subj: Release from active duty by reason of discharge

1. In accordance with instructions contained in Article 583, CG Regulations and Personnel Bulletin No. 106-45 you are released from active duty in the U. S. Coast Guard Reserve, effective 29 May, 1946 with a Certificate of Honorable Discharge.

2. This office has notified the Selective Service in Juneau Alaska that you have been discharged this date. You are to register with the proper local draft board of Selective Service immediately upon your arrival in Ketchikan, Alaska

3. In accordance with the provisions of Article 3003, Regulations you are entitled to the privilege of continuing treatment with the U. S. Public Health Service provided you apply for same within three days after date of separation from the Coast Guard. A copy of this letter presented to the Public Health Service will be sufficient proof of your separation from the service and satisfactory identification. Your attention is invited to personnel bulletin No. 67-43 regarding gainful employment of disabled Coast Guard Personnel.

4. You are hereby notified that any Coast Guard Identification you may possess are to be turned over to this office.

5. You are hereby notified that failure to surrender any public property signed for or responsible for notwithstanding the fact of discharge, may result in trial by military court martial.

6. You are hereby notified that an attempt to reenlist in same or other branch of service without revealing fact, character and reason for discharge is a serious offense.

7. You will be permitted to retain uniforms upon discharge and may wear the same until your arrival home. Personnel Bulletin No. 35-45 does not permit the wearing of the uniform after arrival home. After your arrival home the uniform may be worn only on occasions of ceremony. If you desire honorable discharge emblems apply in writing to the Commandant (PEA), Washington 25, D. C. inclosing your discharge certificate.

UNITED STATES COAST GUARD

KETCHIKAN, ALASKA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER(p)
SEVENTEENTH NAVAL DISTRICT
REFER TO FILE: CG-670

29 May, 1946

To: GRAVES, Hal (215-640) BMlc, USCG

Subj: Area Campaign Ribbons, Operation and Engagement Stars, and other awards; authorization for

1. In accordance with instructions contained in Headquarters' letter (PMM), dated 30 October, 1945, file CG-670, you are advised that you are entitled to the following area campaign medals and/or operation or engagement stars:

Asiatic-Pacific Area Campaign Medal
World War II Victory Medal

2. You are also advised that this letter is of vital importance inasmuch as it will serve as the basis upon which medals will be issued to you. Upon public announcement of the availability of the medals, one of the two copies of this letter of authorization will be used for issuance of appropriate medals.

I. A. HOAGE
By direction

CC: The Commandant (PEA-E-80)
Service Record
File

29 May, 1946

Receipt of the above letter (original and one copy) is hereby acknowledged.

Hal Graves

Hal Graves

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PE-AD)
REFER TO FILE: CG-73

510365

15 May, 1946

To: Commander, 17th Coast Guard District

Subj: GRAVES, Hal (216-640) EM1c; discharge of

1. Pursuant to approved request submitted in accordance with ALCOAST 60-46, subject-named man will be discharged under authority of this letter. Discharge will be effected not later than 10 June, 1946. Transfer should be effected sufficiently in advance of 10 June, 1946, to permit processing and discharge by Separation Center not later than that date.

2. Discharge in accordance with Article 583, Coast Guard Regulations, for the CONVENIENCE OF THE GOVERNMENT, provided no disciplinary action is pending. An honorable discharge certificate will be issued provided subject man meets the requirements set forth in Personnel Bulletin No. 103-45. If subject man does not meet the requirements for honorable discharge, issue a certificate of discharge under honorable conditions. Payment of MOP and travel is authorized in this case.

3. Subject man will be discharged as provided in Personnel Bulletin No. 107-45, which pertains to transfer to the appropriate Separation Center prior to effecting discharge.

4. A copy of this letter will be filed in subject-named man's service record to insure that discharge will be effected in accordance herewith.

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

6. Records and account will be carried on transfer.

7. In the event subject-named man has been transferred, forward to next unit immediately for action.

W. C. CAPRON
By direction

HERMAN:ab return to 3-14

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
BAADDAH PT.LBS.	1-19-44	P.J. Smith Lt.(jg)	CAPE FLATTERY LS.	1-19-44	P.J. Smith Lt.(jg)
CAPE FLATTERY LS	2-22-44	P.J. Smith Lt(jg)	CGSta.Garibaldi, Ore.	2-25-44	H.M. Clapp. Lieut.(jg
CG GROUP, Garibaldi, Ore	10-9-44	wm.grubb ChBosn	CG GROUP, Hammond Ore.	10-10-44	wm.grubb Ch.Bosn
CG GROUP, Hammond, Ore.	12-4-44	wm.grubb Ch.Bosn	DCGO, 17thND	12-16-44	F.A. Hoage Ensign
DCGO, 17ND	1-25-45	F.A. Hoage Ensign	Cape Spencer	1-25-45	F.A. Hoage, Ensign
Cape Spencer L/S	10-5-45	E.L. Nugent Lt(jg)	Cape Spencer	1-31-45	F.A. Hoage Ensign
CG Unit 258	12-11-45	F.A. Hoage Lt(jg)	CG Unit 258	10-10-45	F.A. Hoage Ensign
CG Unit 279	5-23-46	F.A. Hoage Lt(jg) ByDir	CG Unit 279	12-20-45	F.A. Hoage Lt(jg)
			CG Unit 258	5-25-46	F.A. Hoage Lt(jg) ByDir

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
BAADDAH PT.LBS.	Cr to BM1c(pro)	1-19-44	P.J. Smith Lt.(jg)
Cape Spencer LS	Last permanent rating	Surfman	F.A. Hoage Ensign

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
REC STN, Seattle, Wash.	12-7-44	12-14-44	Awaiting transp DCGO-17ND	F.A. Hoage Lt(jg)
CG GROUP, Garibaldi, Ore.	2-25-44	10-9-44	CapeMearesLtStn	wm.grubb ChBosn.
CG GROUP, Hammond, Ore.	10-10-44	12-4-44	CapeMearesLtStn	wm.grubb ChBosn.
DCGO, 17ND	10-18-45	11-22-45	Al(Re-en)30 da-4tt	F.A. Hoage Lt(jg)

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
1-19-44	BM1c(pro)	LESS THAN ONE MONTH				4.0	Lt.(jg)
2-22-44	BM1c	3.7	3.5	3.4	3.6	4.0	Lt(jg)
3-31-44	BM1c.	3.6	3.5	3.4	3.5	4.0	Lieut.(jg)
6-30-44	BM1c.	3.6	3.5	3.4	3.5	4.0	Lt. (lg)
9-30-44	BM.1c.	3.6	3.5	3.4	3.5	4.0	Lt.(jg)
12-4-44	BM1c	3.6	3.5	3.4	3.5	4.0	Ch.Bosn.
12-31-44	BM1c	LESS THAN ONE MONTH				4.0	Ensign
1-25-45	BM1c	LESS THAN ONE MONTH				4.0	Ensign
3-31-45	BM1c	3.7	3.6	3.4	3.5	4.0	Ensign
6-30-45	BM1c	3.7	3.7	3.5	3.5	4.0	Ensign
8-7-45	BM1c	3.7	3.7	3.5	3.5	4.0	Ensign
9-30-45	BM1c	3.3	3.4	3.3	3.0	4.0	Lt(jg)
10-5-45	BM1c	3.3	3.4	3.3	3.0	4.0	Lt(jg)
12-11-45	BM1c	NO MARKS ASSIGNED(LEAVE)				4.0	Lt(jg)
12-31-45	BM1c	LESS THAN ONE MONTH				4.0	Lt(jg)ByDir.
3-31-46	BM1c	3.6	3.5	3.2	3.6	4.0	Lt(jg)ByDir.
5-23-46	BM1c	3.6	3.5	3.2	3.6	4.0	Lt(jg)ByDir
AVERAGE	X X X X	3.59				4.0	

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.

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS
CGS, Garibaldi, Oregon	JUN 6 1944	Awarded diploma upon completion of B.M.2c. course with final grade of 85% E. S. Block Lt. (jg)
DCGO, 17thND	1-3-45	Serving in Alaska this date. E.A. Hodge Ensign
DCGO, 17thND	4-17-45	Entitled to wear Asiatic-Pacific Area Campaign Medal. E.A. Hodge Ensign
CG Unit 279	4-11-46	Entitled to World War II Victory Medal. Auth: ALNAV 352-45. E.A. Hodge Lt(jg)ByDir.

16—9676-2

NCG 2500-C
(Revised June 1942)

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
BAADDAH PT.LBS,1st.yr.	CR 1-19-44		CREDIT	30	~~10~~30	R J Smith Lt.(jg)
CAPE FLATTERY L/S	1-25-44	2-1-44	6	24	~~10~~30	R J Smith Lt.(jg)
CG Sta. Garibaldi, Ore.	JUN 25 1944	6-30-44	4	20	--30	M Clapp Lt.(jg)
Cape Meares Lt.Stn.	11-8-44	11-14-44	5	15	--30	W W Grubb ChBosn.
DCGO, 17ND	1-19-45	CREDIT		30	30	F.A. Hoage Ensign
DCGO, 17ND	10-18-45	11-22-45	30-4 da tt	30	-0-	F.A. Hoage Lt(jg)
Unit 279	1-19-46	Credit third year		30	-0-	F.A. Hoage Lt(jg) ByDir

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
BAADDAHPT.LBS,NeahBay.		NO DEDUCTIBLE TIME WHILE ATTACHED.			R J Smith Lt.(jg
CAPE FLATTERY LS		NO DEDUCTIBLE TIME WHILE ATTACHED.			R J Smith Lt(jg)
ape Meares Lt.Stn.		No deductible time while attached to this unit.			W W Grubb Ch.Bosn.
DCGO, 17ND		NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			F.A. Hoage Ensign
ape Spencer (DCGO 17ND)		NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.			F.A. Hoage Ensign
Cape Spencer L/S (CG Unit 295)		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			E.L. Hoage Lt(jg
CG Unit 258		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			F.A. Hoage Lt(jg
CG Unit 279		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			F.A. Hoage Lt(jg) ByDir

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

Enlistment Authority:
HQ 3rd Ind. Form 2525-B
23 December, 1943

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

RE- ENLISTMENT[a] of GRAVES, Hal (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station BAADDAH POINT LIFEBOAT ST. 13 District, Neah Bay, Washington (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Neah Bay, Washington (Place)

1. I, Hal Graves (Full name), this 19th day of January, 19 44, desiring 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 Glen Echo, Washington, on 15 July, 1918 Citizenship[b] NB

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

If intentions declared, place and date of declaration - - - - - -

Occupation or trade Surfman, USCG Home address Tatoosh Island, Washington

Full name and address of the following: Aril Evelyn Graves Tatoosh Island, Washington (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

Naomi Graves, Po Ell, Washington (Mother, if living) Widowed? No

(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 None (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - (If "not," so state) 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.

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 18 January, 19 44, from ~~Cutter~~ Station Neah Bay, Wash. (Strike out one) with HONORABLE (Kind of discharge) discharge, herewith submitted, serial No. A 68137

9. I agree to and with the United States of America, represented by E. A. REUTERCRONA (Name of enlisting officer), United States 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 FOUR 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 FOUR 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 E. A. REUTERCRONA (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Hal Graves (Name of person enlisting) who has hereunto signed his

[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: 1932

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.

Hal Graves
Hal Graves (Signature of enlisted person)

UNITED STATES OF AMERICA,

By E. A. REUTERCRONA, Lieut.(j.g) USCG.
(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.

E. A. REUTERCRONA
Lieut.(jg), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Hal Graves (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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.

Hal Graves
Hal Graves (Signature of enlisted person)

Subscribed and sworn to before me this 19th day of January, A. D. 1944

E. A. REUTERCRONA, Lieut. (j.g.)
Commanding Officer.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 25 years 6 months. Height 6 feet 0 inches. Weight 165 pounds. Eyes Brown

Hair Dk.Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks S 1" chin. S ½" 2nd jt. lft. thumb.

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.

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

2-31

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

BAADDAH POINT LIFEBOAT STATION (Unit) — Neah Bay, Washington (Place)

19 January, 1944 (Date)

FROM: GRAVES, Hal (215-640) Surfman

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:

Aril Evelyn Graves (Full name of wife; if not married, so state)	Tatoosh Island, Washington (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
Naomi Graves	Mother	Pe Ell, Washington

- potential -
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)
Ralph R. Graves	Father	Pe Ell, Washington

- potential -
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 19th day of January, 1944

E. A. REUTERCRONA, (Signature)
Lieutenant (jg) USCG. (Rank or title)

Hal Graves (Signature)
Surfman. (Rank or rating)

16—25758-1

Form 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

BAADDAH POINT LIFEBOAT STATION, Neah Bay, Wash.
(Unit)

GRAVES, Hal
(Name in full—surname to the left)

18 January, 1944
(Date)

215-610
(Service number)

Boatswain's Mate, first class (provisional)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	12	3
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE) (Character of discharge)	1944	1	18

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	1	17

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		

	Years	Months	Days
Total Absence (none days)	0	0	0
Creditable time served during last enlistment period	3	1	17

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.

E. A. REUTERGRDA
(Rank) Lieutenant (j.g.), U. S. C. G.
Commanding officer.

Date 18 January, 1944

REENLISTMENT

Date 19 January, 1944

BAADDAH POINT LIFEBOAT STATION, Neah Bay, Wash.
(Unit and place)

I CERTIFY that the above-named man reenlisted at this unit and on this date for a period of 4 years in the rating of Surfman (immediately advanced to B.M.1c.(pro)

E. A. REUTERGRDA
(Rank) Lieutenant (j.g.), U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General, U. S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

PORT TOWNSEND TRAINING STATION
(Unit)

GRAVES, Hal — 3 December, 1940
(Name in full—surname to the left) (Date)

215-640 — Surfman
(Service number) (Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1937 (Year)	12 (Month)	1 (Day)			
Date of discharge (Ordinary (Form 2510-A)) (Character of discharge)	1940 (Year)	12 (Month)	2 (Day)			
Total time of last enlistment period				3	0	2

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		
Total NONE			Total NONE			Total NONE		

Reenlisted in the U.S. Coast Guard at Port Townsend Training Station, Port Townsend, Washington, on 3 December, 1940, for a period of three years.

R.G. HARRATT, Lieut-Comdr.
Commanding Officer.

Total absence (0 days)	0	0	0
Creditable time served during last enlistment period	3	0	2

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.

R.G. HARRATT,
(Rank) Lieutenant-Commander, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 2—17962

Form NAVCG 2703
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

C. O. Order No. 68-45

CERTIFICATE OF ASSIGNMENT OF QUARTERS OR TERMINATION THEREOF

GRAVES (Surname) Hal (First name) - (Initial)

B.M.1c. (Rank) CAPE MEARES LIGHT STATION Tillamook, Oregon (Ship or station)

To DISBURSING OFFICER:

The above-named officer has ..... been assigned public quarters for the use of himself and his dependents, if any, from - - - (Date) to 4 December, 1944 (Date)

Hal Graves (Name and signature)

Furnish in case of:

Officer with dependents:

1. On assignment of quarters for use of the officer and his dependents: After "from" insert date of assignment.
2. On termination of assignment of quarters: After "to" insert date vacated.

Officer without dependents:

1. On reporting at a new duty station, if leave and travel status are involved subsequent to detachment from old station and prior to reporting to new station: After "has" insert "not"; after "from" insert date succeeding date of detachment from old station and "travel status"; after "to" insert date prior to date of reporting.
2. On reporting for permanent duty at a shore station if not assigned quarters thereat: After "has" insert "not"; after "from" insert date of reporting. Show officer's address in space provided below.
3. On detachment from permanent shore station if not assigned quarters thereat: After "has" insert "not"; after "to" insert date of detachment.
4. On assignment of quarters, if subsequent to date of reporting to permanent station: After "from" insert date of assignment.
5. On termination of assignment of quarters, if prior to date of detachment from permanent station: After "to" insert date vacated.

(Address if quarters not assigned)

(D. O. Symbol number)

16—37000-1 U. S. GOVERNMENT PRINTING OFFICE

United States Coast Guard Institute

DO NOT WRITE IN THIS SPACE

Enrollment No. _____

Date Enrolled _____

APPLICATION FOR ENROLLMENT

NAME (Print) GRAVES (Last) Hal (First) (Middle) SERVICE NUMBER 215-640 RANK OR RATE B.M.1c.

MAILING ADDRESS (Print) Cape Meares Light Station (Ship or Station) Tillamook, Oregon DISTRICT 13th Naval

Date of Present Enlistment 4 January, 1944 Home State Washington Age 25

Length of Service (years): Coast Guard 6 Navy _____ Marine Corps _____ Army _____

Previous Education: (Check highest year completed in each group)

Grade School:	High or Vocational School:	College or University:
1. _____ Below 6th year	1. _____ 1st year	1. _____ 1st year
2. _____ 6th year	2. _____ 2nd year	2. _____ 2nd year
3. _____ 7th year	3. _____ 3rd year	3. _____ 3rd year
4. X 8th year	4. X 4th year	4. _____ 4th year

If a High School Graduate: In what year were you graduated? 1937

If not a High School graduate: In what year did you end full-time schooling? _____

College or University attended:

Name _____

City _____ State _____

From _____ To _____

Major _____

Degree _____

College or University attended:

Name _____

City _____ State _____

From _____ To _____

Major _____

Degree _____

Service Schools attended:

School _____ From _____ To _____ Were your graduated? _____

School _____ From _____ To _____ Were your graduated? _____

How many school terms have you completed in each of the following?

Arithmetic	8 years 16 terms	Geometry	_____
Elementary Algebra	1 year 2 terms	Trigonometry	_____
College Algebra	_____	Calculus	_____

PREVIOUS CORRESPONDENCE COURSES:

Coast Guard Institute:

Name of course Coxswain Date completed _____

Name of course B.M.2c. Date completed 8 April, 1944

Armed Forces Institute:

Name of course _____ Date completed _____

Name of course _____ Date completed _____

Other correspondence courses:

What were your main civilian occupations before entering the Service? Logging

What are your main Service duties? Lighthouse

Name of course requested by this application 103-B.M.1c. & C.B.M.

Hal Graves

(Signature of Applicant)

Ind-1

COAST GUARD STATION
Garibaldi, Oregon

(Ship or Station)

22 May, 1944

(Date)

To: Director, U. S. Coast Guard Institute, Groton, Connecticut.

Forwarded, approved.

Lynn M Clapp.

LYNN M. CLAPP Rank Lieut.(jg)

(Signature of Commanding Officer or Educational Officer)

IMPORTANT:

If a waiver of any prerequisite course, or part of a course, is desired, the following must be completed:

The applicant _____ has been examined by a qualified officer and is considered
(Name of Applicant)

capable of undertaking the course _____. It is requested, therefore,
(Name of Course Requested)

that _____ be waived.
(Name of Course to be Waived)

_____ Rank _____

(Signature of Commanding Officer or Educational Officer)

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
DCGO, 17thNavDist	12-18-44	3 December, 1937

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GRAVES,	Hal	----	215-640	BMlc

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf o 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	Aril Evelyn Graves 812 South Dixie West Palm Beach, Florida	Wife				
2							
3							
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 a 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.
Seattle, Washington	5-11-39	☐ 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:

CERTIFICATE OF DISBURSING OFFICER

DCGO 17th N.D. - US COAST GUARD
ACTIVITY

19 December, 1944
DATE

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (PR / *Pay Number*) A MONTHLY FAMILY ALLOWANCE OF $22 ~~XXX $27~~ (*Strike Out One*) EFFECTIVE DEC. (*Month*) 4 194

First checkage of $22.00 per month for Family Allowance Class "A" entered on pay record by W. J. QUAMME, SDA 542-20 for month of DEC.-1944.

P. L. WATSON, Lieut. (jg) USCGR.
(Signature of Disbursing Officer) *Sign Third Copy Only - (Pink)*
Ass't Pay Officer - 17th N.D.

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

SERVICE RECORD COPY

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

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

(1)-Ⓑ NAME (PRINT CLEARLY) GRAVES (LAST) HAL (FIRST) (MIDDLE) | 215-640 SERVICE NUMBER | 6 FT. | 1 IN. | 170 LBS. WEIGHT | W RACE

(2) HOME ADDRESS c/o RAY GRAVES, PE ELL, WASHINGTON

(3) BIRTHPLACE GLEN ECHO, WASHINGTON (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH 15 JULY, 1918 HOW LONG IN U. S. YEARS

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

(6)-Ⓣ MARITAL STATUS SEPARATED (7)-Ⓣ NUMBER OF DEPENDENTS 1

(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	7	X		PE ELL, WASHINGTON		1932
HIGH SCHOOL	4	X		PE ELL, WASHINGTON	HISTORY MATHMETICS	1937
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS	11	X	X	X	X	X X X X X X X X X X

(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) S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION SEATTLE, WN (BND) DATE 1 DEC, 1937

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	X			

(13)-Ⓣ MAIN OCCUPATION: LOGGER — LABORER — YEARS AT IT: 2 YRS — WKLY. WAGE: $
D. O. T. CODE: 8-30.10
JUST WHAT DID YOU DO? FELLING, BUCKING, SPLITTING, PEELING, CHOKER SETTING

LAST DATE OF EMPLOYMENT 1 DECEMBER, 1937
EMPLOYER SELF-EMPLOYED (FIRM NAME)
ADDRESS OF EMPLOYER
DEPT., SHOP OR BRANCH
KIND OF BUSINESS

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

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

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1.
2.
3.

