2026 NOV 9 12:30

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 11/14/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Hodges, Robert, W. 230917	723100168	1917 MN

MILITARY SERVICE

Branch of Service:

- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:

- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):

- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1985 NY

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-000850648 2

Attendant Signature:

CMRS Search Request Number(s): CGS-02921 4863

Remarks:

'26 NOV 19 PM 1:25

SCREENING NOTES

☒ Reviewed and Nothing Removed MW ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

LEGEND: Insert N/A to the items below [illegible] pplicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	GRADE, RATE OR [illegible]	DATE OF RANK (Day, Month, Year)
HODGES, Robert Warren	230-917	BMC (E-7)	6-1-55

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH DAY	MONTH	YEAR
TREASURY - USCG	Springfield, Minnesota	9	NOV	17

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	72"	205	☒ YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
HIGH SCHOOL - 4 Years	General Techinical

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED (GRU MORICHES)
VOLRET - 20 years	MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK

c. REASON AND AUTHORITY VOLRET - 20 years	d. EFFECTIVE DATE DAY	MONTH	YEAR
COMDT (PE-1) ltr dated 9-26-61, TONO: 69122/99203012X	1	JAN	62

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (GRU MORICHES)	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK	HONORABLE	NONE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Registered	* *	Not Applicable		

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

* * * * * * * * * * * * * * * * * * * *

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
24 Sterling Ave. E. Patchogue, L.I., N.Y.	Annual for over 40 yrs.	1 NOV 60

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caus	18		USCG	Group Moriches

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
9 NOV 17	Springfield, Minn.	Edna G. (Wife) Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, N.Y., N.Y.	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
	X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

1" Oval Mole Rt. Arm.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X				X											X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X												X		X		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentally Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.015

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

46. CHEST X-RAY (*Place, date, film number, result*)
USPHS OPC, N.Y., N.Y. 1 NOV 60
156 009 Negative Chest

47. SEROLOGY (*Specify test used and result*)
VDRL & Mazz Negative

48. EKG
Normal Tracings

49. BLOOD TYPE AND RH FACTOR
ND

50. OTHER TESTS
Hematocrit 47%

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
72½"	207	Brown	Blue		99.0

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 146 DIAS. 96	RECUM-BENT	SYS. 128 DIAS. 84	STANDING (5 min.)	SYS. 132 DIAS. 98	58. PULSE (*Arm at heart level*) SITTING 88	AFTER EXERCISE 100	2 MIN. AFTER 88	RECUMBENT 84	AFTER STANDING 3 MIN. 92

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. NI CX	CORR. TO NI BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° NI EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NI LEFT	Normal PIC Plates	NI	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NI	NI	NI	NI

70. HEARING

RIGHT WV 15/15 SV 30/30 15
LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3890	4000 4096	8000 8192	
RIGHT	NI							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NI

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT
QUALIFIED FOR IS QUALIFIED FOR RETENTION.

PHYSICAL CATEGORY

	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
V. R. REILLY, SR SURG, USPHS
SIGNATURE V. R. Reilly M.D.

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
J. S. MILLER, DENT DIR, USPHS
SIGNATURE J. S. Miller

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997

16—62288-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/18/61	Arthritis L elbow - seen 9/13/61 + Bl. Uric Acid + ESR taken following Day - BUA - 6.1 mg% ESR. 14 Placed on Colchicine gr 1/100 ad - will consider Benemid if recurrence

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	BMC	Montauk LBS	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	9 November, 1917	230-917

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
3-9-60	Excused from Annual physical examination due to the reason of having been hospitalized from 1 December 1959 to 15 December 1959, at USPHS Hospital, Staten Island, New York. Diagnosis: Bronchopneumonia left lower lobe. Reference: Personnel Instruction No. 15-60.

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	BMC	CG GROUP MORICHES	USCG	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	9 November 1917	230-917

16—67728-1

PHS. 1731
Rev. 4-57

MEDICAL REPORT OF DUTY STATUS

NAME: Hodges, Robert

HOSPITAL REGISTRATION NO.: 63445

ADDRESS:

INPATIENT

INCLUSIVE DATES OF TREATMENT

From: Through:

OUTPATIENT

DATE: Jan. 13 1960

TIME ARRIVED: A.M./P.M.

TIME DEPARTED: A.M./P.M.

DISPOSITION

Can resume usual occupation — DATE:

Can perform limited duties as specified under REMARKS — DATE:

To return to clinic — DATE:

To be hospitalized — DATE:

Other *(Specify)* Med. Cl

REMARKS

X. PIT ... ~~NOT FIT~~ FOR DUTY

IN REGARD TO..... Chest
(ANATOMICAL AREA)

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U. S. Public Health Service Hospital Staten Island, New York	L Christ	1/13/60

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958-450767

PHS. 1731
Rev. 4-57

MEDICAL REPORT OF DUTY STATUS

NAME: HODGES, ROBERT

HOSPITAL REGISTRATION NO.: 63445

ADDRESS: 24 STERLING AVE., E PATCHOGUE, LI, NY

INPATIENT

INCLUSIVE DATES OF TREATMENT — From: 12/3/59 Through: 12/15/59

OUTPATIENT

DATE | TIME ARRIVED A.M./P.M. | TIME DEPARTED A.M./P.M.

DISPOSITION

	DATE		DATE
Can resume usual occupation		Can perform limited duties as specified under REMARKS	
To return to clinic		To be hospitalized	

Other (Specify)

REMARKS

DISPOSITION: NOT FIT FOR DUTY FOR 14 DAYS: TO RETURN TO MEDICAL CLINIC ON DECEMBER 30, 1959 @ 10AM

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U. S. Public Health Service Hospital Staten Island, New York	George Christ GEORGE CHRIST SA SURG	12/15/59

☆ U. S. GOVERNMENT PRINTING OFFICE: 1955-460767

PHS. 1731
Rev. 4-57

MEDICAL REPORT OF DUTY STATUS

NAME: Hodges, Robert

HOSPITAL REGISTRATION NO.:

ADDRESS:

INPATIENT

INCLUSIVE DATES OF TREATMENT

From: Through:

OUTPATIENT

DATE: Dec. 30, 1959 TIME ARRIVED: A.M./P.M. TIME DEPARTED: A.M./P.M.

DISPOSITION

- Can resume usual occupation — DATE:
- Can perform limited duties as specified under REMARKS — DATE:
- To return to clinic: 2 weeks — DATE:
- To be hospitalized — DATE:
- Other (Specify): Jan 13, 1960 - Med Cl.

REMARKS

... ~~X~~ X.. NOT FIT FOR DUTY IN REGARD TO..Chest (ANATOMICAL AREA)

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U. S. Public Health Service Hospital Staten Island, New York	[signature]	12/30/59

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958-450767

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
COMMANDER, CG GROUP MORICHES	USPHS HOSPITAL, SINY	12/15/59

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
HODGES, Robert W.	230-917	BMC	CG GROUP MORICHES

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
1. Bronchopneumonia, left lower lobe		12/3/59	12/15/59

THE PATIENT WAS DISCHARGED FROM [X] INPATIENT [ ] OUTPATIENT TREATMENT AS INDICATED ABOVE, AND [ ] IS [X] IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER: George H. CHRIST, SA Surg/rap

REMARKS: (Recommendations as to sick leave, further treatment, etc.)

Discharged NFFD for two weeks. Sick leave recommended. Return Med. Clinic in 2 weeks.

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT

RECEIVING TREATMENT AT [ ] INPATIENT [ ] OUTPATIENT [ ] OFFICE [ ] HOSPITAL

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

Send original of each part of this form to Commandant (PM); copy to patient's Coast Guard unit

PREVIOUS EDITIONS ARE OBSOLETE

---

lobe, seen best on lateral film. Follow-up film showed that this had possibly resolved. The patient was asymptomatic throughout much of his hospital stay.

DIAGNOSIS: 1. Bronchopneumonia, left lower lobe.

OPERATION: None.

CONDITION: Improved.

RECOMMENDATIONS: 1. Not fit for duty, to have convalescent leave for 14 days.
2. Return Medical Clinic in 2 weeks./

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ George H Christ, SA Surgeon/ pc	dict. 12/14/59		CGRA

PATIENT'S IDENTIFICATION (Where typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

HODGES, ROBERT WARREN
USPHS HOSP. S.I. 4. NY.

REGISTER NO. 63445 | WARD NO. A-3

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 443426

Rev. August 1951
Promulgated
By Bureau of the Budget
Circular A - 32

NARRATIVE SUMMARY

CLINICAL RECORD	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
DATE OF ADMISSION 12/3/59	12/15/59 (Sign and date at end of narrative)	12

HISTORY: This 42 year-old white male Coast Guardsman, had a cold for one week prior to admission. The symptoms became worse three days prior to admission, with chills, fever, ;and cough, productive of yellow sputum. There was no hemoptysis. He was given a shot of some antibiotic on the morning of admission. He reported to Sick Bay and was sent here.

Past history includes tonsillectomy, hemorrhoidectomy and laminectomy. His mother died of carcinoma of the lungs, one month ago, at age 68.

PHYSICAL EXAM: Well-developed, well-nourished white male, ill, but in no distress. Temperature 101 degrees; pulse 96. Ear drums somewhat scarred. There were crepitant rales in the left anterolateral, posterior midlung field. The right lung was clear. There was no dulness or fremitus changes. The heart was not enlarged; no murmurs. Rate was regular at 96. There was a scar over the lumbar spine, and bending is limited. Otherwise the physical examination is within normal limits.

LAB. & X-RAY: Routine BUN, glucose, serology, urinalysis, and hemogram are all within normal limits. Sputum culture grew out normal flora with occasional beta hemolytic streptococci.

HOSPITAL COURSE: The patient was placed at rest and treated with penicillin. His fever rapidly responded. Initial x-ray revealed minimal area of hazy increased density throughout the superior portion of the left lower lobe, seen best on lateral film. Follow-up film showed that this had probably resolved. The patient was asymptomatic throughout much of his hospital stay.

DIAGNOSIS: 1. Bronchopneumonia, left lower lobe.

OPERATION: None.

CONDITION: Improved.

RECOMMENDATIONS: 1. Not fit for duty, to have convalescent leave for 14 days.
2. Return Medical Clinic in 2 weeks./

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ George H Christ, SA Surgeon	pc dict. 12/14/59		CGEA

PATIENT'S NAME (If typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)	REGISTER NO.	WARD NO.
HODGES, ROBERT WARREN USPHS HOSP. S.I. 4. NY.	63445	A-3

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 443428

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
	ATTACHED — UNIT — DETACHED
	10-8-58 — CGC Spencer WPB-36 — 8-17-58
	8-18-58 — Montauk Lifeboat Station, Montauk, New York — 12-15-61

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — **CHRONOLOGICAL RECORD OF ~~MEDICAL CARE~~ SERVICE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
ATTACHED	UNIT DETATCHED
10-8-58	CGC SPENCER WPG-36
10-20-58	HR Verified this date: Adjutant Hm
	SPENCER (WPG-36)
~~1-15-59~~	~~ANNUAL CHEST X-RAY THIS DATE AT USN SHPYD, BKLYN, N.Y.~~
	FILM# 000224 RESULTS: NEGATIVE
	A. CHIAPPETTE, HM2, USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cauc.	BM1(P)	Fire Island LTSTA	USCG	Treasury

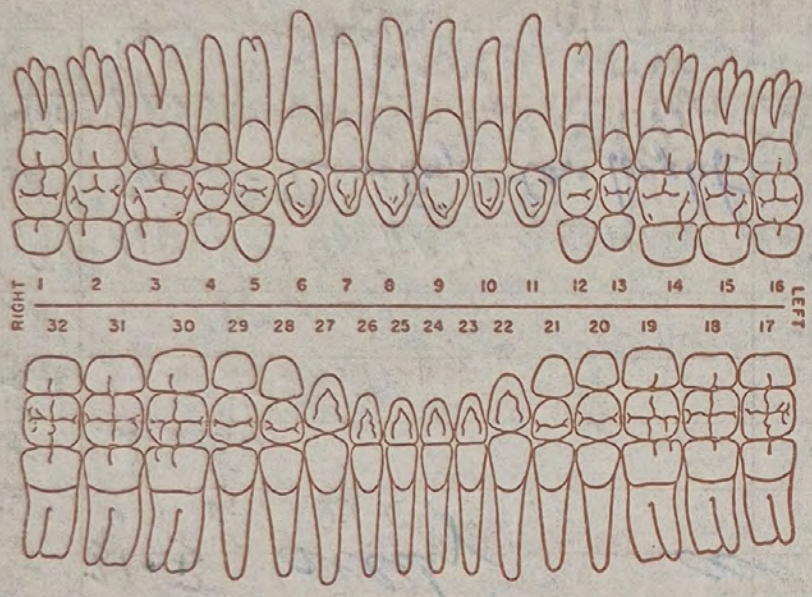
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	9 November, 1917	(230-917)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
	INITIAL		SEPARATION		OTHER (*Specify*)	1	2	3	4	1	2	3	4	5

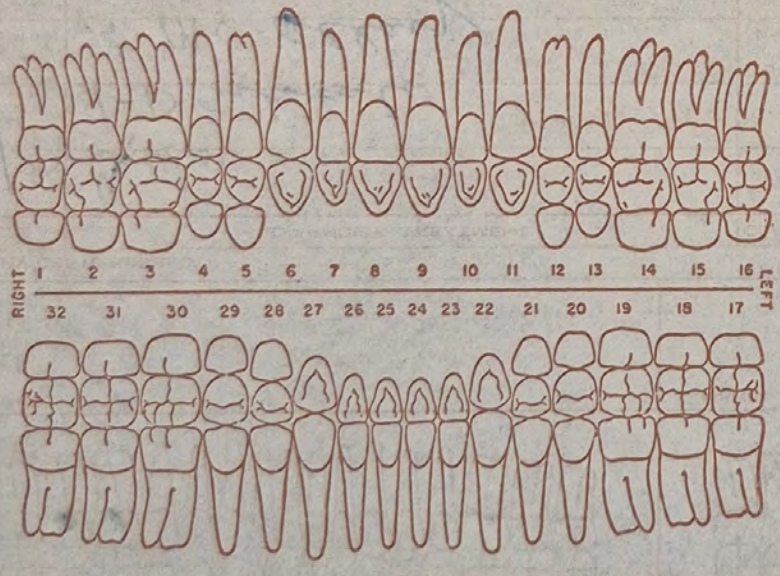
4. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST COMPLETING THIS SECTION	

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL		
	INCIPIENT		MODERATE		SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION

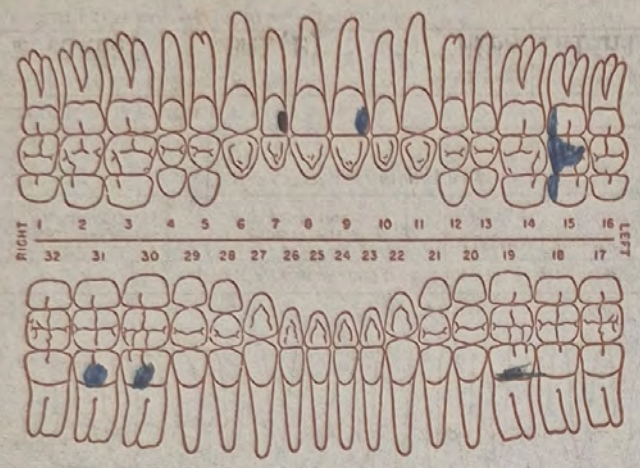
SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT. OR AGENCY
M	Cauc.	BM1(E)	Fire Island LTSTA.	USCG	Treasury

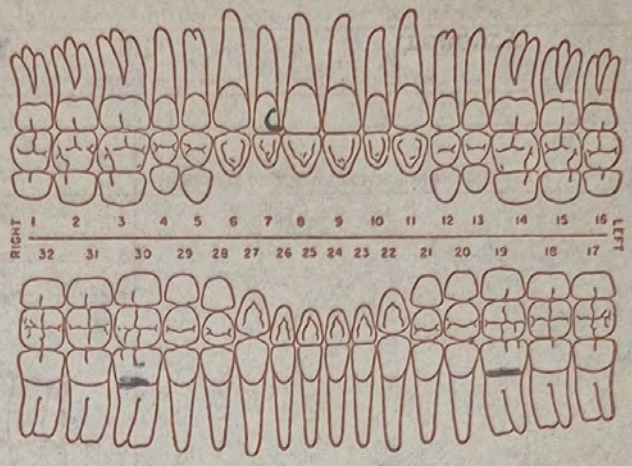
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
HODGES, Robert Warren	9 November, 1917	(230-917)

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
11/7/55	Exam		R. D. Harley USN(R)	
	9-D Silicate		MDU #1	
	15-MO alloy			
	30-B alloy			
	31-B alloy			
11-5-57	17. M. Sil C.		R. D. Harley MDU #1	
11.5.57	Scaling		RD. Harley MDU. #1	
11-28-58	19 - F - AM		E.A. Oakes, MDU #1	JWO
11-25-59	30 - F - AM		E.A Oakes, MDU #1	JWO
11-19-59	ALL ESSENTIAL OPERATIVE Complete		E.A Oakes, MDU #1	JWO
7/61	Exam - Curettage - Case Complete		James T. Bennett	JWO
12/6/61	Exam - 5-DOF - 7-6F - 17-L		James T. Bennett	JWO
	Case Complete			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—67875-1

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (*Number of previous vaccination scars*)

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2-3 DAYS	RESULT* 7-10 DAYS	STATION	PHYSICIAN'S NAME
1	11-5-57						
2	3 April 61						R E Cumming Flt
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	11-5-57	.5cc		D. W. Hanlin DPh	7				
2	3 April 61	0.5cc		R E Cumming	8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	11-5-57	.5cc		D. W. Hanlin DPh					
2					5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cauc.	BM1(P)	Fire Island LTSTA.	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	9 November, 1917	(230-917)

16—67730-1

IMMUNIZATION RE
Standard Form

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	9/24/57	Asian Flu	1 cc			
2	9/23/58	Asian Flu	1 cc			
3	11-5-5[illegible]	Diffu-Poly-Asian	1 cc			
4	10/2/59	Flu	1 cc			
5	10-2-60	Flu	1 cc			
6	20 Oct 61	Flu	1 cc			
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1		"O"		
2				
3				

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATIONS NO. 2.

U. S. GOVERNMENT PRINTING OFFICE 16—67730-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert Warren	BM1	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Springfield, Minn.	Discharged	3/18/52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	White	10 Yrs	U.S. Coast Guard	Fire Island Light Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1917	Springfield, Minn.	Sophia Rau, Elbo Lake, Minn.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION

17. RATING OR SPECIALTY: BM1 — TIME IN THIS CAPACITY: TOTAL 2 Months — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
No Facilities		OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Dark birthmark size of quarter under side of mid fore arm

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg	Neg	Neg	No Facilities	No Facilities

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
No Facilities	O RH X	

16—62285-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
6 Feet	172 Lbs	Brown	Blue	X	☐	☐	☐	98 3/5

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		126	76
RECUMBENT		126	74
STANDING (3 min.)		128	74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
68	88	76	64	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	No Facilities CX	CORR. TO	No Facilities

62. HETEROPHORIA: (*Specify distance*) ES° EX No Facilities R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT No Facilities	Normal	UNCORRECTED	
		CORRECTED	No Facilities

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
No Facilities	No Facilities	No Facilities	No Facilities

70. HEARING

RIGHT WV 15 /15 SV 10 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	No Facilities							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

No Facilities

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge and Reenlistment

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: A.D. TYPTON MD — SIGNATURE: A.D. Typton MD

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
HODGES, Robert Warren	Office, 3rd Coast Guard District 42 Broadway, New York 4, N. Y. 2 March, 1949

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
9 Nov. 1917	31	230-917	Reenlistment in regular establishment

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
TREASURY DEPARTMENT	US COAST GUARD	Short Beach Group	BM2

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
MALE	White	Wheaton, Minnesota

14. PLACE OF BIRTH	15. OTHER DATA
Springfield, Minnesota	Religion: Protestant

16. RATING OR SPECIALTY: BM2 (*Time in this capacity*) TOTAL: 6 years LAST 6 MONTHS:

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE	
71½ INS.	163 LBS.	X				98.2

20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
N. S. A. ☐ Scar, left index finger; pigmented nevus, right forearm

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 30/15 30
LEFT WV 15/15: SV 30/15 30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT	NO FACILITIES AVAILABLE					

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION — E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE — F. NEAR VISION—(*At 14 inches*)
RIGHT 20/ 20 CORR. TO 20/ BY S. ○ CX
LEFT 20/ 20 CORR. TO 20/ BY S. ○ CX
NO FACILITIES AVAILABLE
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED: P.I. Plates

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐
J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE NO FACILITIES AVAILABLE
K. DEPTH PERCEPTION TEST USED SCORE: NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
M. ACCOMMODATION—RIGHT LEFT
NO FACILITIES AVAILABLE NO FACILITIES AVAILABLE
N. NIGHT VISION TEST USED SCORE: NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	O	F	F	X	F	F	F	F		F	F	F	F	F	O	F	X	UL
LR	X	F	F	F	N	N	N	N		N	N	N	N	X	O	X	F	LL

MALOCCLUSION—N. S. A. ☒
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
QUALIFIED

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	88	B. P.: S.	142	D.	088	RECUMBENT: PULSE 080	B. P.: S. 134 D. 080
STANDING (*3 min.*): PULSE	92	B. P.: S.	136	D.	088	SITTING: PULSE AFTER EXERCISE 96	: 2 MIN. AFTER 88

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Insp---39
Exp---36
Abd---31½

29. CHEST—N. S. A. ☐ NOT DONE ☐ X-RAY
35mm 3/2/49--Neg.

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒
B. VARICOSE VEINS—NONE ☒

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

NOT DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSE, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*
Kahn 3/2/49--Neg.

B. URINALYSIS: ALBUMIN: SUGAR:
SP. GR. 1.016 Neg. Neg.
MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED
NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS
NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. Hemorrhoidectomy, U.S. Marine Hospital, Stapleton, Staten Island, New York, February 1947
Denies VD.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR (~~IS NOT~~ *strike out one*) QUALIFIED FOR REENLISTMENT IN REGULAR ESTABLISHMENT

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN S S Benet — NAME TYPED OR PRINTED S.S. BENDET, S.A.S., USPHS(R)

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR ~~PHYSICIAN OTHER~~ (Which) Walter A. Doob — NAME TYPED OR PRINTED W.A. DOOB, S.A.D.S., USPHS(R)

47. SIGNATURE OF REVIEWING OFFICER — NAME TYPED OR PRINTED — DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

PHS-1731(HSP)
(11-51)

MEDICAL REPORT OF DUTY STATUS

NAME: HODGES, ROBERT

HOSPITAL REGISTRATION NO.: OPD

ADDRESS

INPATIENT

INCLUSIVE DATES OF TREATMENT

From: Through:

OUTPATIENT

DATE: 6-17-53 TIME ARRIVED: 1000 A. M./P. M. TIME DEPARTED: 1100, 6-17-53 A. M./P. M.

DISPOSITION

Can resume usual occupation — DATE

Can resume light work — DATE

To return to clinic: 6-19-53 — DATE

To be hospitalized — DATE

Other (*Specify*)

REMARKS

NOT FIT FOR DUTY, TO RETURN

6-19-53

NAME AND LOCATION OF HOSPITAL OR CLINIC

SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN: /S/ S. J. Curran J. B. Fy

DATE: 6-17-53

U. S. GOVERNMENT PRINTING OFFICE 16—65885-1

PRESCRIPTION BLANK

☒ INPATIENT
☐ OUTPATIENT

FOR

PLEASE PRINT (*Title*) (*First Name*) (*Initial*) (*Last Name*)

WARD OR CLINIC _____ AGE _____ DATE _____

Gms. or Mils.

℞

HODGES, Robert Bu/.
NFD 2-3 days -
Should respond as much as possible -
Dispense 2-5 other

Filled by _____

No. _____

_____
(*Signature*)

_____ USPHS

PHS-583 (HD) REV. 8-51
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
16—62036-3 GPO

GIVE FULL DIRECTIONS FOR USE

PRESCRIPTION BLANK

☐ INPATIENT
☐ OUTPATIENT

FOR

PLEASE PRINT (*Title*) (*First Name*) (*Initial*) (*Last Name*)

WARD OR CLINIC _____ AGE _____ DATE _____

Gms. or Mils.

℞

G1-7-3010

EKT 207

Filled by _____

No. _____

_____
(*Signature*)

PHS–583 (HD) REV. 8–51
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
16—62036-3 GPO

_____ USPHS

GIVE FULL DIRECTIONS FOR USE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

NAME (last)	(first)	(middle)	SERVICE NO.
HODGES,	ROBERT	WARREN	(230-917)

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
12/3	Mercher	Pneumonia	Admit for		RL
2/28/60		Pneumonia	medication quarters		as
3/1/60		resolved. Chest x-ray neg.	light duty	as a	
8/8/60	Manhattan BSU	Grippe	~~Quarters~~ light duty Barton	2 D duty	CA
7-14-61	Manhattan Beach	Seborrhea of chest Dandruff Crusted tongue	Kremil mycolog oint. Vitamin C.		B.M.
9/13/61	~~Coast~~ H.	acute arthritis L elbow	Al. Uric acid Sed Rate	2 D Duty	D
9/18/61	CH	Gout.	Colchicine gr 1/120 q	duty	D

(Over)

16-

M11
28 March 1961

Commander
USCG GROUP MORICHES
East Moriches, LINY

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

Subj: Old Health Record forms (2525 group); forwarding of

Ref: Weekly Report of Activities and Developements No. 8-61 dtd 2-24-61

1. Forwarded herewith old health record forms (2525 group)on the below named man.

HODGES, Robert W. (230-917) BMC, USCG

M. VERSAW

Encl: (1) Forms (2525 group)

DIST: (1) COMMANDANT (PE)
(2) CCGD3(p)
(3) Group Moriches
(4) Health Record — Copy

Montauk LBS

Commander
CG Group Moriches
East Moriches, New York

P18-1
31 December 1959

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Sick Leave; authorization of

Ref: (a) Article 7-A-4(8) Personnel Manual

1. Having reported this office on 31 December 1959 from U.S. Public Health Service Hospital, Staten Island, New York will recommendation of sick leave by the Public Health Hospital, you are granted fourteen (14) days sick leave as authorized by reference (a).

2. You have given your address on leave as: 24 Sterling Avenue, Patchogue, New York. Telephone No. Grover 5-2868.

3. You are directed to notify Commander, CG Group Moriches of any change in your address.

4. You are directed to report to the U. S. Public Health Hospital Staten Island, New York at 1100, 13 January 1960 for physical exam.

5. You sick leave will expire 0900, 15 January 1960.

6. On completion of this sick leave you will return to Montauk Lifeboat Station, Montauk, New York for resumption of duty.

7. Delivered and departed at 1000, 31 December 1959

M. VERSAW

Copy to:
CGD3(p)(f)
S/R
Montauk LBS
file

Commander
CG Group Moriches
East Moriches, New York

F18-1
16 December 1959

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Sick Leave; authorization of

Ref: (a) Article 7-A-4(8) Personnel Manual

1. Having reported this office on 15 December 1959 from U.S. Public Health Service Hospital, Staten Island, New York will recommendation of sick leave by the Public Health Hosp tal, you are granted fourteen (14) days sick leave as authorized by reference (a).

2. You have given your address on leave as: 24 Sterling Avenue, Patchogue, New York. Telephone No. Grover 5-2868.

3. You are directed to notify Commander, CG Group Moriches of any change in your address.

4. You are directed to report to the U. S. Public Health Hospital Staten Island, New York at 1000, 30 December 1959 for physical exam.

5. Your sick leave will expire 0900, 31 December 1959.

6. On completion of this sick leave you will return to Montauk Lifeboat Station, Montauk, New York for resumption of duty.

7. Delivered and departed at 1000, 16 December 1959.

M. VERSAW

Copy to:
CCGD3(p)
CCGD3(f)
S/R
Montauk LBS
file



TIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT, 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E) AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY TION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY

15 June, 1957
(Date)

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application (has) (have) been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependents(s). The issuing activity is requested to return the original completed application to: Officer in Charge, U. S. Coast Guard, Fire Island Lifeboat Station, Bay Shore, N.Y. by endorsement hereon and indicate the card number issued to each dependent by name.

Name of Dependent	Eligible for following Benefits and Privileges	Expiration Date of Eligibility	Card Number Issued
Russell A. Hodges	T, C, EU, MC(C), MC(US)	25 March, 1961	CG 033, 993

M. L. Hecox

M. L. HECOX, BOSN W-1, USCG
(Signature - Name - Rank
Title of Verifying Officer)

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
U. S. COAST GUARD	
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
15 June, 1957	Robert W. Hodges Robert W. Hodges

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD (See instructions of Uniformed Service concerned)
CG 033, 993	6-25-57	25 March 1961

20. ORGANIZATION OF ISSUING OFFICER
USCG, CG GROUP SHORT BEACH, Freeport, New York

20. NAME AND GRADE OF ISSUING OFFICER (Typed or printed)	21. SIGNATURE OF ISSUING OFFICER
E.S. CINQ-MARS, CHBOSN, W 2, USCG	Ed Cinq-Mars

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
HODGES, Robert W.	[X] ACTIVE DUTY [ ] RETIRED	BMC	COAST GUARD	230[illegible]-917	25 March, 1961

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
Russell A. Hodges	Son	12-17-46	Fire Island Light Station Bay Shore, LI., N.Y.
Color of Eyes: Blue	Color of Hair Blond		Height 4'10" Weight 93
Color of Eyes:	Color of Hair		Height Weight
Color of Eyes:	Color of Hair		Height Weight
Color of Eyes:	Color of Hair		Height Weight

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN; THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

[ ] LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* _____

ON *(Date)* _____.

[ ] THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

[X] ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under REMARKS the name of the institution of higher learning.)*

[ ] ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

[ ] I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert Warren	BM1	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Springfield, Minn.	Discharged	3/18/52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY / CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	White	16 Yrs	U.S. Coast Guard	Fire Island Light Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1917	Springfield, Minn.	Sophia Rau, Elbo Lake, Minn.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION

17. RATING OR SPECIALTY: BM1 — TIME IN THIS CAPACITY: TOTAL 2 Months LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 60, 60, and 61*)
No Facilities		OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Dark birthmark size of quarter under side of mid fore arm

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

46. CHEST X-RAY (*Place, date, film number, result*): No Facilities

47. SEROLOGY (*Specify test used and result*): No Facilities

48. EKG: No Facilities

49. BLOOD TYPE AND RH FACTOR: O RH X

50. OTHER TESTS

16—62296-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
6 Feet	172 Lbs	Brown	Blue	X / ☐ / ☐ / ☐	98 3/5

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 126 / DIAS. 76	RECUMBENT	SYS. 126 / DIAS. 74	STANDING (5 min.)	SYS. 128 / DIAS. 74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
68	88	76	68	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY No Facilities CX	CORR. TO No Facilities

62. HETEROPHORIA: (*Specify distance*) ES° EX° No Facilities R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	66. FIELD OF VISION
RIGHT No Facilities	Normal	UNCORRECTED / CORRECTED No Facilities	No Facilities

67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
No Facilities	No Facilities	No Facilities

70. HEARING

RIGHT WV 15 /15 SV 10 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	No Facilities							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

No Facilities

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge and Reenlistment

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: A.D. TYPTON MD — SIGNATURE: A.D. Tipton MD

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62268-1



...TLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ... 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY ...INED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY ...AS FOLLOWS:

...MARKS

15 June, 1957
(Date)

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application (has) (have) been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependents(s). The issuing activity is requested to return the original completed application to: Officer in Charge, U. S. Coast Guard, Fire Island Lifeboat Station, Bay Shore, N.Y. by endorsement hereon and indicate the card number issued to each dependent by name.

Name of Dependent	Eligible for following Benefits and Privileges	Expiration Date of Eligibility	Card Number Issued
Edna G. Hodges	T, C, EU, MC(C), MC(US)	25 March, 1961	CG 033,991

M. L. Hecox

M. L. HECOX, BOSN W-1, USCG
(Signature - Name - Rank
Title of Verifying Officer)

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
U. S. COAST GUARD	
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
15 June, 1957	Robert W. Hodges Robert W. Hodges

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 033, 991	6-20-57	25 March 1961

19. ORGANIZATION OF ISSUING OFFICER	
USCG, CG Group Short Beach, Freeport, New York	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
E.S. CINQ-MAR..., CHBOSN, W-2, USCG	E. S. Cinq-Mars

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
HODGES, Robert W.	☒ ACTIVE DUTY ☐ RETIRED	BMC	COAST GUARD	230-917	25 March, 1961

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
Edna C. Hodges	Wife	9-25-20	Fire Island Light Station Bay Shore, L.I., N.Y.
Color of Eyes: Green	Color of Hair	Brown	Height 5'9" Weight 160
Robert C. Hodges	Son	8-20-48	Fire Island Light Station Bay Shore, L.I., N.Y.
Color of Eyes: Blue	Color of Hair	Blond	Height 4'6" Weight 86
Color of Eyes:	Color of Hair		Height Weight
Color of Eyes:	Color of Hair		Height Weight

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN; THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☒ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* Jamaica, New York ON *(Date)* 1 December, 1945.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☒ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under REMARKS the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☐ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

Standard Form 88
(Rev. June 1956)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
24 Sterling Ave., E. Patchogue, L.I., N.Y.	Discharge, and Reenlistment	7 March, 1961

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cauc.	19		USCG	Group Moriches

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11-9-17	Springfield, Minnesota	Edna G. (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
East Hampton Medical Group	Religion: Protestant

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(*Check each item in appropriate column; enter "NE" if not evaluated.*)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)	
X	23. DRUMS (*Perforation*)	
X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (*Equality and reaction*)	
X	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
X	28. LUNGS AND CHEST (*Include breasts*)	
X	29. HEART (*Thrust, size, rhythm, sounds*)	
X	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
X	31. ABDOMEN AND VISCERA (*Include hernia*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	X
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (*Strength, range of motion*)	
X	36. FEET	
X	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
X	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (*Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.*)

EXT HEMORRHOID

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively.*)

O—*Restorable teeth* /—*Nonrestorable teeth* X—*Missing teeth* XXX—*Replaced by dentures* (6 X 8)—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X				X								X		X	X	
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
72	210	Brown	Blue	☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE	98.6

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 150 DIAS. 98	B. RECUMBENT	SYS. 140 DIAS. 90	C. STANDING (*5 min.*)	SYS. 100 DIAS. 90	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						88	110	88	88	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	N HRR		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15	/15 SV 15	/15			250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV 15	/15 SV 15	/15		RIGHT									
				LEFT									

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

EXT HEMMORRHOID

(*Use additional sheets if necessary*)

74 SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR DISCH. 4 REEN.

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER.	A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE Edwin Rowe, M.D.
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1957 O—432298

Standard Form 88
(Rev. June 1956)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
24 Sterling Ave., E. Patchogue, L.I., N.Y.	Discharge, and Reenlistment	7 March, 1961

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cauc.	19		USCG	Group Moriches

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11-9-17	Springfield, Minnesota	Edna G. (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
East Hampton Medical Group	Religion: Protestant

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(*Check each item in appropriate column; enter "NE" if not evaluated.*)	ABNORMAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)	
X	23. DRUMS (*Perforation*)	
X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (*Equality and reaction*)	
X	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
X	28. LUNGS AND CHEST (*Include breasts*)	
X	29. HEART (*Thrust, size, rhythm, sounds*)	
X	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
X	31. ABDOMEN AND VISCERA (*Include hernia*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	X
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (*Strength, range of motion*)	
X	36. FEET	
X	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
X	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. PELVIC (*Females only*) (*Check how done*) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

EXT HEMORRHOID

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively.*)

o—*Restorable teeth* /—*Nonrestorable teeth* X—*Missing teeth* XXX—*Replaced by dentures* (6 X 8)—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X				X								X		X	X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
72	210	Brown	Blue	☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE	98.6

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 150 DIAS. 98	B. RECUMBENT	SYS. 140 DIAS. 90	C. STANDING (3 min.)	SYS. 100 DIAS. 90	A. SITTING 88	B. AFTER EXERCISE 110	C. 2 MIN. AFTER 88	D. RECUMBENT 88	E. AFTER STANDING 3 MIN. 88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	N HRR		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15	/15 SV 15	/15			250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV 15	/15 SV 15	/15		RIGHT									
				LEFT									

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

EXT HEMMORRHOID

(*Use additional sheets if necessary*)

74 SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR DISCH. & REEN.

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER.

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE Edwin C. Rowe, M.D.
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1957 O—432298

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

RELEASE FROM ACTIVE DUTY PHYSICAL

NAME:

SERVICE #

I certify that I have this date examined the above named person and find that he has the following diseases or physical conditions likely to result in physical disability or death.

Other defects noted:

In my opinion those numbered ____ are incidents of service

In my opinion thos numbered ____ are not incident of service

Edwin C. Rowe M.D.

SURGEON SIGNATURE

I certify, that to the best of my knowledge and belief:

That I have no physical defects:

That I have the following defects:

Robert Warren Hodges

SINGATURE OF PERSON TAKING PHYSICAL

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
MALE	CAU	BMC	USCG		CG GROUP MORICHES, LINY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	11-9-17	230-917

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

3-13 FILE PE-1

U. S. COAST GUARD
GROUP MORICHES

NOV 7 1960

FILED PF 04

RECEIVED 230-917
EAST MORICHES, L.I., N.Y.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
24 Sterling Ave. E. Patchouue, L.I., N.Y.	Annual for over 40 yrs.	1 NOV 60

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	18 /	USCG	Group Moriches

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
9 NOV 17	Springfield, Minn.	Edna G. (Wife) Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, N.Y., N.Y.	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
	X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

1" Oval Mole Rt. Arm.

(*Continue in item 73*)

VisbyOAEO
AUG 8 1960
USCG HEADQUARTERS WASHINGTON D.C.
OFFICE OF THE CHIEF MEDICAL OFFICER

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X				X											X	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT
	X												X		X		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentally Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.015			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC	USPHS OPC, N.Y., N.Y. 1 NOV 60	VDRL & Mazz Negative
Neg	Neg	Neg	# 156 009 Negative Chest	
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
Normal Tracings	ND		Hematocrit 47%	

16—62288-1

Mr. Mellette - 3 11

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
72½"	207	Brown	Blue		99.0

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 146 DIAS. 96	RECUMBENT	SYS. 128 DIAS. 84	STANDING (3 min.)	SYS. 132 DIAS. 98	58. PULSE (*Arm at heart level*) SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
						88	100	88	84	92

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. NI CX	CORR. TO NI BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° NI EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NI LEFT	Normal PIC Plates	NI	

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NI	NI	NI	NI

70. HEARING

RIGHT WV 15 /15 S 30/30 /15
LEFT WV 15 /15 S 30/30 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	NI							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*): NI

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

OFFICE OF THE CHIEF MEDICAL OFFICER
USCG HEADQUARTERS, WASHINGTON, D.C.

NOV 9 1960

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

REPORT OF MEDICAL EXAMINATION
APPROVED

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT
QUALIFIED FOR IS QUALIFIED FOR RETENTION.

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN: V. R. REILLY, SR SURG, USPHS — SIGNATURE: V R Reilly

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): J. S. MILLER, DENT DIR, USPHS — SIGNATURE: J S Miller

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997

16—62288-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
3-9-60	Excused from Annual physical examination due to the reason of having been hospitalized from 1 December 1959 to 15 December 1959, at USPHS Hospital, Staten Island, New York. Diagnosis: Bronchopneumonia left lower lobe. Reference: Personnel Instruction No. 15-60.

3-13
FILE
PE-1

OFFICE OF THE CHIEF MEDICAL OFFICER
USCG HEADQUARTERS, WASHINGTON, D.C.

MAR 1 0 1960

REPORT OF MEDICAL EXAMINATION
APPROVED

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	BMC	CG GROUP MORICHES	USCG	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
HODGES, Robert Warren	9 November 1917	230-917

16—67728-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

REPORT OF MEDICAL EXAMINATION

NAVY DEPT

NAVMED

NAVY DEPT

NAVMED

NAVY DEPT

NAVMED

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

HODGES, Robert W. (Name, surname first) | 230-917 (Service number) | BM1(P) USCG (Rank or rating) | Fire Island LB STA. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS HOSPITAL, STAP., SINY, Date 15 December, 1952, 19

FILED T. Lob

To: _____ (Coast Guard unit)

_____ (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Herniated nucleus pulposus.	2511-400.9	9-26-52	12-15-52

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

Fit for duty. To return for recheck on 1-15-52.

Fitted with McAusland Brace and advised to wear this brace for 3-4 months and do continuous flexion exercised daily for this period.

CONDUCT REPORT:

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

A. L. Patrick
A. L. PATRICK
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

1. LAST NAME: HODGES, FIRST: ROBERT MIDDLE NAME: WARREN

2. BENEFICIARY CODE: CGEA-10

3. REGISTER NUMBER: 63445

4. HOME ADDRESS (STREET OR RFD NO., CITY, ZONE, STATE): 101 EIMER ST, PATCHOGUE, LINY PHONE EXTENSION

5. LOCATION—OUTPATIENT CLINIC: STATEN ISLAND 001

6. ADMISSION DATE: 1-13-59

7. DATE OF BIRTH: 11-9-17

8. AGE (YRS.) LAST BIRTHDAY: 41

9. PLACE OF BIRTH: SPRINGFIELD, MINN.

10. SEX: M

11. MARITAL STATUS: M

12. RACE: W

13. IDENTIFICATION NO.: 230-917

OUTPATIENT CLINCS AND ADJUNCT SERVICES

YEAR: 1959

MONTH	DAY	HOUR	GENERAL CLINIC	INTERNAL MEDICINE	TUBERCULOSIS	NEURO-PSYCHIATRIC	DERMA. AND SYPHIL.	GENERAL SURGERY	UROLOGY	ORTHOPEDIC	E.E.N.T.	DENTISTRY	PHYSICAL THERAPY	X-RAY EXAMINATION	LABORATORY	GYNECOLOGY	PEDIATRICS	EKG	PFG
1	14	2 00									⊙								
3	23	9 30																⊙	⊙
12	3																	X	
12	30	10		⊙										•					

PHS-1433-3-(REV. 4-56) (CONTINUE ON REVERSE) OUTPATIENT VISITS

PHS. 1731
Rev. 4-57

MEDICAL REPORT OF DUTY STATUS

NAME: Rodgers Robert | HOSPITAL REGISTRATION NO.:

ADDRESS:

INPATIENT — INCLUSIVE DATES OF TREATMENT
From: Through:

OUTPATIENT — DATE: Dec 30, 1957 | TIME ARRIVED: A.M./P.M. | TIME DEPARTED: A.M./P.M.

DISPOSITION

- Can resume usual occupation — DATE:
- Can perform limited duties as specified under REMARKS — DATE:
- To return to clinic — DATE:
- To be hospitalized — DATE:
- Other (Specify): Jan 13, 1958 Med Bd

REMARKS

... FIT ... NOT FIT FOR DUTY

IN REGARD TO.....
(ANATOMICAL AREA)

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U. S. Public Health Service Hospital Staten Island, New York		

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958-450767

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

HODGES, Robert W. (Name, surname first) | 230-917 (Service number) | BM1(P), USCG (Rank or rating) | Fire Island Light Station (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 Fire Island LBS, Bay Shore, NY Date 26 September, 19 52

To: Senior Medical Officer

~~U.S. Marine Hospital, Stapleton, SI, NY~~

FILED T. Lo8

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 OinC, Fire Island LBS, Bay Shore, LINY

Robert W. Hodges
Robert W. Hodges, BM1(P), USCG
(Signature of patient)

W. H. Knowles
W. H. KNOWLES,
BOSN
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USPHS HOSPITAL, Stapleton, SINY, Date 29 September, 19 52

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

Low back strain

(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 {*inpatient / *outpatient} treatment at USPHS HOSPITAL Stapleton, SINY {*hospital / *office} on 26 September, 19 52.

A. L. Patrick
A. L. PATRICK
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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2522 (Rev. 3-58)

APPLICATION FOR MEDICAL TREATMENT FOR PERSONNEL OF THE U. S. COAST GUARD

(Read instructions on reverse before completing this form)

TO: (Name and address of treatment facility)	FROM: (Coast Guard unit)	DATE
USPHS HOSPITAL, SINY	COMMANDER, CG GROUP MORICHES	12/4/59

NAME OF INDIVIDUAL TO BE TREATED	SERVICE NO.	GRADE	COAST GUARD UNIT
HODGES, Robert W.	230-917	BMC	CG GROUP MORICHES

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER

for COMMANDER, CG GROUP MORCHIES, L.I. N.Y.

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
COMMANDER, CG GROUP MORICHES	USPHS HOSPITAL, SINY	12/4/59

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

1. Pneumonitis

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO:	TREATMENT AT
☑ YES ☐ NO	☐ YES ☑ NO	approx. 14	☑ INPATIENT ☐ OUTPATIENT	☐ OFFICE ☑ HOSPITAL

DATE ADMITTED TO TREATMENT	SIGNATURE OF MEDICAL OFFICER
12/3/59 @ 1800	George CHRIST, SA Surg/rap

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
COMMANDER, CG GROUP MORICHES	USPHS HOSPITAL, SINY	12/15/59

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
HODGES, Robert W.	230-917	BMC	CG GROUP MORICHES

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
1. Bronchopneumonia, left lower lobe		12/3/59	12/15/59

THE PATIENT WAS DISCHARGED FROM [X] INPATIENT [ ] OUTPATIENT

TREATMENT AS INDICATED ABOVE, AND [ ] IS [X] IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER

George H. CHRIST, SA Surg/rap

REMARKS: (Recommendations as to sick leave, further treatment, etc.)

Discharged NFFD for two weeks. Sick leave recommended. Return Med. Clinic in 2 weeks.

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT

RECEIVING TREATMENT AT [ ] INPATIENT [ ] OUTPATIENT [ ] OFFICE [ ] HOSPITAL

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

Send original of each part of this form to Commandant (PM); copy to patient's Coast Guard unit

PREVIOUS EDITIONS ARE OBSOLETE

Standard Form 502
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A - 32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION: 12/3/59	DATE OF DISCHARGE: 12/15/59	NUMBER OF DAYS HOSPITALIZED: 12

(Sign and date at end of narrative)

HISTORY: This 42 year-old white male Coast Guardsman, had a cold for one week prior to admission. The symptoms became worse three days prior to admission, with chills, fever, ;and cough, productive of yellow sputum. There was no hemoptysis. He was given a shot of some antibiotic on the morning of admission. He reported to Sick Bay and was sent here.

Past history includes tonsillectomy, hemorrhoidectomy and laminectomy. His mother died of carcinoma of the lungs, one month ago, at age 68.

PHYSICAL EXAM: Well-developed, well-nourished white male, ill, but in no distress. Temperature 101 degrees; pulse 96. Ear drums somewhat scarred. There were crepitant rales in the left anterolateral, posterior midlung field. The right lung was clear. There was no dulness or fremitus changes. The heart was not enlarged; no murmurs. Rate was regular at 96. There was a scar over the lumbar spine, and bending is limited. Otherwise the physical examination is within normal limits.

LAB. & X-RAY: Routine BUN, glucose, serology, urinalysis, and hemogram are all within normal limits. Sputum culture grew out normal flora with occasional beta hemolytic streptococci.

HOSPITAL COURSE: The patient was placed at rest and treated with penicillin. His fever rapidly responded. Initial x-ray revealed minimal area of hazy increased density throughout the superior portion of the left lower lobe, seen best on lateral film. Follow-up film showed that this had probably resolved. The patient was asymptomatic throughout much of his hospital stay.

DIAGNOSIS: 1. Bronchopneumonia, left lower lobe.

OPERATION: None.

CONDITION: Improved.

RECOMMENDATIONS: 1. Not fit for duty, to have convalescent leave for 14 days.
2. Return Medical Clinic in 2 weeks./

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ George H Christ, SA Surgeon/	pc dict. 12/14/59		CGEA

PATIENT'S NAME (If typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)	REGISTER NO.	WARD NO.
HODGES, ROBERT WARREN USPHS HOSP. S.I. 4. NY.	63445	A-3

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 443426

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

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
USS TATOOSH	Typhoid inoc.	1-12-42	1-12-42	OP
RS PT ANGELES	Typhoid inoc.	1-19-42	1-26-42	OP
RS PT ANGELES	No Diagnosis	2- 2-42	2- 2-42	OP
RS PT ANGELES	Strain lumbar muscles	2-20-42	2-20-42	OP
RS PT ANGELES	Neurasthenea; Str. lumbar muscles	3-6-42	3-6-42	OP
DCGO SEATTLE	U/O blood type; AT Inoc.	3-11-42	3-11-42	OP
MH SEATTLE	Caries Calculus, dental	4-16-42	4-23-42	OP
MH SEATTLE	Physical check-up for enlarging leg	9-21-42		OP
MH STAPLETON	No diagnosis No disease	9-21-42	9-29-42	OP
MH H & JAY NY	Dental caries	11-13-44	11-29-44	OP
MH H & JAY NY	Dental caries	3-15-45	3-15-45	OP
MH STAPLETON	Hemorrhoids, internal and external	2-11-47	2-19-47	IP
PHSH STAPLETON	Low back strain	9-26-52		IP
	Herniated nucleus pulposus		12-15-52	
USPHS HOS SINY	Pneumonitis	12-3-59		IP

NAME HODGES, Robert W.

SERVICE NO. 230-917

REQUEST PERTAINING TO MILITARY RECORDS

Please read Privacy Act Statement and instructions on reverse. If more space needed, attach additional sheets.

DATE OF REQUEST: Dec-22-81.

SECTION I—INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)

1. NAME USED DURING SERVICE (Last, first, middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
Hodges Robert Warren	723-10-0168	Nov-9-17	Springfield, Minn.

For an effective records search, it is important that ALL periods of service be shown below.

ACTIVE SERVICE—PAST AND PRESENT

5. BRANCH OF SERVICE (Show also last organization, if known)	6. DATES OF ACTIVE DUTY		7. Check One		8. SERVICE NUMBER DURING THIS PERIOD
	Date Entered	Date Released	Officer	Enlisted	
USCG.	12-15-41	1-1-62		X	230-917

RESERVE SERVICE—PAST AND PRESENT IF NONE, CHECK ☐ NONE

9. BRANCH OF SERVICE	10. DATES OF MEMBERSHIP		11. Check One		12. SERVICE NUMBER DURING THIS PERIOD
	Beginning Date	Ending Date	Officer	Enlisted	

NATIONAL GUARD MEMBERSHIP IF NONE, CHECK ☐ NONE

13. ARMY / 14. AIR	15. State	16. ORGANIZATION	17. DATES OF MEMBERSHIP		18. Check One		19. SERVICE NUMBER DURING THIS PERIOD
			Beginning Date	Ending Date	Officer	Enlisted	

20. IS SERVICE PERSON DECEASED?	DATE OF DEATH	21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?
☐ NO ☐ YES (If "Yes" enter date:)		☐ NO ☐ YES

SECTION II—REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3 BELOW

2. ☐ CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check One)

☒ REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1-1-62 (Yr.) (*This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next of kin, or to his representative with veteran's signed release authorization—item 6.*)

☒ DISCHARGE CERTIFICATE ISSUED IN ~~1-1-62~~ (Yr.) (*This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.*)

3A. HOW WAS SEPARATION DOCUMENT LOST?

4. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)

5. REQUESTER IS (Check proper box)		5A. SIGNATURE OF REQUESTER
☒ PERSON IDENTIFIED IN SECTION	☐ NEXT OF KIN (Show relationship)	
☐ SURVIVING SPOUSE	☐ OTHER (Specify)	

6. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse)	7. REQUESTER (Please type or print complete return address. Include ZIP code)
I hereby authorize release of the requested information/documents to the addressee shown at right.	VETERANS ADMINISTRATION MEDICAL CENTER NORTHPORT, NEW YORK 11768
6A. SIGNATURE OF VETERAN (If signed by other than veteran, complete 6B) Robert W Hodges	214 12-82
6B. RELATIONSHIP TO VETERAN	

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE

SAME AS FURNISHED BY SSA ☑ YES ☐ NO

SERVICE NUMBER

SAME AS FURNISHED BY SSA ☑ YES ☐ NO

A–CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 12-16-41

2. DATE(S) OF SEPARATION – FROM ACTIVE SERVICE: 1-1-62

3. CHARACTER OF SEPARATION(S) * *(If Bad Conduct,* INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Hon Rel.

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only).*

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

4. *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

☐ VOLUNTARY ENLISTMENT ☐ INDUCTION THROUGH MILITARY DRAFT ☐ CALL OR RECALL FROM MILITARY RESERVE

B–SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY *(See instructions on reverse side)*

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? . . . . . ☐ Yes ☐ No

(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? . . . . . ☐ Yes ☐ No

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☐ No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☐ No

2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? . . . . . ☐ Yes ☐ No

If answer is "Yes," answer (b) and (c).

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . . . ☐ Yes ☐ No

(c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? . . . . . ☐ Yes ☐ No

3. Did the veteran have active duty or active duty for training after December 31, 1956? . . . ☐ Yes ☐ No

C–CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVEN *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

6 NC NOV 24, 82

NAME OF CERTIFYING ORGANIZATION	SIGNATURE	DATE
	RANK OR TITLE	

CLAIMS 6

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

TOE 420

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

NAME USED IN SERVICE (Last, first, middle)	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Hodges, Robert, W.	11-09-17		723-10-0168

PERIODS OF ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
U.S. Coast Guard	12-07-41	12-31-61	230-917	Bosun Mate Chief

PERIODS OF MILITARY RESERVE MEMBERSHIP DATING AFTER DUTY SHOWN ABOVE. IF NONE, CHECK THIS BLOCK. ☐

BRANCH OF SERVICE	DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK

PRESENT STATUS *(or status at death):* ☐ Military Retiree ☐ Discharged *(No current military status)*

2. CERTIFICATION REQUESTED *(Social Security will check applicable blocks)*

☒ active service after Sept. 7, 1939 *(Part A on reverse)*

☒ retired or retainer pay *(Part B on reverse)*

☐ evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940–July 24, 1947) or post-World War II (July 25, 1947–December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period *has ever* been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying *age*, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

CLINTON, MISSOURI
NOV 16 1982
RECORDS BIOS OFFICE

(Originating Office)

SOCIAL SECURITY ADMINISTRATION
75 Oak Street
Patchogue, N.Y. 11772

The information requested in item 2 above is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran. All available identifying information has been provided.

SIGNATURE OF SSA OFFICIAL

P Brophy

TITLE: Claims Rep

DATE: 11/10/82

Form SSA-654 (5-80)

TRANSMITTAL

SERVICE NUMBER: ☐ Verified ☐ Not in file
Assigned to: (Name and service number)

AIR FORCE	1.	USAF MANPOWER AND PERSONNEL CENTER ATTN: ☐ MPCDOO ☐ MPCDOA ☐ RANDOLPH AFB, TX 78148
	2.	AIR FORCE ACCOUNTING & FINANCE CENTER DAA, ATTENTION: _____ DENVER, CO 80279
	3.	AIR RESERVE PERSONNEL CENTER 7300 E. 1ST AVE. DENVER, CO 80280
ARMY	4.	COMMANDER, RCPAC ST. LOUIS, MO 63132
	5.	USAFAC INDIANAPOLIS, IN 46249
	6.	U.S. ARMY ENLISTED RECORDS & EVALUATION CENTER FORT BENJAMIN HARRISON, IN 46249
	7.	MILPERCEN ALEXANDRIA, VA 22332
	8.	NATIONAL GUARD BUREAU WASHINGTON, D. C. 20380
MARCOR	9.	COMMANDANT, U.S. MARCOR, CODE: WASHINGTON, D.C. 20380
	10.	MARCOR RESERVE FORCES ADMINISTRATION CENTER 1500 E. 95TH ST. KANSAS CITY, MO 64197
	11.	MARCOR FINANCE CENTER 1500 E. 95TH ST. KANSAS CITY, MO 64197
CG	12.	COMMANDANT, U.S. COAST GUARD WASHINGTON, D.C. 20590
	13.	NAVAL MILITARY PERSONNEL COMMAND (CODE ____/PERS ____) WASHINGTON, D.C. 20370
NAVY	14.	CHIEF, BUREAU OF MEDICINE & SURGERY WASHINGTON, D.C. 20372
	15.	NAVAL RESERVE PERSONNEL CENTER 4400 DAUPHINE ST. NEW ORLEANS, LA 70149
	16.	CO. NAVY FINANCE CENTER CLEVELAND, OH 44199
	17.	OFFICE OF PERSONNEL MANAGEMENT RETIREMENT AND INSURANCE PROGRAMS WASHINGTON, D.C. 20415
OTHER	18.	DANTES P. O. BOX 2879 PRINCETON, NJ 08541
	19.	SOCIAL SECURITY ADMINISTRATION 219 S. CENTRAL AVENUE CLAYTON, MO 63105
	20.	NATIONAL CEMETERY SYSTEM VETERANS ADMINISTRATION WASHINGTON, D.C. 20420
	21.	

☐ Records/documents requested are enclosed.
☐ Records not located in NPRC.
☐ Unable to identify from information furnished.
☐ Before a more extensive search is made, additional information as indicated below is required.
  ☐ Verify spelling of name under which person served *(include middle name if not previously furnished).*
  ☐ Furnish/verify service number/SSN.
  ☐ Furnish/verify dates of all service *(active and reserve).*
  ☐ Furnish current military status *(none, retired, reserve or on active duty).*
☐ Records transferred/lent to *(symbol/code/office)* _____ *(date)* _____
☐ OPM FORM BRI 46-143; ☒ SSA FORM 654; ☐ VA FORM 07-3101 dated: _____
on Hodges, Robert W 230-9?7 C# _____
☐ Writer notified of this referral.
☒ SSA Form cannot be answered by NPRC. Send to activity number 12 above.
☐

☐ Forwarded for necessary action.
☐ See attached Finding Aid Report.

6NCP _____ DATE: _____
NATIONAL PERSONNEL RECORDS CENTER, (MPR)
9700 Page Boulevard
St. Louis, MO 63132

1. ADDRESS CODE	2. DATE	Veterans Administration	REQUEST FOR INFORMATION	3. VA FILE NUMBER
13	01-23-86			723 10 0168

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

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

	9. NAME AND ADDRESS OF VA REQUESTING OFFICE	10. VA INSURANCE NO.	11. SOCIAL SECURITY NO.
FROM	VETERANS ADMINISTRATION (306) 252 SEVENTH AVE. AT 24TH NEW YORK NY 10001		723-10-0168

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. DATE OF DEATH
11-09-17	WHEATON MN	12-19-85

15. ORIGINATING UNIT: ADJUDICATION 2141

	16. DATE ENTERED ACTIVE DUTY	17. DATE SEPARATED FROM ACTIVE DUTY	18. CHARACTER OF SEPARATION OR DISCHARGE	19. SERVICE NO.	20. LAST GRADE, RATE, RANK OR ORGANIZATION	21. SEPARATION FORMS ON FILE
a	12-19-17	12-31-61	UNV	230917		NO
b						
c						

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

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

29. ADDITIONAL INFORMATION

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

- ☐ AVAILABLE REQUESTED RECORDS FORWARDED
- ☐ ITEMS 8, AND 11 OR 19 *(Whichever number was used as the identifier)*, AND 16 THROUGH 18 VERIFIED CORRECT.
- ☑ ITEMS 8, AND 11 OR 19 *(Whichever number was used as the identifier)*, AND 16 THROUGH 18 VERIFIED CORRECT, EXCEPT:

16A. 12-16-41
17A. 1-1-62
18 A. Hon.

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		NO 2-20-86
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

G-PS-1
(202)426-1845

1770
13 February 1986

Mr. Robert C. Hodges
c/o Mr. Michael K. Belford
Attorney at Law
77 East Main Street
Bayshore, NY 11706

Dear Mr. Hodges:

Information has been received at Coast Guard Headquarters of the death of your father, BMC Robert W. HODGES, USCG, Retired. I wish to extend to you and your family my sincere sympathy in your great loss.

The enclosed forms are enclosed to aid you in making application for burial allowances and headstone or marker to which there may be entitlement.

At the time of death there was due your father retired pay accrued from the first of the month to the date of death. Retired pay ceases at the death of a retired member.

If there is no surviving widow, payment of the retired pay will be made to the surviving child or children in equal shares. Four forms, No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office with a copy of your father's death certificate and proof of no surviving widow. If the funeral expenses have been paid, a bill receipted by the undertaker should also be forwarded.

Sincere sympathy is again extended to you in your loss.

Sincerely,

2/14/86

R. R. HARBER
Chief, Retired Military Affairs Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 40-1330
(3) Form No. SF-1174
(4) Envelope

EMWHITEHEAD:EMW 13 February 1986

EW JJ 2/13/86

(G-PS-1)
(202)426-1845

1770
13 February 1986

Mr. Russell A. Hodges
210 Lake Hollingwood Drive
Lakeland, FL 33803

Dear Mr. Hodges:

Information has been received at Coast Guard Headquarters of the death of your father, BMC Robert W. HODGES, USCG, Retired. I wish to extend to you and your family my sincere sympathy in your loss.

At the time of death there was due your father retired pay accrued from the first of the month to the date of death. Retired pay ceases at the death of a retired member.

If there is no surviving widow, payment of the retired pay will be made to the surviving child or children in equal shares. Four forms, No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office.

A pre-addressed envelope is enclosed for your convenience.

Sincerely,

mailed 2/14/86

R. R. HARBER
Chief, Retired Military Affairs Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. SF-1174
(2) Envelope

EMWHITEHEAD:EMW 13 February 1986

H 2/13/86

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: FINAL	DATE PREPARED: 27 May 1986

1. SERVICE IDENTIFICATION (Name, Service Number, Class or Rate, Component, Branch and Organization)

HODGES, Robert Warren 230 917 BMC, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 19 December 1985
Place: Not yet received
Cause: Not yet received

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

9 November 1917 Springfield, MN

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY — CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

723 10 0168 E-7 over 20 years service $1652.70 per month

6. DUTY STATUS

RETIRED: 1 January 1962 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mr. Robert C. Hodges, son, c/o Mr. Micheal K. Belford, 77 East Main Street, Bayshore, NY 11706 (1)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Notified by Attorney at Law Micheal K. Belford - 23 Jan 1986

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NOT REGISTERED 16 December 1941 Minneapolis, MN USCG

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH

NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:
1 Adult next of kin.
2 Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

R. R. HARBER
Chief, Retired Military Affairs Branch

DD FORM 1 MAR 68 1300

JLJACKSON:cap

5/28/86

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 11-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
HODGES,	Robert	W.	230-917

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RATE	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-Day-Yr.)
November 9, 1917	BMC	BMC	BMC	January 1, 1962

REASON FOR RETIREMENT: Twenty Year Service

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? ☐ YES ☒ NO IF "YES," LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED ☒ YES ☐ NO

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	20	0	15	20	0	15
LIGHTHOUSE						
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	20	0	15	20	0	15

DATE	SIGNATURE
3 Jaunary 1962	S. HUTCHINSON

FOR USE BY MRS		
TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

M. Price

Ret'd 3-13

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

FT

4393 Treasury CGHQ Wash D. C.

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
Hodges, Robert W.	230-917	BMC	1 JAN. 1962

IF MAN HELD A GRADE OR RATING HIGHER THAN PRESENT RETIRED GRADE OR RATING, INDICATE HIGHEST GRADE OR RATING HELD DURING COAST GUARD SERVICE.

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
12/16/41	3-17-47	4.0	63	3252.0					
3/18/47	3/22/49	4.0	24	96.0					
3/23/49	3/24/52	4.0	36	144.0					
3/25/52	3/24/55	4.0	36	144.0					
3/25/55	7/31/58	4.0	40	160.0					
8/1/58	3/23/61	4.0	32	128.0					
3/24/61	12/31/61	4.0	9	36.0					
	TOTAL		240	960.0			TOTAL		

FINAL AVERAGE CONDUCT MARK	ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box)	YES	NO
4.0		✓	

DATE	COMPUTED BY	DATE	VERIFIED BY
1-3-62	Robey S. Arthurs	1-3-62	Fletcher

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

6084

3 HODGE (Name) (LTR

19 3 15 Service for Retirement

Yrs. Mos. Days

9 1 15 12/31/61

20 0 0

as of 31 March, 1961

ACTIVE SERVICE

COAST GUARD

NAVY

ARMY

MARINE CORPS

LIGHTHOUSE (Retirement)

TOTAL SERVICE FOR RETIREMENT

INACTIVE SERVICE (Specify)

LIGHTHOUSE (For Pay Purposes)

TOTAL SERVICE FOR PAY PURPOSES

HIGHEST RANK OR RATING HELD

Service Computed by M. Price 8/4/61

Service Verified by [illegible] 8/7/61 am

3CGD

19 Yrs. 3 Mos. 15 Days Service for Retirement — HODGES, Robert W. (Name) — 230-917 (Service No.) — BMC (Rate)

(LTR DTD 26 JUL 61)

9

20 0 15 12/31/61

as of 31 March, 1961

69122

1-1-62

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	19	3	15
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)			
TOTAL SERVICE FOR RETIREMENT	19	3	15
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (For Pay Purposes)			
TOTAL SERVICE FOR PAY PURPOSES	19	3	15

20-0-15 as of 31 Dec 61

JH 9/22/61

HIGHEST RANK OR RATING HELD — BMC

Service Computed by M. Price (as verified) 8/4/61

Service Verified by ~~LDS~~ 8/7/61 am

NOTIFICATION OF CHANGE IN DEPENCENCY STATUS WHICH REDUCES OR TERMINATES ENTITLEMENT TO BAQ

UNITED STATES COAST GUARD

Address Reply to:
Commander
Third Coast Guard District
U. S. Custom House
New York 4, New York

Date: 12/31/61
L16-5/MM

From: HODGES, ROBERT W. BMC(230-917), USCG
To: Commandant(PS-2)
Via: (1) Commanding Officer; LBSTA MONTAUK
(2) Authorized Certifying Officer, 3rd CG District, N.Y., N.Y.

Subj: Notification of Change in Dependency Status for BAQ

1. Notification is made of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters. Documents required attached hereto.

Name of Dependent(s)	Relationship	Date and Nature of Change
EDNA G HODGES	WIFE	12/31/61 RETIRED

2. The following allotment stoppage is requested:

Allottee	Month of last payment	Amount
EDNA G HODGES	12/31/61	$350.00

3. The following allotment start is requested:

Allottee's Name and Address	Relationship	Mo. 1st Pmt.	Amount

For support of: _____
(Insert name(s) of child(ren),(if divorced)

_____
(Signature of member, if required)

FIRST ENDORSEMENT

Date: _____
L16-5/MM

From: Commanding Officer, _____
To: Commandant (PS-2)
Via: Authorized Certifying Officer, 3rd CG District, N.Y., N.Y.

1. Forwarded.

_____
(Commanding Officer/By direction)

SECOND ENDORSEMENT

_____
(This space for Comdt (PS-2) use only

From: Authorized Certifying Officer
To: Commandant (PS-2)

1. Forwarded. BAQ(W)(LC-2) terminated after 12/30/61 (and BAQ _____ commenced on _____). Allotment action requested above entered on current pay record on 12/31/61 (Date).

4 JAN 1962
NO BAQ Payments Authorized for dependents commencing
12/31/61
Chief, Dependents Allowance
545 to FP-1 on 4 JAN 1962
MEH

J. J. ANDERSON, CHSPCK, USCG
(Authorized Certifying Officer)
THIRD CG DISTRICT, NEW YORK 4, N.Y.

3

UNITED STATES COAST GUARD

Address Reply to:
Commanding Officer
USCGC SPENCER (WPG-36)
St. George, SI, N.Y.

Date: 10 November 1958
L16-5/MM

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commandant (PS-2)
Via: (1) Commanding Officer, CGC SPENCER (WPG-36)
(2) Authorized Certifying Officer

Subj: Notification of Change in Dependency Status for BAQ.

1. Notification is made of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters. Documents required attached hereto.

Name of Dependent(s)	Relationship	Date and Nature of Change
This form not required.		

2. The following allotment stoppage is requested:

Allotee	Month of last payment	Amount

3. The following allotment start is requested:

Allottee's name and address	Relationship	Mo. 1st Pmt.	Amount
EDNA G. HODGES (W) 101 Eimer St., Patchogue, LI, NY	Wife	Nov., 1958	$350.00

For support of: Russell A. Hodges (S)
Robert C. Hodges (S) and Self
(Name(s) of children, ~~if dependency~~)

Robert W. Hodges
ROBERT W. HODGES, BMC, USCG
(Signature of member, if required)

FIRST ENDORSEMENT

Date: 10 November, 1958
L16-5/MM

From: Commanding Officer, CGC SPENCER (WPG-36)
To: Commandant (PS-2)
Via: Authorized Certifying Officer

1. Forwarded.

L. A. Cheney
L. A. CHENEY, CDR, USCG - Acting
(Commanding Officer/~~XXXXXXXXXXXX~~)

SECOND ENDORSEMENT
From: Authorized Certifying Officer
To: Commandant (PS-2)

1. Forwarded. BAQ _____ terminated as of _____ (and BAQ (W)(LC-2) commenced as of 10-2-58). Allotment action requested above entered on current pay record on 10-10-58.
(Date)

C. E. Shook
C. E. SHOOK, SPCK, USCG
(Commanding Officer)

(This space for Comdt (PS-2) use only)

17 NOV 1958
BAQ Payments Authorized for
3 dependents ~~commencing~~
continuing from 10/2/58

F. L. Turner
Chief, Dependents Allowance
~~545 to FP-1 on~~

CNL

17 NOV 1958

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one)

[X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
230-917	HODGES,	ROBERT	WARREN	BMC

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? [X] YES [ ] NO

DATE OF THIS APPLICATION: 10 November, 1958

SHIP OR STATION PREPARING THIS APPLICATION:
USCGC SPENCER (WPG-36)
St. George
Staten Island, New York

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is lat: 3/25/55

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 3/24/55

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWAN CLAIMED FRO
1.	EDNA GABRIS HODGES	101 EIMER STREET PATCHOGUE, LI, NEW YORK	WIFE	--	2 Oct, 19
2.	RUSSELL ALAN HODGES	" "	SON	17 Dec 1946	"
3.	ROBERT CLARK HODGES	" "	SON	20 Aug 1948	"
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE

Have you been previously married? [ ] YES [X] NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? [ ] *YES [X] NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? [ ] *YES [X] NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that _____, named above, has been dependent upon me for more than one-half of his or her support si _____: that during such period I have contributed to his or her support an average of $_____ per month in cash or its equ lent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses avera $_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged $_____ per month. (Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

Government quarter use terminated at 1300, 1 October, 1958
(Fire Island Light Station)

See attached photostats of marriage certificate and certificates of birth for above listed sons.