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

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)

(21) C. G. SERVICE SCHOOLS ATTENDED

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

(22) REMARKS:

Hobbies: Forestry, Geology, Hunting, Fishing

CG Institute Courses Completed: Coxwain, B.M. 2c

Post-War Educational Plans: Wish to spend Two years in school of Mines.

Post-War Plans: Work in Forrestry, Geology

(23) NEXT OF KIN

NAME April Evelyn Graves
ADDRESS 821 South Dixie
CITY West Palm Beach STATE Florida

(24)-(R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
10-9-45	Unit 258 17ND	BMic	

gil

GRAVES Hal --- 215-640 B.M.1c.

CG GROUP 13-017 Seattle, Wash. 8 December, 1944

CG BARRACKS
Kenmore, Washington

1145 - 7 December, 1944: Reported this unit from CAPE MEARES LIGHT STA, Tillamook, Oregon, for assignment to temporary duty pending transportation to the DCGO 17ND, for assignment to duty.

Granted 48 hours' liberty enroute.

37-D
HL (PEA-A) 11-16-44 (CG-73-531)

G. P. GRANADE Lieut.(j.g.)
By direction

TO 60

FOR INSERTION IN SERVICE RECORD

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

FOR INSERTION IN SERVICE RECO[illegible]

44 DEC 20 09:03

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, SEATTLE, WASH.	CG BARRACKS	Kenmore, Wash.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
13-017		15 December, 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

RECEIVED DEC 1944 PERSONNEL OFFICE

TIME 0700

DATE 14 December, 1944

TRANSFERRED TO: DCGO 17ND (temporary duty at this unit terminated)

FOR assignment to duty.

AUTH: HL (PEA-A) 11-16-44 (CG-73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

G. P. GRANADE, Lieutenant (j.g.)
(Commanding)
By direction

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

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
~~XXX~~ CG Unit 258		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 19 December, 1944

TIME 2300
DATE 12-16-44

REPORTED FROM: CG GROUP, Hammond, Oregon
FOR Assignment to duty

DUTY CODE NO. 18-F AUTH: HL 11-16-44(CG-73-531)(PEA-A)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (Rev. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 27 December, 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1000

DATE 12-26-44

TRANSFERRED TO: CG UNIT 270

FOR Temporary duty

AUTH: DCGO/L 12-23-44(73-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Ensign, R & A Officer

(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

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REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 270		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 27 December, 1944

TIME 1230
DATE 12-26-44

REPORTED FROM: CG UNIT 258
FOR Temporary duty

DUTY CODE NO. 30-F AUTH: DCGO/L 12-23-44(73-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

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REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2590 (REV. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 270		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 12 January, 1945

TIME 1830
DATE 1-11-45

REPORTED FROM: CG UNIT 270
FOR Resumption of regular station and duties.

DUTY CODE NO. 18-F

AUTH: DCGO/L 12-23-44(73-701-531)(p)

TIME 0845
DATE 1-11-45

TRANSFERRED TO: CG UNIT 258
FOR Resumption of regular station and duties.

AUTH: DCGO/L 12-23-44(73-701-531)(p)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

...RT OF CHANGE IN PERSONNEL
...TED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 12 January, 1945

TIME 1230
DATE 1-11-45

REPORTED FROM: CG UNIT 270
FOR Resumption of regular station and duties.

DUTY CODE NO. 18-F AUTH: DCGO/L 12-23-44(73-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2598 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT ~~NAME~~	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 26 January, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1630

DATE 1-25-45

TRANSFERRED TO: CG UNIT 302

FOR Assignment to duty

AUTH: DCGO/L 1-23-45(73-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

Form 2599
1-86

REPORT OF CHANGE IN PERSONNEL

GRAVES, Hal - 216-640 BM1c

CG Unit 295 17ND 29 January, 1945

0900 - 27 January, 1945: Reported this unit from CG Unit 258 for assignment to temporary duty pending further transportation to CG Unit 302.

1000 - 29 January, 1945: Temporary duty at this unit terminated, departed for CG Unit 302.

CERTIFIED COPY FOR SERVICE RECORD

06-F

DCGO 17ND/L 23 January, 1945(73-701-531)(p)

LANCE E. HENDRICKSON
Lieut., USCGR

Executive Officer.

CERTIFIED TO BE A TRUE COPY:

E. L. NUGENT, Lt.(jg), USCGR

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal -- XXX	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 302		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 2 February, 1945

TIME 0940
DATE 1-31-45

REPORTED FROM: CG UNIT 258
FOR Assignment to duty

DUTY CODE NO. 30-F AUTH: DCGO/L 1-23-45(73-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

REPORT OF CHANGE IN PERSONNEL
Form 2599

7

GRAVES, Harold 215-640 BM1c

Unit 295 17ND

8-2-45

RECEIVED
AUG 1945
Coast Guard District
Ketchikan, Alaska

AUG 1945
RECEIVED
PERSONNEL
OFFICE

1730
8-1-45

Unit 302
temporary duty involving medical treatment.

06-F Art. 3002 (1), Regs.

1730
8-1-45

SERVICE RECORD COPY

COPY - DCGO 17ND

C. F. GULER, Ensign, USCGR
Executive Officer

Form NAVCG-2599
REPORT OF CHANGE IN PERSONNEL

14

GRAVES, Harold 215-640 BMlc

Unit 295 17ND

8-7-45



Temporary duty involving medical treatment.
Unit 302
resumption of regular station and duty.

1000
8-6-45

Art. 3002 (1), Regs.

SERVICE RECORD COPY
COPY-USCG 17ND

C. F. GULER, Ensign, USCGR
Executive Officer

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

382

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 302		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 24 August, 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)

7 August, 1945: Effective this date, jurisdiction of this unit and the above named member of crew ADMINISTRATIVELY transferred from UNIT 258 to UNIT 295.

DUTY CODE NO. 30-F
DCGO/L 8-7-45 (CG-601)
AUTH:

I. A. HOAGE, Ensign, R. & A. Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

NAVCG 2599

GRAVES, Hal 215-640 BM1c

Unit 295 Unit 302 17ND

8-24-45

SERVICE RECORD COPY

7 August, 1945: Jurisdiction of this unit and the above named member of the crew administratively transferred from Unit 258 to Unit 295.

30-F DCGO(d)17ND/L 8-7-45(CG-601) C. F. GULER, Ensign, USCGR
Executive Officer

NAVCG 2599

114

GRAVES, Hal 215-840 BM1c

Unit 295 Unit 300 17ND

8-26-45

1400
8-22-45

Unit 295
temporary duty involving medical treatment.

Art. 3002 (1), Regs.

SERVICE RECORD COPY

C. F. GULER, Ensign, USCGR
Executive Officer

NAVCG 2599

115

GRAVES, Hal 215-640 BMlc

Unit 295 17ND

8-26-45

1300
8-23-45

Unit 302
temporary duty involving medical treatment.

06-F Art. 3002 (1), Regs.

SERVICE RECORD COPY

C. F. GULER, Ensign, USCGR
Executive Officer

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 9-17-45

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

Temporary duty involving medical treatment terminated

TIME 1100

DATE 9-17-45

TRANSFERRED TO: Unit 302

FOR Assignment to regular station and duties.

AUTH: Art. 302(1), Regs.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

COPY

DUTY CODE NO. AUTH:

E. L. Nugent

E. L. NUGENT, Lieut. (jg), USCGR

(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. 8-44)

44.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 9-19-45

TIME 1130
DATE 9-18-45

REPORTED FROM: temporary duty at Unit 295 involving medical treatment
FOR resumption of regular station and duties

DUTY CODE NO. 30-F AUTH: Art. 3002 (1), REGS.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO. AUTH:

E. L. NUGENT, Lieut. (jg), USCGR
(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

OCT 10 11:01

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 8-44)

16.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 10-6-45

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1400
DATE 10-5-45

TRANSFERRED TO: Unit 258
FOR assignment to duty

AUTH: DCGO, 17ND/L 9-17-45(CG-783-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO.

AUTH:

E. L. NUGENT, Lieut. (jg), USCGR
(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 PERSONN OCT 16 15:00

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

25.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 296		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
	10-8-45

TIME 1330
DATE 10-6-45

REPORTED FROM: Unit 302
FOR assignment to temporary duty, enroute on transfer to Unit 258.

DUTY CODE NO. 06-F AUTH: DCGO, 17ND/L 9-17-45(CG-783-531)(p).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO. AUTH:

E. L. Nugent
E. L. NUGENT, Lieut. (jg), USCGR
(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

OCT 11 14:30

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

30

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 10-9-45

OCT 11 1945 RECEIVED PERSONNEL OFFICE

SERVICE RECORD COPY

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1700
DATE 10-9-45

TRANSFERRED TO: Temporary duty while awaiting further transportation terminated.
FOR Unit 258 assignment to duty.

AUTH: DCGO, 17ND/L 9-17-45(CG-783-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

E. L. Nugent
(E. L. NUGENT, Lieut.(jg), USCGR
(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)

307

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
	12 October, 1945

TIME 1815
DATE 10-10-45
REPORTED FROM: UNIT 302
FOR Assignment to duty

DUTY CODE NO. 18-F AUTH: DCGO/L 9-17-45(CG-783-531)(p)

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

391

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE: 17 October, 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)

0830 - 16 October, 1945: Departed on 30 days' leave(REEN) plus 4 days' tt, to commence upon arrival in continental limits of US.

Address while on leave: 1756 Stockton St.
San Francisco, Calif.

DUTY CODE NO. 18-F
Alcoast 106-45

AUTH: I. A. HOAGE, Ensign, R & A Officer
(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

SERVICE RECORD COPY

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)

212

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 10 December, 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)

1900 - 7 December, 1945: Reported from 30 days leave(REEN) plus 4 days tt In US for resumption of regular station and duties.

DUTY CODE NO. 18-F
Alcoast 106-45

AUTH: T. A. HOAGE, Lt.(jg) R & A Officer
(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

SERVICE RECORD COPY

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. 6-45)

No. 387

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17ND

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		14 December, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 2400
DATE 12-11-45

TRANSFERRED TO: UNIT 279
FOR assignment to duty

AUTH: DCGO/L 12-11-45(CG-73-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Lt.(jg) R & A Officer
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

590

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 279		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	20 December, 1945

TIME 0400
DATE 12-20-45

REPORTED FROM: UNIT 258
FOR assignment to duty

DUTY CODE NO. 30F AUTH: DCGO/L 12-11-45(CG-73-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: I. A. HOAGE, Lt.(jg) R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

RECEIVED APR 1946 PERSONNEL OFFICE

GRAVES, Howard H. H. 262-793 S2c

C.G.C. HAIDA Ketchikan, Als.

17thND, Ketchikan, Alaska 2 April,1946

0700
3-30-46 CGTS, Manning Section, Alameda, Calif. via CG RecS xxx Mt.Rainier Ordnance Depot, Tacoma, Washington, for transportation from Seattle, Wash. to Ketchikan, Alaska.

53S HL (POA) 11-13-44 (CG-601) & DCGO,17ND 282230 (March)

0945
2 April,1946 DCGO, 17thND, Ketchikan, Alaska. assignment to duty having completed temporary duty on board the HAIDA. No leave granted enroute.

HL (POA) 11-13-44 (CG-601) & DCGO,17thND/T 282230 (March).

CC: DCGO,17ND
Service Record
File
P.R.O.

2599	
610	
Mon List	
P.I. File (1)	
P.I. File (2)	
Service Record	
File	

LYNN L. BAKER, Lieutenant Comdr., USCG

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

997

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	216-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 279		17CGD

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	27 May, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1530
DATE 5-23-46

TRANSFERRED TO: UNIT 258
FOR assignment to duty

AUTH: CCGD/L 5-15-46(CG-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Lt.(jg) R & A Officer
(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

SERVICE RECORD COPY

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)

998

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	216-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17CGD
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 27 May, 1946

TIME 1400
DATE 5-25-46

REPORTED FROM: UNIT 279
FOR assignment to duty

DUTY CODE NO. 18-F AUTH: CCGD/L 5-15-46(CG-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. HOAGE, Lt.(jg) R & A Officer
(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

SERVICE RECORD COPY

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—0355-1

U. S. COAST GUARD

RECD NOV 18 1940

Cto VA

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

PHYSICAL EXAMINATION RECORD

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

Name GRAVES, Hal (Surname first) Service Number 215-640

Age: Years 22 Months 4 Color White

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

Rank or Rating Surfman

Place Seattle, Wash. Date 14 November, 1940.

Personal Medical History 1919-Pneumonia
9/17/40 Avulsion of tip of index finger, rt.

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

Color blind? No Test used charts

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

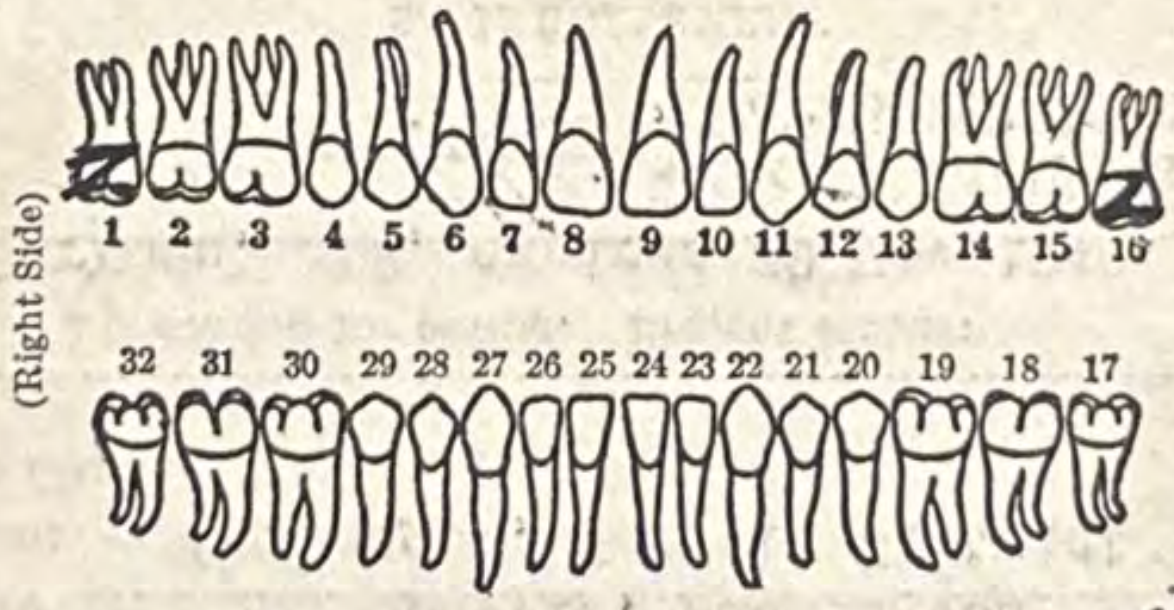
Eyes, eyelids, and reflexes normal

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 363 C.

Height 72 inches. Weight (stripped) 158 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 39½ Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 68

Pulse before exercise 72, after exercise 120, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs normal

Spine and extremities Tip of index finger rt. absent

Nervous and mental conditions Normal

Urine: Albumin neg. Sugar neg. Shreds neg.

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.016

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____% Reds ____ Whites ____

Wassermann or Kahn test: Date 9/20/40 Result neg.

2—10141

REMARKS: .....

.....

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that.....

He is physically qualified for re-enlistment ST.....
(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.....

L B Sturdevant

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

1st INDORSEMENT

14 November, 1940.
(Date)

Place Seattle, Washington

From: Commander, Seattle District

To: Commandant.

1. Forwarded for action. Present status:

Surfman, STE, expires 30 Nov. 1940.

M P Jensen Lieut-Comdr.

M.P.JENSEN, *Commanding—Dist. Comdr.-Offair Chg.* Personnel Officer.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington.

NOV 19 1940
(Date)

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

.....

.....

.....

By direction of the Surgeon General:

Carl Thiel

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON. NOV 19 1940

(Date)

From: Commandant.

To: Commander, Seattle District.

1. REENLISTMENT AUTHORIZED; STE ONLY

.....

Insert this copy in health record.

By direction,

J Fallson

Chief, Personnel Section.

ASSISTANT CHIEF, DETAIL SECTION

U.S. GOVERNMENT PRINTING OFFICE: 1934 2—16141

OK-STE

NOV 20 1940

U.S. COAST GUARD (4)
REC'D NOV 22 1937
ANS'D

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

PHYSICAL EXAMINATION RECORD

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

Name GRAVES, Hal Service Number
(Surname first)

Age: Years 19 Months 4 Color White

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

Rank or Rating Surfman

Place Seattle, Wash. Date 20 November, 1937

Personal Medical History Pneumonia in childhood.

Vision: R.E. 20/ 27 L.E. 20/ 24 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used Colored plates

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

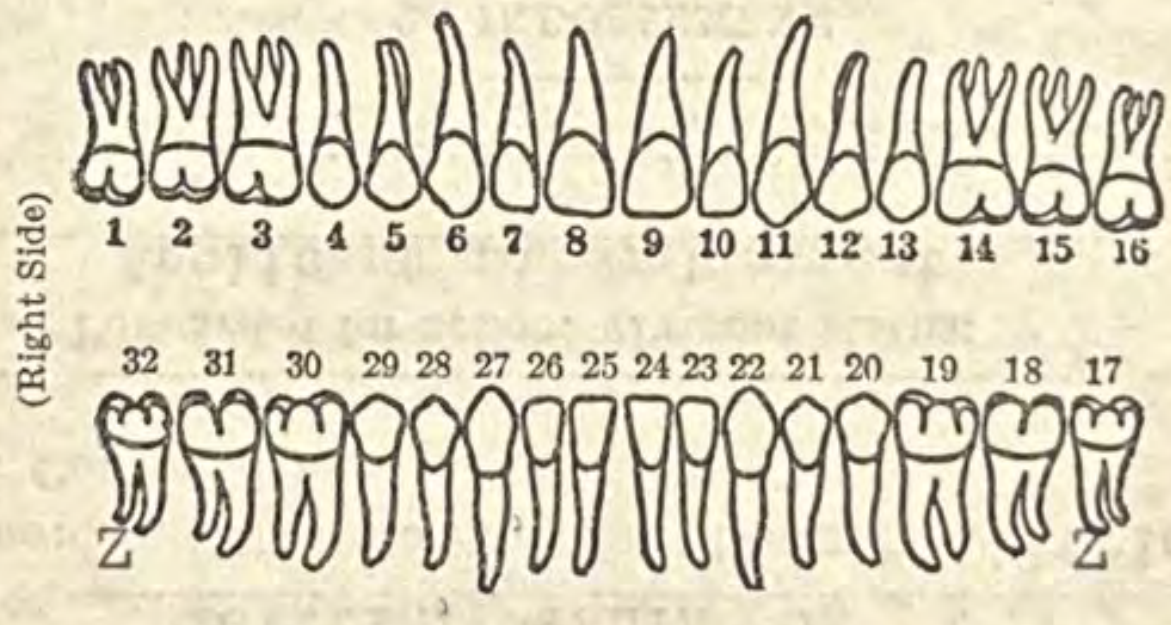
Eyes, eyelids, and reflexes Normal

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 Good Temperature 37°C

Height 72 inches. Weight (stripped) 161 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 41 Expiration 38

Heart and blood vessels Normal

Blood pressure: Systolic 136 Diastolic 70

Pulse before exercise 84, after exercise 120, after 3 min. 84

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.

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 11-20-37 Result Negative

2—16141

REMARKS: .....

.....

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that Hal Graves

He is physically qualified for enlistment
(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 .....

Raymond Laige
AA *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

20 November, 1937.
(Date)

Place Seattle, Washington

From: Commander, Thirteenth District.

To: Commandant.

1. Forwarded for action. Present status:
Applicant for enlistment.

M.P. JENSEN *Commander—Dist. Comdr.*

2d INDORSEMENT

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

NOV 22 1937
(Date)

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

By direction of the Surgeon General:

T. LeBLANC.
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

24 November, 1937.
(Date)

From: Commandant.
To: Commander, Thirteenth District.

1.

Insert this copy in health record.

By direction,

CHAS. W. DEAN,
Acting Chief, Enlisted *Chief Personnel Section.*

U.S. GOVERNMENT PRINTING OFFICE: 1934 2—10141

Copy mailed 11-26-37

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept. 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

73
701

DATE 24 NOVEMBER 1937

FROM COAST GUARD HEADQUARTERS		CODE
		CIPHER
TO (FOR ACTION)		ACKNOWLEDGE
COMMANDER THIRTEENTH DISTRICT		PRIORITY
UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.	X	ROUTINE
TO (FOR INFORMATION)		ACKNOWLEDGE
		PRIORITY
		ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

CG31JR M NPG T Z QUIZ V QUAH NITE GR 18

TEXT

7024 AUTHORIZED EFFECT ENLISTMENT OF HAL GRAVES IN THE RATING OF SURFMAN IN THE SPECIAL TEMPORARY ESTABLISHMENT. 17Ø4

GRAVES, Hal

TOD 17Ø4 NAVY NR 31 JR

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER.

730

730

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF
THE DISTRICT COMMANDER
THIRTEENTH DISTRICT

SEATTLE, WASH.

U. S. COAST GUARD
REC'D NOV 22 1937 By
MEDICAL SECTION.

20 November, 1937.

U. S. COAST GUARD (4)
REC'D NOV 22 1937 By
ANS'D

From: Commander, Thirteenth District.
To : Commandant.

Subject: GRAVES, Hal - applicant for enlistment.

Inclosure: (1) Form 2525-B, physical examination record.

1. Inclosure (1) is forwarded herewith. It is requested that authority to enlist this man, if granted, be authorized by dispatch.