REQUEST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPEN NUM
1.	EDNA GABRIS HODGES (W)(LC-2)	101 EIMER STREET PATCHOGUE, LI, NEW YORK	350.00	11	58	1,
2.						
3.						

Subscribed and sworn to before me this 10th day of November 19 58

L. A. Cheney
L. A. CHENEY, CDR, USCG-Acting
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on act of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents is a member of the uniformed services on a duty.

I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval sonnel, Cleveland, Ohio, of any change in the above stated dependency.

Robert W. Hodges BMC
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number - - - - (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number - - - (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS
BAQ(W)(LC-2) in the amount of $96.90 credited as of 10-2-58.
"Q" allotment in the amount of $350.00 registered, month of first payment, NOV, 1958. (Ref: 2BO1032-2(b)(2)6 Compt Manual

C. E. SHOOK, SPCK, USCG
(D. O. Signature)

gps

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

17 NOV 1958

BAQ Payments Authorized for 3 dependents commencing 10/2/58

T. A. Jones
Chief, Dependents Allowance
545 to FP-1 on 18 NOV 1958

CNL

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account.
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-372620

ORIGIN
17 NOV 19

23835

Department of Health — Bureau of Records and Statistics — City of New York

CERTIFICATION OF BIRTH

THIS IS TO CERTIFY that

Russell Alan Hodges

Sex Male was born in the City of New York on Dec. 17, 1946

according to Birth Record No. 19464 filed in the Queens

Office of this Bureau on Dec. 21, 1946

In witness whereof, the seal of the Department of Health of the City of New York has been affixed hereto this 17 day of March 1948

Harry L. Silverman
Assistant Registrar of Records

Harry S. Mustard M.D.
Commissioner of Health

Carl R. Eberhardt
Registrar of Records

By Mary F. Coe

Warning: This certification is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the Department of Health.

17 NOV 1958

84H-80M-70146 — 314

START ☒ STOP ☐ SUPERSEDING ☐ NO. 840804

C.C. NEW | DATE RECEIVED | BLOCK NO. | SUPERSEDES NO. | DISCONTINUES NO. 1,540,128 | (Number ↑)

F.C.C. PREVIOUS

SERVICE NO. 230-917 | SERVICEMAN'S NAME (Last, first, middle) HODGES, Robert W. | RATE EM2 | PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
x x x	x x x	88	P	8-48 10-49	Edna G. Hodges c/o Fire Island Light Station, Bay Shore, Long Island, New York	Wife			A					x x x
x x x	x x x				Russell A. Hodges,	Son	12-46		A					x x x
x x x	x x x				Robert C. Hodges,	Son	8-48		A					x x x
x x x	x x x													x x x
x x x	x x x													x x x
x x x	x x x													x x x
		TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED		TOTAL RETROACTIVE AMOUNT					

DISCONTINUANCE

REMARKS

FA Amount $100.00. Lump sum checkage FA 10-49 $100.00.

Entitlement Ceased 9-49

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE 1s 15 November 1949

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

NAV. S & A FORM
(REVISED SEPT. 19

SUPERSEDES AUTH. NO. _____ SERVICE NO. ON PREVIOUS AUTH. _____

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

HODGES, Robert W. (230-917) B.M.2c.
SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Edna G. Hodges, 101-57 124th Street, Richmond Hills, Long Island, New York.	Wife		

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., 1945
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 4 January, 1946

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

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
F.C.C. PREVIOUS			9,017,443		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
(230-917)	HODGES, Robert W.	B.M.2c.	Same

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	PI	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	A.C.	P	12-45	Edna G. Hodges, 101-57 124th Street, Richmond Hills, Long Island, New York.	Wife			A					
x x x														x x x
	x x x			12-46	Russell A. Hodges,	Son	12-46		A					
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
		TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED		TOTAL RETROACTIVE AMOUNT					

REMARKS

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

28 March, 1947
DATE

Chief, PA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

NAVPERS FORM 510 — ☐ START ☐ STOP ☒ SUPERSEDING — NO. 1,540,128

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
			1,537,066		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
(230-917)	HODGES, Robert W.	EM2	

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	A.C.	P	12-46	Edna G. Hodges, 101-57 124th Street, Richmond Hills, Long Island, New York.	Wife			A					
x x x				7-48										x x x
	x x x				Russell A. Hodges,	Son	12-46		A					
x x x														x x x
	x x x		P	8-48	Edna G. Hodges, c/o Fire Island Light Station, Bay Shore, Long Island, New York.	Wife			A					
x x x														x x x
	x x x				Russell A. Hodges,	Son	12-46		A					
x x x														x x x
	x x x				Robert C. Hodges,	Son	8-48		A					
x x x														x x x
	x x x													
x x x														x x x

TOTALS ←	DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY	DATE INITIAL PAYMENT AUTHORIZED	TOTAL RETROACTIVE AMOUNT

REMARKS

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE hfb 28 October 1948

Chief, PA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

WEEKLY ALLOWANCE SECTION
WORK SHEET
AUTHORIZATION (See Remarks below)
9,012,443

DISCONTINUANCE

Discontinuance Auth. No. _____

Last Payment _____

Reason (See remarks below)

SUPERSEDING AUTHORIZATION

Supersede Auth. No. _____

Effective month Aug 1948

Reason (see remarks below)

AFFIDAVITS & CERTIFICATES

Type _____

Date requested _____

Date received _____

Final Action _____

Date returned _____

HOLD CHECK ORDER

Dat e _____

Closed _____

Reason _____

MISCELLANEOUS

Initial Family Allowance _____
(Yes) (No.)

OCT 22 1948

ENTERED IN LOG Las
(Date) (By)

add - dom

note dig of bdh

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

SUPPLEMENTAL APPLICATION

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
SU 3 CG DISTRICT, 42 BROADWAY, NEW YORK, NY	3-18-47	12-16-41

[ ] BUREAU OF NAVAL PERSONNEL [x] COMMANDANT U. S. COAST GUARD [ ] COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
HODGES, ROBERT W.	230-917	BM 2c

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	Edna G. Hodges 101-57 124th Richmond Hill 19, NY	wife				
2		Russell A. Hodges same as above	son	12	46	✓	
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 and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

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

HAVE YOU BEEN PREVIOUSLY MARRIED? [ ] YES [x] NO | IF SO, HOW WAS MARRIAGE DISSOLVED [ ] DEATH [ ] DIVORCE [ ] ANNULMENT | IF DIVORCED, GIVE DATE OF DIVORCE DECREE

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 March 19 47

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

T. C. Crabe
T. C. CRABE, Lieutenant (jg), USCG
(Signature of attesting officer) (Title)

Robert W. Hodges
Robert W. Hodges, BM 2c, USCG
(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 accoun

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

Marriage License No. 31703 19 Man

№ 4349

CITY OF NEW YORK

OFFICE OF CITY CLERK

GENERAL COURT HOUSE, JAMAICA

QUEENS

Certificate of Marriage

I, Frank C. McGlynn, Deputy City Clerk, duly designated by the Clerk of the City of New York to solemnize marriages, Do Hereby Certify that I did on this 12th day of December in the year A. D., 1945, at the office of the City Clerk, in the Borough of Queens, City of New York, State of New York, solemnize the rites of matrimony between Robert W. McDyes of Wheaton in the County of — State of Minn and Edna R. Gabriz of Richmond Hill in the County of Queens State of N.Y. in the presence of Bruce W. Bergman and Joan M. Bergman as witness.

Witness my hand at the office of the City Clerk, Borough of Queens, City of New York, State of New York, 12th day of Dec A. D. 1945

Frank C. McGlynn

DEPUTY CITY CLERK OF THE CITY OF NEW YORK
BOROUGH OF QUEENS

R.F. 76-15M-92943

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-665

9,017,445

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
CGC-64307 BARRACKS, Pier 9, East River, NYC (COTP)	12/21/45	12/17/41

[ ] BUREAU OF NAVAL PERSONNEL [X] COMMANDANT U. S. COAST GUARD [ ] COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
HODGES	Robert	W.	230-917	BM2c

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	Mrs. Edna G. Hodges 101-57 124th Street L.I. Richmond Hills, Queens, NY	Wife				
2							
3		December, 1945					
4							
5							
6							

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

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

DEPENDENT No.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Queens, New York	12/1/45	[ ] YES [ ] NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
[ ] YES [X] 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 21st *day of* December *19* 45

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

R.S.STANIFORD, Lieutenant, USCGR
(Signature of attesting officer)

Executive Officer
(Title)

Robert W. Hodges
ROBERT W. HODGES
(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

DEPARTMENT OF HEALTH — CITY OF NEW YORK

BUREAU OF RECORDS AND STATISTICS

CERTIFICATE OF BIRTH REGISTRATION

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF QUEENS

FILED 1946 DEC 21 AM 11 22

Certificate of Birth

Certificate No. 19164

1. Full name of child (PRINT) — First name: [illegible] — Middle name: [illegible] — Last name: Hodges

2. Sex	3. Color or Race	4. Number of children born of this pregnancy	5. If more than one, number of this child in order of birth
Male	White	1	

6. Date of child's birth: (Month) December (Day) 17 (Year) 1946 — 6a. Hour 8:53 — A.M. / P.M.

7. PLACE OF BIRTH
(a) NEW YORK CITY: (b) Borough: Queens
(c) Name of Hospital or Institution: Mary Immaculate (If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child: 16 hrs

8. USUAL RESIDENCE OF MOTHER: (a) State: New York
(b) Co.: Queens (c) Post Office and Zone: Richmond Hill
(d) No.: 101-57 124 St Ave. / St.
(e) Length of residence or stay in New York City immediately prior to birth of child: L

	FATHER	MOTHER
9. Full name	Robert Hodges	14. Full maiden name: Edna Gabris
10. Color or race	White	15. Color or race: White
11. Age at time of this birth	29 (years)	16. Age at time of this birth: 26 (years)
12. Birthplace (city or place and State, or country)	Minnesota	17. Birthplace (city or place and State, or country): Ozone Pk NY
13. Occupation — A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Boatswain Mate 2nd Class	18. Occupation — A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
13. Occupation — B Industry or business in which work was done, as silk mill, sawmill, bank, etc.	U S Coast Guard	18. Occupation — B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy	0	19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: 0

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

(Signed) James Vincent Rizzi, M.D. ~~R.N.~~ ~~Midwife~~
Address 90-34-170 St Jamaica
Date of Report Dec 17 1946

Given name added from a supplemental report..... (Date of)
..... Assistant Registrar.

BUREAU OF RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — CITY OF NEW YORK

Died: Date... Place... Cert. No...

Above is an exact copy of a certificate of birth registered, on the date indicated, in the Bureau of Records and Statistics of the Department of Health in the borough in which the birth occurred. It is sent, without charge, pursuant to the provisions of Section 567-3.0 of the Administrative Code of the City of New York.

If the certificate contains any errors, return this copy with the correct information to the Assistant Registrar of Records in the borough where the child was born. (See address below.) He will advise you how to proceed to have the record corrected. It is important to do this at once.

William O'Dwyer — MAYOR
Otto K. Pyzdrowski M.D. — ACT'G REGISTRAR OF RECORDS
Israel Weinstein M.D. — COMMISSIONER OF HEALTH

MANHATTAN: 125 Worth Street
THE BRONX: 1826 Arthur Avenue
BROOKLYN: 295 Flatbush Avenue Extension
QUEENS: 148-15 Archer Avenue, Jamaica
RICHMOND: 51 Stuyvesant Place, St. George, S.I.

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

NAVPERS - 660

OCT 22 REC'D

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Fire Island Light Station	10/8/48	12/17/41

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

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
Hodges	Robert	W.	230-917	BM 2

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	Edna G. Hodges Fire Island Light Station ~~Bay Shore, LI, NY~~	Wife				
2		Russell Alan Hodges ~~Fire Island Light Sta.~~	~~Son~~	~~12~~	~~46~~		
3		Robert Clark Hodges Fire Island Light Sta.	Son	8	48	✓	
4							
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
New York, NY	12/1/45	☐ 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 13 day of Oct 1945

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

J M Ochs Bos'n (Signature) (Title)

Robert W. Hodges 13147 (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

DEPARTMENT OF HEALTH — CITY OF NEW YORK

BUREAU OF RECORDS AND STATISTICS

CERTIFICATE OF BIRTH REGISTRATION

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND

FILED
1948 AUG 25 PM 3 12

Certificate of Birth

Certificate No. 2706

Cert. No. Place Died: Date

1. Full name of child (PRINT) ROBERT (First name) CLARK (Middle name) HODGES (Last name)

2. Sex: Male
3. Color or Race: White
4. Number of children born of this pregnancy: 1
5. If more than one, number of this child in order of birth:
6. Date of child's birth: (Month) August (Day) 20, (Year) 1948
6a. Hour: 10:15 A.M.

7. PLACE OF BIRTH
(a) NEW YORK CITY: (b) Borough: Richmond
(c) Name of Hospital or Institution: U.S. Marine Hospital
(If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child: 1 day

8. USUAL RESIDENCE OF MOTHER:
(a) State: New York
(b) Co.:
(c) Post Office and Zone: Bayshore
(d) No.: Fire Island Light Station Ave. St.
(e) Length of residence or stay in New York City immediately prior to birth of child: None

FATHER

9. Full name: ROBERT WARREN HODGES
10. Color or race: White
11. Age at time of this birth: 30 (years)
12. Birthplace (city or place and State, or country): Minnesota
13. Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B.M. 2/c
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S.C.G.

MOTHER

14. Full maiden name (PRINT): EDNA GABRIS
15. Color or race: White
16. Age at time of this birth: 27 (years)
17. Birthplace (city or place and State, or country): New York
18. Occupation
A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy: 1
19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: 1

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

(Signed) M.D. Edmund M.D. R.N. Midwife
Address: U.S. Marine Hospital
Date of Report: August 23, 1948 19

Given name added from a supplemental report (Date of)
Assistant Registrar.

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH 40 CITY OF NEW YORK

Above is an exact copy of a certificate of birth registered, on the date indicated, in the Bureau of Records and Statistics of the Department of Health in the borough in which the birth occurred. It is sent, without charge, pursuant to the provisions of Section 567-3.0 of the Administrative Code of the City of New York.

If the certificate contains any errors, return this copy with the correct information to the Borough Registrar in the borough where the child was born. (See address below.) He will advise you how to proceed to have the record corrected. It is important to do this at once.

William O'Dwyer — MAYOR
Harry S. Mustard — COMMISSIONER OF HEALTH
Carl L. Erhardt — DIRECTOR OF BUREAU

MANHATTAN: 125 WORTH STREET — BROOKLYN: 295 Flatbush Avenue Extension
THE BRONX: 1826 Arthur Avenue — QUEENS: 148-15 Archer Avenue, Jamaica
RICHMOND: 51 Stuyvesant Place, St. George, S.I.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG 9731 (Rev. 4-46)

MONTHLY FAMILY ALLOWANCE

Date: 15 November 1949

To: Central Payroll Records, Corcoran Annex
From: Family Allowance Section, Military Morale Division

HODGES, Robert W. 230-917	BM2	~~3rd CGD~~
Name	Rating	Unit

Class A	$22.00	Began: December 1945 Ter: September 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 $100.00

ls

S. K. FRICK
Chief, FA Section

NOV 3 194

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS:

OC3CGD
28 October, 1949

HODGES, Robert W. (name) 230-917 (service no.) BM2, USCG (rating)

To: Chief, Military Morale Division, CG Headquarters.

You are hereby notified of change in status as indicated below in the case of the person named above:

(X)* Checkage is being discontinued as provided in regulations after checkage for the month of SEPTEMBER, 1949

( )* Checkage is being continued as required by regulations pending notification to stop.

1 October, 1949 (date of change in status) Pay 10/1/49 exceeds pay 9/30/49 (nature of change in status)

*Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

~~GOVT.CONTRIBUTION AS~~
OBTAINED FROM FB BOOKLET NO.14 $ 100.00 FA-A Edna G. Hodges
USCG Family Allowance Accounts.

Pay Record checked $100.00 for 10/49 in Item 23.

W. G. SCHAEFER, CPCLK, USCG.
AUTHORIZED CERTIFYING OFFICER
3rd CG District.

CG HEADQUARTERS

WASHINGTON 25, D.C.

15 November 1949
(date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of October 1949

Gov't. Cont. $78.00

Chief, Military Morale Division.

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22-R174.

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER	
HODGES, Robert W.	24 Sterling Avenue East Patchogue, New York	HOME GR-5-2868	OFFICE MO-8-2716

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
[X] ACTIVE DUTY [ ] RETIRED [ ] DECEASED AD [ ] DECEASED RETIRED [ ] OTHER (Specify)	BMC	USCG	230-917

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box) [ ] ORIGINAL CARD(S) [X] EXPIRATION OF CARD(S) [ ] REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)
23 March 1964	

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME—FIRST NAME—MIDDLE INITIAL HODGES, Edna G.	b. RELATIONSHIP Wife	c. COLOR EYES Green	d. COLOR HAIR Brown	e. PRIVILEGE AUTHORIZED[1] T,C,EU,MC (US), MC(C)	f. CARD NO. ISSUED AF 2,205,600 AF 2,056,541
g. ADDRESS 24 Sterling Avenue East Patchogue, New York	h. DATE OF BIRTH 9-25-20	i. HEIGHT 69"	j. WEIGHT 150	k. EXPIRATION DATE 3/23/64	l. DATE ISSUED 3/27/61
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL HODGES, Russell A.	b. RELATIONSHIP Son	c. COLOR EYES Blue	d. COLOR HAIR Blond	e. PRIVILEGE AUTHORIZED[1] T,C,EU,MC (US)MC,(C)	f. CARD NO. ISSUED AF 2,056,542
g. ADDRESS 24 Sterling Avenue East Patchogue, New York	h. DATE OF BIRTH 12-17-46	i. HEIGHT 62"	j. WEIGHT 120	k. EXPIRATION DATE 3/23/64	l. DATE ISSUED 3/27/61
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL HODGES, Robert C.	b. RELATIONSHIP Son	c. COLOR EYES Blue	d. COLOR HAIR Blond	e. PRIVILEGE AUTHORIZED[1] T,C,EU,MC (US)MC,(C)	f. CARD NO. ISSUED AF 2,056,540
g. ADDRESS 24 Sterling Avenue East Patchogue, New York	h. DATE OF BIRTH 8-20-48	i. HEIGHT 58"	j. WEIGHT 120	k. EXPIRATION DATE 3/23/64	l. DATE ISSUED 3/27/61
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	6-5-61	Edna G. Hodges Edna G. Hodges

SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. [X] Lawful marriage to the spouse named took place at Jamaica, New York (PLACE) on 1 December 1945 (DATE)

b. [ ] The lawful husband named is in fact dependent upon me for over one-half of his support.

c. [ ] I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities*

d. ☐ I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331–1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
6-5-61	Robert W. Hodges ROBERT W. HODGES

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE
CG GROUP MORICHES EAST MORICHES, NEW YORK	L. M. FURST, CHBOSNW-2, USCG GROUP COMMANDER, Acting	

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE
773D Radron(SAGEO Montauk AFSTA, Montauk, LINY	WILLIS L. SHORE 1STLT; USAF	Willis L Shore

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—443155

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

1961 DEC 29 AM 10 36

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☒ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

15 December 1941 to 31 December 1961

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

18. REMARKS

The following Uniformed Services Identification and Privilege Cards were surrendered and destroyed 21 December 1961, at CG Group Moriches East Moriches, Long Island, NY

AF - 2, 056, 540
AF - 2, 056, 542
AF - 2, 205, 600

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims; fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
12/21/61	Robert W. Hodges ROBERT W. HODGES

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
CG GROUP MORICHES EAST MORICHES, LONG ISLAND, N.Y.	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER	M. Versaw

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
CG GROUP MORICHES EAST MORICHES, LONG ISLAND, N.Y.	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER	M. Versaw

3ND-P&PO 8754

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER HOME	OFFICE
HODGES, Robert W.	24 Sterling Avenue East Patchogue, Long Island, N.Y.	GR5-2868	

4. STATUS	5. GRADE, RATE, RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	BMC	USCG	230-917

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
12/31/67	☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1] (FOR USE OF VERIFYING OFFICER)	f. CARD NO. ISSUED (FOR USE OF ISSUING OFFICER)
10	HODGES, Edna G.	Wife	Green	Brown	T, C, EU, MC(US), MC(C)	152,404
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
	24 Sterling Avenue East Patchogue, Long Island, N.Y.	9/25/20	68"	150	1/1/62	1/1/62
					l. EXPIRATION DATE	
					12/31/67	
11	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
	HODGES, Russell A.	Son	Blue	Blonde	T, C, EU, MC(US), MC(C)	152, 405
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
	24 Sterling Avenue East Patchogue, Long Island, N.Y.	12/17/46	65½"	127	1/1/62	1/1/62
					l. EXPIRATION DATE	
					12/31/67	
12	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
	HODGES, Robert C.	Son	Blue	Blonde	T, C, EU, MC(C), MC(US)	152, 406
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
	24 Sterling Avenue East Patchogue, Long Island, N.Y.	8/20/48	62"	128	1/1/62	1/1/62
					l. EXPIRATION DATE	
					12/31/67	
13	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
					l. EXPIRATION DATE	
14	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
					l. EXPIRATION DATE	
15	a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
	g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
					l. EXPIRATION DATE	

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	12/21/61	Edna G. Hodges

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☒ Lawful marriage to the spouse named took place at Jamicia, New York (PLACE) on 1 December 1945 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 MAR 61 1172 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. — 3ND-P&PO 8754

MEH

4 JAN 1962

(Div) (Allot)

Correct Flex O Line

Approved

Canc - PQ - Rid - Ret - Dis AVI

Spec Pending

Pend _____ 60 day expires _____

Training Duty - Canc

Ret to Branch Chief

Ret to _____

Correct PAQ Rate

51.30

77.10

96.90

Adjust

51.30 - 77.10

77.10 - 96.90

51.30 - 96.90

96.90 - 77.10

77.10 - 51.30

96.90 - 51.30

No adjmt - Change/deps/allots:

_____ to _____

_____ to _____

Tabbed pull on _____ for _____

Ltr: (See other side - notes atchd. Delete one)

Memo to 6-7 Withhold - release "Q" to _____

From FA
NO BAQ

MC 12/1/45 (Edna R. Gabris) Jamaica, NY
BC 12/17/46 (Russell Alan Hodges)
BC 8/20/48 (Robert Clark Hodges)

(W)12/45; (W)(1LC) 12/46; (W)(2LC) 8/48-9/49

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON	
(W)(2LC)	10/2/58			Vacate PQ 10/1/58	CNL
(W)(2LC)	continuing			[redacted]	CNL
(W)(2LC)			12/30/61	Ret 12/31/61	MEH

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3578 (10-54)

BAQ ADJUDICATION SHEET

7025 Treas. CGHQ Wash., D.C.

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-3308 (Rev. 3-59)

S/R

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1. HOME ADDRESS

2. DATE OF BIRTH: 11-9-17

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	1-16-60	[X] SATISFACTORY [ ] UNSATISFACTORY	Donald Schultz, BMC
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET	1-16-60	LEFT 15 15 RIGHT 15 / 15 [ ] WITH [XX] WITHOUT HEARING AID	Donald Schultz, BMC
5. VISION	20/30 REQUIRED	1-16-60	LEFT 20/20 RIGHT 20/20 BOTH / [ ] WITH [XX] WITHOUT GLASSES	Donald Schultz, BMC
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED	1-16-60	AVERAGE OF 3 TRIALS: 90%	Donald Schultz, BMC
7. DEPTH PERCEPTION	1 in. off total	1-16-60	AVERAGE OF 3 TRIALS: 3	Donald Schultz, BMC
8. REACTION	.30 SECONDS OR ____ FEET	1-16-60	AVERAGE OF 3 TRIALS: .30 SEC./FT.	Donald Schultz, BMC
9. ROAD TEST		1-16-60	NUMBER OF ERRORS: 4	Donald Schultz, BMC
10. WRITTEN EXAMINATION		1-16-60	96 %	Donald Schultz, BMC
11. ORAL EXAMINATION		1-16-60	95 %	Donald Schultz, BMC
12. OTHER TESTS				

13. **PRIOR DRIVING EXPERIENCE**

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
Passengers cars	25	100,000	None	No accident Records & Data 1/20/60 Asst Dist Safety Eng.

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- [XX] PASSENGER, PICK-UP, PANEL TRUCKS
- [XX] TRUCKS OVER ¾ TON up to & Inc. 1½ Ton
- [ ] SEMITRAILER, SINGLE AXLE
- [ ] SEMITRAILER, TANDEM AXLE
- [ ] BUSSES
- [ ] EMERGENCY VEHICLES (Fire trucks and ambulances)

15. QUALIFIED ON BASIS OF:
- [X] TESTS
- [ ] PREVIOUS MILEAGE AND STATEMENT

16. RESTRICTIONS: None
- [ ] MUST WEAR GLASSES
- [ ] OTHER (Describe)

17. **PERMITS ISSUED**

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-3243	1/21/60	1/22/63	MORICHES LIFEBOAT STATION	M. W. CASKEY, CAPT., USCG SAFETY OFFICER

NAME: (Last—First—Middle)
HODGES, Robert W.

SERVICE NO.
230-917

RETIRED 1 MAR 62

18. **ACCIDENT RECORD**

DATE	TOTAL DAMAGE	CHARGEABLE OR NON-CHARGEABLE	UNSAFE PRACTICE OF THIS OPERATOR	ACTION TAKEN	SIGNATURE AND TITLE

19. **TRAFFIC VIOLATIONS**

(List all moving violations reported, omit overtime parking and similar offenses)

DATE	VIOLATION OF THIS OPERATOR	REPORTED BY—	ACTION TAKEN	SIGNATURE AND TITLE

20. **ISSUANCE OF SAFE DRIVER AWARD OR OTHER COMMENDATION FOR SAFE OPERATION**

DATE	DESCRIBE *(Include awards claimed prior CG experience, periods and mileage)*	SIGNATURE AND TITLE
3/15/62	Third Coast Guard District Safe Driver Award for 1961. One year accident-free operation of Government vehicles.	M. R. CHAFFEE, CAPT., USCG SAFETY OFFICER

21. REMARKS:

New York State Operator's License Number ## 9259517 expires 30 September 1962

INSTRUCTIONS

1. Prior to issuance of an operator's identification card, original and one copy shall be submitted to issuing officer with identification data required to be shown on permit. Upon completion of action by issuing officer (whether the examinee passes or fails) the original shall be placed in the service record. The duplicate shall be retained by the issuing officer.
2. When an operator's identification card is to be renewed, the original shall be submitted to the issuing officer and shall be replaced in the service record upon completion of action. Current identification data, required for permit, must also be submitted.
3. Items 3, 4, and 5 must be completed for original permit. Results of a physical examination given within previous year may be accepted; operator may be re-examined at any time.
4. Items 6 through 11 are mandatory for the original application only.
5. Item 13—furnish as much data as possible covering all experience prior to date of first preparation of this form. Include any permit suspension or revocation and convictions of driving while intoxicated.
6. Item 17—if the operator's identification card issued does not qualify operator for all vehicles previously qualified as per item 14, place asterisk after permit number and explain in item 21.
7. Record all chargeable accidents as they occur. This fact shall also be reported on the accident report.
8. Item 19—keep current. Inform issuing officer of all violations. So state when "on duty" violation.
9. Upon transfer of an operator to another district or headquarters unit, issuing officer's copy and supporting papers shall be transmitted to issuing officer of the cognizant district or headquarters unit.
10. Upon separation without immediate reenlistment, the original shall remain in the service record. In the case of immediate reenlistment, the original shall be transferred to the new service record.

U.S. GOVERNMENT PRINTING OFFICE : 1959 OF—506976

3-13
FILE
PE-1

PE-1
6 October 1961

From: Commandant
To: Officer-in-Charge, Montauk LB Station
Via: Commander, Third Coast Guard District (p)

Subj: Retirement Certificate; forwarding of

1. A Certificate of Retirement is forwarded herewith for presentation to HODGES, Robert W. (230-917) BMC, USCG. It is the desire of the Commandant that this certificate be presented with suitable ceremony.

2. On this occasion of HODGES' retirement from active status in the United States Coast Guard, express the Commandant's appreciation for the faithful service he has rendered the Coast Guard and the nation, and the thanks of the service for a job well done.

3. In the event retirement is cancelled, you are directed to destroy the enclosed certificate.

J. R. SCULLION
By direction

Encl: Retirement Certificate

R.D.MELLETTE:FC:vs ret to 3-11

TONO: 69122/99203012X
HODGES, Robert W. 230-917 BMC
RET: 1-1-62

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PE-1
26 September 1961

61 SEP 26 10 19
PERSONNEL DIVISION

TONO: 69122/99203012X

From: Commandant
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 January 1962. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement you will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel necessary to the execution hereof is required in the public interests and is authorized, chargeable against Appropriation 20X0201, Headquarters Allotment Symbol 93-20.3, Accounting Code 925090. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time, and date of receipt. You shall be physically examined for retirement as soon as practicable, but not later than 20 October 1961. If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time, and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District or Unit from which retired. [illegible] nearest Authorized Certifying Officer for settlement. (The Authorized Certifying Officer is the Disbursing Officer located at all district offices and major units who is authorized to reimburse you for your travel.)

J. R. SCULLION
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

F.CHIPOURAS:vs ret to 3-11

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PE-1
10 August 1961

From: Commandant
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Request for retirement; information concerning

Ref: (a) Your letter dated 26 July 1961, P19-2
(b) Personnel Instruction No. 35-58

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file and you will be considered for retirement in accordance with regulations and policies contained in reference (b).

2. All reasonable efforts will be made to effect your retirement on the date you have requested, or as soon thereafter as practicable. Your actual date of retirement will be governed by statutory limitations and funds available for retirement.

3. Your service for retirement as of 31 March 1961 is 19 years 3 months 15 days.

J. R. SCULLION
By direction

Encl: Your New Career, NAVPERS 15895-B

1961 AUG 10 11 50
PERSONNEL DIVISION

R.D.MELLETTE:FC:VS: vlg ret to 3 11
22630 TREAS. CGHQ. WASH., D.C.

p
P19-2
28 July 1961

THIRD ENDORSEMENT ON HODGES, Robert W. (230-917) BMC ltr P19-2 of 26 July 1961

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Twenty year retirement; request for

1. Forwarded.

J. S. PHILLIPS
By direction

Montauk LB Station
Montauk, New York

P19-2
26 July, 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: COMMANDANT (PE)
Via: 1. Officer in Charge, Montauk LB Station
2. Commander, CG Group Moriches
3. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

1. I request retirement on the first day of January, 1962, or as soon thereafter as possible.

2. I understand that I will enter into my next pay period on Sixteenth of December, 1961.

Robert W. Hodges

P19-2
26 July, 1961

FIRST ENDORSEMENT on HODGE'S ltr dtd 7-26-61, P19-2

From: Officer in Charge, Montauk LB Station
To: COMMANDANT (PE)
Via: 1. Commander, CG Group Moriches
2. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

Forwarded approved.

L. M. FURST

P19-2
27 July 1961

SECOND ENDORSEMENT on HODGE'S ltr P19-2 of 7-26-61

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded approved.

M. VERSAW

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Montauk LB Station
Montauk, New York

P19-2
26 July, 1961

U. S. COAST GUARD
GROUP MORICHES
JUL 27 1961
RECEIVED
EAST MORICHES, L.I., N.Y.

From: HODGES, Robert W. (230-917) BMC, USCG
To: COMMANDANT (PE)
Via: 1. Officer in Charge, Montauk LB Station
2. Commander, CG Group Moriches
3. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

1. I request retirement on the first day of January, 1962, or as soon thereafter as possible.

2. I understand that I will enter into my next pay period on Sixteenth of December, 1961.

Robert W. Hodges

P19-2
26 July, 1961

FIRST ENDORSEMENT on HODGE'S ltr dtd 7-26-61, P19-2

From: Officer in Charge, Montauk LB Station
To: COMMANDANT (PE)
Via: 1. Commander, CG Group Moriches
2. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

Forwarded approved.

L. M. FURST

P19-2
27 July 1961

SECOND ENDORSEMENT on HODGE'S ltr P19-2 of 7-26-61

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded approved.

M. VERSAW

-8/2

p
P19-2
28 July 1961

THIRD ENDORSEMENT ON HODGES, Robert W. (230-917) BMC ltr P19-2 of 26 July 1961

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Twenty year retirement; request for

1-1-62

1. Forwarded.

J. S. PHILLIPS
By direction

1961 AUG 1 15 21
ENLISTED PERSONNEL
DIVISION

IN THE MATTER OF LICENSE NO. 256933 AND ALL OTHER SEAMAN DOCUMENTS Issued to: Virgil E. McCoy	APPEAL NO. 1244 DECISION OF THE COMMANDANT UNITED STATES COAST GUARD

This appeal has been taken in accordance with Title 46 United States Code 239(g) and Title 46 Code of Federal Regulations 137.11-1.

By order dated 25 August 1960, an Examiner of the United States Coast Guard at New Orleans, Louisiana suspended Appellant's seaman documents for six months upon finding him guilty of misconduct. The five specifications found proved allege that while serving as Junior Third Assistant Engineer on board the United States SS ALCOA PILGRIM and SS GENEVIEVE LYKES under authority of the license above described, Appellant failed to perform his duties on three occasions, he left his duty station without permission, and he used profane, abusive and threatening language to the night engineer of another ship. The Examiner concluded that a sixth specification was not proved.

At the hearing, Appellant was represented by counsel. Appellant entered a plea of not guilty to all except two of the specifications.

The Investigating Officer introduced in evidence certified copies of entries in the ship's Official Logbook for the voyage.

In defense, Appellant offered in evidence his testimony and medical exhibits to show that he was ill while on the ALCOA PILGRIM. Appellant testified that he had dizzy spells and severe headaches.

FINDINGS OF FACT

On 25 October 1959, Appellant was serving as Junior Third Assistant Engineer on the United States SS GENEVIEVE LYKES and acting under the authority of his license while the ship was at Corpus Christi, Texas.

On this date, Appellant directed profane, abusive and threatening lan-

BMC

HODGES, Robert Warren (NAME) 230-917 (SERVICE NUMBER)

MARITAL STATUS M
NUMBER OF DEPENDENTS 3 2
3CGD

Other creditable service— YRS. MOS. DAYS

Birth, date of 9 November, 1917
Birth, place of Springfield, Minn.
Citizenship NB

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
FIRE ISLAND LT.STA.	3-22-49	BM2				HD(EEXT)
SHORT BEACH GRP(03)	3-23-49	BM2				Reenl.Reg.Estab. for 3 years
SHORT BEACH GRP(03)	1-16-52	BM1(P)				CR
SHORT BEACH GRP (03)	3-24-52	BM1(P)				HD, EE & EXTENSION THERETO
SHORT BEACH GRP (03)	3-25-52	BM1(P)				REENL. FOR A PD OF 3 YEARS.
SHORT BEACH GRP (03)	[illegible]	BM1(P)				TR (ADMIN)
SHORT BEACH GRP(03)	9-1-54	BM1				Rate made permanent
SHORT BEACH GRP (03)	3-24-55	BM1				HD EE 3-25-55 REEN (6)
SHORT BEACH GRP (03)	6-1-55	BMC(P)				CR
SHORT BEACH GRP (03)	6-16-58	BMC				Perm
FIRE ISL LTJTA	10-1-58	BMC				TR TO CGC SPENCER FASDU
CGC SPENCER (03)	8-14-59	BMC				TR MORICHES LBS TDFFT BASE SINY
MORICHES LBS (03)	9-14-59	BMC				TD AT MONTAUK LBS MADE PERM
MONTAUK LBS MOR(03)						HDEE REEN (03) 3-24-61
GROUP MORICHES	12-31-61	BMC				DETACHED, PLACED ON RET. LIST

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

N. C. G. 9545
Revised Sept. 1941

2

SINGLE X
MARRIED
WIDOWED
DIVORCED

Hodges, Robert Warren (NAME) 230-917 (SERVICE NUMBER)

Other creditable service— YRS. MOS. DAYS

Birth, date of 9 Nov., 1917
Birth, place of Springfield, Minnesota
Citizenship N

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
COTP NY (03)	11-15-45	BM2c (PGRM)			JUL 1 1946	To CG-64307 East River
DCGO New York	12-19-46	BM2c				To Adm P.
DCGO New York	3-17-47	BM2c				HD
DCGO New York	3-18-47	BM2c				Re 2 yrs STE with: FASDU
Recruit Exp (03)	3-19-47	BM2c				To Fire Isl LTJTA
Recruit Exp (03)	4-2-48	BM2				CR PC 36-47

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
HODGES,	Robert	W.	230-917	BM1	Fire Island 18

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
3-25-55	6	3-24-61	none	none	none	3-25-55

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
11-9-17	CAU	W20C	FIRE IS LIGHT	Bay Shore NY	none	NY

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	CODING SPACE
HS4	none	none	
		22. SPECIAL SKILLS, LICENSES, ETC.	

23. TEST SCORES "unk"
GCT ____ MA ____ EK ____ SP ____ CA ____
AR ____ READ ____ MK ____ PI ____

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 161 AFLOAT ____
OUTSIDE CLUS: ASHORE ____ AFLOAT ____

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE
13 YRS. 3 MOS. 9 DAYS
c. OTHER SERVICE
1 YRS. ____ MOS. ____ DAYS
d. TOTAL NET SERVICE FOR PAY
13 YRS. 4 MOS. 3 DAYS

28. OFF DUTY TRAINING
unk

29. SERVICE SCHOOLS COMPLETED
unk
3

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1	PERM.	11-16-53
BMC	Pro	6-1-55
BMC	Perm	6-16-55

31. REMARKS

26. SERVICE FOR BASIC PAY
~~12-15-53~~ 12-15-6
COMP. ~~12~~ YRS. ON ~~12-15-53~~ 12-15-6

27. SERVICE FOR RETIREMENT
COMP. ____ YRS. ON ____

32. RPTD DIST.
3-25-52

33. RPTD UNIT
8-14-59

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT	GPO
HODGES,	Robert	W.	230-917	BMC	Montauk	16—66506-1

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

HODGES, Robert Warren,- 230 917

SINGLE
MARRIED
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of November 9, 1917,
Birth, place of Springfield, Minnesota,
Citizenship N.

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
OMAHA						SPECIAL TEMPORARY ORG.
MINNEAPOLIS	12-16-41	A.S				HT-12-2-41.
	DEC 19 1941	A.S				Tr.-
NEAH BAY(SD)	1-3-42	AS				Tr.
SEATTLE BASE	4-4-42	A.S.				Tr.
SEATTLE BASE	4-10-42	Sea.2c.				Cr.
QUILLAYUTE RIVER STA	4-24-42	Sea.2c.				To.
QUILLAYUTE RIVER STA.	5-4-42	Sea.1c.				Cr.
NAVY RADIO & SOUND LAB., SAN DIEGO	7-26-42	Sea. 1c.				Tr.(Radar operators course.)
NEW YORK REC. STA	8-13-42	Sea.1c				TR
NEW YORK REC. STA.	11-12-42	Cox(Pro)				CR
COTP New York	5/7/43	Cox(Pro) BM2c(Pro)				Cr. to
COTP New York	6-14-43	BM2c(Pro)				Tr. CG-38621 (6 hours OB
COTP New York	7-6-43	BM2c(Pro)				Grad. Ltr. - 24 hrs (CG-38621)
COTP New York	1-1-45	BM1c				Tr. CG-38621- Stapleton
SEC. OF PORT(NAD)	6-4-45	B.M. 1c				

98

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT *(Print or type)*

NAME *(Last, first, middle initial)*	GRADE OR RATE	USCG / USCGR		SERVICE NUMBER
HODGES, Robert W.	BMC	USCG	XX	230-917
		USCGR		

DUTY ASSIGNMENT *(Ship, Station, etc.)*	MAILING ADDRESS *(If not on active duty)*	35 MM PHOTO ATTACHED	
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK	24 Sterling Avenue East Patchogue, L.I.,N.Y.	PHOTO BEING MADE BY ISSUING ACTIVITY	XX

REASON FOR REQUESTING CARD *(Check appropriate box)*

- ☐ INITIAL ISSUE
- ☒ RETIRED WITH PAY
- ☐ CHANGE IN GRADE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ REPLACE MUTILATED CARD
- ☐ PRESENT CARD EXPIRED
- ☐ RELEASED TO INACTIVE DUTY
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD *(Explain on reverse)*
- ☐ OTHER *(Specify)*

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
11/9/17	210	72"	Blond	Blue	O-Pos.

DATE OF APPLICATION	SIGNATURE OF APPLICANT
12/21/61	Robert W. Hodges ROBERT W. HODGES

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
☐ ACTIVE ☐ RESERVE ☒ RETIRED	☐ MEDICARE AUTHORIZED ☐ MEDICARE NOT AUTHORIZED	INDEFINITE	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER CG GROUP MORICHES EAST MORICHES, L.I.,N.Y.

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
06063	1/1/62	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER CG GROUP MORICHES EAST MORICHES, L.I.,N.Y.

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 899538

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
6 November 1953
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BM1(P); USCG

Statement of service of.
Ref: Your request dated 10-29-53

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 1-1-45	2 yrs. from 3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32058-3

Return to 3-18
Elec am

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD AND REFER TO No. PE-3

6 November 1953

MM

From: Commandant.

To:

Via: Commander, CG Group, Short Beach, Freeport, N.Y.

SUBJECT: Commander, Third CG District (p)
HODGES, Robert Warren (230-917) BM1(P); USCG

Ref: Statement of service of.

1. Your request dated 10-29-53

The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 1-1-45	2 yrs. from 3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-51)

7. Del 4/B.

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

Ad means has card.

DATE: 29 October 1953

NAME (Last, First, Middle)	USCG SERVICE NUMBER	RATE
HODGES, Robert Warren	230-917	BM1(P)

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT	DATE OF BIRTH	PLACE OF BIRTH
25 March 1952	9 Nov. 1917	Springfield, Minn.

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE — COMPONENT

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 16 Dec. 1941

UNIT AND LOCATION: Recruiting Office, Omaha, Nebraska

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE — COMPONENT

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE — COMPONENT

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3,

J. M. Odin

J.M. ODIN, CHBOSN(L), CO
(SIGNATURE - GRADE AND TITLE)

DEPARTMENT
OAST GUARD
5 (Rev. 10-51)

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

DATE: 29 October 1953

NAME (Last, First, Middle): HODGES, Robert Warren

USCG SERVICE NUMBER: 230-917

RATE: BM1(P)

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT: 25 March 1952

DATE OF BIRTH: 9 Nov. 1917

PLACE OF BIRTH: Springfield, Minn.

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT:

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 16 Dec. 1941

UNIT AND LOCATION: Recruiting Office, Omaha, Nebraska

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

COMPONENT:

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

COMPONENT:

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3,

J.M. ODIN, CHBOSN(L), CO
(SIGNATURE : GRADE AND TITLE)

CGHQ-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3

22 December 1955
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BMC(F); USCG

Statement of service of.
Ref: (a) Your request dated 12-16-55

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 2 yrs. from 1-1-45	3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52	3-24-55 H D	None		None		None	
3-25-55							
Reenl. (6) Yrs.							
Now serving							

K. P. ELLIS
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-4

E. LEE: Return to 3-13

cwm

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-51)

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

DATE: 16 December 1955

NAME (Last, First, Middle): HODGES Robert W.

USCG SERVICE NUMBER: 230-917

RATE: BMC (P)

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT: 25 March 1955

DATE OF BIRTH: 9 Nov 1917

PLACE OF BIRTH: Springfield, Minnesota

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☐ NATIONAL GUARD, STATE OF _____
☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 January 1942

UNIT AND LOCATION: UNK

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: UNK

UNIT AND LOCATION: UNK

GRADE OR RATE: UNK

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: UNK TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☐ NATIONAL GUARD, STATE OF _____
☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1952

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ Re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: 24 March 1955

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

GRADE OR RATE: BM1

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: NONE TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☐ NATIONAL GUARD, STATE OF _____
☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1955

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ Re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: NOW SERVING

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3,

E.S. GINQ-MARS, CHBOSN, W-2, GROUP COMMANDER
(SIGNATURE - GRADE AND TITLE)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-51)

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

DATE: 16 December 1955

NAME (Last, First, Middle): HODGES Robert W.

USCG SERVICE NUMBER: 230-917

RATE: BMC

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT: 25 March 1955

DATE OF BIRTH: 9 Nov 1917

PLACE OF BIRTH: Springfield, Minnesota

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 January 1942

UNIT AND LOCATION: UNK

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: UNK

UNIT AND LOCATION: UNK

GRADE OR RATE: UNK

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: UNK TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1952

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ Re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: 24 March 1952

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

GRADE OR RATE: BM1

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: NONE TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1955

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ Re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: NOW SERVING

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3,

E.S. CINQ-MARS, CHBOSN, W-2, GROUP COMMANDER
(SIGNATURE - GRADE AND TITLE)

FILED PE-82

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

FROM	TO
Commander, CG Group Moriches East Moriches Long Island, New York	COMMANDANT (P)

NAME (Last - First - Middle Initial)	GRADE OR RATE	SERVICE NO.
HODGES, Robert W.	BMC	230-917

DATE OF BIRTH	PLACE OF BIRTH
9 November 1917	Springfield, Minn.

CLEARANCE DATA
(In all cases of cryptographic clearances the category will be indicated as Top Secret)

DATE CLEARANCE GRANTED	TYPE OF CLEARANCE						CATEGORY					
		INTERIM	X	FINAL		CRYPTOGRAPHIC		CONFIDENTIAL	X	SECRET		TOP SECRET
25 April 1961												

KIND OF INVESTIGATION (Background, NAC plus 10 years, etc.)	RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC.
NAC investigation	Satisfactory National Agency Check completed 25 April 1961

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties; as watch officer at Montauk Lifeboat Station.

COPIES TO	AFFIX SEAL TO ORIGINAL AND ALL COPIES
Local military personnel record District Intelligence Officer	

DATE	SIGNATURE (Sign original and all copies)
1 May 1961	M. VERSAW, CHBOSN, W-3, USCG

Noted - Date MAY 3 1961

GPO 952092

UNITED STATES COAST GUARD

FILED MED

3113

ADDRESS REPLY TO
Commander
USCG GROUP MORICHES
East Moriches, LINY

M11
28 March 1961

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

Subj: Old Health Record forms (2525 group); forwarding of

Ref: Weekly Report of Activities and Developements No. 8-61 dtd 2-24-61

1. Forwarded herewith old health record forms (2525 group)on the below named man.

HODGES, Robert W. (230-917) BMC, USCG

M. VERSAW

Encl: (1) Forms (2525 group)

DIST: (1) COMMANDANT (PE)
(2) CCGD3(p)
(3) Group Moriches
(4) Health Record

M11
28 March 1961

Commander
USCG GROUP MORICHES
East Moriches, LINY

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

Subj: Old Health Record forms (2525 group); forwarding of

Ref: Weekly Report of Activities and Developements No. 8-61 dtd 2-24-61

1. Forwarded herewith old health record forms (2525 group)on the below named man.

HODGES, Robert W. (230-917) BMC, USCG

M. VERSAW

Encl: (1) Forms (2525 group)

DIST: (1) COMMANDANT (PE)
(2) CCGD3(p)
(3) Group Moriches
(4) Health Record

Form NAVCG-2525D

MEDICAL HISTORY

Page _____

Surname HODGES, Service No 230-717

Christian name-s Robert W.

STATE NAME OF PLACE DATE EACH NEW ENTRY

Medical Office

42 Broadway, New York

New York

2-11-47

~~DIAGNOSIS: Hemorrhoids, external~~

Refered to Stapleton Marine Hospital for Hemorrhoidectomy.

Walter G. Nelson

Walter G. Nelson

Medical Director.

USMH, Stapleton, SINY

Admitted-2/11/47

Discharged-2/19/47

DIAGNOSIS: Hemorrhoids, internal and external 60x-641

ORIGIN: Not misconduct.

HABITS: Alcohol-Slight

Tobacco-Pack per day

Drugs-None

~~FAMILY HISTORY: Non-contributary~~

DISEASES: Usual childhood

OPERATIONS: INJURIES: VENEREAL: Denies

CHIEF COMPLAINT: "Piles"

PHYSICAL EXAMINATION, LABORATORY DATA ~~included under~~

DISCHARGE NOTE: Patient was admitted on 2/11/47, with admission diagnosis of hemorrhoids, internal and external. Hemorrhoidectomy was performed on 2/12/47 ~~under spinal anesthesia. Recovery has~~ proceeded uneventfully. Operative wound is practically healed and will probably be completely healed within a short time. There is moderate residual tenderness. Digital dilatation has been done. Patient has been advised to ~~continue~~ Sitz baths

and Agarol and to apply wedges of cotton and powder to the part for a short time. Urinalysis, serology, and 35 mm. chest plate negative.

RECOMMENDATION: Patient will be fit for full duty about 6 Mar. 1947. Recommend sick leave until that time.

Frederick J. Krueger
Surgeon USPHS
Clinical Director

USPHS HOSPITAL STAPLETON, SINY

9-26-52 Admitted to inpatient status
12-15-52 Discharged

DIAGNOSIS: Herniated nucleus pulposus
2511-400.9

NOT MISCONDUCT:

PERS & FAMILY HIST: See Discharge Summary.

DISCHARGE SUMMARY: Patient was a 34 year old white male CG who noted the onset of low back pain in June 1952. He was lifting a washing machine at that time but did not wxperience any immediate pain, but several days later, his back became sore. Since that time he had noted progressively increasing low back pain with radiation down the back of the right leg, with numbness along the lateral posterior region of that leg. Because of the persistence of these symptoms, he was admitted to the hospital. PHYSICAL EXAMINATION: Well-developed, well-nourished white male in no distress. The vital signs were normal. EENT were negative. The lungs and heart we e clear to percussion and auscultation. The abdomenwas normal. Examination of the back revealed a partial loss of the normal lumbar curvature and a slight tilt of the pelvis to the right. There was moderat e muscle spasm of the sacrospinalis muscle. There was tendernes over the lumbos cral joint. There was right sciatic nothc tenderness. The

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

Form NAVCG-2525D

MEDICAL HISTORY

Surname HODGES Service No.

Christian name-s Robert W.

STATE NAME OF PLACE DATE EACH NEW ENTRY

extremities revealed straight leg-raising of the right side to be markedly limited ~~There was slight diminution of the ankle~~ jerk on the right side and slight sensory loss on the lateral aspect of the right calf. The remainder of the physical examination was within normal limits. ~~LABORATORY AND XRAY DATA: Urinalysis,~~ serology, and NPN were within normal limits. White blood count, hemoglobin and spinal fluid were normal. X-rays of the lumbosacral region revealed some rotoscoliosis ~~with the convexity to the right,~~ and the congeinital defect of the 1st sacral segment, consisting of failure of posteri fusion. HOSPITAL COURSE: Patient was placed on Williams exercise regime and was ~~also given a trial of traction to the~~ right leg, with no improvement. He was seen on 10-23-52 by Dr. Michele, Orthopedic Consultant, who felt that the patient had a herniated intervertebral disc, ~~and recommended surgery.~~ He was seen b Dr. Lane, Chief of Surgical Service, on 11-10-52, who also felt that the patient ~~had a disc and recommended surgery.~~ Therefore on 11-14-52 under spinal anesthe ~~ia, laminectomy and exision of a protrudi~~ intervertebral disc at L5-S1 was performed The patient withstood the procedure well. ~~The post-operative course was entirely~~ uneventful. The patient r3mained in bed ~~for 3 weeks. On 111-22-52,~~ sutures were removed. The incision was healed except for minimal skin separation at the lower ~~1 cm. of the indision. This subsequently~~ healed. He had no pain in the right leg post-operatively, and very minimal pain i the back, and his numbness of the right leg cleared up almost completely. It was ~~felt that he had reached maximum hospital~~ benefit on 12-15-52, and he was discharge

on that date.

Disposition: Fit for duty. Fitted with ~~Mc Ausland Brace and advised to wear this~~ brace for 3 to 4 months and do continuous flexion exercises daily for this period of time. To return to OPD on 1-15-52 for follow up.

A. L. Patrick.

A. L. PATRICK
SURGEON

jbf

LOOSE LEAF

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page 3

Surname HODGES Service No. 230-917

Christian name-s Robert W.

STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. Marine Hospital, Stapleton, Staten Island, N. Y. 9-21-42

~~Admitted to outpatient treatment this~~ date.

DIAGNOSIS: 1141 No Diagnosis, 1142 No Disease

TREATMENT: Xray shows no evidence of bone or jt. pathology.

P. RODMAN,
Ass't. Surgeon, USPHS

9-26-52.

hospitalization not required.
(Dp. Low back pain
prev. diagnosed elsewhere.)
by Dr. Tipton
Dr Wurdeman

T. G. Operating Base, Pier 9
~~East River, New York, N. Y.~~

Date: FEB 22 1945

Examined this date and found ~~qualified for sea and overseas~~ duty.

Surgeon, USPHS

U. S. GOVERNMENT PRINTING OFFICE 2—16143

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname HODGES Service No. ----------

Christian name-s Robert Warren

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Relief Station #308
Port Angeles, Wash.
~~2 February, 1942~~
No Diagnosis #1141
Not Misconduct
History: For the pas week states that penis has been sore, and he beleives he ~~has a social disease. He has had no~~ discharge.
Examination: Examination reveals no redness or soreness of urethra. No discharge. Urine is negative for shreds. ~~No raw surface. He has been worried~~ because another Coast Guard man had G.C. and he thought that he would contract it from him.
No treatment.

James L. McFadden,
A.A. Surgeon, USPHS

Relief Station #308
~~Port Angeles, Wash.~~
20 February 1942
Diagnosis: 4111 Strain of lumbar muscles.
Not Misconduct.
History: For the past week states that ~~he has been aching all over. His teeth,~~ back and legs ache at times. He states that he just has a very dull ache in lower back. Was lifting some heavy logs a few days ago.
~~Examination: Pulse 80; temp. 98.6.~~ Teeth in good condition. Tonsils out. No tenderness in back. Motion in spine normal. No pain on motion. Urine negativ

James L. McFadden,
A.A. Surgeon, USPHS

Relief Station #308
Port Angeles, Wash.
~~16 March, 1942~~
Diagnosis: 1116 Neurasthenea and
4111 Strain of lumbar muscles.
Not Misconduct:
History: Has had backache for past month. ~~Aches at times and then gets~~ better.
Examination: Motion normal in back, no areas tenderness. Apparently exaggerates pain and worries a great deal.
Treatment: To apply heat and liniment.

James L. McFadden,
A.A. ~~Surgeon, USPHS~~

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

SEATTLE BASE Seattle, Wash.
20 April, 194 2
DIAGNOSIS: # 0119 Anti-tetanic inoculation.
Received this date 1 cc of tetanus toxoid.

W. L. Roche, Ph.M.3c.

U. S. GOVERNMENT PRINTING OFFICE 2—16143

[redacted]-C (Rev. 8-45)
TR[redacted]RY DEPARTMENT
U. S. COAST GUARD,

IMMUNIZATION RECORD

HODGES, Robert Warren
(Surname)

(Christian name(s))

BM1 — (Rank or rating)

1-20-53 — (Date)

COWPOX VACCINATION

Number of prior scars _____

Date	Reaction	Signature of Medical Officer (in ink)

Enter result as "Primary," "Accelerated," or "Immune."

TYPHOID PROPHYLAXIS

Date administered			Signature of Medical Officer (in ink)
First	Second	Third	

BOOSTER

Date	Dose	Signature of Medical Officer (in ink)

Remarks: _____

YELLOW FEVER PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)

Remarks: _____

16—45567-2

IMMUNIZATION RECORD—(Continued)

TETANUS PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
1/20/53	0.5 cc	Roy Tollefson LtMC

Remarks: _____

CHOLERA PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)

Remarks: _____

TYPHUS PROPHYLAXIS

Date Administered			Signature of Medical Officer (in ink)
First	Second	Third	

BOOSTER	Date	Dose	Signature of Medical Officer (in ink)

Remarks: _____

OTHER INOCULATIONS (diphtheria, plague, etc.)

Date	Inoculation	Signature of Medical Officer (in ink)

Remarks: _____

GPO 16—45567-1

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

VACCINATION AND INOCULATION RECORD

Protected

Name HODGES Robert Warren
(Surname first)

Rank or rating A.S. Service number

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
12/9/41	[illegible]	AR	[illegible]
1/11/51	[illegible]	AR	[illegible]
5/18/54	[illegible]	AR	[illegible]

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
12/9/41	~~1/12/42~~	DB	
1-12-42	1-19-42	1-26-42	[illegible]
7/24/44	0.1 cc	Typhoid	A. Hansen, BkMM 3c
1/11/51	1/2 cc	Typhoid	[illegible]
1/19/51	1 cc	EXEMPTION	[illegible]
1/27/51	1 cc	Typhoid	[illegible]
8/4/52	.1 cc	typhoid	[illegible]
5/18/54	.1 cc	—	[illegible]

(If exempted from vaccination or inoculation, state reason)

(Signature of medical officer)

2—16142

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

VACCINATION AND INOCULATION RECORD

Name HODGES, Robert
(Surname first)

Rank or rating _____ Service number _____

SMALLPOX VACCINATION

Number of prior scars _____

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
4-28-43	H.R. Basinger	I.P.	H.R. Basinger
Typhus			
1st 3/15/45			
2nd 3/22/45			
3rd 3/29/45			
Booster			

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
3/15/45	3/22/45	3/29/45	L.J. Massey CPhM
Booster			

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Cholera _____ L.J. Massey CPhM
1st 3/15/45
2nd 3/22/45 L.J. Massey CPhM
Booster _____

_____
(Signature of medical officer)

2—16142

Form No. 2525-C-1.
U. S. COAST GUARD.

BLOOD-TYPE AND TETANUS INOCULATION RECORD

NAME HODGES, Robert W.

RANK OR RATING A.S.

SERVICE NO. (230-917)

BLOOD TYPE

DATE	TYPE	SIGNATURE OF MEDICAL OFFICER

(ENTER TYPE AS: "AB", "A", "B", "O".
INTERNATIONAL CLASSIFICATION)

TETANUS IMMUNIZATION

DATES ADMINISTERED		SIGNATURE OF MEDICAL OFFICER
FIRST	4/20/42	R.A. Zarrilli R.A. Zarrilli P.A. (R) Surgeon
SECOND	5/13/42	R.A. Zarrilli
THIRD	5/12/43	[illegible]
FOURTH		

REACTIONS FOLLOWING ADMINISTRATION OF TETANUS TOXOID

DATES ADMINISTERED		REACTION	SIGNATURE OF MEDICAL OFFICER
FIRST	1/27/51	½ cc	[illegible]
SECOND	2/25/51	½ cc	[illegible]
THIRD			
FOURTH			

PHYSICAL EXAMINATION RECORD
UNITED STATES COAST GUARD
NAVCG-2525 B (Rev. 6-45)

(To be executed by Medical Officer in duplicate)

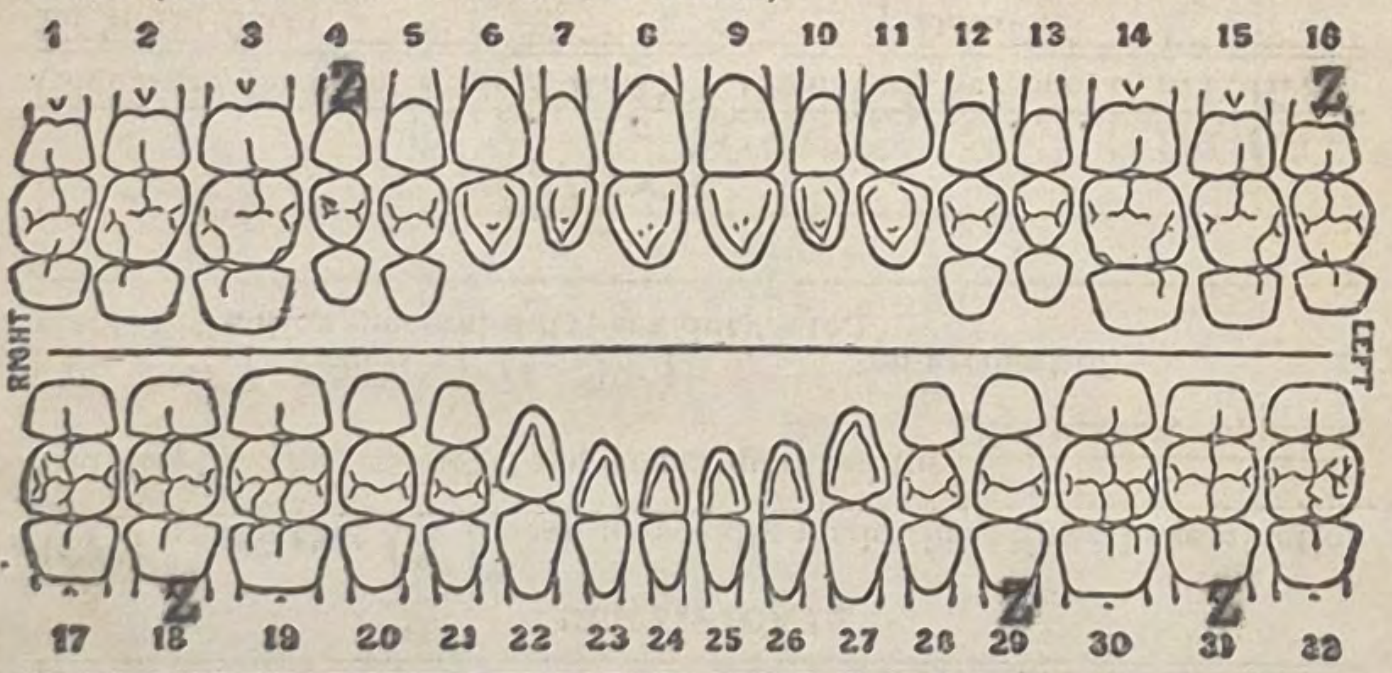
Name (surname first): HODGES, Robert Warren
Service No.: 230-917
Date of birth: 9 Nov. 1917
Race: White
Religion: Protestant
Purpose (special temporary, or regular enlistment, appointment, promotion, annual, etc.): RE-ENLISTMENT STE
Rank or rating: BM2c
Date: 3 March, 1947
Place: 3rd CGD, 42 B'way, NYC
Personal medical history: Hemorrhoidectomy 2/12/47.

General appearance: normal

Vision:
R. E. 20/20 L. E. 20/20
Color perception: Normal

Corrected:
R. E. 20/ L. E. 20/
Test used: P.I.N.

Eyes, eyelids, and reflexes: normal
Ears (condition of drum, canal, discharge, etc.)
Right— normal Left— normal
Hearing:
Conversational speech— R. E. 30/30 L. E. 30/30
Whispered voice— R. E. 15/15 L. E. 15/15
Head, face and neck: normal
Mouth, nose and throat: normal
Teeth (see instructions for dental officers)



Investing tissues: normal
☒ Qualified ☐ Disqualified
Signature of dental officer: V. J. TORNEY, S.A. SURG(R)
Height (inches): 72
Weight (lb.): 160
Temperature: normal
Chest Inspiration 38 Expiration 35
Abdomen 32 inches
Skin
Glands: normal
Heart and blood vessels: normal
Blood pressure: Systolic: normal Diastolic
Pulse: (Before exercise) 150 (After exercise) 092 (After 2 minutes) 96
Thorax: 104 98
Respiratory system: normal
Abdomen and pelvis: normal

16—27070-2

Genito-urinary organs normal

Rectal normal

Spine and extremities normal

Nervous system normal

Urine: Albumen	Sugar	Specific gravity
neg.	neg.	1.018

Microscopical exam. (Epithelia)		Shreds
Red blood cells	**Pus cells**	**Casts**
Blood: (HB %)	**Reds**	**Whites**

Serological Test (Date) 3-3-47 (Result) Neg.

Chest X-ray (Date) 3-3-47 (Result) Neg.

Remarks

CERTIFICATE

~~(I)~~* certify that ~~(I)~~* have personally made this physical examination and find that he (is~~not~~)* physically qualified for (Enlistment, appointment, promotion, general duty, sea duty, etc.) RE-ENLISTMENT (STE) on account of

V. J. TORNEY, S.A.SURG(R)

(Signature, Surgeon, U. S. P. H. S.) (Signature, Surgeon, U. S. P. H. S.)

1st Ind. (Place) New York, N.Y. Date 3-4-47

From: Comdr. 3rd CG District (pmp)

To: Commandant.

1. Forwarded for action. Present status:

For reenlistment

E. H. Lane
Ship Clerk USCG

(DCGO, Comd. Officer, or Officer in Charge)

2d Ind.
Headquarters Medical Office
U. S. Coast Guard, Washington
Date 3-7-47
The findings of the certificate are ~~not~~* approved

for STE

(Asst. Surgeon General, U. S. P. H. S.; Chief Medical Officer.)

3d Ind.
Headquarters, Washington
Date MAR 10 1947
From: Commandant.
To: C3CGD

1. REENLISTMENT AUTHORIZED; STE ONLY

Insert this copy in health record.
By direction,

W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Div.

(Chief Personnel Officer.)

*Strike out words not applicable.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-2

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name HODGES, Robert W. Service Number 230-917
(Surname first)

Age: Years 27 Months 1 Color White

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

Rank or Rating B.M.2c

Place Pier 9,NYC Date 22 December,1944

Personal Medical History Usual childhood diseases.
Tonsillectomy,1941. Denies V.D.

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

Color blind? No Test used I.Plates

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

Eyes, eyelids, and reflexes Normal

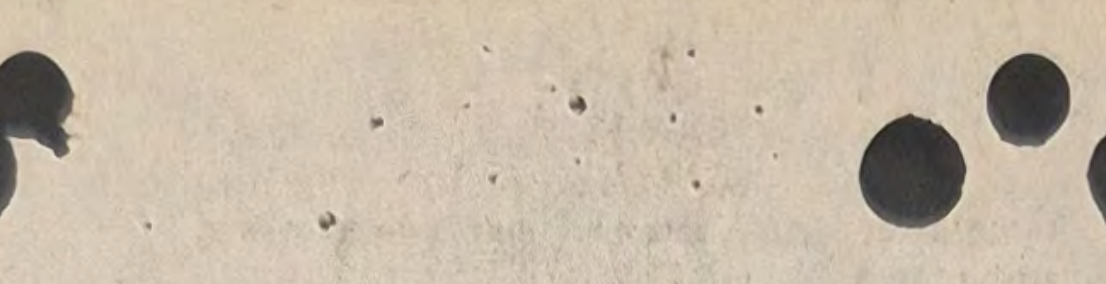
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



Gums Normal Temperature 37.0

Height 71 3/4 inches. Weight (stripped) 163 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 130 Diastolic 80

Pulse before exercise 80, after exercise 90, after 2 min. 82

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 12/20/44 Result Negative

16—27070-1

REMARKS: _____

_____

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that HODGES, Robert H.

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

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

He is not physically qualified for _____

on account of: _____

_____

K. W. THUM *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

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

PHYSICAL EXAMINATION RECORD

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

Name HODGES Robert Warren Service Number _____
(Surname first)

Age: Years 24 Months 1 Color White

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

Rank or Rating Apprentice Seaman

Place Mpls. Minn. Date 12-2-41

Personal Medical History Healthgood . No serious ill, accidents, operations or venereal disease.

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Stilling

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

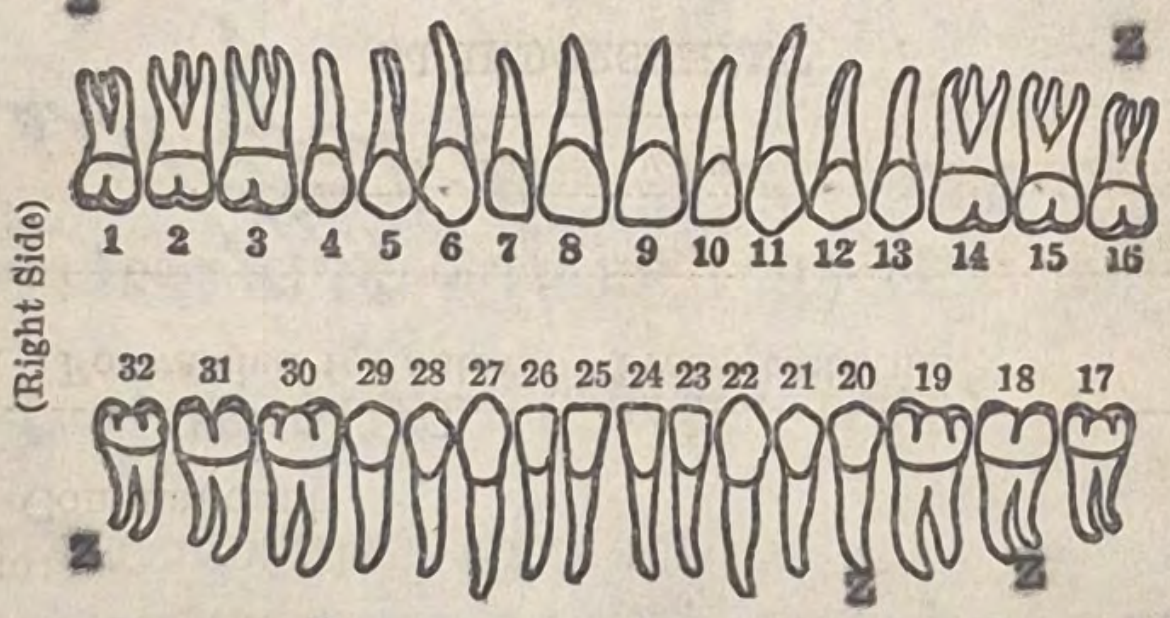
Eyes, eyelids, and reflexes normal

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 98.6

Height 71¼ inches. Weight (stripped) 160 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 38 Expiration 35½

Heart and blood vessels normal

Blood pressure: Systolic 134 Diastolic 72

Pulse before exercise 78, after exercise 120, after 2 min. 80

Lungs Clear & Resonant

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. 1018

Blood cells — Pus cells — Casts —

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

Wassermann or Kahn test: Date 12/15/41 Result taken

2—16141

REMARKS: ~~I~~

CERTIFICATE

~~I~~ We } certify that { ~~I~~ we } have personally made this physical examination and find that ~~Robert Warren Hodges~~

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 _____

~~Wale Wright~~

Wale Wright M.D.
AA

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

16 December, 1941
(Date)

Place ~~RECRUITING OFFICE, OMAHA, NEBRASKA~~

From: Recruiting Officer

To: Commandant.

~~Refer: HT 011812 (April, 1941)~~

1. Forwarded for action. Present status:

~~Enlisted this date as A.S. (S.T.E.)~~

~~Lee R. Scott, Ch. Bosn. U.S.C.G.~~

Commanding—Dist. Comdr.-Off. in Chg.

Lee R. Scott

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 2—16141

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

HODGES
(Surname)

Robert W.
(Christian name(s))

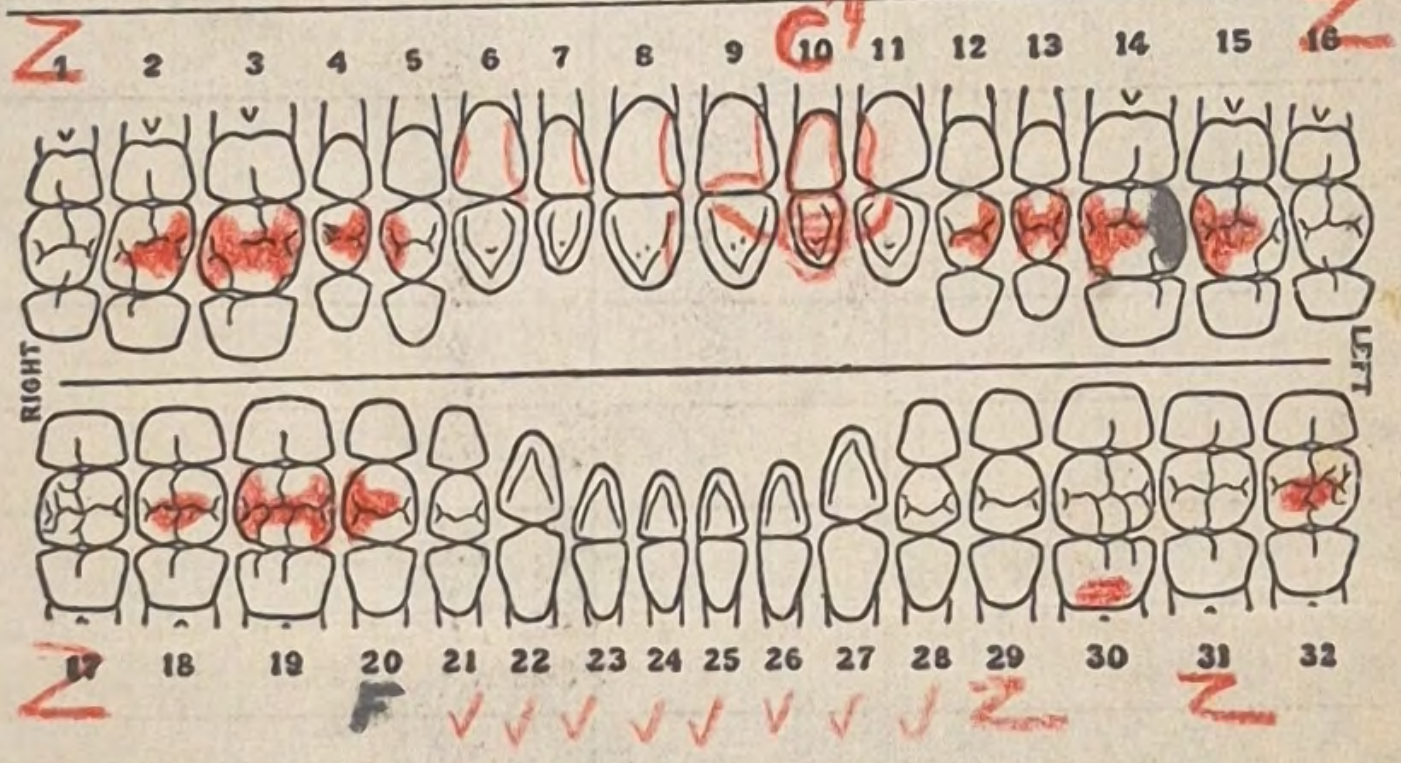
BM2
(Rank or rate)

230-917
(Service number)

INSTRUCTIONS

See Instructions for Dental Officers

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

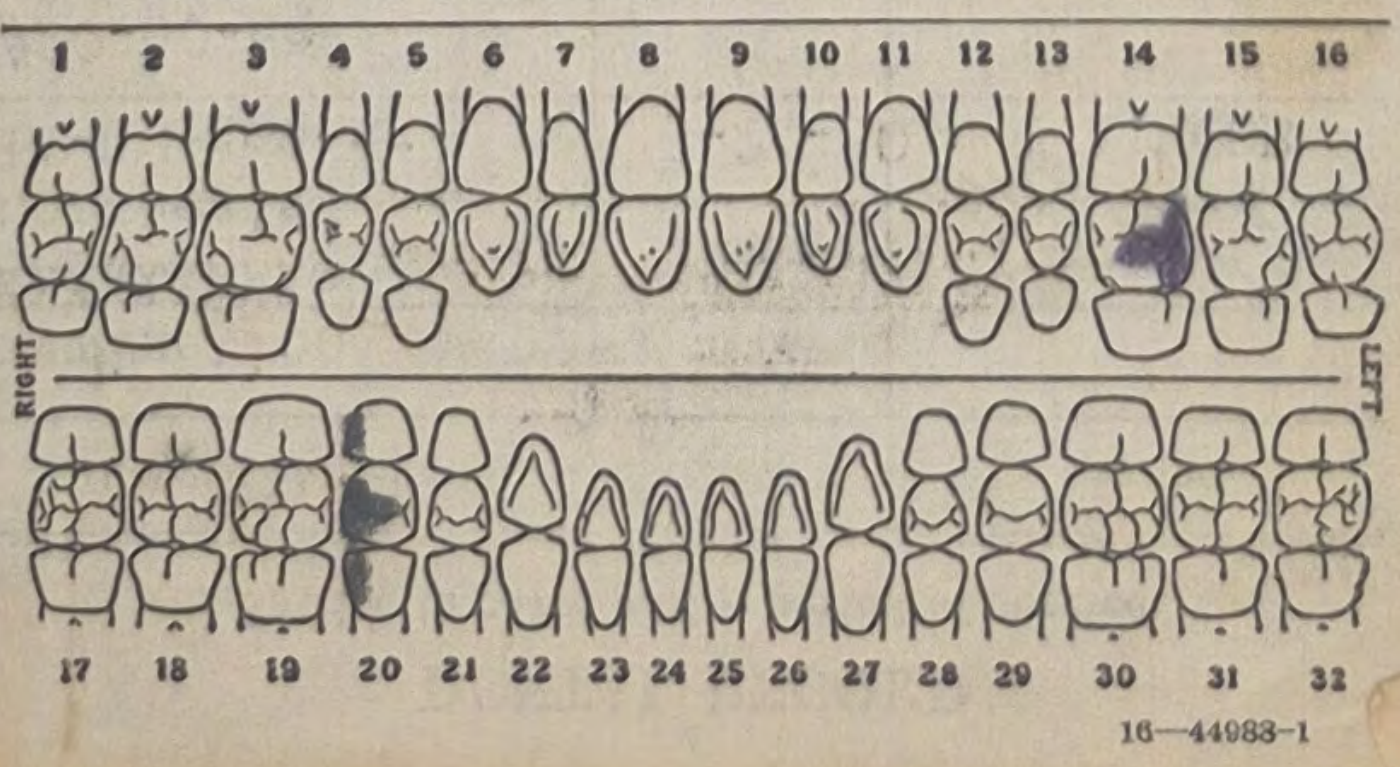
Re-Exam 1/20/53 Reg.

William A Doob

3-24-50 W.A.DOOB, Dent.Surg., USPHS(R) Exam.

(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44983-1

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
Examination		
~~Anesthesia~~		W. Doob
#14-DO-cem-ag	3-24-50	W.A.DOOB
#20-DO-ag		
Prophy.		W. Doob
CC	3-31-50	W.A.DOOB
Exam	1/20/53	R. J. Block R.T.
Prophylaxis	/	/
cc		

16—44988-1 U. S. GOVERNMENT PRINTING OFFICE

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

HODGES
(Surname)

Robert Warren
(Given name-s)

A.S.
(Rank or rate)

(Service number)

INSTRUCTIONS

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

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

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

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

RECORD OF FIRST DENTAL EXAMINATION

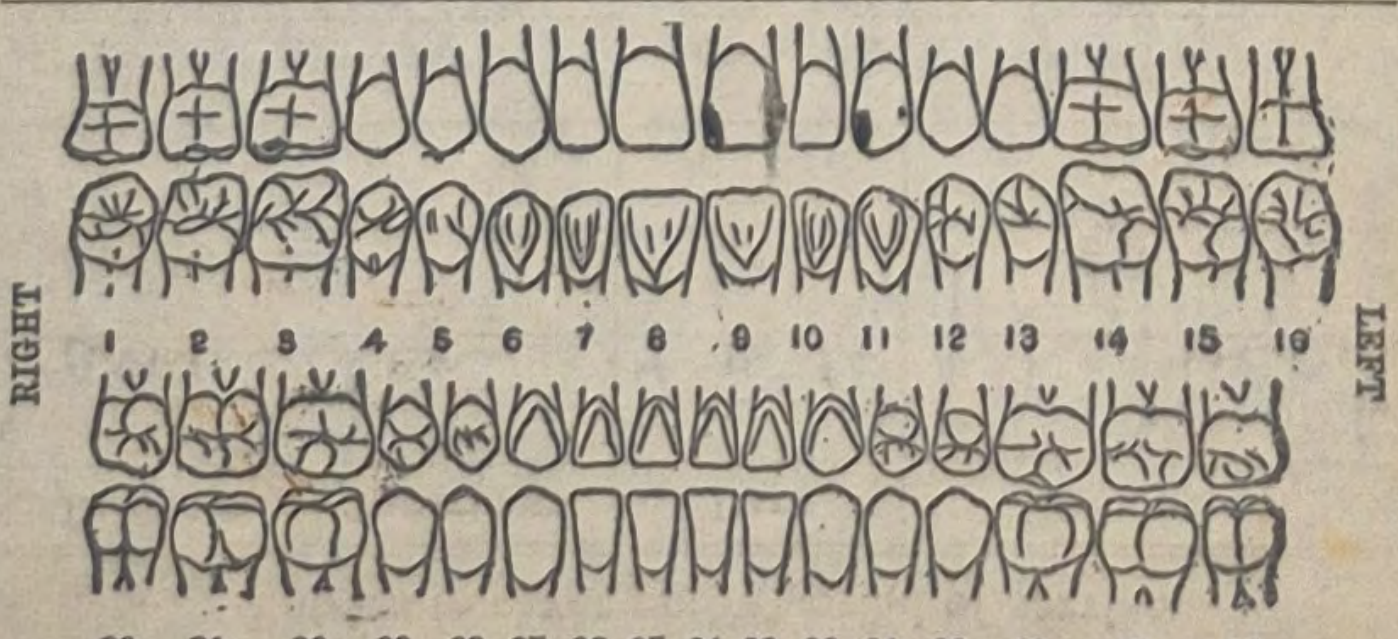


REMARKS: Caries

3-15-45 H H B

8/24/45 A A T Pulver
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Examination	4-16-42	J. C. Hocker
Exam	11/13/44	J. T. Stern
Fill 3 MOD #9 Amalgam	11/21/44	J. Mackenzie
#11 G Krypton	11/29/44	J. T. Stern
Exam Ask. Bite	11-13-44	T. Stern
Flg #9-G & 11-G 3 surf	11-21-44	Mackenzie
Flg #11-G Krypton	11-29-44	J. Stern.
Exam	3-15-45	H. G. Braendle
DISCHARGED DID NOT RETURN FOR 90 DAYS		
Exam	8/22/45	J. A. T.

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

TERMINATION OF HEALTH RECORD

Name HODGES Robert Warren

Rating A.S. Service Number _____

Place _____ Date _____

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

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

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

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

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

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

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

_____

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

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, c

_____

_____, *Custodial Office*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detache
Recruiting Office, Omaha	12/16/41	12/1[illegible]
P.T.T.S.	12/19/41	1/2,
NEAH BAY STATION	1-3-42	4-4-4[illegible]
SEATTLE BASE	4/4/42	4/24/42
Quillayute River Station	4-24-42	7-23-42
SAN DIEGO AIR STATION	7/24/42	8/8/42
Receiving Sta. E. L. AUG 13 1942		12-30-42
BRACE MEM REC STA	12-30-42	
CGB., N.Y., N.Y.	4-21-43	
ODCGO 3rd ND	5-1-43	6-6-43
COTP Bark., Pier 9 E.R. JUN 14 1943		6-4-45
Op Base, Pier 18	6-4-45	NOV 15 1945
Brks Pier 9 East River New York 4, N. Y. (COTP)	11/15/45	
CG GRP. FREEPORT, N.Y.	3/19/47	
CG SPENCER,	10-8-58	8-14-59
MONTAUK LB STATION	8-17-59	

U. S. GOVERNMENT PRINTING OFFICE 2—16144

COMDT (PE)

UNITED STATES COAST GUARD

FILED
PE-84

Commander
CG Group Moriches
East Moriches, New York

P15
24 March 1961

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Good Conduct Award/Bronz Star/~~Medal~~

1. It is a pleasure to inform you that you are entitled to wear one Bronz Star for Good Conduct for your three year period of meritorious enlisted service in the United States Coast Guard ending 3/24/61, while attached to CG Group Moriches, East Moriches, Long Island, New York.

2. You are congragulated on this well deserved recognition of your exemplory conduct and effecient service during the three year period.

M. VERSAW

P15
24 March 1961

FIRST ENDORSEMENT on GRUCOM Moriches ltr P15 dtd 24 March 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged for above mentioned ~~Medal~~/Awards.

ROBERT W. HODGES

COMDT (PE)

UNITED STATES COAST GUARD

Commander
CG Group Moriches
East Moriches, New York

P15
24 March 1961

From: Commander, CG Group Moriches
To: HOLGES, Robert W. (230-917) BMC, USCG

Subj: Good Conduct Award/Bronz Star/ ~~Medal~~

1. It is a pleasure to inform you that you are entitled to wear one Bronz Star for Good Conduct for your three year period of meritorious enlisted service in the United States Coast Guard ending 3/24/58, while attached to CG Group Short Beach, Freeport, Long Island, New York.

2. You are congragulated on this well deserved recognition of your exemplory conduct and effecient service during the three year period.

M. VERSAW

P15
24 March 1961

FIRST ENDORSEMENT on GRUCOM Moriches ltr P15 dtd 24 March 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged for above mentioned XXXXXX/Awards.

Robert W. Hodges
ROBERT W. HODGES

Commander, CG Group Moriches
c/o Moriches Lifeboat Station
East Moriches, L.I., New York

P15
23 August 1960

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Expert Pistol Shot Medal Award

1. It is a pleasure to inform you that you are qualified to wear the Coast Guard Expert Pistol Shot Medal.

2. You qualified as expert with the .45 Cal. pistol having fired Navy E Pistol course at U. S. Air Force Pistol range at Montauk, New York on 28 June 1960 with a total score of 337.

3. It is requested that you acknowledge receipt of this medal by endorsement hereon.

M. VERSAW

Encl: (1) Expert Pistol Shot Medal (1)

Copy to: Comdt (PE)
CCGD3 (p)
S/R & file

P15
Sept-2-1960
(Date)

FIRST ENDORSEMENT on GRUCOM Moriches ltr P15 of 23 August 1960

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged of the Expert Pistol Shot Medal.

2. I certify that I have not previously received the Coast Guard Expert Shot Medal.

ROBERT W. HODGES

PE-76

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
11th Coast Guard District
706 Times Bldg.
Long Beach 2, Calif.

dcr
P16-4/2
2 November 1959

ORDER NO. 11-207-60

From: Commander, Eleventh CG District
To: HODGES, R. W. (2033-894) SN(ESG), USCGR-R
Via: Commanding Officer, ORTUPS 11-230

Subj: Orders; Inactive-Duty Training; appropriate

Ref: (a) Section 8.5305, CG Reserve Regulations
(b) Reserve Instruction No. 7-57

1. Pursuant to authority contained in reference (a), you are hereby ordered to perform 1 period(s) of appropriate duty for the purpose of Veterans Day Parade

2. The first period of appropriate duty shall commence 0830, 11 November 1959 at CG Base, Terminal Island, Calif.
Period(s) of appropriate duty shall be performed intermittently, or consecutively, at the direction of the District Director of Reserve and subject to the requirements of the training programs.

3. Each period of appropriate duty performed pursuant to these orders shall be with/~~xxxxxxx~~ pay, in accordance with section 501 of the Career Compensation Act of 1945 (P.L. 351-31st) as amended, and as implemented by Com. Manual, Volume 11, Chapter 07, chargeable to allotment 11-91.

4. In connection with the execution of these orders, no per diem is authorized, no travel reimbursement is authorized, no subsistance or quarters will be provided and no allowances in lieu thereof.

5. No physical examination is necessary in connection with these orders.

6. Wearing of the Uniform is required.

7. One (1) retirement point shall be awarded for each period of appropriate duty performed.

8. In voluntarily accepting these orders and while actually performing inactive-duty training, appropriate duty, you will be subject to the Uniform Code of Military Justice as outlined in reference (b).

R. E. SARDESON
By direction

Copy to:
COMDT (PR) (PE)

ACTIVE DUTY FOR TRAINING ORDERS

PE-76

EPARTMENT
T GUARD
N (REV. 4-56)

A: Commander, Eleventh CG District (dcr)

DATE: 12 May 1959

O: HODGES, Ronald W. (2033-894) SNESG, USCGR-R
1341 W. Anaheim, Long Beach, Calif.

ORDER NUMBER: 01689/11916X

SUBJ: Orders to Active Duty for Training with/~~without~~ pay chargeable to Reserve Training Appropriation 20x0242, District Allotment Subhead 11 -91, Cost Code 11-709-230

1. In accordance with the provisions of law pertaining to the annual performance of active duty for training by members of the United States Coast Guard Reserve, you will report as indicated below for physical examination. (Upon completion of physical examination you are directed to return to the place to which these orders are addressed until such time as is necessary to proceed in accordance with paragraph 2.) If found NOT physically qualified, the remainder of these orders is canceled, and you will return to place to which these orders were addressed. Inability to comply with these orders must be reported and the orders returned to the originator immediately.

PLACE OF EXAMINATION	DATE
At location of unit.	Within 30 days of reporting date.

RECEIVED
1959 AUG 17 AM 11 20
COAST GUARD
RECRUITING DIVISION
ACQUISITIONS

2. If in all respects qualified, you will report as indicated below for active duty for training for the number of days as herein authorized. Upon completion of this training you will be processed for release from active duty for training at which time you will return immediately to the point to which orders were addressed . You will be released from active duty for training at the time that authorized travel to the point at which orders were addressed is completed, such time being the travel time necessary to perform travel by mode of transportation employed or travel time over the official route, whichever is less. Enlisted personnel not assigned to a training unit where the wearing of the uniform is required will be issued government-owned clothing for training will immediately upon release return all clothing to the activity which issued clothing.

REPORT TO:	REPORTING DATE AND TIME
Officer in Charge, RESTRAGRUPS Training Staff, USCG BASE, Terminal Island Calif.	Prior to 1100, 26 July 1959
TYPE OF TRAINING: PSU	DAYS AUTHORIZED ACDUTRA (Exclusive of Travel Time) 14 Days

3. You are authorized to perform active duty for training with/~~without~~ pay and allowances not to exceed the number of days active duty for training specified above plus the time necessary to perform travel by mode of transportation employed or for constructive travel over the official route, whichever is less.

4. The travel necessary to the execution hereof is required by the public interest. In reporting to or release from active duty for training, you are authorized: (Check one)

a. ☒ Travel at own expense with reimbursement in accordance with Chapter 4, JTR.
b. ☐ Travel by Transportation Request.
c. ☐ Travel by Government conveyance.

5. Your records indicate that you have executed the required affidavit stating that you are not drawing a pension, disability allowance, disability compensation or retired pay from the government of the United States.

6. You have been cleared for access to classified matter up to and including NA

7. The rights and benefits that may accrue to you while serving on active duty for training are somewhat fewer than those accrued to personnel performing extended active duty. You will not qualify for all the disability and retirement benefits as are provided for Reserve personnel serving on extended active duty in the event that physical disability is incurred. You are entitled to annual leave only if continuous periods of active duty for training with pay are for thirty days or more. You will not be eligible for mustering out pay.

8. While on active duty for training you are subject to the Uniform Code of Military Justice.

9. Total Service for pay purposes _____ completed to _____ (To be completed only for Reservists not in a drill pay status)
(years) (months) (days)

COPY TO:
COMDT (PR-3) ORTUPS 11-230
CO, Unit _____
Duty Station: CO, CG BASE, T.I.
DIARY, ACCTG.

W. J. HALL
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3458 (Rev. 7-56) (Reverse)

ACTIVE DUTY FOR TRAINING ORDERS

ACTION	PLACE	DATE	HOUR	SIGNATURE
END. 1 Received orders ORTUPS 11-230	LONG BEACH, CALIFORNI	JUL 26 1959	1930	RESERVIST Ronald W. Hodges Ronald W. Hodges
END. 2 Is/~~Is not~~ physically qualified for AcDuTra ORTUPS 11-230	LONG BEACH, CALIFORNI	JUL 26 1959	1930	MEDICAL OFFICER G.H. Schmidt G.H. Schmidt
END. 3 Departed to report for AcDuTra	1341 W. Anaheim	JUL 26 1959 26 July	1000	RESERVIST Ronald W. Hodges Ronald W. Hodges
END. 4 Reported for AcDuTra. Gov't Trans. ~~was~~/was not furnished	USCG Base San Pedro	26 July	1100	COMMANDING OFFICER W.K. Wordsworth W.K. WORDSWORTH By Direction
END. 5 Is/~~Is not~~ physically qualified for release.	USPHS	8 Aug.	0800	MEDICAL OFFICER H.P. Wyatt
END. 6 Detached. Gov't Mess was/~~was not~~ available. Gov't Qtrs. were/~~were not~~ available. Gov't trans. ~~was~~/was not furn.	USCG Base San Pedro	8 Aug.	1400	COMMANDING OFFICER W.K. Wordsworth W.K. WORDSWORTH By Direction
END. 7. Arrived home, AcDuTra completed and released to Inactive Duty Status	1341 W. Anaheim	8 Aug.	1600	RESERVIST Ronald W. Hodges Ronald W. Hodges

END. Issued articles of uniform clothing receipted for on Form CG-3019.

DATE ISSUED	VALUE	ISSUING OFFICER

END. Recovered uniform clothing issued and receipted for on Form CG-3019

DATE RECOVERED	VALUE	RECEIVING OFFICER

ARTICLES OF CLOTHING	VALUE
TOTAL	

Articles of uniform clothing not recovered, replacement of which must be made by the Reservist on an article-for-article basis in accordance with the Comptroller Manual.

END. Points earned under P.L. 810, 80th Congress, as amended.
FOR OFFICERS: A fitness report has been prepared and submitted

NO. OF POINTS	RESERVE DIRECTOR
14	J. A. WILLIAMSON, CHSCLK, W-4 USCG BY DIRECTION

END. TRANSPORTATION REQUESTS — ISSUING OFFICER

T. R. NO.	CLASS	FROM	TO	ROUTING

END MEAL TICKETS — ISSUING OFFICER

M. T. NO.	MEAL	UNIT VALUE	TRAVEL PERIOD

For Authorized Certifying Officer's Endorsements

CERTIFIED TO BE A TRUE COPY

J. A. WILLIAMSON, CHSCLK, W-4 USCG
BY DIRECTION

TREASURY DEPT. U.S. COAST GUARD CG-3458

3-13 file

Terminal Island, Calif.

Commanding Officer
Ortups 11-230
US Naval TraCenter
San Pedro, Calif.

P17-2
9 February 1959

From: Commanding Officer, ORTUPS 11-230
To: Commandant (PR-3)
Via: Commander, Eleventh Coast Guard District (dcr)

Subj: HODGES, Ronald W. (2033-894) SN, USCGR; advancement to DT3

Ref: (a) HQ letter dtd 3 FEB 1959 PR-3, P17-2, Serial: 7405PR

1. Reference (a) directs that a resume of HODGES' civilian training and experience by furnished the Commandant (PR-3).

2. HODGES' advises the following courses (which fulfill the requirements for the University of Southern California Dental School) have been or are now being completed at Long Beach City College:

Chemistry 5 (1)	Physics 1 (A)
" 1 (A)	" 1 (B)
Organic Chemistry 8	Zoology 1 (A)
" " 9	" 1 (B)
Chemistry 1 (B)	Psychology 1 (A)
	" 33

3. HODGES' also states he has completed 106 units of lower and upper division requirements, including those named above.

R. L. BARBEE
Commanding

dcr
P17-2
12 February 1959

FIRST ENDORSEMENT

From: Commander, 11th Coast Guard District
To: Commandant (PR-3)

1. Forwarded as requested by reference (a).

J. E. BAILEY
By direction

UNITED STATES COAST GUARD

p
P17-2/MM
10 June 1958

SECOND ENDORSEMENT on OinC, Fire Island LBSTA ltr P20 of 5 June 1958

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: HODGES, Robert W. (230-917) BMC(P), USCG; change in status; recommendation for

1. Forwarded for Headquarters' consideration. HODGES reported aboard Fire Island Lifeboat Station on 15 December 1952.

M. M. SPECTOR
By direction

1958 JUN 11 PM 12 33

OK

ADDRESS REPLY TO:
Officer in Charge
Fire Island Lifeboat Station
Bay Shore, LI., N.Y.

P20
5 June, 1958

PERSONNEL OFFICE
NEW YORK, N.Y.

From: Officer in Charge, Fire Island Lifeboat Station
To: Commandant, (PE)
Via: (1) Commander, CG Group Short Beach
(2) Commander, Third Coast Guard District(p)

Subj: HODGES, Robert W. (230-917) BMC(P) USCG, Change in Status; recommendation for

1. It is recommended that the status of subject man be changed from BMC(P) to permanent BMC.

2. Hodges has satisfactorily displayed his ability to perform the duties of a CPO as listed in Art: 5-C-51(b) of USCG Personnel Manual (CG-207).

3. The following marks have been assigned to HODGES since his advancement to BMC(P) on 1 June 1955.

Date:	PIR:	ALOM:	COND:	AFWG:
6-30-55	3.8	3.8	4.0	
9-30-55	3.8	3.8	4.0	3.5
12-31-55	3.8	3.8	4.0	
3-31-56	3.8	3.8	4.0	3.5
6-30-56	3.8	3.8	4.0	
9-30-56	3.8	3.8	4.0	3.5
12-31-56	3.8	3.8	4.0	
3-31-57	3.8	3.8	4.0	3.5
6-30-57	3.7	3.7	4.0	
9-30-57	3.7	3.7	4.0	3.5
1-31-58	3.7	3.7	4.0	
3-31-58	- -	- -	- -	3.5
4-30-58	3.6	3.6	4.0	

M. L. HECOX

P20
5 June 1958

FIRST ENDORSEMENT on OinC Fire Island LBSTA ltr P20 dtd 5 JUN 58

From: Commander, CG GROUP Short Beach
To: Commandant (PE)
Via: Commander, Third CG Dis trict (p)

1. Forwarded, recommending approval.

E. S. CINQ-MARS

Officer in Charge
Fire Island Lifeboat Station
Bay Shore, LI., N.Y.

P20
5 June, 1958

From: Officer in Charge, Fire Island Lifeboat Station
To: Commandant, (PE)
Via: (1) Commander, CG Group Short Beach
(2) Commander, Third Coast Guard District(p)

Subj: HODGES, Robert W. (230-917) BMC(P) USCG, Change in Status; recommendation for

1. It is recommended that the status of subject man be changed from BMC(P) to permanent BMC.

2. Hodges has satisfactorily displayed his ability to perform the duties of a CPO as listed in Art: 5-C-51(b) of USCG Personnel Manual (CG-207).

3. The following marks have been assigned to HODGES since his advancement to BMC(P) on 1 June 1955.

Date:	PIR:	ALOM:	COND:	AFWG:
6-30-55	3.8	3.8	4.0	
9-30-55	3.8	3.8	4.0	3.5
12-31-55	3.8	3.8	4.0	
3-31-56	3.8	3.8	4.0	3.5
6-30-56	3.8	3.8	4.0	
9-30-56	3.8	3.8	4.0	3.5
12-31-56	3.8	3.8	4.0	
3-31-57	3.8	3.8	4.0	3.5
6-30-57	3.7	3.7	4.0	
9-30-57	3.7	3.7	4.0	3.5
1-31-58	3.7	3.7	4.0	
3-31-58	- -	- -	- -	3.5
4-30-58	3.6	3.6	4.0	

M. L. HANCOX

P20
5 June 1958

FIRST ENDORSEMENT on OinC Fire Island LBSTA ltr P20 dtd 5 JUN 58

From: Commander, CG GROUP Short Beach
To: Commandant (PE)
Via: Commander, Third CG Dis trict (p)

1. Forwarded, recommending approval.

E. S. CINQ-MARS

P
P17-2/MM
10 June 1958

SECOND ENDORSEMENT on OinC, Fire Island LBSTA ltr P20 of 5 June 1958

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: HODGES, Robert W. (230-917) BMC(P), USCG; change in status; recommendation for

1. Forwarded for Headquarters' consideration. HODGES reported aboard Fire Island Lifeboat Station on 15 December 1952.

M. M. SPECTOR
By direction

3-13 FOR FILE
FROM PE-1

PE-1
13 June 1958
MM

From: Commandant
To: Commander, Third Coast Guard District (p)

Subj: HODGES, Robert W. (230-917) BMC(P); permanent appointment

1. The provisional rate of subject named man is hereby made permanent, effective 16 June 1958, with seniority from 1 June 1955, provided he has continued to remain eligible since date of recommendation. HODGES is number 22 in order of seniority in rate of men advanced to BMC(P) on 1 June 1955. Certificate of Appointment is enclosed for delivery to subject man. If permanent appointment is not justified, the enclosed certificate will be returned to the Commandant (PE) for cancellation.

2. Make necessary entry in service record and on daily diary showing permanent appointment, citing this letter as the authority therefor.

W. F. ADAMS
By direction

Encl: Certificate Appointment

HHISTOCK:FC:avi
Ret to 3-13

30/3

FILE
EPH

PS
22 March 1957
P15/MM

From: Commandant
To: Commanding Officer, Fire Island Light Station
Bayshore, N. Y.
Via: Commander, Third CG District (p)

Subj: HODGES, Robert W. (230-917) BMC; medals, receipt for

1. Headquarters is in receipt of Form CG-2927, executed in favor of the subject man, with Part C "Receipt for Awards" thereof unsigned. That form is returned herewith with the request that if HODGES has actually received the awards that he sign Part C and return it to Headquarters for filing in his record.

2. Medals and clasps are available for issue in accordance with Article 9-A-1, Personnel Manual.

O. R. SMEDER
By direction

Encl:
Form CG-2927

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3458-SM (REV. 4-56)

ACTIVE DUTY FOR TRAINING ORDERS PE-63

FROM: Commander, 11th Coast Guard District

DATE: 13 June 1956

TO: HODGES, Ronald W. (2033-894) SN, USCGR-R
1341 West Anahime, Long Beach, California

ORDER NUMBER: 7-28 11-001-57

SUBJ: Orders to Active Duty for Training with/~~out~~ pay chargeable to Reserve Training Appropriation 20x0242, District Allotment SUBHEAD 11 -91, Cost Code 1 1-710-230.

1. In accordance with the provisions of law pertaining to the annual performance of active duty for training by members of the United States Coast Guard Reserve, you will report as indicated below for physical examination. (Upon completion of physical examination you are directed to return to the place to which these orders are addressed until such time as is necessary to proceed in accordance with paragraph 2.) If found NOT physically qualified, the remainder of these orders is canceled, and you will return to place to which these orders were addressed. Inability to comply with these orders must be reported and the orders returned to the originator immediately.

PLACE OF EXAMINATION	DATE
LOCATION OF UNIT	PRIOR TO 1 JULY 1956

2. If in all respects qualified, you will report as indicated below for active duty for training for the number of days as herein authorized. Upon completion of this training you will be processed for release from active duty for training at which time you will return immediately to the point to which orders were addressed. You will be released from active duty for training at the time that authorized travel to the point at which orders were addressed is completed, such time being the travel time necessary to perform travel by mode of transportation employed or travel time over the official route, whichever is less. Enlisted personnel not assigned to a training unit where the wearing of the uniform is required who are issued government-owned clothing for training will immediately upon release return all clothing to the activity which issued clothing.

REPORT TO:	REPORTING DATE AND TIME
Commanding Officer CG BASE, ALAMEDA, CALIFORNIA	PRIOR TO 2000 ~~----~~ 8 JULY 1956

TYPE OF TRAINING:	DAYS AUTHORIZED ACDUTRA (Exclusive of Travel Time)
UNIT +++++ PORT SECURITY	FOURTEEN (14)

3. You are authorized to perform active duty for training with/~~without~~ pay and allowances not to exceed the number of days active duty for training specified above plus the time necessary to perform travel by mode of transportation employed or for constructive travel over the official route, whichever is less.

4. The travel necessary to the execution hereof is required by the public interest. In reporting to or release from active duty for training, you are authorized: (Check one)

a. ☐ Travel at own expense with reimbursement in accordance with Chapter 4, JTR.
~~x~~ ☒ Travel by Transportation Request.
c. ☐ Travel by Government conveyance.

5. Your records indicate that you have executed the required affidavit stating that you are not drawing a pension, disability allowance, disability compensation or retired pay from the government of the United States.

6. You have been cleared for access to classified matter up to and including NA.

7. The rights and benefits that may accrue to you while serving on active duty for training are somewhat fewer than those accrued to personnel performing extended active duty. You will not qualify for all the disability and retirement benefits as are provided for Reserve personnel serving on extended active duty in the event that physical disability is incurred. You are entitled to annual leave only if continuous periods of active duty for training with pay are for thirty days or more. You will not be eligible for mustering out pay.

8. While on active duty for training you are subject to the Uniform Code of Military Justice.

9. Total Service for pay purposes _____ completed to _____ (To be completed only for Reservists not in a drill pay status)
(years) (months) (days)

COPY TO:
COMDT (PR-3)
CO, Unit ORTUPS 11-230
Duty Station: CG BASE, ALAMEDA
PAY ACCOUNTING TRANS
LT VON ELM SCOTT YNC

R. M. CHISWELL
By direction

PE-1
4 May 1955
NM

From: Commandant
To: Commander, Third CG District (p)

Subj: Personnel; advancement in rating

1. Under authority of Section 12-3-23A, CG Regulations, the below named men are advanced to the rates indicated, effective 1 June, 1955, provided their conduct and performance of duty since date of examination have been satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised.

BERRY, Maxie McK. Jr. (271-462) SK1 to SKC(P)
GROGAN, James M. (239-232) BM1 to BMC(P)
HODGES, Robert W. (230-917) EM1 to EMC(P)
MATHIS, James C. (259-843) MM1 to MMC(P)
MORAN, James F. (239-998) DC1 to DCC(P)
MYERS, Robert J. (278-078) EM1 to EMC(P)
RYDER, William J. (226-865) BM1 to BMC(P)
UMPSTEAD, Charles L. (237-799) EM1 to EMC(P)

2. Make necessary entries in service records and on daily diary showing advancements, citing this letter and Section 12-3-23A, CG Regulations as the authority therefor.

W. B. ELLIS
By direction

1955 MAY 4 15 38
PEA-A

W.R.CLABORN:JHC:mo ret 3-13

PE-88

CHIEF PETTY OFFICER PROCESSING SHEET

NAME	NUMBER	GRADE OR RATE	DATE
HODGES, Robert W.	230-917	BM1(P)	2-1-54

HEALTH

ENLISTED	RATE	BORN	HEIGHT	WEIGHT
12-16-41	AS	11-9-17		

ARMY, NAVY, LIGHTHOUSE

CHANGED RATE TO	DATE
BM1	1-16-52

COMMENDATIONS

GRAMMAR SCHOOL | HIGH SCHOOL

COURSES, SPECIAL QUALIFICATIONS, ETC.

CENSURE, INVESTIGATIONS, DEBTS, ETC.

COURTS

REPORTS OF FITNESS (Favorable)

~~184.7~~ 160.7

ACKNOWLEDGED BY H/L NOV 13 1953

REPORTS OF FITNESS (Unfavorable)

Rem duty OK

- 12-1-16 cont service
- 2-0-16 in grade (03)

YEARS	SHIPS AND STATIONS	PROF	CON	LD. SHIP
	3-25-52	3.6	4.0	
	Average	3.68		3.61

ELIGIBLE LIST 4/23 ☑ YES ☐ NO REASONS

REMARKS

ADVANCEMENT AUTHORIZED BY H/L MAY - 4 1955

8-8850-TREASURY-CGHQ-WASH

(for officer candidates)

EVALUATION SHEET

NAVPERS-1339 (REV. 9-52)

PERIOD OF OBSERVATION COVERED: 6-17-50 TO 2-11-54

EXPIRATION OF ENLISTMENT: 24 March 1955

SHIP OR STATION: FIRE ISLAND LTSTA
CG GROUP SHORT BEACH, Freeport, New York

ABILITY TO UNDERSTAND INSTRUCTIONS ☐ NOT OBSERVED	Cannot seem to follow instructions, no matter how simple.	Understands only simple instructions. Gropes along when in doubt.	Grasps main points of most instructions.	Correctly interprets rather difficult instructions. Asks questions when in doubt.	Understands all instructions regardless of complexity.
ABILITY TO SOLVE PROBLEMS ☐ NOT OBSERVED	Cannot solve problems. Avoids all problems.	Solves simple problems. Stumped by routine problems.	Solves everyday problems rapidly. Solves a few of the more difficult problems.	Solves most problems, and often solves very difficult problems. XX	Solves any problem rapidly.
ABILITY TO PLAN AND ORGANIZE WORK ☐ NOT OBSERVED	Work shows no organization or planning.	Can think of only one job at a time.	With occasional help in planning, work is orderly.	Work is generally well-arranged and usually good planning is shown. XX	All work is well-planned and organized.
INDUSTRY ☐ NOT OBSERVED	Lazy, hides out, "gold bricker", clock watcher.	Often loafs on the job or wastes time, occasionally ducks out or avoids extra work.	Usually on the job, does his share.	Does more than his share, works hard, a plugger.	Extremely energetic, tireless, efficiently enthusiastic, full of pep. XX
RELIABILITY; INCLUDING RESPONSIBILITY ☐ NOT OBSERVED	Utterly unreliable, usually in some trouble.	Needs to be watched, often gets out of line.	Means well, generally reliable.	Steady; dependable; conscientious. XX	Completely reliable and responsible under all circumstances.
BASIC TECHNICAL KNOWLEDGE AND BACKGROUND ☐ NOT OBSERVED	Requires continued assistance. Entirely overrated.	Deficiency makes present duties difficult.	Sufficient to perform satisfactorily in his present rate.	More than sufficient for present rate, ready for advancement. XX	Has more than enough to serve as L. D. O. or W. O.
ABILITY TO APPLY TECHNICAL KNOWLEDGE ☐ NOT OBSERVED	Never uses what technical knowledge he has.	Often misses a chance to put his technical knowledge into use.	Uses technical knowledge in routine situations.	Makes good use of general principles as well as specific knowledge.	Makes maximum use of technical knowledge in all situations. XX
EFFORT TO INCREASE BOTH KNOWLEDGE AND TECHNICAL ABILITY ☐ NOT OBSERVED	Does not care, or try to improve.	Misses many chances to learn.	Accepts opportunities to learn.	Alert to any opportunity to improve.	Eager to improve. Always seeking more knowledge. XX
HUMAN UNDERSTANDING ☐ NOT OBSERVED	Just cannot get along with people.	Doesn't understand a lot of his associates, not very well liked.	Gets along with most people.	Understands people, very considerate, and gets along well. XX	Shows keen understanding of fellow men. Is liked by everyone.
ABILITY TO PROPERLY DELEGATE RESPONSIBILITY AND AUTHORITY ☐ NOT OBSERVED	Never delegates responsibility or authority properly.	Needs assistance in delegating responsibility and authority.	Delegates responsibility and authority with reasonable effectiveness.	Makes good use of personnel, effectively delegates responsibility and authority. XX	Always delegates authority and responsibility most effectively.
INITIATIVE ☐ NOT OBSERVED	Requires detailed orders and supervision. Shortsighted.	Seldom has an idea. Always looks to supervisor for guidance.	Makes occasional suggestions. Works out own details.	Submits numerous ideas for approval. Acts in an emergency without instructions. XX	Originates well thought out ideas, goes ahead on his own, exhibits foresight.
TEACHING OR INSTRUCTIONAL ABILITY ☐ NOT OBSERVED	Bores and confuses everyone.	Occasionally confusing, creates little interest, lacks background.	Generally interesting, usually gets the point across. XX	Interesting, good presentation, well informed.	Creates high interest; presents material very clearly; has thorough knowledge of material.
ABILITY TO BUILD OR MAINTAIN HIGH MORALE ☐ NOT OBSERVED	Destroys morale, creates confusion and discontent.	Allows spirit to fall off. Men gripe and disregard his instructions.	Generally maintains morale, men follow willingly.	Develops a good "team" feeling, generates enthusiasm.	Inspires highest morale, is an outstanding all-round leader. XX
EXEMPLARY CONDUCT ☐ NOT OBSERVED	Leads others into trouble, a continual disciplinary problem.	Often in trouble, a poor example but not a "ring leader".	Seldom in trouble, very few difficulties.	Sets a good example, observes regulations, maintains good record. XX	Sets an excellent example of conduct for all men.
PERSEVERANCE ☐ NOT OBSERVED	Readily abandons or evades any but the most simple jobs.	Sticks to a difficult task only under compulsion.	Ordinarily patient and persistent.	Determined, seldom distracted.	Never gives up, regardless of difficulty or complexity of assignment.
MILITARY APPEARANCE ☐ NOT OBSERVED	Sloppy, unkempt, slouches.	Wears uniform improperly, nonregulation, careless posture.	Presents good appearance on *scheduled* inspections.	Clean cut, neat, good posture. XX	Wears uniform with great pride, fine military bearing.

NAME (Last)	(First)	(Middle)	RATE AND RATING	SERVICE NO.
HODGES	Robert	W.	BM1	230-917

16—60865-4

INSTRUCTIONS: Evaluation should *not* be based upon general impressions; it should be based upon actual, observed performance. The mark given in one trait should not influence the mark given in another trait. Men can be expected to vary in strength from one trait to another. Complete and careful observation should support a mark in each one of the sixteen listed traits.

The following is a step by step procedure for using this form:

1. Consider the first trait listed in the left column.
2. Read the descriptive phrases listed to the right of the trait.
3. Decide which of these descriptive phrases best describes the individual.
4. Mark the individual in one of the boxes under the most fitting descriptive phrase.
   a. These boxes run from the least favorable at the left, to the most favorable at the right.
5. Repeat this same procedure for each of the listed traits, keeping in mind that each trait should be considered separately, and that the mark in one trait should not influence the mark in another trait. Also keep in mind that the majority of personnel can be expected to fit into the middle or average category.
6. Do not hesitate to check "not observed" where the performance of the petty officer being evaluated has not been observed in any trait or when the trait is not applicable with reference to a particular job or rate.
7. Now in the space indicated in the lower half of the back page, make a brief comment describing any general impressions you have of the individual; indicate the degree to which you feel the individual is qualified for officer status; indicate your recommendation regarding reenlistment. If this recommendation is negative, include reasons in comments. If the individual has outstanding ability in some technical specialty so state and identify the specialty.

QUALIFICATIONS FOR CPO

☐ NONE ☐ FAIR ☒ GOOD ☐ EXCELLENT ☐ OUTSTANDING

RECOMMENDED FOR ADVANCEMENT TO

☒ CPO

QUALIFICATIONS FOR OFFICER STATUS

☐ NONE ☐ FAIR ☐ GOOD ☐ EXCELLENT ☐ OUTSTANDING

RECOMMENDED FOR PROMOTION TO

☐ WO ☐ LDO ☐ OTHER (*Specify*)

COMMENTS (*Do not leave blank*)

This man is highly recommended for advancement to BMC. His training and technical knowledge is excellent, and it is considered that he will become a fine chief petty officer.

RECOMMENDED FOR REENLISTMENT ☒ YES ☐ NO

RELATION OF REPORTING OFFICER

Officer in Charge

SIGNATURE, RANK AND FILE NUMBER OF REPORTING OFFICER

W. H. KNOWLES, CHBOSN, USCG (26382)

U. S. GOVERNMENT PRINTING OFFICE 16—60865-3

PERSONNEL OFFICE
NEW YORK, N. Y.
1953 NOV 4 12 51

30 October 1953

SECOND ENDORSEMENT to HODGES' ltr dtd 27 October 1953, P17-2

From: Commander, CG Group SHORT BEACH PEA-A
To: Commandant (PE)
Via: Commander, THIRD CG District (p)

Subj: HODGES, Robert W. (230-917) BM1(P); examination for chief boatswain's mate, request for

1. Forwarded, approved.

J. M. ODIN

- -

p
2 November 1953

THIRD ENDORSEMENT on HODGES, Robert W. (230-917) BM1(P)
ltr of 27 Oct 1953, P17-2

From: Commander, Third CG District
To: Commandant (PE)

1. Forwarded, approved. HODGES is considered to be suitable CPO material.

S. L. BROWN
By direction

HODGES, Robert W. (230-917) BM1, USCG

5.5	6-30-52		BM1(P)	3.6	3.6	3.5	3.6	4.0
	9-30-52	QUAR	BM1(P)	3.7		676	3.7	4.0
	12-31-52 (5.5×6=33.0 / 8.0×7=126.0)	QUAR	BM1(P)	3.7	23.5	1590	3.6	4.0
	3-31-53	EQM	BM1(P)	3.7		1410	3.6	4.0
18.0	6-30-53 (23.5 — 1590)	RQM	BM1(P)	3.7		1800	3.6	4.0
	9-30-53	RQM	BM1(P)	3.7		1645	3.6	4.0
	12-31-53	RQM	BM1	3.7		1550	3.6	4.0
						1410		

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Officer in Charge
Fire Island LBSTA
AND REFER TO
~~XXXXXX~~
Bay Shore, LI, NY

27 October, 1953
P17-2

From: HODGES, Robert W.(230-917) BM1(P)
To: Commandant, U. S. Coast Guard
Via: (1) Officer in Charge, Fire Island Lifeboat Station.
(2) Commander, CG GROUP, Short Beach
(3) Commander, 3rd. CG District

Subj: HODGES, Robert W.(230-917) BM1(P); examination for chief boatswain's mate; request for.

Ref: (a) Personnel Circular No. 23-53, dtd. 13 August, 1953.

It is requested that I be permitted to participate in the forthcoming examination for BMC to be held in April, 1954, as outlined in reference (a).

Robert W Hodges
Robert W. Hodges

FIRST ENDORSEMENT - - - - - - - - - - - - - - - - 27 October, 1953 - -

From: Officer in Charge, Fire Island LBSTA.
To: Commandant, U.S.Coast Guard
Via: (1) Commander, CG GROUP, Short Beach
(2) Commander, 3rd. CG District

Subj: HODGES, Robert W.(230-917)BM1(P); participation in forthcoming examination for BMC.

Forwarded, approved. HODGES meets the requirements contained in Article 5-C-26, Personnel Manual, other than sea duty, and is considered capable of handling the duties of a chief boatswain's mate.

W H Knowles
W. H. KNOWLES

PE-64

24 March 1955
(date)

Address reply to:
Commander
GROUP SHORT BEACH
U.S. Coast Guard
Freeport, New York

P1

From: Commander, CG Group SHORT BEACH
To: Commandant (PE)
Via: Commander, Third CG District (p)

Subj: ID Cards; destruction of; report on

1. The Identification Card No. 38158 for HODGES, Robert Warren (230-917) BM1, USCG has been destroyed due to the issuance of a new one, namely No. 102359.

J.M. ODIN

---

p
25 March 1955
(date)

P1

FIRST ENDORSEMENT on Commander, CG Group SHORT BEACH/ltr dtd 3/24/55, P1

From: Commander, Third CG District (p)
To: Commandant (PE)

1. Forwarded.

A. S. MARSDALE
By direction

15 September 1954
(Date)

Robert W. Hodge (230-917) BM1 (P)
(Name) (Service Number) (Rate)

Record prior to date indicated above has been screened for purposes of advancement to CPO, and he was found to be morally qualified for such advancement.

[signature]
(Signature)

5117 Treasury CGHQ Wash., D.C.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

1953 NOV 13 10 10

PE-1

PEA-13 November 1953

FILE: MM P17-2

From: Commandant
To:
Via: Officer-in-Charge, Fire Island Lifeboat Station, USCG, Bayshore, N. Y.
Commander, Third CG District (p)

Subj: HODGES, Robert W. (230-917) BM1(P)USCG ; forthcoming examination for chief petty officer (provisional)

Ref: (a) HODGES' ltr of 10-27-53, file P17-2 with endorsements

In view of the recommendation submitted, and in view of his qualifications, subject named man will be permitted to participate in the forthcoming examination for chief petty officer (provisional) in his specialty, which will be held during the month of April, 1954.

W. B. ELLIS
By direction

WRCLABORN:JHC:ai ret 3-13 171

PE-74

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

3-13

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 436 1661

Bu. Vou. No. 98-7018

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at Washington, D. C. 29 October, 1952
(Give place and date)

PAID BY
PAUL D. FENNING
DIV. TREASURY DEPT.
COAST GUARD, WASH., D. C.
PAID
NOV 7 1952
SYMBOL NO. 346
(For use of Paying Office)

THE UNITED STATES, Dr., Payee's Account No. .....

To Robert Warren HODGES (230-917) ex-RM1(P), USCG
(Payee)

c/o Fire Island Lifeboat Station, Bay Shore, Long Island, New York
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		For Lump Sum Mustering-Out Payment - Act of 1952 - See Application Attached				200	00
PAYMENT: Complete ☐ Partial ☐ Final ☐		E.D.: 3/24/52					
		Use continuation sheet(s) if necessary					
Shipped from	to	Weight	Government B/L No.		Total	200	00

(Payee must NOT use this space)

Differences .....

Account verified; correct for 200 00

(Signature or initials) .....

FILE COPY

Contract No. | Date | Req. No. | Date | Invoice Rec'd.

200.00

H. W. MEANS, CPCLK, USCG

MEMORANDUM

NOV 3 1952

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201	Operating Expenses, Coast Guard		200.00
	5199		

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
99-13-53			999900		1310	200.00

Paid by { Check No. ..... dated ....., 19..., for $..... } on Treasurer of the United States in favor of payee named above.
{ Cash, $....., on ....., 19... }

c9-16—62301a-1

HODGES, Robert Warren BM1(P) ~~290-917~~ 230-917
(name) (Rank or Rating) (Service No.)

SERVICE DATA

	YES	NO
1. Active service: (on or after 27 June 1950)		
(a) [redacted]/Reenlisted	23 March, 1949	
(b) Has applicant performed active service 60 days, or more, and beyond 3 mile limit or in Alaska?	( )	( )
(c) Has applicant performed active service 60 days, or more, within continental United States?	(X)	( )
(d) Has applicant performed active service LESS than 60 days?	( )	( )
(e) Was entire service as a student to a civilian institution?	( )	( )
(f) Was man discharged for purpose of entering any of the Academies?	( )	( )
(If answer to (f) is yes was he previously discharged (show date _____)		
(g) Sole service being as a cadet at any of the Academies; or having been nominated as an alternate, principal, etc., for admission to the Academies.	( )	( )
(h) A commissioned officer unless discharged or relieved from active service within three years from the date to be proclaimed by the President or Congressional resolution.	( )	( )
(i) Was ordered to active duty for sole purpose of:		
(a) Training duty of less than 60 days	( )	( )
(b) Physical examination	( )	( )
(c) Period of 30 days	( )	( )
(j) Was application filed within two years from 16 July, 1952?	( )	( )
(k) Having served under (b) was assigned to _____ and returned to continental U. S. on _____.	( )	( )

SEPARATION/RELEASE DATA

2. (a) Separated by reason of HD EE on 24 March, 1952; discharged Honorable (type)
(b) Retired on _____ for temporary or permanent disability.
(c) Discharged _____ (type) on his own initiative to accept employment;
served beyond three mile limit _____ (station/Vessel) period _____

B. A. Shaw
B. A. Shaw, Chief, Processing and Records Section, Enlisted Personnel Division
Verified by

OCT 20 1952

NOTE: Complete only that portion of above which will establish entitlement and amount of MOP e.g., $100, $200 or $300.

FINANCE

1. Applicant is in pay grade _____.
2. Entitlement to M. O. P.
(a) Initial payment
(b) Total lump sum payment 200.

OCT 20 1952

service No.) (Surname) (First name)

(60 DAYS OR MORE)
(Length of service—Enter (less than 60 days) or (60 days or more))

ch 1952
charged or released from active duty)

GROUP SHORT BEACH, Freeport, N.Y.
(Activity from which discharged)

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

COMMANDING OFFICER'S CERTIFICATE:

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

J.M. ODIN, CBOSN (L), USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

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? Since 6-26-50 NO
(Enter Yes or No)

Robert W. Hodges
Robert W. Hodges
(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

c/o Fire Island Lifeboat Station
(Number) (Street)

Bay Shore, Long Island, New York
(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 436-1661 694 700 7 Nov 52
(Public voucher) (Check number) (Date)

Paul D. Downey 346
(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

330-917 (File or service No.) | HODGES, Robert W. (Surname, First name, Initial) | BM1 (Rank or rating and branch of service)

24 March 1952 (Date discharged or released from active duty) | GROUP SHORT BEACH, Freeport, N.Y. (Activity from which discharged) | (60 DAYS OR MORE) (Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. 1952

J.M. Odin

J.M. ODIN, CBOSN (L), USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

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? since 6-26-50 NO (Enter Yes or No)

Robert W. Hodges

Robert W. Hodges

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

c/o Fire Island Lifeboat Station

(Number) (Street)

Bay Shore, Long Island, New York

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 436-1661 (Public voucher) 694 700 (Check number) 7 Nov 52 (Date)

Paul D. Lowry 346

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

16—39039-1

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

PE-PR-45

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

11 January, 1952

FILE:

From: Commandant
To: Commander, 3rd CG District (p)

Subj: Personnel; advancement in rating

1. To fill existing vacancies in the service, the commanding officers of the below named men are authorized to advance them to the ratings indicated, provided their conduct and performance of duty since date of examination have been satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised.

CURRIE, Donald H. (283-239) QM3 to QM2 (provisional)
HODGES, Robert W. (230-917) BM2 to BM1 (provisional)
MITCHELL, William J. (272-613) EM3 to EM2 (provisional)
PARNASILICE, Rudolfo (268-224) EM3 to EM2 (provisional)
RUCH, Aaron B. (272-615) EM2 to EM1 (provisional)
SOLORZANO, Alexander (274-139) FC3 to FC2 (provisional)

BM2 (permanent)
BM1(P)

2. Advancements shall be effected either on the 1st or 16th of the month, whichever occurs next after receipt of this authorization. To this end, dispatch communication shall be utilized as necessary.

3. Forward Forms 2599 and make necessary entries in service records showing advancement, citing this letter and Article 561(2), Coast Guard Regulations as the authority therefor. ~~xxxxxxxxxxxxxxxx~~ Section 12-3-23B,

By direction

D.C.KIERBOW;JHC;em
ret 3-11

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2779 (REV. 6-44)

OK BM1(P) jt

UNIT	LOCATION	DATE
FIRE ISLAND LIFEBOAT STATION	BAY SHORE, NEW YORK	12-27-51

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RATING
HODGES, Robert W.	230-917	BM2

TOTAL ACTIVE SERVICE 120 MONTHS

SERVICE SINCE LAST ADVANCEMENT OR REDUCTION IN RATING 102 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS SIX (6) MONTHS)

	PROF. IN RATING	CONDUCT	A.L.M.
MINIMUM	3.6	4.0	3.4
AVERAGE	3.6	4.0	3.4

U.S. COAST GUARD RECEIVED JAN 5 - 1952 PERSONNEL OFFICE NEW YORK, N.Y.

INSTITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)

RESULTS OF EXAMINATION

PRACTICAL FACTORS — PAR. OF PERS. BULLETIN NO. 76-44		PROFESSIONAL SUBJECTS — PAR. OF PERS. BULLETIN NO. 76-44	
SUBJECT OR SUB-PARAGRAPH NO.	MARK	SUBJECT OR SUB-PARAGRAPH NO.	MARK
PERSONNEL MANUAL			
6-A-2		6-A-5	
a: 1-16	3.5	a: 1-18	3.6
b: 1-11	3.5	b: 1-15	3.5

1956 JAN 10 11 PEA-A

BM1(P)

ADVANCEMENT AUTHORIZED BY H/L 1-11-52

AVERAGE MARK 3.5 Plus

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ADVANCEMENT OR CHANGE TO THE RATING OF BOATSWAIN MATE FIRST AND (WAS ~~WAS NOT~~) FOUND QUALIFIED AS INDICATED ABOVE

W. H. Knowles
W. H. KNOWLES, BOSN
(Signature and rank of member)

J. M. Odin
J. M. ODIN, CBOSN(L)
CO, GROUP SHORT BEACH
(Signature of commanding officer)

1. (APPROVED) (NOT APPROVED) ADVANCEMENT OR CHANGE (IS) (IS NOT) AUTHORIZED, OR—

TO: Commander, 3rd CG District (p)
1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

J. M. Odin
J. M. ODIN, CBOSN(L)
(Signature of commanding officer)
CO, GROUP SHORT BEACH

IND. 2

UNIT OC3CGD, New York, N.Y. DATE 5 January, 1952

~~XXXX

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

5 November 1953

FILE: MM

From: Commandant
To: Commander, Third CG District (p)

Subj: Personnel; permanent appointments

1. The provisional rates of the below-named men are hereby made permanent, effective 16 November 1953 , with seniority in rate from the dates indicated, provided their conduct and performance of duty since date of advancement have been satisfactory. Certificates of Appointment are inclosed for delivery to the men concerned. The certificates for any men not considered qualified for permanent appointment will be returned to the Commandant (PE) for cancellation.

BAKER, George L. (100-429) BM1(P) - 6-1-52
BEISO, Edward F. (260-353) BM2(P) - 3-1-52 now BM1(P)
FATULA, Joseph (257-171) BM2(P) - 12-16-51 now BM1(P)
GRAMEY, James H. (268-850) BM1(P) - 1-16-52
GUTHRIE, Garland E. (271-387) BM2(P) - 6-1-52 now BM1(P)
HENNESSY, Bernard J. (251-830) BM1(EMO)(P) - 1-1-52
HODGES, Robert W. (230-917) BM1(P) - 1-16-52
MARTICK, Edward T. (257-700) BM2(P) - 1-16-52 now BM1(P)
MAPLE, Earl G. (282-321) BM2(P) - 6-1-52 now BM1(P)
MERRITT, Delphin (107-199) BM1(P) - 7-16-53
MURRAY, John E. (255-002) BM1(P) - 10-16-51

2. Make necessary entries in service records and on personnel reports showing permanent appointments, citing this letter as the authority therefor.

E. O. A. ZITTEL
By direction

Encl: (1) 11-Certificates of Appointment

CLABURN:JHCrned - 91

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 1-4

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM1 (P)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
GROUP SHORT BEACH	Short Beach Lifeboat Station	Freeport, N.Y.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		18 January 1952

TIME — REPORTED FROM:
DATE — FOR

AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

CHANGED IN {~~RANK~~ RATING} FROM BM2 TO BM1 (P) EFFECTIVE 16 January 1952

AUTH: HL (PE-1) dated 11 Januray, 1952 file; MM

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J.M. ODIN, CBOSN (L)
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED
	PE-PR-73	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
FIRE ISLAND LB STATION,	BAY SHORE, N.Y.	26 SEPTEMBER, 1951.

FROM (REQUESTER):	TO	VIA
HODGES, ROBERT W. (230-917)BM2.	COMDR SHORT BEACH GROUP,	OFFICER IN CHARGE FIRE ISLAND LB STATION.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10	0	27 SEPTEMBER, 1951.	0	0	4-22-52

REASON FOR REQUEST:

10 DAYS, ACC, REG.

My address on leave will be: WINGES & HARPER STREET, PATCHOGUE, L.I.N.Y.

I will immediately inform my commanding officer of any change in address while on leave.

Robert W. Hodges
ROBERT W. HODGES
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: FIRE ISLAND LB STATION. Date: 26 SEPTEMBER, 1951.

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [ ] GRANTED [ ] NOT GRANTED (because)

W H Knowles
W.H. KNOWLES, BOSN, USCG,
OINC. ~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

Ind.-2 Unit: SHORT BEACH GROUP, FREEPORT, N.Y. Date: 26 SEPTEMBER, 1951.

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

J M Odin
J.M. ODIN, CBOSN, (L)
~~EXECUTIVE OFFICER~~ COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: FIRE ISLAND LB STATION. Date: 26 SEPTEMBER, 1951.

Departed at 0900, 27 SEPTEMBER, 1951. this date. This leave of absence will expire before 0900, 8 OCTOBER, 1951., at FIRE ISLAND LB STATION, and is subject to the special instructions indicated on reverse hereof.

W H Knowles
W.H. KNOWLES, BOSN, USCG,
OINC. ~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: FIRE ISLAND LB STATION Date: 8 OCTOBER, 1951

Reported at 0845, 8 OCTOBER, 1951 this date, having taken 10 days' leave and 0 days' TT.

W H Knowles
W.H. KNOWLES, BOSN, USCG,
OINC ~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

16--40220-3

[OVER]

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Hodges, Robert Warren	230-917	BM2	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Edna G. Hodges Age 29 — Wife

ADDRESS (*Number, street, city, zone, and State*)

Winges And Harper St. Patchouge L.I. New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
As above	As above

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Russel Alan Hodges	AS above		X	X		4
Robert Clark Hodges			X	X		2

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
William RAu Age 62	Elbow Lake, Minn.
9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
SOphia Paulina Rau Age 62	Elbow Lake, Minn.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
none	

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
none	

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
none		

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Edna G. Hodges Age 29	Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Winges And HArper St. Patchouge L.I. New York — 80 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Fire Island Light Station U.S. Coast Guard Bay Shore L.I. N.Y.	9/15/50	Robert W. Hodges / Robert W. Hodges

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

FORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☐ USCG
Hodges Robert Warren	230-917	BM2	

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Edna G. Hodges Age 29 — Wife

ADDRESS (*Number, street, city, zone, and State*)

Winges And Harper St. Patchouge L.I. New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*) — ADDRESS (*Number, street, city, zone, and State*)

As above — As above

7. CHILDREN FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE MARRIED	CHECK ONE SINGLE	SEX M	SEX F	AGE
Russel Alan Hodges	AS above		X	X		4
Robert Clark Hodges			X	X		2

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

William Rau Age 62 — Elbow Lake, Minn.

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Sophia Pauline Rau Age 62 — Elbow Lake, Minn.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

none

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

none

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
none	(*Continue on reverse side*)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Edna G. Hodges Age 29 — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Winges And HArper St. Patchouge L.I. New York — 80 % OF MY PAY.

MILITARY ADDRESS — DATE SIGNED — SIGNATURE OF DESIGNATOR

Fire Island Light Station
U.S. Coast Guard
Bay Shore L.I. N.Y. — 9/15/50 — Robert W. Hodges

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 720

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
C. G. Receiving Center		Cape May, N.J.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
50-031		5-31-50

TIME 2100
DATE 5-21-50

REPORTED FROM: CG GROUP SHORT BEACH, Freeport, NY
FOR Temporary duty in connection with SATP training.

AUTH: CG GROUP/L 5-19-50 73

TIME 1200
DATE 5-27-50

TRANSFERRED TO: CG GROUP SHORT BEACH, Freeport, NY
FOR Resumption of regular duty.

PE-RR-J

AUTH: CG GROUP/L 5-19-50 73

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. B. Clark
R. B. CLARK
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 5-30

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP SHORT BEACH	FIRE ISLAND LB STATION	Bay Shore, N.Y.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		30 May, 1950

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)

MAY 1950: 0530-20 departed for TAD at CAPE MAYRECEIVING CENTER for SATP.

MA Y 1950: 2200-27 returned from CAPE MAY RECEIVENG CENTER TA D completed.

PE-PR-21

DUTY CODE NO.
AUTH: J. M. ODIN, CBOSN(L)
(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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

Form NCG-2525D

MEDICAL HISTORY

230-917?

Page _____

Surname HODGE, S Service No. _____

Christian name-s R.W. Lt.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

USPHS DISPENSARY
WASHINGTON, D.C.

Admitted to out-pt treatment 2-20-45

DIAGNOSIS: Hyperopia, presbyopia

EYE REFRACTION. Wearing ∕ 3.00 O.U.
V. O.D. 20/25-1 O.S. 20/40-2
~~T.C. ∕ 50 equals 20/15-1~~
O.S. ∕ 1.25 equals 20/15
Rx for near only
O.D. ∕ 3.50
O.S. ∕ 4.00

J. B. PEEBLES, JR.
SURGEON, USPHS

pal

16—25658-1

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

For File
3-13
dm

29 March, 1949
File: PA-PR 73

From: Commandant
To:
Via: Commander, 3rd Coast Guard District (fp)

Subj: HODGES, Robert W. (230-917) BM2, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to ~~31 December, 1948~~
(b) Your letter 23 March, 1949, file 522-(fp) cww

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BM2 (3) 12/15/44	7/1	12/31	6	x	120.75	724.50	W.G.SCHAEFER	CF

Charges: ~~Description of item~~	Charges & Checkages	Start Symbol	Stop Symbol
~~Date Enl. 12/16/41~~			
None pertinent			

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

For File
3-13
OM

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 March, 1949
File: PA-PR 73

From: Commandant
To:
Via: Commander, 3rd Coast Guard District (fp)

Subj: HODGES, Robert W. (230-917) BM2, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to ~~31 December, 1948~~
(b) Your letter 23 March, 1949, file 522-(fp) cww

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BM2 (3) 12/15/44	7/1	12/31	6 - x		120.75	724.50	W.G.SCHAEFER	CF

Charges: ~~Description of item~~ Date Enl. 12/16/41	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

Other pertinent information or remarks:

ITEM 34: Supplemental FA application for child born 8/20/48 filed 10/8/48.
W.G.SCHAEFER, ACO

Pay Record closed to 31 December, 1948 by W.G.SCHAEFER

Mailed 3/29/49
OM

OM 6-6

B 907

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 March, 1949
File: FA-PR 73

From: Commandant
To:
Via: Commander, 3rd Coast Guard District (fp)

Subj: HODGES, Robert W. (230-917) BM2, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1948
(b) Your letter 23 March, 1949, file 522-(fp) cww

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
~~BM2c~~ (3) 12/15/44 BM2	1-1	6-30	6	0	120.75	724.50	W.G.SCHAEFER	C.F.

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
~~Date Enl. 12/16/41~~			
None pertinent			

Other pertinent information or remarks:

Pay Record closed to 30 June, 1948 by W.G.SCHAEFER

OM 6-6
B 907

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 February 1949

From: Commandant
To:
Via: Commander, 3rd Coast Guard District (fp)

File: PAPR
73

Subj:
HODGES, Robert W. (230-917) EM2c, USCG
Credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to ~~31 December, 1947~~
(b) Your letter 23 March, 1947, file 522-(fp) cww

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	194 From	194 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
EM2c (Z) 12-15-44	7-1	12/31	6	- x	120.75	724.50	W.G.SCHAEFER	

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
~~XXXXXXXXXX XXXXXX~~ Date Enl. 12-16-41			
None pertinent			

Other pertinent information or remarks:

Pay Record closed to 31 December, 1947 by W. G. SCHAEFER

CM 6-6

UNITED STATES COAST GUARD
42 BROADWAY
New York 4, N. Y.