M. C. Jensen

M. P. JENSEN.

hem

U. S. COAST GUARD
REC'D NOV 23 1937 By
MEDICAL SECTION.

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name GRAVES, Hal (Surname first) Service Number 215-640

Age: Years 25 Months 4 Color White

For: Re-enlistment

(~~Special temporary or~~ regular enlistment, a~~ppointment or promotion~~)

Rank or Rating B.M.1c.

Place Clallam Bay, Wn Date 11-23-43

Personal Medical History 1919 Pneumonia - 9-17-40
Avulsion of tip of index finger - right.

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

Color blind? No Test used Charts

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

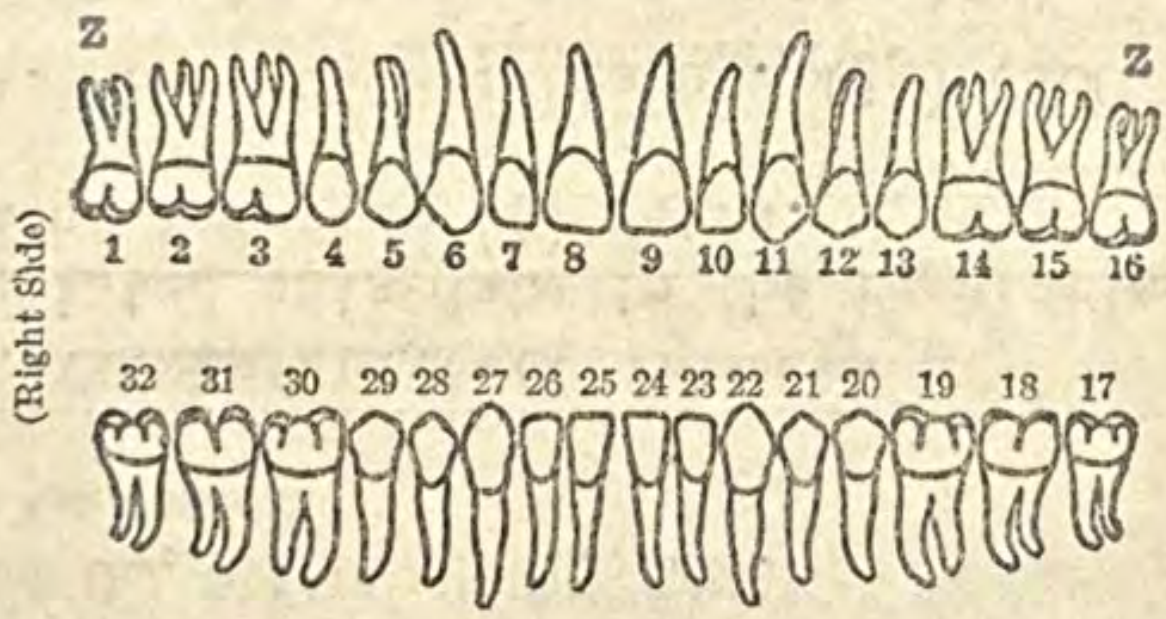
Eyes, eyelids, and reflexes Normal

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 36³c

Height 72 inches. Weight (stripped) 165 Lbs. Obesity ----

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39½ in. Expiration 36½ inches.

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 72

Pulse before exercise 72, after exercise 118, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal Avulsion tip Rt Index finger

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia Not indicated

Blood cells ---- Pus cells ---- Casts ----

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

Wassermann or Kahn test: Date 11-23-43 Result Negative

16—27070-1

REMARKS: None

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Hal Graves

He is physically qualified for re-enlistment in Regular Establishment
(Enlistment, appointment, promotion)
He is physically qualified to perform the duties of B.M.1c
(Use in case of promotion of commissioned officer or annual examination) (Rank)
He is not physically qualified for _____

on account of _____

Joseph A. Costrino

JOSEPH A. COSTRINO (R)
A Surgeon, U.S. Public Health Service.

1st INDORSEMENT

19 January, 1944
(Date)

Place Neah Bay, Washington

From: CO, BAADDAH PT. LBS.

To: Commandant.

1. ~~Reenlisted this date~~ Present status:

Reenlisted this date in the regular establishment for four (4) years.

Commanding—Dist. Comdr.-Off. in Chg.

E. A. REUTERCRONA, Lieut. (jg) USCG.

2d INDORSEMENT

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

12-22-43
(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.

23 December, 1943
(Date)

From: Commandant.

To: Commanding Officer, CG Station,
Clallam Bay, Washington.

1. REENLISTMENT AUTHORIZED; REGULAR ESTAB

Insert this copy in health record.

By direction,

E. ZOOLE
Chief, Enlisted Assignments Div.

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

Cert. "perf." Reg est.

C.N. VA

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name GRAVES, HAL (Surname first) Service Number 215-640

Age: Years 26 Months 5½ Color White

For: transfer out of 13th ND
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M.1c

Place Garibaldi, Ore. Date 1 December, 1944

Personal Medical History Essentially negative for past year. - Avulsion of tip of index finger - right

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

Color blind? Negative Test used Color Plates

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

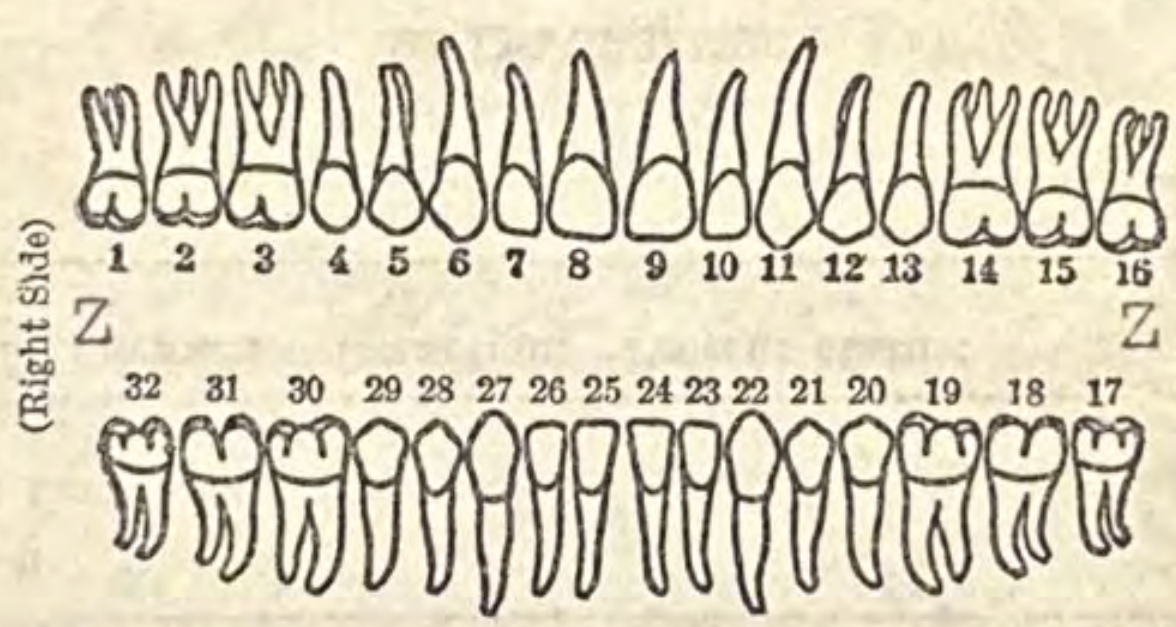
Eyes, eyelids, and reflexes Negative

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

Head, face, and neck Negative

Mouth, nose, and throat Negative

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



Gums Negative Temperature 98.6

Height 71-3/4" inches. Weight (stripped) 161 Lbs. Obesity Negative

Skin Negative

Lymph. glands Negative

Chest: Inspiration 41" Expiration 38"

Heart and blood vessels Negative

Blood pressure: Systolic 132 Diastolic 74

Pulse before exercise 88, after exercise 104, after 2 min. 88

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities Negative

Nervous and mental conditions Negative Yes

Urine: Albumin 2+ Sugar Neg. Shreds Negx

Microscopical exam. (if indicated) epithelia Rare Sp. Gr. 1.025

Blood cells Neg. Pus cells Neg. Casts Neg.

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

Wassermann or Kahn test: Date 12/1/44 Result Taken

16—37070-1

REMARKS: No cause for Albuminuria found.

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Hal Graves

He is physically qualified for transfer
(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 _____

H.B. ANSELL, *Surgeon, U.S. Public Health Service.* (R)

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

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

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

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

SEATTLE DISTRICT
DEC
13
1943
U.S. COAST GUARD

1-6

UNITED STATES COAST GUARD
Clallam Bay, Washington

ADDRESS REPLY TO
COAST GUARD STATION
AND REFER TO FILE 73

6 December, 1943

To: The Commandant

Via: DCGO, Seattle, 13th Naval District

Subj: GRAVES, Hal (215-640) B.M.1c.; physical examination of

1. The enclosed Form 2525B is forwarded in behalf of subject man who has requested enlistment in the Regular Establishment.

2. Indefinite extension of enlistment has been executed pending return of the enclosure.

E. A. REUTERCRONA
Commanding Officer

Incl
NCG Form 2525 B in duplicate

Ind-1
Office,DCGO,Seattle,13th ND(pra)
14 December, 1943

To: The Commandant

Forwarded. The subject named man completed six years service, 30 November, 1943.

S. T. ELLIS
By direction



Form 2528
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOR VACCINATION AGAINST SMALL POX AND INOCULATION AGAINST TYPHOID ONLY.

FOLLOW INSTRUCTIONS ON BACK

REC'D FEB 25 1938 By

FILE

ANS'D

GRAVES, Hal	215-640	Surfman	Baaddah Point Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles Washington, Date January 26, 1938

To: Officer in Charge, U.S. Coast Guard Station
(Coast Guard unit)

Neah Bay, Washington
(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
Antityphoid inoculation	0122	1-10-38	1-26-38
Anti-inoculation for smallpox	0119	1-10-38	1-26-38

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

U.S.
REC'D FEB 25 1938 By
MEDICAL SECTION.

CONDUCT REPORT:

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

J.L.McFadden

A.A.Surgeon *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 _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , 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 Oct., 1932

FOR VACCINATION AGAINST SMALL POX AND INNOCULATION AGAINST TYPHOID ONLY.
FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (4)
REC'D JAN 25 1938
ANS'D
FILE
M.O.R.

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Baaddah Point Station (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 Neah Bay, Washington, Date 10 January, 1938

To: Medical Officer in Charge, U.S.P.H.S. Relief Station

Port Angeles, Washington

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 Officer in Charge, U.S. Coast Guard Station, Neah Bay, Washington

Hal Graves
(Signature of patient)
Hal Graves

Lynn L. Baker
Lynn L. Baker
C.B.M.(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date January 10, 1938

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

#0122 Antityphoid inoculation #0119 anti-inoculation for smallpox
(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 USPHS Relief Station #308 {*~~hospital~~ / *office} on January 10, 1938

J. L. McFadden
J. L. McFadden
A.A.Surgeon U. S. Public Health Service.

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

U. S.
REC'D JAN 25 1938
MEDICAL SECTION.

.....
(Patient's signature) By

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Baaddah Point Station (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date May 13, 1938

To: Officer in Charge, U.S. Coast Guard Station
(Coast Guard unit)
Neah Bay, Washington
(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
Conjunctivitis, left eye	4037	5/13/38	5/13/38

REC'D AUG 5 1938 MEDICAL SECTION. By

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.L. McFadden
A.A.Surgeon *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 _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , 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 Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (7)
REC'D AUG 5 1938 BY

FILE
H.McG.R.

GRAVES, Hal (Name, surname first) 215-640 (Service number) ANSD Surfman (Rank or rating) Beaddah Point Station (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 Neah Bay, Washington, Date 13 May, 1938

To: Medical Officer in Charge, U.S.P.H.S. Relief Sta.
Port Angeles, Washington

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 U.S. Coast Guard Station, Neah Bay, Wash.

Hal Graves
(Signature of patient)
Hal Graves

Lynn L. Baker
Lynn L. Baker
C.B.M(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date May 13, 1938

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

Conjunctivitis, #4037 left eye
(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 USPHS Relief Station #308 {*hospital / *office} on May 13, 1938

REC'D AUG 5 1938 MEDICAL SECTION

J. A. McFadden
A.A.Surgeon U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

FILE
M.C.G.

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Baaddah Point Sta. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date January 13, 1939

To: Officer in Charge, U.S.Coast Guard Station
(Coast Guard unit)
Neah Bay, Washington
(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
Acute Tonsillitis	1738	1/13/39	1/13/39

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

RECD FEB 8 1939 U.S. MEDICAL SECTION

CONDUCT REPORT:

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

J.L.McFadden,
A. A. Surgeon 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
_____ (Diagnosis) since _____, 193 , has been
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 5
FILE
M.O.C.J.
REC'D FEB 7- 1939 By

GRAVES, Hal	215-640	Surfman	Baaddah Point Sta.
(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 Neah Bay, Washington, Date 13 January, 1939

To: Medical Officer in Charge, U.S.P.H.S. Relief Station
Port Angeles, Washington

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 U.S.Coast Guard Station, Neah Bay, Wash.

Hal Graves
(Signature of patient)
Hal Graves

Lynn L. Baker
Lynn L. Baker
C.B.M.(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date January 13, 1939

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

Acute Tonsillitis #1738
(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. P.H.S. Relief~~ Station #308 {*~~hospital~~ / *office} on January 13, 1939

J.L.McFadden,
A.A.Surgeon
U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

RECEIVED FEB 8 1939 BY
MEDICAL SECTION

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE U.O.G.

GRAVES, Hal (Name, surname first) 215-640 (Service number) Surfman (Rank or rating) Baaddah Point Station (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date June 27, 1939, 193

To: Officer in Charge, U.S. Coast Guard Station
(Coast Guard unit)
Neah Bay, Washington
(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
Antityphoid inoculation	0122	6-9-39	6/26/39

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

U. S. COAST GUARD
REC'D JUL 12 1939 BY
MEDICAL SECTION

CONDUCT REPORT:

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

R. L. McFadden,
A. A. Surgeon 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 _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOR ANTITYPHOID INOCULATION ONLY.
FOLLOW INSTRUCTIONS ON BACK

FILE
M.O.G.

GRAVES, Hal (Name, surname first) 215-640 (Service number) Surfman (Rank or rating) Baaddah Point Station (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)

U.S. COAST GUARD SEATTLE DIVISION 8 JUL 1939

Place Neah Bay, Washington, Date 9 June, 1939

To: Medical Officer in Charge, U.S.P.H.S. Relief Station
Port Angeles, Washington

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 U.S. Coast Guard Station, Neah Bay, Wash.

Hal Graves (Signature of patient)

Lynn L. Baker CBM(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date June 9, 1939

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

Antityphoid inoculation #0122
(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 USPHS Relef ~~Station #308~~ {*~~hospital~~ / *office} on June 9, 1939

L.L.McFadden,
A.A.Surgeon
U. S. Public Health Service.

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

U.S. COAST GUARD
REC'D JUL 12 1939 BY
MEDICAL SECTION

____ (Patient's signature)

WITNESS:

____ (Signature of medical officer)

____ U. S. Public Health Service.

*Strike out words not applicable.

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OCG 137423

Enlistment Authority:
HQ 3rd Ind. Form 2525-B
23 December, 1943

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

ENLISTMENT CONTRACT

Re

CODE NO. 17

RE- ENLISTMENT[a] of GRAVES, Hal (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station BAADDAH POINT LIFEBOAT ST. 13 District, Neah Bay, Washington (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Neah Bay, Washington (Place)

1. I, Hal Graves (Full name), this 19th day of January, 19 44, desiring 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 Glen Echo, Washington, on 15 July, 1918 Citizenship[b] NB

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

If intentions declared, place and date of declaration - - - - - - -

Occupation or trade Surfman, USCG Home address Tatoosh Island, Washington

Full name and address of the following: Aril Evelyn Graves Tatoosh Island, Washington (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

Naomi Graves, Pe Ell, Washington (Mother, if living) Widowed? No

(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 None (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - 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 18 January, 19 44, from ~~Cutter~~ Station Neah Bay, Wash. (Strike out one) with HONORABLE (Kind of discharge) discharge, herewith submitted, serial No. A 68137

9. I agree to and with the United States of America, represented by E. A. REUTERCRONA (Name of enlisting officer), United States 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 FOUR 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 FOUR 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 E. A. REUTERCRONA (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Hal Graves (Name of person enlisting) who has hereunto signed his

[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.

Hal Graves (Signature of enlisted person)

UNITED STATES OF AMERICA,

By E. A. REUTERCRONA, Lieut. (j.g.) USCG.
(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.

E. A. REUTERCRONA
Lieut. (jg), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Hal Graves (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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.

Hal Graves (Signature of enlisted person)

Subscribed and sworn to before me this 19th day of January, A. D. 19 44

E. A. REUTERCRONA, Lieut. (j.g.)
Commanding Officer.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 25 years 6 months. Height 6 feet 0 inches. Weight 165 pounds. Eyes Brown

Hair Dk. Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks S 1" chin. S ½" 2nd jt. lft. thumb.

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.

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

FOLLOW INSTRUCTIONS ON BACK

FILE W.C.D.

GRAVES, Hal — 215-640 — Surfman — Baaddah Point Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Wn., Date Dec. 28, 1939

To: Officer in Charge, U.S. Coast Guard Station.
(Coast Guard unit)
Neah Bay, Washington
(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
Treatment of infected wisdom tooth.	0659	12/25/39	12/26/39

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

U. S. COAST GUARD
REC'D JAN 3, 10-- BY
MEDICAL SECTION

CONDUCT REPORT:

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

J. L. Hurdon
A. A. Surgeon ..... 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 ....., 193 , has been transferred this date ....., 193 , to the U. S. Marine Hospital at ..... for further treatment.

.....
..... U. S. Public Health Service.

*Strike out words not applicable.

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

COPY

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (5)
RECD JAN 30 By
ANS'D

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Baaddah Point Station (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)

JAN 25 1940 U.S. COAST GUARD

Place Neah Bay, Washington, Date 25 December, 1940, ~~1938~~

To: Medical Officer in Charge, U.S.P.H.S. Relief Station
Port Angeles, Washington

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 U.S. Coast Guard Station, Neah Bay, Wash.

/s/ Hal Graves
(Signature of patient)

Lynn L. Baker
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Wn., Date Dec. 28, 19~~38~~ 39

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

Treatment of infected wisdon tooth #0859
(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.~~ 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 Relief Station #308 {*hospital / *~~office~~} on 28 December, 1939

J. L. McFadden
A. A. Surgeon U. S. Public Health Service.

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

U. S. COAST GUARD
REC'D JAN 31 1940 BY
MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal (Name, surname first) — 215-640 (Service number) — Surfman Baaddah Point Station (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 21 December, 193 9

To: Officer in Charge, U.S. Coast Guard Station
(Coast Guard unit)
Neah Bay, Washington
(Address)

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

SEATTLE DISTRICT DEC 26 1939 U. S. COAST GUARD

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
~~Dental Caries~~	~~0255~~	~~12/20/39~~	~~12/20/39~~

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

U. S. COAST GUARD
REC'D JAN 2 1940 BY
MEDICAL SECTION

CONDUCT REPORT:

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

J. L. McFadden — *U. S. Public Health Service.*
A. A. Surgeon

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 _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal (Name, surname first) 215-640 (Service number) Surfman (Rank or rating) Baaddah Point Station (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 Neah Bay, Washington, Date 18 December, 193 9

To: Medical Officer in Charge, U.S.P.H.S. Relief Station

Port Angeles, Washington

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 U.S. Coast Guard Station, Neah Bay, Wash.

Hal Graves
(Signature of patient)
Hal Graves

Lynn L. Baker
Lynn L. Baker C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 20, December, 193 9

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

Dental Caries #5665
(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.} XX 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 Relief Station #508 {*hospital / *office} on December 20, 193 9

J. L. Meraudon
J. L. Meraudon U. S. Public Health Service.
A. A. Surgeon

*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)

J. L. Meraudon U. S. Public Health Service.
A. A. Surgeon

*Strike out words not applicable.

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U.S. COAST GUARD RECD JAN 2 1940 MEDICAL SECTION

SEATTLE DISTRICT DEC 26 1939 U.S. COAST GUARD

FILED N.O.B.

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

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (5) REC'D JAN 16 1940 By ANSTD FILE W.O.

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Haaddah Point Station (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 10 January, 1940, ~~193~~X

To: Officer in Charge, U.S. Coast Guard Station
(Coast Guard unit)
Neah Bay, Washington
(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
Dental Caries	#0255	12/25/39	1/10/40

SEATTLE DISTRICT JAN 12 1940 U. S. COAST GUARD

U. S. COAST GUARD REC'D JAN 17 1940 BY MEDICAL SECTION

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. L. McFadden
A. A. Surgeon ---- *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 _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal | 215-640 | Surfman | Baaddah Point Station
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

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

Place Neah Bay, Washington, Date 25 December, 1939

To: Medical Officer in Charge, U.S.P.H.S. Relief Station
Port Angeles, Washington

SEATTLE JAN 9 1940 U. S. COAST GUARD

U.S. COAST GUARD REC'D JAN 1? 1940 By

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 U.S. Coast Guard Station, Neah Bay, Wash.

Hal Graves
(Signature of patient)
Hal Graves.

Lynn L. Baker
Lynn L. Baker
CBM U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place ~~Port Angeles, Washington~~, Date January 5, 1940

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

Dental Caries #0255
(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 Relief Station #208 {*~~hospital~~ / *office} on ~~January 5~~ Dec 25, 1939

James L. McFadden
James L. McFadden
A. A. Surgeon U. S. Public Health Service.

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

U. S. COAST GUARD
REC'D JAN 15 1940 BY
MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD RECD OCT 19 1940

FILE C.M.

GRAVES, HAL (215- 640) Surfman. SMITH ISLAND LIGHT.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S.M.H. Seattle, Wash., Date 15 October, 1940

To: Personnel Officer, Seattle District
(Coast Guard unit)
Federal Bldg., Seattle, Wash.
(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
Wound crushing of middle phalanx of middle finger right.	4124	1:25 p.m. 9-17-40	10:30 a.m. 10-15-40
Amputation accidental of tip, rt. forefinger.	4002	9-17-40	10-15-40
Suture of wounds of fingers.	388	9-17-40	10-15-40

U. S. COAST GUARD RECD OCT 21 1940 MEDICAL OFFICER BY

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

One (1) month of convalescent leave recommended.

/s/ A.Geyer P.A. Surgeon.

CONDUCT REPORT:

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

Sydney Weinstein.

AA Surgeon *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.

RR

_____
U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D SEP 30 1940 FILE CM

GRAVES, HAL (215-640) Surfman. SMITH IS.LT.
(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 Seattle, Washington., Date 17 September, 1940

To: Medical Officer in Charge
U.S.M. Hospital, Seattle, Wn.

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 Personnel Office, Seattle District.

Hal Graves.
(Signature of patient)

M.P.JENSEN.
PERSONNEL OFFICER, SEATDIST.
Lt. Commander U. S. Coast Guard.

SEATTLE, WASH. SEP 24 1940 U. S. COAST GUARD

RETURN MEDICAL CERTIFICATE

Place U.S.M.H. Seattle, Wash., Date 17 September, 1940

I CERTIFY that I have examined the above-named person and find him suffering from
4124 Wound crushing, of middle phalanx of middle finger, rt. 388 Suture of wounds of fingers.
4002 Amputation accidental of tip rt.forefinger.
(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 14-21 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at Seattle U.S. Marine {*hospital / *~~office~~} on 17 September, ~~1940~~ 1:25 p.m.

C.E. BINGMAN.
P.A. SURGEON (R) U. S. Public Health Service.

U.S. COAST GUARD REC'D SEP 30 1940 MEDICAL SECTION

*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.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
RECD FEB 24 1941

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | Smith Is. Lt. St'n. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Seattle, Washington, Date 18 October, 19 40

To: Commander Seattle District (Coast Guard unit)
550 Federal Building
Seattle, Washington (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
~~Contusion~~ index finger, right hand.	4038	10-16-40	10-18-40

SEATTLE DISTRICT FEB 14 1941 U. S. COAST GUARD

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

Patient did not return since 10-18-40

U. S. COAST GUARD RECD FEB 24 1941 MEDICAL SECTION BY

CONDUCT REPORT:

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

C. E. Bingman
C. E. BINGMAN,
P. A. Surgeon (R) 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.

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U. S. COAST GUARD
REC'D FEB 24 1941

73 I.L.D. C.M.

OFFICE OF COMMANDER
SEATTLE DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SEATTLE, WASH.

U. S. COAST GUARD
REC'D FEB 24 1941 BY
MEDICAL SECTION

20 February, 1941.

From: Commander, Seattle District.
To: Commandant.

Subject: GRAVES, Hal (215-640) Surf.; forwarding of medical certificates.

Reference: (a) Headquarters' letter 1 February, 1941 (Med-73).

Inclosure: 1. Form 2522, Final Medical Certificate, dated 18 October, 1940.

1. In compliance with reference (a), inclosure (1) is herewith forwarded.

W. H. MUNTER

By direction,

N. S. HAUGEN,
Personnel Officer.

RR

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

FOLLOW INSTRUCTIONS ON BACK

FILE
C.M.

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | SMITH IS.IT.STN. (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 Seattle, Washington, Date 15 October, 1940

U. S. COAST GUARD
REC'D OCT 22 1940

To: Medical Officer in Charge,
U. S. MARINE HOSPITAL,
Seattle, Washington.

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 Commander, Seattle District, 550 Fed. Bldg. Seattle, Washington.

Hal Graves
Hal Graves
(Signature of patient)

M. P. Jensen
Lieutenant Commander, U.S.C.G.
M. P. JENSEN,
Personnel Officer, Sea. Dist. U. S. Coast Guard.

SEATTLE DISTRICT OCT 18 1940

RETURN MEDICAL CERTIFICATE

Place U.S.M.H. Seattle, Wash., Date 17 October, 1940

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

4038- Contusion of index finger right hand.
(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 20 days absence from duty. He was admitted to {*~~in-patient~~ / *out-patient} treatment at Seattle U.S. Marine {*hospital / *~~office~~} on 16 October, 1940

Discharged from in-patient 10-15-40 to convalescent leave and to O.P. status.

O. J. Jensen
Surgeon, U. S. Public Health Service.

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

U. S. COAST GUARD
REC'D OCT 23 1940
MEDICAL SEC.

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

FILE
C.M.

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | Surfman (Rank or rating) | SMITH IS.LT.STN. (Unit)

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

FINAL MEDICAL CERTIFICATE

U.S.Marine Hospital
Place Seattle, Washington, Date 26 October, 19 40

To: Commander, Seattle District,
(Coast Guard unit)
550 Federal Office Bldg.,
Seattle, Washington.
(Address)

U. S. COAST GUARD
REC'D NOV 4 1940 BY
MEDICAL SECTION

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 ~~DATE~~	TO
Caries, dental.	0255	10-24-40	10-24-40

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

Four (4) appointments necessary.

CONDUCT REPORT:

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

John M Dennis
Dir
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.

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

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal (215-640) Surfman, Asst. Lightkeeper SMITH ISLAND LIGHT STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date September 29, 1941 19

To: Commanding Officer
(Coast Guard unit)

Smith Island Light Station
(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
Acute tonsillitis	1738	9-29-41	9-29-41

U. S. COAST GUARD
RECD OCT 8 1941 BY
MEDICAL SECTION

OFFICE OCT 1 3 1941 INSPECTOR IN CHIEF

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.}

James L. McFaddenm
~~A.A.~~ Surgeon 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.

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

FOLLOW INSTRUCTIONS ON BACK

GRAVES, Hal (215-640) Surfman, Asst. Lighthouse Keeper SMITH ISLAND LIGHT STATION
(Name, surname first) (Service number) (Rating)

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 Smith Island Light Station, Date September 29, 1941

To: Medical Officer in Charge
Relief Station #308, Port Angeles, Washington

U. S. COAST GUARD (12)
REC'D OCT 7 1941

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

Hal Graves
Hal Graves (Signature of patient)

Smith Island Light Station, Port Townsend, Wn.
Charles H. Bearman
Charles H. Bearman U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date September 29, 1941, 19

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

Acute tonsillitis #1738
(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 Relief Station #308 {*hospital / *office} on September 29, 1941, 19

James L. McFadden
James L. McFadden, U. S. Public Health Service.
A.A. Surgeon

*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:

U. S. COAST GUARD
REC'D OCT 8 1941 BY
MEDICAL SECTION

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
RECD APR 17 1942

GRAVES, Hal (215-640) B.M.1c(Pro) NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place District Medical Office 320-24 Insurance Building Seattle, Washington, Date 15 March, 1942

To: NEAH BAY STATION, USCG.
(Coast Guard unit)

Neah Bay, Washington
(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
Anti-tetanus Inoculation		3-15-42	
U/O for Blood Typing		3-15-42	

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.}

R. A. Zarvilli

R. A. Zarvilli

P. A. (R) 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.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
RECD APR 17 1942

GRAVES, Hal (215-640) B.M.1c(Pro) NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Neah Bay, Washington, Date 15 March, 1942

To: District Medical Officer
320-24 Insurance Building
Seattle, Washington

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 NEAH BAY STATION, USCG. Neah Bay, Wash.,

Hal Graves
Hal Graves
(Signature of patient)

Lynn L. Baker
Lynn L. Baker, Bos'n.(a)
Commanding Officer U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Tatoosh Island, Washington, Date 15 March, 19 42

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

(1) Anti-tetanus inoculation; (2) U/O for Blood Typing.
(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 Tatoosh Island, Washington {*hospital / *office} on 15 March, 19 42

R. A. Zarilli
R. A. Zarilli
P. A. (R) U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

RECD APR 20 1942 BY
MEDICAL SECTION

2—663

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Cape Spencer L.S.
% COTP
Juneau, Alaska

GRAVES, Hal (Name, surname first) | 215-640 (Service number) | BM1c (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Juneau, Alaska, Date 7 September, 1945

To: CAPTAIN OF THE PORT, US COAST GUARD
(Coast Guard unit)

Juneau, Alaska
(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
Tonsillitis, acute follicular	1737	8-25-45	9-7-45

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.}

John H. Clements M.D.
JOHN H. CLEMENTS
AA Surgeon, *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Cape Spencer L.S.
% COTP
Juneau, Alaska

GRAVES, Hal	215-640	BM1c	
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Juneau, Alaska, Date 25 August, 1945

To: MEDICAL OFFICER ON CHARGE
U.S. PUBLIC HEALTH SERVICE
Juneau, Alaska

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 CAPTAIN OF THE PORT, US COAST GUARD

Hal Graves
Hal Graves
(Signature of patient)

E.L. NUGENT, Lt.(JG) (R)
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Juneau, Alaska, Date 7 September, 1945

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

#1737 Tonsillitis, acute follicular
(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 USPHS RELIEF STATION {*hospital / *~~office~~} on 25 August, 1945

John L. Clements M.D.
JOHN L. CLEMENTS
AA Surgeon U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

GRAVES, HAL 215-640

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-10173 (Rev. 10-52)

CHARGE OUT CARD

SUBJECT	CHARGED TO	DATE TAKEN	DATE RETURNED	DIVISION OR SECTION
PE-TW	Miss Daly RH	11-19-52	RH 11-21-52	B-13

REQUEST FOR INFORMATION FROM

NAVY ☐ MARINE ☐ COAST GUARD ☒ XXX

FORMS ON RECORD		DATA REQUESTED		1. C-No.
553 ☐	78 ☐	MEDICAL ☐	SERVICE ☒ XX	1667 88 90

2. ORIGINATING UNIT	3. LOCATION OF REQUESTING OFFICE	4. TYPE OF CLAIM
Admin Div ,VARO, Boise, Idaho	VAH, Salt Lake City, Utah	HE

5. LAST NAME—FIRST NAME—MIDDLE INITIAL (UNDER WHICH SERVED)	6. SERIAL OR FILE No.	7. DATE
GRAVES, Hal (nmi)	215 640	11-7-52

8. HOME ADDRESS (STREET, CITY, STATE)	9. DATE OF BIRTH
~~179 W. 400 North, Malad, Idaho~~	7-15-18

10. PLACE OF BIRTH	11. CONVERTED INSURANCE No.	12. NAT'L SERV. LIFE INSURANCE No.	13. DATE OF DEATH
Glen Echo, Wash	K-	N-	

14. DATE(S) OF ENROLLMENT(S) OR ENLISTMENT(S)	15. DATE(S) AND PLACE(S) OF ENTRY INTO ACTIVE SERVICE	16. DATE(S) AND STATION(S) OF ACTUAL DISCHARGE FROM SERVICE
	1-19-44	5-29-46 Ketchikan, Alaska

17. IF NOT DISCHARGED, INDICATE DATE(S) AND STATION(S) FROM WHICH RELEASED FROM ACTIVE DUTY	18. CHARACTER OF DISCHARGE	19. LAST RANK OR RATING
	HON	BM 1/c USCG

DO NOT WRITE OR TYPE IN MARGIN

ALLEGED DISEASE OR INJURY, DATE OF INCURRENCE, DATE(S) AND STATION(S) OF TREATMENT

5-29-46

ADDITIONAL

PE-PR-49

BY FRANK B. MIDDLETON, Chief, Admin Div
(NAME AND TITLE)

FROM (CHECK WHICH): ☐ CHIEF, BUREAU OF NAVAL PERSONNEL. ☐ COMMANDANT, U.S. MARINE CORPS. ☒ COMMANDANT, U.S. COAST GUARD.

PE-3

VLJ

(CHECK ONE) ☐ ALL ITEMS CORRECT. ☒ ALL ITEMS CORRECT EXCEPT:

GRAVES, Hal (215-640) Boatswain's Mate, first class

(14-15) 1 December, 1937, enlisted in U. S. Coast Guard for three years at Seattle, Washington.

3 December, 1940, reenlisted for three years at Port Townsend, Washington.

19 January, 1944, reenlisted for four years at Neah Bay, Washington.

~~Corrected to~~ 20 November, 1952 BY W. B. ELLIS, By direction
(DATE FORWARDED) (NAME AND TITLE)

See Reverse Side

FROM (CHECK WHICH): ☐ CHIEF OF BUREAU OF MEDICINE AND SURGERY. ☐ CHIEF MEDICAL OFFICER OF THE U. S. COAST GUARD.

1. PHOTOSTATIC COPY OF MEDICAL RECORD IS ENCLOSED.

2.

(DATE RETURNED TO VETERANS) BY (NAME AND TITLE)

VA FORM JAN 1946 3102 SUPERSEDES FORMS 3103 AND 3104, PREVIOUS EDITIONS MAY BE USED.

16—47305-1 U. S. GOVERNMENT PRINTING OFFICE

ORR cm

REQUEST FOR SERVICE INFORMATION MADE ON THE U. S. COAST GUARD

In connection with the preparation of a statement of service card for the individual whose name appears in Section One of this form, the Office of Selective Service Records needs the information indicated by an "X" in Column 1, Section Two. The necessary information will be placed in Column 3, Section Two.

SECTION ONE—This section to be completed by the Office of Selective Service Records

GRAVES (Last name)	Hal (First name)	(none) (Middle name or initial)	215 640 (Service serial number)

Date referral mailed to the Coast Guard ~~December 24, 1948~~ John L. McCormick

Date referral returned 2-24-49 (State Director)

Upon completion of Column 3, Section Two, return the original of this form to the Office of Selective Service Records at the address given at the right →

Territorial Headquarters
Selective Service System
Box 2691
Juneau, Alaska

SECTION TWO—This section to be completed by the Coast Guard for items marked with an "X"

Column 1		Column 2	Column 3
☐	1	Name	
☐	2	Service serial number	
☐	3	Home address at entrance into service	
	4	Selective Service Local Board	x x x x x x x x x x x x x x x x
☐	5	Date of birth	
	6	Place of birth	x x x x x x x x x x x x x x x x
X	7	Race	~~White~~
	8	Sex	x x x x x x x x x x x x x x x x
	9	Registered	x x x x x x x x x x x x x x x x
	10	Other service in	x x x x x x x x x x x x x x x x
☐	11	Entered service by	Enl. ☒ Ind. ☐ Comm. ☐
X	12	Date of enlistment, induction, or commission	
X	13	Date of entry on active duty	~~12-1-37~~
☐	14	Date of release from active duty	
☐	15	Grade or rating at separation	
☐	16	Highest grade or rating held	
☐	17	Character or type of separation or discharge	
	18	Battles and campaigns	x x x x x x x x x x x x x x x x
	19	Decorations and citations	x x x x x x x x x x x x x x x x
X	20	Foreign and/or sea service	Yes ☒ No ☐ Yrs. ____ Mos. ____ Days ____
☐	21	Remarks	

GPO 16—64346-2

FOR THE COAST GUARD
AD-R-23 (Revised 10 Apr 1948)

B. M. CHISWELL, Lieut., USCG *By Direction.*

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

REPORT OF CHANGE IN PERSONNEL

GRAVES,	Hal	---	215-640	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COAST GUARD STATION	13-210	Clallam Bay Washington	3 December, 1943
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CAPE FLATTERY LIGHT STATION
Neah Bay, Washington
(Minor unit)

3 December, 1943: Entitled to 5% additional longevity pay upon completion of 6 years creditable service.

Enlistment extended - - - - - - - - - - 12/3/43
AWL - - - - - - - - - - - - - - - - - - None
AHON - - - - - - - - - - - - - - - - - - None
NPDI - - - - - - - - - - - - - - - - - - None
Discharge, ordinary - - - - - - - - - - 12/2/40
Creditable service for paying enlistment allowance - - - - 3 yrs. 0 mos. 0 days
Total creditable service to date of extension - - - - - - - - - - 6 yrs. 0 mos. 2 days

DUTY CODE No.: 30
AUTHORITY:
Personnel Bulletin No. 59-42

E. A. REUTERCRONA, Lt.(jg)USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: BM2-19689-E

GROTON, CONNECTICUT

24 May, 1944

FILE
E.F.C.

To: DCGO, Seattle, 13th Naval District (pt)

Subj: GRAVES, Hal J. (215-640) B.M.1c.
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of Boatswain's Mate 2c course (85%).

2. A copy of this letter should be placed in subject man's file and proper notation made in his Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:
None

J. D. HARRINGTON

Incl:
Educational Certificate

CC: HQ

ew

Form D-220
U.S. Coast Guard
COAST GUARD STATION
Garibaldi, Oregon
25 February, 1944



3-8

To: DCGO, Seattle 13th Naval District (f)

Subj: Authority to incur expense for travel of dependents, request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from Neah Bay, Washington to Garibaldi, Oregon during the month of March XXXXXXX 19 44, in connection with order of DCGO, Seattle 13th Naval District TONO 4957-44. dated 12 FEBURHARY 1944, which direct a permanent change of station from Cape Flattery Light Station to Cape Meares Light Station, Tillamook, Oregon.

Name	Relationship	Date of birth of children
Aril Evelyn Graves	Wife	

$13.00

FILE
W. H. C.

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by the Pay and Supply Instructions.

Hal Graves
Hal Graves B.M.1c.
U.S.

Ind-1
Office, DCGO, Seattle, 13th ND
28 February, 1944

Authorized.

S. T. ELLIS
By direction

1944 MAR 3 PM 1 05

UNITED STATES COAST GUARD
Seattle, Washington

Address Reply to
DISTRICT COAST GUARD OFFICER (p)
And refer to file 73-531

12 February, 1944

To: GRAVES, Hal (215-640) B.M.1c. - OinC, Cape Flattery Light Station

Via: Commanding Officer, CG STATION, Neah Bay, Washington

Subj: Orders; transfer; travel

1. Effective upon reporting of Leslie C. Valentine (219-276) MoMM1c., you are relieved of further duty as OinC, Cape Flattery Light Station, and directed to proceed to Garibaldi, Oregon and report to the CO, CG STATION, at that place for assignment to duty as OinC, Cape Meares Light Station.

2. This order constitutes a permanent change of station for you from present permanent station to Garibaldi, Oregon.

3. Travel necessary to the execution of this order may be performed at own expense if so desired. In this connection, attention is invited to Article 417, Pay and Supply Instructions as amended by Circular No. 42.

4. The use of OPA Form R-544 is authorized to purchase necessary gasoline for your car if you choose to travel by that method. If such forms are required, this order must be indorsed accordingly, indicating serial numbers of the forms issued and year, make, model, and license number of your automobile. Pub. int. require this travel. Allow. for subsis. and quarters, prescribed by Art. 219, P. & S. Instruc., amended by P.& S. Cir. No. 233-43, applicable in this case.

5. The expense incident to the travel herein authorized is chargeable to Travel Allotment Symbol No. 13-20 (Travel Order No. 4957-44, reference to which will be made on all reimbursement vouchers.)

s/ W. H. MUNTER
W. H. MUNTER

CC: Pay, Neah Bay
Acct.
Transportation
Aids to Navigation
CG Station, Garibaldi
Cape Meares Light Station

Ind-1
CG STATION, Neah Bay, Washington
73-531
22 February, 1944

1. Relieved of duty as O in C CAPE FLATTERY LIGHT STATION, Neah Bay, Washington, 1800, 21 February, 1944.

2. Departed this place and date at 1300 for Cape Meares Light Station. Granted fourty-eight hours liberty enroute.

s/R. J. SMITH
R. J. SMITH
Commanding Officer, Acting.

Ind-2
COAST GUARD STATION
Garibaldi, Oregon
25 February, 1944

1. Reported 1200 this place and date and directed to proceed to Cape Meares Light Station, Tillamook, to assume duties as OinC of that station.

2. Travel performed at own expense.

s/ E. S. KLOCK
Executive Officer

Certified to be a true and correct copy of the original orders.

E. S. Klock Lieut.(jg)
E. S. KLOCK
Executive Officer

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

REPORT OF CHANGE IN PERSONNEL

GRAVES,	Hal	- - -	215-640	B.M.1c.(pro)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Coast Guard Station	13-210	Neah Bay, Wash.	18 January, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

BAADDAH POINT LIFEBOAT STATION
Neah Bay, Wash. (13-210-06)
(Minor unit)

1000 - 18 January, 1944: Issued "Honorable Discharge" No. A68137 by reason of expiration of full term enlistment and extension thereof. To reenlist in regular establishment following day.

PAFE: Port Townsend, Wash. (Tra.Sta) (12-3-40)

POD: Neah Bay, Washington. (BAADDAH PT. LBS)

Entitled to mileage.

Creditable Service: 6 yrs. 1 mo. 19 days.