Address Reply To
Commander, 3rd CG District (fp)

23 March, 1949
FILE: 522-(fp) cww

From: Commander, 3rd CG District (fp)
To: Commandant (FA-PR)

Subj: Transcript of pay records; request for.

It is requested that transcript of pay records for the below named personnel be furnished this office for the reason and periods set opposite their respective names:

NAME	RANK OR SERV.NO:		REASON	PERIODS:
WAGNER, Jr. Joseph G.	268-489	EN3	Longevity pay	1/1/48 to 12/31/48
HODGES, Robert W.	230-917	BM2	Longevity pay	7/1/47 to 12/31/48

W. G. SCHAEFER
By direction

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

No. 3-11

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
SHORT BEACH GROUP, Freeport, N.Y.	(Fire Island Fire Island Light Sta. LB Sta.)	Bay Shore, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE 23 March, 1949.

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)

ATD. 0800-22. to 1630-23. at OFFICE, COMDR. 3rd. CG DIST. NEW YORK., N.Y.

Auth: C3CGD/ VO 3/21/49 DO # 2601-49.

PEA-E 15

DUTY CODE NO. AUTH: J. J. Gibbs J. J. GIBBS (Commanding) BOSN.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 3-10.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
SHORT BEACH GROUP, Freeport, N.Y.	Fire Island Light Sta. (Fire Island LB. Sta.)	Bay Shore, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		18 March, 1949.

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)

18 March, 1949: Enlistment extended for indefinate period pending receipt of Form No.88 (Report of Medical Examination) from Headquarters.

FEB 15

DUTY CODE NO.
AUTH: Per. Cir. No.19-48.

J. J. Gibbs
J. J. GIBBS (Commanding) BOSN.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

No. 3-3.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-017	BM2.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
SHORT BEACH GROUP, Freeport, NY.	Fire Island Lifeboat Station	Bay Shore, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
		1 March, 1949.

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)

1 February, 1949. Fire Island Light Station a facility of Fire Island Lifeboat Station effective as of 1 February, 1949.

Authority: HL- 1/24/49 (File: OSU 020-601).



DUTY CODE NO.
AUTH:

J. M. ODIN, CBOSN(L)
(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

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. 6-45)

No. 4-23

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-017	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, FREEPORT, N.Y.	FIRE ISLAND LIGHT STATION	BAY SHORE, N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		2 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~{RANK}~~ {RATING} FROM BM2c TO BM2 EFFECTIVE 2 April, 1948

DUTY CODE NO.
AUTH: Personnel Circular 36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

Byron M. Wineke
Byron M. Wineke, Lt. (jg)
(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

Records	
Posting	Coding

Machine Accounting

Punched

Verified

MAR 15

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 3-18

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, FREEPORT, NEW YORK	FIRE ISLAND LIGHT STATION	BAY SHORE, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE: 24 March, 1947

TIME 1000
DATE 3/19/47

REPORTED FROM: O/C3CGD
FOR Assignment to duty.

DUTY CODE NO.

AUTH: C/3CGD/L-3/18/47

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

Byron M. Wineke
BYRON M. WINEKE, Lt.(jg)
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
	272		106

Records	
Posting	Coding

FEB-L 44

Machine Accounting
Punched
Verified

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

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Comdr. 3rd CG District (Unit) — New York, N.Y. (Place)

18 March 1947 (Date)

FROM: HODGES, Robert W. (230-917) BM2c

To: COMMANDANT (via Comdr. 3rd CG 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:

Edna G. Hodges (Full name of wife; if not married, so state)	101-57 124th St., Richmond Hill 19, NY (Address of wife)
Russell A. Hodges, son, born 12/17/46 (Full name of child; if none, so state)	as above (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:

Sophie Paulina Rau (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (Address of relative)

Not dependent (State briefly wherein dependency exists)

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

Lucille Christina Dahlen (Full name of relative)	Sister (Relationship)	Evansville, Minn. (Address of relative)

Not dependent (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 18th day of March, 1947.

E. H. LANE, (Signature)

Ship's Clerk, USCG (Rank or title)

Robert W. Hodges. (Signature)

ROBERT W. HODGES

BM2c., USCG (Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Comdr. 3rd CG District (Unit) — New York, N.Y. (Place)

18 March 1947 (Date)

FROM: HODGES, Robert W. (230-917) BM2c

To: COMMANDANT (via Comdr. 3rd CG 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:

Edna G. Hodges (Full name of wife; if not married, so state)	101-57 124th St., Richmond Hill 19, NY (Address of wife)
Russell A. Hodges, son, born 12/17/46 (Full name of child; if none, so state)	as above (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:

Sophie Paulina Rau (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (Address of relative)

Not dependent
(State briefly wherein dependency exists)

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

Lucille Christina Dahlen (Full name of relative)	Sister (Relationship)	Evansville, Minn. (Address of relative)

Not dependent
(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 18th day of March, 1947

E. H. LANE
(Signature)

Ship's Clerk, USCG
(Rank or title)

Robert W. Hodges
ROBERT W. HODGES
(Signature)

BM2c., USCG
(Rank or rating)

16—25758-1

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

No. 70

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c.,
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
OffComdr3rdCGD	Administrative Purposes	New York, NY.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001		19 February, 1947

TIME 1400
DATE 2-19-47
REPORTED FROM: US Marine Hospital, Stapleton, SINY
FOR additional terminal leave and subsequent discharge.

DUTY CODE NO. 18D AUTH: Art. 3002, CG Reg.

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY) Enlistment extended for 11 days from 6 March, 1947, to cover granting of additional terminal leave and processing prior to discharge.

Above man while on 76 days terminal leave from this office from 19 December, 1946, to expire on 6 March, 1947, was admitted to inpatient treatment at the US Marine Hospital, Stapleton, SINY, on 11 February, 1947, and discharged from that hospital this date.

1430 19 February, 1947. Granted 24 days additional terminal leave to expire at this office on 16 March, 1947. Address - 101-57 124th St., Richmond Hill, NY. (Phone-Virginia 9-2905).

DUTY CODE NO. 18D AUTH: Comdt.Cir. 33-46.

E.H.LANE, Ship's Clerk, USCG
By direction.

FEB 26 RECD

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched
Verified

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

To expire 6 March

FILE

HODGES, Robert W. (Name, surname first) 230-917 (Service number) BM2c (Rank or rating) Ter. Leave 42 Broad (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH, Stapleton, SINY, Date 18 Feb., 19 47

To: COMMANDING OFFICER (Coast Guard unit)
3rd Coast Guard District, 42 Broadway, NY (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
Hemorrhoids, internal and external	60x-641	2/11/47	2/19/47

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

Fit for full duty about 6 March 1946. Recommend sick leave until that time

CONDUCT REPORT:

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

Frederick J. Krueger
Surgeon
Clinical Director 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

(FOLLOW INSTRUCTIONS ON BACK)

To expire 6 March

Robert W. (Name, surname first) | 230-917 (Service number) | BM2c (Rank or rating) | Ter. Leave 42 Broadway, N.Y. (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)

FILE

Place Medical Office, ~~42 Broadway~~ New ork, New York, Date 11, February 1947

To: Medical Officer In Charge
Stapleton Marine Hospital
~~Staten Island, New York~~

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 Comdr. Third Coast Guard District 42 ~~Broadway~~, New York, New York

Robert W. Hodges (Signature of patient)

E.S. Roane

Robert W. Hodges

E.S. Roane Ch. Pharm. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Stapleton, SINY, Date 11 Feb. 19 47

I CERTIFY that I have examined the above-named person and find him suffering from Hemorrhoids
(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 {*inpatient / *~~outpatient~~} treatment at this {*hospital / *~~office~~} on 11 Feb. 47, 19

Frederick J. Krueger
Surgeon
Clinical Director 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—27150-1

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

HODGES	Robert	W.	BM2c	230-917
(Name—Surname to left)			(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 67 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

Yes	Edna G. Hodges	Wife
(If none, so state)	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to _____ officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Robert W. Hodges
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CGOB, Pier 9, East River, NY this 18th day of December, 1946

(SEAL)

Joseph Mazzotta
JOSEPH MAZZOTTA, Lieut. Comd'r, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

Joseph Mazzotta

JOSEPH MAZZOTTA, Lt. Comdr., USCG — CO, CGOB, Pier 9, ER, NY

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

120.75 | | |

(*Monthly pay (base and longevity)*) | (*Officer monthly rental allowance*) | (*Officer daily subsistence allowance*)

W. G. Schaefer

W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO.

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

RECEIVED
JAN - 9 1947

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

"BAKER" No. 90

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230 ~~017~~ 917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP NY	CG-64307 BARRACKS, Pier 9, East River	New York 4, N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-015 - Third Naval District	15 November, 1945

TIME 1000
DATE 15 November, 1945

REPORTED FROM: OPERATING BASE, Pier 18, Stapleton, S.I.,N.Y.
FOR ~~XX~~ with and as crew for CG-64307, for administrative purposes.

DUTY CODE NO. 69-D AUTH: DCGO3ND/L 11/13/45 (23-783)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

R. S. Stanford
R. S. STANIFORD, Lieutenant, USCGR
Executive Officer (Commanding) ~~Acting~~

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	03	2	69
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 88	

Machine Accounting
Punched
Verified

PRINTED PEA-E-22

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

REPORT OF CHANGE IN PERSONNEL "BAKER" No. 267

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	(230-017)	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
COTP	CG-64307 OP BASE, Pier 18, Stapleton, S.I., N.Y.	
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-013 3ND	03-019	15 Nov., 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1000

DATE 15 Nov., 1945

TRANSFERRED TO: OP BASE, Pier 9, E.R., N.Y. with and as crew member of the CG-64307 for administrative purposes.

AUTH: DCGO, 3ND/L 11-13-45 (CG-23-783)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED FEA-11

F. D. Beard

DUTY CODE NO. 69-D

AUTH:

F. D. BEARD, Lieut., USCGR

Executive Officer (Commanding)

ejm

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

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

FILED
BAKER 3-14

No. 153

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-017	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP	CG-64307 OP BASE, Pier 18, Stapleton, S.I.,	N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-013 3ND	03-019	13 Nov., 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)

31 July, 1943: Held the rating of BM2c

13 November, 1945: Certified to be fully qualified for the permanent rating of BM2c, therefore, the rating of BM2c held on 31 July, 1943 made permanent rating.

EXAMINED PEA-E-33

DUTY CODE NO.
69-D
OWP

AUTH:
AlCoast No. 143

J. H. WORTHAM, Lieut., USCG.
(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

Records	
Posting	Coding
PEA-E 48	

Machine Accounting
Punched
Verified

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

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

"BAKER"

No. 472

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-017	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPTAIN OF THE PORT	CG-38621, Op Base, Pier 18, Stapleton, S.I., N.Y.	

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-013 3ND	03-019	31 Oct., 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 29 Oct., 1945

TRANSFERRED TO: CG-64307
FOR assignment to duty

AUTH: COTP/L 45-2956 8-25-45 (CG-73-783-701)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

NO FUSING REQUIRED

DUTY CODE NO.
69-D

AUTH:

F. D. Beard
F. D. BEARD, Lieut., USCGR.,
Executive Officer (Commanding)

CWT

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched
Verified

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

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

"BAKER"

No. 473

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-017	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP	CG-64307, Op Base, Pier 18, Stapleton S.I., N.Y.	

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-013 3ND	03-019	31 Oct., 1945

EXAMINED PEA-32

TIME 1300
DATE 29 Oct., 1945

REPORTED FROM: CG-38621
FOR assignment to duty

DUTY CODE NO. 69-D AUTH: COTP/L 45-2956 8-25-45 (CG-73-783-701)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

F. D. Beard

DUTY CODE NO. AUTH:

F. D. BEARD Lieut., USCGR.,
Executive Officer (Commanding)

CWT

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

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

"BAKER"

(475) C 262

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPTAIN OF THE PORT	CG-38621, Op Base, Pier 18, Stapleton, S.I., N.Y.	

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-019 3ND	11 June, 1945

TIME 1715
DATE 4 June, 1945

REPORTED FROM: OP BASE, Pier 9, E.R., New York, N.Y.
~~REPORTED~~ with and as crew member of the CG-38621 for assignment of vessel with crew to duty.

DUTY CODE NO. 69-D AUTH: COTP OFFICE/L 5-31-45 (CG-23-601-701) and CO, OP BASE, Pier 9, E.R., New York, N.Y/L 6-4-45 (CG-23-601-701-73-783).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

DUTY CODE NO. AUTH:

G. W. BOSHOLM, Lieut., USCGR.,
Executive Officer (Commanding)

CWR

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	03	2	69
II	XIV	XVII	XX	XXI

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

PEA-E 48

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)

BAKER 175

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP	CG-38621 Operating Base, Pier 9, East River, N. Y.	

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
03-015	3ND	6/4/45

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 6/4/45

TRANSFERRED TO: Operating Base, Stapleton, Staten Island, NY ~~XEOX~~ with boat for assignment to duty and berth for the CG-38621.

AUTH: COTP/L 5/31/45 (CG-23-601-701) OpB/P9/L 6/4/45 (CG-23-601-701-73-783)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 69-D

AUTH:

W. W. WREN, Lt. (jg)
By direction
(Commanding)

jg/9

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-3	

Machine Accounting
Punched _____
Verified _____

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CG OPERATING BASE, PIER 9

HODGES, Robert W. (Name, surname first) 230-917 (Service number) B.M.2c (Rank or rating) E.RIVER, N.Y., N.Y. (Unit)

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

FINAL MEDICAL CERTIFICATE

U.S. MARINE HOSPITAL

Place 67 Hudson St., NYC, Date 5/7/45, 19

To: Commanding Officer (Coast Guard unit)

C.G.Operating Base, Pier 9,E.RIVER, N.Y.,NY. (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	613-910	3-15-45	3/15/45

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.}

Walter G. Nelson

WALTER G. NELSON, MEDICAL DIRECTOR
DISTRICT MEDICAL OFFICER
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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

"BAKER"

SURNAME, FIRST NAME, INITIAL		SERVICE No.	PRESENT RANK OR RATING
HODGES	Robert W	230-917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPTAIN OF THE PORT	CG-38621 OPERATING BASE, Pier 9, East River, New York, NY.	

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
03-015	3ND	10 April, 1945

TIME 1530
DATE 7 April, 1945

REPORTED FROM: temporary duty at CG Firing Detachment, Camp Edison, Sea Girt, N.J.
FOR resumption of regular duty.

DUTY CODE No. 69-D

AUTH: DCGO 3ND/Res/D 281511 March, 1945 OpB/L 3/30/45(CG-73-783-701-531) COTP/L 3/29/45(CG-73-783-701-531)No.45-942

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
km/9

AUTH:

E. F. KENNEDY, Lieut.(jg)USCGR
Executive Officer (Commanding) XXXXXXXX

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
NO POSTING REQUIRED PEA-E-3	

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
HODGES, Robert W.	230-917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG SMALL ARMS UNIT,		Sea Girt, NJ

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 7 April, 1945

TIME 1245
DATE 4-1-45

REPORTED FROM: CG OB, Pier 9, ER, NY
FOR one (1) week course of instruction in small arms.

DUTY CODE NO.

AUTH: CO CGOB, Pr9, ER, NY/L 3-30-45 (CG-73-783-701-531)

TIME 1215
DATE 4-7-45

TRANSFERRED TO: CG OB, Pier 9, ER, NY
FOR upon completion of temporary duty.

AUTH: same

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

W. B. POWELL Lieut., 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
NO POSTING REQUIRED PEA-E-12	

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)

"BAKER"

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPTAIN OF THE PORT	CG-38621 Operating Base, Pier 9, East River, New York, N.Y.	

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
03-015	3ND	2 April, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0840
DATE 1 April, 1945

TRANSFERRED TO: CG Firing Detachment, Camp Edison, Sea Girt, NJ.
FOR temporary duty in connection with a course of instruction in small arms, duration one (1) week.

AUTH: DCGO 3ND/Res/D 281511 3/45 COTP/L 3/29 (73-783-701-531) No. 45-942 OpBase/P9/L 3/30 (73-783-701-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 69-D
an/9

AUTH:

E. F. KENNEDY, Lieut.(j.g.) USCGR
Executive Officer
(Commanding) 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-38	

Machine Accounting
Punched _____
Verified _____

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CG OPERATING BASE, PIER 9

HODGES, Robert W. (Name, surname first) 230-917 (Service number) B.M.2c (Rank or rating) E.RIVER, N.Y., N.Y. (Unit)

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

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

CG OPERATING BASE, PIER 9
Place E.RIVER, N.Y., N.Y., Date 15 March, 19 45

To: Medical Officer in Charge
U.S.Marine Hospital
67 ~~Hudson St., N.Y.,N.Y.~~

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 CG OPERATING BASE, PIER 9, E.RIVER, NY., NY.

Robert W Hodges (Signature of patient)
Robert W. Hodges

K.W. Thum Surg (A) By direction
K.W.THUM, SURG., USPHS(R) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S. MARINE HOSPITAL
Place 67 Hudson St., NYC, Date 3-15-45, 19

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

Dental Caries 613-910
(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 HUDSON & JAY MARINE _____ {*hospital / ~~*office~~} on 3-15-45, 19

Walter G. Nelson
WALTER G. NELSON, MEDICAL DIRECTOR
DISTRICT MEDICAL OFFICER
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C, MJ

HODGES Robert W. (Name, surname first) 230-917 (Service number) BM2c (Rank or rating) CG Patrol Base Pier 9, East River, New York, N.Y? (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. MARINE HOSPITAL 67 Hudson St. NYC, Date 1/4/45, 19

To: Coast Guard Patrol Base Pier 9, East River, (Coast Guard unit)

New York, N.Y. (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	613-910	11/13/44	11/29/44

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.}

Robert F. Nelson
S N Surg (R)

for WALTER G. NELSON
Medical Director
District Medical Director
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

HODGES, Robert W. (Name, surname first) 230-917 (Service number) BM2c (Rank or rating) CGVPatrol Base Pier 9, East River, New York, N.Y. (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 CG Patrol Base Pier 9, E.R.N.Y., Date 13 November, 1944, 19

To: United States Marine Hospital

Hudson & Jay New York, N.Y.:

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 CG Patrol Base Pier 9, East River, New York,

Robert Hodges
(Signature of patient)

K. W. THUM Surg, USPHS (R)
Medical Officer U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. MARINE HOSPITAL 67 Hudson St. NYC, Date 11/13/44, 19

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

#613-910 Dental Caries
(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 Hudson & Jay Marine Hospital {*hospital / *office} on 11/13/44, 19

Robert H Rasor
for WALTER G. NELSON
Medical Director
District Medical Officer U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

HODGES, Robert W. (Name, surname first) | 230-917 (Service number) | Sea 1c (Rank or rating) | C G R S E I N Y (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Stapleton, Staten Island, N. Y., Date Nov. 6, 1942, 19

To: COAST GUARD REC. STA. (Coast Guard unit)

ELLIS ISLAND, N.Y. (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION From	To
No Diagnosis	1141	9-21-42	10-31-42
No Disease	1142	9-21-42	10-31-42

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

Xray XXXXX shows no evidence of bone or jt. pathology.

CONDUCT REPORT:

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

P. RODMAN
Ass't. Surgeon
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

HODGES, Robert W. (Name, surname first) 230-917 (Service number) Sea 1c (Rank or rating) C G R S E I N Y (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 ELLIS ISLAND,N.Y., Date 29 October, 1942

To: MEDICAL OFFICER IN CHARGE
US MARINE HOSPITAL
STAPLETON, STATEN ISLAND,N.Y.

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 C G R S ELLIS ISLAND,N.Y.

(Signature of patient)

ENSIGN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Stapleton, Staten Island, N. Y., Date Nov. 6, 1942, 19

I CERTIFY that I have examined the above-named person and find him suffering from 1141 No Diagnosis 1142 No Disease
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. Marine Hospital, Stapleton, S. I. N. Y. {*hospital / *office} on 9-21-42, 19

P. RODMAN
Ass't. 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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

HODGES, Robert W. (Name, surname first) | 230-917 (Service number) | Sea 1c (Rank or rating) | C G R S E I N Y (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 ELLIS ISLAND,N Y, Date 21 September, 1942

To: MEDICAL OFFICER IN CHARGE
US MARINE HOSPITAL
~~STAPLETON, STATEN ISLAND,N.Y.~~

SIR: You are requested to examine the above-named {~~XXXX~~ / *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 C G R SELLIS ISLAND,N.Y.

(Signature of patient)

M. S. Jester
ENSIGN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital, S. I., Date 24 September, 1942, 19

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

Physical check-up for enlarging of leg
(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 {~~*hospital~~ / *outpatient} treatment at U. S. Marine Hospital Stapleton, S. I., NY {~~*hospital~~ / *office} on 21 September, 1942, 19

P. RODMAN
Ass't. 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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

HODGES, Robert W.	230-917	Sea 1c	C G R S E I N Y
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place STAPLETON STATEN ISLAND, N.Y., Date _____, 19

To: COAST GUARD REC. STA.
(Coast Guard unit)
ELLIS ISIAND, N.Y.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No diagnosis, no disease		9-21-42	9-29-42

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

If complaints of acute backache as alleged return, refer for reexam.

CONDUCT REPORT:

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

P. RODMAN
Ass't. 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

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (23)
RECD MAY 23 1942 FILE C.M.

HODGES, Robert W. (Name, surname first) | 230-[illegible]7 (Service number) | A.S. (Rank or rating) | SEATTLE BASE (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH Seattle, Wash., Date 23 April, 1942, 19

To: SEATTLE BASE
(Coast Guard unit)

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
Caries, dental.	# 0255	4-16-42	4-23-42
Calculus, dental.	# 0202	4-16-42	4-23-42

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.}

J. C. Hatchel
Asst. Surg. U. S. Public Health Service.

wec

NOTICE OF MEDICAL TRANSFER

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

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

G.M.

HODGES, Robert W. (230-917) A.S. NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 11 March, 19 42

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
1116 Neurasthenea	1116	3-6-42	3-6-42
Strain of lumbar muscles	4111	3-6-42	3-6-42

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.}

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

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

...DEPARTMENT
...COAST GUARD
...Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (15) RECD MAR 24 1942

C.M.

HODGES, Robert W. (230-917) A.S. 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 6 March, 1942

To: Medical Officer in Charge U.S.P.H.S.
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 NEAH BAY STATION, USCG., Neah Bay, Wash.

Robert W. Hodges
Robert W. Hodges
(Signature of patient)

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

SEATTLE MAR 20 1942 U. S. COAST GUARD

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 11 March, 1942

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

#1116 Neurasthenea 4111 Strain of Lumbar Muscles
(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 11 March, 1942

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

U. S. COAST GUARD HQRS. RECD MAR 24 1942 MEDICAL SECTION BY

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
APR 17 1942

HODGES, Robert W. (230-917) A.S. NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

District Medical Office
Place 320-24 Insurance Building, Date 11 March, 19 42
Seattle, Washington

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		3-11-42	
U/O for Blood Typing		3-11-42	

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. Zarrilli

R. A. Zarrilli
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.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

F I L E
C.M.

HODGES, Robert W. (230-917) A.S. 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 11 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.

Robert W Hodges
Robert W. Hodges
(Signature of patient)

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

RETURN MEDICAL CERTIFICATE

Place Neah Bay, Washington, Date 11 March, 1942

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 BAADDAH POINT LIFEBOAT STATION {*~~hospital~~ / *office} on 11 March, 1942

R A Zarrilli
R. A. Zarrilli
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.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

FILE
C.M.

HODGES, Robert W. (230-917) A.S. NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 11 March, 1942

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

Neah Bay, 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
Strain of lumbar muscles	4111	2-20-42	2-20-42

U. S. COAST GUARD MAR 20 1942

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. 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 _____, 19__, has been
(Diagnosis)
transferred this date _____, 19__, to the U. S. Marine Hospital at _____
for further treatment.

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

...PARTMENT
...ST GUARD
...March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (19)

RECD MAR 24 1942

FILE
C.M.

HODGES, Robert W. (230-917) A.S. 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 20 February, 1942

To: Medical Officer in Charge, USPHS
Port Angeles, Wash.

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.

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

Robert W. Hodges
(Signature of patient)

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 11 March, 1942

I CERTIFY that I have examined the above-named person and find him suffering from
4111 Strain of Lumbar Muscles
(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 20 February, 1942

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

U. S. COAST GUARD
RECD MAR 25 1942
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.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

HODGES, Robert W. (230-917) A.S. NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 16 February, 1942

To: NEAH BAY STATION, U. S. C. G.
(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
No Diagnosis	1141	2-2-42	2-2-42

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.}

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

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

...ARTMENT
...T GUARD
...March 1938

FOLLOW INSTRUCTIONS ON BACK

...ES, Robert W. (230-917) A.S. NEAH BAY STA.
(Name, surname first) (Service number) (Rank or rating) (Unit)

...PLICATION 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 2 February, 1942

To: MEDICAL OFFICER IN CHARGE, U.S.P.H.S.
~~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 NEAH BAY STATION, USCG, Neah Bay, Wash.,

Robert W. Hodges
~~Robert~~ Robert W. Hodges
(Signature of patient)

Raymond H. Wilson, CBM(a)(Pro)
Raymond H. Wilson, CBM(a)(Pro) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Port Angeles, Washington, Date 16 February, 1942

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

114 No Diagnosis
(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 2 February, 1942.

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.)

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

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

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD FEB 23 1942

HODGES, Robert W. (230-917) A.S. NEAH BAY STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place PORT ANGELES STATION, Date 26 January, 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
Antityphoid Inoculation	0222	1-19-42	1-26-42
(Note: Inoculations started on U.S.S. TATOOSH, 1-12-42, and completed PORT ANGELES STATION, 1-26-42.)			

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

OFFICE
FEB 2 7 1942
INSPECTOR IN CHIEF

CONDUCT REPORT:

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

J. M. Orthblad, PhM.1c
PORT ANGELES STATION, *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 _____, 19__, has been transferred this date _____, 19__, to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (7)

RECD JAN 21 1942

FILE

HODGES, Robert W. (230-917) A.S. 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 12 January, 1942

To: Medical Officer,
U.S.S. TATOOSH

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, Washin.

Robert W. Hodges
Robert W. Hodges
(Signature of patient)

Raymond H. Wilson
Raymond H. Wilson
C.B.M.(a)(Pro) U. S. Coast Guard.

JAN 17 1942 U. S. COAST GUARD

RETURN MEDICAL CERTIFICATE

Place U.S.S.TATOOSH, Date 12 January, 1942

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

Antityphoid Inoculation - 0222
(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 {*~~hospital~~ / *outpatient} treatment at U.S.S.TATOOSH sick bay {*hospital / *office} on 12 January, 1942

677103

JAN 28 1942

A. E. Morrison, Lt.jg.
Medical Officer ~~U. S. Public Health Service~~ U. S. N.

*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
(Patient's signature)

WITNESS:

RECD OCT 33 1942 BY

(Signature of medical officer)

MEDICAL SECTION

U. S. Public Health Service.
*Strike out words not applicable.

2—662

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (10)
RECD FEB 21 1942

HODGES, Robert W. (230-917) A.S. NEAH BAY STA.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place U.S.S.TATOOSH, Date 12 January, 19 42

To: NEAH BAY STATION, USCG,
(Coast Guard unit)
Neah Bay, Washington
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Antityphoid Inoculation	0222	1-12-42	1-12-42

SEATTLE DISTRICT FEB 16 1942 U. S. COAST GUARD

OFFICE
FEB 27 1942
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.}

A.E. Morrison
A.E.Morrison, Lt.jg.
Medical Officer~~XXXXXXXXXXXXXXXXX~~

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

SEATTLE DISTRICT JAN 7 1942 U. S. COAST GUARD

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (12)
REC'D JAN 12 1942

REPORT OF CHANGE IN PERSONNEL

HODGES	Robert	W.	(230-917)	A.S.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEAH BAY STATION	Neah Bay, Washington	5 January, 1942
(Unit)	(Place)	(Date)

1800, 3 January, 1942 - Reported from Port Townsend Training Station for assignment to duty having departed that place at 0900, the same date.

Entitled to travel status allowances as per attached Form 2670-A.

Assigned duty at BAADDAH POINT LIFEBOAT STATION.

AUTHORITY: Port Townsend Training Station letter, 3 January, 1942 (73-53).

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 PR-7

U. S. GOVERNMENT PRINTING OFFICE

Hgttie

AFFIDAVIT OF RELATIVE

ENLISTMENT OF Robert Warren Hodges IN THE UNITED STATES COAST GUARD.

I Mrs William Rau, residing in the city of Collis, County of Traverse and State of Minnesota, do solemnly swear (or affirm) that Robert Warren Hodges was born in Springfield, Minn Minnesota, on the 9 day of November, 1917

And I, the said Mrs. William Rau do further solemnly swear (or affirm) that I am the Mother (relationship) of the said Robert Warren Hodges, and that there do not exist any circumstances nor any conditions in his domestic affairs, which, in the event he is accepted for enlistment in the United States Coast Guard, would cause him to seek a discharge prior to the expiration of his enlistment, on account of dependency or the need for his presence at home, and that he has not had previous service in the Army, Navy, Marine Corps, or Coast Guard of the United States. So help me God.

Mrs William Rau
(Signature of Relative)
(PLEASE SIGN IN INK)

Address: (Street and Number) Collis (City or Town) Minndsota (State)

Personally appeared before me Mrs. William Rau (Relative's Name) a resident of Collis, in the County of Traverse, and State of Minnesota, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and sugned the same in my presence this 17 day of December, 1941.

NOTED
W.P.S.

Gordon Kristensen
(Signature of officer administering oath)
GORDON KRISTENSEN,
Notary Public, Traverse County, Minn.
My Commission Expires March 20, 1945.

(SEAL)

REMARKS: _____

CERTIFICATE

I certify that I have personally made this physical examination and find that Robert Warren Hodges

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 _____

Wale Wright

Wale Wright M.D.
A.A.
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

16 December, 1941
(Date)

Place RECRUITING OFFICE, OMAHA, NEBRASKA

From: Recruiting Officer

To: Commandant.

Refers HT 011812 (April, 1941)

1. Forwarded for action. Present status:

Enlisted this date as A.S. (S.T.E.)

Lee R. Scott, Ch. Bosn. U.S.C.G.
Commanding—Dist. Comdr.-Off. in Chg.

Lee R. Scott

2d INDORSEMENT

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

DEC 22 1941
(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 2—16141

20547

12/4/41

ained on blood

20M 75

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

PHYSICAL EXAMINATION RECORD

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

Name HODGES Robert Warren (Surname first) Service Number _____

Age: Years 24 Months 1 Color White

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

Rank or Rating Apprentice Seaman

Place Mpls. Minn. Date 12-2-41

Personal Medical History Healthgood. No serious ill, accidents, operations or venereal disease.

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Stilling

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

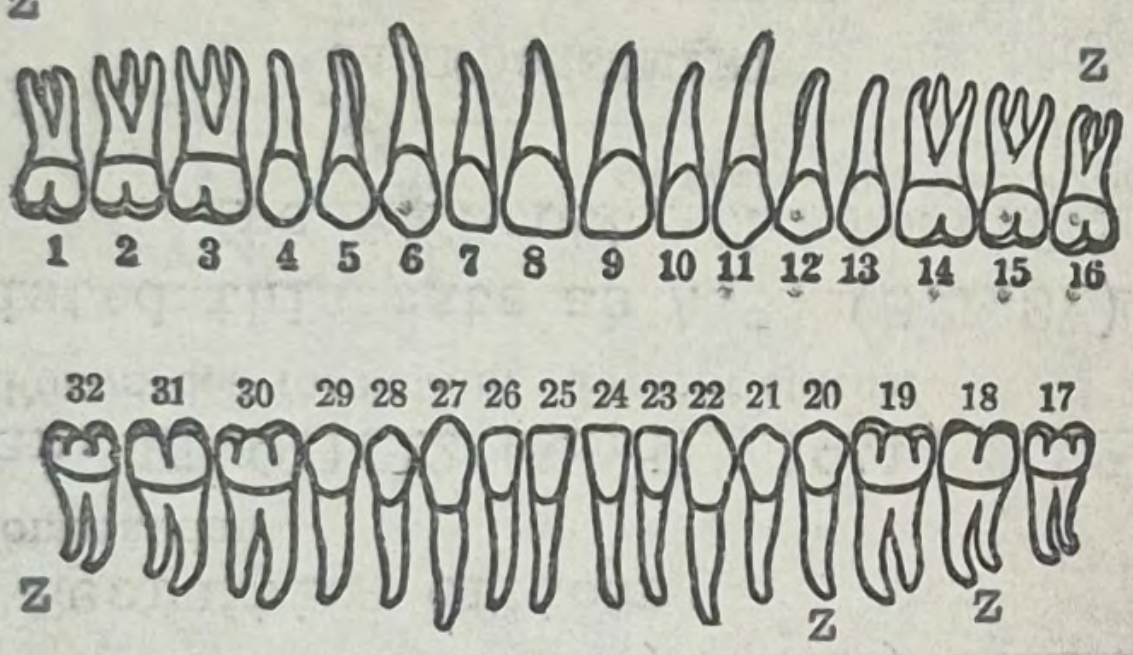
Eyes, eyelids, and reflexes normal

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 98.6

Height 71 1/4 inches. Weight (stripped) 160 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 38 Expiration 35 1/2

Heart and blood vessels normal

Blood pressure: Systolic 134 Diastolic 72

Pulse before exercise 78, after exercise 120, after 2 min. 80

Lungs Clear & Resonant

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. 1018

Blood cells — Pus cells — Casts —

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

Wassermann or Kahn test: Date 12/15/41 Result taken

Bacteriological Laboratory

Patient Robert Warren Hodges Lab. No. 20547

Specimen, Received 12/3/41 Reported 12/4/41

A NEGATIVE serological reaction for syphilis was obtained on blood from the above patient.

—

Dr. Wale Wright

—

H54-C

J. R. McGrath
Bacteriologist

20M

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

RECRUITING OFFICE

Room 317, Post Office Building,
Omaha, Nebraska.

16 December, 1941
(Date)

U S COAST GUARD (20)
RECD DEC 19 1941

Traverse County Local Board
Selective Service System
Wheaton, Minnesota

Gentlemen:

The following information is furnished for reference to local board:

This is to certify that Robert Warren Hodges
(Name of Recruit)

was enlisted in the United States Coast Guard for three years on 16 December, 1941 (Date), at Omaha, Nebraska.

Home address: RFD #1 Collis, Minnesota.

His registration certificate, No. _____,

indicates that he was registered at Walls Township, Minnesota.
(City/Town) (State)

in the _____ Precinct, _____ Ward.

Lee R. Scott

LEE R. SCOTT,
Chief Boatswain, U. S. Coast Guard,
RECRUITING OFFICER, OMAHA.

Copy to: Headquarters

Form No. 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

HODGES: Robert Warren 230 917 Apprentice Seaman
(NAME) (SERVICE NUMBER) (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Montrail, Grammar School, Plaza, N. Dakota, att. 8 yrs. Graduated 8
(Number of years attended, graduated) (Grade)

(b) High School: None
(Number of years attended, grade completed or graduated)

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

EXPERIENCE:

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

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician(telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	(2)	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

None

Set forth briefly, yet clearly, 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 and courses pursued.

none

Use reverse side of this form when necessary.

Robert Warren Hodges
Robert Warren Hodges
(SIGNATURE)

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
HODGES	Robert	W.

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
230-917	B.M.2c.	Fire Island Lig ht Station

HOME ADDRESS (Give Number, Street, City, Zone No., and State)

INDICATE STATUS BY CHECK MARK

- ☐ Active duty USCG, USCGR, or USPHS
- ☐ Officer – (Inactive) USCGR or USPHS
- ☐ Retired from USCG or USCGR
- ☐ Discharged from USCG, USCGR, or USPHS
- ☐ Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- ☐ American Defense Service Medal
  - ☐ Fleet Clasp
  - ☐ Sea Clasp
  - ☐ Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- ☐ World War II Victory Medal (No Clasp)

_____
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- ☐ American Defense Service Medal
  - ☐ Fleet Clasp
  - ☐ Sea Clasp
  - ☐ Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- ☒ World War II Victory Medal (No Clasp)

Robert W. Hodges
Robert W. Hodges, B?M.2c.
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

DEPARTMENT
OAST GUARD
09 (Rev. 4-55)
M APPROVED BY
OLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

MONTAUK LBS, MONTAUK, NEW YORK (Ship or station) (Location) On 1 January 1962 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 23 (Day) March (Month) 1964 (Year)

Reason VOLRET - 20 Years **Type discharge certificate**

Authority: COMDT (PE-1) ltr of 9-26-61,TONO: 69122/99203012X pursuant to provisions of TITLE, 14, U. S. Code, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Montauk, New York (Place) ON 24 March 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Montauk, New York (Place) ON 24 March 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 24 Sterling Ave. East Patchogue, Long Island, New York

TRAVEL DATA

I hereby elect travel allowance to East Patchogue, Long Island, New York (Location)

Place of HOME OF RECORD (See travel instructions)

SIGNATURE Robert Warren Hodges ROBERT WARREN HODGES

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for TWENTY-FOUR (Words) (24) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From Not Applicable To

Completed 20 years service for pay purposes on 15 December 1961 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: P: 3.7 L: 3.6 C: 4.0
SSN: 723-10-0168
ENTITLED TO RECEIVE CASH COMPENSATION FOR 24 DAYS LEAVE.
AFID CARD NO. 12108 SURRENDERED AND DESTROYED THIS DATE.
DD2CG (RET) CARD NO. 06063 ISSUED THIS DATE.
EFFECTIVE DATE OF RETIREMENT - 1 JANUARY 1962.

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
H. VERSAW	CHBOSN,W-3,USCG, GROUP COMMANDER	24-62

DISBURSING DATA

Travel allowance credited, $ NOT ENTITIED Cash settlement for unused accrued leave (24 days) $~~313.18~~ 326.80 DUE AT DISCHARGE, $~~343.03~~ 356.65

Computation: LSL(BP&L) 23 days @$350.00 per month ~~$268.33~~ 280.00
LSL(ALLOW)23 days @$1.95 per day ~~$44.85~~ 46.80 PERSONAL FUNDS, $NONE

~~ACO EXCEPTION LEAVE RECORD INDICATES PAY FOR (24) days~~
~~SHOULD BE (23) DAYS (1) DAY EXCEPTION - I. J. ANDERSON,USCG~~ GRATUITY CREDITED, $NONE

Ship or station	NAME OF A. C. O.
MONTAUK LBS, MONTAUK, NEW YORK	I. J. ANDERSON, CHSP CK, USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

DEPARTMENT
AST GUARD
9 (Rev. 4-55)
APPROVED BY
OLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

MONTAUK LBS, MONTAUK, NEW YORK (Ship or station) (Location) On 1 January 1962 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 23 (Day) March (Month) 1964 (Year)

Reason VOLRET - 20 Years Type discharge certificate

Authority: COMDT (PE-1) ltr of 9-26-61,TONO: 69122/99203012X pursuant to provisions of TITLE, 14, U. S. Code, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Montauk, New York (Place) ON 24 March 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Montauk, New York (Place) ON 24 March 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 24 Sterling Ave. East Patchogue, Long Island, New York

TRAVEL DATA

I hereby elect travel allowance to East Patchogue, Long Island, New York (Location)

Place of HOME OF RECORD (See travel instructions)

SIGNATURE Robert Warren Hodges ROBERT WARREN HODGES

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for TWENTY-FOUR (Words) (24) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From Not Applicable To

Completed 20 years service for pay purposes on 15 December 1961 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: P: 3.7 L: 3.6 C: 4.0
SSN: 723-10-0168
ENTITLED TO RECEIVE CASH COMPENSATION FOR 24 DAYS LEAVE.
AFID CARD NO. 12108 SURRENDERED AND DESTROYED THIS DATE.
DD2CG (RET) CARD NO. 06063 ISSUED THIS DATE.
EFFECTIVE DATE OF RETIREMENT - 1 JANUARY 1962.

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. VERSAW	CHBOSN,W-3,USCG, GROUP COMMANDER	24-62

DISBURSING DATA

Travel allowance credited, $NOT ENTITIED Settlement for unused accrued leave (24 days) $326.80 ~~$313.10~~ 356.65 DUE AT DISCHARGE, $~~343.03~~

Computation: LSL(BP&L) 23 days @$350.00 per month ~~$268.33~~ 280.00
LSL(ALLOW)23 days @$1.95 per day ~~$44.85~~ 46.80

PERSONAL FUNDS, $NONE

~~ACO EXCEPTION LEAVE RECORD INDICATES PAY FOR (24) days SHOULD BE (23) DAYS (1) DAY EXCEPTION I. J. ANDERSON,USCG~~

GRATUITY CREDITED, $ NONE

Ship or station	NAME OF A. C. O.
MONTAUK LBS, MONTAUK, NEW YORK	I. J. ANDERSON, CHSPCK, USCG

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
HODGES, Robert Warren	230-917	BMC

2026 NOV 9 12:30

REFERENCE SERVICE SLIP

Archival Research Room Record Request
National Archives at St. Louis

Date: 11/14/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Hodges, Robert, W. 230917	723100168	1917 MN

MILITARY SERVICE

Branch of Service:

- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:

- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):

- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1985 NY

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

CIVILIAN SERVICE

(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	

Other Identifying Information (Maiden Name, Job Title, etc.)

Researcher Signature: Andrew Burns A.B.

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-000850648 2

Attendant Signature:

CMRS Search Request Number(s): CGS-02921 4863

Remarks:

'26 NOV 19 PM 1:25

'26 NOV 19 PM 2:05

'26 NOV 20 AM 10:29

SCREENING NOTES

☒ Reviewed and Nothing Removed ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No	Total Requests:	Screened Items:
☐ Additional charge outs and signatures on reverse side		

Time Out: Final Return:

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
HODGES, Robert Warren	230-917	BMC (E-7)	6-1-55

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Springfield, Minnesota		9	NOV	17

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	72"	205	☒ YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
HIGH SCHOOL - 4 Years	General Technical

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED (GRU MORICHES)
VOLRET - 20 years	MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
VOLRET - 20 years COMDT (PE-1) ltr dated 9-26-61, TONO: 69122/99203012X		1	JAN	62

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (GRU MORICHES)	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK	HONORABLE	NONE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED		
		DAY	MONTH	YEAR
Not Registered	* * * * * * * * * * * * * * * * * * * *	Not Applicable		

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

* * * * * * * * * * * * * * * * * * * *

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- ☐ WITH LEAVE
  - ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
  - ☐ S&FD pay to be checked, leave within the United States
  - ☐ S&FD pay not to be checked, leave outside United States
  - ☐ COMMUTED RATIONS or BAS, if any, are to be checked
  - ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ WITHOUT LEAVE not excused as unavoidable
  - ☐ OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
Number Days Charged to Leave Record		

* *These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	Date Auth. Rec'd

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON 15 December 1961 COMPLETED NET SERVICE OF

	Years	Mos.	Days
* OTHER SERVICE	00	00	00
COAST GUARD SERVICE	20	00	00
	20	00	00

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
CDR. NELSON, (GRU MORICHES)	CHBOSN,W-3,USCG,GRUCOM	- - - - - -

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
MONTAUK LB STATION, MONTAUK, NEW YORK	- - - - - - - - - - - - - - - - -

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
HODGES,	Robert	Warren	230-917	BMC

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959-528496

S.R

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

☐ WITH LEAVE

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ S&FD pay to be checked, leave within the United States

☐ S&FD pay not to be checked, leave outside United States

☐ COMMUTED RATIONS or BAS, if any, are to be checked

☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ WITHOUT LEAVE not excused as unavoidable

☐ OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
Number Days Charged to Leave Record		

** These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	Date Auth. Rec'd

3. CHANGE IN SERVICE FOR PAY PURPOSES

** Career Compensation Act of 1949 Statement of service filed in service record*

	Years	Mos.	Days
* OTHER SERVICE	00	00	00
COAST GUARD SERVICE	20	00	00
ON 16 December 1961 COMPLETED NET SERVICE OF	00	00	00

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. VERSAW,	CHBOSN W-3, USCG, GRUCOM	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCG GROUP MORICHES (MONTAUK LIFEBOAT STATION)	

NAME (Last)	(First)	(Middle)	SERVICE NUMBER	RATE
HODGES	ROBERT	WARREN	230-917	BMC

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959-528496

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-3308 (Rev. 3-59)

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1. HOME ADDRESS

2. DATE OF BIRTH: 11-9-17

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	1-16-60	[X] SATISFACTORY [ ] UNSATISFACTORY	Donald Schultz, BM1
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET	1-16-60	LEFT 15/15 RIGHT 15/15 [ ] WITH [XX] WITHOUT HEARING AID	Donald Schultz, BM1
5. VISION	20/30 REQUIRED	1-16-60	LEFT 20/20 RIGHT 20/20 BOTH / [ ] WITH [XX] WITHOUT GLASSES	Donald Schultz, BM1
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED	1-16-60	AVERAGE OF 3 TRIALS: 90%	Donald Schultz, BM1
7. DEPTH PERCEPTION	½ in. off total	1-16-60	AVERAGE OF 3 TRIALS: 3	Donald Schultz, BM1
8. REACTION	.30 SECONDS OR ____ FEET	1-16-60	AVERAGE OF 3 TRIALS: .30 SEC./FT.	Donald Schultz, BM1
9. ROAD TEST		1-16-60	NUMBER OF ERRORS: 4	Donald Schultz, BM1
10. WRITTEN EXAMINATION		1-16-60	96 %	Donald Schultz, BM1
11. ORAL EXAMINATION		1-16-60	95 %	Donald Schultz, BM1
12. OTHER TESTS				

13. PRIOR DRIVING EXPERIENCE

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
Passengers cars	25	100,000	None	No accident Record To Date 1/20/60 MH Dist Safety Eng.

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- [XX] PASSENGER, PICK-UP, PANEL TRUCKS
- [XX] TRUCKS OVER ¾ TON up to & Inc. 1½ Ton
- [ ] SEMITRAILER, SINGLE AXLE
- [ ] SEMITRAILER, TANDEM AXLE
- [ ] BUSSES
- [ ] EMERGENCY VEHICLES (Fire trucks and ambulances)

15. QUALIFIED ON BASIS OF:
- [X] TESTS
- [ ] PREVIOUS MILEAGE AND STATEMENT

16. RESTRICTIONS: None
- [ ] MUST WEAR GLASSES
- [ ] OTHER (Describe)

17. PERMITS ISSUED

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-3243	1/21/60	1/22/63	MORICHES LIFEBOAT STATION	M. W. Caskey. M. W. CASKEY, CAPT., USCG SAFETY OFFICER

NAME: (Last—First—Middle)
HODGES, Robert W.

SERVICE NO.
230-917

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3308 (4-52)

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1. HOME ADDRESS (*Use for civilians only*)

2. DATE OF BIRTH: 2 November, 1917

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	2-11-54	[X] SATISFACTORY [ ] UNSATISFACTORY	A. D. TIPTON, MD
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET	2-11-54	LEFT 15 / 15 RIGHT 15 / 15 [ ] WITH [X] WITHOUT HEARING AID	A. D. TIPTON, MD
5. VISION	20/30 REQUIRED	2-11-54	LEFT 20 / 20 RIGHT 20 / 20 BOTH 20/ 20 [ ] WITH [X] WITHOUT GLASSES	A. D. TIPTON, MD
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED		AVERAGE OF ____ TRIALS: ____	
7. DEPTH PERCEPTION			AVERAGE OF ____ TRIALS: ____	
8. REACTION	____ SECONDS OR ____ FEET		AVERAGE OF ____ TRIALS: ____ SEC./FT.	
9. ROAD TEST			NUMBER OF ERRORS:	
10. WRITTEN EXAMINATION			____%	
11. ORAL EXAMINATION			____%	
12. OTHER TESTS				

13. **PRIOR DRIVING EXPERIENCE**

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
Passenger	15	100,000	none	
TRUCKS up to 5 tpn	10	10,000	None	

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- [X] PASSENGER, PICK-UP, PANEL TRUCKS
- [X] TRUCKS OVER ¾ TON up to 1½ ton
- [ ] SEMITRAILER, SINGLE AXLE
- [ ] SEMITRAILER, TANDEM AXLE
- [ ] BUSSES AND EMERGENCY VEHICLES

15. QUALIFIED ON BASIS OF:
- [ ] TESTS
- [X] PREVIOUS MILEAGE AND STATEMENT

16. QUALIFIED AS:
- [X] INCIDENTAL OPERATOR
- [ ] CHAUFFEUR

17. RESTRICTIONS:
- [ ] MUST WEAR GLASSES
- [ ] OTHER (*Describe*) NONE

18. **PERMITS ISSUED**

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-983	2-23-54	6-30-55	CG GROUP, SHORT BEACH	F. A. ERICKSON, CAPTAIN, USCG Chief, SAR Section

NAME: (*Last—First—Middle*) HODGES, Robert W.

SERVICE NO. 230-917

16—66900-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION (GRU MORICHES)
MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

24 March 1961 - Reenlistment in the Regular Coast Guard for a period of THREE (03) years in the permanent rating of Boatswains Mate Chief.
AUTH: Section: 12-3-19A(1), CG Regulations.
Article 134, UMCJ complied with this date in accordance with Section 8-B-1, CG Personnel Manual.
Indoctrinated in Code of Conduct for the members of the Armed Forces of the United States.
Reported to CG Group Moriches, East Moriches, New York on 9-14-59.
Assigned to MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK on 9-14-59.
Issued New ID Card No. 12108 this date.
Sea Duty this enlistment: 00 years, 10 months, 06 days.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION (GRU MORICHES)
MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

23 March 1961 - Honorably discharged this date by reason of expiration of enlistment in accordance with Section 12-B-5, CG Personnel Manual.

INTENDS TO REENLIST WITHIN 24 HOURS.

Transcript of marks made and entered in the new Service Record.

Armed Forces ID Card No. 102359 surrendered and destroyed this date.

Entitled to Two (02) CG Good Conduct Medals for periods ending 3/24/58 and 3/24/61.

Sea Duty this enlistment: 00 years, 10 months, 06 days.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

(GRU MORICHES)
MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

9 August 1961 - Designated a qualified boat handler, and capable of navigating, operating and properly caring for boats this date.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

1 January 1962 - Retired this place and date in accordance with Commandant's letter (PE-1) of 26 September 1961, TONO: 69122/99203012X pursuant to the provisions of Title 14, U. S. Code, Section 344. Effective date of retirement 1 January 1962.

Completed a total of 20 years, 00 months, 15 days effective this date.

Armed Forces ID Card No. 12108 surrendered and destroyed this date.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	W.	230-917

16—66780-2

9 August 1961 - Designated a qualified boat handler, and capable of navigating, operating and properly caring for boats this date.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

1 January 1962 - Retired this place and date in accordance with Commandant's letter (PE-1) of 26 September 1961, TONO: 69122/99203022 pursuant to the provisions of Title 14, U. S. Code, Section 344. Effective date of retirement 1 January 1962.

Completed a total of 20 years, 00 months, 15 days effective this date.

Armed Forces ID Card No. 12108 surrendered and destroyed this date.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	W.	230-917

ADMINISTRATIVE REMARKS

PAGE 7

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (Rev. 12-57)

MARKS

1. Date the Mark is effective	2. Reason	3. Rate	4. Proficiency	5. Leadership	6. Conduct	7. Ship or Station	8. Signature
24 March 1961	M	BMC	DATE	OF REENLISTMENT		(GRU MORICHES) MONTAUK LBSTA.	GRUCOM M.VERSAW, CHBOSN, W-3, USCG,
7-31-61	P	BMC	3.7	3.5	4.0	(GRU MORICHES) MONTAUK LB STA.	GRUCOM M.VERSAW, CHBOSN, W-3, USCG
1/1/62	T	BMC	3.7	3.7	4.0	(GRU MORICHES) MONTAUK LBSTA.	GRUCOM M.VERSAW, CHBOSN, W-3, USCG
1/1/62	RET. AVG.	BMC	3.7	3.6	4.0	(GRU MORICHES) MONTAUK LBSTA.	GRUCOM M.VERSAW, CHBOSN, W-3, USCG

NAME (Last) HODGES, (First) Robert (Middle) Warren | SERVICE NO. 230-917

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

LEAVE RECORD

DATE	CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD	DAYS	AUTHENTICATED BY
REENLISTMENT 24 March 1961		00	M. VERSAW, CHBOSN, W-3, USCG, GRUCOM

LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	BALANCE DAYS	SHIP OR STATION	SIGNATURE
Paid $292 cash compensation for 60 days lv~ subs;qtrs on 3/24/61 at office Cdr 3rd CGDist. by J.F. CANNON, Chief Disbursing Officer, Symbol 5340; Pay Roll No. 93-364								
							T. J. ANDERSON SPCK USCG AUTHORIZED CERTIFYING OFFICER	
			ANCR	6-30-61	08½	08½	GRU MORICHES MONTAUK LBS	GRUCOM M.VERSAW,CHBOSN,W-3,USCG
			RET. VOL.	1/1/62	15	23½	GRU MORICHES MONTAUK LBS	GRUCOM M.VERSAW,CHBOSN,W-3,USCG
Elects and entitled to receive cash compensation of Unused leave in the amount of 24 days on date of retirement.							GRU MORICHES MONTAUK LBS	GRUCOM M.VERSAW,CHBOSN,W-3,USCG
~~ACO EXCEPTION FOR (1) DAY LEAVE RECORD INDICATES PAY FOR 24 DAYS SHOULD BE 23 DAYS.~~								
							~~I. J. ANDERSON, CHSPCK, W-2, USCG AUTHORIZED CERTIFYING OFFICER~~	
316.80 Paid $313.44 cash compensation for 24 days lv. subs;qtrs on 12/31/61 at office Cdr 3rd CGDist. by J.F. CANNON, Chief Disbursing Officer, Symbol 5340; Pay Roll No. 93-364								
							T. J. ANDERSON SPCK USCG AUTHORIZED CERTIFYING OFFICER	

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED						Montauk LB Sta.	M. VERSAW, CHBOSN W-3 Group Commander, USCG

NORMAL DATE OF EXPIRATION OF ENLISTMENT

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-91 7

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

24 March 1961
Reenlistment: as Perm. BMC

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES,	Robert	Warren		230-917		BMC

CLASSIFICATION TRAINING AND RATING SHEET

rch 1961
nlistment: as Perm. BMC

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES,	Robert	Warren		230-917		BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
11-16-53	BM1	That rank which held on date of discharge.			J.M. ODIN, CHBOSN(L),CO	GRP SHORT BEACH
6-1-55	BMC(P)	COMDT(PE-1) ltr MM dtd 4 May 55 Sect 12-3-23A, CG Regs			J.M.ODIN,CHBOSN(L),CO	GRP SHORT BEACH CG GROUP
6-16-58	BMC	Auth: COMDT (PE-1) ltr MM dtd 13 JUN 58			O. ESTELLE, CHBOSN W-2,USCG,GRUCOM(Act.)	Short Beach

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES	Robert	Warren		230-917		BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

(GRU MORICHES)
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK On 23 March 1961 the below-named individual was
(Ship or station) (Location) (Date)

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 24 (Day) March (Month) 1961 (Year)

Reason Expiration of Enhistment Type discharge certificate DD-256

Authority: Article 12-B-5, CG Personnel Manual

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Freeport, New York (Place) ON 25 March 1955 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Freeport, New York (Place) ON 25 March 1955 (Date)

Home address at time of enlistment, induction, or order to active duty FIRE ISLAND LIGHT STATION, BAY SHORE, SUFFOLK, NEW YORK

TRAVEL DATA

I hereby elect travel allowance to Not Applicable (Location)

Place of Not Applicable (See travel instructions)

SIGNATURE Robert Warren Hodges
Robert Warren Hodges

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) (60) (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From Not Applicable To

Completed 18 years service for pay purposes on 15 December 1959 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS

RECOMMENDED FOR REENLISTMENT. INTENDS TO REENLIST WITHIN 24 HOURS. ENTITLED TO RECEIVE CASH COMPENSATION FOR 60 DAYS UL. NOT ENTITLED TO MOP. FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: P: 3.78 L: 3.70 C: 4.0. ISSUED HD BUTTON, HD CERTIFICATE (DD-256), CERTIFICATE OF SERVICE (DD-217-CG), AMRED FORCES REPORT OF TRANSFER OR DISCHARGE (DD-214) SSN: 723-10-0168. SURRENDERED ID CARD NO. 102359 THIS DATE. DEPENDENT ID CARD NO. CG-033,993 SURRENDERED THIS DATE, BOTH DESTROYED NEW ID CARD NO. 12108 ISSUED.

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. VERSAW	CHBOSN, W-3, USCG, GRUCOM	61-61

DISBURSING DATA

Travel allowance credited, $ XX Cash settlement for unused accrued leave (60 days) $ 797.00 DUE AT DISCHARGE, $ 674.60

Computation: LSL ALLOW 60 days at $1.95 per day 117.00
LSL BP&L 60 days at $340.00 per mo 680.00
NOT ENTITLED TO MILEAGE
REEN BONUS SECT 208 third reen 3 yr $82.48

PERSONAL FUNDS, $ none

GRATUITY CREDITED, $ none

Ship or station (GRU MORICHES) MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK

NAME OF A. C. O. I. J. ANDERSON CHSPCK USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

16—66654-3

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NA	2. SERVICE NUMBER	3a. G[illegible] RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
HODGES, Robert Warre[illegible]	230-917	B[illegible] (E-7)	6-16-58

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Springfield, Minnesota		9	NOV	17

7 a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	72"	205	☒ YES ☐ NO	Married

10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
HIGH SCHOOL - 4 years	General Technical

TRANSFER OR DISCHARGE DATA

11 a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
HONORABLE	MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Expiration of Enlistment Article 12-B-5, CG Personnel Manual		23	MARCH	61

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13 a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK	HONORABLE	DD-256

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Available	* *	Not	Applicable	

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

* * * * * * * * * * * * * * * * * * * *

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303B (11-60)

QUALIFICATIONS FOR ADVANCEMENT RECORD

INSTRUCTIONS

CG-3303B shall be utilized to record the successful completion of practical factors by enlisted personnel of the Coast Guard as outlined in the Enlisted Ratings Qualifications Manual, CG-311.

Upon successful completion of required qualifications under practical factors and recommendation for advancement, the applicant shall be examined by responsible officers and a mark assigned both in Military Requirements and Professional Qualifications. *(See Enlisted Ratings Qualifications Manual for qualifications listed under Examination Subjects.)* The average of these two marks shall constitute the final mark entered as examination score on Form CG-3303A which shall be completed and forwarded in accordance with current instructions. Form CG-3303B shall be retained in the service record of the applicant until discharge without reenlistment, at which time it shall be destroyed.

MILITARY REQUIREMENTS-PRACTICAL FACTORS

(Refer to Chapter 4, Enlisted Ratings Qualifications Manual)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	Montauk LB Sta	8-9-61	[illegible]	9.	Montauk LB Sta	8-11-61	[illegible]
2.	Montauk LB Sta	8-9-61	[illegible]	10.	Montauk LB Sta	8-11-61	[illegible]
3.	Montauk LB Sta	8-9-61	[illegible]	11.	Montauk LB Sta	8-11-61	[illegible]
4.	Montauk LB Sta	8-9-61	[illegible]	12.	Montauk LB Sta	8-11-61	[illegible]
5.	Montauk LB Sta	8-10-61	[illegible]	13.	Montauk LB Sta	8-14-61	[illegible]
6.	Montauk LB Sta	8-10-61	[illegible]	14.	Montauk LB Sta	8-14-61	[illegible]
7.	Montauk LB Sta	8-10-61	[illegible]	15.	Montauk LB Sta	8-14-61	[illegible]
8.	Montauk LB Sta	8-10-61	[illegible]	16.	Montauk LB Sta	8-14-61	[illegible]

PROFESSIONAL QUALIFICATIONS-PRACTICAL FACTORS

(Refer to Chapter 5, Enlisted Ratings Qualifications Manual, Article 5- /)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	Montauk LB Sta	8-9-61	[illegible]	8.	Montauk LB Sta	8-10-61	[illegible]
2.	Montauk LB Sta	8-9-61	[illegible]	9.	Montauk LB Sta	8-11-61	[illegible]
3.	Montauk LB Sta	8-9-61	[illegible]	10.	Montauk LB Sta	8-11-61	[illegible]
4.	Montauk LB Sta	8-9-61	[illegible]	11.	Montauk LB Sta	8-11-61	[illegible]
5.	Montauk LB Sta	8-10-61	[illegible]	12.	Montauk LB Sta	8-11-61	[illegible]
6.	Montauk LB Sta	8-10-61	[illegible]	13.	Montauk LB Sta	8-11-61	[illegible]
7.	Montauk LB Sta	8-10-61	[illegible]	14.	Montauk LB Sta	8-14-61	[illegible]

(Continue on reverse)

EXAMINATION SUBJECTS		
	MILITARY REQUIREMENTS MARK	SIGNATURE OF EXAMINING OFFICER
	PROFESSIONAL QUALIFICATIONS MARK	SIGNATURE OF EXAMINING OFFICER
	TOTAL ABOVE ITEMS	FINAL AVERAGE MARK *(Total divided by 2)*

NAME OF APPLICANT *(Last, first, middle initial)*	SERVICE NUMBER	PRESENT RATE
HODGES, ROBERT W.	230-917	~~BMC~~ BMC

PROFESSIONAL QUALIFICATIONS-PRACTICAL FACTORS (*Continued*)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
15.	Montauk LB Sta.	8-14-61	[illegible]	51.			
16.	Montauk LB Sta	8-14-61	[illegible]	52.			
17.	Montauk LB Sta.	8-14-61	[illegible]	53.			
18.	Montauk LB Sta	8-14-61	[illegible]	54.			
19.	Montauk LB Sta	8-14-61	[illegible]	55.			
20.	Montauk LB Sta	8-15-61	[illegible]	56.			
21.	Montauk LB Sta	8-15-61	[illegible]	57.			
22.	Montauk LB Sta	8-15-61	[illegible]	58.			
23.	Montauk LB Sta	8-15-61	[illegible]	59.			
24.	Montauk LB Sta	8-15-61	[illegible]	60.			
25.	Montauk LB Sta	8-15-61	[illegible]	61.			
26.	Montauk LB Sta	8-15-61	[illegible]	62.			
27.	Montauk LB Sta	8-16-61	[illegible]	63.			
28.	Montauk LB Sta	8-16-61	[illegible]	64.			
29.	Montauk LB Sta	8-16-61	[illegible]	65.			
30.	Montauk LB Sta	8-16-61	[illegible]	66.			
31.	Montauk LB Sta	8-16-61	[illegible]	67.			
32.	Montauk LB Sta	8-16-61	[illegible]	68.			
33.	Montauk LB Sta.	8-16-61	[illegible]	69.			
34.				70.			
35.				71.			
36.				72.			
37.				73.			
38.				74.			
39.				75.			
40.				76.			
41.				77.			
42.				78.			
43.				79.			
44.				80.			
45.				81.			
46.				82.			
47.				83.			
48.				84.			
49.				85.			
50.				86.			

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—588972

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): XX REGULAR | | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
HODGES, Robert Warren	BMC	230-917

4. PLACE OF BIRTH (City and State)	5. DATE OF BIRTH	6. RELIGION
Springfield, Minnesota	11-9-17	PROT.

7. MARITAL STATUS (Married, single, widowed, divorced, separated)	8. CITIZENSHIP (Check or complete)					9. YEARS OF EDUCATION
		NB		NZ	OTHER (Specify)	
Married	XX					HS-4

10. PERMANENT HOME ADDRESS (See instructions on reverse)
24 Sterling Ave, East Patchogue, Long Island, New York

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)			13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR		FIRST	XX REENLISTMENT	THREE (3)	- - - - - - - - - -
24	MARCH	1961	15. PRIOR SERVICE (Check)			16. ACCEPTED (City and State)	
			XX	YES	NO	Montauk, Long Island, New York	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
Montauk LB Station, Montauk, N.Y.	- - - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - -

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
25	MARCH	1955	USCG	19	03	HONORABLE	23	MARCH	1961

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION		FOR ACTIVE DUTY		FOR INACTIVE DUTY
19	03	08	- -	- - - -	- -	Retained on board	XX			

28. DESCRIPTION SSN: 723-10-0168

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Blue	Lt. Brown	72"	205	Ruddy

29. DISTINGUISHING MARKS AND SCARS
Brown Pigmented birthmark 1" dia on right forearm; VSULA

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with L. M. FURST, CHRQSN, W-2 of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 03 years from 24 March, 1961 / during minority until 23 Mar., 1964 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Robert Warren Hodges ROBERT WARREN HODGES do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Robert Warren Hodges ROBERT WARREN HODGES

Subscribed and sworn to before me this 24th day of MARCH, A. D. 1961 Citizenship substantiated and contract perfected.

Signature and Grade L. M. FURST, CHBOSN, W-2, USCG Official Title Group Commander Acting

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-2

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
24 Sterling Ave., E. Patchogue	Retirement	11 DEC 61

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	20		USCG	Group Moriches, LINY

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
9 NOV 17	Springfield, Minn.	Edna G. HODGES (Wife) Same as # 4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, N.Y., N.Y.	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
XXXXXXX		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

39 1" oval ~~scar~~ Birth mark right forearm.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
X	2	3	X	5 O	6	7 O	8	9	10	11	12	13	14	15	16 X	
32 X	31	30	29	28	27	26	25	24	23	22	21	20 X	19 O	18 X	17 O	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentally Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC	USPHS OPC, N.Y., N.Y. 11 DEC 61 # 156 009 Negative Chest	VDRL & Mazz Negative
Neg	Neg	Neg		
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Normal Tracings	ND		Hematocrit 49%	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY XX OBESE ☐	56. TEMP.
71½"	208	Brown	Blue		98.0

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 150 DIAS. 102	RECUMBENT	SYS. 150 DIAS. 100	STANDING (5 min.)	SYS. 150 DIAS. 100		

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
92	116	92	84	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. NI CX	CORR. TO NI BY

62. HETEROPHORIA: (*Specify distance*) NI ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NI LEFT	Normal PIC Plates	NI	

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NI	NI	NI	NI

70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15 /15 SV 30/30 /15		
LEFT WV 15 /15 SV 30/30 /15		

AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT	NI							

PSYCHOLOGICAL AND PSYCHOMOTOR: NI

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

52 Overweight - recommend loss of 20 pounds.
57 Moderate hyperten tion

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

52 Overweight
57 Moderate hypertention

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

52 Diet
57 Recheck on blood pressure in 6 months.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
XX IS ☐ IS NOT QUALIFIED FOR IS QUALIFIED FOR RETIREMENT.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
V. R. REILLY, SR SURG, USPHS
SIGNATURE V R Reilly

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
A. POPPER, DENT DIR, USPHS
SIGNATURE Alfred Popper

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert W.	BMC	230-917
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
24 Sterling Ave., E. Patchogue	Retirement	11 DEC 61

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	20		USCG	Group Moriches, LINY

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
9 NOV 17	Springfield, Minn.	Edna G. HODGES (Wife) Same as # 4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, N.Y., N.Y.	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
XXXXXX		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

39 1" oval ~~scar~~ Birth mark right forearm.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth
/.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(8 × 8).—Fixed bridge, brackets to include abutments

RIGHT																LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
X			X	O		/									X	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
X												X	O	X	O	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentally Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.020

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

48. EKG
Normal
findings

49. BLOOD TYPE AND RH FACTOR
ND

46. CHEST X-RAY (Place, date, film number, result)
USPHS OPC, N.Y., N.Y. 11 DEC 61
156 009 Negative Chest

47. SEROLOGY (Specify test used and result)
VDRL & Mazz Negative

50. OTHER TESTS
Hematocrit 49%

51. HEIGHT
71

16—62288-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (Rev. 9-59)

SECURITY TERMINATION STATEMENT

NAME (Last)	(First)	(Middle)	RANK/RATE/GRADE
HODGES,	Robert	Warren	BMC

UNIT	SERVICE NUMBER
(GROUP MORICHES) MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK	230-917

REFERENCES (a) Department of the Navy Security Manual for Classified Information. *(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard Use.)*

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment *(duty)* any documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret or Confidential, to which I obtained access during my employment *(duty)*, in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret or Confidential, of which I have gained knowledge during my employment *(duty)*, except as may be hereafter authorized in writing by the Commandant of the Coast Guard.

(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)

I have been informed and am aware that 18 U. S. Code 792-798, 1958 edition, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the Department of the Navy Security Manual for Classified Information ***(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard use.)*** I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1001, 1958 edition. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

Robert Warren Hodges
ROBERT WARREN HODGES

SIGNATURE OF WITNESS	SIGNATURE (First, middle and last name)
M. VERSAW, CHBOSN, W-3, USCG	M. Versaw
TITLE	**DATE**
GROUP COMMANDER	1 January 1962

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (Rev. 9-59)

SECURITY TERMINATION STATEMENT

NAME (Last)	(First)	(Middle)	RANK/RATE/GRADE
HODGES,	Robert	Warren	BMC

UNIT: (GROUP MORICHES)
MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK

SERVICE NUMBER: 230-917

REFERENCES: (a) Department of the Navy Security Manual for Classified Information. *(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard Use.)*

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment *(duty)* any documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret or Confidential, to which I obtained access during my employment *(duty)*, in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret or Confidential, of which I have gained knowledge during my employment *(duty)*, except as may be hereafter authorized in writing by the Commandant of the Coast Guard.