05
08
DUTY CODE No.: 20
AUTHORITY:
Article 589 (1) Regulations

R. J. SMITH, Lieut. (j.g.)
(Commanding)

Executive Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

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

1944 1 FEB SEATTLE DIST

REPORT OF CHANGE IN PERSONNEL

GRAVES, (Surname)	Hal (First name)	- - - - (Middle initial)	215-640 (Service No.)	B.M.lc.(pro) (Rank or rating)

Coast Guard Station (Major unit)	13-210 (Unit Item No. or vessel's assigned district)	Neah Bay, Wash. (Place)	19 January, 1944 (Date)

BAADDAH POINT LIFEBOAT STA.
Neah Bay, Wash. (13-210-06)
(Minor unit)

1000 - 19 January, 1944: Reenlisted for a period of four (4) years in the regular establishment in the rating of Surfman. Immediately advanced in rating to B.M.lc.(pro).

PAFE; Neah Bay, Wash. (BAADDAH PT. LBS)

Entitled to reenlistment allowance of $150.00.

05
08
DUTY CODE No.: 20
AUTHORITY: Article 553 (1) Regulations

R. J. SMITH, Lieut. (jg)
(Commanding)

Executive Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
	CODED NO. 17

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29514-2

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

Bliss

REPORT OF CHANGE IN PERSONNEL

GRAVES,	Hal	- - - -	215-640	B.M.1c.(pro)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Coast Guard Station	13-210	Neah Bay, Wash.	19 January, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

BAADDAH POINT LIFEBOAT STATION
Neah Bay, Wash. (13-210-06)
(Minor unit)

0930 - 18 January, 1944: Reported this unit for temporary duty from CAPE FLATTERY LIGHT STATION, Neah Bay, Wash., pending discharge from special temporary enlistment and re-enlistment in the regular establishment following day.

0830 - 19 January, 1944: Temporary duty completed. Departed this unit for CAPE FLATTERY LIGHT STATION, Neah Bay, Wash., for resumption of regular status.

05
08
DUTY CODE No.: 20
AUTHORITY: Verbal Orders,
CO, CG Sta., Neah Bay, Wash.

R. J. SMITH, Lieut. (j.g.)
(Commanding)

Executive Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
	CODED NO. 17

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

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

REPORT OF CHANGE IN PERSONNEL

GRAVES,	Hal	---	215-640	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COAST GUARD STATION	13-210	Clallam Bay Washington	3 December, 1943
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CAPE FLATTERY LIGHT STATION
Neah Bay, Washington
(Minor unit)

3 December, 1943: Enlistment extended indefinitely pending Headquarters approval of enlistment in regular establishment.

DUTY CODE No.: 30
AUTHORITY:

E. A. REUTERCRONA, Lt. (jg)USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

7

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Harold	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	8-2-45

TIME 1730
DATE 8-1-45

REPORTED FROM: Unit 302
FOR temporary duty involving medical treatment.

DUTY CODE NO. 06-F AUTH: Art. 3002 (1), Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

C. F. GULER, Ensign, USCGR
(Commanding) Executive Officer

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

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

1-86

1945 FEB 2 09:51 1945 RECEIVED PERSONNEL OFFICE

REPORT OF CHANGE IN PERSONNEL

GRAVES,	Hal	-	216-640	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Unit 295		17ND	29 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

0900 - 27 January, 1945: Reported this unit from CG Unit 258 for assignment to temporary duty pending further transportation to CG Unit 302.

1000 - 29 January, 1945: Temporary duty at this unit terminated, departed for CG Unit 302.

NO POSTING REQUIRED PEA-E-65

DUTY CODE No.: 06-F
AUTHORITY:

DCGO 17ND/L 23 January, 1945(73-701-531)(p)

Lance E. Hendrickson
LANCE E. HENDRICKSON
Lieut., USCGR (Commanding)

Executive Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—20594-2

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

161

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT ~~NAME~~ XXX	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 19 December, 1944

TIME 2300
DATE 12-16-44

REPORTED FROM: CG GROUP, Hammond, Oregon
FOR Assignment to duty

DUTY CODE No. 18-F AUTH: HL 11-16-44(CG-73-531)(PEA-A)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. HOAGE

I. A. HOAGE, Ensign, R & A Officer
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	17	4	18
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
CMB.	

Machine Accounting	
Punched	
Verified	

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2538 (REV. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT	MINOR UNIT NAME	LOCATION
CG Unit 270		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 12 January, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0845
DATE 1-11-45

TRANSFERRED TO: CG UNIT 258
FOR: Resumption of regular station and duties.

AUTH: DCGO/L 12-23-44(73-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Ensign, R & A Officer
(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	XII	XV	XVIII

NO POSTING REQUIRED

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599, (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 12 January, 1945

TIME 1230
DATE 1-11-45

REPORTED FROM: CG UNIT 270
FOR Resumption of regular station and duties.

DUTY CODE NO. 18-F AUTH: DCGO/L 12-23-44(73-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. HOAGE, Ensign, R & A Officer
(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

NO POSTING REQUIRED

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40855-1

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 26 January, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1630
DATE 1-25-45

TRANSFERRED TO: CG UNIT 302
FOR Assignment to duty

AUTH: DCGO/L 1-23-45(73-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: I. A. HOAGE, Ensign, R & A Officer
(Commanding)

NO POSTING REQUIRED PEA-E-65

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

gil

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal	---	215-640	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP	13-017	Seattle, Wash.	8 December, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG BARRACKS
Kenmore, Washington
(Minor unit)

1145 - 7 December, 1944: Reported this unit from CAPE MEARES LIGHT STA, Tillamook, Oregon, for assignment to temporary duty pending transportation to the DCGO 17ND, for assignment to duty.

Granted 48 hours' liberty enroute.

DUTY CODE No.: 37-D
AUTHORITY: HL (PEA-A) 11-16-44 (CG-73-531)

G. P. GRANADE Lieut.(j.g.)
By direction (Commanding)

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

NO POSTING REQUIRED PEA-E-2

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 8-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT ~~NAME~~	MINOR UNIT NAME	LOCATION
CG Unit 270		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 27 December, 1944

TIME 1230
DATE 12-26-44

REPORTED FROM: CG UNIT 258
FOR Temporary duty

DUTY CODE No. 30-F AUTH: DCGO/L 12-23-44(73-701-531)(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. Hoage
I. A. HOAGE, Ensign, R & A Officer
(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 _____

NO POSTING REQUIRED

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

ded

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal --	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Unit 258		17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE: 27 December, 1944

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1000
DATE 12-26-44

TRANSFERRED TO: CG UNIT 270
FOR Temporary duty

AUTH: DCGO/L 12-23-44(73-701-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: J. A. Hoage
I. A. HOAGE, Ensign, R & A Officer
(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-E33	

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
GRAVES, Hal	215-640	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, SEATTLE, WASH.	CG BARRACKS	Kenmore, Wash.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
13-017	15 December, 1944

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0700
DATE 14 December, 1944

TRANSFERRED TO: DCGO 17ND (temporary duty at this unit terminated)
FOR assignment to duty.

AUTH: HL (PEA-A) 11-16-44 (CG-73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

G. P. GRANADE, Lieutenant (j.g.)
By direction
(Commanding)

POSTING REQUIRED PEA-F-22

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

(PEA-A)
CG-73
531

16 November, 1944

To: DCGO, 13ND

Subj: GRAVES, Hal (215-640) BMlc; orders; transfer; travel

1. Pursuant to approved request, transfer above named man to DCGO, 17th Naval District, Ketchikan, Alaska, for assignment to duty at a light station.

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

3. This order constitutes a permanent change of station.

E. ZOOLE
By direction

CC: DCGO, 17ND

U. S. COAST GUARD
MAIL SECTION (1)
MAILED NOV 17 1944

WJ:WGG

Ind-2
DCGO, 13ND
File: CG-73-703
28 October, 1944

1944 OCT 31 OCT 13:16
RECEIVED
PERSONNEL
OFFICE

1944 NOV 14 06 07

1944 NOV 9 11 45

Sta. 3-11

To: The Commandant (P)

Via: DCGO, 17th Naval District PEA-A PEA-A

Subj: GRAVES, Hal (215-640) B.M.1c.; transfer; request for

Forwarded, approved, provided a petty officer with similar qualifications can be furnished to take charge of Cape Meares Light Station.

G. B. BANTA
By direction

Ind-3
DCGO, 17th NavDist (p)
73-703
2 November, 1944

To: The Commandant (PEA)

Forwarded, approved. SHAFFER, Arthur C. (219-282) BM1c now awaiting transfer to the DCGO, 13th ND under authority HL 7 August, 1944 (CG-73-531)(PEA-A) has served seven years on Guard Island Light Station in U. S. Lighthouse Service and U. S. Coast Guard, has qualifications similar to those of subject man.

J. P. TOWEY
By direction

CC: DCGO 13ND (pra)

1. Pursuant to app. request tr. dtgd 17 N.D. for duty at a light Sta.
2. Trans.
3. Purs. dtg. 4/8.

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CAPE MEARES LIGHT STATION
AND REFER TO CG-73-703

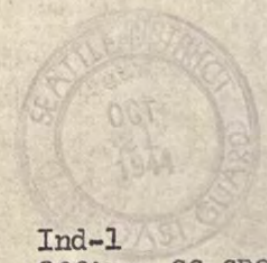
15 October, 1944

To: THE COMMANDANT (p)

Via: 1. CO, COAST GUARD GROUP, Hammond, Oregon.
2. DCGO, 13th Naval District.
3. DCGO, 17th Naval District.

Subj: Transfer, request for

It is requested that I be considered for a transfer to a light station in Southeastern Alaska, preferably a 'family station' as Mary's Island. I was stationed two years on Smith Island and slightly over two years in charge at Cape Flattery, Tatoosh Island Light Station, so am acquainted with radiobeacon and fog signal apparatus. Have been stationed in charge of this unit approximately eight months. It has been my desire to obtain a transfer to an Alaskan station since first applying for a transfer to the Nome Lifeboat Station in 1938.



Hal Graves

Hal Graves
(215-640) B.M.1c.

Ind-1
Office, CG GROUP,
Hammond, Oregon
19 Oct., 1944

To: THE COMMANDANT (P)

Via: DCGO, 13ND (pra)
DCGO, 17ND (pra)

Forwarded, approved.

J. F. McCormick

J. F. McCORMICK

Ind-2
DCGO, 13ND
File: CG-73-703
28 October, 1944

To: The Commandant (P)

Via: DCGO, 17th Naval District

Subj: GRAVES, Hal (215-640) B.M.1c.; transfer; request for

Forwarded, approved, provided a petty officer with similar qualifications can be furnished to take charge of Cape Meares Light Station.

G. B. BANTA
By direction

Ind-3
DCGO, 17th NavDist (p)
73-703
2 November, 1944

To: The Commandant (PEA)

Forwarded, approved. SHAFFER, Arthur C. (219-282) BM1c now awaiting transfer to the DCGO, 13th ND under authority HL 7 August, 1944 (CG-73-531)(PEA-A) has served seven years on Guard Island Light Station in U. S. Lighthouse Service and U. S. Coast Guard, has qualifications similar to those of subject man.

J. P. TOWEY
By direction

CC: DCGO 13ND (pra)

IAH:alw

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CAPE MEARES LIGHT STATION
AND REFER TO CG-73-703

15 October, 1944

To: THE COMMANDANT (p)

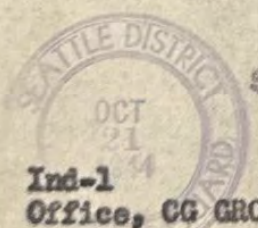
Via: 1. CO, COAST GUARD GROUP, Hammond, Oregon.
2. DCGO, 13th Naval District.
3. DCGO, 17th Naval District.

Subj: Transfer, request for

It is requested that I be considered for a transfer to a light station in Southeastern Alaska, preferably a 'family station' as Mary's Island. I was stationed two years on Smith Island and slightly over two years in charge at Cape Flattery, Tatoosh Island Light Station, so am acquainted with radiobeacon and fog signal apparatus. Have been stationed in charge of this unit approximately eight months. It has been my desire to obtain a transfer to an Alaskan station since first applying for a transfer to the Nome Lifeboat Station in 1938.

Hal Graves

Hal Graves
(215-640) B.M.1c.



Ind-1
Office, CG GROUP,
Hammond, Oregon
19 Oct., 1944

To: THE COMMANDANT (P)

Via: DCGO, 13ND (pre)
DCGO, 17ND (pre)

Forwarded, approved.

J. F. McCORMICK

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Harold	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	8-7-45

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

Temporary duty involving medical treatment.

TIME 1000

DATE 8-6-45

TRANSFERRED TO: Unit 302

FOR resumption of regular station and duty.

AUTH: Art. 3002 (1), Regs.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

C. F. GULER, Ensign, USCGR

(Commanding) Executive Officer

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-39	

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)

115

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	8-26-45

TIME 1300
DATE 8-23-45

REPORTED FROM: Unit 302
FOR temporary duty involving medical treatment.

DUTY CODE NO. 06-F AUTH: Art. 3002 (1), Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-E-33

DUTY CODE NO. AUTH:

C. F. GULER, Ensign, USCGR
(Commanding) Executive Officer

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)

114

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit ~~300~~ 302	17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT — DATE: 8-26-45

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1400
DATE 8-22-45
TRANSFERRED TO: Unit 295
FOR temporary duty involving medical treatment.

AUTH: Art. 3002 (1), Regs.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-E-33

DUTY CODE NO. AUTH:

C. F. GULER, Ensign, USCGR
(Commanding) ~~Executive Officer~~

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)

16.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 10-6-45

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1400

DATE 10-5-45

TRANSFERRED TO: Unit 258

FOR assignment to duty

AUTH: DCGO, 17ND/L 9-17-45(CG-783-531)(p)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

E. L. Nugent

E. L. NUGENT, Lieut. (jg), USCGR

(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 _____

REQUIRED BY WAR ASSIGNMENT PLA-1-2

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2590 (REV. 6-44)

25.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
	10-8-45

TIME 1330
DATE 10-6-45

REPORTED FROM: Unit 302
FOR assignment to temporary duty, enroute on transfer to Unit 258.

DUTY CODE NO. 06-F AUTH: DCGO, 17ND/L 9-17-45(CG-783-531)(p).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

E. L. NUGENT, Lieut. (jg), USCGR
(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—40855-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 8-44)

44.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 9-19-45

TIME 1130
DATE 9-18-45

REPORTED FROM: temporary duty at Unit 295 involving medical treatmer
FOR resumption of regular station and duties

DUTY CODE NO. 30-F AUTH: Art. 3002 (1), REGS.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

E. L. Nugent
E. L. NUGENT, Lieut. (jg), USCGR
(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)

212

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 258		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 10 December, 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)

1900 - 7 December, 1945: Reported from 30 days leave(REEN) plus 4 days tt
In US for resumption of regular station and duties.

DUTY CODE NO. 18-F
Alcoast 106-45

AUTH:

I. A. HOAGE, Lt.(jg) R & A Officer
(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)

590

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 279		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 20 December, 1945

TIME 0400 REPORTED FROM: UNIT 258

DATE 12-20-45 FOR assignment to duty

DUTY CODE NO. 30F AUTH: DCGO/L 12-11-45(CG-73-531)(p)

TIME TRANSFERRED TO:

DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. Hoage

I. A. HOAGE, Lt.(jg) R & A Officer

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	17	4	30
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

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PE-AD)
REFER TO FILE: CG-73 VIA AIR MAIL

510265

13 May, 1946

To: Commander, 17th Coast Guard District

Subj: GRAVES, Hal (216-640) MMlc; discharge of

1. Pursuant to approved request submitted in accordance with ALCOAST 60-46, subject-named man will be discharged under authority of this letter. Discharge will be effected not later than 10 June, 1946. Transfer should be effected sufficiently in advance of 10 June, 1946, to permit processing and discharge by Separation Center not later than that date.

2. Discharge in accordance with Article 583, Coast Guard Regulations, for the CONVENIENCE OF THE GOVERNMENT, provided no disciplinary action is pending. An honorable discharge certificate will be issued provided subject man meets the requirements set forth in Personnel Bulletin No. 103-45. If subject man does not meet the requirements for honorable discharge, issue a certificate of discharge under honorable conditions. Payment of MOP and travel is authorized in this case.

3. Subject man will be discharged as provided in Personnel Bulletin No. 107-45, which pertains to transfer to the appropriate Separation Center prior to effecting discharge.

4. A copy of this letter will be filed in subject-named man's service record to insure that discharge will be effected in accordance herewith.

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

6. Records and account will be carried on transfer.

7. In the event subject-named man has been transferred, forward to next unit immediately for action.

W. C. CAPRON
By direction

U.S. COAST GUARD
[illegible] SECTION (4)
MAILED MAY 14 1946

UNITED STATES COAST GUARD

KETCHIKAN, ALASKA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER(p)
SEVENTEENTH NAVAL DISTRICT
REFER TO FILE: CG-670

29 May, 1946

To: GRAVES, Hal (215-640) BMlc, USCG

Subj: Area Campaign Ribbons, Operation and Engagement Stars, and other awards; authorization for

1. In accordance with instructions contained in Headquarters' letter (PMM), dated 30 October, 1945, file CG-670, you are advised that you are entitled to the following area campaign medals and/or operation or engagement stars:

Asiatic-Pacific Area Campaign Medal
World War II Victory Medal

2. You are also advised that this letter is of vital importance inasmuch as it will serve as the basis upon which medals will be issued to you. Upon public announcement of the availability of the medals, one of the two copies of this letter of authorization will be used for issuance of appropriate medals.

I. A. HOAGE
By direction

CC: The Commandant (PEA-E-80)
Service Record
File

29 May, 1946

Receipt of the above letter (original and one copy) is hereby acknowledged.

Hal Graves
Hal Graves

Form 2511 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 December, 1941.

From: Commandant.
To: Commanding Officer, Smith Island Light Station.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 17 December, 1941 of GRAVES, Hal (215-640) Surfman.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
12-1-37	12-2-40 H D	None		None		None	
12-3-40		None		None		None	
Now serving							

	Yr.	Mo.	Days
Coast Guard service	4	0	17
Navy service			
Total	4	0	17

Completed 4 years 30 November, 1941.

By direction

F. E. ALLISON

RECEIVED
DEC 18 1941

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2509
TREASURY DEPARTMENT
U. S. Coast Guard
September 1939

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

SEATTLE DISTRICT MAR 5 1942 U.S. COAST GUARD

U. S. COAST GUARD (...) FILES
REC'D MAR 15 1942

SHIP OR STATION NEAH BAY STATION

PLACE Neah Bay, Washington

DATE 25 February, 1942

GRAVES, Hal (215-640)
(Name)

B.M.2c(Pro)
(Rating)

was examined this day for the rating of Boatswain's Mate, First Class (Provisional) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Article 6001 (a) to (m) Personnel Instructions (Inclusive)	3.6		
Article 6003 Personnel Instructions	3.4		
Article 6007 (2) (a) to (g) Personnel Instructions (Inclusive)	3.0		

Average marks 3.3

A. VAN De VENTER, Lieut. (j.g.).
(Signature and rank of member)

Approved 25 February, 1942
(Date)

Lynn L. Baker, Bos'n.(a)
(Signature and rank of member)
Commanding Officer

F. C. HINGSBURG, Commander,
(Signature and rank of commanding officer)
By direction, BCGO, Northwestern Sector,
13th Naval District.

16—14373 U. S. GOVERNMENT PRINTING OFFICE

U. S. COAST GUARD (10)
RECD MAR 10 1942

73

lbh

Seattle, Washington.
6 March, 1942.

From: Senior Coast Guard Officer, Northwestern Sector, Thirteenth Naval District.
To : Commanding Officer, NEAH BAY STATION.

Subject: GRAVES, Hal (215-640) B.M.2c.(Pro); advancement in rating.

1. Upon receipt hereof you are authorized to advance subject-named man in rating to boatswain's mate, first class (provisional, Provided his conduct subsequent to examination has been satisfactory.

2. Report action on Forms 2599 and 2668.

Copy to:
Headquarters
Pay Office

A. VAN De VENTER,
By direction.

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

SEATTLE DISTRICT JAN 24 1942 U. S. COAST GUARD

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		(215-640)	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEAH BAY STATION	Neah Bay, Washington	22 January, 1942
(Unit)	(Place)	(Date)

0900, 22 January, 1942 - Reported at CAPE FLATTERY LIGHT STATION for duty as Commanding Officer that unit.

Subsistence allowance of $1.20 per day authorized while at CAPE FLATTERY LIGHT STATION.

AUTHORITY: SCGO, Northwestern Sector, 13th Naval District letter, 19 January, 1942 (73).

Lynn L. Baker

Lynn L. Baker, Bos'n.(a)
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

NOTED PRT

U. S. GOVERNMENT PRINTING OFFICE

SEATTLE DISTRICT JAN 28 1942 U. S. COAST GUARD

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (15)
RECD FEB 2 1942

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		(215-640)	B.M.2c(Pro)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEAH BAY STATION	Neah Bay, Washington	27 January, 1942
(Unit)	(Place)	(Date)

26 January, 1942 - Advanced in rating from Surfman to Boatswain's Mate, Second Class (provisional).

AUTHORITY: SCGO, Northwestern Sector, 13th Naval District letter, 24 January, 1942 (73).

Lynn L. Baker

Lynn L. Baker, Bos'n.(a)
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

NOTED

U. S. GOVERNMENT PRINTING OFFICE

Form 2509
TREASURY DEPARTMENT
U. S. COAST GUARD
September 1939

SEATTLE JAN 24 1942 U. S. COAST GUARD

U. S. COAST GUARD (15)
REC'D FEB 2 - 1942

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

SHIP OR STATION NEAH BAY STATION

PLACE Neah Bay, Washington

DATE 21 January, 1942

GRAVES, Hal (215-640)
(Name)

Surfman
(Rating)

was examined this day for the rating of Boatswain's Mate, Second Class (Pro) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Article 6001 (a) to (m) Personnel Instructions (Inclusive)	3.6		
Article 6005 (1) and (2) Personnel Instructions (Inclusive)	3.4		
(1) Article 6007/(a) to (g)Personnel Instructions (Inclusive)	3.5		

Average marks 3.5

Raymond H. Wilson
Raymond H. Wilson, CBM(a)(Pro)
(Signature and rank of member)

Approved 21 January, 1942
(Date)

Lynn L. Baker
Lynn L. Baker, Bos'n.(a)
(Signature and rank of member)
Commanding Officer

A. VAN De VENTER
A. VAN De VENTER, Chief Boatswain.
(Signature and rank of commanding officer)
By direction, SCGO, Northwestern Sector,
13th Naval District.

16—14373 U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
RECD JAN 26 1942

REPORT OF CHANGE IN PERSONNEL

GRAVES.	Hal	-	213-640	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SMITH ISLAND LIGHT STATION	Smith Island, Washington	21 January 1942.
(Unit)	(Place)	(Date)

1600 - 20 January, 1942: Departed on transfer to NEAH BAY STATION for assignment to duty as Commanding Officer, CAPE FLATTERY LIGHT STATION.

leave
No ~~xxxxxx~~ granted enroute.

AUTHORITY:

SCGO, NWS, 13th Nav.Dist.
ltr. 19 Jan.1942 (73)

A. Van DeVENTER, (Commanding)
By direction.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			FILED T. J. T.

U. S. GOVERNMENT PRINTING OFFICE 0

73

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lbh

U. S. COAST GUARD (10)
RECD JAN 23 1942

19 January, 1942.

From: Senior Coast Guard Officer, Northwestern Sector, Thirteenth Naval District.
To : Commanding Officer, SMITH ISLAND LIGHT STATION.

Subject: GRAVES, Hal (215-640) Surfman; orders; transfer; ~~confirmation of~~.

Reference: (a) SCGO Seattle dispatch 191825 (January, 1942).

1. Confirming reference (a), transfer subject-named man to NEAH BAY STATION for assignment to duty as Commanding Officer, CAPE FLATTERY LIGHT STATION.

2. Transportation for GRAVES will be furnished by the ROSE.

A. VAN De VENTER,
By direction.

Copy to:
Headquarters
NEAH BAY STATION
Pay Office
ROSE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATIN
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 302		17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 24 August, 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)

7 August, 1945: Effective this date, jurisdiction of this unit and the above named member of crew ADMINISTRATIVELY transferred from UNIT 258 to UNIT 295.

DUTY CODE NO. 30-F
DCGO/L 8-7-45 (CG-601)
AUTH:

I. A. HOAGE, Ensign, R. & A. Officer
(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—40855-1

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General, U. S.
September 18, 1933

STATEMENT OF CREDITABLE SERVICE

PORT TOWNSEND TRAINING STATION
(Unit)

GRAVES, Hal
(Name in full—surname to the left)

3 December, 1940
(Date)

215-640
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1937 (Year)	12 (Month)	1 (Day)			
Date of discharge (Ordinary (Form 2510-A)) (Character of dischare)	1940 (Year)	12 (Month)	2 (Day)			
Total time of last enlistment period				3	0	2

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		
TOTAL NONE			TOTAL NONE			TOTAL NONE		

Reenlisted in the U.S. Coast Guard at Port Townsend Training Station, Port Townsend, Washington, on 3 December, 1940, for a period of three years.

R.G. SARRATT, Lieut-Comdr.
Commanding Officer.

TOTAL ABSENCE (0 days)	0	0	0
Creditable time served during last enlistment period	3	0	2

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.

R.G. SARRATT,

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

U. S. GOVERNMENT PRINTING OFFICE 2—17902

73-531

rjm

SEATTLE, WASH.

14 November, 1940.

U. S. COAST GUARD
REC'D NOV 18 1940

From: Commander, Seattle District.
To: GRAVES, Hal (215-650) Surfman.

Subject: Orders; travel.

Inclosure: 1. Government transportation request No. T-231,377.

1. Having reported to Commander, Seattle District, at 1030, this date, from thirty (30) days' absence on account of sickness, you are directed to proceed to Port Townsend, Washington, and report to the Officer in Charge, C.G.C. No. 271, for transportation to Smith Island Light Station and resumption of your regular status.

2. Inclosure (1) covers your transportation from Seattle, Washington, to Port Townsend, Washington, via Washington Motorcoach Company.

3. The expense incident to the travel herein authorized will be charged to Seattle District travel allotment, Symbol No. 67 (Travel Order No. 304-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

4. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

5. Departed at 1130, this date.

W. H. MUNTER

By direction,

M. P. JENSEN,
Personnel Officer.

Copy to:
Headquarters
CGC 271
Smith Island LS.
Pay Office
Supply Office.

73

lbh

Seattle, Washington.

15 October, 1940.

U. S. COAST GUARD

OCT 19 1940

From: Commander, Seattle District.
To: GRAVES, Hal (215-650), Surfman.

Subject: Absence on account of sickness.

Reference: (a) Certificate of Discharge No. 18-550.

1. Having reported to the Commander, Seattle District at 1130 this date, upon discharge from the U. S. Marine Hospital, Seattle, Washington, you are, in accordance with the recommendations contained in reference (a), granted thirty (30) days' absence on account of sickness. Upon completion of this absence, before noon 15 November, 1940, report to the Commander, Seattle District for further instructions.

2. No expense is indicated and none is authorized.

3. Delivered and departed at 1230.

W. H. MUNTER,

By direction.

Copy to:
Headquarters
Smith Island Light Sta.,
Pay Office

M. P. JENSEN,
Personnel Officer.

U. S. COAST GUARD
REC'D FEB 9 1940
U. S. COAST GUARD
REC'D JAN 23 1940

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

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
GRAVES,	Hal		215-640)	Surfman.

(Unit)	(Place)	(Date)
Smith Island Light Station,	Port Townsend, Washington.	19 January, 1940.

1430 - 15 January, 1940, reported for assignment to permanent duty, on transfer from Baaddah Point Station.

To fill vacancy caused by death by drowning of E. G. Clements, keeper Smith Island Light Station, whose salary was $1320.00 per annum.

AUTHORITY: District Commander's letter, 9 January, 1940 (73-531).

Mitchell Hamilton
(Commanding)

Mitchell Hamilton, Ch.Bos'n.(L).
Acting Personnel Officer, Seattle Dist.
(Title)

Copy to:
Baaddah Point Station.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

73

U. S. COAST GUARD

REC'D FEB 9 1940

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR9-73

HEADQUARTERS

SEATTLE DISTRICT FEB 5 1940 U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 1 February, 1940.

From: Commandant.
To: Commander, Seattle District.

Subject: GRAVES, Hal (215-640), Surfman--completion of records.

Reference: (a) Headquarters' letter (PR5-700), dated 8 August, 1939.

Inclosure: (1) Form 2599 dated 19 January, 1940--Smith Island Light Station.

1. It is requested that inclosure (1) be completed to show the name, grade and salary of the civilian employee replaced by Hal Graves, in accordance with the provisions of reference (a).

2. Return this letter with inclosure after completion.

By direction,

F. E. Allison

F. E. ALLISON,
Chief, Enlisted Personnel Section.

---

73 1st Indorsement. Seattle, Washington.
5 February, 1940.

From: Commander, Seattle District.
To: Commandant.

1. Returned, the above instructions having been complied with.

W. H. MUNTER,

M. P. Jensen

M. P. JENSEN, Lieut. Comdr.
Personnel Officer.

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

U. S. COAST GUARD (5)
REC'D JAN 16 1940
ANS'D
By

4-230

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		215-640	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Baaddah Point Station	Neah Bay, Washington	10 January, 1940
(Unit)	(Place)	(Date)

0800, 10 January, 1940, departed for Smith Island Light Station, having been detached from further duty at Baaddah Point Station, Neah Bay, Washington, and transferred to Smith Island Light Station.

Granted four (4) days leave enroute to expire on board CG-271 at Port Townsend, Washington, on 15 January, 1940.

SEATTLE DISTRICT JAN 12 1940 U. S. COAST GUARD

AUTHORITY: Seattle District letter, 9 January, 1940, (73-531) to GRAVES, Hal (215-640) Surfman.

Lynn L. Baker
(Commanding)
Lynn L. Baker, C.B.M.
Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 10935

PR9-73

1 February, 1940.

From: Commandant.
To: Commander, Seattle District.

Subject: GRAVES, Hal (215-640), Surfman--completion of records.

Reference: (a) Headquarters' letter (PR5-700), dated 8 August, 1939.

Inclosure: (1) Form 2599 dated 19 January, 1940--Smith Island Light Station.

1. It is requested that inclosure (1) be completed to show the name, grade and salary of the civilian employee replaced by Hal Graves, in accordance with the provisions of reference (a).

2. Return this letter with inclosure after completion.

By direction,

F. E. ALLISON,
Chief, Enlisted Personnel Section.

MAILED
FEB 1 - 1940
MAIL DESK

73-531

U. S. COAST GUARD 6
REC'D JAN 13 1940
By
ANS.

73

FILES
Pers-Ass

Seattle

9 January, 1940.

From: Commander, Seattle District.
To: GRAVES, Hal (215-640) Surfman (via Officer in Charge, Naaddah Point Station).

Subject: Orders; transfer; travel; leave enroute.

1. Effective 10 January, 1940, you are detached from further duty at Naaddah Point Station. Proceed on that date to Smith Island Light station and report to the Keeper for assignment to duty. Transportation from Port Townsend, Washington, to Smith Island Light Station will be effected by CG-271.

2. You are hereby granted four (4) days' leave enroute, to expire on board CG-271, Port Townsend, Washington, on 15 January, 1940.

3. The travel necessary to the execution of this order may be performed by privately owned conveyance if desired. In this connection your attention is invited to Article 248 (2) Pay and Supply Instructions.

4. The travel necessary to the execution of this order will be charged to Seattle District travel allotment, Symbol No. 67, (travel order No. 23, reference to which will be made on all reimbursement vouchers and/or transportation requests).

5. Public interests require this travel. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

W. H. MUNTER,

M.P.JENSEN, Lieut.Comdr.
Personnel Officer.

Copy to:
Headquarters,
Supply Office
Smith Island Light Sta.,

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

U. S. COAST GUARD
REC'D JAN 2 1940

4-230

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		215-640	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Baaddah Point Station	Neah Bay, Washington	27 December, 1939
(Unit)	(Place)	(Date)

SEATTLE DISTRICT DEC 28 1939 U. S. COAST GUARD

2300, 26 December, 1939, reported for duty from General Hospital, Port Angeles, Washington, where he had been admitted to inpatient treatment at 0100, 26 December, 1939, for treatment of infection of wisdom tooth not due to misconduct and from which hospital he had been discharged at 1000, the same date to outpatient treatment at U.S.P.H.S. Relief Station, Port Angeles, Washington.

DIAGNOSIS: Local infection lower right wisdom tooth.

AUTHORITY: Article 2153 Regulations.

Lynn L. Baker

Lynn L. Baker, C.B.M.
(Commanding)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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

U. S. COAST GUARD
REC'D JAN 2 1940

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		215-640	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Baaddah Point Station	Neah Bay, Washington	25 December, 1939
(Unit)	(Place)	(Date)

1600, 25 December, 1939, departed for General Hospital, Port Angeles, Washington, for treatment of local infection around wisdom tooth not due to misconduct.

DIAGNOSIS: Local infection around wisdom tooth.

AUTHORITY: Article 2147 Regulations.

Lynn L. Baker
Lynn L. Baker
(Commanding)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10035

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

U. S. COAST GUARD 2

REC'D SEP 15 1938 By

4-230

REPORT OF CHANGE IN PERSONNEL

ANS.

GRANT (Surname) Hal (First name) (Middle initial) 210-640 (Service No.) Boatman (Rank or rating)

BAADAH POINT STATION (Unit) Neah Bay, Washington (Place) 6 September, 1938 (Date)

1000, 5 SEPTEMBER, 1938 RETURNED FROM ASTORIA, OREGON AND TEMPORARY DUTY AS MEMBER OF RACE BOAT CREW WHICH ENGAGED IN SMALL BOAT COMPETITION AT THAT PLACE AND RESUMED REGULAR STATION AND DUTIES. DEPARTED ON THE ABOVE DUTY AT 0800, 30 August, 1938.

ENTITLED TO SUBSISTENCE AND QUARTERS TRAVEL STATUS ALLOWANCES AS PER ATTACHED FORM 2670-A.

AUTHORITY: THIRTEENTH DISTRICT LETTER 16 AUGUST, 1938 (670-73) TO BAKER, LYNN L. (100-440) C.B.M.(L).

Lynn L. Baker (Commanding)

Lynn L. Baker

Officer in Charge (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 10935

ANS. U. S. COAST GUARD 2

REC'D SEP 13 1938 By

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

4-230

Thirteenth District SEP 8 1938 U.S. Coast Guard

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
GRAVES	Hal		215-640	Surfman

(Unit)	(Place)	(Date)
BAADAH POINT STATION	Neah Bay, Washington	31 August, 1938

0800, 30 AUGUST, 1938 DEPARTED FOR CAPE DISAPPOINTMENT STATION, ILWACO, WASHINGTON ON TEMPORARY DUTY AS MEMBER OF RACE BOAT CREW TO ENGAGE IN SMALL BOAT COMPETITION AT ASTORIA, OREGON.

AUTHORITY: THIRTEENTH DISTRICT LETTER 16 AUGUST, 1938 (670-73) TO BAKER, LYNN L. (100-440) CBM(L)

Lynn L. Baker
Lynn (Commander)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10935

FORM NO. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Edition 1937)

U. S. COAST GUARD (4)
REC'D DEC 10 1937 By
ANS'D

REPORT OF CHANGE IN ENLISTED PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No)	(Rank or rating)
GRAVES	Hal		215-640	Surfman

(Unit)	(Place)	(Date)
Beaddah Point Station	Neah Bay, Washington	2 December, 1937

1645, 2 December, 1937, reported from Thirteenth District Office having been transferred to this station for permanent duty.

Entitled to subsistence and quarters allowances as per Form 2670-A attached.

FILE
M.B.J.

AUTHORITY: Thirteenth District letter, 1 December, 1937 (73-531)

Lynn L. Baker

Lynn L. Baker, C.B.M.(L)
(Commanding)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING
			QP

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U.S. COAST GUARD (c).
REC'D DEC 8 - 1937. By
ANS.

REPORT OF CHANGE IN PERSONNEL

GRAVES	Hal		215-640	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Thirteenth District Office (Unit) Seattle, Washington (Place) 1 December, 1937. (Date)

---

1 December, 1937, originally enlisted in the Special Temporary Establishment.

Entitled to clothing bounty in the amount of $100.70.

Not entitled to enlistment allowance.

No previous service.

FILE
M.B.J.

Accepted for enlistment at Seattle, Washington.

1600 - 1 December, 1937, transferred to Neeah Point Station, Neeh Bay, Washington, for assignment to duty.

AUTHORITY: Headquarters dispatch 7024-1704 (November, 1937).

M. P. JENSEN (Commanding)

Commander, Thirteenth District. (Title)

FILE
M.B.J.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

PR5-73

30 December, 1937.

From: Commandant.
To: **Commander, Thirteenth District.**

Subject: **GRAVES, Hal (215-640) Surf.:**
Vaccination and Inoculation.

References: (a) Article 2161, Regulations.
(b) Article 2162, Regulations.

1. You are directed to have the above-named man immediately vaccinated against smallpox and inoculated against typhoid fever and to forward a suitable report to Headquarters upon completion thereof.

By direction,

E. T. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

MAILED
DEC 30 1937
MAIL DESK

73-531

73

1 December, 1937.

U. S. COAST GUARD (7)
REC'D DEC 6 - 1937 BY
ANS'D
FILE
M. H. D.

From: Commander, Thirteenth District.
To: GRAVES, Hal (215-640) Surfman, PRESENT.

Subject: Orders; transfer; travel.

Inclosure: (1) Transportation request No. TO1,032,598.

1. Your enlistment as Surfman in the United States Coast Guard, having been effected this date, you are directed to proceed to Neah Bay, Washington, and report to the Officer in Charge, Baaddah Point station, for assignment to duty.

2. Inclosure (1) drawn in favor of the Washington Motor Coach System covers transportation from Seattle, Washington, to Neah Bay, Washington.

3. The allowances for subsistence and quarters prescribed by Articles 248-251, Pay and Supply Instructions, are applicable in this case.

4. Travel necessary to the execution of the above order is required by the public interests and will be charged against Seattle Division allotment, Symbol No. 67.

Copy to:
Headquarters.
Baaddah Point Station.

M. P. Jensen.

- - - -

Form 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

BAADDAH POINT LIFEBOAT STATION, Neah Bay, Wash.
(Unit)

GRAVES, Hal
(Name in full—surname to the left)

18 January, 1944
(Date)

215-640
(Service number)

Boatswain's Mate, first class (provisional)
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1940	12	3			
Enlistment extended (for ____ years from)						
Date of discharge (HONORABLE) (Character of discharge)	1944	1	18			
Total time of last enlistment period				3	1	17

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		

Total Absence (none days)	0	0	0
Creditable time served during last enlistment period	3	1	17

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.

E. A. REUTERCRONA

Date 18 January, 1944

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

REENLISTMENT

Date 19 January, 1944

BAADDAH POINT LIFEBOAT STATION, Neah Bay, Wash.
(Unit and place)

I CERTIFY that the above-named man reenlisted at this unit and on this date for a period of 4 years in the rating of Surfman (immediately advanced to B.M.1c.(pro)

E. A. REUTERCRONA

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

U. S. GOVERNMENT PRINTING OFFICE 16—20908

COMMISSARY BRANCH:

Chief commissary steward	C.C.Std.
Ship's cook, first class	S.C.1c.
Ship's cook, second class	S.C.2c.
Ship's cook, third class	S.C.3c.
Baker, first class	Bkr.1c.
Baker, second class	Bkr.2c.
Baker, third class	Bkr.3c.

MESSMAN BRANCH:

Officers' steward, first class	Off.Std.1c.
Officers' steward, second class	Off.Std.2c.
Officers' steward, third class	Off.Std.3c.
Mess attendant, first class	M.Att.1c.
Mess attendant, second class	M.Att.2c.
Mess attendant, third class	M.Att.3c.

AVIATION BRANCH:

Aviation chief machinist's mate	A.C.M.M.
Aviation machinist's mate, first class	A.M.M.1c
Aviation machinist's mate, second class	A.M.M.2c.
Aviation machinist's mate, third class	A.M.M.3c.
Aviation chief metalsmith	A.C.M.
Aviation metalsmith, first class	A.M.1c.
Aviation metalsmith, second class	A.M.2c
Aviation metalsmith, third class	A.M.3c.
Chief photographer	C.P.
Photographer, first class	P.1c.
Photographer, second class	P.2c.

Note:

(a) In the case of chief electrician's mates and electrician's mates qualified for telephone duty only, the letters "Tel" in parentheses shall be inserted after the rating to indicate the specialty.

(b) In the case of enlisted men who have qualified as aviation pilots, the letters "A.P." in parentheses shall be inserted after the rating to indicate their qualification.

8-220. The following tables give the precedence of ratings by classes: Precedence

CHIEF PETTY OFFICERS

SEAMAN BRANCH:

Chief boatswain's mate
Chief gunner's mate
Chief quartermaster
Chief signalman

ARTIFICER BRANCH:

Chief machinist's mate
Chief water tender
Chief electrician's mate
Chief radioman
Chief carpenter's mate
Chief printer

AVIATION BRANCH:

Aviation chief machinist's mate
Aviation chief metalsmith
Chief photographer

SPECIAL AND COMMISSARY BRANCH:

Chief yeoman
Chief commissary steward
Bandmaster
Chief pharmacist's mate

PETTY OFFICERS, FIRST CLASS

SEAMAN BRANCH:

Boatswain's mate, first class
Gunner's mate, first class
Quartermaster, first class
Signalman, first class

ARTIFICER BRANCH:

Machinist's mate, first class
Water tender, first class
Electrician's mate, first class
Radioman, first class
Carpenter's mate, first class
Printer, first class

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PTP)
REFER TO FILE CG-702

WASHINGTON 25, D. C.

31 March, 1947

Mr. Hal Graves
Pe Ell, Washington

Dear Sir:

Receipt is acknowledged of your letter of recent date requesting information relative to enlistment in the United States Coast Guard.

You are advised that if in all respects qualified, your enlistment will be authorized as seaman, first class, only due to a presently existing excess of boatswain's mate ratings.
It is believed that the inclosed form contains all pertinent information relative to enlistment at this time.

Enlistments of former members of the Coast Guard and Coast Guard Reserve in non rated grades are for a period of four years.

The address of the Recruiting Office located nearest your home is 624 Second Avenue, New World Life Bldg., Seattle, Washington

Your interest in the Coast Guard at this time is appreciated.

By direction of the Commandant.

Very truly yours,

M. A. WHALEN
Lieutenant Commander, USCG
Chief, Procurement Section

U. S. COAST GUARD
MAIL SECTION
MAILED APR - 1 1947

A-4934
MAW:ejc

THE NEW LORENZ HOTEL

100% AIR CONDITIONED

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UNITED STATES OF AMERICA

2-2

The Commandant
United States Coast Guard
Washington 25, D. C.