(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)

I have been informed and am aware that 18 U. S. Code 792-798, 1958 edition, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the Department of the Navy Security Manual for Classified Information ***(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard use.)*** I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1001, 1958 edition. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

Robert Warren Hodges
ROBERT WARREN HODGES

SIGNATURE OF WITNESS	SIGNATURE (First, middle and last name)
M. VERSAW, CHBOSN, W-3, USCG	
TITLE	DATE
GROUP COMMANDER	1 January 1962

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (Rev. 9-59)

SECURITY TERMINATION STATEMENT

NAME (Last)	(First)	(Middle)	RANK/RATE/GRADE
HODGES,	Robert	Warren	BMC

UNIT	SERVICE NUMBER
(GROUP MORICHES) MONTAUK LBS, MONTAUK, LONG ISLAND, NEW YORK	230-917

REFERENCES (a) Department of the Navy Security Manual for Classified Information. *(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard Use.)*

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment *(duty)* any documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret or Confidential, to which I obtained access during my employment *(duty)*, in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret or Confidential, of which I have gained knowledge during my employment *(duty)*, except as may be hereafter authorized in writing by the Commandant of the Coast Guard.

(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)

I have been informed and am aware that 18 U. S. Code 792-798, 1958 edition, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the Department of the Navy Security Manual for Classified Information ***(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard use.)*** I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1001, 1958 edition. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

Robert Warren Hodges
ROBERT WARREN HODGES

SIGNATURE OF WITNESS	SIGNATURE (First, middle and last name)
M. VERSAW, CHBOSN, W-3, USCG	M. Versaw
TITLE	DATE
GROUP COMMANDER	1 January 1962

PREVIOUS EDITIONS ARE OBSOLETE

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 23-62

ORGANIZATION AND STATION: (GRU MORICHES) MONTAUK LIFEBOAT STA. , MONTAUK, NEW YORK

DATE: 15 December 1961

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1961 FROM—	YEAR 1961 TO—
230-917	HODGES, Robert W.	Detached - VOLRET 20 yr. and to be placed on the inactive retired list effective 1 January 1962. AUTH: COMDT (PE-1) ltr dtd 9-26-61 TONO:69122/99203012X Entitled to receive cash compensation for unused leave in the amount of (24) days as shown on leave account on date of retirement. Mailing Address: 24 Sterling Avenue East Patchogue, Long Island New York.	1/1	

~~ACO EXCEPTION FOR (1) DAY LEAVE RECORD INDICATES PAY FOR 24 DAYS SHOULD BE 23 DAYS~~

~~I. J. ANDERSON, CHSPCK, USCG AUTHORIZED CERTIFYING OFFICER~~

NOTHING BELOW THIS LINE

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
27536	M. VERSAW, CHBOSN,W-3,USCG	M. Versaw

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

P19-2
1 January 1962

FIFTH ENDORSEMENT on COMDT (PE-1) ltr of 26 September 1961

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Retirement; travel

1. Your last permanent duty station certified to be: MONTAUK LIFEBOAT STATION
MONTAUK, LONG ISLAND, NEW YORK

2. AFID Card No. 12108 collected and destroyed this date. Issued DD2CG (RET) Card No. 06063 this date. Issued DD-214 and DD-217, unused leave - 24 days.

3. Detached and departed at 0001, 1 January 1962.

M. VERSAW

- -

P19-2
1 January 1962

SIXTH ENDORSEMENT on COMDT (PE-1) ltr of 26 September 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Arrived 24 Sterling Ave., East Patchogue, Long Island, New York, this date.

2. Travel performed by privately owned conveyance. Arrived destination at _____, 1 January 1962.

ROBERT W. HODGES

P
P19-2
28 September 1961

FIRST ENDORSEMENT ON COMDT (PE-1) ltr MM of 26 September 1961

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Commander, CG GROUP Moriches

Subj: Retirement; travel

1. Forwarded for compliance.

H. C. WADEY
By direction

- - - -

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D.C.

PE-1
26 September 1961

TONO: 69122/99203012X

From: Commandant
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 January 1962. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement you will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel necessary to the execution hereof is required in the public interests and is authorized, chargeable against Appropriation 20X0201, Headquarters Allotment Symbol 99-20.3, Accounting Code 925090. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. You shall be physically examined for retirement as soon as practicable, but not later than 20 October 1961. If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXnearest Authorized Certifying Officer for settlement. (The Authorized Certifying Officer is the Disbursing Officer located at all district offices and major units who is authorized to reimburse you for your travel.)

J. R. SCULLION
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

U. S. COAST GUARD
GROUP MORICHES

AUG 10 1961

RECEIVED
EAST MORICHES, L.I., N.Y.

S/R

Montauk LB Station
Montauk, New York

P20
9 August, 1961

From: Officer in Charge, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Qualification, and designation of boat operator

Ref: (a) Group Commander's Instruction No. 17-61

1. In accordance with instructions contained in reference (a) you are hereby designated a qualified boat handler, and capable of navigating, operating, and properly caring for boats off all classes in the U. S. Coast Guard.

L. M. FURST

"ORIGINAL"

STAFF CLASSIFICATION IF ANY

TREASURY DEPARTMENT U. S. COAST GUARD CG-3941-SM (Rev. 7-55)	U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL	TRAVEL ORDER NO. 71145/032000121X
AUTHORITY TELECON OF 12-1-61 with CCGD3(p)		DATE 4 December 1961

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION
USCG GROUP MORICHES (MONTAUK LBS)	East Moriches, L.I., New York

TO (Name)	SERVICE NO.	RATE
HODGES, Robert W.	230-917-	BC

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a. INTERMEDIATE	U. S. PUBLIC HEALTH SERVICE Hudson and Jay Streets, New York, New York	Over 20 physical and retirement physical	-01-
b. INTERMEDIATE			
c. ULTIMATE	Commander, USCG GROUP MORICHES East Moriches, L.I., New York	reasgdu	IMD

X UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM

TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

SERVICE	X	HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: Commander, USCG GROUP MORICHES remains accountable

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-01-	-00-	-00-	-00-	-01-

REPORT NOT LATER THAN

TIME	DATE
1300	11 December 1961

ADDRESS ON LEAVE: Not Applicable

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. CHARGEABLE AGAINST TRAVEL ALLOTMENT: CCGD3 SYMBOL: 03-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

U. S. COAST GUARD
PAY & VOUCHER SECTION
DEC 19 1961
RECEIVED
NEW YORK, N. Y.

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. [illegible])

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe delivery is granted.)

d. TRAVEL BY GOVERNMENT CONVEYANCE AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS. WHEN TRANSPORTATION REQUESTS ARE AVAILABLE. OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. MODE OF TRANSPORTATION (Rail, bus, etc.)

X f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT (Mileage not to exceed constructive travel allowance)
travel by privately own conveyance is authorized.

5. AUTHENTICATING SIGNATURE (Grade and title)
R. VINSAU, CHBOSN W-3, USCG, GROUP COMMANDER

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rating and title)
0800	11 December 1961	X [illegible] Cherney, CHBOSN W-2, USCG, CO

7. I HAVE READ AND UNDERSTAND THE ABOVE GENERAL AND SUPPLEMENTAL INSTRUCTIONS. I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED ABOVE. SIGNATURE OF MEMBER: X Robert W. Hodges

"ORIGINAL"

ENDORSEMENT ON TRAVEL ORDERS:

L. HODGES, Robert W. BMC, USCG Reported to USPHS OPC, 67 Hudson Street, N.Y. N.Y. for a retirement physical at 1245 11 DEC 1961. Departed 1600 11 DEC 1961.

R. J. WICHALONIS HM2-P1, USCG REPRESENTATIVE

SECOND ENDORSEMENT on TONO 71145/032000121X dtd12/4/61

11 December 1961

From: Commanding Officer, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Orders, TAD, Travel

1. You departed this unit at 0800 this date and having completed the TAD indicated in basic orders you returned to this unit at 2000 this date.

2. All travel under these orders was completed by private conveyance at your own expense for which reimbursement has not been received from Montauk, L.I., New York to New York, N.Y. and return. (SEE ENCLOSED FROM NAVCOMPT 2021 for mode of travel).

JOHN E. CHERNEY, CHBOSN, W-2, USCG

Ind. 3
Comdr. 3rd CGD (f) 03 2420 12/21/61 (date)
New York, N. Y.
Voucher in the amount of $18.45 covering
Mileage & Per diem
from 12/11/61 to 12/11/61
certified this date for payment in the accts.
of J. F. CANNON, D.C.O., Symbol No. 6340

I. J. ANDERSON, CHSPCK, W-2, USCG
Authorized Certifying Officer

Montauk LB Station
Montauk, New York

P19-2
26 July, 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: COMMANDANT (PE)
Via: 1. Officer in Charge, Montauk LB Station
2. Commander, CG Group Moriches
3. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

1. I request retirement on the first day of January, 1962, or as soon thereafter as possible.

2. I understand that I will enter into my next pay period on Sixteenth of December, 1961.

Robert W. Hodges

P19-2
26 July, 1961

FIRST ENDORSEMENT on HODGE'S ltr dtd 7-26-61, P19-2

From: Officer in Charge, Montauk LB Station
To: COMMANDANT (PE)
Via: 1. Commander, CG Group Moriches
2. Commander, 3rd CG District (p)

Subj: Twenty Year Retirement, request for

Forwarded approved.

L. M. FURST

P19-2
27 July 1961

SECOND ENDORSEMENT on HODGE'S ltr P19-2 of 7-26-61

From: Commander, USCG GROUP MORICHES
To: COMMANDANT (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded approved.

M. VERSAW

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

FROM	TO
Commander, CG Group Moriches East Moriches Long Island, New York	COMMANDANT (P)

NAME (Last - First - Middle Initial)	GRADE OR RATE	SERVICE NO.
HODGES, Robert W.	BMC	230-917

DATE OF BIRTH	PLACE OF BIRTH
9 November 1917	Springfield, Minn.

CLEARANCE DATA

(In all cases of cryptographic clearances the category will be indicated as Top Secret)

DATE CLEARANCE GRANTED	TYPE OF CLEARANCE						CATEGORY					
		INTERIM	X	FINAL		CRYPTOGRAPHIC		CONFIDENTIAL	X	SECRET		TOP SECRET
25 April 1961												

KIND OF INVESTIGATION (Background, NAC plus 10 years, etc.)	RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC.
NAC investigation	Satisfactory National Agency Check completed 25 April 1961

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties, as watch officer at Montauk Lifeboat Station.

COPIES TO	AFFIX SEAL TO ORIGINAL AND ALL COPIES
Local military personnel record District Intelligence Officer	

DATE	SIGNATURE (Sign original and all copies)
1 May 1961	M. VERSAW, CHBOSN, W-3, USCG

GPO 952092

(A) FROM: Commander, USCG Group [illegible]
East Moriches
Long Island, New York

DATE: 14 March 1961

TO: Commander, Third Coast Guard District (o)

DATE OF BIRTH	PLACE OF BIRTH
9 November 1917	Springfield, Minn.
RANK, RATE, OR GRADE	**SERIAL OR FILE NO.**
ENC	230-917

SUBJECT (Name - last, first, middle): HODGES, Robert Warren

ENCLOSURE(S) CG-2765

[X] ONE SET [redacted], NAC [X] ONE FBI FINGERPRINT CARD [ ] ONE/FOUR DD-398, STATEMENT OF PERSONNEL HISTORY

Subject of the investigation will require access to classified material and information up to and including (check classification needed) [ ] CONFIDENTIAL [X] SECRET [ ] TOP SECRET [ ] CRYPTOGRAPHIC

REQUESTED INVESTIGATION: [X] NAC [ ] BACKGROUND

DOES SUBJECT CLAIM PREVIOUS CLEARANCE(S)? (Specify - Type, Basis, Activity and Date) [ ] NO [X] YES Confidential, Final, CG GROUP MORICHES 4/18/60

[ ] Subject will be a member of a board or committee responsible for adjudicating Personnel Security Cases.

AUTHORIZED BY: M. VERSAW (Signature) CHBOSN W-3, USCG (Rank) Group Commander (Title)

(B) REQUIRED NOTICE BY RECEIVING COMMAND (Forward a copy, with "B" filled in to investigative adee noted in "A" above)

The Subject of this request has been transferred to this command. It is certified that the investigation requested above is necessary. Forward the results of this investigation to —

M. VERSAW (Signature) Group Commander (Title) 3/14/61 (Date)

COMPLETE MAILING ADDRESS

Commander
USCG GROUP MORICHES
c/o Moriches Lifeboat Station
East Moriches, LI, NY

(C) NOTICE OF CANCELLATION (Forward to Cognizant Intelligence Office)

It is requested that this BACKGROUND investigation be cancelled. Subject: (NAC's once initiated will not be cancelled)

[ ] RELEASED FROM ACTIVE DUTY [ ] DISCHARGED [ ] RESIGNED [ ] TRANSFERRED

[ ] NO LONGER NEEDS CLEARANCE

(D) NOTICE OF COMPLETION

Upon completion of the investigation requested in Section "A" above, the Intelligence Office will properly stamp and validate this form.

The detailed reports of investigation may be examined in the reporting office.

Intelligence Division,
Coast Guard Headquarters,
Date: APR 25 1961

A SATISFACTORY NATIONAL AGENCY CHECK WAS COMPLETED [illegible] DISTRICT ON: APR 25 1961

STAMP

R. C. Mulligan
By direction

INSTRUCTIONS:

1. Forward original and first copy to Cognizant I.O.
2. Retain two (2) copies (less enclosures) for personnel file jacket and possible use in making notification under "B" or "C" Sections above. On receipt of this form with "D" Section completed, this copy will be filed in the personnel file jacket for future record purposes and ALL other copies destroyed.
3. Be sure that ALL copies are legible.
4. This form will not be used for interim reports which will be made by the reporting office when appropriate.

C-25751

S/R

COMMANDER
CG GROUP MORICHES
EAST MORICHES
LONG ISLAND, NEW YORK

P19
4 April 1961

CERTIFIED MAIL:

From: Commander, Coast Guard Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Officer-in-Charge, Montauk Lifeboat Station

Subj: Discharge forms and Check No. 475,276; forwarding of

1. It is requested that you acknowledge receipt of the below listed items:

DD-256, Discharge Certificate
DD-214, Report of Transfer or Discharge
DD-217, Certificate of Service
Check No. 475, 276

2. You are directed to return letter to the Group Office ~~upon~~ with receipt.

M. VERSAW

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NAME (Last, first, middle initial)	GRADE OR RATE			SERVICE NUMBER
HODGES, Robert W.	BMC	USCG	XX	230-917
		USCGR		

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED	
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK		PHOTO BEING MADE BY ISSUING ACTIVITY	XX

REASON FOR REQUESTING CARD (Check appropriate box)

- ☐ INITIAL ISSUE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ RELEASED TO INACTIVE DUTY
- ☐ RETIRED WITH PAY
- ☐ REPLACE MUTILATED CARD
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD (Explain on reverse)
- ☐ CHANGE IN GRADE
- ☒ PRESENT CARD EXPIRED
- ☐ OTHER (Specify)

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
11-9-17	205	72"	Brown	Blue	O-Pos.

DATE OF APPLICATION	SIGNATURE OF APPLICANT
3/27/61	Robert W. Hodges ROBERT W. HODGES

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE AND MAILING ADDRESS OF VERIFYING OFFICER
XX ☒ ACTIVE ☐ RESERVE ☐ RETIRED	☐ MEDICARE AUTHORIZED ☐ MEDICARE NOT AUTHORIZED	3/23/64	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER, CG GROUP MORIC EAST MORICHES, NEW YORK

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
12108	3/27/61	M. VERSAW, CHBOSN, W-3, USCG GROUP COMMANDER CG GROUP MORICHES EAST MORICHES, NEW YORK

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE GPO 899538

ACO EXCEPTION IT IS DETERMINED THAT THIS IS THE THIRD REENLISTMENT ON NODGES, Robert W. IN LIEU OF THE FIFTH BY RECORDS AVAILABLE AT THIS OFFICE.

I. J. ANDERSON CHSPCK USCG
AUTHORIZED CERTIFYING OFFICER

Paid $62.48 Reenl Bonus Allow on 3/25 1961
in Accts. of J.F. CANNON, CDO, SYMBOL 5340 on
Pay Roll No. 03-364.

I.J. ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

I, ROBERT WARREN HODGES (230-917),BMC, USCG, having reenlisted in the Regular Coast Guard on 24 March 1961, for a period of Three (3) years, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Robert Warren Hodges
ROBERT WARREN HODGES

It has been determined from the records available at this unit, that this is the FIFTH Reenlistment or extension of enlistment, in the case of subject man for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has NINETEEN (19) years, THREE (03) months, EIGHT (08) days active federal service to date of this reenlistment of/or extension of enlistment, as distinguished from creditable service for basic pay, that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
25 March 1955	$1284.18

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

ACO EXCEPTION IT IS DETERMINED THAT THIS IS THE THIRD REENLISTMENT ON NODGES, Robert W. IN LIEU OF THE FIFTH BY RECORDS AVAILABLE AT THIS OFFICE.

I. J. ANDERSON CHSPCK USCG
AUTHORIZED CERTIFYING OFFICER

Paid $82.48 ReenI Bonus Allow on 3/25 1961
in Accts. of J.F. CANNON, CDO, SYMBOL 5340 on
Pay Roll No. 03-364.

I.J. ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

UNITED STATES COAST GUARD

Commander
CG Group Moriches
East Moriches, New York

P15
24 March 1961

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Good Conduct Award/Bronz Star/ ~~Medal~~

1. It is a pleasure to inform you that you are entitled to wear one Bronz Star for Good Conduct for your three year period of meritorious enlisted service in the United States Coast Guard ending 3/24/58, while attached to CG Group Short Beach, Freeport, Long Island, New York.

2. You are congragulated on this well deserved recognition of your exemplory conduct and effecient service during the three year period.

H. VERSAW

P15
24 March 1961

FIRST ENDORSEMENT on GRUCOM Moriches ltr P15 dtd 24 March 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged for above mentioned XXXXXX/Awards.

ROBERT W. HODGES

UNITED STATES COAST GUARD

Commander
CG Group Moriches
East Moriches, New York

P15
24 March 1961

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Good Conduct Award/Bronz Star/~~Medal~~

1. It is a pleasure to inform you that you are entitled to wear one Bronz Star for Good Conduct for your three year period of meritorious enlisted service in the United States Coast Guard ending 3/24/61, while attached to CG Group Moriches, East Moriches, Long Island, New York.

2. You are congragulated on this well deserved recognition of your exemplory conduct and effecient service during the three year period.

M. VERSAW

P15
24 March 1961

FIRST ENDORSEMENT on GRUCOM Moriches ltr P15 dtd 24 March 1961

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged for above mentioned XXXXXX/Awards.

Robert W. Hodges
ROBERT W. HODGES

S/R

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

FROM	TO
Commander, CG Group Moriches	COMMANDANT (P)

NAME (Last - First - Middle Initial)	GRADE OR RATE	SERVICE NO.
HODGES, Robert W.	BMC	230-917

DATE OF BIRTH	PLACE OF BIRTH
9 November 1917	Springfield, Minnesota

CLEARANCE DATA

(In all cases of cryptographic clearances the category will be indicated as Top Secret)

DATE CLEARANCE GRANTED	TYPE OF CLEARANCE						CATEGORY							
		INTERIM		x	FINAL		CRYPTOGRAPHIC		x	CONFIDENTIAL		SECRET		TOP SECRET
18 April 1960														

KIND OF INVESTIGATION *(Background, NAC plus 10 years, etc.)*	RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC.
NAC not completed. Review of OIN and Personnel Files.	No National agency check completed. Review of OIN and personnel files revealed no derogatory information.

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties, Acting Officer in Charge, Montauk Lifeboat Station.

COPIES TO	AFFIX SEAL TO ORIGINAL AND ALL COPIES
Local military personnel record District Intelligence Officer	

DATE	SIGNATURE *(Sign original and all copies)*
18 April 1960	M. VERSAW, CHBOSN, W-3, USCG

GPO 952092

S/R

Commander
CG Group Moriches
% Moriches Lifeboat Sta.
East Moriches, New York

A8-6
20 April 1960

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Officer in Charge, Montauk Lifeboat Station

Subj: Security Clearance; information on

Ref: (a) Personnel Instruction No. 71-59
(b) CGGD3(p) ltr A8-6 of 22 January 1960

1. In accordance with the above references, Form CG-3625 is now on file in your service record. The CG-3625 is a Certificate of Clearance authorizing you to handle Classified Matter up to and including "CONFIDENTIAL" category, while attached to Montauk Lifeboat Station as Acting Officer in Charge.

M. VERSAW

FROM: Robert W. Hodges BMC (230-917)
Name Rank Serial Number

TO: The Commanding Officer Fire Island Lifeboat Station
Organization

SUBJECT: The Servicemen's and Veterans Survivor Benefits Act of 1956.

I desire to take action as follows regarding insurance:

1. ☐ Cancel Waiver of premiums by May 1, 1957 and resume premium payments.
2. ☐ Take out a 5 year term policy between the time I am discharged from my present enlistment and December 31, 1956.
3. ☐ Replace a policy that I have surrendered for cash or allowed to expire.
4. ☒ None of the above

I understand that this is not a final and formal application.

Robert W. Hodges
Signature

Tear along this line

ALL PERSONNEL ARE REQUIRED TO FILL THIS OUT AND TURN IT OVER TO THEIR COMMANDING OFFICER.

YOUR COMMANDING OFFICER WILL ARRANGE FOR THE PREPARATION AND SUBMISSION OF THE PROPER OFFICIAL FORMS.

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one)

[X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
230-917	HODGES,	ROBERT	WARREN	EMC

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? [X] YES [ ] NO

SHIP OR STATION PREPARING THIS APPLICATION

USCGC SPENCER (WPG-36)
St. George
Staten Island, New York

DATE OF THIS APPLICATION: 10 November, 1958

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 3/25/55

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 3/24/55

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	EDNA GABRIS HODGES	101 EIMER STREET PATCHOGUE, LI, NEW YORK	WIFE	--	2 Oct, 1958
2.	RUSSELL ALAN HODGES	" "	SON	17 Dec 1946	"
3.	ROBERT CLARK HODGES	" "	SON	20 Aug 1948	"
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE

Have you been previously married? [ ] YES [X] NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? [ ] *YES [X] NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? [ ] *YES [X] NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that _____, named above, has been dependent upon me for more than one-half of his or her support since _____; that during such period I have contributed to his or her support an average of $_____ per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged $_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged $_____ per month.

(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

Government quarter use terminated at 1300, 1 October, 1958
(Fire Island Light Station)

See attached photostats of marriage certificate and certificates of birth for above listed sons.

REQUEST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	EDNA GABRIS HODGES (W)(LC-2)	101 EIMER STREET PATCHOGUE, LI, NEW YORK	350.00	11	58	1,2,3
2.						
3.						

I certify that all the above statements are true to the

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one)

[X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
230-917	HODGES,	ROBERT	WARREN	BMC

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? [X] YES [ ] NO

SHIP OR STATION PREPARING THIS APPLICATION

USCGC SPENCER (WPG-36)
St. George
Staten Island, New York

DATE OF THIS APPLICATION: 10 November, 1958

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 3/25/55

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 3/24/55

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	EDNA GABRIS HODGES	101 EIMER STREET PATCHOGUE, LI, NEW YORK	WIFE	--	2 Oct, 1958
2.	RUSSELL ALAN HODGES	" "	SON	17 Dec 1946	"
3.	ROBERT CLARK HODGES	" "	SON	20 Aug 1948	"
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE

Have you been previously married? [ ] YES [X] NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? [ ] *YES [X] NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? [ ] *YES [X] NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—*(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)*

I certify that _____, *named above, has been dependent upon me for more than one-half of his or her support since* _____: *that during such period I have contributed to his or her support an average of* $_____ *per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged* $_____ *per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged* $_____ *per month.*
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

Government quarter use terminated at 1300, 1 October, 1958
(Fire Island Light Station)

See attached photostats of marriage certificate and certificates of birth for above listed sons.

REQUEST FOR "Q" ALLOTMENTS—*Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.*

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	EDNA GABRIS HODGES (W)(LC-2)	101 EIMER STREET PATCHOGUE, LI, NEW YORK	350.00	11	58	1,2,3
2.						
3.						

Subscribed and sworn to before me this 10th day of November 19 58

L. A. CHENEY, CDR, USCG-Acting
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.
I also certify that none of the above named dependents is a member of the uniformed services on active duty.
I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any changes in the above stated dependency.

Robert W. Hodges BMC
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number ____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number ____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

BAQ(W)(LC-2) in the amount of $96.90 credited as of 10-2-58.
"Q" allotment in the amount of $350.00 registered, month of first payment, NOV, 1958. (Ref: 2B01032-2(b)(2)6 Comp Manual

C. E. SHOOK, SPCK, USCG
(D. O. Signature)

CDS

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for 3 dependents commencing 10/2/58

Chief, Dependents Allowance Unit
545 to FP-1 on 18 NOV 1958

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account.
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-372620

DUPLICATE

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

RETROACTIVE - TERMINATION OF GOV'T QUARTERS

D.O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
230-917	HODGES,	ROBERT	W.	HMC		

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.	Q	11/58			350.00	EDNA G. HODGES (W)(THREE) 101 Elmer Street Patchogue, LI, N.Y.							
2.													
3.													
4.	B B					NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC. CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.														
2.														
3.														
4.														

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

Q 350.00

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

USCGC SPENCER (WPC-36) St. George, Staten Island, N.Y.

POWER OF ATTORNEY (*TO REGISTER ALLOTMENTS*)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE	SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
GPS	C. E. SHOOK, SPCK, USCG	27803	11-10-58	ROBERT W. HODGES	230-917

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

UNITED STATES COAST GUARD

Address Reply to:
Commanding Officer
USCGC SPENCER (WPG-36)
St. George, SI, N.Y.

Date: 10 November 1958
L16-5/MM

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commandant (PS-2)
Via: (1) Commanding Officer, CGC SPENCER (WPG-36)
(2) Authorized Certifying Officer

Subj: Notification of Change in Dependency Status for BAQ.

1. Notification is made of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters. Documents required attached hereto.

Name of Dependent(s)	Relationship	Date and Nature of Change

2. The following allotment stoppage is requested:

Allotee	Month of last payment	Amount

3. The following allotment start is requested:

Allottee's name and address	Relationship	Mo. 1st Pmt.	Amount
EDNA G. HODGES (W) 101 Eimer St., Patchogue, LI, NY	Wife	Nov., 1958	$350.00

For support of: Russell A. Hodges (S)
Robert C. Hodges (S) and Self
(Name(s) of children, ~~if divorced~~)

ROBERT W. HODGES, BMC, USCG
(Signature of member, if required)

FIRST ENDORSEMENT

Date: 10 November, 1958
L16-5/MM

From: Commanding Officer, CGC SPENCER (WPG-36)
To: Commandant (PS-2)
Via: Authorized Certifying Officer

1. Forwarded.

L. A. CHENEY, CDR, USCG - Acting
(Commanding Officer/~~By direction~~)

SECOND ENDORSEMENT

From: Authorized Certifying Officer
To: Commandant (PS-2)

1. Forwarded. BAQ (W)(LC-2) terminated as of ~~10-2-58~~ (and BAQ commenced as of ~~10-10-58~~). Allotment action requested above entered on current pay record on 10-10-58 (Date).

C. E. SHOOK, SPCK, USCG
(Authorized Certifying Officer)

(This space for Comdt (PS-2) use only)

S/R

Montauk LB Station
Montauk, New York

P16
28 January, 1960

U. S. COAST GUARD
GROUP MORICHES
FEB - 1 1960
RECEIVED
EAST MORICHES, L.I., N.Y.

From: Officer in Charge, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Certification as Watch Officer

Ref: (a) Coast Guard Regulations (10-7-7)(F)

1. In accordance with reference (a) you are hereby certified, as qualified to stand OOD duty at this unit. You are further qualified to assume the duties of Acting Officer in Charge of this unit in the absence of the Officer in Charge.

2. In connection with your certification, you will be guided by Coast Guard Regulations, The Station Bills, and Orders, and the Organization Manual, USCG Group Moriches.

L. M. FURST

Copy to:
Service Record
CCGD3(o)
Grucom Moriches
file

S/R
entry Pg 7

BOARD OF EDUCATION
WILLIAM J. CARROLL, PRESIDENT
JOHN D. CHESTER, VICE PRESIDENT
DAVID J. GOTTFRIED
ROBERT L. HUGHES
NORMAN F. LECHTRECKER
SAM REIN
FRANK W. SCUTARI
CHARLES SILHAN

PATCHOGUE PUBLIC SCHOOLS

PATCHOGUE, NEW YORK

OFFICE OF THE
SUPERINTENDENT OF SCHOOLS
SAXTON STREET
PATCHOGUE, NEW YORK

ALDEN T. STUART, SUPERINTENDENT
JOHN C. HYLAN, CLERK, ADM. ASST.
FRANK B. ZANAZZI, TREASURER
ROBERT H. PELLETREAU, COUNSEL

S/R

HODGES

March 2, 1961

Mr. T. F. Dunham
Executive Officer
U.S. Coast Guard Base
1 Bay Street
St. George, Staten Island, N.Y.

Dear Mr. Dunham:

The inclosed copy of a letter from your office came to this office. I am returning it to you because no one in my office recognizes the name of the subject.

Yours very truly,

Alden T. Stuart

Alden T. Stuart
Superintendent of Schools

ATS:gk
Inc.

Completely
HODGES

UNITED STATES COAST GUARD

U. S. COAST GUARD
GROUP MORICHES

MAR 6 1961

RECEIVED
EAST MORICHES, L.I., N.Y.

ADDRESS REPLY TO
Commanding Officer
CG Base St. George
Staten Island, New York

P16-6
3 March 1961

From: Commanding Officer, CG Base St. George, SINY
To: Commander, Moriches Group

Subj: HODGES, Robert

Ref: Telecon between Personnel Office, St. George and Personnel Office Moriches Group this date.

1. Enclosed correspondence is forwarded. It is requested that you contact Patchogue Public Schools concerning subject.

T. F. DUNHAM
Executive Officer

Encl: (1) Patchogue Public Schools ltr of 2 March 1961

3-6-61

HODGES

already filled out
necessary forms and
mailed them to Patchogue
Schools

CO

S/R

UNITED STATES COAST GUARD

Address Reply to:
Commander
CG GROUP SHORT BEACH
U. S. Coast Guard
Freeport, New York

10 May 1955
P15

From: Commander, CG Group Short Beach, Freeport, New York
To: HODGES, Robert W. (230-917) BM1, USCG

Subj: Good Conduct Medal

1. It is a pleasure to award you the enclosed Good Conduct Medal for your three year period of meritorious enlisted service in the United States Coast Guard ending 3-24-55 while attached to the SHORT BEACH GROUP.

2. You are to be congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

J.M. ODIN

Copy to:
Headquarters

Incl:
1 Good Conduct Medal

- -

FIRST ENDORSEMENT

5-13-55
date

From: Hodges Robert W
HODGES, Robert W. (230-917) BM1, USCG
To: Commander, GROUP Short Beach, Freeport, New York

Receipt of the above award is acknowledged.

Robert W Hodges

CGHQ-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
22 December 1955
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

RECEIVED
DEC 23 1955
COMMANDER
THIRD C. G. DISTRICT
NEW YORK, N. Y.

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BMC(P); USCG

Statement of service of.

Ref: (a) Your request dated 12-16-55

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 2 yrs. from 1-1-45	3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52	3-24-55 H D	None		None		None	
3-25-55							
Reenl. (6) Yrs.							
Now serving							

W. B. ELLIS
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-4

CGHQ-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
22 December 1955
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BMC(P); USCG

Statement of service of.

Ref: (a) Your request dated 12-16-55

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 2 yrs. from 1-1-45	3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52	3-24-55 H D	None		None		None	
3-25-55 Reenl. (6) Yrs. Now serving							

W. B. ELLIS
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-4



To all who shall see these presents, greeting:

Know Ye, that reposing special trust and confidence in the fidelity and abilities of Robert W. Hodges, I do appoint him a Chief Boatswain's Mate in the

United States Coast Guard

to rank as such from the first day of June nineteen hundred and fifty-five.

This appointee will therefore carefully and diligently discharge the duties of the grade to which appointed by doing and performing all manner of things thereunto pertaining. And I do strictly charge and require all personnel of lesser grade to render obedience to appropriate orders. And this appointee is to observe and follow such orders and directions as may be given from time to time by Superiors acting according to the rules and articles governing the discipline of the Armed Forces of the United States of America.

Given under my hand at Washington, D. C. this 13th day of June, in the year of our Lord nineteen hundred and fifty-eight

A. C. Richmond

A. C. Richmond, Vice Admiral, USCG
Commandant

DD FORM 216 CG

REQUEST FOR INVESTIGATION FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM 5520-1 (REV. 6-53)

A FROM (Include mailing address)
Commander
CG Group Moriches
East Moriches, New York

REFER TO FILE ~~ST GUARD~~ ORICHES

) 1960

TO Commandant (OIN)
Via: Commander, 3rd CG District (o)

DATE 3 March 1960

ES, L.I., N.Y.

SUBJECT (Name of person to be investigated)	RANK-RATE-GRADE	SERIAL NUMBER	DATE OF BIRTH
HODGES, Robert W.	BMC	230-917	11-9-17

Ref: (a) Chapter 15. U.S. Naval Security Manual for Classified Matter, 1951, OPNAV INSTRUCTION 5510.1
(b) OPNAV INSTRUCTION 5520.5

Encl: (1) ☐ One (1) set ONI Form-5510-397, Agency Check Request
(2) ☐ One (1) set OPNAV Form-5510-2, Fingerprint Card
(3) ☐ Four (4) DD-398, Statement of Personal History

1. In accordance with reference (a) it is requested that an appropriate investigation of subject be conducted as indicated below.
2. This investigation is deemed essential to security, and I certify that:
a. Subject's duties require access to classified material and information up to and including

☒ Confidential ☐ Secret ☐ Top Secret ☐ Cryptographic

b. ☐ Subject will be a member of board as specified in Article 1503, paragraph 3b, (1)(c) of reference (a).

3. All records of this command have been checked and no derogatory information or record of previous investigation or clearance has been disclosed. (If pertinent information is disclosed give details on attached sheet).
4. Subject claims previous clearance. ☐ YES ☒ NO

Activity at which Clearance Claimed — *Date of Clearance*

M. VERSAW, CHBOSN, W-3, USCG — GROUP COMMANDER

This Request Authorized by — *Signature* — *Title*

B NOTICE OF CHANGE OF DUTY OR EMPLOYMENT

DATE

The subject of this request is now under cognizance of this Command. It is certified that the investigation requested above is necessary and it is requested that the results of the investigation be forwarded to:

ADDRESS

Signature *Title*

This information to be recorded on copy retained in personnel file

C NOTICE OF CANCELLATION: (Forward to cognizant Intelligence Office)

It is requested that this investigation be cancelled.

Subject has ☐ been released from duty ☐ been discharged ☐ resigned ☐ transferred and clearance not needed.

Signature *Title* *Date*

D NOTICE OF COMPLETION

NO NATIONAL AGENCY CHECK COMPLETED.
REVIEW OF OIN AND PERSONNEL FILES
REVEALED NO DEROGATORY INFORMATION.

(Date) MAR 25 1960

(Signed) R. C. Phillips

Upon completion of the investigation requested by "A" above, Intelligence Office will properly stamp this form and validate it by signature. The detailed reports of investigation may be examined in the reporting office.

INTERIM REPORTS:

This form will NOT be used for interim reports which will be made by the reporting office when appropriate.

NOTE:

This report and all copies in file to be destroyed upon issuance of OPNAV FORM 5521-429.

INSTRUCTIONS FOR PREPARATION OF OPNAV-5520-1

1. Forward original and 1st copy to cognizant Intelligence Office (ONI, DIO or IO). See reference (a).
2. Retain 2 copies (less enclosures) for personnel jacket file for further use if necessary.
3. Be sure ALL copies are legible.

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM CGD3-72 (REV. 12-57)

PREFERENCE OF DUTY AND PETTY OFFICER TRAINING REQUEST

5/R

INSTRUCTIONS: Print or type. Prepare in triplicate, retain copy for file and service record.

TO: Chief, Military Personnel Section, Third CG District

NAME (Last, first, middle)	SERVICE NO.	RATE	PRESENT STATION
HODGES, Robert Warren	230-917	BMC	Montauk LB Station

SERVICE DATA

REPORTED FROM (Indicate CG Rec. Ctr., Recalled active duty; Unit)	REPORTED CGD3 (Date)
San Diego Air Station, San Diego, California	13 August, 1942

REPORTED GROUP (Date)	REPORTED UNIT (Date)	ENLISTMENT EXPIRES
8-17-59	8-17-59	24 March, 1961

TOTAL MIL. SERV. (Indicate yrs. & mos.)	TOTAL SEA DUTY (Indicate mos., CG only)	TOTAL SHORE DUTY (Indicate mos., CG only)
CG 19 Yrs. OTHER (Indicate grade)	10 months	218

TIME IN RATE (Indicate mos.)	CG INSTITUTE COURSES COMPLETED
66 months	None

SERVICE SCHOOLS COMPLETED
CG Radar, Signal, & Navigation Schools.
OTHER

PREFERENCE OF DUTY
(If none, state no preference)

AFLOAT	ASHORE
1. 95 footer	1. No preference
2. 64 foot Tug	2.

TYPE OF TRAINING DESIRED

1. None
2. None

QUALIFICATIONS	YES (x)	NO (x)	QUALIFICATIONS	YES (x)	NO (x)
SWIMMER	X		TYPE		X
ACCOUNTING/BOOKEEPING		X	TAKE DICTATION		X
FOREIGN LANGUAGE (List under remarks)		X	VALID DRIVER'S LIC.	X	
HOBBIES (List under remarks)		X	SMALL BOAT EXPERIENCE	X	
AIDS TO NAV. EXPERIENCE	X		INTERESTED IN THE SERVICE AS A CAREER	X	
YEARS ATTENDED HIGH SCHOOL	0		GRADUATE		X
YEARS ATTENDED COLLEGE	0		OTHER		

PERSONAL DATA

AGE	DATE OF BIRTH	HOME OF RECORD (City & state)
43	11-9-17	24 Sterling Avenue, East Patchogue, L.I., N.Y.

NUMBER OF DEPENDENTS (Indicate WIDC, etc.)	LOCATION OF DEPENDENTS (City & state)
3	Same as above

REMARKS

None

SIGNATURE	DATE
Robert W. Hodges Robert W. Hodges	23 November, 1960

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-1306 (Rev. 12-57)

MARKS

1. Date the Mark is effective	2. Reason	3. Rate	4. Proficiency	5. Leadership	6. Conduct	7. Ship or Station	8. Signature
1-31-59	P	BMC	3.8	3.4	4.0	CGC SPENCER (WPG-36)	B.E.SCALAN, CAPT, USCG, CO
7-31-59	P	BMC	3.8	3.6	4.0	CGC SPENCER (WPG-36)	B. E. SCALAN, CAPT, USCG, C
1-31-60	P	BMC	3.8	3.8	4.0	GRU MORICHES MONTAUK LBS	M. VERSAW, CHBOSN, W-3, USCG GRU
7-31-60	P	BMC	3.9	3.9	4.0	GRU MORICHES MONTAUK LBS	M. VERSAW, CHBOSN, W-3, USCG GRUCD
1-31-61	P	BMC	3.8	3.8	4.0	GRU MORICHES MONTAUK LB STA.	M. VERSAW, CHBOSN, W-3, USCG, GRUCOM
3-23-61	HDEE T	BMC	3.78	3.70	4.0	GRU MORICHES MONTAUK LB STATION	M. VERSAW, CHBOSN, W-3, USCG,

NAME (Last) HODGES (First) Robert (Middle) Warren SERVICE NO. 230-917

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
* 31 Mar 55	RQM	BMC	3.8	3.8	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L), CO
* 30 June 55	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	J. M. Odin, CBOSN (L), CO
*SEP 30 1955	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
SEP 30 1955	- - -	- AFWG- -	- - -		3.5	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* 31 Dec 55	RQM	BMC	3.8	3.8	4.0	GROUP SHORT BEACH	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* MAR 31 1956	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
MAR 31 1956	- - -	- AFWG - -	- -		3.5	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* JUN 30 1956	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* 30 SEP 56	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
30 SEP 56	- - -	- - AFWG -	- - -		3.5	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* DEC 31 1956	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LBSTA Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
* MAR 31 1957	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LBSTA Grp. Short Beach ~~FIRE ISLAND LBSTA~~	E.S. CING-MARS, CHBOSN GROUP COMMANDER
MAR 31 1957	- - -	-AFWG- - -	- - -		3.5	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
*30 JUN 57	EQM	BMC	3.7	3.7	4.0	Grp. Short Beach FIRE ISLAND LBSTA	E.S. CING-MARS, CHBOSN GROUP COMMANDER
30 SEP 57	- - -	- AFWG- -	- - -		3.5	Grp. Short Beach	E.S. CING-MARS, CHBOSN GROUP COMMANDER
*30 SEP 57	EQM	BMC	3.7	3.7	4.0	FIRE ISLAND LBSTA	E.S. CING-MARS, CHBOSN GROUP COMMANDER
*31 JAN 58	EQM	BMC	3.7	3.7	4.0	Grp. Short Beach FIRE ISLAND LBSTA	E.S. CING-MARS, CHBOSN GROUP COMMANDER
~~31 MAR 58~~	~~- - -~~	~~AFWG~~			~~3.5~~	GROUP Short Beach Fire Island LS	E.S. CING-MARS, CHBOSN GROUP COMMANDER
*30 APR 58	EQM	BMC	3.6	3.6	4.0	GROUP Short Beach Fire Island LS	E.S. CING-MARS, CHBOSN GROUP COMMANDER
30 APR 58	AFWG	3.5	~~3.6~~	~~3.6~~	~~4.0~~	GROUP Shrt Beach Fire Island LS	E.S. CING-MARS, CHBOSN GROUP COMMANDER
*31 JUL 58	EQM	BMC	3.6	3.6	4.0	GROUP Short Beach Fire Island LS	E.S. CING-MARS, CHBOSN GROUP COMMANDER
31 JUL 58	FINAV		3.79	- -	4.0		
31 JUL 58	Qualifies for honorable discharge for the period to and including this date.						

NAME (Last) HODGES (First) Robert (Middle) Warren SERVICE NO. 230-917

MARKS

PAGE 6 1

16—66652-1

PE-22

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): XX REGULAR | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
HODGES, Robert Warren	BMC	230-917
4. PLACE OF BIRTH (City and State)	**5. DATE OF BIRTH**	**6. RELIGION**
Springfield, Minnesota	11-9-17	PROT.
7. MARITAL STATUS (Married, single, widowed, divorced, separated)	**8. CITIZENSHIP** (Check or complete)	**9. YEARS OF EDUCATION**
Married	XX NB NZ — OTHER (Specify)	HS-4

10. PERMANENT HOME ADDRESS (See Instructions on reverse)
24 Sterling Ave, East Patchogue, Long Island, New York

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)	13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR	FIRST XX REENLISTMENT	THREE (3)	- - - - - - - - - -
24	MARCH	1961	15. PRIOR SERVICE (Check) XX YES NO	16. ACCEPTED (City and State) Montauk, Long Island, New York	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
Montauk LB Station, Montauk, N.Y.	- - - - - - - - - - - - - - - - - - - -	- - - - - - - - - -

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
25	MARCH	1955	USCG	19	03	HONORABLE	23	MARCH	1961

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION		FOR ACTIVE DUTY		FOR INACTIVE DUTY
19	03	08	- -	- - - -	- -	Retained on board	XX			

28. DESCRIPTION

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Blue	Lt. Brown	72"	205	Ruddy

29. DISTINGUISHING MARKS AND SCARS
Brown Pigmented birthmark 1" dia on right forearm; VSULA

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with L. M. FURST, CHBOSN, W-2 of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 03 years from 24 March, 961 / during minority until 23 Mar., 1964 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, ROBERT WARREN HODGES do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Robert Warren Hodges ROBERT WARREN HODGES

Subscribed and sworn to before me this 24th day of MARCH, A. D. 1961 Citizenship substantiated and contract perfected.

Signature and Grade L. M. FURST, CHBOSN,W-2,USCG Official Title Group Commander Acting

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION (GRU MORICHES)
MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

24 March 1961 - Reenlistment in the Regular Coast Guard for a period of THREE (03) years in the permanent rating of Boatswains Mate Chief.
AUTH: Section: 12-3-19A(1), CG Regulations.
Article 134, UMCJ complied with this date in accordance with Section 8-B-1, CG Personnel Manual.
Indoctrinated in Code of Conduct for the members of the Armed Forces of the United States.
Reported to CG Group Moriches, East Moriches, New York on 9-14-59.
Assigned to MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK on 9-14-59.
Issued New ID Card No. 12108 this date.
Sea Duty this enlistment: 00 years, 10 months, 06 days.

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

16—66780-2

COMDT (PE)

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
HODGES, Robert Warren	230-917	BMC	11-9-17	Protestant

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Route 1, Wheaton, Minnesota	[X] Yes [ ] No	
Reenlisted	3-23-55 (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 723-10-0168

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Edna Rita Hodges (Wife)	24 Sterling Avenue, East Patchogue, L.I., N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Russel A. Hodges	24 Sterling Avenue, East Patchogue, L.I., N.Y.		X	M	12-17-46
Robert C. Hodges	" " " (Same) "		X	M	8-20-48

12. FATHER Deceased	ADDRESS
13. MOTHER Deceased	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Lucille C. Dahlen (Sister)	ADDRESS Barrett, Minnesota

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
None	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Lucille C. Dahlen	Barrett, Minnesota	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Edna Rita Hodges E.	24 Sterling Avenue Patchogue, L.I., N.Y.	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 95%	Edna Rita Hodges	24 Sterling Avenue East Patchogue, L.I., N.Y.	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Montauk Lifeboat Station, USCG, Montauk, New York	3-1-60

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
L. M. FURST, CHBOSN, W-2	Robert W. Hodges

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

HODGES, Robert Warren	230-917	BMC	11-9-17	Protestant

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Route 1, Wheaton, Minnesota	[X] Yes [ ] No	
Reenlisted	3-23-55 (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 723-10-0168

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Edna Rita Hodges (Wife)	24 Sterling Avenue, East Patchogue, L.I., N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Russel A. Hodges	24 Sterling Avenue, East Patchogue, L.I., N.Y.		X	M	12-17-46
Robert C. Hodges	" " (Same) "		X	M	8-20-48

12. FATHER	ADDRESS
Deceased	

13. MOTHER	ADDRESS
Deceased	

14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Lucille C. Dahlen (Sister)	Barrett, Minnesota

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
None	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Lucille C. Dahlen	Barrett, Minnesota	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Edna Rita Hodges	24 Sterling Avenue E. Patchogue, L.I., N.Y.	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 95%	Edna Rita Hodges	24 Sterling Avenue East Patchogue, L.I., N.Y.	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Montauk Lifeboat Station, USCG, Montauk, New York	3-1-60

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
L. M. FURST, CHBOSN, W-2	Robert W. Hodges

DD FORM 1 Dec 56 93-1 Previous Editions are obsolete.
For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

PE-22

DISPOSITION DATA

(GRU MORICHES)
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK On 23 March 1961 the below-named individual was
(Ship or station) (Location) (Date)

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 24 (Day) March (Month) 1961 (Year)

Reason Expiration of Enbistment Type discharge certificate DD-256

Authority: Article 12-B-5, CG Personnel Manual

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Freeport, New York (Place) ON 25 March 1955 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Freeport, New York (Place) ON 25 March 1955 (Date)

Home address at time of enlistment, induction, or order to active duty FIRE ISLAND LIGHT STATION, BAY SHORE, SUFFOLK, NEW YORK

TRAVEL DATA

I hereby elect travel allowance to Not Applicable (Location)

Place of Not Applicable (See travel instructions)

SIGNATURE Robert Warren Hodges Robert Warren Hodges

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) (60) (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From Not Applicable To

Completed 18 years service for pay purposes on 16 December 1959 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS

RECOMMENDED FOR REENLISTMENT. INTENDS TO REENLIST WITHIN 24 HOURS. ENTITLED TO RECEIVE CASH COMPENSATION FOR 60 DAYS UL. NOT ENTITLED TO MOP. FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: P: 3.78 L: 3.70 C: 4.0. ISSUED HD BUTTON, HD CERTIFICATE (DD-256), CERTIFICATE OF SERVICE (DD-217-CG), AMRED FORCES REPORT OF TRANSFER OR DISCHARGE (DD-214) SSN: 723-10-0168. SURRENDERED ID CARD NO. 102359 THIS DATE. DEPENDENT ID CARD NO. CG-033,993 SURRENDERED THIS DATE, BOTH DESTROYED NEW ID CARD NO. 12108 ISSUED.

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. VERSAW NA	CHBOSN, W-3, USCG, GRUCOM	61-61

DISBURSING DATA

Travel allowance credited, $ XX Cash settlement for unused accrued leave (60 days) $ 797.00 DUE AT DISCHARGE, $ 671.60

Computation: LSL ALLOW 60 days at $1.95 per day 117.00
cLSL BP&L 60 days at $340.00 per mo 680.00
NOT ENTITLED TO MILEAGE
REEN BONUS SECT 208 third reen 3 yr $82.48

PERSONAL FUNDS, $ none

GRATUITY CREDITED, $ none

Ship or station	NAME OF A. C. O.
(GRU MORICHES) MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK	I. J. ANDERSON CHSPCK USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

16—66654-3

60

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
HODGES, Robert Warren	230-917	BMC (E-7)	6-16-58

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Springfield, Minnesota		9	NOV	17

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	72"	205	☒ YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
HIGH SCHOOL - 4 years	General Technical

SEPARATION DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
HONORABLE	MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Expiration of Enlistment Article 12-B-5, CG Personnel Manual		23	MARCH	61

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK	HONORABLE	DD-256

RESERVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Available	* *	Not	Applicable	

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

* * * * * * * * * * * * * * * * * * * *

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record* [*Form CG-3301B*], *is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (*Check appropriate box*) .

ENLISTMENT		INDUCTION	X	REENLISTMENT

DATE OF ~~ENLISTMENT, INDUCTION~~ OR REENLISTMENT: 25 March 1955

LOCATION (*City and state*): Freeport, New York

PERIOD OF ENLISTMENT OR REENLISTMENT: Six (6) Years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (*City and state*)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY

SECTION II — LAST PREVIOUS ENLISTMENT (*For reenlistment bonus or enlistment allowance*)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
24 March 1955	HONORABLE	EXPIRATION OF ENLISTMENT

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
3	-0-	-0-	13	3	9	NONE

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (*If none paid, so state*)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
25 March 1952	NONE

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (*Enter date following day of return to Coast Guard jurisdiction*)
SHIP OR STATION	DATE	

SECTION IV — REMARKS (*Refer to section number and item in question in each instance*)

Paid $ 1284.18 Reenl Bonus Allow on 3/25 1955
in Accts. of J. F. CANNON, CDO, SYMBOL 1375 on
Pay Roll No. 03-391. Sec 305, CCA 1949
(1st Bonus)

D. V. BOWLING, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION	NAME OF A.C.O.
CG GROUP SHORT BEACH, FREEPORT, NEW YORK	

C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE
601-55	W.H. KNOWLES, CHBOSN, CO	W H Knowles

NAME (*Last, first, middle*)	SERVICE NO.	RATE
HODGES, Robert Warren	230-917	BM1

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

"I Robert W. Hodges (230-917) BM1, US Coast Guard having reenlisted in the Regular Coast Guard on 25 March 1955 for a period of six (6) (6) years, being eligible to receive a reenlistment bonus under the provisions of 207 of the Career Compensation Act of 1949, as amended, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Robert Warren Hodges
Robert Warren Hodges

It has been determined from the records available at this unit, that this is the First reenlistment or extension of enlistment, in the case of subject named man, for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has 13 years, 3 months and 9 days active federal service to date of this reenlistment or extension of enlistment, as distinguished from creditable service for basic pay; that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
NONE	NONE

W.H. KNOWLES
CHBOSN, CO(ACTING)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
MAY 10, 1956

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (Rate) FROM _____ (Rate)

EFFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM PO (Hour and date) TO 1200, 1 OCT 58 (Hour and date) AT $ 2.57 per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

to _____ (Date of discharge) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

	From	To
Tr 1200, 1 OCT 58 fm Fire Island LTSTA, Bay Shore, NY to USCGC SPENCER(WPG-35)	10-1	FO
St. Geo., SINT fasdu. Auth: 50703/032012. EDA: 2400, 8 OCT 58. NOTHING BE-LOW LINE-C-	x x	x x
	x x	x x

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
O. ESTELIE	CHBOSN W-2 USCG, GRUCOM(Act.)	85-59

SHIP OR STATION	NAME OF A. C. O.
CG GROUP Short Beach (03-200320) Fire Island LTSTA, Bay Shore, NY	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0900	1 DEC 57
LEAVE OR LIBERTY EXPIRED	0900	9 DEC 57
RETURNED TO COAST GUARD JURISDICTION	0845	9 DEC 57

NUMBER DAYS CHARGED TO LEAVE RECORD SEVEN (7) NOT AOL

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. Check BAS @2.57 2-8 DEC 57

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (1) ONLY (*Number*)	SIGNATURE E. S. CINQ-MARS	GRADE AND TITLE CHBOSN W-2 USCG, GRUCOM	C. O. ORDER NO. 141-58
SHIP OR STATION GROUP Short Beach Fire Island LS (03-200320), Bayshore, NY		NAME OF A. C. O.	
NAME (*Last*) (*First*) (*Middle*) HODEES, Robert Warren		SERVICE NO. 230-917	RATE BMC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 5

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	16	00	00
NET SERVICE OF	16	00	00

ON 16 December 1957 (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
THREE(3) (*Number*) ONLY	O. ESTELLE	(Acting) CHBOSN W-2 USCG, GRUCOM	146-58

SHIP OR STATION GROUP Short Beach (03-200320)
Fire Island LIGHT ATTENDANT STATION, Bayshore, NY

NAME OF A. C. O. _____

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0900	3 AUG 57
LEAVE OR LIBERTY EXPIRED	0900	12 AUG 57
RETURNED TO COAST GUARD JURISDICTION	0845	11 AUG 57

NUMBER DAYS CHARGED TO LEAVE RECORD SEVEN (7) DAYS

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
ONE (1) ONLY (*Number*)	E. S. CINQ-MARS	CHBOSN W-2, GRUCOM	38-58

SHIP OR STATION GROUP SHORT BEACH
Fire Island LIFEBOAT STATION (03-200320)

NAME OF A. C. O.

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

S/R

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO BMC(P) (*Rate*) FROM BM1 (*Rate*)

EFFECTIVE 6-1-55 (*Date change effected*) AUTHORITY Sct 12-3-23A CG Regs HL(PE-1)MM dtd 5-4-55 AUTHORITY RECEIVED 5-18-55 (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 2 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	J.M.ODIN	CHBOSN(L), CO	664-55

SHIP OR STATION	NAME OF A. C. O.
FIRE ISLAND LIGHT STATION (03-300326)	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
HODGES,	Robert	W.	290-917	BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION ~~(CRU MORICHES)~~

MONTAUK LIFEBOAT STATION, MONTAUK, NEW YORK

23 March 1961 - Honorably discharged this date by reason of expiration of enlistment in accordance with Section 12-B-5, CG Personnel Manual.

INTENDS TO REENLIST WITHIN 24 HOURS.

Transcript of marks made and entered in the new Service Record.

Armed Forces ID Card No. 102359 surrendered and destroyed this date.

Entitled to Two (02) CG Good Conduct Medals for periods ending 3/24/58 and 3/24/61.

Sea Duty this enlistment: 00 years, 10 months, 06 days.

M. VERSAW, CHBOSR, W-3, USCG
GROUP COMMANDER

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP MORICHES, EAST MORICHES, NEW YORK

2-1-60: Designated Watch Officer at Montauk Lifeboat Station in accordance with Article 10-7-7(F), CG Regulations.

M. VERSAW, CHBOSN, W-3, USCG
COMMANDER, CG GROUP MORICHES

3-9-60: Excused from Annual Examination due to hospitalization during last quarter. Standard Form 600 forwarded to Commandant (PM). Hospitalized at USPHS Hospital, Staten Island, N.Y. Diagnosis: Bronchopneumonia left lower lobe. Reference:(Personnel Instruction No 15-60).

M. VERSAW, CHBOSN, W-3, USCG
COMMANDER, CG GROUP MORICHES

6-28-60: Qualified for "Expert Pistol Shot Medal" Fired Navy E Pistol course at U. S. Air Force range, Montauk, New York - Total score 337.

M. VERSAW, CHBOSN, W-3, USCG
COMMANDER, CG GROUP MORICHES

8-23-60: Awarded the Coast Guard Expert Pistol Shot Medal.

M. VERSAW, CHBOSN, W-3, USCG
COMMANDER, CG GROUP MORICHES

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC SPENCER (WPG-36) St. Geo.,SINY

12-1-58 - Received instructions in Article 137, UCMJ, this date.

L. A. CHENEY, CDR
Executive Officer

14 AUG 59: Completed ten (10) months and seven (7) days sea duty aboard this vessel. Has served outside CONUS.

J. W. SUTHERLAND, CDR, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
14 August 1959	CCGD3 (p) ltr P16-3/MM of 11 August 1959		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BMC	6-16-58	J. W. SUTHERLAND	CDR, USCG, Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

8-17-59: Reported 1000 and assigned to Montauk Lifeboat Station, Montauk, New York for temporary duty.

9-14-59: Temporary duty made permanent.

M. VERSAW, CHBOSN, W-3, USCG

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Group Moriches (MONTAUK LBS)	9-14-59	M. VERSAW, CHBOSN, W-3, USCG, GROUP COMMANDER

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES	Robert	Warren	230-917

ADMINISTRATIVE REMARKS

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP SHORT BEACH, FREEPORT, NEW YORK

Entitled to GOOD CONDUCT MEDAL
Entitled to NATIONAL DEFENSE SERVICE MEDAL
Advanced to BM1 (Permanent) on 11-16-53
Average PIR 3.7 ALOM 3.62 CONDUCT 4.0

J.M. ODIN, CHBOSN(L),CO

25 March 1955. Reenlisted this date for six years in the rating of BM1 that rate held upon discharge. Retained at FIRE ISLAND LIGHT STATION, Bay Shore, NY fasdu.

J.M. ODIN, CHBOSN(L),CO

25 March 1955. I hereby elect to receive Reenlistment Bonus under Section 208 of the Career Compensation Act of 1949 as amended. I certify that I have not previously received a Reenlistment Bonus.

Robert Warren Hodges

27 February 1956. The Code of Conduct for Members of the Armed Forces of the United States was fully explained this date in accordance with Commandant's Instruction No. 2-56.

E.S. CINQ-MARS, CHBOSN, W-2
Commander. CG Group SHORT BEACH

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
1 October 1958	OCCGD3(p) ltr P16-4/MM dtd 5 SEP 58		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BMC	6-1-55	O. ESTELLE	CHBOSN W-2, USCG, GRUCOM(Act.)

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CGC SPENCER (WPG-36)	10-8-58	L. A. CHENEY, CDR, Executive Officer

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	ROBERT	WARREN	230-917

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (Rev. 12-57)

MARKS

1. Date the Mark is effective	2. Reason	3. Rate	4. Profi-ciency	5. Leader-ship	6. Conduct	7. Ship or Station	8. Signature
1-31-59	P	BMC	3.6	3.4	4.0	CGC SPENCER (WPG-36)	B.E.SCALAN,CAPT,USCG,CO
7-31-59	P	BMC	3.8	3.6	4.0	CGC SPENCER (WPG-36)	B. E. SCALAN,CAPT,USCG,CO
1-31-60	P	BMC	3.8	3.8	4.0	GRU MORICHES MONTAUK LBS	GRUCDR M.VERSAW,CHBOSN,W-3,USCG,
7-31-60	P	BMC	3.9	3.9	4.0	GRU MORICHES MONTAUK LBS	GRUCDR M.VERSAW, CHBOSN,W-3,USCG,
1-31-61	P	BMC	3.8	3.8	4.0	GRU MORICHES MONTAUK LB STA.	GRUCOM M.VERSAW,CHBOSN,W-3,USCG,
3-23-61	HDEE T	BMC	3.78	3.70	4.0	GRU MORICHES MONTAUK LB STATION	GRUCOM M.VERSAW,CHBOSN,W-3,USCG,

NAME (Last) HODGES (First) Robert (Middle) Warren | SERVICE NO. 230-917

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

				5. ALOM	6. Conduct	7. Ship or Station	8. Signature
* 31 Mar 55	RQM	BMC	3.8	3.8	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L), CO
* 30 June 55	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	J. M. Odin, CBOSN (L), CO
*SEP 30 1955	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
SEP 30 1955	- - -	- AFWG -	- - -		3.5	Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* 31 Dec 55	RQM	BMC	3.8	3.8	4.0	GROUP SHORT BEACH	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* MAR 31 1956	RQM	BMC	3.8	3.8	4.0	Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
MAR 31 1956	- - -	- AFWG	- - -	- -	3.5	Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* JUN 30 1956	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* 30 SEP 56	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
~~30~~ SEP ~~56~~	- - -	- - AFWG	- - -		3.5	FIRE ISLAND LTSTA Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* DEC 31 1956	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LBSTA Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
* MAR 31 1957	RQM	BMC	3.8	3.8	4.0	FIRE ISLAND LBSTA Grp. Short Beach ~~FIRE ISLAND LBSTA~~	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
MAR 31 1957	- - -	-AFWG	- - -	- -	3.5	Grp. Short Beach	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
*30 JUN 57	EQM	BMC	3.7	3.7	4.0	Grp. Short Beach FIRE ISLAND LBSTA	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
30 SEP 57	- - -	- AFWG	- - -	- -	3.5	Grp. Short Beach FIRE ISLAND LBSTA	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
*30 SEP 57	EQM	BMC	3.7	3.7	4.0		
*31 JAN 58	EQM	BMC	3.7	3.7	4.0	Grp. Short Beach FIRE ISLAND LBSTA	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
~~31 MAR 58~~	~~- - -~~	~~AFWG~~	~~- - -~~	~~- -~~	~~3.5~~	GROUP Short Beach Fire Island LS	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
*30 APR 58	EQM	BMC	3.6	3.6	4.0		
30 APR 58	AFWG	3.5	~~3.6~~	~~3.6~~	~~4.0~~	GROUP Short Beach Fire Island LS	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
*31 JUL 58	EQM	BMC	3.6	3.6	4.0	GROUP Short Beach Fire Island LS	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
31 JUL 58	FINAV	3.79	3.79	- -	4.0	GROUP Short Beach Fire Island LS	E.S. CINQ-MARS, CHBOSN GROUP COMMANDER
31 JUL 58	Qualified for honorable discharge for the period to and including this date.						

NAME (Last) HODGES (First) Robert (Middle) Warren SERVICE NO. 230-917

MARKS

PAGE 6 1

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

LEAVE RECORD

DATE: 30 JUNE 1959

CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD: DAYS 29

AUTHENTICATED BY: J.W.SUTHERLAND, CDR, XO

LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	BALANCE DAYS	SHIP OR STATION	SIGNATURE
				30 JUN 59 1 JUL 59	30	59	CGC SPENCER	J.W.SUTHERLAND, CDR, XO
01 JUL 59	24 JUL 59	24	A			35	CGC SPENCER	N.G.EMORY, LT, XO, Acting
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY. LV RATS CREDITED NOT IN EXCESS OF LEAVE TAKEN.							CGC SPENCER	J.W.SUTHERLAND, CDR, XO
10-22-59	10-31-59	10	E			25	GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, USCG
6-2-60	6-6-60	5	A			20	GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, USCG, GRUCDR
				6-30-60	30	50	GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, USCG, GRUCDR
12/2/60	12/7/60	06	A			44	GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, US GRUCDR
2/22/61	2/27/61	06	A			38	GRU MORICHES MONTAUK LBS	M. VERSAW, CHBOSN, W*#, USCG GRUCOM
			HDEE	3-23-61	22	60	GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, USCG GRUCOM
ENTITLED TO CASH COMPENSATION FOR 60 DAYS UNUSED LEAVE REMAINING TO CREDIT ON DATE OF DISCHARGED							GRU MORICHES MONTAUK LBS	M.VERSAW, CHBOSN, W-3, USCG, GRUCOM

Paid $ 791. cash compensation for 60 days lv+ subs; qtrs on 3/24/61 at office Cdr 3rd CGDist.
by J.F. CANNON, Chief Disbursing Officer.
Symbol 5340; Pay Roll No 63-364.