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THE NEW LORENZ HOTEL

THE ONLY 100% AIR CONDITIONED HOTEL IN REDDING

Redding, California

Hal Graves
Box 7
Pe Ell, Wash

The Commandant
United States Coast Guard

S1c - Seattle

Dear Sir:

In reply to the attached letter; it is my desire to re-enlist in the Coast Guard. As you will note on the enclosed photostatic copies of discharges, I have had 8 1/2 years of service, all but the first two being in Lt. Station. The last 4 1/2 years I was in charge of the station listed. As that is practically the only line of



THE NEW LORENZ HOTEL

THE ONLY 100% AIR CONDITIONED HOTEL IN REDDING

Redding, California

Reddings Finest

Work I am well qualified for; I would like to know if there is a possibility of my being given Lt. station duty with the rating held the last 5 years. I am willing to accept any station in the 13th District or Alaska. My last 18 months of service were spent on Alaska Lt. Stations.

Respectfully
Hal Grove

address reply to:
Hal Grove
Box 7
Port Ell, Washington

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE:

WASHINGTON 25, D. C.

January, 1947

Dear Sir:

We wonder if you have given any thought to a career in the Coast Guard? Perhaps you have found your spot in society and are doing well in your chosen field. Maybe you are back in school and acquiring a valuable education. If such is the case, this letter may not appeal to you.

But we have heard from many of our former associates in the service that they have not been able to put their talent to work as they had hoped when they first received their discharges. This is particularly true of men who are radio technicians, electricians' mates and other skilled rated men. It is also true, to a lesser degree, of those holding more general ratings.

To such men a career in the peacetime Coast Guard or even re-enlistment for a short period might be the answer to your problem. Under our present setup, we need men with experience and in many cases are able to offer them the same rates as they held. You will note that there are new increased pay rates under the new law. You would have to be making quite a bit of money in peacetime to reach the level of First Class Petty Officer under the new pay rates.

Accordingly, we think that you might do well to investigate your opportunities in the peacetime Coast Guard. Just for your information, you will find life is different in the service now than during the war when operational pressure and divided commands might have caused stress in certain operations. In addition, in peacetime you will be doing a real job, for the Coast Guard pays its way in war and peace.

If you are interested, why not drop around to the nearest recruiting office, or, better still, send us a letter in Washington and we will tell you just what we can offer.

Whether we hear from you or not, our best wishes for your success and happiness in your chosen field.

Cordially,

R. T. McELLIGOTT
Rear Admiral, USCG
Chief Personnel Officer

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

file 3-14

68

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GRAVES, Hal	215-640	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit 295	Unit 302	17ND

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 8-24-45

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)

7 August, 1945: Jurisdiction of this unit and the above named member of the crew administratively transferred from Unit 258 to Unit 295.

EXAMINED PEA-E-33

DUTY CODE NO. 30-F

AUTH: DCGO(d)17ND/L 8-7-45(CG-601)

C. F. GULER, Ensign, USCGR
(Commanding) Executive Officer

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

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

LC
BF
13

GRAVES

LS C7

Service Record

GRAVES
(Surname)

Hal (Christian names) 215-640 (Service No.) N.B. (Citizenship)

Surfman (Enlisted as) 3 December, 1940 (Date) Three (Term of years)

PORT TOWNSEND TRAINING STATION (Ship or station) Port Townsend, Washington (Place)

16—9677

2—3270 U. S. GOVERNMENT PRINTING OFFICE

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1939

SPECIAL TEMPORARY ENLISTMENT CONTRACT

AUTH: HQ 3rd Ind. Form 2525-B, 11-19-40.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

RE- ENLISTMENT [a] of GRAVES, Hal 215-640 as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Station~~ PORT TOWNSEND TRAINING STATION District, Port Townsend, Washington
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Port Townsend, Washington
(Place)

1. I, Hal Graves (Full name), this 3rd day of December, 19 40, desiring to enlist in the United States Coast Guard do declare 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, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: Never

2. I was born in Glen Echo, Washington, on 15 July, 1918 Citizenship [b] NB

If naturalized, place and date of naturalization xxxxxxxxxxxxxx Certificate number xxxxx

If intentions declared, place and date of declaration xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Occupation or trade Surfman, USCG. Home address Pe Ell, Washington

Full name and address of the following: Aril Evelyn Graves, Smith Island Light Station, Washington
(Wife, if any)

No children
(Children under 21 years of age. Specify ages of children)

Naomi Graves, PeEll, Washington Widowed? No
(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 for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

Never
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have - - - 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 2 December, 19 40, from ~~Cutter~~ Station Smith Island Lt. Station. with Ordinary discharge, herewith submitted, serial No. Form 2510-A
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by S.R. SANDS, JR. Lieutenant, 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 or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, 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, or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by S.R. SANDS, JR. Lieut., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Hal Graves 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—3476 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Hal Graves

Hal Graves
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By S.R. SANDS, JR. Lieutenant, USCG.
(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.

S.R. SANDS, JR.

Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Hal Graves (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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.

Hal Graves

Hal Graves
(Signature of enlisted person)

Subscribed and sworn to before me this 3rd day of December, A. D. 19 40

R.C. SARRATT, Lieut-Comdr.

Commanding Officer, Port Townsend Training Station.
(Commanding officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 22 years 4 months. Height 6 feet 0 inches. Weight 160 pounds. Eyes brown

Hair brown Complexion ruddy Color white Married Yes

Distinguishing marks Scar, 1", horizontal, 1 inch below lower lip. ½" scar, left thumb, second joint.

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.

2—3476

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

SERVICE RECORD

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
P.T.T.S.	12-3-40	[illegible] Lt.	Smith Is.LtStn	12-3-40	[illegible] Lt.Cmdr.
SMITH IS. STA.	1-20-42	[illegible] Ch.Bosn	NEAH BAY STA.	1-22-42	[illegible] Bos'n(a)
*CG.LB.STA.Baaddah Pt	5-1-43	[illegible] Ensign	CLALLAM BAYSEC	5-1-43	[illegible] Ensign
Cape Flattery LS	1-18-44	[illegible] Lt.(jg)	BAADDAH PT.LBS	1-18-44	[illegible] Lt.(jg)
BAADDAH PT. LBS.	1-18-44	[illegible] Lt.(jg)			

* For administrative purpose only.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
NEAH BAY STATION	CR to B.M.2c(Pro)	1-26-42	Lyman L. Baker Bos'n.(a)
NEAH BAY STATION	CR to B.M.1c(Pro)	3-7-42	Lyman L. Baker Bos'n.(a)

16—9676

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (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
12-31-40	LESS THAN ONE MONTH						Smith Is. LtStn.	F. VanDeVanter Ch. Bos'n.
3-31-41	3.5	4.0	4.0	3.3	4.0	-	Smith Is. LtStn.	F. VanDeVanter Ch. Bos'n.
6-30-41	3.5	4.0	4.0	3.3	4.0	-	SMITH IS. LT STN.	F. VanDeVanter Ch. Bos'n.

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 GRAVES, Hal 215-640

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

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
			Commanding Off.	
NEAH BAY STATION. [illegible]	1-22-42	5-1-43	CAPE FLATTERY LS	W. G. Graves Ensign
CLALLAM BAY SECTION	5-1-43	1-18-44	LH, Cape Flattery	Lt.(jg)

U. S. GOVERNMENT PRINTING OFFICE 16—9576

RECORD OF GRAVES, Hal 215-640
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Compensatory:	Signature
Smith I. Lt.Stn	1st Yr.	12-3-40	CREDIT	30	10	9	Ch.Bosn
Smith I. Lt.Stn	Comp.leave to 6-30-41		Credit	30	10	22	Ch.Bosn
Smith I. Lt.Stn	7-17-41	8-14-41	27	25	10	-	Ch.Bosn
Smith Il Lt.Stn	Comp.leave to 11-30-41		Credit	25	10	7	Ch.Bosn
Smith I. Lt.Stn	10-30-41	11-28-41	29	3	10	-	Ch.Bosn
Smith I. Lt.Stn	2nd YR.	12-3-41	CREDIT	30	10	-	Ch.Bosn
NEAH BAY STATION	6/19/42	6/22/42	2	28	10	-	Ensign
COAST GUARD STA	7/17/42	7/17/42	2	26	10		Lt.jg
C.G.STA.Neah Bay,Wn	8-27-42	7-31-42	3	23	10		Lt.(j
C.G.STA.Neah Bay,Wn	11-14-42	11-17-42	2	22	10		Lt.(jg
C.G.STA.Neah Bay, Wn	2nd year	12-3-42	CREDIT	30			Lt.(jg
C.G.STA.Neah Bay,Wn	12-23-42	12-29-42	5	25	10		Lt.(jg

Compensatory leave on Smith Island and Cape Flattery Light Stations earned at rate of 1 day and 20 hours per month.

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (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
Smith I.Lt.Stn	NO	DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT				Ch.Bosn
CG.LB.STA.Baaddah Pt	NO	DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Ensign

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date 18 January, 1944 Place Neah Bay, Washington Serial No. A68137

Kind of discharge Honorable discharge Authority for Article 461 (a) Personnel Instructions, 43

Discharged on account of expiration of enlistment.

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

SIGNATURE E. A. REUTERCRONA, Lt. (j.g.)

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (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

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

3 (Years) 1 (Months) 17 (Days)

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 114.00

The within-named man has been furnished travel allowance amounting to $ 6.05 at the rate of $.05 cents per mile from Neah Bay, Wash. to Port Townsend, Wash. and paid $ 36.44 in full to date of discharge. Name of pay officer Jay E. Law
Jay E. Law, Ensign, USCG.

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 18 January, 19 44

E. A. REUTERCRONA, Lieut. (jg)
Commanding Officer—~~Officer in Charge~~

Record of GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical Ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Signature
12-31-41	Surfman	3.5	3.2	3.2	3.3		4.0	Comdr.
1-20-42	Surfman	3.5	3.2	3.2	3.3		4.0	Comdr.
3-31-42	BM1c(P)	3.0	3.2	3.2	3.0		4.0	Ensign
6-30-42	BM1c(P)	3.0	3.2	3.2	3.0		4.0	jg
9-30-42	BM1c(P)	3.3	3.2	3.2	3.3		4.0	Lt(jg
12-31-42	BM1c(P)	3.3	3.2	3.2	3.3		4.0	Lt(jg)
3-31-43	BM1c(Pro)	3.4	3.4	3.2	3.3		4.0	CBM(a)(P
5-1-43	BM1c(Pro)	3.4	3.4	3.2	3.3		4.0	Ensign
6-30-43	BM1c(Pro)	3.4	3.4	3.2	3.3	CG LH Cape Flattery	4.0	Lt.(jg)
9-30-43	BM1c	3.6	3.4	3.2	3.5		4.0	Lt(jg)
12-31-43	BM1c(pro)	3.6	3.4	3.2	3.6		4.0	Lt(jg)
1-18-44	BM1c(pro)	LESS THAN ONE MONTH					4.0	Lt.(jg
Average		3.36	3.29	3.2	3.29		4.0	Lt.(jg

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

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD STATION, Neah Bay, Washington
(Unit) (Place)

1 April, 1943.
(Date)

FROM: GRAVES, Hal (215-640) B.M.1c(Pro).

TO: COMMANDANT (via District Coast Guard Officer, Seattle, Thirteenth 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:

Aril Evelyn Graves (Full name of wife; if not married, so state)	Tatoosh Island, Washington. (Address of wife)
NONE (Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Naomi Graves (Full name of relative)	Mother (Relationship)	Pe Ell, Washington. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Ralph R. Graves (Full name of relative)	Father (Relationship)	Pe Ell, Washington. (Address of relative)

Potential.
(State briefly wherein dependency exists)

WITNESSED BY:

Helen C. Hodgson

Rank Notary Public

SIGNED:

Hal Graves

Hal Graves,

Rank or Rating B.M.1c(Pro) U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT[a] of GRAVES, Hal 215-640 as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Office, 13th District, Seattle, Washington
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Seattle, Washington
(Place)

1. I, Hal Graves, this 1st day of December, 19 37, 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 Glen Echo, Washington, on 15 July, 1918 Citizenship[b] NB

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

If intentions declared, place and date of declaration - - - - - -

Occupation or trade Laborer Home address Pe Ell, Washington

Full name and address of the following: Not married.
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Naomi Graves, Pe Ell, Washington Widowed? No
(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 for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

(State fully nature of arrest, crime, confinement, or imprisonment involved)

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 never, 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 L. V. BARNETT, 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 L. V. BARNETT, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Hal Graves 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Hal Graves Hal Graves
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By L. V. Barnett L. V. BARNETT, Chief Boatswain (L), U.S.C.G.
(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.

L. V. Barnett
L. V. BARNETT
Chief Boatswain (L), *U. S. C. G., Enlisting Officer.*

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11. OATH OF ALLEGIANCE

I, Hal Graves (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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.

Hal Graves
Hal Graves (Signature of enlisted person)

Subscribed and sworn to before me this 1st day of December, A. D. 19 37.

M. P. Jensen
M. P. JENSEN Dist. Comdr. U.S.C.G.
Commander, Thirteenth District.
(Comdg. officer, officer in charge of a unit, or notary public)

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12. DESCRIPTIVE LIST

Age 19 years 4 months. Height 6 feet 0 inches. Weight 161 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar, 1", horizontal, 1 inch below lower lip. ½" scar, left thumb, second joint.

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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 July 1935

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Thirteenth District Office	12-1-37	Baaddah Point Station	12-2-37
Baaddah Point Station	1-10-40	Smith Island Light Station	1-15-40

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

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RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (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	Vessel or station	Signature of commanding officer or officer in charge of a unit
12-1-37	Less than one month.					Thirteenth District.	M. B. Jensen
12-31-37	2.4	4.0	4.0	2.0	4.0	Baaddah Point Station	Lynn L. Baker
3-31-38	2.4	3.8	4.0	2.0	4.0	Baaddah Point Station	Lynn L. Baker
6-30-38	2.5	4.0	4.0	2.0	4.0	Baaddah Point Station	Lynn L. Baker
9-30-38	2.5	4.0	4.0	2.1	4.0	Baaddah Point Station	Lynn L. Baker
12-31-38	2.5	4.0	4.0	2.1	4.0	Baaddah Point Station	Lynn L. Baker
3-31-39	2.5	4.0	4.0	2.2	4.0	Baaddah Point Station	Lynn L. Baker
6-30-39	2.5	4.0	4.0	2.2	4.0	Baaddah Point Station	Lynn L. Baker
9-30-39	2.8	4.0	4.0	2.4	4.0	Baaddah Point Station	Lynn L. Baker
12-31-39	2.8	4.0	4.0	2.4	3.7	Baaddah Point Station	Lynn L. Baker
1-10-40	LESS THAN ONE MONTH					Baaddah Point Station	Lynn L. Baker
3-31-40	3.0	4.0	4.0	2.8	4.0	Smith Island L.S.	M. B. Jensen Lt.Cmdr.
6-30-40	3.0	4.0	4.0	2.8	4.0	Smith Island L.S.	M. B. Jensen Lt.Cmdr.
9-30-40	3.0	4.0	4.0	2.8	3.0	Smith Island L.S.	M. B. Jensen Lt.Cmdr.
12-2-40	3.0	4.0	4.0	2.8	2.0	Smith Island L.S.	W. S. Haugen Lt.Cmdr.
AVERAGES	2.684	3.984	4.0	2.35	3.746	Smith Island L.S.	W. S. Haugen Lt.Cmdr.

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 28 September, 1938, at Baaddah Point Station, Neah Bay, Washington. (Date and place)

Lynn L. Baker

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RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Baaddah Point Station	10-27-38	Marksman (Rifle)	Lynn L. Baker
Baaddah Point Station	12-14-38	Marksman (Rifle)	Lynn L. Baker
Baaddah Point Station	12-19-38	Marksman (Pistol)	Lynn L. Baker
Baaddah Point Station	10-27-39	Rifle Sharpshooter	Lynn L. Baker
Baaddah Point Station	10-27-39	Pistol Expert	Lynn L. Baker

8. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		
Baaddah Point Station	8-1-39	9-30-39	Station cook	Lynn L. Baker

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

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Rec. Comp.*	Signature of executive officer or officer in charge
13th District	- - -	- - -	1st year	30	- - -	L. H. Barnett
Baaddah Point Sta.	3-31-38	4-11-38	10	20	- - -	Lynn L. Baker
Baaddah Point Sta.	7-19-38	7-30-38	10	10	- - -	Lynn L. Baker
Baaddah Point Sta.	11-19-38	11-30-38	10	00	- - -	Lynn L. Baker
Baaddah Point Sta.	12-1-38 Enl. Year			30	- - -	Lynn L. Baker
Baaddah Point Sta.	2-7-39	2-11-39	3	27	- - -	Lynn L. Baker
Baaddah Point Sta.	3-28-39	4-1-39	3	24	- - -	Lynn L. Baker
Baaddah Point Sta.	6-20-39	6-26-39	5	19	- - -	Lynn L. Baker
Baaddah Point Sta.	11-5-39	11-25-39	19	- - -	- - -	Lynn L. Baker
Baaddah Point Sta.	12-1-39 ENL. YEAR			30	- - -	Lynn L. Baker
Baaddah Point Sta.	1-10-40	1-15-40	4	26	- - -	Hitchcock Hamilton
SMITH I. LIGHT STA.	6-30-40	CREDIT; 10 days comp.		-26	0 - 10	M. C. Jensen Lt. Cmdr.
SMITH II. LIGHT STA	5-24-40	6-20-40	26	10	0 - 0	M. C. Jensen Lt. Cmdr.

*Compensatory leave on Smith Island Station accrues at rate of one day and 20 hours per month.

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
13th District	No unauthorized absence while attached to this unit.				W.P. Jensen
Baaddah Point Sta.	No unauthorized absence while attached to this unit.				Lyman L. Baker
Smith Is.Lt.Station	NO UNAUTHORIZED ABSENCE WHILE ATTACHED THIS UNIT.				N.S. Haugen, Lt.Cmdr.

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

30 November, 1940: Enlistment extended due to reenlistment date falling on Sunday. Authority: Art. 4636, Personnel Instructions.

N.S. Haugen Lieut-Comdr.
N. S. HAUGEN,

12. ON DISCHARGE

Date 2 December, 1940 Place Smith Island, Washington Serial No. A-2510 (Ordinary)
Kind of discharge Ordinary Authority for Art. 461(a), P.I.
Discharged on account of expiration enlistment & extension thereof.
Is ____ recommended for reenlistment. Rating best qualified to fill Surfman
(If "not", so state)

13. ON DESERTION

____, 193 ____ ____ ____
(Date) (Unit) (Place)

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RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

14. ON RETIREMENT

(Date), 193 (Cause) (Authority)

15. ON DEATH

(Date), 193 (Place) (Cause) (Place of burial

or disposition of remains) (Disposition of effects)

Was death incident to service?

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

3 (Yrs.) 0 (Mos.) 2 (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion , 193

Commanding Officer—District Commander.

RECORD OF GRAVES, Hal (Full name, surname to the left) 215-640 (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $60.00

The within-named man has been furnished travel allowance amounting to $2.20 at the rate of 5 cents per mile from Smith Island, Wn. to Seattle, Wash. and paid $8.75 in full to date of discharge. Name of pay officer E.E.Miller, Chief Pay Clerk, USCG

Address subsequent to discharge will be:

Smith Island Street,

City, Washington State.

Certified to be correct upon termination of service 2 December, 1940.

N. S. HAUGEN, Lieut-Comdr.
~~Commanding Officer Officer in Charge.~~
Personnel Officer, Seattle Dist.

U.S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Thirteenth District Office (Unit) — Seattle, Washington (Place)

1 December, 1937. (Date)

FROM: GRAVES, Hal (215-660) Surfman.

TO: COMMANDANT (via Thirteenth 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:

Not married. (Full name of wife; if not married, so state) — (Address of wife)

none (Full name of child; if none, so state) — (Address of child)

none (Full name of child; if none, so state) — (Address of child)

none (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:

Naomi Graves (Full name of relative) — Mother (Relationship) — Po Ell, Washington (Address of relative)

Potential dependency. (State briefly wherein dependency exists)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: L. V. Barnett
L. V. BARNETT

Rank Chief Boatswain (L), U.S.C.G.

SIGNED: Hal Graves
Hal Graves

Rank or Rating Surfman, U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1935

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-D

CERTIFICATION OF APPLICANT

Thirteenth District Recruiting Office at Seattle, Washington

Date 1 December, 1937.

To: Commandant, U. S Coast Guard.

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic innoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of three years in the rating of surfman and that the pay of the rating in which I am enlisting is 60.00 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned or located.

ATTEST:

Hal Graves
Hal Graves
Signature of applicant.

L. V. Barnett Chief Boatswain (L), U.S.C.G.
L. V. BARNETT
Name of Recruiting Officer Rank

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 Seaman

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.

Seattle Wash.
(Place)

Nov. 17, 1937
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 19 years 3 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 Hal Graves

Date of birth July 15, 1918

Place of birth Glen Echo Wn Citizenship American

Home address Pe Ell Washington

Are you married? No Number and relationship of persons dependent on you for support? None

Are you prepared to support your dependents on service pay? None

Are your parents living? Yes Are your parents dependent on you for support? No

Name and address of next of kin Naomi Graves, Pe Ell, Wn

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—
Pe Ell High	Pe Ell Wn	School	Sept	June	student
John Mc Neil	RFD Chehalis, Wn	farmer	Sept	Nov	land clearer

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Grammar and High School education in Port Ellis, Washington. I attended grammar school 7 years & I skipped the 5th grade. I attended High School 4 years. I graduated from both.