R.L.ANDERSON SPCX USCG
AUTHORIZED CERTIFYING OFFICER

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	BASIC PAY AND LEAVE DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE

NORMAL DATE OF EXPIRATION OF ENLISTMENT

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES	ROBERT	WARREN	230-917

DATE: 25 March 1955 — Credit brought forward from previous record —0— DAYS

AUTHENTICATED BY W.H. KNOWLES CHBOSN, CO(Acting)

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
				Paid $547.06 cash compensation for 60 days lv-subs;qtrs on 3/24/55 at office Cdr 3rd CGDist. by J.F.CANNON, Chief Disbursing Officer, Symbol 1375; Pay Roll No. 03-391:				
								P. W. BOBBING, CPCLK, USCG AUTHORIZED CERTIFYING OFFICER
ANCR				30 Jun 55	10	10	GRP SHORT BEACH	J.M.ODIN, CHBOSN(L), CO
BBF				1 Jul 55		10	GRP SHORT BEACH	J.M.ODIN, CHBOSN(L), CO
				ANCR 30 JUN 56	30	68	Grp. Short Beach	E.C. CHRISTENSEN, CHBOSN GROUP COMMANDER
				ANCR 30 JUN 57	30	60	Grp. Short Beach	E.C. CHRISTENSEN, CHBOSN GROUP COMMANDER
4 AUG 57	10 AUG 57	07	A			53	Grp. Short Beach	E.C. CHRISTENSEN, CHBOSN GROUP COMMANDER
2 DEC 57	8 DEC 57	07	A			46	Grp. Short Beach	E.C. CHRISTENSEN, CHBOSN GROUP COMMANDER
				ANCR 30 JUN 58	30	60	Grp. Short Beach	E.C. CHRISTENSEN, CHBOSN GROUP COMMANDER
No leave taken since date of last entry.							Grp. Short Beach	O. ESTELLE, CHBOSN USCG CDR, CG GRP Short Beach Acting
10-1-58 (Used 02 lv;04 pt;01 tt)	10-8-58	02	A			58	CGC SPENCER	L. A. CHENEY, CDR, XO
02 JUN 59	30 JUN 59	29	A			29	CGC SPENCER	J.W.SUTHERLAND, CDR, XO

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
No Deductible Time While Attached to this Unit				Grp. Short Beach	O. ESTELLE, CHBOSN USCG CDR, CG GRP Short Beach Acting

NAME (Last) HODGES (First) Robert (Middle) Warren — SERVICE NO. 230-917

LEAVE RECORD — 10—00741-1 — PAGE 5

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
11-16-53	BM1	That rank which held on date of discharge.			J.M. ODIN, CHBOSN(L),CO	GRP SHORT BEACH
6-1-55	BMC(P)	COMDT(PE-1) ltr MM dtdd 4 May 55 Sect 12-3-23A, CG Regs			J.M.ODIN,CHBOSN(L),CO	GRP SHORT BEACH
6-16-58	BMC	Authi COMDT (PE-1) ltr MM dtd 13 JUN 58			O. ESTELLE, CHBOSN W-2,USCG,GRUCOM(Act.)	CG GROUP Short Beach

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
					✓				

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES	Robert	Warren		230-917		BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
11-16-53	BM1 perm.	H/L (PE-1) dtd 11-5-53, MM to rank fm 1-16-52			J.M. ODIN, CHBOSN(L),CO	GRP SHORT BEAC

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES	Robert	Warren		230-917		BM1(P)

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsige-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
[illegible] Committee for Publications
[illegible]h American Committee to Aid Spanish Democracy
[illegible]th American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE	SIGNATURE OF WITNESSING OFFICER
Robert Warren Hodges	W.H. KNOWLES, CHBOSN

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

GPO 83-20423

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
NONE							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

NONE

Given under my hand this 25 day of March 1955

Signature of Witnessing Officer

W.H. KNOWLES, CHBOSN

Signature of Person Making Certification

Robert Warren Hodges

Robert Warren Hodges

GPO 83-45699

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to ....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Robert Warren Hodges	230-917	REEN
Station to Which Certification Submitted	Typed Name and Grade of Witnessing Officer	
GROUP SHORT BEACH, FREEPORT, NEW YORK	W.H. KNOWLES, CHBOSN	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

S/R

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
HODGES, Robert Warren	230-917	BMC	11-9-17	Protestant

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Route 1, Wheaton, Minnesota	[X] Yes [ ] No	
Reenlisted	3-23-55 (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 723-10-0168

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state)	
Edna Rita Hodges (Wife)	24 Sterling Avenue, East Patchogue, L.I., N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Russel A. Hodges	24 Sterling Avenue, East Patchogue, L.I., N.Y.		X	M	12-17-46
Robert C. Hodges	" " (Same) "		X	M	8-20-48

12. FATHER	ADDRESS
Deceased	

13. MOTHER	ADDRESS
Deceased	

14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Lucille C. Dahlen (Sister)	Barrett, Minnesota

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
None	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Lucille C. Dahlen	Barrett, Minnesota	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Edna Rita Hodges	24 Sterling Avenue E.Patchogue, L.I., N.Y.	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 95%	Edna Rita Hodges	24 Sterling Avenue East Patchogue, L.I.,N.Y.	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Montauk Lifeboat Station, USCG, Montauk, New York	3-1-60

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
L. M. FURST, CHBOSN, W-2	Robert W. Hodges

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U.S. COAST GUARD

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME: HODGES, Robert Warren
2. SERVICE NUMBER: 230-917
3. GRADE — RATE — RANK AND DATE OF APPOINTMENT: BM1 11-16-53
4. COMPONENT AND BRANCH OR CLASS: USCG
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: — — RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: — —
6. EFFECTIVE DATE OF SEPARATION: DAY 24 MONTH March YEAR 55
7. TYPE OF SEPARATION: DISCHARGED
8. REASON AND AUTHORITY FOR SEPARATION: 12-3-42 (A)(1) CG REGS
9. PLACE OF SEPARATION: GROUP SHORT BEACH, FREEPORT, NEW YORK
10. DATE OF BIRTH: DAY 9 MONTH NOV YEAR 17
11. PLACE OF BIRTH (*City and State*): SPRINGFIELD, MINN.
12. DESCRIPTION: SEX MALE | RACE CAU | COLOR HAIR LT. BROWN | COLOR EYES BLUE | HEIGHT 72" | WEIGHT 160

SELECTIVE SERVICE DATA

13. REGISTERED: YES — NO X — SELECTIVE SERVICE NUMBER —
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (*City, County, State*): —
15. INDUCTED: DAY — MONTH — YEAR —
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES — NO X — COMPONENT AND BRANCH OR CLASS — COGNIZANT DISTRICT OR AREA COMMAND —

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY
18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM2
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 25 MONTH March YEAR 52 PLACE (*City and State*) Freeport, New York
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (*St., R.F.D., City, County and State*): FIRE ISLAND LIGHT STATION, BAY SHORE, NY

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	10	3	9
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	-0-	-0-
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	-0-	-0-	-0-
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	13	3	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY — MONTH — YEAR — AMOUNT —
26. FOREIGN AND/OR SEA SERVICE: YEARS -0- MONTHS -0- DAYS -0-
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NATIONAL SERVICE DEFENSE MEDAL
28. MOST SIGNIFICANT DUTY ASSIGNMENT: FIRE ISLAND LIGHT STATION
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (*From-To*)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	NONE	NONE	NONE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (*unless otherwise indicated*)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM —
32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951: ☐ YES ☐ NO ☐ UNKNOWN
33. MONTH ALLOTMENT DISCONTINUED —
34. MONTH NEXT PREMIUM DUE —
35. TOTAL PAYMENT UPON SEPARATION: $1.05
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT —
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: R. T. LEVAC, [illegible]

AUTHENTICATION

38. REMARKS (*Continue on reverse*): RECOMMENDED FOR REENLISTMENT
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
NAME, GRADE AND TITLE (*Typed*): J.M. ODIN, CHBOSN(L),USCG Commander, CG GROUP SHORT BEACH, FREEPORT, NEW YORK

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER —
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM — TO —
42. MAIN CIVILIAN OCCUPATION —
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER —
44. UNITED STATES CITIZEN: ☒ YES ☐ NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (*Years successfully completed*): GRAM-MAR 8 | HIGH SCHOOL 4 | COL-LEGE — | DEGREE(S) NONE | MAJOR COURSE OR FIELD NONE
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., City, County and State*) —
48. SIGNATURE OF PERSON BEING SEPARATED —

DD FORM 214

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP SHORT BEACH, Freeport, NY (Ship or station) (Location) On 24 March 1955 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 24 March 1955 (Day) (Month) (Year)

Reason EXPIRATION OF ENLISTMENT Type discharge certificate HONORABLE

Authority: ART: 12-3-42 (A)(1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at GROUP SHORT BEACH, Freeport, New York (Place) ON 25 March 1952 (Date)

[X] Accepted for enlistment at [X] Ordered to active duty from GROUP SHORT BEACH, Freeport, New York (Place) ON 25 March 1952 (Date)

Home address at time of enlistment, induction, or order to active duty FIRE ISLAND LIGHT STATION, BAY SHORE, SUFFOLK, NEW YORK

TRAVEL DATA

I hereby elect travel allowance to Bay Shore, New York (Location)

Place of HA Home Address (See travel instructions)

SIGNATURE Robert Warren Hodges

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for Sixty (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 12 years service for pay purposes on 15 December 1953 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS Final Average PIR 3.7 CONDUCT 4.0
Recommended for Reenlistment
ID Card No.38158 destroyed
Issued DD-217
Issued ID Card No. 102359

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
J.M. ODIN, CHBOSN(L),CG	CHBOSN(L),CG	601-55

DISBURSING DATA

Travel allowance credited, $ 1.08 Cash settlement for unused accrued leave (60 days) $ 545.06

NAME OF A. C. O. D. W. BOWLING, CHPCLK, USCG

Computation:

MA FREEPORT LINY TO BAYSHORE LINY (
(18 mi @ 6¢) 1.08
LSL BP&L 214.03 (60 days) 428.06
LSL ALLOW. 1.95 (60 days) 117.00

DUE AT DISCHARGE, $ 459.10

PERSONAL FUNDS, $ XXXXXXX

GRATUITY CREDITED, $ XXXXXXX

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BM1

16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
230-917	HODGES,	Robert	Warren	BM1	12 years

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Springfield	Minnesota	9	Nov.	17	PROT.	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	FIRE ISLAND LIGHT STATION,	BAY SHORE	SUFFOLK	NEW YORK

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
25	3	55	[ ] FIRST ENLISTMENT [X] REENLISTMENT	6 yr YRS.	UNK	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Freeport,	New York	GROUP SHORT BEACH	Freeport	New York

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
UNK	

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
25	3	52	U.S. COAST GUARD	24	3	52	HONORABLE	13 YRS. 3 MOS. 9 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO
13 YRS. 3 MOS.	25	3	55	REEN on board and retained at FIRE ISLAND LIGHT STATION, BAY SHORE, NY [X] Active duty for [ ] Inactive duty

28. DESCRIPTION SSN: 723-10-0168

SEX	RACE (See Instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
MALE	CAUCASIAN	LT BROWN	BLUE	72"	160 lbs.	Ruddy

29. MARKS AND SCARS Brown Pigmented birthmark 1" dia on right forearm; VSULA

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W.H. KNOWLES, CHBOSN of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 6 years from 25 March, 1955 / during minority until 24 March, 1961 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Robert Warren Hodges do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Robert Warren Hodges

Robert Warren Hodges

Subscribed and sworn to before me this 25 day of March, A. D. 19 55 Citizenship substantiated and contract perfected

Signature and Grade W.H. KNOWLES Official Title COMMANDER, CG GROUP SHORT BEACH (Acting)

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

401-55

CG GROUP SHORT BEACH, FREEPORT, NY

FIRE ISLAND LIGHT STATION (03-300326) 2 June 1955

1955

230-917	HODGES, Robert W.	Entitled to $300.00 clothing allowance (CHIEF) as of 6-1-55. Auth: COMDT(PE-1)ltr dtd 5-4-55 & Sect 12-3-23A CG Regs.	6-1	XXX

J.M.ODIN,CHBOSN(L), W-4, CO

#2 of 12

I, ROBERT WARREN HODGES (230-917),BMC, USCG, having reenlisted in the Regular Coast Guard on 24 March 1961, for a period of Three (3) years, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Robert Warren Hodges
ROBERT WARREN HODGES

It has been determined from the records available at this unit, that this is the FIFTH Reenlistment or extension of enlistment, in the case of subject man for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has NINETEEN (19) years, THREE (03) months, EIGHT (08) days active federal service to date of this reenlistment of/or extension of enlistment, as distinguished from creditable service for basic pay, that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
25 March 1955	$1284.18

M. VERSAW, CHBOSN, W-3, USCG
GROUP COMMANDER

ACO EXCEPTION IT IS DETERMINED THAT THIS IS THE THIRD REENLISTMENT ON HODGES, Robert W. IN LIEU OF THE FIFTH BY RECORDS AVAILABLE AT THIS OFFICE.

I. J. ANDERSON CHSPCK USCG
AUTHORIZED CERTIFYING OFFICER

Paid $82.48 Reenl Bonus Allow on 3/25 1961
in Accts. of J.F. CANNON, CDO., SYMBOL 5340 on
Pay Roll No 03-364.

I.J. ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

MILITARY PAY ORDER

MILITARY PAY ORDER NO: 62-61

ORGANIZATION AND STATION (GRU MORICHES)
MONTAUK LIFEBOAT STA. MONTAUK, NEW YORK

DATE 25 March 1961

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR FROM—	YEAR TO—
230-917	HODGES, Robert W.	REEN(3). . . . . Entitled to & elects to be paid REEN/BONUS in accord Sect.208 CCA 1949, as amended Auth: Art. 12-B-5, CG Pers. Manual Para. 2B01065, Compt. Manual Art. 12-3-19A, CG Regs.	3/24	
	NOTHING BELOW THIS	LINE		

SYMBOL NO. (*Entered by D. O.*)

TYPED NAME AND GRADE OF CERTIFYING OFFICER
M. VERSAW, CHBOSN, W-3, USCG

SIGNATURE OF CERTIFYING OFFICER
M. Versaw

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

REMARKS (Continued)

CERTIFICATION

In regard to any part of this questionnaire concerning which I have had any question as to the meaning, I have requested and have obtained a complete explanation I certify that the statements made by me under Part IV above and on any supplemental pages hereto attached, are full, true, and correct.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
Robert Warren Hodges ROBERT WARREN HODGES	230-917	
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
D. M. FURST, CHROSN, W-2, USCG	3/24/61	

☆U. S. GOVERNMENT PRINTING OFFICE 1956 O-F—387876

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

APPLICATION FOR LEAVE OF ABSENCE

U. S. COAST GUARD
GROUP MORICHES

FEB 28 1961

RECEIVED
EAST MORICHES, L.I., N.Y.

UNIT	ADDRESS	DATE
Montauk LB Station	Montauk, New York	18 February, 1961

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W.(230-917)BMC	Commander, Group Moriches	O-IN-C, Montauk LB Sta.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Six (6) Days	21 February, 1961	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT Robert W. Hodges

End.-1 Unit: Montauk LB Station Date 18 February, 1961

Date current leave accounting period began 1 July, 1960	Balance brought forward beginning of present accounting period 50 Days
Number days' leave used during current accounting period Six (6) Days	Date of expiration of current enlistment 24 March, 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP MORICHES, LINY. Date 18 February, 1961

☒ Returned, GRANTED Six (06) days. ☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

☒ Returned, NOT GRANTED, because

L. M. FURST, CHBOSN, W-2, USCG
(Signature, grade, and title)
GROUP COMMANDER, ACTING

End.-4 Unit: Montauk LB Station Date 21 February, 1961

Departed at 0800, this date. This leave expires before 0900, 28 February, 1961

at This unit and is subject to the instructions on the reverse hereof.

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

End.-5 Unit: Montauk LB Station Date 28 February, 1961

Reported at 0830, this date, having used Six (6) days' leave.

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

LEAVE ENTRY MADE IN SERVICE RECORD
DIARY ENTRY MADE
LEAVE RATIONS CREDITED

(Over)

ORIGINAL

APPLICATION FOR LEAVE OF ABSENCE

FROM (REQUESTER):	ADDRESS	DATE
Montauk LB Station	Montauk, New York	17 November, 1960
TO		**VIA:**
HODGES, Robert W.(230-917)BMC	Commander, Group Moriches	OinC, Montauk LB Sta.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Six (6) Days	1 December, 1960	[X] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT

ADDRESS ON LEAVE WILL BE 24 Sterling Avenue, East Patchogue, LINY

To Be Checked By Officers Only
- [ ] I am not a member of any court or board.
- [ ] I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Robert W. Hodges

DRIVE SAFELY

End.-1 Unit: Montauk LB Station Date 17 November, 1960

Date current leave accounting period began 1 July, 1960	Balance brought forward beginning of present accounting period 50 Days
Number days' leave used during current accounting period None	Date of expiration of current enlistment 24 March, 1961

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

End.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP MORICHES, LINY Date 1 December 1960

[X] Returned, GRANTED SIX(06) days.

[ ] Returned, NOT GRANTED, because

[ ] ADVANCE
[ ] ACCRUED
[X] EARNED

REGULAR Leave.
(Reason for leave)

M. VERSAW, CHBOSN, W-3, USCG, GROUP COMMANDER
(Signature, grade, and title)

End.-4 Unit: MONTUAK LB STATION, LINY Date 1 December 1960

Departed at 0800, this date. This leave expires before 0900, 8 December 1960

at This unit and is subject to the instructions on the reverse hereof.

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

End.-5 Unit: Montauk LB Station Date 8 December, 1960

Reported at 0830, this date, having used Six (6) days' leave.

LEAVE ENTRY MADE
DIARY ENTRY MADE
LEAVE RATIONS CREDITED

L. M. FURST, CHBOSN, W-2, O-IN-C
(Signature, grade, and title)

(Over)

APPLICATION FOR LEAVE OF ABSENCE

S/R

	ADDRESS	DATE
Montauk LB Station	Montauk, New York	24 May, 1960

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W. (230-917) BMC	Commander, CG Group Moriches	C-IN-C, Montauk LB Sta.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
FIVE (5)	1 June, 1960	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 24 Sterling Avenue, East Patchogue, L.I., N.Y.

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT Robert W. Hodges

End.-1 Unit: Montauk LB Station Date 24 May, 1960

Date current leave accounting period began 1 July, 1959	Balance brought forward beginning of present accounting period 59
Number days' leave used during current accounting period 34	Date of expiration of current enlistment 22 March, 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

L. M. FURST, CHBOSN, W-2, C-IN-C
(Signature, grade, and title)

End.-2 Unit: [illegible] Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Montauk Lifeboat Station Date 25 May 1960

☒ Returned, GRANTED -5- days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

M. VERSAW, CHBOSN, W-3, USCG, GROUP COMMANDER
(Signature, grade, and title)

End.-4 Unit: Montauk Lifeboat Station Date 1 June 1960

Departed at 0630, this date. This leave expires before 0900, 7 June 1960

at Montauk Lifeboat Station
Montauk, New York and is subject to the instructions on the reverse hereof.

L. M. FURST, CHBOSN, W-2, C-IN-C
(Signature, grade, and title)

End.-5 Unit: Montauk Lifeboat Station Date 7 June, 1960

Reported at 0855, this date, having used -5- days' leave.

L. M. FURST, CHBOSN, W-2 CinC
(Signature, grade, and title)

VE ENTRY MADE IN SERVICE RECORD
RY ENTRY MADE
~~VE RATIONS CREDITED~~

(Over)

(Over)

ORIGINAL

1005

ORIGINAL

APPLICATION FOR LEAVE OF ABSE[illegible]

ORIGINAL

ORIGINAL

UNIT	ADDRESS	DATE
Montauk LB Station CG Group Moriches	Montauk, Long Island, New York	21 October 1959

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W.(230-917)BMC	Commander, CG Group Moriches	Officer in Charge Montauk Lifeboat Station

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
10	1300 - 10 - 21 - 59	☐ REGULAR ☐ REENLISTMENT ☒ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE RT. #1, WHEATON, MINN.

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Robert W. Hodges
ROBERT W. HODGES

End.-1 Unit: Montauk Lifeboat Station Date 21 October 1959

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-59	59
Number days' leave used during current accounting period	Date of expiration of current enlistment
24	24 March 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

for L. M. FURST, CHBOSN, W-2, USCG, OIC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG Group Moriches Date 21 October 1959

☒ Returned, GRANTED 10 days.

☐ ADVANCE ☒ ACCRUED EMERGENCY (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

C. M. VERSAW, CHBOSN, W-3, USCG, GRUCOM
(Signature, grade, and title)

End.-4 Unit: CG Group Moriches Date 21 October 1959

Departed at 1300, this date. This leave expires before 0900, 11-1-59

at Montauk Lifeboat Station and is subject to the instructions on the reverse hereof.

C. M. VERSAW, CHBOSN, W-3, USCG, GRUCOM
(Signature, grade, and title)

End.-5 Unit: Montauk LB Station Date 1 November, 1959

Reported at 0730, this date, having used Ten (10) days' leave.

L. M. FURST, CHBOSN, W-2, C-IN-C
(Signature, grade, and title)

LEAVE ENTRY MADE IN SERVICE RECORD
DIARY

16—40220-4 ORIGINAL (Over)

1005
Jam
am

APPLICATION FOR LEAVE OF ABSENCE

	ADDRESS	DATE
GC SPENCER (WPG-36)	St. George, S. I., New York	28 May 1959

(REQUESTER):	TO	VIA:
ODGES, Robert W.(230-917) BMC	COMMANDING OFFICER	EXECUTIVE OFFICER

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
-50-	1 June 1959	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 101 Eimer Street, Patchogue, L. I., New York

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT Robert W. Hodges
ROBERT W. HODGES

End.-1 Unit: USCGC SPENCER (WPG-36) Date 28 May 1959

Date current leave accounting period began 1 July 1958

Balance brought forward beginning of present accounting period -60-

Number days' leave used during current accounting period -02-

Date of expiration of current enlistment 24 March 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

J. W. SUTHERLAND, CDR, USCG
Executive Officer (Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: USCGC SPENCER (WPG-36) Date 28 May 1959

☒ Returned, GRANTED -50- days. ☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

J. W. SUTHERLAND
By direction (Signature, grade, and title)

End.-4 Unit: USCGC SPENCER (WPG-36) Date 1 June 1959

Departed at ....., this date. This leave expires at or before 0900 22 July 1959

at CGAS, Brooklyn, New York and is subject to the instructions on the reverse hereof.

OOD
(Signature, grade, and title)

End.-5 Unit: Date 25 July 1959

Reported at 0845 Q, this date, having used 53 days' leave.
Granted three (03) day extension of leave.

DEPT CGAS BKLYN
0845 Q 25 July 1959

Thomas J. Westwood
(Signature, grade, and title)

(Over)

RECORDED THE RECORDS AND ACCOUNTS AS INDICATED. ROBERT W. HODGES

-O-R-I-G-I-N-A-L-

-O-R-I-G-I-N-A-L-

DEPARTMENT
ST GUARD
-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.
50703/032012

AUTHORITY
OCCGD3(p) ltr P16-4/MM dtd 5 SEP 58

DATE
29 September 1958

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION		
CG GROUP Short Beach Fire Island Light Station	Bay Shore, New York		
TO (Name)	SERVICE NO.	RATE	
HODGES, Robert W.	230-917	BMC	

PROCEED AND REPORT TO

	DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a.	INTERMEDIATE			
b.	INTERMEDIATE			
c.	ULTIMATE	Commanding Officer, USCGC SPENCER (WPG-35) c/o Postmaster, Staten Island, N. Y.	fasdu	INDEF

	UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES	
	THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION	FROM Bay Shore, New York
X	TO Staten Island, New York	

1. a. RECORDS ATTACHED (Check appropriate boxes)

X	SERVICE	X	HEALTH		PAY	X	PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED
Pay record to forwarded by OCCGD3(f) via mail.

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-7-	-2-	-4-	-0-	-1-

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
2400	8 October 1958	101 Eimer Street, Patchogue, Long Island, N. Y.

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED.	CHARGEABLE AGAINST TRAVEL ALLOTMENT	SYMBOL
	CCGD3 03-20	03-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

X	a. FOR PERMANENT CHANGE OF STATION ONLY (including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. 208A08-40(2), C. G. Travel Manual.)	
	b. ~~FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.~~	
	c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted)	
	d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:	
	GOVERNMENT VESSEL ( ) GOVERNMENT VEHICLE ( ) GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
	e. ~~TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~	MODE OF TRANSPORTATION (Rail, bus, etc.)
X	f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)	

5. AUTHENTICATING SIGNATURE (Grade and title) O. Estelle
O. ESTELLE, CHBOSN W-2 USCG, GRUCOM (ACT.)

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
1200	1 October 1958	O. Estelle O. ESTELLE, CHBOSN W-2 USCG, GRUCOM (ACT.)

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER Robert W. Hodges
ROBERT W. HODGES

EDITION OF 5-53 IS OBSOLETE.

-O-R-I-G-I-N-A-L-

STAMP CLASSIFICATION IF ANY

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
USCGC SPENCER (WPG-36)	1845	10-8-58

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title) L. A. Cheney, CDR, Executive Officer

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

OCT 16 1958, credited $ 2.20 for TWO days LV RATS.
OCT 16 1958, credited $ 4.40 for FOUR days COM RATS (PRO).
Period: 10/2/58 thru 10/7/58 C. E. SHOOK, SPCK, USCG

4/22/60
(Date)

End 26
O,C3CGD, New York, N. Y.

I certify that Robert W. Hodges is entitled to mileage allowance in the amount of $1.44 for travel actually performed from Bay Shore, N.Y. to N.Y.C., 24 miles @ $0.06 per mile and that this allowance has been credited on the Military Pay Record (DD Form 113) of the member indicated herein.

I. J. ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

FROM (REQUESTER): Island Life...
HODGES, Robe...
THE FOLLOWING ...

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE

	ADDRESS	DATE
Fire Island Lifeboat Sta.	Bay Shore, LI., N.Y.	29 November, 1957

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W. (230-917)BMC	Officer in Charge Fire Island Lifeboat Station	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
-7-	1 December, 1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE c/o Frank Began, 45 Margie Ave. Crisskill, N.J. Phone: Lowell-85937

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Robert W. Hodges
Robert W. Hodges
SIGNATURE OF APPLICANT

End.-1 Unit: Fire Island Lifeboat Station Date 29 November, 1957

Date current leave accounting period began 1 July, 1957	Balance brought forward beginning of present accounting period -38-
Number days' leave used during current accounting period -7-	Date of expiration of current enlistment March 24, 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

M. L. HECOX, BOSN W-1, USCG, Officer in Charge
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Fire Island Lifeboat Station Date 29 November, 1957

☒ Returned, GRANTED -7- days. ☐ ADVANCE ☒ ACCRUED Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

M. L. HECOX, BOSN W-1, USCG, OFFICER IN CHARGE
(Signature, grade, and title)

End.-4 Unit: Fire Island Lifeboat Station Date 1 December, 1957

Departed at 0900R, this date. This leave expires before 0900R, 9 December, 1957

at Fire Island Lifeboat Station and is subject to the instructions on the reverse hereof.

M. L. HECOX, BOSN W-1, USCG, Officer in Charge
(Signature, grade, and title)

End.-5 Unit: Fire Island Lifeboat Station Date 9 December 1957

Reported at -0845 R-, this date, having used -7- days' leave.

M.L. HECOX, BOSN., USCG, Officer in Charge
(Signature, grade, and title)

16—40220-4

(Over)

APPLICATION FOR LEAVE OF ABSENCE

	ADDRESS	DATE
Fire Island LB STA	Bayshore, LI, New York	2 August 1957

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W. (230-917) BMC	Officer in Charge Fire Island LBSTA	---

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
-8-	0900 3 August 1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 93 Winges Ave., Patchogue, New York

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Robert W. Hodges

End.-1 Unit: Fire Island Lifeboat Station Date 2 August 1957

Date current leave accounting period began 1 July 1957

Balance brought forward beginning of present accounting period -38-

Number days' leave used during current accounting period -0-

Date of expiration of current enlistment 3-24-61

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

M. L. HECOX, BOSN W1, USCG, O-in-C
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Fire Island Lifeboat Station Date 2 August 1957

☒ Returned, GRANTED -8- days. ☐ ADVANCE ☒ ACCRUED Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

M. L. HECOX, BOSN W1, USCG, O-in-C
(Signature, grade, and title)

End.-4 Unit: Fire Island Lifeboat Station Date 3 August 1957

Departed at 0900, this date. This leave expires before 0900, 12 August 1957

at Fire Island Lifeboat Station and is subject to the instructions on the reverse hereof.

M. L. HECOX, BOSN W1, USCG, O-in-C
(Signature, grade, and title)

End.-5 Unit: Fire Island Lifeboat Station Date 11 August, 1957

Reported at 0845, this date, having used -7- days' leave.

M. L. HECOX, BOSN W-1, USCG, Officer in Charge
(Signature, grade, and title)

16—40220-4

(Over)

78-56

CG GROUP SHORT BEACH, Freeport, N.Y.

FIRE ISLAND LIGHT STATION, Bayshore, N.Y. (03-300326) 16 DECEMBER 1955

1955

230-917 HODGES, Robert W.

Enl. USCG ~~[illegible]~~ 12-16-41
HD 3-17-47
NO LOST TIME
REEN USCG 3-18-47
HD 3-22-49
NO LOST TIME
REEN USCG 3-23-49
HD 3-24-52
NO LOST TIME
REEN USCG 3-25-52
HD 3-24-55
REEN USCG 3-25-55
NO SERVING
Completed Fourteen (14) yrs.
service for pay purposes on
12-16-55 12-17 XXX

E.S. CINQ-MARS, CHBOSN, W-2, GRPCDR

#3 of P.12

SECOND

XXXNXT ENDORSEMENT ON TRAVEL ORDERS:

1. HODGES, Robert W. BMC, USCG 230-917 arrived at USPHS OPC, 67 Hudson St. N.Y., N.Y. at 1000 1 NOV 60 with travel orders. Subs & quarters were not available at this facility. Departed 1500 1 NOV 60.

R. J. MICHALSKIS HC2, USCG
CG REPRESENTATIVE

P16-4
1 November, 1960

THIRD ENDORSEMENT on GRUCOM MORICHES ltr P16-4, dtd 11-1-60

From: Officer in Charge, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC

1. You reported this unit 1930, 1 November, 1960 for resumption regular duty having completed TAD.

L. M. FURST

P16-4
1 Novemberr1960

FOURTH ENDORSEMENT on GRUCOM MORICHES ltr P16-4 dtd 11-1-60

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

1. Reported this date in compliance with basic orders at 1930. Travel from Montauk, New York to New York, New York and return performed at own expense via RAIL. Claim for Reimbursement is made.

M. VERSAW

Commander
CG Group Moriches
% Moriches LB Station
East Moriches, New York

P16-4
1 November 1960

TONO: 71038/0320

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Officer in Charge, Montauk LB Station

Subj: Orders; temporary additional duty; travel

1. You are diredted to proceed on 1 November 1960 to the U. S. Public Healthm Service Outpatient Clinic, 67 Hudson Street, New York, N. Y. for temporary additional duty for approximately one (1) day duration, to report on or about 1300, 1 November 1960 in connection with your appointment for annual physical examination. Upon completion of these temporary additional duty orders you will return and resume your regular status.

2. The travel necessary for the execution of these orders is required by public interests and the expense incident thereto is chargeable to Third Coast Guard District Allotment symbol 03-20.

3. No travel or proceed time is allowed under these orders.

M. VERSAW

P16-4
1 November, 1960

FIRST ENDORSEMENT on GRUCOM MORICHES ltr P16-4, dtd 11-1-60

From: Officer in Charge, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC, USCG

1. Delivered and departed this unit 0615, 11-1-60 in compliance with basic orders.

L. M. FURST

Commander
CG Group Moriches
% Moriches LB Station
East Moriches, New York

TONO: 71038/0320

P16-4
1 November 1960

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG
Via: Officer in Charge, Montauk LB Station

Subj: Orders; temporary additional duty; travel

1. You are directed to proceed on 1 November 1960 to the U. S. Public Healthm Service Outpatient Clinic, 67 Hudson Street, New York, N. Y. for temporary additional duty for approximately one (1) day duration, to report on or about 1300, 1 November 1960 in connection with your appointment for annual physical examination. Upon completion of these temporary additional duty orders you will return and resume your regular status.

2. The travel necessary for the execution of these orders is required by public interests and the expense incident thereto is chargeable to Third Coast Guard District Allotment symbol 03-20.

3. No travel or proceed time is allowed under these orders.

M. VERSAW

P16-4
1 November, 1960

FIRST ENDORSEMENT on GRUCOM MORICHES ltr P16-4, dtd 11-1-60

From: Officer in Charge, Montauk LB Station
To: HODGES, Robert W. (230-917) BMC, USCG

1. Delivered and departed this unit 0615, 11-1-60 in compliance with basic orders.

L. M. FURST

S/R

Commander, CG Group Moriches
c/o Moriches Lifeboat Station
East Moriches, L.I., New York

P15
23 August 1960

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Expert Pistol Shot Medal Award

1. It is a pleasure to inform you that you are qualified to wear the Coast Guard Expert Pistol Shot Medal.

2. You qualified as expert with the .45 Cal. pistol having fired Navy E Pistol course at U. S. Air Force Pistol range at Montauk, New York on 28 June 1960 with a total score of 337.

3. It is requested that you acknowledge receipt of this medal by endorsement hereon.

W. VERSAW

Encl: (1) Expert Pistol Shot Medal (1)

Copy to: Comdt (PE)
CCGD3 (p)
S/R & file

P15
Sept. 2-1960
(Date)

FIRST ENDORSEMENT on CGUCOM Moriches ltr P15 of 23 August 1960

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, CG Group Moriches

1. Receipt is hereby acknowledged of the Expert Pistol Shot Medal.

2. I certify that I have not previously received the Coast Guard Expert Shot Medal.

ROBERT W. HODGES

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

	STATION	REPORTED TIME	REPORTED DATE	DEPARTED TIME	DEPARTED DATE	AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
a.	CG GROUP MORICHES MONTAUK LIFEBOAT STATION	1000	8-17-59			M. VERSAW, CHBOSN, W-3	Yes	Yes
b.								

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION: CG GROUP MORICHES, (MONTAUK LIFEBOAT STATION) | HOUR: | DATE REPORTED: 14 September 1959

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

In accordance with reference (a) your TAD at this unit is hereby made permanent this date. AUTH: CCGD3(p) ltr P16-3/MM dtd 11 September 1959.

AUTHENTICATING SIGNATURE (Grade and title)

M. VERSAW, CHBOSN, W-3, USCG, COMMANDER, CG GROUP MORICHES

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxi[illegible] men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

End 1
O,C3CGD, New York, N. Y. 9/22/59 (Date)

I certify that Hodges, Robert W. is entitled to mileage allowance in the amount of $ 4.14 for travel actually performed from N.Y., N.Y. to E.Moriches, N.Y. 69 miles @ $0.06 per mile and that this allowance has been credited on the Military Pay Record (DD Form 113) of the member indicated hereon.

I.J.ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

End 2
3rd CG District (f)
New York 13, N.Y. 9/22/59 (Date)

COM RATS (PRO) credited for period 8/15 19 59 to 8/16 19 59 (Inclusive dates) 02 days @ $1.15 per day in the total amount of $ 2.30 on pay record opened 11/53

I.J.ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

3/9/60
END: 4
OC3CGD, NY,NY
DISLOCATION ALLOWANCE IN AMOUNT OF $96.90
PAID THIS DATE ON TO#5104949/0320XX.
I. J. ANDERSONG, CHSPCK, USCG

4/6/60
END: 4
OC3CGD, NY,NY
DISLOCATION ALLOWANCE IN AMT OF $96.90 PAID THIS DATE ON TO#5104949/0320XX.
I. J. ANDERSON, CHSPCK, USCG

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

ORIGINAL ORIGINAL

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-5441-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO. 51049/0320XX

DATE 12 August 1959

AUTHORITY CCGD3 (p) ltr P16-3/TM of 11 August 1959

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to approximate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCGC SPENCER (WPG-36)	St. George, Staten Island, New York	
TO (Name) HODGES, Robert W.	SERVICE NO. 230-917	RATE BMC

PROCEED AND REPORT TO

	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
DESTINATION			
a. INTERMEDIATE			
b. INTERMEDIATE	COMMANDER, CG GROUP MORICHES, L. I., NEW YORK	TD	-35-
c. ULTIMATE	COMMANDING OFFICER, CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK	PERM	INDEF

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM | TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

X	SERVICE	X	HEALTH	X	PAY	X	PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: NONE

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-03-	-00-	-03-	-00-	-00-

REPORT NOT LATER THAN: TIME 2400 | DATE 17 August 1959

ADDRESS ON LEAVE

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. CHARGEABLE AGAINST TRAVEL ALLOTMENT: THIRD CG DIST | SYMBOL: 03-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. B03A06-4C(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. MODE OF TRANSPORTATION (Rail, bus, etc.)

XX f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title) J. W. Sutherland
J. W. SUTHERLAND, CDR, Executive Officer

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE
	14 August 1959	J. W. Sutherland

J. W. SUTHERLAND, CDR, Executive Officer

I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THIS RECEIPT AND ACCOUNTS AS INDICATED. SIGNATURE OF TRAVELER: Robert W. Hodges

ROBERT W. HODGES

STAMP CLASSIFICATION IF ANY

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
3RD COAST GUARD DISTRICT
U. S. CUSTOM HOUSE
NEW YORK 4, N. Y.

p
P16-3/MM
11 September 1959

From: Commander, Third CG District
To: Commander, CG GROUP, MORICHES

Subj: HODGES, Robert W., (230-917) BMC, USCG; orders, temporary duty made permanent

Ref: (a) OCCGD3(p) ltr dated 8/11/59, TONO: 51049/0320XX

1. Reference (a) is amended in that subject named man's temporary duty at your command is hereby made permanent effective 14 September 1959 in lieu of further transfer on 21 September 1959 to the Commanding Officer, CG Base, St. George, SINY for assignment to duty.

H. C. WADEY
By direction

Copy to:
CG BASE, ST. GEORGE
USCGC SPENCER (WPG-36)

~~LEAVE~~ DIARY MADE IN SERVICE RECORD_____
DIARY ENTRY MADE_____
LEAVE RATIONS CREDITED_____

TRAVEL

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM CGD3-88 (7-57)

REQUEST AND PAYMENT OF DISLOCATION ALLOWANCE

THIRD ENDORSEMENT TO TONO: 51049/0320XX

DATE 1 March 1960

I, HODGES, Robert W. (Surname, first & initial) 230-917 (File-Service No.) BMC (Rank or Rate)

attached to CG Group Moriches, (Montauk Lifeboat Station), Montauk, New York (Official Duty Station)

request payment of dislocation allowance based upon actual travel with the intent to establish a bona fide residence in connection with my permanent change of station by the persons listed below who are my dependents on the effective date of applicable orders or other authority.

DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATES OF CHILDREN
Edna G. Hodges	Wife	
Russell A. Hodges	Son	12-17-46
Robert C. Hodges	Son	8-20-48

LOCATION OF DEPENDENTS AT TIME OF RECEIPT OF ORDERS - AUTHORITY (Street No., City and State)

Kisnet Beach,
Fire Island, New York

DATE OF DEPARTURE 1000, 27 Aug. 1959

DESIGNATED DESTINATION OF DEPENDENTS (Street No., City and State)

24 Sterling Avenue,
Patchogue, New York

DATE OF ARRIVAL 1600, 27 Aug. 1959

This is the (Number) 1st claim for dislocation allowance based on a permanent change of station during fiscal year 1960.

I CERTIFY that this statement is correct and just in all respects and that payment therefor has not been received. No prior claim has been presented by me for the dislocation allowance claim herein.

Robert W. Hodges
Robert W. Hodges
(Signature of Payee)

FOURTH ENDORSEMENT

OC3CGD, New York, NY
(Activity)

MONTAUK LB STA.

DATE 6 April, 1960

Certified for payment of dislocation allowance in the amount of $ 96.90 on Military Pay Record (DD Form 113) opened 1/1/60, in the account of J. F. CANNON, CDO, Division of Disbursement, Treasury Department Symbol 1375.

I. J. ANDERSON, CHSPCK, USCG
(Signature of ACO)

(7-57) REQUEST AND PAYMENT OF DISLOCATION ALLOWANCE

THIRD ENDORSEMENT TO TONO: 51049/0320XX

I, HODGES, Robert W. (Surname, first & initial) DATE 1 March 1960

230-917 (File-Service No.) BMC (Rank or Rate)

attached to CG Group Moriches, (Montauk Lifeboat Station), Montauk, New York (Official Duty Station)

request payment of dislocation allowance based upon actual travel with the intent to establish a bona fide residence in connection with my permanent change of station by the persons listed below who are my dependents on the effective date of applicable orders or other authority.

DEPENDENTS NAME	RELATIONSHIP	BIRTH DATES OF CHILDREN
Edna G. Hodges	Wife	
Russell A. Hodges	Son	12-17-46
Robert C. Hodges	Son	8-20-48

LOCATION OF DEPENDENTS AT TIME OF RECEIPT OF ORDERS - AUTHORITY (Street No., City and State)

Kisnet Beach,
Fire Island, New York

DESIGNATED DESTINATION OF DEPENDENTS (Street No., City and State)

24 Sterling Avenue,
Patchogue, New York

DATE OF DEPARTURE 1000, 27 Aug. 1959

DATE OF ARRIVAL 1600, 27 Aug. 1959

This is the (Number) 1st claim for dislocation allowance based on a permanent change of station during fiscal year 1960.

I CERTIFY that this statement is correct and just in all respects and that payment therefor has not been received. No prior claim has been presented by me for the dislocation allowance claim herein.

Robert W. Hodges
(Signature of Payee)

FOURTH ENDORSEMENT

OC3CGD, New York, NY
(Activity)

MONTAUK LB STA.

DATE 6 April, 1960

Certified for payment of dislocation allowance in the amount of $ 96.90 on Military Pay Record (DD Form 113) opened 1/1/60, in the account of J. F. CANNON, CDO, Division of Disbursement, Treasury Department Symbol 1375.

I. J. ANDERSON, CHSPCK, USCG
(Signature of ACO)

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commander
CG Group Moriches
East Moriches, New York

P18-1
16 December 1959

From: Commander, CG Group Moriches
To: HODGES, Robert W. (230-917) BMC, USCG

Subj: Sick Leave; authorization of

Ref: (a) Article 7-A-4(8) Personnel Manual

1. Having reported this office on 15 December 1959 from U.S. Public Health Service Hospital, Staten Island, New York will recommendation of sick leave by the Public Health Hosp tal, you are granted fourteen (14) days sick leave as authorized by reference (a).

2. You have given your address on leave as: 24 Sterling Avenue, Patchogue, New York. Telephone No. Grover 5-2868.

3. You are directed to notify Commander, CG Group Moriches of any change in your address.

4. You are directed to report to the U. S. Public Health Hospital Staten Island, New York at 1000, 30 December 1959 for physical exam.

5. Your sick leave will expire 0900, 31 December 1959.

6. On completion of this sick leave you will return to Montauk Lifeboat Station, Montauk, New York for resumption of duty.

7. Delivered and departed at 1000, 16 December 1959.

M. VERSAW

Copy to:
CCGD3(p)
CCGD3(f)
S/R
Montauk LBS
file

SERVICE RECORD COPY

S/R

Montauk LB Station
Montauk, New York

P16-3
8 September, 1959

From: HODGES, Robert W. (230-917) BMC, USCG
To: Commander, 3rd CG District (p)
Via: (1) Officer in Charge, Montauk LB Station
(2) Commander, CG Group Moriches

Subj: Permanent assignment of duty, request for

1. At present my orders read TAD, Montauk Lifeboat Station with Permanent assignment St. George Base, S.I.N.Y. effective 21 September, 1959. It is requested, that I be given consideration for permanent assignment to duty at Montauk Lifeboat Station. A vacancy exists at this unit and I would like to remain at this station to fill this billet.

Robert W. Hodges

P16-3
8 September, 1959

FIRST ENDORSEMENT on HODGE's ltr dtd 9-8-59, P16-3

From: Officer in Charge, Montauk LB Station
To: Commander, 3rd CG District (p)
Via: Commander, CG Group Moriches

1. Forwarded approved: HODGES has been of considerable help to this unit in the short time he has been attached. He has also been very interested in learning the various duties required at a lifeboat station.

L. M. FURST

P16-3
9 September 1959

SECOND ENDORSEMENT on HODGE's ltr dtd 9-8-59 file P16-3

From: Commander, CG Group Moriches
To: Commander, Third Coast Guard District (p)

1. Forwarded approved. It is requested that temporary duty be made permanent at Montauk Lifeboat Station, for subject man.

M. VERSAW

S/R

Commander
GROUP SHORT BEACH
U.S. Coast Guard
Freeport, New York

15 February 1956
P16-3

From: Commander, CG Group SHORT BEACH
To: Commander, Third CG District (p)

Subj: OinC, FIRE ISLAND LT. STA.; designation of; request for

1. It is requested that HODGES, Robert W. (230-917) BMC, USCG be designated as Officer-in-Charge, FIRE ISLAND LIGHT STATION, Bayshore, N.Y.

E.S. CINQ-MARS

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-51)

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

DATE: 16 December 1955

NAME (Last, First, Middle): HODGES, Robert W.

USCG SERVICE NUMBER: 230-917

RATE: BMC

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT: 25 March 1955

DATE OF BIRTH: 9 Nov 1917

PLACE OF BIRTH: Springfield, Minnesota

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☐ NATIONAL GUARD, STATE OF
☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT: REGULAR

SERVICE SERIAL OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 January 1942

UNIT AND LOCATION: UNK

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: UNK

UNIT AND LOCATION: UNK

GRADE OR RATE: UNK

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: UNK TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☒ NATIONAL GUARD, STATE OF U.S. COAST GUARD
☐ OTHER (Specify)

COMPONENT: REGULAR

SERVICE SERIAL OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1952 Re-

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: 24 March 1955

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

GRADE OR RATE: BM1

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: NONE TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE
☒ NATIONAL GUARD, STATE OF U.S. COAST GUARD
☐ OTHER (Specify)

COMPONENT: REGULAR

SERVICE SERIAL OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 25 March 1955 Re-

UNIT AND LOCATION: GROUP SHORT BEACH, Freeport, New York

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE: NOW SERVING

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE
FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3).

E.S. CINQ-MARS, CHBOSN, W-2, GROUP COMMANDER
(SIGNATURE - GRADE AND TITLE)

UNITED STATES COAST GUARD

Address reply to:
Commander
Third Coast Guard District
80 Lafayette Street
New York 13, New York

10 May 1955

P

P17-2/MM

Commanding Officer, FIRE ISLAND LBS
From: Commander, Third CG District
To:

Subj: Personnel; advancement in rating

4 May 1955

Ref: (a) CGMDT (PE-1) letter, MM, dated

1 June 1955

1. In accordance with reference (a), to fill existing vacancies in the service, you are authorized to advance the below-named man/men to the rate/ratings indicated, effective , provided his/their conduct and performance of duty since date of examination have been satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised:

HODGES, Robert W. (230-917) BM1 to BMC(P)

A

2. Make necessary entries in service record/records and on personnel reports showing advancements, citing reference (a) and Section 12-5-23B, Coast Guard Regulations as the authority therefor.

A. S. MARSDALE

By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

(60)

PE-PR-50

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
230-917	HODGES,	Robert	Warren	BM1	12 years

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Springfield	Minnesota	9	Nov.	17	PROT.	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	FIRE ISLAND LIGHT STATION,	BAY SHORE	SUFFOLK	NEW YORK

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
25	3	55	[ ] FIRST ENLISTMENT [X] REENLISTMENT	6 YRS.	UNK	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Freeport,	New York	GROUP SHORT BEACH	Freeport	New York

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
UNK	—

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
25	3	52	U.S. COAST GUARD	24	3	52	HONORABLE	13 YRS. 3 MOS. 9 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO
13 YRS. 3 MOS.	25	3	55	REEN on board and retained at FIRE ISLAND LIGHT STATION, BAY SHORE, NY for [X] Active duty [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See Instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
MALE	CAUCASIAN	LT BROWN	BLUE	72"	160 lbs.	Ruddy

29. MARKS AND SCARS
Brown Pigmented birthmark 1" dia on right forearm; VSULA

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W.H. KNOWLES, CHBOSN of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 6 years from 25 March, 1955 / during minority until 24 March, 1961 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Robert Warren Hodges do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Robert Warren Hodges
Robert Warren Hodges

Subscribed and sworn to before me this 25 day of March, A. D. 19 55. Citizenship substantiated and contract perfected.

Signature and Grade W.H. KNOWLES Official Title COMMANDER, CG GROUP SHORT BEACH (Acting)

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3361 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
230-917	HODGES,	Robert	Warren	BM1	12 years

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Springfield	Minnesota	9	Nov.	17	PROT.	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	FIRE ISLAND LIGHT STATION, BAY SHORE		SUFFOLK	NEW YORK

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
25	3	55	[ ] FIRST ENLISTMENT [X] REENLISTMENT	6 YR YRS.	UNK	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Freeport,	New York	GROUP SHORT BEACH	Freeport	New York

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
UNK	

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
25	3	52	U.S. COAST GUARD	24	3	52	HONORABLE	13 YRS. 3 MOS. 9 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO
13 YRS. 3 MOS.	25	3	55	REEN on board and retained at FIRE ISLAND LIGHT STATION, BAY SHORE, NY [X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See Instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
MALE	CAUCASIAN	LT BROWN	BLUE	72"	160 lbs.	Ruddy

29. MARKS AND SCARS
Brown Pigmented birthmark 1" dia on right forearm; VSULA

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W.H. KNOWLES, CHBOSN of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 6 years from 25 March, 1955 / during minority until 24 March, 1961 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Robert Warren Hodges do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Robert Warren Hodges

Robert Warren Hodges

Subscribed and sworn to before me this 25 day of March, A. D. 19 55 Citizenship substantiated and contract perfected

Signature and Grade W. H. KNOWLES Official Title COMMANDER, CG GROUP SHORT BEACH (Acting)

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Robert Warren Hodges

Robert Warren Hodges

SIGNATURE OF WITNESSING OFFICER

W.H. KNOWLES, CHBOSN

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

GPO 83-20423

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
NONE							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

NONE

Given under my hand this 25 day of March 19 55

Signature of Witnessing Officer

W.H. KNOWLES

W.H. KNOWLES, CHBOSN

Signature of Person Making Certification

Robert Warren Hodges

Robert Warren Hodges

GPO 83-45699

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to ....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O. WO, Enl, ROTC affiliation, etc.*)
Robert Warren Hodges	230-917	REEN
Station to Which Certification Submitted	Typed Name and Grade of Witnessing Officer	
GROUP SHORT BEACH, FREEPORT, NEW YORK	W.H. KNOWLES, CHBOSN	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record [Form CG-3301B], is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (*Check appropriate box*)			DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT	INDUCTION	X REENLISTMENT	25 March 1955
LOCATION (*City and state*)			PERIOD OF ENLISTMENT OR REENLISTMENT
Freeport, New York			Six (6) Years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (*City and state*)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY

SECTION II — LAST PREVIOUS ENLISTMENT (*For reenlistment bonus or enlistment allowance*)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
24 March 1955	HONORABLE	EXPIRATION OF ENLISTMENT

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
3	-0-	-0-	13	3	9	NONE

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (*If none paid, so state*)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
25 March 1952	NONE

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (*Enter date following day of return to Coast Guard jurisdiction*)
SHIP OR STATION	DATE	

SECTION IV — REMARKS (*Refer to section number and item in question in each instance*)

Paid $124.18 Reenl Bonus Allow on 3/25 1955
in Accts. of J. F. CANNON, CDO, SYMBOL 1375 on
Pay Roll No. 03-391. Sect 208. CCA 1949
(1st Bonus).

D. W. BOSSING, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION		NAME OF A.C.O.	
CG GROUP SHORT BEACH, FREEPORT, NEW YORK			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
601-55	W.H. KNOWLES, CHBOSN, CO	W H Knowles	
NAME (*Last, first, middle*)		SERVICE NO.	RATE
HODGES, Robert Warren		230-917	BM1

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

"I Robert W. Hodges (230-917) BM1, US Coast Guard having reenlisted in the Regular Coast Guard on 25 March 1955 for a period of six (6) years, being eligible to receive a reenlistment bonus under the provisions of 207 of the Career Compensation Act of 1949, as amended, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Robert Warren Hodges

Robert Warren Hodges

It has been determined from the records available at this unit, that this is the First reenlistment or extension of enlistment, in the case of subject named man, for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has 13 years, 3 months and 9 days active federal service to date of this reenlistment or extension of enlistment, as distinguished from creditable service for basic pay; that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
NONE	NONE -0-

W.H. KNOWLES
CHBOSN, CO(ACTING)

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
HODGES, ROBERT WARREN	230-917	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

EDNA G. HODGES — WIFE

ADDRESS (*Number, street, city, zone, and State*)

FIRE ISLAND LIGHT STATION, BAY SHORE, NEW YORK

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
EDNA G. HODGES	FIRE ISLAND LT STATION, BAY SHORE, NY

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
RUSSEL ALAN HODGES	SAME AS #5		X	X		9
ROBERT CLARK HODGES	SAME AS #5		X	X		6

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
WILLIAM RAU (67)	ELBOW LAKE MINNESOTA
9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
SOPHIA PAULINA RAU (67)	ELBOW LAKE MINNESOTA

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

SOPHIA PAULINA RAU — MOTHER

ADDRESS (*Number, street, city, zone, and State*)

ELBOW LAKE MINNESOTA

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

JOSEPHINE GABRIS — MOTHER-in-LAW

ADDRESS (*Number, street, city, zone, and State*)

WINGES AND HARPER STREET, PATCHOUGE, LONG ISLAND, NEW YORK

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

EDNA G. HODGES — WIFE

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

FIRE ISLAND LIGHT STATION, BAY SHORE, NEW YORK — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
FIRE ISLAND LIGHT STATION, BAY SHORE, NY	25 Mar 55	Robert Warren Hodges Robert Warren Hodges

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529 WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U.S. COAST GUARD

Re-h-20

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
HODGES, Robert Warren	230-917	BM1 11-16-53	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -	24	March	55	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
12-3-42 (A)(1) CG REGS	GROUP SHORT BEACH, FREEPORT, NEW YORK

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
9	NOV	17	SPRINGFIELD, MINN.	MALE	CAU	LT. BROWN	BLUE	72"	160

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	—	—			

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	- - - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION	18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE
☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY	BM2

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
25	March	52	Freeport, New York	FIRE ISLAND LIGHT STATION, BAY SHORE, NY

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	10	3	9
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	-0-	-0-
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	-0-	-0-	-0-
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	13	3	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY	MONTH	YEAR	AMOUNT
- - - - - - - - - -	- - - - - - - - - -	- - - - - - - - - -	- - - - - - - - - -

26. FOREIGN AND/OR SEA SERVICE: YEARS	MONTHS	DAYS
-0-	-0-	-0-

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NATIONAL SERVICE DEFENSE MEDAL

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
FIRE ISLAND LIGHT STATION	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	NONE	NONE	NONE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3) When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
- - - - - - - - - - - - - - - - - -	☐ YES ☒ NO ☐ UNKNOWN	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
~~$368.00~~ $469.10	$1.08	R. T. LENAC, CHPCLK, USCG 1375

AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)

J.M. ODIN, CHBOSN(L), USCG
Commander, CG GROUP SHORT BEACH, FREEPORT, NEW YORK

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
—	—	—	—

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	4		NONE	NONE

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)	48. SIGNATURE OF PERSON BEING SEPARATED
FIRE ISLAND LIGHT STATION, BAY SHORE, SUFFOLK, NY	Robert Warren Hodges

DD FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE.

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D. C.
MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OQR
TR TO INACTIVE DU FWD TO CMC (CODE DGH).
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D. C.)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP SHORT BEACH, Freeport, NY (Ship or station) (Location) On 24 March 1955 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 24 March 1955 (Day) (Month) (Year)

Reason EXPIRATION OF ENLISTMENT Type discharge certificate HONORABLE

Authority: ART: 12-3-42 (A)(1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at GROUP SHORT BEACH, Freeport, New York (Place) ON 25 March 1952 (Date)

[X] Accepted for enlistment at [X] Ordered to active duty from GROUP SHORT BEACH, Freeport, New York (Place) ON 25 March 1952 (Date)

Home address at time of enlistment, induction, or order to active duty FIRE ISLAND LIGHT STATION, BAY SHORE, SUFFOLK, NEW YORK

TRAVEL DATA

I hereby elect travel allowance to Bay Shore, New York (Location)

Place of HA Home Address (See travel instructions)

SIGNATURE Robert Warren Hodges

18

U. S. COAST GUARD
FINANCE OFFICE
MAR 15 1955

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for Sixty (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

U. S. COAST GUARD
FINANCE OFFICE
NEW YORK, N. Y.
MAR 22 1955

Completed 12 years service for pay purposes on 15 December 1953 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS Final Average PIR 3.7 CONDUCT 4.0
Recommended for Reenlistment
ID Card No. 38158 destroyed
Issued DD-217
Issued ID Card No. 102359

RECEIVED
NEW YORK, N. Y.

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
J.M. ODIN, CHBOSN(L),CO	CHBOSN(L),CO	601-55

DISBURSING DATA

Travel allowance credited, $ 1.08 Cash settlement for unused accrued leave (60 days) $ 545.06

NAME OF A. C. O. D. W. BOWLING, CHPCLK, USCG

Computation:

MA FREEPORT LINY TO BAYSHORE LINY (
(10 mi @ 6¢) 1.08
LSL BP&L 214.03 (60 days) 428.06
LSL ALLOW. 1.95 (60 days) 117.00

DUE AT DISCHARGE, $ 669.10

PERSONAL FUNDS, $ xxxxxxxx

GRATUITY CREDITED, $ xxxxxxxxx

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
HODGES,	Robert	Warren	230-917	BM1

16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP SHORT BEACH, FREEPORT, NEW YORK

Entitled to NATIONAL SERVICE DEFENSE MEDAL. Auth: 9-B-8, Personnel Manual.

J.M. ODIN, CHBOSN(L), CO

HD fm USCG by reason of EXPIRATION OF ENLISTMENT on 24 March 1955

W.H. KNOWLES, CHBOSN, CO

RECOMMENDED FOR REENLISTMENT.

RATING UPON DISCHARGE Boatswain Mate 1st Class (Permanent)

Authority for discharge ART 12-3-42 (A)(1) CG REGS

Civil Readjustment Interview given on 9 March 1955. Subject man desires reeinlistment.

W.H. KNOWLES, CHBOSN, CO

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
24 March 1955	ART 12-3-42(A)(1) CG REGS		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BM1	11-16-53	W.H. KNOWLES	CHBOSN, CO (ACTING)

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP SHORT BEACH, FREEPORT, NEW YORK

Entitled to NATIONAL SERVICE DEFENSE MEDAL. Auth: 9-B-8, Personnel Manual.

J.M.ODIN,CHBOSN(L),CO

HD fm USCG by reason of EXPIRATION OF ENLISTMENT on 24 March 1955

W.H. KNOWLES, CHBOSN, CO

RECOMMENDED FOR REENLISTMENT.

RATING UPON DISCHARGE Boatswain Mate 1st Class (Permanent)

Authority for discharge ART 12-3-42 (A)(1) CG REGS

Civil Readjustment Interview given on 9 March 1955. Subject man desires reeinlistment.

W.H. KNOWLES, CHBOSN, CO

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
24 March 1955	ART 12-3-42(A)(1) CG REGS		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BM1	11-16-53	W.H. KNOWLES	CHBOSN,CO (ACTING)

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
HODGES,	Robert	Warren	230-917

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

	1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*	9-30-52	QUAR	BM1	3.7	3.7	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	12-31-52	QUART	BM1	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	31 Mar 53	EQM	BM1P	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	30 June 1953	RQM	BM1P	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	30 Sept 1953	RQM	BM1P	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	31 Dec 1953	RQM	BM1	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
*	31 Mar 54	RQM	BM1	3.7	3.6	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L), CO
*	30 Jun 54	RQM	BM1	3.7	3.6	4.0	GROUP SHORT BEACH	J.M.ODIN,CHBOSN(L),CO
*	30 Sep 54	RQM	BM1	3.7	3.6	4.0	GROUP SHORT BEACH	J.M.ODIN,CHBOSN(L),CO
*	31 Dec 54	RQM	BM1	3.7	3.7	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
	24 Mar 55	DIS	BM1	3.7	3.7	4.0	GROUP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
		AVERAGE		3.7	3.62	4.0	GROUP SHORT BEACH	J.M. ODIN,CHBOSN(L),CO

NAME (Last) HODGES, (First) Robert (Middle) Warren | SERVICE NO. 230-917

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 7-1-52 Credit brought forward from previous record 8 DAYS

AUTHENTICATED BY J.M. ODIN, CHBOSN(L)

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
ANNUAL CREDIT				30 Jun 53	30	38	GRP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
BBF 7-1-53						38	GRP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
12 Jan 54	16 Jan 54	5	E			33	GRP SHORT BEACH	J.M. ODIN, CHBOSN(L),CO
ANNUAL CREDIT				30 Jun 54	30	60	GRP SHORT BEACH	J.M.ODIN,CHBOSN(L),CO
BBF 7-1-54						60	GRP SHORT BEACH	J.M.ODIN,CHBOSN(L),CO
				24 Mar 55	22	60	GRP SHORT BEACH	J.M.ODIN,CHBOSN(L),CO

Elects to receive cash compensation for sixty (60) days unused leave remaining to balance upon discharge.

J.M. ODIN, CHBOSN(L),CO

DE-DD-50

Paid $439.76 cash compensation for 60 days lv-subs;qtrs on 3-24-55 at office Cdr 3rd CGDist. by J.F.CANNON,Chief Disbursing Symbol 1375; Pay Roll No. 03-391.

D. W. BONSTING, CPO,USCG
AUTHORIZED CERTIFYING OFFICER

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) HODGES (First) Robert (Middle) Warren SERVICE NO. 230-917

CG 2500-C
(Rev. 8-51)

RECORD OF HODGES, Robert Warren (Full name, surname to the left) 230-917 (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
				ENTITLED TO CASH COMPENSATION FOR FIFTY SIX (56) DAYS UNUSED LEAVE REMAINING TO CREDIT UPON DISCHARGE. J. M. ODIN, CBOSN(L), USCG CMDR. CG GROUP SHORT BEACH							
IC- REEN 3-25-52	-0-	-0-	-0-							-0-	J.M.ODIN, CBOSN(L) CO, GRP SHORT BEACH
				Paid $409.64 cash compensation for 56 days lv; subs; qtrs cn 3/25/52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 103-4128; Pay Roll No. 03-PR-446 P. D. SHOST, CPCLK, USCG Authorized Certifying Officer						-0-	
ANCR 6-30-52 BBF 7-1-52	3	6	8							8 8	J.M.ODIN, CBOSN(L) CO, GRP SHORT BEACH

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To— (Inclusive dates)	Reason	Months	Days	Signature and Unit

16—9076-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
11-16-53	BM1 perm.	H/L (PE-1) dtd to rank fm	11-5-53, MM 1-16-52		J.M. ODIN, CHBOSN(L),CO	GRP SHORT BEAC

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
HODGES	Robert	Warren		230-917		BM1(P)

CG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF HODGES, Robert Warren (Full name, surname to the left) 230-917 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			REEN & RPTD GROUP SHORT BEACH (FIRE ISLAND LSTA)	3-25-52	J.M.ODIN,CBOSN(L) CO,GRP SHORT BEACH

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
GROUP SHORT BEACH FIRE ISLAND LSTA AUTH: HL (PE-1) dated 11 January, 1952	CR fm BM2 to BM1(P)	1-16-52	J.M.ODIN,CBOSN(L), USCG CMDR.CG GROUP SHORT BEACH

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676a-4

RECORD OF _____ _____

(Full name, surname to the left) (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
6-30-52	BM1(P)	3.6	3.6	3.5	3.6	4.0	J.M.ODIN,CBOSN(L),CO,GRP SHORT BEACH
AVERAGE	x x x x						

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

16—9078e-4 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
HODGES, Robert Warren	230-917	BM1(P)	

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)* Edna G. Hodges — RELATIONSHIP *(If friend, so state)* Wife

ADDRESS *(Number, Street, City and State)*
Winges and Harper St. Patchouge LI, New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
as above	as above

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Russel Alan Hodges	as above	single	M	6
Robert Clark Hodges		single	M	3

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
William Rau 64	Elbow Lake, Minn.
9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Sophia Pauline Rau 64	Elbow Lake, Minn.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
none	

ADDRESS *(Number, Street, City and State)*

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
none	

ADDRESS *(Number, Street, City and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Edna G. Hodges	Wife
ADDRESS *(Number, Street, City and State)*	RECEIVE EACH MONTH
Winges and Harper St., Patchouge, LI, New York	80 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Fire Island Light Station U. S. Coast Guard Bay Shore, LI, New York	3-25-52	Robert Warren Hodges Robert Warren Hodges

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD
[redacted] }

RE ENLISTMENT OF HODGES, Robert Warren (Full name, surname to left); 230-917 (Service number); _____ (Pay per month)

Accepted for enlistment at Group Short Beach, Freeport, LI, New York; BM2 (Rating in which enlisted)

Enlisted at Group Short Beach, Freeport, LI, New York; 25 March, 1952 (Date of enlistment)

Transferred to Retained at Fire Island Light Station (Group Short Beach)

Occupation U. S. Coast Guard Citizenship * NB If naturalized, place

and date of naturalization _____ Certificate No. _____

Date of birth 9 November, 1917 Place of birth Springfield, Minn.

Home address Fire Island Light Station, Bay Shore, Souffolk, New York (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Edna G. Hodges

(wife) - Fire Island Light Station, Bay Shore, New York (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard [redacted] } 10 (Years) 3 (Months) 9 (Days)

First enlisted 16 December, 1941 (Date) at Recruiting Office, Omaha, Nebraska (Place) and was

last discharged 24 March, 1952 (Date) from Group, Short Beach, Freeport, LI, New York (Unit)

with HONORABLE (Character) discharge as BM1(P) (Rate) No. _____

Previous Navy service -0- (Years) (Months) (Days) Previous Marine Corps service -0- (Years) (Months) (Days)

Previous Army service -0- (Years) (Months) (Days) Age 34 years 4 months.

Height 6 feet -0- inches. Weight 160 pounds.

Eyes Blue Sex Male Hair Lt Brown Complexion Ruddy Color Cauc

Personal characteristics _____ marks, etc. Brown Pigmented birthmark 1" dia on right forearm; VSULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with J.M.ODIN,CBOSN(L) of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE (3) years from 25 March, 1952 / during minority until _____, 1_____ } unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Robert Warren Hodges do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard. and the Uniform Code of Military Justice.

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

Robert Warren Hodges

Robert Warren Hodges
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25th day of March, A. D. 19 52

J. M. Odin

J. M. ODIN, CBOSN(L), USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

CMDR. CG GROUP SHORT BEACH
(Title)

Citizenship substantiated and contract perfected.

J. M. Odin

J. M. ODIN

CBOSN(L), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

under authority of .....

(Signature of man)

(Signature of commanding officer)

16—8420-2

238-55

CG GROUP SHORT BEACH, Freeport, N.Y.
Fire Island Light Station (03-300326) 3 December 1954

1954

230-917 HODGES, Robert W.

ENL USCG	12-16-41
ENL EXT 2 YRS FM	1-1-45
HD	3-17-47
NO LOST TIME	
REEN USCG	3-18-47
HD	3-22-49
NO LOST TIME	
REEN USCG	3-23-49
HD	3-24-52
NO LOST TIME	
REEN USCG	3-25-52
NOW SERVING - NO LOST TIME	
Completed 12 years credit-able service for pay purposes on 15 December 1953.	12-16-53 XXX

- - - -

212-55

CG GROUP SHORT BEACH, Freeport, N.Y.

Fire Island Light Station (03-300326) 19 November 1954

1955

230-917 HODGES, Robert W.

TR 0830, 17 November 1954
to Atlantic City LBSTA. TAD
Retd 1000, 18 November 1954
fm Atlantic City LBSTA. TAD
Completed.
CHK SUBS @ $2.57 per day 11-17 11-18

J.M.ODIN,CHBOSN(L),CO

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.

AUTHORIZATION NO. 032148

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	PLACE OF ADDRESS	DATE
CG GROUP SHORT BEACH	Freeport, New York	15 Nov 54

TO (Insert name, Service No. and rate)
HODGES, Robert W. (230-927) BM1, USCG

1. AUTHORITY
CCGD3/L dtd 29 October 1954, J6-1

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (Temporary, Reassignment, Etc.)	APPROX. NO. DAYS
a.	INTERMEDIATE: Atlantic City Lifeboat Station, Atlantic City, NJ	TAD	1
b.	INTERMEDIATE:		
c.	ULTIMATE DESTINATION: Fire Island Light Station	PERMANENT	DEEP

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM _____
TO _____

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (Specify)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED -0- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME -0- TRAVEL TIME -0- LEAVE -0-
COMPENSATORY ABSENCE -0- (Indicate days and type)

REPORT NOT LATER THAN
TIME Without Delay DATE 17 Nov 54

ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CG Dist.
TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

b. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS _____ PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE

c. ☐ YOU ARE DIRECTED TO TRAVEL BY _____ (Insert rail, bus, etc.), WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

d. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (Grade and title)
J.H.ODIN,CHBOSN(L),CO

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	17 Nov 54	J.H.ODIN,CHBOSN(L),CO

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
Robert W. Hodges

16—69055-1

0800 - 4-5-54

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.	AUTHORIZATION NO.	SECURITY INFORMATION
2509-54	033681	☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	PLACE OF ADDRESS	DATE
CG GROUP SHORT BEACH	Freeport, New York	30 Mar 54

TO (Insert name, Service No. and rate)
HODGES, Robert W. (230-917) BM1, USCG

1. AUTHORITY
CCGD3/L dtd 4 March 1954, P16-3/MM

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (Temporary, Reassignment, Etc.)	APPROX. NO. DAYS
a.	INTERMEDIATE Port Security Unit, Ellis Island, New York	TAD	2
b.	INTERMEDIATE —		
c.	ULTIMATE DESTINATION Fire Island Light Station, Bay Shore, N.Y.		indef

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.

☐ ~~THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~

☐ ~~THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM~~ _____

TO _____

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (Specify)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT: All records retained in district

3. YOU ARE AUTHORIZED -0- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME -0- TRAVEL TIME -0- LEAVE -0-
COMPENSATORY ABSENCE -0- (Indicate days and type)

REPORT NOT LATER THAN	ADDRESS ON LEAVE
TIME 0800 DATE 5 Apr 54	

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD
TRAVEL ALLOTMENT SYMBOL 03-20 Art 4205 JTR TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY _____ AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ ~~FOR PERMANENT CHANGE OF STATION, YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.~~
☐ ~~FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~

b. ☐ ~~GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
☐ ~~GOVERNMENT VESSEL~~ ☐ ~~GOVERNMENT AIRCRAFT, CLASS~~ _____ ~~PRIORITY CERTIFIED.~~ ☐ ~~GOVERNMENT VEHICLE~~

c. ☒ YOU ARE DIRECTED TO TRAVEL BY common carrier (Insert rail, bus, etc.) WHEN AVAILABLE: OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

d. ☐ ~~YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.~~

5. AUTHENTICATING SIGNATURE (Grade and title) J.M. ODIN, CHBOSN(L) By diregtion

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
0545	5 Apr 54	J.M. ODIN, CHBOSN(L)

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER Robert W. Hodges
Robert W. Hodges

16—69055-1

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION Fire Island Light Station ~~FIRE SECURITY UNIT, ELLIS ISLAND, N.Y.~~ | HOUR 1400 ~~0800~~ | DATE REPORTED 5 April 1954

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title) J.M. ODIN, CHBOSN(L),CO ~~M.K. HUTCHINSON, CHBOSN, USCG~~

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

Issued T/R 196, 988 in favor of the LIRR Railroad for one fare from Freeport New York, ~~New~~ to New York, New York & RETURN.

J.M. ODIN, CHBOSN(L)

I have received the T/R listed above.

Robert W. Hodges
Robert W. Hodges

6 April 1954

FIRST ENDORSEMENT
PSU, EINY

1. Temporary additional duty completed
2. Delivered and departed this unit at 1130.

M. K. HUTCHINSON
BY direction

INSTRUCTIONS: T... not applicable, D... DESTINATION... Identify con...

UNIT

16—69055-1 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO. 2509-54

AUTHORIZATION NO. 033681

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	PLACE OF ADDRESS	DATE
CG GROUP SHORT BEACH	Freeport, New York	30 Mar 54

TO (Insert name, Service No. and rate)
HODGES, Robert W. (230-917) BM1, USCG

1. AUTHORITY
CCGD3/L dtd 4 March 1954, P16-3/MN

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (Temporary, Reassignment, Etc.)	APPROX. NO. DAYS
a.	INTERMEDIATE Port Security Unit, Ellis Island, New York	TAD	2
b.	INTERMEDIATE		
c.	ULTIMATE DESTINATION Fire Island Light Station, Bay Shore, N.Y.		indef

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM _____
TO _____

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (Specify)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT
All records retained in district

3. YOU ARE AUTHORIZED -0- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME -0- TRAVEL TIME -0- LEAVE -0-
COMPENSATORY ABSENCE -0- (Indicate days and type)

REPORT NOT LATER THAN
TIME 0800 DATE 5 Apr 54

ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD
TRAVEL ALLOTMENT SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY Art 7205 JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

b. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT. CLASS _____ PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE

c. ☒ YOU ARE DIRECTED TO TRAVEL BY POV on carrier (Insert rail, bus, etc.), WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

d. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (Grade and title)
J.M. ODIN, CHBOSN(L) By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	5 Apr 54	J.M. ODIN, CHBOSN(L)

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
Robert W Hodges
Robert W. Hodges

16—69055-1

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION Fire Island Light Station ~~COAST GUARD~~ UNIT, ELLIS ISLAND, ~~N.Y.~~ N.J. HOUR 1400 ~~0800~~ DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF. 5 April 1954

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title) M. K. HUTCHINSON, CHBOSN(L), ~~USCG~~ CO

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

Issued T/R 196, 988 in favor of the LIRR Railroad for one fare from Freeport New York, ~~NEW~~ to New York, New York & RETURN.

J.M. ODIN, CHBOSN(L)

I have received the T/R listed above.