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) Hal Graves

Accepted or rejected Accepted. Cause of rejection

Date 1 December, 1937.

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.

M. B. Jensen

M. B. JENSEN Dist. Comdr. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE

Form 2551
TREASURY DEPARTMENT
U. S. COAST GUARD

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF Hal Graves

Thirteenth District Office, Seattle, Washington (Ship or Station) 17 November, 1937. (Date)

I,[1] Naomi Graves, residing in the town of Pe Ell, County of Lewis and State of Washington, do hereby consent to the enlistment of[2] Hal Graves to serve for a period of three years from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Glen Echo, Washington, on the 15th day of July, 19 18

And I, the said[1] Naomi Graves do solemnly swear (or affirm) that I am the[4] mother of the said[2] Hal Graves, to be enlisted by my consent as[3] Surfman, and that he has no other legal guardian but myself. So help me God.

Naomi Graves
(Signature of Parent or Guardian)
Naomi Graves

Address: (Street and Number) Pe Ell (City or Town) Washington (State)

Personally appeared before me[1] Naomi Graves, a resident of Pe Ell, in the County of Lewis, and State of Washington, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 19 day of November, 1937

O E Shoemaker
(Signature of Officer administering oath)

Notes to which the small figures refer in the oath of the parent or guardian:
(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

GOVERNMENT PRINTING OFFICE
2—13410

EDUCATION AND SPECIAL QUALIFICATIONS

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

GRAVES, Hal	215-640	Surfman
Name in full - surname to left	Service number	Rating

EDUCATION:

(a) Grammar school **Eighth grade (graduated)**
Indicate here the highest grade completed.

(b) High school **Four years (graduated)**
Indicate number of years attended

(c) College **None**
Indicate years attended, name of college, degrees

if any attained, any special or scientific course pursued or completed.

EXPERIENCE:

Indicate in parenthesis number of years served at following:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Book-Keeper	( )
Carpenter	( )	Cabinet-Maker	( )
Draftsman	( )	Dentist	( )
Electrician (General)	( )	Electrician (Telephone)	( )
Engraver	( )	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	( )		

Set forth briefly, yet succinctly, below any previous experience or training not covered above. Also set forth such remarks as will 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 & courses:

Reverse side of form may be utilized if required.

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of GRAVES, Hal 215-640 as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter / Station Office, 13th District, Seattle, Washington
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Seattle, Washington
(Place)

1. I, Hal Graves, this 1st day of December, 19 37, 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 Glen Echo, Washington, on 15 July, 1918 Citizenship [b] NB

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

If intentions declared, place and date of declaration - - - - - -

Occupation or trade Laborer Home address Pe Ell, Washington

Full name and address of the following: Not married.
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Naomi Graves, Pe Ell, Washington Widowed? No
(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 for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

(State fully nature of arrest, crime, confinement, or imprisonment involved)

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 never, 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 L. V. BARNETT, 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 L. V. BARNETT, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Hal Graves 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—3476 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Hal Graves Hal Graves
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By L. V. Barnett L. V. BARNETT, Chief Boatswain (L), U.S.C.G.
(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.

L. V. Barnett
L. V. BARNETT
Chief Boatswain (L), *U. S. C. G., Enlisting Officer.*

---

11. OATH OF ALLEGIANCE

I, Hal Graves, 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.

Hal Graves
Hal Graves (Signature of enlisted person)

Subscribed and sworn to before me this 1st day of December, A. D. 19 37.

M. P. Jensen
M. P. JENSEN, Dist. Comdr. U.S.C.G.
Commander, Thirteenth District.
(Comdg. officer, officer in charge of a unit, or notary public)

---

12. DESCRIPTIVE LIST

Age 19 years 4 months. Height 6 feet 0 inches. Weight 161 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar, 1", horizontal, 1 inch below lower lip. ½" scar, left thumb, second joint.

---

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 Seaman

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.

Seattle, Wash.
(Place)

Nov 17, 1937
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 19 years 3 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 Hal Graves

Date of birth July 15, 1918

Place of birth Glen Echo Wa. Citizenship American

Home address Port Elly, Washington

Are you married? NO Number and relationship of persons dependent on you for support? None

Are you prepared to support your dependents on service pay? None

Are your parents living? Yes Are your parents dependent on you for support? No

Name and address of next of kin Naomi Graves, Port Elly Wa

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—
Port Elly High	Port Elly Wa	School	Sept	June	Student
John McNeil	Rt 4, Chehalis Wa	farmer	Sept	Nov	Lead Clerk

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Grammar and High School Education in Port Ellis, Washington. I attended grammar School 7 years as I skipped the 4th grade I attended High School 4 years. I graduated from both.

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) Hal Graves

Accepted or rejected Accepted Cause of rejection

Date 1 December, 1937.

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.

M. E. JENSEN Dist. Comdr. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 13

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-D

CERTIFICATION OF APPLICANT

Thirteenth District
~~Recruiting~~ Office at Seattle, Washington

Date 1 December, 1937.

To: Commandant, U. S Coast Guard.

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic innoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of three years in the rating of surfman and that the pay of the rating in which I am enlisting is 60.00 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned or located.

ATTEST:

Hal Graves
Hal Graves
Signature of applicant.

L. V. Barnett Chief Boatswain (L), U.S.C.G.
L. V. BARNETT
Name of Recruiting Officer Rank

Form 2551
TREASURY DEPARTMENT
U. S. COAST GUARD

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF Hal Graves

Thirteenth District Office, Seattle, Washington (Ship or Station) 17 November, 1937. (Date)

I,[1] Naomi Graves, residing in the town

of Pe Ell, County of Lewis

and State of Washington, do hereby consent to the enlistment

of[2] Hal Graves to serve for a period of three years from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Glen Echo, Washington

, on the 15th day of July, 19 18

And I, the said[1] Naomi Graves do solemnly swear

(or affirm) that I am the[4] mother of the said[2] Hal Graves,

to be enlisted by my consent as[3] Surfman, and that he has no other legal guardian but myself. So help me God.

Naomi Graves
(Signature of Parent or Guardian)
Naomi Graves

Address: (Street and Number) Pe Ell (City or Town) Washington (State)

Personally appeared before me[1] Naomi Graves,

a resident of Pe Ell, in the County of Lewis,

and State of Washington, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this

19 day of November, 1937

O E Shoemaker
(Signature of Officer administering oath)

Notes to which the small figures refer in the oath of the parent or guardian:

(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

GOVERNMENT PRINTING OFFICE
2—13410

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

U.S. Coast Guard 1937 Thirteenth Dist. NOV 20

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Seattle, Washington
(Place)

17 November, 1937.
(Date)

To Chief of Police, Pe Ell, Washington.

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:

Hal Graves
(Name of applicant)

19 years	6 feet	161 pounds	White
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No

(4) Convicted of crime? No (5) Arrested for any offense? No

To your knowledge is he married or single? Single

Ernest Pointer
ERNEST POINTER *Recruiting Officer.*

11-18-37
(Date)

To Recruiting Officer, Thirteenth District Office
542 Federal Office Building
Seattle, Washington.

The above information is submitted from the records of this office.

L. L. Smith
Chief of Police.

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

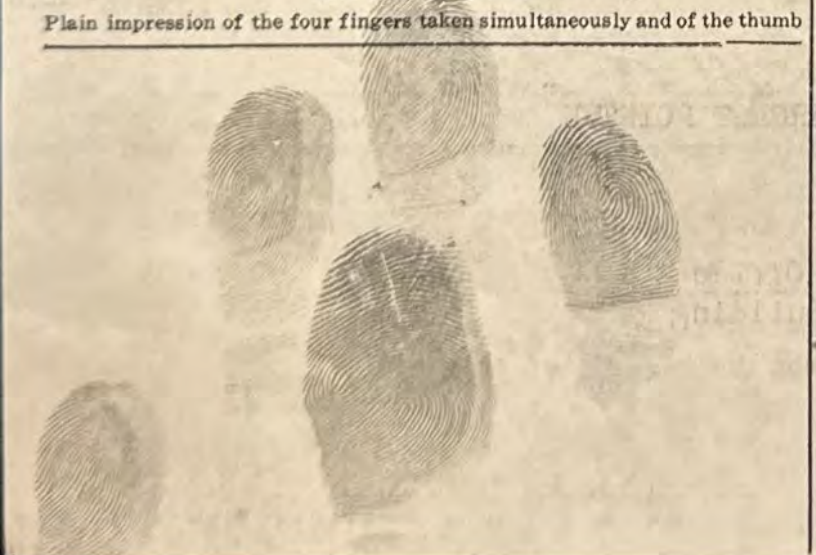
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

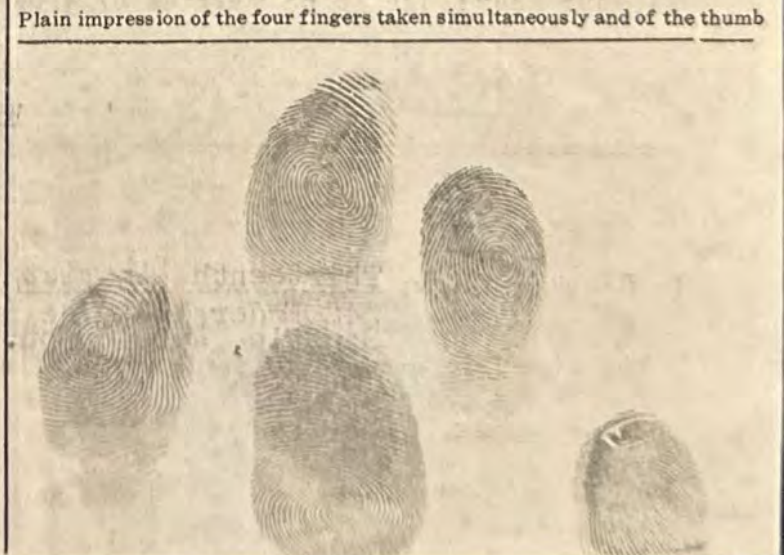
LEFT HAND

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



"A Community Newspaper Devoted to the Interests of Western Lewis County"

The Pe Ell Tribune

W. H. BAKER, Publisher

Pe Ell, Washington

To Whom It May Concern:

This is to certify that I know the bearer, Hal Graves, to be of good character and entirely trustworthy. I am therefore glad to recommend him to any position of trust that he might undertake to fill.

W. H. Baker

Route 4 - Box 203
Chehalis - Wash.
Nov. 20 - 1937

To whom it may concern:

Hal C. Groves has worked fifty days for me.

I have found him to be a good ~~a good~~ worker and trustworthy and he also has a good character and no bad habits.

John L. McNeil

WILLIAM MAUERMANN, CHAIRMAN

O. E. SHOEMAKER, CLERK

PE ELL PUBLIC SCHOOLS

DISTRICT NO. 211, LEWIS COUNTY
WENDELL M. IVERSON, SUPERINTENDENT

PE ELL, WASHINGTON

Nov. 29, 1937

To whom it May concern:

I have known Hal Graves as a student in our high School and find that he is honest, conscientious and a good worker. He will do his best at whatever he undertakes as he is ambitious and wishes to succeed.

Hal Graves should make good.

Wendell Iverson
Supt. of Schools

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD (.)
REC'D DEC 8 - 1937 By
NS.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Thirteenth District Office (Unit) — Seattle, Washington (Place)

1 December, 1937. (Date)

FROM: GRAVES, Hal (215-640) Surfman.

TO: COMMANDANT (via Thirteenth 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:

Not married. (Full name of wife; if not married, so state) — (Address of wife)

none (Full name of child; if none, so state) — (Address of child)

none (Full name of child; if none, so state) — (Address of child)

none (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:

Naomi Graves (Full name of relative) — Mother (Relationship) — Pe Ell, Washington (Address of relative)

Potential dependency. (State briefly wherein dependency exists)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY:

L. V. Barnett
L. V. BARNETT

Rank Chief Boatswain (L), U.S.C.G.

SIGNED:

Hal Graves
Hal Graves

Rank or Rating Surfman, U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1934

NAV. S. and A. Form 67
(Revised Aug. 1945)

RECEIVED

NAVY DEPARTMENT

DISCONTINUANCE OF FAMILY ALLOWANCE

DISCONTINUANCE No. 834,113

Last Name	First Name	Middle Name	Service No.	Rating
GRAVES	Hal	--	(215-640)	B.M.1c.

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Aril E. Graves, c/o Ray Graves, Peell, Washington.	Wife		

REASON FOR CANCELLATION

Divorced, 5 November, 1945.

NOTE: Headquarters should be informed of final action.

ITEM SUSPENDED

CHECKS CANCELLED

LAST MONTH PAID

LAST MONTH OF CHECKAGE

Authorization No. 9,002,806 for payment of monthly Family Allowances to the 1 (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 November, 1945 except as subsequently authorized.

3

DATE 5 March, 1946

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 9,002,806

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

GRAVES, Hal — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(215-640) — SERVICE NUMBER

B.M.1c. — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Aril E. Graves, 812 South Dixie, West Palm Beach, Florida.	Wife		

2-25-46
% Ray Graves
Peell, Washington

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	Dec. 1944
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 3 January, 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

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

Dec. 1944

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
DCGO, 17thNavDist	12-18-44	3 December, 1937

9,002,506

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GRAVES,	Hal	----	215-640	BM1c F3 4 1X3

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	Aril Evelyn Graves 812 South Dixie West Palm Beach, Florida	Wife				
2							
3		T - Nov '45					
4		wife div. - 11-5-45 payee Resp				for	
5		over p/f.					
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.
Seattle, Washington	5-11-39	☐ 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:

Subscribed and sworn to before me this 18th *day of* December 19 44

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

J. H. Bigbee

J. H. BIGSBEE, Lieutenant, USCGR
(Signature of attesting officer)

(Title)

Hal Graves
Hal Graves
(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

N. C. G. 9545
Revised Sept. 1941

SINGLE X
MARRIED
WIDOWED
DIVORCED

GRAVES, Hal (NAME) 215-640 (SERVICE NUMBER)

Other creditable service— YRS. MOS. DAYS 137473

Birth, date of 15 July, 1918

Birth, place of Glen Echo, Wash.

Citizenship N

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Unit 258 (17)	10-10-45	BMIC				2d
Unit 279 (17)	12-20-45	BMIC				2d
Unit 258 (17)	5-25-46	BMIC				TN
PSC #17, Ketchikan	5-26-46	BMIC				Tr.
PSC #17, Ketchikan	5-29-46	BMIC	8	5	29	HD (COG) PB 106-45

16—11203-1

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised Mar., 1930

REGISTER ENLISTED FORCE

(1) 11-30-41

GRAVES, Hal 215-640

12-1-37
1-42
1-43

SINGLE X
MARRIED
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of, July 15, 1918

Birth, place of, Glen Echo, Wash.

Citizenship, N.

2—8095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
OFFICE 13th Dist.	12-1-37	Surfman				SPECIAL TEMPORARY Orig. Enl. THREE YEARS Auth. F-2525-B- 11-24-37
BAADAH POINT (13)	12-2-37	Surfman				Tr.
BAADDAH POINT (SD)	7-1-39	Surfman				
SMITH ISLAND LT.STA.	1-15-40	Surfman				Tr.
SMITH ISLAND LT.STA.	12-2-40	Surfman				HD. Enl. Ext. Sunday
SMITH ISLAND LT.STA.	12-3-40	Surfman				Re. THREE YEARS SPECIAL TEMP. Auth. F-2525-B- 11-19-40
NEAH BAY (SD)	1-22-42	Surfman				Tr.
NEAH BAY (SD) X	1-26-42	B.M.2c(Pro)				Cr.
NEAH BAY (SD) X	3-7-42	B.M.1c.(Proo)				Cr.
Neah Bay Sta (SD)	1-18-44	B.M.1c				HD
Neah Bay Sta (SD)	1-19-44	B.M.1c				FOUR YEARS REGULAR RE. AUTH. F-2525-B-12-23-43
Garibaldi Sta (3)	2-25-44	B.M.1C.				Tr (Cape Meares Lighthouse
Hammond Group (3)	10-10-44	B.M.1C				Regr. Cape Meares & Sta
Unit #258 (17)	12-16-44	B.M.1c				Tr. (1-25-30-JUNE)
Unit 302 (17)	1-31-45	B.M.1c				Tr

UNITED STATES COAST GUARD

KETCHIKAN, ALASKA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (fpd)
~~17th~~ THIRTEENTH NAVAL DISTRICT
REFER TO FILE: CG-73-522

2-4

21 January, 1946

To: The Commandant (FA-CP)

Subj: Family Allowance; change of address

It is requested that family allowance checks from compensation of GRAVES, Hal N. (215-640), BM1c., USCG., payable to Mrs. Aril Graves be mailed to her % Ray Graves, Peell, Washington.

R. T. SMITH,
By direction.

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF TILLAMOOK.

Aril Graves,

Plaintiff,

vs.

Ralph Raymond Graves,

Defendent.

DECREE.

The above entitled cause coming on to be heard on this 5th day of November, 1945, the plaintiff appearing in person and by E. J. Claussen, her attorney, the defendant appearing by H. T. Botts, his attorney, and the State of Oregon appearing by C. W. Barrick, District Attorney for Tillamook County, Oregon; and the defendant having filed a demurrer and said demurrer being submitted without argument,

IT IS ORDERED that the said demurrer be and the same is hereby overruled.

And the defendant refusing to plead further,

IT IS ORDERED AND ADJUDGED that the default of the defendant be and the same is hereby entered, as required by law.

The plaintiff thereupon announced herself ready for trial and C. W. Barrick, District Attorney for Tillamook County, Oregon, being present and consenting to the trial of this cause on this date, the plaintiff introduced evidence in support of her complaint, and after cross examination of the plaintiff by the District Attorney, said cause was submitted to the Court, and the Court being now fully advised, finds that the complaint states a good cause of suit; that the defendant by failing to answer said complaint has confessed the allegations thereof; that plaintiff has established each

and all of the alle ations of her complaint by legal and competent evidence; and that plaintiff is entitled to the relief prayed for in her complaint; now, therefore,

IT IS ORDERED, adjudged and decreed, that the bonds of matrimony existing between the plaintiff and the defendant be and they are hereby dissolved and that the plaintiff be and she is hereby granted an absolute divorce from the defendant.

R. Frank Peters
Circuit Judge.

CERTIFIED TO BE A TRUE COPY

M. H. BETHEA, Lieut.(jg) USCGR(W)

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF TILLAMOOK.

Aril Graves,

Plaintiff,

vs

Ralph Raymond Graves,

Defendant.

COMPLAINT.

For cause of suit against the defendant, plaintiff alleges:

I.

That plaintiff and defendant were lawfully married at Seattle, Washington, on May 11, 1939, and that since said time they have been and still are husband and wife.

II.

That in January, 1943, the parties came to Tillamook County, Oregon, and that the plaintiff has since said time resided and now resides in Tillamook County, Oregon.

III.

That the defendant has subjected plaintiff to a course of cruel and inhuman treatment and has heaped upon her personal indignities, rendering her life burdensome; that instances of such actions are as follows:

1. That while the parties lived together in Tillamook, Oregon, the defendant neglected the plaintiff, spent much of his time away from home in gambling and in associating with persons of questionable character;

2. That during said period defendant drank to excess and frequently came home in an intoxicated condition.

3. That by reason of the actions of the defendant aforesaid, the plaintiff suffered great mental distress and

was obliged to and did in October, 1944, leave the defendant, and that she has ever since said time lived separately and apart from him.

IV.

That no children were born to the union of the parties, and that no property rights are involved herein.

V.

That the defendant is in the military service of the United States, but that said defendant is in a position and well able to defend this suit.

WHEREFORE, Plaintiff prays for a decree of this Court herein dissolving the bonds of matrimony existing between the parties and granting the plaintiff an absolute divorce from the defendant, and for such other and further relief as to the Court may seem just and equitable.

E. J. Claussen
Attorney for Plaintiff

STATE OF OREGON,)
) ss.
County of Tillamook,)

I, Aril Graves....., being first duly sworn, depose and say that I am the....plaintiff named.....in the above entitled .....suit..... ..... and that the foregoing..... .....Complaint.....is true, as I verily believe; ....

.....Aril Graves.....

Subscribed and sworn to before me this..7th..day of..June..,1945.

(Notarial Seal)

E. J. Claussen
Notary Public for Oregon.

My Commission Expires Jan. 8, 1949.

STATE OF OREGON)
) ss.
County of Tillamook,)

A true copy.

/s/ E. J. Claussen
Attorney for Plaintiff.

REC'D FEB 2 6 1946

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

Notification of Change in Status of Enlisted Personnel
for Family Allowances Purposes

GRAVES, Hal (n)	215-640	BM1c
(Name)	(Service No.)	(Rating)

To: Chief, Military Morale Division, C.G. Headquarters, Washington, D.C.

You are hereby notified of change in status as indicated below in the case of the person named above.

( )* Checkage is being discontinued as provided in regulations after checkage for the month of _____.

(x)* Checkage is being continued as required by regulations pending notification to stop.

5 November, 1945	Divorce
Date of Change of Status	Nature of Change in Status

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

R. T. SMITH, S.D.A. 55-279
Pay Officer
DCGO, 17th Naval District
Ketchikan, Alaska

Ind-1
C.G. Headquarters
Washington, D.C.

_____
(Date)

To: Pay Officer, DCGO, 17th Naval District, Ketchikan, Alaska

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of:

_____
Chief, Military Morale Division