Robert W Hodges

Robert W. Hodges

FIRST ENDORSEMENT
PSU, EINY

6 April 1954

1/ Temporary additional duty completed

2. Delivered and departed this unit at 1130.

M. K. HUTCHINSON
BY direction

16—69055-1 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSE

UNIT	ADDRESS	DATE
Fire Island Lifeboat Station	Bay Shore, New York	11 January, 1954

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W.(230-917)BM1	Cdr.,CG GROUP, Short Beach	Officer in Charge Fire Island LBSTA

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR	☐ REENLISTMENT
5	11 January, 1954	☒ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 93 Wiges Ave., Patchogue, L.I., N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Robert W Hodges
Robert W. Hodges

Ind.-1 Unit: Fire Island LBSTA. Date 11 January, 1954

Date current leave accounting period began	7/1/53	Balance brought forward beginning of present accounting period	38
Number days' leave used during current accounting period	0	Date of expiration of current enlistment	24 March, 1955

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W H Knowles
W. H. KNOWLES, CHBOSN, USCG, Officer in Charge
(Signature, rank, and title)

Ind.-2 Unit: CG GROUP, Short Beach Date 11 January, 1954

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

W H Knowles
W. H. KNOWLES, CHBOSN, USCG, By direction
(Signature, rank, and title)

Ind.-3 Unit: CG GROUP, Short Beach Date 11 January, 1954

☒ Returned, GRANTED 5 days.

☐ ADVANCE Emergency Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

W H Knowles
W. H. KNOWLES, CHBOSN, USCG, By direction
(Signature, rank, and title)

Ind.-4 Unit: Fire Island LBSTA. Date 11 January, 1954

Departed at 0900, this date. This leave expires before 0900, 17 January, 1954

at Fire Island Lifeboat Station and is subject to the instructions on the reverse hereof.

W H Knowles
W. H. KNOWLES, CHBOSN, USCG, Officer in Charge
(Signature, rank, and title)

Ind.-5 Unit: Fire Island LBSTA. Date 17 January, 1954

Reported at 0900, this date, having used 5 days' leave.

W H Knowles
W. H. KNOWLES, CHBOSN, USCG, Officer in Charge
(Signature, rank, and title)

16—40220-3

(Over)

227-54

CG GROUP SHORT BEACH, Freeport, New York

Fire Island Light Station (03-300326) 18 January 1954

1954

230-917 HODGES, Robert W. AL(LV RATS) 0900, 1/11/54 to 0900, 1/17/54.
(NOT AOL) 5 days
CHK SUBS @ $2.57 per day 1-12 1-16

J.M. ODIN, CHBOSN(L),CO

Short Beach

U.S. COAST GUARD RECEIVED NOV 16 1953 PERSONNEL OFFICE NEW YORK, N.Y.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

13 November 1953
FILE: MM P17-2

RECEIVED NOV 16 9 10 AM 1953 OFFICE OF THE COMMANDER THIRD DISTRICT MAIL SECTION

From: Commandant
To: Officer-in-Charge, Fire Island Lifeboat Station, USCG, Bayshore, N. Y.
Via: Commander, Third CG District (p)

Subj: HODGES, Robert W. (230-917) BM1(P)USCG ; forthcoming examination for chief petty officer (provisional)

Ref: (a) HODGES' ltr of 10-27-53, file P17-2 with endorsements

In view of the recommendation submitted, and in view of his qualifications, subject named man will be permitted to participate in the forthcoming examination for chief petty officer (provisional) in his specialty, which will be held during the month of April, 1954.

W. B. ELLIS
By direction

---

p
16 November 1953
P17-2/MM

FIRST ENDORSEMENT

From: Commander, Third CG District
To: Commander, CG Group, Short Beach

1. Forwarded.

2. Advise subject-named man of the contents of basic letter.

S. L. BROWN
By direction

137-54

CG GROUP SHORT BEACH, Freeport, New York
Fire Island Light Station (03-300326) 17 November 1953

1954

239-917 HODGES, Robert W. CR fm BM1(P) to BM1 perm. Auth: H/L (PE-1) dtd 11/5/53, MM, effective 16 November 1953. 11-16 XXX

J.M. ODIN, CHBOSN(L),CO

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
3rd Coast Guard District
80 Lafayette Street
New York 13, N. Y.

P
10 November 1953
P17-2/MM

From: Commander, Third Coast Guard District
To: Commander, CG Group, Short Beach
Via:

Subj: Personnel; permanent appointments

Ref: (a) H/L(PE-1) dtd 11/5/53, file MM

1. In accordance with reference (a), the provisional rates of the below-named men are hereby made permanent, effective 16 November 1953 , with seniority in rate from the dates indicated, provided their conduct and performance of duty since date of advancement have been satisfactory. Certificate of Appointment are inclosed for delivery to the men concerned. The certificates for any men not considered qualified for permanent appointment will be returned to the Commandant (PE) for cancellation.

HODGES, Robert W. (230-917) BM1(P) - 1-16-52

2. Make necessary entries in service records and on personnel reports showing permanent appointments, citing reference (a) as the authority therefor.

S. L. BROWN
By direction

Encl: (1) 1 Certificates of Appointment

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-...

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3

6 November 1953
MM

U.S. COAST GUARD RECEIVED NOV 12 1953

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS
WASHINGTON

PERSONNEL OFFICE
NEW YORK, N. Y.

RECEIVED
NOV 12 8 19 AM 1953
THIRD
C G DISTRICT
MAIL SECTION

RECEIVED
OFFICE OF THE
COMMANDER

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BM1(P); USCG

Statement of service of.
Ref: Your request dated 10-29-53
1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 1-1-45	2 yrs. from 3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52							
Now serving							

B. A. Shaw
B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

2511 (Revised)
by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
6 November 1953
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Short Beach, Freeport, N.Y.
Via: Commander, Third CG District (p)
SUBJECT: HODGES, Robert Warren (230-917) BM1(P); USCG

Statement of service of.
Ref: Your request dated 10-29-53

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 12-16-41		None		None		None	
Enl. Ext. 1-1-45	2 yrs. from 3-17-47 H D	None		None		None	
3-18-47	3-22-49 H D	None		None		None	
3-23-49	3-24-52 H D	None		None		None	
3-25-52							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3145 (Rev. 10-51)

REQUEST FOR STATEMENT OF CREDITABLE SERVICE

DATE: 29 October 1953

NAME (Last, First, Middle): HODGES, Robert Warren

USCG SERVICE NUMBER: 230-917

RATE: BM1(P)

UNIT AND LOCATION: CG GROUP SHORT BEACH, Freeport, New York

DATE CURRENT ENLISTMENT: 25 March 1952

DATE OF BIRTH: 9 Nov. 1917

PLACE OF BIRTH: Springfield, Minn.

PRIOR SERVICE CLAIMED

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☒ OTHER (Specify) U.S. COAST GUARD

COMPONENT:

SERVICE, SERIAL, OR FILE NO.: 230-917

NAME (If served under name other than above):

ENTRY

DATE: 16 Dec. 1941

UNIT AND LOCATION: Recruiting Office, Omaha, Nebraska

☒ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

COMPONENT:

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

SERVICE

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE

☐ NATIONAL GUARD, STATE OF _____

☐ OTHER (Specify) _____

COMPONENT:

SERVICE, SERIAL, OR FILE NO.:

NAME (If served under name other than above):

ENTRY

DATE:

UNIT AND LOCATION:

☐ ENLISTED ☐ INDUCTED ☐ COMMISSIONED

SEPARATION

DATE:

UNIT AND LOCATION:

GRADE OR RATE:

INACTIVE DUTY DURING THIS PERIOD OF SERVICE

FROM: TO:

Submit original and copy, without letter of transmittal, direct to COMMANDANT (PE-3,

J.M. ODIN, CHBOSN(L), CO
(SIGNATURE - GRADE AND TITLE)

Commander
CG GROUP SHORT BEACH
U.S. Coast Guard
Freeport, New York

10 June 1953
N4-1

From: Commander, CG Group Short Beach
To: HODGES, Robert W. (230-917) BM1(P)

Subj: HODGES, Robert W. (FIRE ISLAND LTSTA); Orders for occupancy of Government Quarters

Ref: (a) Article 10-4-3(B), CG Regulations
(b) CCGD3 ltr dated 25 May 1953, N4-1

1. Government housekeeping quarters at FIRE ISLAND LTSTA being required for the housing of personnel thereat, you are hereby authorized and directed to occupy the housekeeping quarters thereat.

2. You will continue to occupy these quarters until definite orders are received directing the termination thereof. Refusal of you and your dependents to occupy these quarters will result in the cancellation of your quarters allowance.

J.M. ODIN

Copy to:
CCGD3(p)
CCGD3(f)
file

PHS-127 (HD) OLD NUMBER 1918
REVISED 6-47
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

CERTIFICATE OF DISCHARGE

No. .....

From U. S. PHS HOSPITAL (Marine hospital or relief station) At STATEN ISLAND 4, NEW YORK

DEC. 15, 19 52

THIS IS TO CERTIFY that Hodges, Robert (Surname) (First) (Middle)

was treated in the Hospital (Hospital or dispensary) as a Hospital (Hospital or out-) patient

from 9/26/52 (Date of admission), 19..... to 12/15/52 (Date of discharge), 19.....

Class of beneficiary CG Condition on discharge Improved

Reason for discharge Maximal hospital benefit.

Certified service on last vessel ..... Name of vessel .....

DESCRIPTION

Nativity .....
Date of birth .....
Color .....
Complexion .....
Height .....
Eyes .....
Hair .....

REMARKS: FFD 12-16-52
To ret To OP on 1-15-52

Robert J. Trautman
Surgeon.

NOTE.—Retain copy for station files.

U. S. GOVERNMENT PRINTING OFFICE 16—11886-2

(Signature of patient)

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

Fit for duty. To return for recheck on 1-15-52.

Fitted with McAusland Brace and advis d to wear this brace for 3-4 months and do continuous flexion exercised daily for this period.

CONDUCT REPORT:

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

A. L. PATRICK
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

FOLLOW INSTRUCTIONS ON BACK

(Name, surname first)	(Service number)	(Rank or rating)	(Unit)
OGERS, Robert W.	230-917	BM1(P) USCG	Fire Island LB STA.

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place USPHS HOSPITAL, STAP., SINY, Date 15 December, 1952, 19

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Herniated nucleus pulposus.	2511-400.9	9-26-52	12-15-52

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

Fit for duty. To return for recheck on 1-15-52.
Fitted with McAusland Brace and advis d to wear this brace for 3-4 months and do continuous flexion exercised daily for this period.

CONDUCT REPORT:

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

A. L. PATRICK
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

IND-1
USPHS HOspital Stap., SINY

15 December

Discharged this date at 1200 enroute to his 3rd District.

Diagnosis: Herniated nucleus pulposus.

Disposition: Fit for duty. Fitted with McAusland Brace and advised to wear this brace for 3 to 4 months and do continuous flexion exercises daily for this period of time. To return to OPD 1-1

A. L. Patrick

A. L. PATRICK
Surgeon

P
16 December 1952
Fld-4/EM
1898-53

From: Commander, 3rd Coast Guard District
To: [redacted], Robert W. (229-217) AM1(P), USCG

Subj: Orders, travel, resumption of regular duty

1. Having reported this office at 1400 this date from the U. S. Public Health Service Hospital, Stapleton, Staten Island, New York, you are hereby directed to report to the Officer-in-Charge, Fire Island, Lifeboat Station, for resumption of your regular duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 05-20, authorization No. 052352.

3. Travel is authorized via all modes.

4. No proceed time is allowed.

5. [redacted], SHORT BEACH GROUP WILL HEREBY ACCOUNTABLE.

6. Relieved and departed this office at 1430 this date. EOA: 12-15-52.

S. L. BROWN
By direction

Copy to:
Pers
Pay
Class
File
[redacted] SHORT BEACH
EOA

HODGES, Robert Warren 230-917 BM1(P)

GROUP SHORT BEACH FIRE ISLAND LIGHT STATION FREEPORT, NEW YORK

25 March, 1952

Enlistment extended a period of 2 days due to discharge date falling on Saturday 22 March, 1952.
3-24-52 HD by reason of EXP of ENL and EXT. Art. 589(1) CG Regs.
3-25-52 REEN for a period of THREE (3) yrs in the permanent rating of BM2 and advanced to rate held on HD - BM1(P) Art 1-C-51, 1-C-52(a) and 1-C-54 of PERSONNEL MANUAL

J. M. ODIN, CBOSN(L)

Service Rec

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

330-917 (File or service No.) | HUGHES, Robert W. (Surname) (First name) (Initial) | BM1 (Rank or rating and branch of service)

24 March 1952 (Date discharged or released from active duty) | GROUP SHORT BEACH, Freeport, N.Y. (Activity from which discharged) | (60 DAYS OR MORE) (Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. 1952

J.M. ODIN, CDOSH (L), USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

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? Since 6-26-50 NO
(Enter Yes or No)

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

c/o Fire Island Lifeboat Station
(Number) (Street)

Bay Shore, Long Island, New York
(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on _____ (Public voucher) _____ (Check number) _____ (Date)

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

MUSTERING OUT PAYMENT DIVISION DATA

16—89039-1

QUADRUPLICATE

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

GROUP SHORT BEACH, FREEPORT, LONG ISLAND, NEW YORK
(Unit)

HODGES, Robert Warren
(Name in full—surname to the left)

24 March, 1952
(Date)

230-917
(Service number)

BM1(P)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	49	3	23
Enlistment extended (for 2 days' years from)	52	3	23
Date of discharge (HONORABLE) (Character of discharge)	52	3	24

NUMBER OF—		
Years	Months	Days
3	-0-	2

Total time of last enlistment period

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		

Paid $150- Reen. Allow on 3/25/52 by
PAUL D. BANNING, CDO, Symbol No. 1375
on Vo. No. 403-4128, Pay Roll No. 03-PR-446

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

Total Absence (-0- days)

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.

J. M. ODIN

Date 24 March, 1952 (Rank) CBOSN(L), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 March, 1952 GROUP SHORT BEACH, FREEPORT, LONG ISLAND, NEW YORK
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE (3) years from this date.

J. M. ODIN

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

16—20908-1

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

NAME	SERVICE NUMBER	RATING
Robert Warren Hodges	230-917	BM1(P)
UNIT: GROUP SHORT BEACH ~~USCG PERSONNEL SEPARATION CENTER NO.~~	LOCATION: FREEPORT, NEW YORK	DATE REPORTED: 23 March, 1952
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING	CONDUCT: 4.0

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

New York, New York (PAFE)

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (*Check*)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (*Explanation below*)

Robert Warren Hodges
(*Signature of Dischargee*)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
3-24-52	HONORABLE	

REASON	AUTHORITY
EXP OF ENL & EXT.	ARTICLE 589(1) COAST GUARD REGULATIONS

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (*Check*)

[ ] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE

SIGNATURE OF DISCHARGEE

Robert Warren Hodges

MUSTERING OUT PAY (*Check*)

[ ] ENTITLED TO & CERTIFIED FOR M.O.P. [X] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF ~~XXX~~ six CENTS PER MILE

FROM:	TO:	TOTAL TRAVEL ALLOWANCE
POD, Freeport, N. Y.	PAFE, New York, N. Y.	$1.44

TOTAL AMOUNT PAID FOR TA & PAY (*In full to date of Discharge*)	CHECK NO.	NAME OF PAY OFFICER
$411.08	294,265	HERBERT NEWMAN, PCLK, USCG (1375)

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	3	-0-	2

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE	USCG PERSONNEL SEPARATION CENTER NUMBER
J. Modin J. M. ODIN, CBOSN(L), USCG, CO	

(P)

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
HODGES, Robert Warren	290-917,	SN1(T) 1-16-52	U S C G

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
					DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
ARTICLE 589(1) COAST GUARD REGULATIONS	GROUP SHORT BEACH, FREEPORT, NEW YORK

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (*City and State*)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
9	NOV	1917	Springfield, Minn.	Male	Caus	Lt.Brown	Blue	5'	160

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (*City, County, State*)	15. INDUCTED: DAY	MONTH	YEAR

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE:

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (*City and State*)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (*St., R.F.D., County, City and State*)
15	DEC	41	Omaha, Nebraska	Not available

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	7	3	7
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	-0-	2
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	10	3	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

28. MOST SIGNIFICANT DUTY ASSIGNMENT: GROUP FROST BEACH

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*)

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (*From-To*)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (*amount and premium due each month*): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
------	------	------	------

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$411.00	$1.44	RESIDENT MURAL, PCIR, USCG (1375)

AUTHENTICATION

38. REMARKS (*Continue on reverse*): RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (*Typed*): J. M. COIN, CDR(T), USCG
EXEC. CO GROUP SHORT BEACH

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (*Specify type*) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (*Years successfully completed*): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	4			

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., County, City and State*): Wingee and Harper St. Patchogue LI NY

48. SIGNATURE OF PERSON BEING SEPARATED: Robert Warren Hodges

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (*unless otherwise indicated*)

DD FORM 1 JAN 50 214

ALL SERVICES: *AFFIX TO SERVICE RECORD BOOK*

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

PE-PR-10

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE ENLISTMENT OF HODGES, Robert Warren (Full name, surname to left); 230-917 (Service number); _____ (Pay per month)

Accepted for enlistment at Group Short Beach, Freeport, LI, New York; BM2 (Rating in which enlisted)

Enlisted at Group Short Beach, Freeport, LI, New York; 25 March, 1952 (Date of enlistment)

Transferred to Retained at Fire Island Light Station (Group Short Beach)

Occupation U. S. Coast Guard Citizenship* NB If naturalized, place

and date of naturalization _____ Certificate No. _____

Date of birth 9 November, 1917 Place of birth Springfield, Minn.

Home address Fire Island Light Station, Bay Shore, Souffolk, New York (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Edna G. Hodges

(wife) - Fire Island Light Station, Bay Shore, New York (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 10 (Years) 3 (Months) 9 (Days) ✓

First enlisted 16 December, 1941 (Date) at Recruiting Office, Omaha, Nebraska (Place) and was

last discharged 24 March, 1952 (Date) from Group, Short Beach, Freeport, LI, New York (Unit)

with HONORABLE (Character) discharge as BM1(P) (Rate) No. _____

Previous Navy service -0- (Years) (Months) (Days) Previous Marine Corps service -0- (Years) (Months) (Days)

Previous Army service -0- (Years) (Months) (Days) Age 34 years 4 months.

Height 6 feet -0- inches. Weight 160 pounds.

Eyes Blue Sex Male Hair Lt Brown Complexion Ruddy Color Cauc

Personal characteristics _____ marks, etc. Brown Pigmented birthmark 1" dia on right forearm; VSULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with J. M. ODIN, CBOSN(L) of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE (3) years from 25 March, 952 / during minority until _____, 1 } unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Robert Warren Hodges, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard. and the Uniform Code of Military Justice.

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

Robert Warren Hodges

Robert Warren Hodges

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25th day of March, A. D. 1952

J. M. Odin

J. M. ODIN, CBOSN(L), USCG

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

CMDR. CG GROUP SHORT BEACH

(Title)

Citizenship substantiated and contract perfected.

J. M. Odin

J. M. ODIN

CBOSN(L), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....

(Signature of man)

.....

(Signature of commanding officer)

16—8420 2

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to ....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Robert Warren Hodges, BM1(P)	230-917	REENLISTMENT
Station to Which Certification Submitted	**Typed Name and Grade of Witnessing Officer**	
GROUP SHORT BEACH, FREEPORT, NEW YORK	J. M. ODIN, CBOSN(L), USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

Given under my hand this 25th day of March 19 52

Signature of Witnessing Officer

J. M. Odin

J. M. ODIN, CBOSN(L), USCG

Signature of Person Making Certification

Robert Warren Hodges

Robert Warren Hodges, BM1(P)

U.S. GOVERNMENT PRINTING OFFICE : 1950—O-919201

Consolidated List of Organizations Designated by the Attorney General on October 30, 19[redacted] suant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abrgham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
[redacted]w Committee for Publications
[redacted]North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Robert Warren Hodges

Robert Warren Hodges, BM1(P)

SIGNATURE OF WITNESSING OFFICER

J. M. Odin

J. M. ODIN, CBOSN(L), USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
HODGES, Robert Warren	230-917	BM1(P)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Edna G. Hodges	Wife

ADDRESS *(Number, Street, City and State)*
Winges and Harper St. Patchouge LI, New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
as above	as above

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Russel Alan Hodges	as above	single	M	6
Robert Clark Hodges		single	M	3

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
William Rau 64	Elbow Lake, Minn.

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Sophia Paulina Rau 64	Elbow Lake, Minn.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
none	

ADDRESS *(Number, Street, City and State)*

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
none	

ADDRESS *(Number, Street, City and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Edna G. Hodges	Wife
ADDRESS *(Number, Street, City and State)* Winges and Harper St., Patchouge, LI, New York	RECEIVE EACH MONTH 80 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Fire Island Light Station U. S. Coast Guard Bay Shore, LI, New York	3-25-52	Robert Warren Hodges Robert Warren Hodges

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

N. C. G.-2571 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

GROUP SHORT BEACH, FREEPORT, LONG ISLAND, NEW YORK
(Unit)

HODGES, Robert Warren
(Name in full—surname to the left)

24 March, 1952
(Date)

290-917
(Service number)

BM1(P)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	49	3	23
Enlistment extended (for 3 days' years from)	52	3	23
Date of discharge (HONORABLE) (Character of discharge)	52	3	24

NUMBER OF—	Years	Months	Days
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		

Paid $150— Reen. Allow on 3/25/52 by
PAUL D. BANNING, CDO, Symbol No. 1375
on Vo.No. 403-4128, Pay Roll No. 03-02-496
P. D. SHOST, CPCTK, USCG
Authorized Certifying Officer

Total Absence (-0- days)			
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.

J. M. ODIN

Date 24 March, 1952 (Rank) CBOSN(L), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 March, 1952 GROUP SHORT BEACH, FREEPORT, LONG ISLAND, NEW YORK
(Unit and place)

I CERTIFY that the above-named man REENLISTED for a period of THREE (3) years from this date.
(Reenlisted or voluntarily extended his enlistment)

J. M. ODIN

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

16—20908-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 3-3

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
HODGES, Robert Warren	230-917	BM1(P)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
GROUP SHORT BEACH	FIRE ISIAND LIGHT STATION	FREEPORT, NEW YORK
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		25 March, 1952

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE]

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) Enlistment extended a period of 2 days due to discharge date falling on Saturday 22 March, 1952.
3-24-52 HD by reason of EXP of ENL and EXT. Art. 589(1) CG Regs.
3-25-52 REEN for a period of THREE (3) yrs in the permanent rating of BM2 and advanced to rate held on HD - BM1(P)

EXTRA COMPENSATION Art 1-G-51, 1-G-52(a) and 1-G-54 of PERSONNEL MANUAL

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. M. ODIN, CBOSN(L)
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert Warren	BM1	230-917
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Springfield, Minn.	Discharged	3/18/52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	White	10 Yrs	U.S. Coast Guard	Fire Island Light Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1917	Springfield, Minn.	Sophia Rau, Elbo Lake, Minn.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION

17. RATING OR SPECIALTY: BM1 — TIME IN THIS CAPACITY: TOTAL 2 Months — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
No Facilities		OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements. nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Dark birthmark size of quarter under side of mid fore arm

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg	Neg	Neg	No Facilities	No Facilities
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
No Facilities	O RH X			

16—62286-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
6 Feet	172 Lbs	Brown	Blue	X				98 3/5

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		126	76
RECUMBENT		126	74
STANDING (3 min.)		128	74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
~~126~~ 68	88	76	68	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY No Facilities CX	CORR. TO No Facilities

62. HETEROPHORIA: (*Specify distance*) ES° EX° No Facilities R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT No Facilities	Normal		No Facilities

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
No Facilities	No Facilities	No Facilities	No Facilities

70. HEARING

RIGHT WV 15 /15 SV 10 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	No Facilities							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

No Facilities

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (*Check*)

[X] IS [ ] IS NOT QUALIFIED FOR Discharge and Reenlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

A.D. TYPTON MD

SIGNATURE A.D. Typton MD

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—68569-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HODGES, Robert Warren	BM1	230-917
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Springfield, Minn.	Discharged	3/18/52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	White	10 Yrs	U.S. Coast Guard	Fire Island Light Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1917	Springfield, Minn.	Sophia Rau, Elbo Lake, Minn.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION

17. RATING OR SPECIALTY: BM1

TIME IN THIS CAPACITY: TOTAL 2 Months LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
No Facilities		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Dark birthmark size of quarter under side of mid fore arm

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg	Neg	Neg	No Facilities	No Facilities
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
No Facilities	O RH X			

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
6 Feet	172 Lbs	Brown	Blue	X	☐	☐	☐	98 3/5

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 126 / DIAS. 76	RECUMBENT	SYS. 126 / DIAS. 74	STANDING (3 min.)	SYS. 128 / DIAS. 74	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
~~128~~ 68	88	76	68	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY No Facilities CX	CORR. TO No Facilities

62. HETEROPHORIA: (*Specify distance*) ES° EXC° No Facilities R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT No Facilities	Normal	UNCORRECTED	
		CORRECTED No Facilities	

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
No Facilities	No Facilities	No Facilities	No Facilities

70. HEARING

RIGHT WV 15 /15 SV 10 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2898	4000 4096	8000 8192	
RIGHT	No Facilities							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

No Facilities

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge and Reenlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN: A.D. TYPTON MD — SIGNATURE: A D Tipton MD

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

N. C. G.-2500 C
Revised 1938

PE-PR-10

I-D Card # 38158

NOT ELIGIBLE FOR MUSTERING OUT PAY

Service Record

HODGES,
(Surname)

Robert Warren	230-917	NB
(Christian names)	(Service No.)	(Citizenship)

BM2	23 March, 1949	Three (3) yrs.
(Enlisted as)	(Date)	(Term of years)

Office, Commander, 3rd CG District	New York, New York
(Ship or station)	(Place)

16—9677-1

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

NAME	SERVICE NUMBER	RATING
Robert Warren Hodges	230-917	BM1(P)
UNIT GROUP SHORT BEACH ~~USCG PERSONNEL SEPARATION CENTER NO.~~	LOCATION FREEPORT, NEW YORK	DATE REPORTED 23 March, 1952
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING 3.6.	CONDUCT 4.0

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

New York, New York (PAFE)

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

PE-PR-10

Robert Warren Hodges
(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
3-24-52	HONORABLE	

REASON	AUTHORITY
EXP OF ENL & EXT.	ARTICLE 589(1) COAST GUARD REGULATIONS

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[ ] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE

SIGNATURE OF DISCHARGEE

Robert Wafren Hodges

MUSTERING OUT PAY (Check)

[ ] ENTITLED TO & CERTIFIED FOR M.O.P. [X] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF ~~XXX~~ six CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: POD, Freeport, N. Y.	TO: PAFE, New York, N. Y.	$1.44

TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge)	CHECK NO.	NAME OF PAY OFFICER
$411.08	294,265	HERBERT NEWMAN, PCLK, USCG (1375)

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	3	-0-	2 ✓

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE	USCG PERSONNEL SEPARATION CENTER NUMBER
J. M. Odin J. M. ODIN, CBOSN(L), USCG, CO	

(P)

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
HODGES, Robert Warren	230-917,	BM1(P) 1-16-52	U S C G

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
					DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
ARTICLE 589(1) COAST GUARD REGULATIONS	GROUP SHORT BEACH, FREEPORT, NEW YORK

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
9	NOV	1917	Springfield, Minn.	Male	Cauc	Lt.Brown	Blue	6'	160

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES | NO | COMPONENT AND BRANCH OR CLASS | COGNIZANT DISTRICT OR AREA COMMAND

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE:

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
16	DEC	41	Omaha, Nebraska	Not available

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	7	3	7
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	-0-	2
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	10	3	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

28. MOST SIGNIFICANT DUTY ASSIGNMENT: GROUP SHORT BEACH

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
- - - - -	- - - - -	- - - - -	- - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$411.08	$1.44	HERBERT NEWMAN, PCLK, USCG (1375)

AUTHENTICATION

38. REMARKS (Continue on reverse): RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: J. M. Odin

NAME, GRADE AND TITLE (Typed): J. M. ODIN, CBOSN(L), USCG
CMDR, CG GROUP SHORT BEACH

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. | CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER

44. UNITED STATES CITIZEN: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒	☐	Married	8	4			

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): Winges and Harper St. Patchouge LI NY

48. SIGNATURE OF PERSON BEING SEPARATED: Robert Warren Hodges

Robert Warren Hodges

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

AUTH: HQ 2-Ind dated 3-16-49, on Standard Form 88, dated 3-2-49

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE ENLISTMENT OF HODGES, Robert Warren (Full name, surname to left); 230-917 (Service number); $126.50 (Pay per month)

Accepted for enlistment at Office, Comdr.3rd CG District, New York,NY; BM2 (Rating in which enlisted)

Enlisted at Office, Comdr.3rd CG District, New York, NY; 23 March, 1949 (Date of enlistment)

Transferred to Fire Island Light Station, Bay Shore, LI, N.Y.

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization - - - - - - Certificate No. ____

Date of birth 9 November, 1917 Place of birth Springfield, Minn.

Home address Fire Island Light Station, Bay Shore, Long Island, New York (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Edna G. Hodges (wife) - Fire Island Light Station, Bay Shore, Long Island, New York (Relationship) (Address)

Continuous Service Certificate - - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 7 (Years) 3 (Months) 7 (Days)

First enlisted 16 December, 1941 (Date) at Recruit.Office, Omaha, Nebraska (Place) and was last discharged 22 March, 1949 (Date) from Office, Comdr.3rd CG Dist., New York, NY (Unit)

with HONORABLE (Character) discharge as BM2 (Rate) No. - - - - -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 31 years 4 months.

Height 6 feet - - - inches. Weight 160 pounds.

Eyes Blue Sex Male Hair Lt.Brown Complexion Ruddy Color White

Personal characteristics - - - - - - - - - marks, etc. Brown pigmented birthmark 1" dia. on R forearm; VSULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with K.O.A.ZITTEL,CDR, of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { three (3) years from 23 March, 1949 / during minority until - - - - - - - - - , 1 ____ } unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Robert Warren Hodges, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Robert Warren Hodges
Robert Warren Hodges
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 23rd day of March, A. D. 1949

K. O. A. ZITTEL, Commander, USCG,
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief, Personnel Division, 3rd CG District.
(Title)

Citizenship substantiated and contract perfected.

K. O. A. ZITTEL,

Commander, U. S. C. G., *Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

GROUP SHORT BEACH (Unit) FREEPORT, LINY (Place) 3-24-52 (Date)

Enlistment extended until 24 March, 1952 by reason of Discharge date falling on a Saturday 22 March, 1952 and the following day the date of Reenlistment falling on 23 March, 1952 a Sunday

under authority of

Robert Warren Hodges
Robert Warren Hodges
(Signature of man)

J M Odin
O. M. ODIN, CBOSN(L), USCG
(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF HODGES, Robert W. (Full name, surname to the left) 230-917 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
HD EXP OF ENL & EXT GROUP SHORT BEACH (FIRE ISLAND ISTA)	3-24-52	J.M.ODIN,CBOSN(L) CO,GRP SHORT BEACH	REEN & RPTD GROUP SHORT BEACH (FIRE ISLAND ISTA)	3-23-49	J.M.ODIN,CBOSN(L) CO,GRP SHORT BEACH

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
GROUP SHORT BEACH FIRE ISLAND ISTA AUTH: HL(PE-1) dated 11 January, 1952,	CR fm BM2 to BM1(P)	1-16-52	J. M. ODIN, CBOSN(I), USCG CMDR.CG GROUP SHORT BEACH

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF HODGES, Robert W. BM2
(Full name, surname to the left) (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
3/31/49	BM2.	3.6	3.2	3.6	3.6	4.0	Short Beach Group J.Modin CBOSN(L)
6/30/49	BM2	3.6	3.2	3.5	3.4	4.0	" " " Jmodin CBOSN(L)
6-30-49	BM2.	3.6	3.2	3.5	3.4	4.0	" " " J.M.Odin CBOSN(L)
12-31-49	BM2	3.4	3.2	3.5	3.4	4.0	SHORT BEACH GRP. Jmodin CBOSN(L)
3/31/50	BM2	3.4	3.2	3.5	3.3	4.0	SHORT BEACH GRP J.Modin CBOSN(L)
6-30-50	BM2	3.6	3.4	3.5	3.3	4.0	SHORT BEACH GROUP J.modin CBOSN(L)
9-30-50	BM2	3.4	3.4	3.5	3.3	4.0	SHORT BEACH GRP J.modin CBOSN(L)
12-30-50	BM2	3.4	3.4	3.5	3.3	4.0	SHORT BEACH GRP J.M.Odin CBOSN(L)
3-31-51	BM2	3.4	3.4	3.5	3.4	4.0	SHORT BEACH GRP J.modin CBOSN(L)
6-30-51	BM2	3.6	3.6	3.6	3.6	4.0	SHORT BEACH GRP Jmodin CBOSN(L)
9-30-51	BM2	3.6	3.6	3.6	3.6	4.0	Jmodin J.M.ODIN,CBOSN(L),CO,GRP SHORT BEACH
12-31-51	BM2	3.6	3.6	3.6	3.6	4.0	Jmodin J.M.ODIN,CBOSN(L),CO,GRP SHORT BEACH
AVERAGE	X X X X						

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

16—9676-2

RECORD OF HODGES, Robert Warren (Full name, surname to the left) 230-617 (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
3-25-52	BM1(P)	3.6	3.6	3.6	3.6	4.0	J.M.ODIN,CBOSN(L), USCG, CO, GROUP SHORT BEACH
AVERAGE	x x x x	3.6	3.3	3.53	3.44	4.0	J.M.ODIN,CBOSN(L),CO,GRP SHORT BEACH

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

16—9676e-4 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF HODGES, Robert Warren (Full name, surname to the left) 230-917 (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days earned	Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	No. days	Bal. due	Signature and Unit
ANCR 6-30-50	12	x	30							14	SHORT BEACH GROUP
BBF 7-1-50			14							14	J. modin CBOSN(L)
ANCR6-30-51	12	-0-	30							44	J.M.ODIN,CBOSN(L)
BBF7-1-51			44							44	CO,GRP SHORT BEACH
				0900	9-27-51	0845	10-8-51	ACC REG	10	34	J.M.ODIN, CBOSN(L) CO,GRP SHORT BEACH
HD 3-24-52	8	24	22							56	J.M.ODIN,CBOSN(L)
										56	CO,GRP SHORT BEACH

ENTITLED TO CASH COMPENSATION FOR FIFTY SIX (56) DAYS UNUSED LEAVE REMAINING TO CREDIT UPON DISCHARGE.

J. M. ODIN, CBOSN(L), USCG
CMDR. CGROUP SHORT BEACH

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To	Reason	Months	Days	Signature and Unit

Paid $109.64 cash compensation for 56 days lv; subs; qtrs on 3/25/52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No 103-4128; Pay Roll No. 03-PC-446

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

RECORD OF _____ _____
(Full name, surname to the left) (Service Number)

10. TRIALS BY COURTS MARTIAL

Unit	REMARKS: Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence.

11. DEDUCTIBLE TIME

(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)

Period		Reason	Time Lost			Signature and Unit
			Longevity		Enl.	
From (Inclusive dates)	To	AOL, AOM, etc	Mos.	Days	Days	
NO DEDUCTIBLE TIME WHILE ATTACHED TO FIRE ISLAND LSTA						J. M. ODIN, CBOSN(L), USCG CMDR. CG GROUP SHORT BEACH

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

14. RETIREMENT

Unit	Date	Cause	Authority	Signature

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
FIRE ISLAND LB STATION,	BAY SHORE, N.Y.	26 SEPTEMBER, 1951.

FROM (REQUESTER):	TO	VIA
HODGES, ROBERT W. (230-917)BM2.	COMDR SHORT BEACH GROUP,	OFFICER IN CHARGE FIRE ISLAND LB STATION.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10	0	27 SEPTEMBER, 1951.			

REASON FOR REQUEST:

10 DAYS, ACC, REG.

My address on leave will be: WINGES & HARPER STREET, PATCHOGUE, L.I.N.Y.

I will immediately inform my commanding officer of any change in address while on leave.

Robert W. Hodges
ROBERT W. HODGES
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: FIRE ISLAND LB STATION. Date: 26 SEPTEMBER, 1951.

Leave record indicates balance of ---------- days' annual and ---------- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

W.H. Knowles
W.H. KNOWLES, BOSN, USCG.
OINC. COMMANDING EXECUTIVE PERSONNEL OFFICER.

Ind.-2 Unit: SHORT BEACH GROUP, FREEPORT, N.Y. Date: 26 SEPTEMBER, 1951.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

J.M. Odin
J.M. ODIN, CBOSN, (L)
BOOT CAMP FORCE BOOSTER COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: FIRE ISLAND LB STATION. Date: 26 SEPTEMBER, 1951.

Departed at 0900, 27 SEPTEMBER, 1951. this date. This leave of absence will expire before 0900, 8 OCTOBER, 1951., at FIRE ISLAND LB STATION. and is subject to the special instructions indicated on reverse hereof.

W.H. Knowles
W.H. KNOWLES, BOSN, USCG.
OINC. COMMANDING EXECUTIVE PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ---------- days extension of leave to expire before noon, ----------

Authority:

---------- ----------
Signature and rank Title

Ind.-6 Unit: FIRE ISLAND LB STATION Date: 8 OCTOBER, 1951

Reported at 0845, 8 OCTOBER, 1951 this date, having taken 10 days' leave and 0 days' TT.

W.H. Knowles
W.H. KNOWLES, BOSN, USCG.
OINC COMMANDING EXECUTIVE PERSONNEL OFFICER.

16-40220-3

[OVER]

RECORD OF HODGES, Robert Warren 230-917

(Full name, surname to left) (Service Number

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO's Signature and Unit
REASON	DATE	NO. DAYS	FROM	TO	TYPE OF LEAVE	REASON FOR LEAVE	NO. DAYS	NO. DAYS	
REENLISTED	3-23-49							0	W. C. MOYER, SCLK, By dir.

Entitled to cash compensation for sixty (60) days' unused leave remaining to credit on discharge.

Paid $370.00 cash compensation for 60 days lv; subs; qtrs on 3/23/49 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer, Symbol No. 1375; Vo. No. 11711; Pay Roll No. 487

W. C. MOYER, SCLK, By dir.

W. G. SCHAEFER,
Authorized Certifying Officer

ANCR	6/30/49	9						9	SHORT BEACH GROUP CBOSN(L)
BBF	7/1/49	9						9	SHORT BEACH GROUP CBOSN(L)
(ADV. FTA IN AMOUNT OF $311.65 CERTIFIED FOR PAYMENT ON 10 NOV., 1949 - SEE IND. ON REVERSE)									
			(inclusive dates)						CG GROUP SHORT BEAH
			11-11-49	12-5-49	ADV.	REENL.	25	-16	CBOSN(L)

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO's Signature & Unit

Ind- 1
Comdr., 3rd CGD (f)
New York, N. Y.
(ADVANCE)

NOV 10 1949
(Date)

FURLOUGH TRAVEL ALLOWANCE from Freeport, N.Y.
to Altadena, California thence
to Bay Shore, N.Y., 6233 miles @ 5c
per mile, amount of $ 311.65 ; less $ NONE
TA paid on discharge; for a NET amount of
$ 311.65, certified this date for payment
in the accounts of PAUL D. BANNING, C.D.O.,
Symbol No. 1375.

W. G. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Ind- 2
Comdr., 3rd CGD (f)
New York, N. Y.
(ADVANCE)

NOV 10 1949
(Date)

FURLOUGH TRAVEL ALLOWANCE from Freeport, NY
to Altadena, California thence
to Bay Shore, N.Y., 6233 miles @ 5c
per mile, amount of $ 311.65 ; less $ NONE
TA paid on discharge; for a NET amount of
$ 311.65, paid this date in the accts. of
PAUL D. BANNING, CDO, Symbol No. 1375, on
DOV # 403-6451.

Herbert Newman
Assistant Disbursing Officer

RECORD OF HODGES, Robert W. 230-917
(Full name, surname to the left) (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature

10. TRIALS BY COURTS MARTIAL

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

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☐ USCG
Hodges Robert Warren	230 912	Fn3	

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*): X

Rina G. Hodges — Age 29 — Wife

ADDRESS (*Number, street, city, zone, and State*)

Winges And Harper St. Patchouge L.I. New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
As above	As above

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Russel Alan Hodges	AS above		X	X		4
Robert Clark Hodges			X	X		2

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
William Rau Age 62	Elbow Lake, Minn.
9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Sophia Paulina Rau Age 62	Elbow Lake, Minn.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*): none

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*): none

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
none		

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Rina G. Hodges Age 29	Wife

ADDRESS (*Number, street, city, zone, and State*): Winges And HArper St. Patchouge L.I. New York

RECEIVE EACH MONTH ____ % OF MY PAY.

MILITARY ADDRESS: Fire Island Light Station U.S. Coast Guard Bay Shore L.I. N.Y.

DATE SIGNED: 9/15/50

SIGNATURE OF DESIGNATOR: Robert W. Hodges

Robert W. Hodges

DD FORM 1 JAN 50 93 — REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

REPORT OF CHANGE IN PAY STATUS

HUGHES, Robert Warren 230-917 BM2
(Surname) (First Name) (Middle Initial) (Service No.) (Rank or Rate)

Office, Commander, 3rd CG District New York, NY 22 March 1949
(Unit) (Place) (Date)

From: Commanding Officer
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason:

STATEMENT OF SERVICE ENTERED SERVICE	SERVICE TERMINATED	NO ABSENCES WITHOUT LEAVE CUE TO OWN MISCONDUCT OR M.P.D.I., UNLESS INDICATED BELOW
12-16-41		None
1-1-45 Enl. Extdd. for 2 yrs.		None
	3-17-47 HD	None
3-18-47	Still Serving	None

Authority
Art. 111 P&SI Completed 6 yrs. years service 12-15-47

W. C. MOYER, Ship's Clerk, USCG, By dir.

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay Officer)

Fire Island Light Station

Bay Shore, L.I.N.Y.
Place

20 August 1951
Date

I, the undersigned, hereby acknowledge that Articles 2, 3, 7 thru 15, 25, 27, 31, 37, 38, 55, 77 thru 134, 137, 138 and 139 of the UNIFORM CODE OF MILITARY JUSTICE have been fully explained to me in accordance with Article 137, UCMJ, under one of the following conditions (check which one):

(a) Original enlistment in USCG

X (b) Re-enlistment in USCG

(c) Recall to active duty from a reserve component

(d) Completion of six (6) months active duty

Robert W. Hodges
Robert W. Hodges
Signature

230-917
Serial Number

BM2
Rating

HODGES, Robert W. 230-917 BM2

C. G. Receiving Center Cape May, N.J.

50-031 5-31-50

2100
5-21-50 CG GROUP SHORT BEACH, Freeport, NY
Temporary duty in connection with SATP training.

CG GROUP/L 5-19-50 73

1200
5-27-50 CG GROUP SHORT BEACH, Freeport, NY
Resumption of regular duty.

CG GROUP/L 5-19-50 73

R. B. CLARK
By direction

HODGES, Robert W. 230-917 BM2

66 GROUP SHORT BEACH FIRE ISLAND LB STATION Bay Shore, N.Y.

30 May, 1950

MAY 1950: 0530-20 departed for TAD at CAPE MAYRECEIVING CENTER for SATP.

MA Y 1950: 2200-27 returned from CAPE MAY RECEIVING CENTER TA D completed.

J. M. ODIN, CBOSN(L)

HODGES, Robert W. 230-917 BM2.

SHORT BEACH GROUP, Freeport, N.Y. Fire Island Light Sta. (Fire Island LB Sta.) Bay Shore, N.Y.

23 March, 1949.

ATD. 0800-22. to 1630-23. at OFFICE, COMDR. 3rd. CG DIST. NEW YORK., N.Y.

Auth: C3CGD/ VO 3/21/49 DO # 2601-49.

J. J. GIBBS BOSN.

CO, Short Beach Group
Freeport, N.Y.

21 March, 1949
File: 73-

From: CO, Short Beach Group.
To: HODGES, Robert W. (230-917) HM2.

Subj: Orders, temporary duty; travel.

1. Upon receipt hereof, and in accordance with Commander, 3rd. CG District (p) verbal orders, 21 March, 1949, you are directed to proceed to Pier 9, East River, N.Y., and report to Commander, 3rd.CG District (Personnel Office) on temporary duty of two (2) days duration for the purpose of being discharged and reenlisted. Report not later than 0900- 22 March, 1949.

2. Upon completion of this temporary duty, you will resume your regular station and duties.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment 033124, authorization No. 2601-49. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

4. Your service record and report of medical examination is handed you herewith.

5. Delivered and departed at 0800 - 22. this time and date.

enter time

J. J. GIBBS

made 25-99 on Departure and Return from Temporary duty.

Jam

COMMANDER,
3rd CG District
42 Broadway
New York 4, N.Y.

24 February, 1949
File: pmp 73-531
2313-49

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-017) BM2
Via: CO, CG GROUP SHORT BEACH, Freeport, LINY

Subj: Orders, temporary duty, travel

1. You are hereby directed to proceed on or about 1 March, 1949, to New York, N.Y., and report to the Medical Officer, 12th Floor, 42 Broadway, at that place, on temporary duty, on official business of the U. S. Coast Guard, in connection with being examined to determine your physical fitness for reenlistment in the regular establishment of the U. S. Coast Guard.

2. Upon completion of such temporary duty, you will resume your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 032921. Allowances for subsistence and quarters as prescribed by Art. 439 PAMMSI are applicable in this case.

4. Carry your health record on transfer.

W. C. MYER,
By direction.

CC:
Pers.
Pay
Class
File
SMA

Ind-1.
Short Beach Group, Freeport, N.Y.

2 March, 1949.
File: CG-73-531

From: CO, SHORT BEACH GROUP, FREEPORT, N.Y.
To: HODGES, Robert W. (230-017) BM2.

1. Upon receipt hereof, and in accordance with basic orders, you are directed to proceed to 42 Broadway, New York., N.Y. and report to the Medical Officer at that place for physical examination in compliance with the above.

2. Departed at 0800 this time and date.

J. M. ODIN.

UNITED STATES COAST GUARD



ADDRESS REPLY TO
THE
COMMANDER,
3rd CG District
AND REFER TO
42 Broadway
New York 4, N.Y.

24 February, 1949
File: pmp 73-531
2313-49

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-017) BM2
Via: CO, CG GROUP SHORT BEACH, Freeport, LINY

Subj: Orders, temporary duty, travel

1. You are hereby directed to proceed on or about 1 March, 1949, to New York, N.Y., and report to the Medical Officer, 12th Floor, 42 Broadway, at that place, on temporary duty, on official business of the U. S. Coast Guard, in connection with being examined to determine your physical fitness for reenlistment in the regular establishment of the U. S. Coast Guard.

2. Upon completion of such temporary duty, you will resume your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 032921. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

4. Carry your health record on transfer.

W. C. MOYER,
By direction.

CC:
Pers.
Pay
Class
File
B&A

Ind-1.
Short Beach Group, Freeport, N.Y.

2 March, 1949.
File: CG-73-531.

From: CO, SHORT BEACH GROUP, FREEPORT, N.Y.
To: HODGES, Robert W. (230-017) BM2.

1. Upon receipt hereof, and in compliance with basic orders, you are directed to proceed to 42 Broadway, New York.., N.Y. and report to the Medical Officer at that place for physical examination in compliance with the above.

2. Departed at 0800 this time and date.

J. M. ODIN.

Jmm

COMMANDER,
3rd CG District
42 Broadway
New York 4, N.Y.

24 February, 1949
File: pmp 73-531
2313-49

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-017) BM2
Via: CO, CG GROUP SHORT BEACH, Freeport, LINY

Subj: Orders, temporary duty, travel

1. You are hereby directed to proceed on or about 1 March, 1949, to New York, N.Y., and report to the Medical Officer, 12th Floor, 42 Broadway, at that place, on temporary duty, on official business of the U. S. Coast Guard, in connection with being examined to determine your physical fitness for reenlistment in the regular establishment of the U. S. Coast Guard.

2. Upon completion of such temporary duty, you will resume your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 032921. Allowances for subsistence and quarters as prescribed by Art. 439 PARSI are applicable in this case.

4. Carry your health record on transfer.

W. C. WEBB,
By direction.

CC:
Pers.
Pay
Class
File
BSA

Ind-1.
Short Beach Group, Freeport, N.Y.

2 March, 1949.
File: CG-73-531.

From: CO, SHORT BEACH GROUP, FREEPORT, N.Y.
To: HODGES, Robert W. (230-017) BM2.

1. Upon receipt hereof, and in compliance with basic orders, you are directed to proceed to 42 Broadway, New York.., N.Y. and report to the Medical Officer at that place for physical examination in compliance with the above.

2. Departed at 0800 this time and date.

J. M. ODIN.

From:
COMMANDER,
3rd CG District
42 Broadway
New York 4, N.Y.

24 February, 1949
File: pmp 73-531
2313-49

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-017) BM2
Via: CO, CG GROUP SHORT BEACH, Freeport, LINY

Subj: Orders, temporary duty, travel

1. You are hereby directed to proceed on or about 1 March, 1949, to New York, N.Y., and report to the Medical Officer, 12th Floor, 42 Broadway, at that place, on temporary duty, on official business of the U. S. Coast Guard, in connection with being examined to determine your physical fitness for reenlistment in the regular establishment of the U. S. Coast Guard.

2. Upon completion of such temporary duty, you will resume your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 032921. Allowances for subsistence and quarters as prescribed by Art. 439 PAMBSI are applicable in this case.

4. Carry your health record on transfer.

W. C. MOERR,
By direction.

CC:
Pers.
Pay
Class
File
BM

Ind-1.
Short Beach Group, Freeport, N.Y.

2 March, 1949.
File: CG-73-531.

From: CO, SHORT BEACH GROUP, FREEPORT, N.Y.
To: HODGES, Robert W. (230-017) BM2.

1. Upon receipt hereof, and in compliance with basic orders, you are directed to proceed to 42 Broadway, New York.., N.Y. and report to the Medical Officer at that place for physical examination in compliance with the above.

2. Departed at 0800 this time and date.

J. M. ODIN.

GIBBS, Robert W. 230-917 BM2.

SHORT BEACH GROUP, Freeport, N.Y. Fire Island Light Sta. (Fire Island LB. Sta.) Bay Shore, N.Y.

18 March, 1949.

18 March, 1949: Enlistment extended for indefinate period pending receipt of Form No.88 (Report of Medical Examination) from Headquarters.

Per. Cir. No.19-48. J. J. GIBBS BOSN.

CO, SHORT BEACH GROUP
Freeport, N.Y.

8 March, 1949.
File: 73-703.

From: CO, SHORT BEACH GROUP, Freeport, N.Y.
To: Commandant (PM)
Via: Commander, 3rd. CG District (pm)

Subj: HODGES, Robert W. (230-917) BM2; Report of Medical Examination, forwarding of.

1. The report of medical examination in the case of subject named man is forwarded herewith on inclosure.

J. M. ODIN.

Incl:
(1) Form No.88, Report of Medical Examination HODGES, Robert W. (230-917) BM2.

Encl. Ext.

Per Ci 19-48.

[illegible], Robert W. 230-017 BM2.

[illegible]SHORT BEACH GROUP, Freeport, NY. Fire Island Lifeboat Station Bay Shore, N.Y.

1 March, 1949.

1 February, 1949. Fire Island Light Station a facility of Fire Island Lifeboat Station effective as of 1 February, 1949.
Authority: HL- 1/24/49 (File: CSU 020-601).

J. M. ODIN, CBOSN(L)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Fire Island Light Sta. Fire Island LB Station	Bay Shore, New York.	10 November, 1949

FROM (REQUESTER):	TO	VIA:
HODGES, Robert W.(230-917) BM2.	Commander, 3rd. CG District.	Comdr.CG Grp.Short Beach.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
25	- -	10 November, 1949.			

REASON FOR REQUEST:

REENLISTMENT LEAVE (ADV.-REG) Discharged: 22 Mar. 1949. Reenlisted: 23 March, 1949.

My address on leave will be: Leland Camp, 2879 Glenmore ave; Alta Dena, California.

I will immediately inform my commanding officer of any change in address while on leave.

Robert W. Hodges
Robert W. Hodges.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Short Beach, Freeport, N.Y. Date: 10 November, 1949.

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

" I hereby certify that I have satisfied myself that this man intends to spend a portion of his leave at the above address".

Address of home as shown on new enlistment contract: Fire Island Light Sta. Bay Shore, N.Y.

J. M. ODIN, CBOSN(L)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Off., Comdr., 3rd CG District (p) Date: 10 November, 1949

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. C. MOYER, SCLK, USCG, By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group Short Beach, Freeport, N.Y. Date: 10 November, 1949

Departed at 0700-10 November, 1949. this date. This leave of absence will expire before 0900 6 December, 1949., at Fire Island Light Station. and is subject to the special instructions indicated on reverse hereof.

J. M. ODIN, CBOSN(L)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Fire Island LB Station, Date: 6 December, 1949

Reported at 0830, 6 December, 1949. this date, having taken 25 days' leave and 0 days' TT.

C.M. THOMAS, BOSN, USCG.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2 U. S. GOVERNMENT PRINTING OFFICE

Ind-7
Comdr., 3rd CGD (f)
New York, N. Y.
Adv.

NOV 10 1949
(Date)

FURLOUGH TRAVEL ALLOWANCE from Freeport, N.Y.
to Altadena, Calif. thence
to Bay Shore, N.Y. 6233 miles @ 5¢
per mile, amount of $311.65 ; less $ None
TA paid on discharge; for a NET amount of
$311.65, certified this date for payment
in the accounts of PAUL D. BANNING, C.D.O.,
Symbol No. 1375.

W. G. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Herbert Newman
Assistant Disbursing Officer

DOV # 463-6451.

Ind-8
Comdr., 3rd CGD (f)
New York, N. Y.

NOV 10 1949
(Date)

Adv.
FURLOUGH TRAVEL ALLOWANCE from Freeport, N.Y.
to Altadena, Calif. thence
to Bay Shore, N.Y. 6233 miles @ 5¢
per mile, amount of $311.65 ; less $ None
TA paid on discharge; for a NET amount of
$311.65, paid this date in the accts. of
PAUL D. BANNING, CDO, Symbol No. 1375, on
DOV # 463-6451.

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519 16—40220-2 U. S. GOVERNMENT PRINTING OFFICE

Ind-7
Comdr., 3rd CGD (f)
New York, N. Y.
Adv.

NOV 10 1949
(Date)

FURLOUGH TRAVEL ALLOWANCE from Freeport, NY
to Altadena, Calif. thence
to Bay Shore, NY. 6233 miles @ 5¢
per mile, amount of $ 311.65 ; less $ None
TA paid on discharge; for a NET amount of
$ 311.65, certified this date for payment
in the accounts of PAUL D. BANNING, C.D.O.,
Symbol No. 1375.

W. G. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Herbert Newman
Assistant Disbursing Officer

Ind-8
Comdr., 3rd CGD (f)
New York, N. Y.
Adv.

NOV 10 1949
(Date)

FURLOUGH TRAVEL ALLOWANCE from Freeport, NY
to Altadena, Calif. thence
to Bay Shore, NY. 6233 miles @ 5¢
per mile, amount of $ 311.65 ; less $ None
TA paid on discharge; for a NET amount of
$ 311.65, paid this date in the accts. of
PAUL D. BANNING, CDO, Symbol No. 1375, on
DOV # 463-6451.

HODGES, Robert W. 230-917 BM2

CG GROUP SHORT BEACH Fire Island LB Station Bayshore N. Y.

30 December 1949

Reference District Circular #49-89

(a) Two (2) dependents

(b) Shore Duty 3rd District

J. M. ODIN, CBOSN(L)

HODGES, Robert Warren 230-917 BM2

Office, Comdr.3rd CG District ADMINISTRATIVE New York, New York

03-0021 23 March, 1949

Ptd from FIRE ISLAND LIGHT STATION, CG GROUP, Short Beach, from 0900 22 March, 1949 to 1400 23 March, 1949, for purpose of being discharged and reenlisted.

22 March, 1949: HD(NEXT) - Article 589(1) CG REGS.

23 March, 1949: Reenlisted in Regular Establishment of USCG for a period of three (3) yrs. in permanent rating of BM2.

W. C. MOYER, SCIK, USCG, By direction.

18-D HQ 2-Ind. dated 3-16-49
on Standard Fm 88, dated 3-2-49

CG PERSONNEL

1949

230-917 HODGES, Robert Warren

Enl.Extdd. five (5) days' in accord. Art. 591(5)(c) REGS. 3/18 3/22

HD(REXT). Not entitled to TA, (POD) & (PAFE) New York, NY. Entitled to Compensation for sixty (60) days' unused leave remaining to credit on discharge. x x x 3/22

NOT entitled to MOP(Prev.Paid)

REENL. in REG.EST., USCG, for period 3 yrs. in rating BM2. Entitled to reenl.allow. for prev. two (2) yrs. service. 3/23

W. C. MOYER, Ship's Clerk, USCG, By direction.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP SHORT BEACH
Fire Island LB Station (Unit)

Bayshore, N.Y. (Place)

1 January 1950 (Date)

FROM: HODGES, Robert W. (230-917) BM2

TO: COMMANDANT (via Comdr. 3rd CG 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:

EDna G. Hodges (Full name of wife; if not married, so state)	Fire Island Light Sta. (Address of wife)
Russell A. Hodges (Full name of child; if none, so state)	same (Address of child)
Robert C. Hodges (Full name of child: if none, so state)	same (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:

Sophie P. Rau (Full name of relative)	Mother (Relationship)	Elbow Lake Minn. (Address of relative)

Next in kin
(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:

Richard M. Hodges (Full name of relative)	brother (Relationship)	Elbow Lake Minn. (Address of relative)

Next nearest realative
(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

2nd day of January, 1950

J. M. ODIN, CBOSN(L)
(Signature)

(Rank or title)

Robert W. Hodges
(Signature)

(Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Office, Commander, 3rd CG District (Unit) — New York, New York (Place)

23 March, 1949 (Date)

FROM: HODGES, Robert Warren (230-917) BM2

TO: COMMANDANT (via Comdr.3rd CG 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:

Edna G. Hodges (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, LI, NY (Address of wife)
Russell Alan Hodges (Full name of child; if none, so state)	Same as above (Address of child)
Robert Clark Hodges (Full name of child; if none, so state)	Same as above (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:

Sophie Pauline Rau (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (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:

Lucille Christina Dahlen (Full name of relative)	Sister (Relationship)	Evansville, Minn. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of March, 19 49

[signature]
(Signature)

Ship's Clerk, USCG.
(Rank or title)

Robert W. Hodges
Robert W. Hodges
(Signature)

BM2 - USCG
(Rank or rating)

16—25758-1

REPORT OF CHANGE IN PAY STATUS

HODGES,	Robert	W.	230-917	BM2
(Surname)	(First Name)	(Middle Initial)	(Service no.)	(Rank or Rate)

CG GROUP SHORT BEACH
Fire Island LB Station Bay Shore, N.Y. 7 February, 1950.
(Unit) (Place) (Date)

From: Commanding Officer
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason.

STATEMENT OF SERVICE ENTERED SERVICE	SERVICE TERMINATED	NO ABSENCES WITHOUT LEAVE DUE TO OWN MISCONDUCT OR N.P.D.I. UNLESS INDICATED BELOW.
U.S.C.G.		
12-16-41		NONE
1-1-45 Enl. Ext. for 2 years		NONE
	3-17-47	NONE
	H D	NONE
3-18-47		
Now serving.		

Authority
Art. 111, P&SI

Completed 8 years service

15 December, 1949.

J. M. ODIN, CBOSN(L)
Commanding Officer

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander, 3rd CG District, New York, NY
(Unit)

HODGES, Robert Warren (230-917)
(Name in full—surname to the left)

22 March, 1949
(Date)

230-917
(Service number)

BM2 - USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 2 years)	1947	3	18
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE) (Character of discharge)	1949	3	23
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
2	0	5

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	

Paid $100.00 Reen. Allow. on 3/23/49 by PAUL D. BANNING, CDO, Symbol No. 1375 on Vo. No. 11711, Pay Roll No. 487

W. G. SCHAEFER,
Authorized Certifying Officer

Total Absence (0 days)

Creditable time served during last enlistment period	2	0	5

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.

LAST PAID REENLISTMENT ALLOWANCE
3-18-47

A. C. Moyer

Date 22 March, 1949

(Rank) Ship's Clerk, U. S. C. G.
By direction.
Commanding officer

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 March, 1949

Office, Commander, 3rd CG District, New York, NY
(Unit and place)

I CERTIFY that the above-named man reenlisted in the Regular Establishment for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

A. C. Moyer

(Rank) Ship's Clerk, U. S. C. G.
By direction.
Commanding officer

16—20908-1

(6) MARITAL STATUS

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

(1)-Ⓑ NAME (PRINT CLEARLY)	(LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	HEIGHT FT.	HEIGHT IN.	WEIGHT LBS.	RACE
	HODGES	ROBERT	W.	230-917	6		170	W

(2) HOME ADDRESS: Wheaton, Minnesota

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

(4)-Ⓡ DATE OF BIRTH: 9 November, 1917 — HOW LONG IN U. S. — YEARS

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

(6)-Ⓣ MARITAL STATUS: S — (7)-Ⓣ NUMBER OF DEPENDENTS: none

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

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	x		Plaza, ND		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS	8	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	SPANISH R	SPANISH W	FRENCH (L-24) S	FRENCH R	FRENCH W	GERMAN (L-25) S	GERMAN R	GERMAN W	OTHER LANGUAGES (L-26) S	OTHER R	OTHER W	OTHER S	OTHER R	OTHER W
FAIRLY WELL			none												
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: Minneapolis, Minn. DATE: 12/16/41

(12)-Ⓑ BRANCH OF SERVICE	REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	x				

(13)-Ⓣ MAIN OCCUPATION: FARMHAND, GENERAL — YEARS AT IT: 7 — WKLY. WAGE: $ 30

D. O. T. CODE: 3-16.10

JUST WHAT DID YOU DO? General farm hand duties in the raising of grain, hay, livestock and poultry.

LAST DATE OF EMPLOYMENT: 12/16/41

EMPLOYER: Leonard Bartz (FIRM NAME)

ADDRESS OF EMPLOYER: Collis, Minn.

DEPT., SHOP OR BRANCH: - — KIND OF BUSINESS: Farming

(14)-Ⓣ SECOND BEST OCCUPATION: COWPUNCHER — YEARS AT IT: 5 — WKLY. WAGE: $ 25

D. O. T. CODE: Cared for beef cattle on a stock ranch;

JUST WHAT DID YOU DO? rode horse tending herd etc.

TEST	SOCIAL STUDIES (15)-Ⓡ	ARITHMETIC (16)-Ⓡ	MECHANICAL APTITUDE (17)-Ⓡ
GRADE —SCORE	81	81	119

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. none
2.
3.

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

(24) RATING (4) (6) BOTTOM ROW: NUMBER OF SCHOOL YEARS — TOP ROW: YEAR OF BIRTH

NON-ENGLISH SPEAKING 3
ILLITERATE 2

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DIS-CHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
none							

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. Seattle, Wash.	2	Signal	4/1/42
2. San Diego, Cal.	4	Radar	6/20/42
3. Seamans Church Inst.	6	Navigation	5/3/43
4.			

(22) REMARKS:

Hobbies: Hunting, fishing.
Sports: Baseball, boxing; can swim fairly well.
Physical Condition: Good
Gunnery Exp.: Familiar with 38 and 45 cal. pistols, Reising sub-machine gun, and Springfield rifle.
Special Skills: Some knowledge of gas engines.
Billet Desired: Satisfied with small boats.

(23) NEXT OF KIN Mother

NAME Mrs. Em. Rau
ADDRESS
CITY Elbow Lake STATE Minnesota

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
12/16/41	Port Townsend, Wash.	A/S	Basic
1/2/42	Neak Bay Sta.	S2c	Small Boats
4/1/42	Seattle, Wash.	S2c	Signal School
4/20/42	LaPush, Wash.	S1c	Small Boats
6/20/42	San Diego, Cal.	S1c	Radar School
8/11/42	Ellis Island, NY	Cox. (11/12/42)	Gen. Duty
12/29/42	Brace Memorial	Cox.	" "
5/3/43	Seamans Church	BM2c (6/12/43)	Nav. Sch.
6/10/43	Pier 9, CG38621	BM2c	Small Boats

(25)

DATE OF INTERVIEW 1/19/44 UNIT Pier 9, CG38621

SIGNATURES

INTERVIEWER D.R. Winne, Sp.2c(C)

ENLISTED PERSON

asl

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

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

McGREE KEYSORT U. S. PAT. NO. 2,213,697

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

NAVPERS - 603

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Fire Island Light Station	10/8/48	12/17/41

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

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
Hodges	Robert	W.	230-917	EM 2

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 beliefs

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	Edna G. Hodges Fire Island Light Station Bay Shore, LI, NY	Wife				
2		Russell Alan Hodges Fire Island Light Sta.	Son	12	46		
3		Robert Clark Hodges Fire Island Light Sta.	Son	8	48		
4							
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
New York, NY	12/1/45	☐ 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

ACTIVITY OFFICE, COMDR., 3RD CG DIST.

DATE 21 October, 1948

I HAVE THIS DAY NOTED IN THE APPLICANT'S PAY ACCOUNT (230-917) A MONTHLY FAMILY ALLOWANCE
(Pay Number)

OF $22 (Strike Out One) XX EFFECTIVE DECEMBER (Month) 194 5

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN HAS BEEN COMPARED WITH THE SERVICE RECORD.

W. G. SCHAEFER, Chief Pay Clerk, USCG
(Signature of Disbursing Officer) Sign Third Copy Only — Pink
Authorized Certifying Officer

(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.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
HODGES, Robert Warren			Office, 3rd Coast Guard District 42 Broadway, New York 4, N. Y.	2 March, 1949
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
9 Nov. 1917	31	230-917	Reenlistment in regular establishment	
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
TREASURY DEPARTMENT		US COAST GUARD	Short Beach Group	BM2
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
MALE	White	Wheaton, Minnesota		
14. PLACE OF BIRTH		15. OTHER DATA		
Springfield, Minnesota		Religion: Protestant		

16. RATING OR SPECIALTY: BM2 (*Time in this capacity*) TOTAL: 6 years LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		
71½ INS.	163 LBS.	X				98.2	N. S. A. ☐ Scar, left index finger; pigmented nevus, right forearm

21. LYMPH GLANDS AND LYMPHATICS: N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒

B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 30/15 30
LEFT WV 15/15: SV 30/15 30

D. AUDIOMETER

DECIBELS LOSS	256	512	1024	2048	4096	8192
RIGHT						
LEFT	NO FACILITIES AVAILABLE					

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒

B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/ 20 CORR. TO 20/ BY
LEFT 20/ 20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. ( ) CX
S. ( ) CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
NO FACILITIES AVAILABLE
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED: P.I. Plates

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐
NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION
TEST USED SCORE
NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE.

M. ACCOMMODATION—RIGHT LEFT
NO FACILITIES AVAILABLE

N. NIGHT VISION
TEST USED SCORE
NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N, WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 UL
LR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LL

MALOCCLUSION—N. S. A. ☒
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
QUALIFIED

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	88	B. P.: S.	142	D.	088	RECUMBENT: PULSE 080	B. P.: S. 134 D. 080
STANDING (*3 min.*): PULSE	92	B. P.: S.	136	D.	088	SITTING: PULSE AFTER EXERCISE 96	: 2 MIN. AFTER 88

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Insp---39
Exp---36
Abd---31½

29. CHEST—N. S. A. ☒ NOT DONE ☐
X-RAY 35mm 3/2/49--Neg.

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

NOT DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Kahn 3/2/49--Neg.	SP. GR. 1.016	Neg.	Neg.	
	MICROSCOPIC			D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. Hemorrhoidectomy, U.S. Marine Hospital, Stapleton, Staten Island, New York, February 1947
Denies VD.

MAR 15 1949

C.G.Hdq., Washington, D. C.
Medical Division

The findings of the certificate are ✓ approved.

By direction of the Surgeon General.

(signature)

CG HDQRS (PE) Date MAR 16 1949

To: CO, SHORT BEACH GRP.

REENLISTMENT AUTHORIZED; REG. ENL. IF OTHERWISE QUALIFIED IN ACCORDANCE WITH PARA. 22 OF PERS. CIRC. NO. 20-48

W. C. CAPRON
By direction

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR ~~(IS NOT)~~ *(Strike out one)* QUALIFIED FOR REENLISTMENT IN REGULAR ESTABLISHMENT

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN S S Bendet	NAME TYPED OR PRINTED S.S. BENDET, S.A.S., USPHS(R)
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR ~~DENTAL SURGEON~~ *(Strike out which)* Willem A. Doob	NAME TYPED OR PRINTED W.A. DOOB, S.A.D.S., USPHS(R)
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

NCG 2500
(Rev. June, 1942)

TF

ENLISTMENT CONTRACT

AUTH: HQ 2-Ind dated 3-16-49, on Standard Form 88, dated 3-2-49

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

RE ENLISTMENT OF HODGES, Robert Warren (Full name, surname to left); 230-917 (Service number); $126.50 (Pay per month)

Accepted for enlistment at Office, Comdr.3rd CG District, New York,NY; BM2 (Rating in which enlisted)

Enlisted at Office, Comdr.3rd CG District, New York, NY; 23 March, 1949 (Date of enlistment)

Transferred to Fire Island Light Station, Bay Shore, LI, N.Y.

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization - - - - - - Certificate No.

Date of birth 9 November, 1917 Place of birth Springfield, Minn.

Home address Fire Island Light Station, (Street and number) Bay Shore, (Town) Long Island, (County) New York (State)

Married or single Married Name and address of next of kin or legal guardian Edna G. Hodges

(wife) - Fire Island Light Station, Bay Shore, Long Island, New York
(Relationship) (Address)

Continuous Service Certificate - - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 7 (Years) 3 (Months) 7 (Days)

First enlisted 16 December, 1941 (Date) at Recruit.Office, Omaha, Nebraska (Place) and was

last discharged 22 March, 1949 (Date) from Office, Comdr.3rd CG Dist., New York, NY (Unit)

with HONORABLE (Character) discharge as BM2 (Rate) No. - - - - -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 31 years 4 months.

Height 6 feet - - - inches. Weight 160 pounds.

Eyes Blue Sex Male Hair Lt.Brown Complexion Ruddy Color White

Personal characteristics - - - - - - - - - marks, etc. Brown pigmented birthmark 1" dia. on R forearm; VSULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with K.O.A.ZITTEL,CDR, of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { three (3) years from 23 March, 1949 / during minority until - - - - - - - - - , 1 }

unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Robert Warren Hodges do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Robert Warren Hodges

Robert Warren Hodges

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 23rd day of March, A. D. 1949

K. O. A. ZITTEL, Commander, USCG,

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

Chief, Personnel Division, 3rd CG District.

(Title)

Citizenship substantiated and contract perfected.

K. O. A. ZITTEL,

Commander,

, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit)

(Place)

(Date)

nt extended until

by reason of

ity of

(Signature of commanding officer)

(Signature of man)

...name, date of birth, and identification number. ...each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same ... represents No Significant Abnormality. In Items No. 20 through

1. NAME—FIRST NAME—MIDDLE NAME: HODGES, Robert Warren
2. PLACE AND DATE OF EXAMINATION: Office, 3rd Coast Guard District 42 Broadway, New York 4, N. Y. 2 March, 1949
3. DATE OF BIRTH: 9 Nov. 1917
4. AGE IN YEARS LAST BIRTHDAY: 31
5. IDENTIFICATION NO.: 230-917
6. PURPOSE OF EXAMINATION: Reenlistment in regular establishment
7. SERVICE, DEPARTMENT, OR AGENCY: TREASURY DEPARTMENT
8. COMPONENT AND BRANCH: US COAST GUARD
9. ORGANIZATION: Short Beach Group
10. GRADE, RATING, OR POSITION: BM2
11. SEX: MALE
12. RACE: White
13. HOME ADDRESS (Street, or RFD number, city, zone, State): Wheaton, Minnesota
14. PLACE OF BIRTH: Springfield, Minnesota
15. OTHER DATA: Religion: Protestant
16. RATING OR SPECIALTY: BM2
17. MEASUREMENTS — HEIGHT (Shoeless): 71½ INS. — WEIGHT (Stripped): 163 LBS.
18. BUILD (Including frame and figure): MEDIUM: X — SLENDER — HEAVY — OBESE
19. TEMP.: 98.2
(Time in this capacity) TOTAL: 6 years — LAST 6 MONTHS
20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS. N. S. A. ☐ Scar, left index finger; pigmented nevus, right forearm
21. LYMPH GLANDS AND LYMPHATICS — N. S. A. ☒
22. HEAD, FACE, AND NECK—N. S. A. ☒
23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒
24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒ — B. DRUMS—NO PERFORATION ☒ N. S. A. ☒
C. HEARING (Whispered and spoken voice at 15 ft.): RIGHT WV 15/15: SV 30/30 — LEFT WV 15/15: SV 30/30
D. AUDIOMETER DECIBELS LOSS — 256 / 512 / 1024 / 2048 / 4096 / 8192 — RIGHT / LEFT: NO FACILITIES AVAILABLE
25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒ — B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒
C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒
D. DISTANT VISION — RIGHT 20/ 20 CORR. TO 20/ BY — LEFT 20/ 20 CORR. TO 20/ BY
E. REFRACTION (Manifest) (Cycloplegic) STRIKE OUT ONE — S. C. CX — S. C. CX
F. NEAR VISION—(At 14 inches): NO FACILITIES AVAILABLE — CORR. TO — BY
G. COLOR VISION—N. S. A. ☒ TEST USED: P.I. Plates
H. HETEROPHORIA (Specify distance): ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE: NO FACILITIES AVAILABLE
I. RED LENS—N. S. A. ☐: NO FACILITIES AVAILABLE
J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐: NO FACILITIES AVAILABLE
K. DEPTH PERCEPTION — TEST USED — SCORE: NO FACILITIES AVAILABLE
L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
M. ACCOMMODATION—RIGHT: NO FACILITIES AVAILABLE. — LEFT
N. NIGHT VISION — TEST USED — SCORE: NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH: I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	O	F	F	X	F	F	F	F	UL	F	F	F	F	F	O	F	X	
LR	X	F	F	F	N	N	N	N	LL	N	N	N	N	X	O	X	F	

MALOCCLUSION—N. S. A. ☒
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒
REMARKS AND DISQUALIFYING DENTAL DEFECTS: QUALIFIED
CLASS:

27. PULSE RATE AND BLOOD PRESSURE (Arm at heart level)
SITTING: PULSE 88 — B. P.: S. 142 . D. 088 — RECUMBENT: PULSE 080 — B. P.: S. 134 . D. 080
STANDING (3 min.): PULSE 92 — B. P.: S. 136 . D088 — SITTING: PULSE AFTER EXERCISE 96 : 2 MIN. AFTER 88

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (Include breasts for females)
Insp--39
Exp---36
Abd---31½
29. CHEST—N. S. A. ☒ NOT DONE ☐ X-RAY: 35mm 3/2/49--Neg.
30. HEART—N. S. A. ☒
31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒
B. VARICOSE VEINS—NONE ☒

MAR 17 1949

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] NOT DONE B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Kahn 3/2/49--Neg.

B. URINALYSIS: SP. GR. 1.016; ALBUMIN: Neg.; SUGAR: Neg.; MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED TEST USED SCORE

D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. Hemorrhoidectomy, U.S. Marine Hospital, Stapleton, Staten Island, New York, February 1947
Denies VD.

MAR 15 1949

C.G.Hdq., Washington, D. C.
Medical Division

The findings of the certificate are approved.

By direction of the Surgeon General.

[signature]
(signature)

CG HDQRS (PE) Date MAR 16 1949
To: CO, SHORT BEACH GRP.
REENLISTMENT AUTHORIZED: REG. ENL.
IF OTHERWISE QUALIFIED IN ACCORDANCE
WITH PARA. 22 OF PERS. CIRC. NO. 20-48

W C Capron
W. C. CAPRON
By direction

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR ~~(IS NOT)~~ (*Strike out one*) QUALIFIED FOR REENLISTMENT IN REGULAR ESTABLISHMENT

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

GUARD

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

8 March, 1949.
File: 73-703.

From: CO, SHORT BEACH GROUP, Freeport, N.Y.
To: Commandant (PM)
Via: Commander, 3rd. CG District (pm)

Subj: HODGES, Robert W. (230-917) BM2; Report of Medical Examination, forwarding of.

1. The report of medical examination in the case of subject named man is forwarded herewith on inclosure.

J. M. ODIN.

Incl:
(1) Form No.88, Report of Medical Examination HODGES, Robert W. (230-917) BM2.

Ind-1
Comdr., 3rd CGD(pm)
10 March, 1949

Forwarded.

K. O. A. ZITTEL
By direction

FOR DEATH GRATUITY

Office, Commander, 3rd CG District
(Unit)

New York, New York
(Place)

23 March, 1949
(Date)

FROM: HODGES, Robert Warren (230-917) BM2

To: COMMANDANT (via Comdr.3rd CG 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:

Edna G. Hodges (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, LI, NY (Address of wife)
Russell Alan Hodges (Full name of child; if none, so state)	Same as above (Address of child)
Robert Clark Hodges (Full name of child; if none, so state)	Same as above (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:

Sophie Pauline Rau (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (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:

Lucille Christina Dahlen (Full name of relative)	Sister (Relationship)	Evansville, Minn. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of March, 19 49

W. C. MOYER
(Signature)

Ship's Clerk, USCG.
(Rank or title)

Robert W. Hodges
Robert W. Hodges
(Signature)

BM2 - USCG
(Rank or rating)

16—25758-1

GRATUITY

Office, Commander, 3rd CG District — New York, New York
(Unit) (Place)

23 March, 1949
(Date)

FROM: HODGES, Robert Warren (230-917) BM2

To: COMMANDANT (via Comdr.3rd CG 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:

Edna G. Hodges — Fire Island Light Station, Bay Shore, LI, NY
(Full name of wife; if not married, so state) (Address of wife)

Russell Alan Hodges — Same as above
(Full name of child; if none, so state) (Address of child)

Robert Clark Hodges — Same as above
(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:

Sophie Pauline Rau — Mother — Elbow Lake, Minn.
(Full name of relative) (Relationship) (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:

Lucille Christina Dahlen — Sister — Evansville, Minn.
(Full name of relative) (Relationship) (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of March, 19 49

W. C. MOYER,
(Signature)

Ship's Clerk, USCG.
(Rank or title)

Robert W. Hodges
Robert W. Hodges
(Signature)

BM2 - USCG
(Rank or rating)

16—25758-1

(For Enlistment Allowance)

Office, Commander, 3rd CG District, New York, NY
(Unit)

HODGES, Robert Warren (230-917)
(Name in full—surname to the left)

22 March, 1949
(Date)

230-917
(Service number)

BM2 - USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 2 years)	1947	3	18
Enlistment extended (for ..... years from)			
Date of discharge (HONORABLE) (Character of discharge)	1949	3	23
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
2	0	5

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 (0 days)

Creditable time served during last enlistment period	2	0	5

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.

LAST PAID REENLISTMENT ALLOWANCE
3-18-47

W. O. HOWE,

Date 22 March, 1949 (Rank) Ship's Clerk, U. S. C. G.

By direction. *Commanding officer.*

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 March, 1949

Office, Commander, 3rd CG District, New York, NY
(Unit and place)

I CERTIFY that the above-named man reenlisted in the Regular Establishment for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

W. O. Howe,

(Rank) Ship's Clerk, U. S. C. G.

By direction. *Commanding officer.*

16—20908-1

HODGES, Robert Warren

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Office, Comdr.3rd CG District	ADMINISTRATIVE	New York, New York
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 03-001	MINOR UNIT ITEM No.	DATE: 23 March, 1949

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)

Ptd from FIRE ISLAND LIGHT STATION, CG GROUP, Short Beach, from 0900 22 March, 1949 to 1400 23 March, 1949, for purpose of being discharged and reenlisted.

22 March, 1949: HD(EEXT) - Article 589(1) CG REGS.

23 March, 1949: Reenlisted in Regular Establishment of USCG for a period of three (3) yrs. in permanent rating of BM2.

W. C. MOYER, SCIK, USCG, By direction.
(Commanding)

DUTY CODE NO.
18-D

AUTH:
HQ 2-Ind. dated 3-16-49
~~on Standard Fm 88, dated 3-2-49~~

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

N. C. G.-2500 C
Revised 1938

PEA-E
15

Service Record

HODGES,
(Surname)

ROBERT WARREN	(230-917)	NB
(Christian names)	(Service No.)	(Citizenship)

B.M.2c	18 MARCH 1947	TWO (2) STE
(Enlisted as)	(Date)	(Term of years)

OFFICE, COMDR. 3RD CG DIS TRICT	NEW YORK, N.Y.
(Ship or station)	(Place)

16—9677-1

NOT ELIGIBLE FOR

CODED NO. 18

FILES 1200.19

RECORD OF HODGES, Robert Warren (230-917)
(Full name, surname to the left) (Service number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	no. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
An.Cr.	6-30-47	9 ✓						9 ✓					Lt. (jg)
BBF	7/1/47	9 ✓						9 ✓					CBOSN
ANCR	6/30/48	30 ✓						39 ✓					CBOSN
BBF	7/1/48	39 ✓						39 ✓					
DISCR	3-22-49	22						61					W. C. MOYER, SCLK, By dir.

Entitled to cash compensation for sixty (60) days' unused leave remaining to credit on discharge.

W. C. MOYER, SCLK, By dir.

Paid $370.00 cash compensation for 60 days lv; subs; qtrs on 3/23/49 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 10711; Pay Roll No. 487

W. G. SCHAEFER,
Authorized Certifying Officer

NCG 2500 B
(Rev. June 1942)

SPECIAL TEMPORARY ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE ENLISTMENT OF HODGES, Robert Warren (Full name, surname to left) (230-917) (Service number) - (Pay per month)

Accepted for enlistment at New York, N.Y., Congressional District -

Enlisted at Office, Commander 3rd CG District, New York B.M.2c (Rating in which enlisted)

Transferred to FIRE ISLAND LIGHT STATION

Occupation Mariner Citizenship* NB If naturalized, place and date of naturalization - Certificate No. -

Date of birth 9 November 1917 Place of birth Springfield, Minn.

Home address 101 - 57 124th St., Richmond Hill 19, N.Y. (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Wife (Relationship)

Edna G. Hodges (Name) 101 - 57 124th St., Richmond Hill 19, N.Y. (Address)

Continuous service certificate - (Number) Previous service { Coast Guard / ~~Coast Guard Reserve~~ } 5 (Years) 3 (Months) 2 (Days)

First enlisted 16 December 1941 (Date) at R.O. Omaha, Nebraska (Place) and was last discharged 17 March 1947 (Date) from Office, Comdr. 3rd CG District, New York (Unit)

with HONORABLE (Character) discharge as B.M.2c (Rate) No. B145375

Previous Navy service - (Years) (Mos.) (Days) Previous Marine Corps service - (Years) (Mos.) (Days)

Previous Army service - (Years) (Mos.) (Days) Age 29 years, 4 months.

Height 6 feet, - inches. Weight 160 pounds.

Eyes blue Sex male Hair lt.brown Complexion ruddy Color white

Personal characteristics -, marks, etc. -

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with E.H.LANE, Sh.Clerk of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { TWO(2) years from 18 March, 19 47 / during minority until -, 19 } unless sooner discharged by proper authority.

In the event of war or national emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

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

16—29174-1

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war or when in the opinion of the President a national emergency exists, that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter, and that I WILL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, ROBERT WARREN HODGES, do solemnly swear (or affirm), that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Robert Warren Hodges

ROBERT WARREN HODGES

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 18th day of March, A. D. 19 47

E H Lane

E. H. LANE, Ship's Clerk, USCG

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

Comdr. 3rd CG District - By direction

(Title)

Citizenship substantiated and contract perfected.

E H Lane

E. H. LANE

Ship's Clerk, U. S. C. G.,

Enlisting Officer.

EXTENSION OF ENLISTMENT

Commanding Officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20174-1

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF HODGES, Robert Warren (230-917)
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Cmdr., 3CGD	MAR 18 1947	E. E. Lane Ship Clerk USCG	CGGR FREEPORT, NY	3/19/47	Byron M. Dineke Lt.(jg)
Short Beach Group	3-22-49	J. J. Hobbs Bromley Dir.			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG Group, Freeport NY Auth: P/C 36-47	CR fr EM2c to EM2	4-2-48	Byron M. Dineke Lt(jg)CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
CGGR FREEPORT, N.Y.	3/19/47		FI.LT. STATION	Byron M. Dineke Lt.(jg)

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF HODGES, Robert Warren (230-917)

(Full name, surname to the left) (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
3-18-47	BM2c	LESS THAN ONE MONTH				4.0	Cmdr., USCG E. M. Lane Chief Clerk USCG
3-31-47	BM2c	LESS THAN ONE MONTH				4.0	CGGrPrprt Byron M. Hodges (j.g.) C.O.
6-30-47	BM2c	3.6	3.4		3.5	4.0	" Byron M. Hodges Lt(jg)CO
9-30-47	BM2c	3.6	3.4		3.5	4.0	" Byron M. Hodges Lt.(jg)
12-31-47	BM2c	3.6	3.5		3.5	4.0	" " Byron M. Hodges Lt(jg)CO
3-31-48	BM2c	3.6	3.5		3.5	4.0	" " Byron M. Hodges Lt(jg)CO
5-3-48	BM2	3.6	3.5		3.5	4.0	" " Byron M. Hodges Lt(jg)CO
6/30/48	BM2	3.6	3.5		3.5	4.0	Short Beach " Grp J. Modin CBOSN (L)
9/30/48	BM2	3.6	3.5		3.5	4.0	" " J. Modin CBOSN (L)
12/31/48	BM2.	3.6	3.5		3.5	4.0	" " J. Modin CBOSN(L)
3/22/49	BM2	3.6	3.5		3.5	4.0	"" " J. J. Hibbs Boatswain Dir.
AVERAGE	X X X X	3.6	3.49		3.5	4.0	W. C. MOYER, SCLK, By dir.

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
CG GROUP FREEPORT, N.Y.	9-1-47	Issued World War II Victory Medal: Byron M. Hodges Lt(jg)

16—9676-2

NCG 2500-C
(Revised June 1942)

RECORD OF HODGES, Robert Warren (230-917)
(Full name, surname to the left) (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
DCGO,3rd.ND.	No	deductible	time while	attached to this	unit E. H. Lane Ship Clerk USCG.
Short Beach Group		No Deductible Time	While Attached to	this Unit	J. J. Hibbs Boson by Dir

10. TRIALS BY COURTS MARTIAL

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

16—0676-2

RECORD OF HODGES, Robert Warren (230-917)
(Full name, surname to the left) (Service Number)

11. DESERTION

Date ....., 19..... Unit ..... Place .....

12. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

FILE 15

13. RETIREMENT

Unit	Date	Cause	Authority	Signature

CODED NO. 18

14. DISCHARGE

Date 22 March, 1949 Place Office, Comdr.3rd CG Dist., New York, NY

Discharged by reason of Expiration of Enlistment

Kind of discharge HONORABLE Serial No. - - - - - - - -

Authority Article 589(1) CG REGS.

Rating BM2 Monthly rate of pay $126.50

Furnished travel allowance at the rate of - cents per mile from New York, N.Y. (POD)

to New York, N.Y. (PAFE) and paid $ 409.00 in full to date of discharge by

Herbert Newman, PCLK, USCG, Ass't Disb. Officer (1375) with check No. CASH
(Name of Disbursing Officer)

Address subsequent to discharge will be:

Fire Island Light Station

Bay Shore, Long Island, New York

Has signified intention { to / ~~not to~~ } reenlist next day.

Creditable Coast Guard service during this enlistment 2 (Years) 0 (Months) 5 (Days)

Completed 6 years' net service for pay purposes on 15 December, 1947

Total time lost and deducted for pay purposes thereafter to date of discharge 0 (Years) 0 (Months) 0 (Days)

22 March, 1949
(Date)

Certified correct upon termination of service.

W. C. MOYER, Ship's Clerk, USCG, By direction.
Commanding Officer.

U. S. GOVERNMENT PRINTING OFFICE 16—9676-2

HODGES, Robert W. 230-917 BM2.

SHORT BEACH GROUP, Freeport, N.Y. Fire Island Light Sta. (Fire Island LB. Sta.) Bay Shore, N.Y.

18 March, 1949.

18 March, 1949: Enlistment extended for indefinate period pending receipt of Form No.88 (Report of Medical Examination) from Headquarters.

Per. Cir. No.19-48.

J. J. GIBBS BOSN.

Jwm
COMMANDER,
3rd CG District
42 Broadway
New York 4, N.Y.

24 February, 1949
File: pmp 73-531
2313-49

From: Commander, Third Coast Guard District
To: HODGES, Robert W. (230-017) BM2
Via: CO, CG GROUP SHORT BEACH, Freeport, LINY

Subj: Orders, temporary duty, travel

1. You are hereby directed to proceed on or about 1 March, 1949, to New York, N.Y., and report to the Medical Officer, 12th Floor, 42 Broadway, at that place, on temporary duty, on official business of the U. S. Coast Guard, in connection with being examined to determine your physical fitness for reenlistment in the regular establishment of the U. S. Coast Guard.

2. Upon completion of such temporary duty, you will resume your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 032921. Allowances for subsistence and quarters as prescribed by Art. 439 PAMDSI are applicable in this case.

4. Carry your health record on transfer.

W. C. MEYER,
By direction.

CO:
Pers.
Pay
Class
File
BAA

Ind-1.
Short Beach Group, Freeport, N.Y.

2 March, 1949.
File: CG-73-531.

From: CO, SHORT BEACH GROUP, FREEPORT, N.Y.
To: HODGES, Robert W. (230-017) BM2.

1. Upon receipt hereof, and in compliance with basic orders, you are directed to proceed to 42 Broadway, New York.., N.Y. and report to the Medical Officer at that place for physical examination in compliance with the above.

2. Departed at 0800 this time and date. J. M. ODIN.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Comdr. 3rd CG District (Unit) — New York, N.Y. (Place)

18 March 1947 (Date)

FROM: HODGES, Robert W. (250-917) BM2c

TO: COMMANDANT (via Comdr. 3rd CG 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:

Dina G. Hodges (Full name of wife; if not married, so state)	101-57 124th St., Richmond Hill 19, NY (Address of wife)
Russell A. Hodges, son, born 12/17/46 (Full name of child; if none, so state)	as above (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:

Sophie Pauline Reu (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (Address of relative)

ELBOW LAKE

Not dependent (State briefly wherein dependency exists)

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

Lucille Christine Dahlem (Full name of relative)	Sister (Relationship)	Emmaville, Minn. (Address of relative)

Not dependent (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 18th day of March, 1947

R. H. LANE, (Signature)

Ship's Clerk, USCG (Rank or title)

Robert W. Hodges (Signature)

ROBERT W. HODGES

BM2c., USCG (Rank or rating)

16—25753-1

HODGES, Robert W. 230-017 BM2c

CG GROUP, FREEPORT, N.Y. FIRE ISLAND LIGHT STATION BAY SHORE, N.Y.

2 April, 1948

------ BM2c BM2 2 April,1948

Personnel Circular 36-47

Byron M. Wineke, Lt. (jg)

CG GROUP, FREEPORT, N.Y.(FIRE ISLAND LIGHT STATION) 191-47

1947

230-017 HODGES, Robert W. Entitled to quarters allowance. 3/25 xx
(effective 25 March, 1947)

BYRON M. WINEKE, Lt.(jg)

Commanding

HODGES, Robert W. 230-917 BM2/c

CG GROUP, FREEPORT, NEW YORK FIRE ISLAND LIGHT STATION BAY SHORE, N.Y.

24 March, 1947

1000
3/19/47

O/C3CGD
Assignment to duty.

C/3CGD/L-3/18/47

BYRON M. [illegible], Lt.(jg)

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander 3rd CG District (Unit)

[redacted], Robert Harvey (Name in full—surname to the left) 18 March 1947 (Date)

([redacted]) (Service number) R.M.2c (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for [redacted] years)	1941	12	16			
Enlistment extended (for two years from)	1945	1	1			
Date of discharge ([redacted]) (Character of discharge)	1947	3	17			
Total time of last enlistment period				5	3	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 Absence ([redacted] days)

Creditable time served during last enlistment period				5	3	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.

E. H. Lain

Date 18 March, 19 47 (Rank) Ship's Clerk, U. S. C. G.
By direction Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 18 March, 19 47 Office, Comdr. 3rd CG District, New York (Unit and place)

I CERTIFY that the above-named man reenlisted (Reenlisted or voluntarily extended his enlistment) for a period of two (2) years from this date.

E. H. Lain

(Rank) Ship's Clerk, U. S. C. G.
By direction Commanding officer.

16—20908-1

HODGES, Robert T. 230-017 BM2c

CG GROUP, FREEPORT, N.Y. FIRE ISLAND LIGHT STATION BAY SHORE, N.Y.

2 April, 1948

------ BM2c BM2 2 April,1948

Personnel Circular 36-47

Byron M. Vineke, Lt. (jg)

HODGES, Robert W. 230-917 BM2/c

CG GROUP, FREEPORT, NEW YORK FIRE ISLAND LIGHT STATION BAY SHORE, N.Y.

24 March, 1947

1000
3/19/47

O/C3CGD
Assignment to duty.

C/3CGD/L-3/18/47

BYRON M. [illegible], Lt.(jg)

HODGES, Robert W. 230-917 BM2c

Comdr. 3rd CG District ADMINISTRATIVE New York, N.Y.

05-001 18 March 1947

1300 FIRE ISLAND LIGHT STATION
18 March 1947 asdu

DcL 3/18/47(73-531)

3-18-47 Reenlisted this date for a period of TWO (2) years in a Special Temporary Enlistment as a permanent BM2c. Entitled to reenlistment allowance and MOP (did not serve outside U.S.)

PAFE: New York, N.Y.

18D PB
103-44

E. H. LANE, Ship's Clerk, USCG
By direction

FILE IN SERVICE RECORD

APPLICATION FOR FAMILY ALLOWANCE — NAVY DEPARTMENT — SUPPLEMENTAL APPLICATION

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
SU 3 CG DISTRICT, 42 BROADWAY, NEW YORK, NY	3-18-47	12-16-41

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
HODGES,	ROBERT	W.	230-917	BM 2c

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	Edna G. Hodges 101-57 124th Richmond Hill 19, NY	wife				
2			Russell A. Hodges same as above	son	12	46		
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 and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

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

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO | IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT | IF DIVORCED, GIVE DATE OF DIVORCE DECREE

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

ACTIVITY SU3CG DIST., NEWYORK, NY

DATE 18 MARCH, 1947

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (pay records Pay Number) A MONTHLY FAMILY ALLOWANCE OF $22 (Strike Out One) EFFECTIVE December (Month) 45 Supplemental Application

W. C. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO
(Signature of Disbursing Officer) Sign Third Copy Only - (Pink)

(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.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
30-64307 BARRACKS, Pier 9, East River, NYC (COTP)	12/21/45	12/17/41

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
HODGES	Robert	W.	230-917	BM2c

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	Mrs. Edna G. Hodges 101-57 124th Street Richmond Hills, Queens, NY	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 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.
Queens, New York	12/1/45	☐ 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

ACTIVITY SHORE UNITS - 3ND (BAKER)

DATE 27 December, 1945

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (230-917 *Pay Number*) A MONTHLY FAMILY ALLOWANCE

OF $22 ~~XX~~ EFFECTIVE December 194 5
(Strike Out One) *(Month)*

E. L. Harris
(Signature of Disbursing Officer) *Sign Third Copy Only - (Pink)*

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM) E. L. HARRIS, Lt. (jg), USCG, Deputy for E. L. COLEMAN, SDA, USN, 55-123

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

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

NCG 2500 B
(Rev. June 1942)

FEA-E 15

CODED NO. 14

SPECIAL TEMPORARY ENLISTMENT CONTRACT

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

RE ENLISTMENT OF HODGES, Robert Warren (230-917) -
(Full name, surname to left) (Service number) (Pay per month)

Accepted for enlistment at New York, N.Y., Congressional District -

Enlisted at Office, Commander 3rd CG District, New York R.M.2c
(Rating in which enlisted)

Transferred to FIRE ISLAND LIGHT STATION

Occupation Mariner Citizenship* NB If naturalized, place and date of

naturalization - - - - - - - - - - Certificate No. - - -

Date of birth 9 November 1917 Place of birth Springfield, Minn.

Home address 101 - 57 124th St., Richmond Hill 19, N.Y.
(Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Wife
(Relationship)

Edna G. Hodges 101 - 57 124th St., Richmond Hill 19, N.Y.
(Name) (Address)

Continuous service certificate - - - (Number) Previous service { Coast Guard / ~~Coast Guard Reserve~~ } 5 (Years) 3 (Months) 2 (Days)

First enlisted 16 December 1941 (Date) at R.O. Omaha, Nebraska (Place) and was last

discharged 17 March 1947 (Date) from Office, Comdr. 3rd CG District, New York (Unit)

with HONORABLE (Character) discharge as R.M.2c (Rate) No. B145375

Previous Navy service - - - - - (Years) (Mos.) (Days) Previous Marine Corps service - - - - - (Years) (Mos.) (Days)

Previous Army service - - - - - (Years) (Mos.) (Days) Age 29 years, 4 months.

Height 6 feet, - inches. Weight 160 pounds.

Eyes blue Sex male Hair lt.brown Complexion ruddy Color white

Personal characteristics - - - - -, marks, etc. - - - - -

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with E.H.LANE, Sh.Clerk of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { TWO(2) years from 18 March, 1947 / during minority until - - - - -, 19 } unless sooner discharged by proper authority.

In the event of war or national emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

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

16—29174-1

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war or when in the opinion of the President a national emergency exists, that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter, and that I WILL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, ROBERT WARREN HODGES, do solemnly swear (or affirm), that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Robert Warren Hodges.

ROBERT WARREN HODGES
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 18th day of March, A. D. 19 47

E. H. Lane

E. H. LANE, Ship's Clerk, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Comdr. 3rd CG District - By direction
(Title)

Citizenship substantiated and contract perfected.

E. H. Lane

E. H. LANE

Ship's Clerk, U. S. C. G.,
Enlisting Officer.

EXTENSION OF ENLISTMENT

U. S. GOVERNMENT PRINTING OFFICE 16—29174-1

Commanding Officer.

Spine and extremities	normal	
Nervous system	normal	
Urine: Albumen	Sugar	Specific gravity
neg.	neg.	1.018
Microscopical exam. (Epithelia)		Shreds
Red blood cells	Pus cells	Casts
Blood: (HB %)	Reds	Whites

Serological Test (Date) 3-3-47 (Result) Neg.

Chest X-ray (Date) 3-3-47 (Result) Neg.

Remarks

CERTIFICATE

(~~XX~~ I)* certify that (~~We~~ I)* have personally made this physical examination and find that he (is~~-not~~)* physically qualified for RE-ENLISTMENT (STE) (Enlistment, appointment, promotion, general duty, sea duty, etc.) on account of

V. J. TORNEY, S.A.SURG(R)
(Signature, Surgeon, U. S. P. H. S.) (Signature, Surgeon, U. S. P. H. S.)

1st Ind. (Place) New York, N.Y. Date 3-4-47

From: Comdr. 3rd CG District (pmp)
To: Commandant.

1. Forwarded for action. Present status: For reenlistment

E. H. Lane
Ship's Clerk USCG.
(DCGO, Comd. Officer, or Officer in Charge)

MAR 11 1947

2d Ind.
Headquarters Medical Office
U. S. Coast Guard, Washington
The findings of the certificate are ~~not~~* approved Date 3-7-47

FOR STE

(Asst. Surgeon General, U. S. P. H. S.; Chief Medical Officer.)

3d Ind.
Headquarters, Washington
From: Commandant.
To: C3CGD

Date MAR 10 1947

1. REENLISTMENT AUTHORIZED: STE ONLY

Insert this copy in health record.
By direction,

W. C. CAPRON, Comdr., USCG
(Chief Personnel Officer.)
Chief, Enlisted Personnel Div.

*Strike out words not applicable.

12-16-41 U. S. GOVERNMENT PRINTING OFFICE 16—27070-2

STE only

ORR

E. H. LANE
(Signature)

Ship's Clerk, USCG
(Rank or title)

CIARIES FOR DEATH GRATUITY

New York, N.Y.
(Place)

18 March 1947
(Date)

riot)

te beneficiary or beneficiaries for payment of six months' nended by the Act of May 22, 1928, as follows:

101-57 126th St., Richmond Hill 19, NY
(Address of wife)

ac as above
(Address of child)

(Address of child)

(Address of child)

hild, or of their decease before payment is made, I then e following dependent relative:

Mother Elbow Lake, Minn.
(Relationship) (Address of relative)

ot dependent
wherein dependency exists)

amed dependent relative before payment is made, I then lowing dependent relative:

Sister Evansville, Minn.
(Relationship) (Address of relative)

t dependent
wherein dependency exists)

CODED

ts made herein regarding dependency and relationship of the

Robert W. Hodges
ROBERT W. HODGES
(Signature)

BM2c., USCG
(Rank or rating)

16—25758-1

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am [illegible] erted from the United States Coast Guard, Navy, Army, or Marine s Service or other service on account of disability or through sentence scharged from any service, civil or military, except with good character or to enlistment. I am not a member of the Coast Guard Reserve, al Guard, or Army Reserve.

t Guard Reserve, I may be ordered to active duty in time of war or exists, that I may be required to perform active duty throughout the 6 months thereafter, and that I WILL NOT BE ENTITLED TO ARY ENLISTMENT.

understand it, and certify that no promise of any kind has been made y enlistment.

N HODGES, do solemnly swear (or affirm), es of America, and that I will serve them honestly and faithfully e orders of the President of the United States and the orders of the ed States and the regulations governing the Coast Guard.

e by me as now given in this record are correct.

Robert Warren Hodges.

ROBERT WARREN HODGES
(Signature in own handwriting, surname to right)

day of March, A. D. 19 47

E. H. LANE, Ship's Clerk, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Comdr. 3rd CG District - By direction
(Title)

E. H. LANE

Ship's Clerk, U. S. C. G.,
Enlisting Officer.

OF ENLISTMENT

Commanding Officer.

3-21-47

PHYSICAL EXAMINATION RECORD
UNITED STATES COAST GUARD
NAVCG-2525 B (Rev. 6-45)

(To be executed by Medical Officer in duplicate)

Name (surname first): HODGES, Robert Warren	Service No.: 230-917
Date of birth: 9 Nov. 1917	Race: White
	Religion: Protestant
Purpose (special temporary, or regular enlistment, appointment, promotion, annual, etc.): RE-ENLISTMENT STE	Rank or rating: BM2c
Date: 3 March, 1947	Place: 3rd CGD, 42 B'way, NYC
Personal medical history: Hemorrhoidectomy 2/12/47.	

General appearance: normal

Vision:	Corrected:
R. E. 20/20 L. E. 20/ 20	R. E. 20/ L. E. 20/
Color perception: Normal	Test used: P.I.N.

Eyes, eyelids, and reflexes: normal

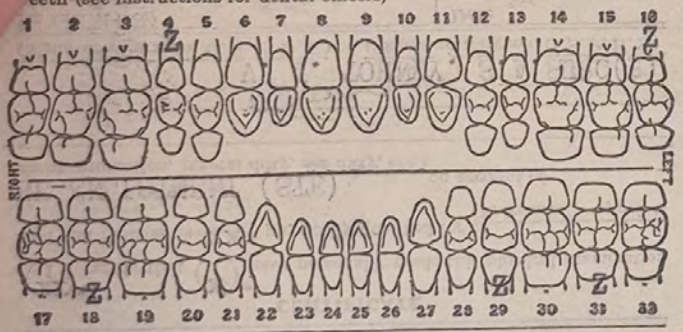
Ears (condition of drum, canal, discharge, etc.)
Right— normal Left— normal

Hearing:
Conversational speech— R. E. 30/30 L. E. 30/30
Whispered voice— R. E. 15/15 L. E. 15/15

Head, face and neck: normal

Mouth, nose and throat: normal

Teeth (see instructions for dental officers)



Investing tissues: normal

[X] Qualified / [ ] Disqualified	Signature of dental officer: V. J. TORNEY, S.A. SURG(R)
Height (inches): 72	Weight (lb.): 160
Temperature: normal	
Chest Inspiration: 38	Expiration: 35
Abdomen: 32 inches	

Skin: normal

Glands: normal

Heart and blood vessels: normal

Blood pressure: Systolic	Diastolic
150	092

Pulse: (Before exercise)	(After exercise)	(After 2 minutes)
96	104	98

Throat: normal

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Comdr. 3rd CG District (Unit) — New York, N.Y. (Place)

18 March 1947 (Date)

FROM: HODGES, Robert W. (230-917) BM2c

To: COMMANDANT (via Comdr. 3rd CG 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:

Edna G. Hodges (Full name of wife; if not married, so state)	101-57 124th St., Richmond Hill 19, NY (Address of wife)
Russell A. Hodges, son, born 12/17/46 (Full name of child; if none, so state)	as above (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:

Sophie Paulina Rau (Full name of relative)	Mother (Relationship)	Elbow Lake, Minn. (Address of relative)

Not dependent (State briefly wherein dependency exists)

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

Lucille Christina Dahlen (Full name of relative)	Sister (Relationship)	Evansville, Minn. (Address of relative)

Not dependent (State briefly wherein dependency exists)

CODED

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 18th day of March, 1947

E. H. LOVE (Signature)

Ship's Clerk, USCG (Rank or title)

Robert W. Hodges

ROBERT W. HODGES (Signature)

BM2c., USCG (Rank or rating)

16—25758-1

January 31, 1941

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander 3rd CG District
(Unit)

HODGES, Robert Marvin
(Name in full—surname to the left)

18 March 1947
(Date)

(230-917)
(Service number)

R.M.2c
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for THREE years)	1941	12	16			
Enlistment extended (for TWO years from)	1945	1	1			
Date of discharge (HONORABLE) (Character of discharge)	1947	3	17			
Total time of last enlistment period				5	3	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 ABSENCE (NONE days)

Creditable time served during last enlistment period	5	3	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.

E. H. Lane
E. H. LANE,

Date 18 March, 1947

(Rank) Ship's Clerk, U. S. C. G.
By direction
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 18 March, 1947

Office, Comdr. 3rd CG District, New York
(Unit and place)

I CERTIFY that the above-named man reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of TWO (2) years from this date.

E. H. Lane
E. H. LANE,

(Rank) Ship's Clerk, U. S. C. G.
By direction
Commanding officer.

16—20908-1

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

No. 149

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 3rd CG District	ADMINISTRATIVE	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001		17 March 1947

TIME 0830
DATE 16 March 1947
REPORTED FROM: twenty-four (24) days terminal leave
FOR discharge and reenlistment

DUTY CODE NO. 18D AUTH: ComCir 33-46

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

3-17-47 Honorably discharged this date by reason of expiration of full term of enlistment and extension thereof. Iss ued HD No. B-145375. Entitled to mileage at the rate of 5¢ per mile from (POD) New York, N.Y., to (PAFE) Minneapolis, Minn., 1315 miles.

DUTY CODE NO. 18D AUTH: Art. 589 Regs.

E. H. LANE, Ship's Clerk, USCG
By direction (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

Records	
Posting	Coding
	CODED 14

Machine Accounting
Punched
Verified

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

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

No. 150

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
HODGES, Robert W.	230-917	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 3rd CG District	ADMINISTRATIVE	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001		18 March 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 18 March 1947

TRANSFERRED TO: FIRE ISLAND LIGHT STATION
FOR asdu

AUTH: DcL 3/18/47(73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

3-18-47 Reenlisted this date for a period of TWO (2) years in a Special Temporary Enlistment as a permanent BM2c. Entitled to reenlistment allowance and MOP (did not serve outside U.S.)

PAFE: New York, N.Y.

DUTY CODE NO. 18D

AUTH: PB 103-44

E. H. Lane
E. H. LANE, Ship's Clerk, USCG
By direction (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

Records	
Posting	Coding
	CODED NO. 14

Machine Accounting
Punched _____
Verified _____

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

NCG 2500-A
U. S. COAST GUARD

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

CODED NO. 4

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

Robert W. Hodges

U. S. C. G. ODCGO3rdND (CG-38621)
(Unit)

New York, New York
(Place)

31 Dexamber, 1944
(Date)

Robert W. Hodges (230-917) B.M.2/c

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

I, Robert W. Hodges (Name of applicant), 230-917 (Service number), B.M.2/c (Rating), having on 16 December, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of two years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is expiration of enlistment

Robert W. Hodges

Robert W. Hodges (230-917) B.M.2/c
(Signature of applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 1st day of January, A. D., 1945.

E. A. KAUMP, Lieutenant - USCG(WR)
(Commanding officer or notary public)
Asst. Records & Assignment Officer - 3rdND

U. S. C. G. ODCGO3rdND(CG-38621)
(Unit)

New York, New York
(Place)

1 January, 1945
(Date)

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

E. A. KAUMP, Lieutenant - USCG(WR)
(Officer authorized to accept extension)
Asst. Records & Assignment Officer -3rdND

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

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

PHYSICAL EXAMINATION RECORD

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

Name HODGES, Robert W. (Surname first) Service Number 230-917

Age: Years 27 Months 1 Color White

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

Rank or Rating B.M.2c

Place Pier 9,NYC Date 22 December,1944

Personal Medical History Usual childhood diseases. Tonsillectomy,1941. Denies V.D.

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

Color blind? No Test used I.Plates

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

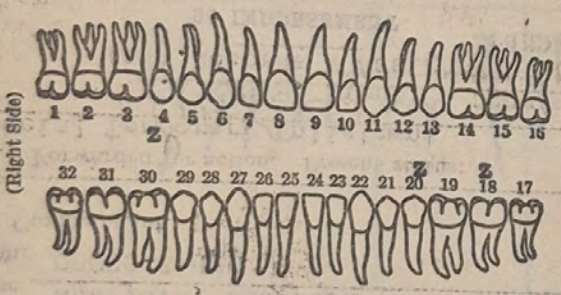
Eyes, eyelids, and reflexes Normal

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, "T".)



Gums Normal Temperature 37.0

Height 71 3/4 inches. Weight (stripped) 163 lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38 1/2 Expiration 36 1/2

Heart and blood vessels Normal

Blood pressure: Systolic 130 Diastolic 80

Pulse before exercise 80, after exercise 90, after 2 min. 82

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 12/20/44 Result Negative

16—27070-1

16—20908-1

istment Allowance)

ODCGSrdMD (CG-89621)
(Unit)

1 January, 1946
(Date)

L.S/c

(Rating on discharge)

	Year	Month	Day
	1941	12	16
	1945	1	1
)			

NUMBER OF—

Years	Months	Days
3	0	16

lusive dates to be shown)

NDUCT		ABSENT DUE TO CONFINEMENT		
	Days	From—	To—	Days
			NONE	

TOTAL ABSENCE (0 days)

3	0	16

ct statement of creditable service of the above-mentioned man

E. A. KAUMP.

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

EXTENSION OF ENLISTMENT

ODCGSrdMD(CG-89621) New York, N. Y.
(Unit and place)

rily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

letment E. A. KAUMP.

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

RKS:

CERTIFICATE

rtify that { ~~X~~ / I } have personally made this physical tion and find that HODGES, Robert W.

physically qualified for Exten. of enlistment
(Enlistment, appointment, promotion)

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

K.W.THUM *Surgeon, U.S. Public Health Service.* (R)

1st INDORSEMENT

1 January, 1945
(Date)

Place New York, New York

From: ODCGO-3rdND

To: Commandant.

1. Forwarded for action. Present status:
Special Temporary Enlistment

E.A.KAUMP, Lieut. USCG(WR)
Commanding Dist. Comdr.-Off. in Chg.
Asst.Records & Assignment Officer
3rdND

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,

CREDITABLE SERVICE

(For Enlistment Allowance)

HODGES, Robert W. — ODCGO3rdND (CG-39621)

(Name in full—surname to the left) — (Unit)

230-917 — 1 January, 1946

(Service number) — (Date)

B.M.2/c

(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	12	16			
Enlistment extended (for 2 years from)	1945	1	1			
Date of discharge (_____ (Character of discharge))						
Total time of last enlistment period				3	0	16

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 (0 days)

Creditable time served during last enlistment period	3	0	16

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. A. KAUMP.

Date 1 January, 1946 (Rank) Lieutenant, U. S. C. G. (WR)

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 January, 1946 — ODCGO3rdND(CG-39621) New York, N. Y.

(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for

(Reenlisted or voluntarily extended his enlistment)

a period of two (2) years from this date.

Physically qualified for extension of enlistment

R. A. KAUMP.

(Rank) Lieutenant, U. S. C. G. (WR)

Commanding officer.

16—20908-1

(Allowance)

ODC303rdMD (CG-39621)
(Unit)

HODGES, Robert W.
(Name in full—surname to the left)

1 January, 1945
(Date)

250-917
(Service number)

B.M.2/c
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	12	16
Enlistment extended (for 2 years from)	1945	1	1
Date of discharge (_____) (Character of discharge)			
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
3	0	16

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 (0 days)

Creditable time served during last enlistment period	3	0	16

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. KAUMP, E A Kaump
Commanding officer.

Date 1 January, 1945 (Rank) Lieutenant, U. S. C. G. (WR)

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 January, 1946 ODC303rdMD(CG-39621) New York, N. Y.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of two (2) years from this date.

Physically qualified for extension of enlistment

E. A. KAUMP, E A Kaump
Commanding officer.

(Rank) Lieutenant, U. S. C. G. (WR)

16—20908-1

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT NAME	LOCATION
COTP (03-015) 3rdND "BAKER"	CG-38621	New York, N. Y. DATE 1 January, 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)

Special Temporary Enlistment and indefinite extension thereof expired 31 December, 1944.

Executed Form 2500-A voluntarily agreed to extend enlistment for a period of two (2) years and for such additional time as may be deemed necessary by the Secretary of the Navy due to war, effective 1 January, 1945. Entitled to an Honorable Discharge otherwise.

POD: NEW YORK, N. Y.(ODCGO3rdND) PAFE: MINNEAPOLIS, MINN. (R.O., Omaha, Nebr.)

Entitled to mileage at the rate of $0.05 per mile from New York, N. Y. to Minneapolis, Minnesota. Total mileage 1314. Total amount $65.70
Entitled to a cash enlistment allowance of $ 150.00

DUTY CODE NO.
69-D

AUTH:
Art. 139 P&SI Art. 541(1)Change #22, Regs.

E.A.KAUMP,
By direction
(Commanding)

E. A. Kaump

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

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RATING
HODGES, Robert W.	230-917	B.M.2/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP (03-015)	CG-38621	New York, N. Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3rdND "BAKER"	1 January, 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)

Special Temporary Enlistment expired 15 December, 1944.

Effective 16 December, 1944, enlistment involuntarily extended for an indefinite period of time pending receipt of Form 2525B.

DUTY CODE NO.
69-D

AUTH:
Pers.Bull. 103-44

E.A.KAUMP,
By direction (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

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

PEA-E
15

NO CODED 14

952

Service Record

HODGES
(Surname)

Robert Warren | 230 917 | NB
(Christian names) | (Service No.) | (Citizenship)

Apprentice Seaman | 16 December, 1941 | THREE
(Enlisted as) | (Date) | (Term of years)

Recruiting Office | Omaha, Nebraska.
(Ship or station) | (Place)

16—9677

CERTIFIED FOR MUSTERING OUT PAY

DEC 23 1941

HODGES, Robert W. 230-917 BM2c

Comdr. 3rd CG District ADMINISTRATIVE New York, N.Y.

03-001 17 March 1947

0830
16 March 1947 twenty-four (24) days terminal leave discharge and reenlistment

18D ComCir 33-46

3-17-47 Honorably discharged this date by reason of expiration of full term of enlistment and extension thereof. Iss ued HD No. B-145375. Entitled to mileage at the rate of 5¢ per mile from (POD) New York, N.Y., to (PAFE) Minneapolis, Minn., 1315 miles.

18D Art. 589 Regs. E. H. LANE, Ship's Clerk, USCG
By direction

FILE IN SERVICE RECORD

HODGES, Robert W. 220-917 BM2c.,

OffComdr3rdCGD Administrative Purposes New York, NY.

03-001

19 February,1947

1400
2-19-47 US Marine Hospital, Stapleton, SINY
additional terminal leave and subsequent discharge.

18D Art. 3002, CG Reg.

Enlistment extended for 11 days from 6 March, 1947, to cover granting of additional terminal leave and processing prior to discharge.

Above man while on 76 days terminal leave from this office from 19 December, 1946, to expire on 6 March, 1947, was admitted to inpatient treatment at the US Marine Hospital, Stapleton, SINY, on 11 February, 1947, and discharged from that hospital this date.

1420 19 February, 1947. Granted 24 days additional terminal leave to expire at this office on 16 March, 1947. Address - 101-57 124th St., Richmond Hill, NY. (Phone-Virginia 9-2905).

18D Comdt.Cir. 33-46.

E.H.LANE, Ship's Clerk, USCG
By direction.

FILE IN SERVICE RECORD

COMMANDING OFFICER'S

PAY RECORD ORDER

OffComdr 3rdCGD C. O. Order No. 1810

(Name and type and number of activity (or unit))

To DISBURSING OFFICER: CG PERSONNEL

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE NO.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE*	1947 (YEAR) FROM-	TO-
230-917	HODGES,	Robert	W.	Ent. to lvrats. AL(T) fm.12/19 to 2/11. NOT AOL. (Admitted to USMH, SINY on 2-11-47 and discharged 2-19-47).	12/20	2/10

(D.O. Symbol number)

E.H.LANE, Ship's Clerk, USCG, By direction.

(Name and signature)

OFFICER (See Art. 2025(2) N.R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i.e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

C G A PRESS — Third Naval District 16-40145-1

HODGES, Robert W. 230-917 BM2c

OFFICE, COMMANDER 3rdCGD Administrative Purposes New York, N.Y.

(03-001)

19 December, 1946

1000
12-19-46

CG OPERATING BASE, Pier 9, East River, N.Y.
terminal leave & subsequent discharge.

CO, CGOB/L 12-19-46 (73-701-531)

Enlistment extended from 1 January, 1947 for a period of sixty-four (64) days to cover granting of seventy-six (76) days terminal leave prior to discharge.

1500 12-19-46: Granted seventy-six (76) days terminal leave to expire prior to 0900, 6 March, 1947 at thisoffice. Address while on leave: 101-57 124th Street, Richmond Hill, N. Y.

18-D Comdt's Cir 33-46

E. H. LANE
By direction

FILE IN SERVICE RECORD

2025 NOV 9 12:30

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 11/14/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Hodges, Robert, W. 230917	723100168	1917 MN

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1985 NY

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns A.B.

CIVILIAN SERVICE

(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: C-00850648 2

Attendant Signature:

CMRS Search Request Number(s): CGS-02921486 3

Remarks:

'26 NOV 19 PM 1:25

'26 NOV 20 AM 10:29
'26 NOV 19 PM 2:05

SCREENING NOTES

- ☒ Reviewed and Nothing Removed AW
- ☐ Items Removed and User Informed

Hold Requested:
- ☐ Yes
- ☐ No

Total Requests:

Screened Items:

- ☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

UNITED STATES COAST GUARD
42 BROADWAY
NEW YORK 4, N. Y.

ADDRESS REPLY TO
COMMANDER, 3RD CG DISTRICT
REFER TO FILE:

19 December, 1946

From: HODGES, Robert W. (230-917) BM2c
To: Commander, 3rd CGDistrict (p)

Subj: Place af discharge at Office, Commander, Third Coast Guard District, in lieu of Office, Commander, 9th CG District; request for.

In accordancewithh Personnel Bulletin No. 19646 , it is requested that I be discharged from the Office, Commander, Third Coast Guard District in lieu of Office, 9th CG District, inasmuch as I plan to make my home at the address given below and plan to seek employment in the New York Area.

101-57 124th Street
Richmond Hill, 19, N.Y.

Robert W. Hodges
(230-917) BM2c

Ind-1
CCGD3(p)
New York, N.Y.
19 Dec., 1946

Returned, granted.

V. PFEIFFER
By direction

UNITED STATES COAST GUARD



ADDRESS REPLY TO

CO, CGOB, Pier 9, East River, NY, NY
REFER TO FILE 73-701-531

19 December, 1946

From: Commanding Officer, CGOB, Pier 9, East River, New York, N.Y.
To: HODGES, Robert W. (230-917) BM2c - PRESENT

Subj: Orders; transfer for terminal leave; travel.

1. In accordance with Commander, 3rd CG District (pmp) letter dated 16 December, 1946, File: 73-701, No. 2685-46, you are detached from further duty at this unit. Upon receipt hefeof you will proceed to 42 Broadway, New York, N.Y., and report upon arrival thereat to the Commander, 3rd CG District (pmp) for terminal leave and discharge from the U.S. Coast Guard in arrordance with ALCOAST 169-46.

2. No travel expense is deemed necessary to the execution of this order and none is authorized.

3. Your service and health record are handed you herewith for safe delivery to the Commander, 3rd CG District (pmp). Your pay account is already being carried by that office.

4. Your permanent station has been New York, N.Y.

5. Delivered and departed this unit at 0930, this date.

JOSEPH MAZZOTTA

CC: 3CGD-Pay
3CGD-Pers
Order file

Ind-1
CCGD3(p)
New York,N.Y.
19 December,1946

Reported this office at 1000 this date in accordance with basic orders.

E. H. LANE
By direction

CO, CGCB, Pier 9, East River, NY, NY
73-701-531

19 December, 1946

From: Commanding Officer, CGCB, Pier 9, East River, New York, N.Y.
To: HODGES, Robert W. (230-917) BM2c - PRESENT

Subj: Orders; transfer for terminal leave; travel.

1. In accordance with Commander, 3rd CG District (pmp) letter dated 16 December, 1946, File: 73-701, No. 2683-46, you are detached from further duty at this unit. Upon receipt hereof you will proceed to 42 Broadway, New York, N.Y., and report upon arrival thereat to the Commander, 3rd CG District (pmp) for terminal leave and discharge from the U.S. Coast Guard in accordance with ALCOAST 169-46.

2. No travel expense is deemed necessary to the execution of this order and none is authorized.

3. Your service and health record are handed you herewith for safe delivery to the Commander, 3rd CG District (pmp). Your pay account is already being carried by that office.

4. Your permanent station has been New York, N.Y.

5. Delivered and departed this unit at 0930, this date.

JOSEPH MAZZOTTA

CC: 3CGD-Pay
3CGD-Pers
Order file

Ind-1
CCGD3(p)
New York, N.Y.
19 December, 1946

Reported this office at 1000 this date in accordance with basic orders.

E. H. LANE
By direction

CG–2868 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

HODGES	Robert	W.	BM2c	230-917
(Name—Surname to left)			(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 67 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

Yes	Edna G. Hodges	Wife
(If none, so state)	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to _____ officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Robert W. Hodges
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CGOB, Pier 9, East River, NY this 18th day of December, 1946

(SEAL)

Joseph Mazzotta
JOSEPH MAZZOTTA, Lieut. Comd'r, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

JOSEPH MAZZOTTA, Lt. Comd'r, USCG CO, CGOB, Pier 9, ER, NY

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*) (*Officer monthly rental allowance*) (*Officer daily subsistence allowance*)

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

HODGES, Robert W. 230-917 BM2c

CGTP, New York, N. Y. CGOB, Pier 9, East River, New York, N. Y.

03-005 19 December, 1946

0930
19 December, 1946 Commander, 3rd CG District
purpose of being granted terminal leave prior to discharge from the U.S. Coast Guard.

V/O Comd'r 3rd CG Dist (pmp) 16th & ALCOAST 169-46.

06-D

JOSEPH MAZZOTTA, Lieut. Comd'r, USCG

FOR DISTRICT FILES ONLY

HODGES, Robert W. 230-917 EM2c

COTP, New York, N.Y. CGOB, Pier # 9, East River, New York, N.Y.

03-005 29 November, 1946

60 in Service

5/1/46 93

(a) 16 December, ~~1947~~ 1946
(b) Undecided as to reenlistment
(c) Now serving in 3RE
(d) Six (6) Years continuous service since original enlistment
(e) 71 months total shore duty since original enlistment (has served on Harbor Patrol craft)
(f) No sea duty
(g) All shore duty
(h) -
(i) Present assignment; 3rd CG District (ashore)

R.S. BRUCE, Lieut. (jg) USCG
Executive Officer.

DISTRICT CIRCULAR No. 46-109

Hodges, 99, etc

CG-64307

U.S.COAST GUARD BARRACKS, Pier 9, East River, N.Y. 13 May, 1946

HODGES, Robert W. (230-917) Commanding Officer Executive Officer

30 - 15 May, 1946 none none 1/1/47

to visit my family.
c/o Mrs. William Rau, Elbow Lake, Minnesota.

ROBERT W. HODGES

BARRACKS, Pier 9, E.R., NYC (COTP) 13 May, 1946
thirty thirty

x
x

J. E. MIDGETT, Lieutenant, USCG
xxxxxxx xxxxxxx

BARRACKS, Pier 9, E.R. NYC (COTP) 13 May, 1946

x

E. B. ANDREWS, Lieut.Comdr., USCG
xxxxxxxxxxxx

BARRACKS, Pier 9, E.R.,NYC (COTP) 15 May, 1946

NOON - 15 JUNE, 1946 this unit

J. E. MIDGETT, Lieutenant, USCG
xxxxxxx xxxxxxx

CGOP, Pier 9-

1110

June 15th.

30

0

/s/ J. E. Midgett EXEC.

64307

LEAVE APPLICATION

NAME Robert W. Hodges SERIAL NUMBER 230-917 DATE MAY-13-46

I request 30 days Re-Enlistment leave. To depart MAY-15-46

Reason for this request is To visit folks.

Address on leave: Mrs. Wm. Rau. Elbow Lake, Minn.

I have had No days leave during my current year. Company

Date of enlistment DEC-17-41. Date of last leave Nov. 44

Date reporting to this unit APRIL-43.

J. E. Midgett
(approved by)

Robert W. Hodges
(Signature)

Request for leave must be handed in one week in advance.

"BAKER" No. 90

HODGES, Robert W. 230-017 BM2c
CG-64307

COTP NY BARRACKS, Pier 9, East River New York 4, N.Y.

03-015 - Third Naval District 15 November, 1945

1000
15 November, 1945 OPERATING BASE, Pier 18, Stapleton, S.I.,N.Y.
xx with and as crew for CG-64307, for administrative purposes.

69-D DCGO3ND/L 11/13/45 (23-783)

R. S. STANIFORD, Lieutenant, USCGR
Executive Officer xxxxxx

COAST GUARD OPERATING BASE
PIER 18
STAPLETON, STATEN ISLAND
NEW YORK
NY

MARKS ON TRANSFER

EFFICIENCY MARKS FOR QUARTER ENDING 15 Nov 1945

Name	Rate	Pro in rating	Seaman-ship	Mech-Ability	Ability leader men	Conduct
HODGES, Robert W.	BM2c	3.5	3.5		3.5	4.0

NSG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

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

U. S. C. G. ODCGO3rdND (CG-38621)
(Unit)
New York, New York
(Place)
31 December, 1944
(Date)

Robert W. Hodges (230-917) B.M.2/c

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

Robert W. Hodges.

I, Robert W. Hodges (Name of applicant), 230-917 (Service number), B.M.2/c (Rating), having on 16 December, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of two years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is expiration of enlistment

Robert W. Hodges.
Robert W. Hodges (230-917) B.M.2/c
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 1st day of January, A. D., 1945.

E.A. KAUMP, Lieutenant - USCG(WR)
Asst.Records & Assignment Officer - 3rdND
(Commanding officer or notary public)

U. S. C. G. ODCGO3rdND(CG-38621)
(Unit)
New York, New York
(Place)
1 January, 1945
(Date)

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

E.A. KAUMP, Lieutenant - USCG(WR)
Asst.Records & Assignment Officer -3rdND
(Commanding officer or notary public)

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

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

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name HODGES, Robert W. Service Number 230-917
(Surname first)

Age: Years 27 Months 1 Color White

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

Rank or Rating S.M.2c

Place Pier 9, NYC Date 22 December, 1944

Personal Medical History Usual childhood diseases.
Tonsillectomy, 1941. Denies V.D.

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

Color blind? No Test used I.Platen

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

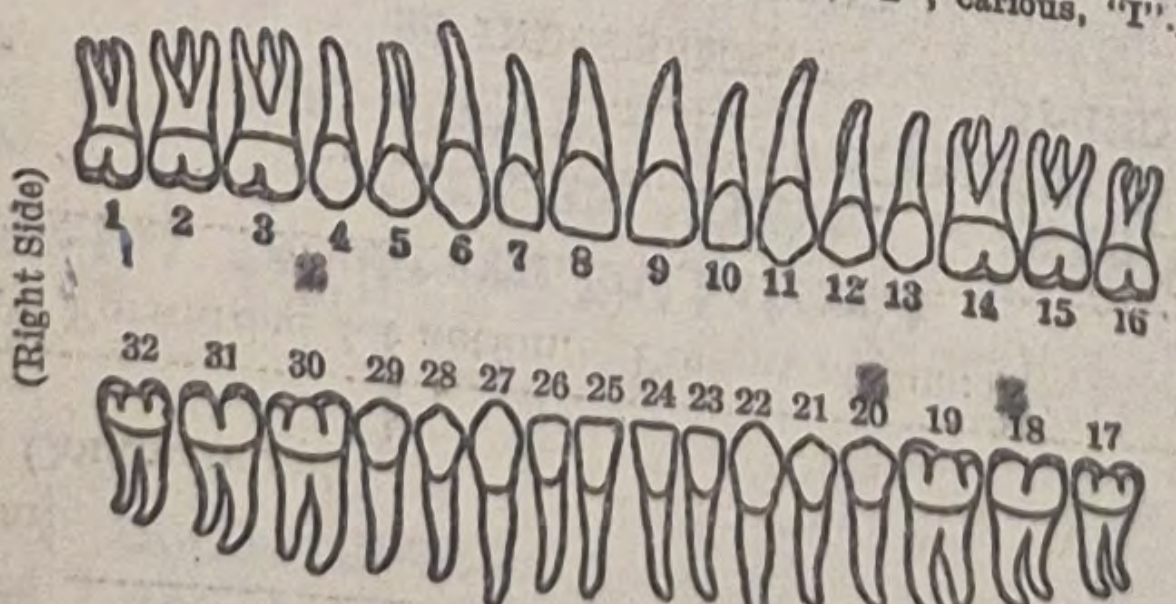
Eyes, eyelids, and reflexes Normal

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

Height 71 3/4 inches. Weight (stripped) 163 Lbs. Temperature 37.0

Skin Normal

Obesity None

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 130 Diastolic 80

Pulse before exercise 80, after exercise 90, after 2 min. 82

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

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

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 12/20/44 Result Negative

16—27070-1

REMARKS: _____

_____

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that HODGES, Robert W.

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

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

He is not physically qualified for ~~x~~

~~enlistment~~

K.W.THUM *Surgeon, U.S. Public Health Service.* (R)

1st INDORSEMENT

2 January, 1945
(Date)

Place New York, New York

From: ODCGO-3rdND

To: Commandant.

1. Forwarded for action. Present status:

Special Temporary Enlistment

E.A.KAUHF, Lieut., USCG(WR)
Commanding, Dist. Comdr. Officer, Chief
Asst.Records & Assignment Officer
3rdND

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 27070-1

Form 2500B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1939

Port Townsend Tra...

SPECIAL TEMPORARY ENLISTMENT CONTRACT

AUTHORITY HF 021732
(December, 1941)

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 HODGES Robert Warren 230 917 as Apprentice Seaman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Recruiting Office, District, Omaha, Nebraska
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Minneapolis, Minnesota
(Place)

1. I, Robert Warren Hodges, this 16th day of December, 19 41, desiring
(Full name)

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: None

2. I was born in Springfield, Minn., on 9 November, 1 917 Citizenship[b] NB

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

If intentions declared, place and date of declaration —

Occupation or trade Farming Home address Collis, Minnesota

Full name and address of the following: Not married
(Wife, if any)

No Children
(Children under 21 years of age. Specify ages of children)

Sophie Paulina Rau—Wheaton, Minnesota 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:

None
(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 —, 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 Lewis O. DeLozier, C.G.M.(a)(pro), 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 Lewis O. DeLozier, C.G.M.(a)(pro), United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Robert Warren Hodges 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.

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. I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interests in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the war or national emergency.

Robert Warren Hodges

Robert Warren Hodges
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Lewis O. Delozier, C.G.M. (a) (Pro)
(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.

Lewis O. Delozier, C.G.M. (a) (Pro)

....., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Robert Warren Hodges (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.

Robert Warren Hodges

Robert Warren Hodges
(Signature of enlisted person)

Subscribed and sworn to before me this 16th day of December, A. D. 1941.

LEE R. SCOTT
Chief Boatswain, U.S.C.G.
Recruiting Officer, Omaha, Nebr.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 24 years 1 months. Height 5 feet 11½ inches. Weight 160 pounds. Eyes Blue

Hair Lt. Brown Complexion ruddy Color White Married No

Distinguishing marks ANTERIOR: cut inside rt. index finger POSTERIOR: VSUIA

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

.....where this enlistment is made.

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

SERVICE RECORD

c 2 RS

Sheet 1

RECORD OF HODGES Robert Warren (Full name, surname to the left) 230 917 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
R.O., Omaha, Nebr.	12/16/41	Ch.Bosn.	P.T.T.S.	12-19-41	Ch.Bsn
P.T.T.S.	1-3-42	Ch.Bsn.	NEAH BAY STA.	1-3-42	Bos'n.(a
NEAH BAY STATION.	4-4-42	Ensign	SEATTLE BASE	4/4/42	Bos'n.
SEATTLE BASE	4/24/42	Bos'n.	Quill.R.Sta.	4-24-42	CBM(a)(Pro)
Quill.River Sta.	7-23-42	CBM(a)(Pro)	S.D.A.S.	7/24/42	Lt.Comdr.
S.D.A.S.	8/8/42	Lt.Comdr.	Receiving Sta. E. I. AUG 13 1942		
Receiving Sta. E. I. DEC 30 1942			BRACE EM RESTA	12-30-42	
CGB., N.Y., N.Y.	4-2-9-43		ODCGO 3rd ND	5-1-43	
ODCGO 3rd ND	6-14-43		COTP Barrk.,Pier 9 E.R. JUN 14 1943		
COTP Barrk.,Pier 9 E.R.	JUL 7 19 1943		CG-38621 (COTP	NY7-6-43	
CGOB,P9,ER, NY	12/16/46	LtComdr	CO Cmdr., 3CGD	DEC 19 1946	E. H. Lane Ship Clerk USCG

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
SEATTLE BASE	A.S. to Sea.2c.	4/10/42	Lieut. (jg)
Quill.R.Station	Sea.2c. to Sea.1c.	5-4-42	C.B.M.(a)(Pro).
C.G.REC.STA.E.I.	Cox.(Pro)	11-12-42	Ensign.
ODCGO 3rd ND	B.M.2c.(Pro)	6-14-43	

16—9676

RECORD OF HODGES Robert Warren 220 017

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

3. EFFICIENCY MARKS

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

Date	Proficiency in rating	Conduct	~~Seamanship~~	Ability as leader of men	~~Health~~	Adaptability for warrant grade	Vessel or station	Signature
12-31-45	3.5	4.0	—	3.5	—	—	COTP, N.Y.	H. J. BAKER, LTJG USCG BY DIRECTION
3-31-46	3.5	4.0	—	3.5	—	—	COTP, N.Y.	H. J. BAKER, LTJG USCG BY DIRECTION
6-30-46	3.6	4.0		3.6		—	CGOB PERRY	J. E. Midgett Lt Cdr
9/30/46	3.6	4.0	-	3.6	-	-	CGOB, P9, ER, NY	LtComd'r
12/16/46	3.6	4.0	-	3.6	-	-	CGOB P9, ER, NY	CO
DEC 31 1946	AL (T) ENTIRE PERIOD						Cmdr., 3CGD	LtComd'r
MAR 17 1947	AL (T) ENTIRE PERIOD						Cmdr., 3CGD	CO
								E. K. Lane Ship Clerk USCG.
Average	3.5	4.0	-	-	-	-	Comdr., 3rd CGD	Ship Clerk USCG

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 HODGES Robert Warren (Full name, surname to left) 335 917 (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
12/16/41	A.S.	-	-	-	-	-	4.0	Ch.Bosn.
12-31-41	A.S.	LESS THAN ONE MONTH					4.0	Lt.Cmdr.
1-3-42	A.S.	LESS THAN ONE MONTH					4.0	Lt.Cmdr.
3-31-42	A.S.	3.6	3.4				4.0	Ensign
4-4-42	A.S.	LESS THAN ONE MONTH					4.0	Ensign
4/24/42	Sea.2c.	LESS THAN ONE MONTH					4.0	Lieut.(jg)
6-30-42	Sea.1c.	3.5	3.2	3.1	3.0		4.0	CBM(a)(Pro).
7-23-42	Sea.1c.	~~3.5~~	~~3.2~~	LESS THAN ONE MONTH.			4.0	CBM(a)(Pro).
8/8/42	Sea.1c	LESS THAN ONE MONTH					4.0	Lt.Comdr.
9-30-42	Sea.1c.	3.3	-	-	3.0	C.G. Rec. Sta. E.I.	4.0	Lt.Comdr.
12-30-42	Cox.(P)	3.3	-	-	3.0	C.G.RECVG.STA.	4.0	Comdr.
12-31-42	Cox (P)	LESS THAN ONE MONTH					4.0	
MAR 3 1 1943	Cox.(P.)	3.3	3.3		3.0	CGRS., N.Y., N.Y.	4.0	
4-29-43	Cox(P)	LESS THAN ONE MONTH				CG ., N.Y., N.Y.	4.0	
6-14-43	B.M.2c.(P)	3.5	3.5		3.3	ODCGO 3rd ND	4.0	
6-30-43	BM2c(Pro)	LESS THAN ONE MONTH				CPBRKSPIER9	4.0	Cmdr.
7-7-43	BM2c(Pro)	LESS THAN ONE MONTH				CPBRKSPIER9	4.0	Cmdr.
9-30-43	BM2cP	3.5	3.0	-	3.5	CG 38621	4.0	
12-31-43	Cox	3.5	3.0	-	3.5	CG 38621	4.0	
3-31-44	Cox.	3.4	3.4	-	3.4	CG 38621	~~4.0~~	
6-30-44	Cox.	3.5	3.5	-	3.4	CG-38621	4.0	
9-30-44	Cox.	3.5	3.5	-	3.4	CG 38621	4.0	
12-31-44	Cox.	3.5	3.4	-	3.5	CG 38621	4.0	E. A. KAUMP, Lieut.
3-31-45	Cox.	3.5	3.4	-	3.5	COTP, NY	4.0	H. J. BAKER, USCGR(W) By direction
6-30-45	Cox.	3.5	3.5	-	3.5	COTP, NY	4.0	BY DIRECTION
Average 9-30-45	Cox.	3.5	3.5	-	3.5	COTP, NY	4.0	H. J. BAKER, (USCGR(W)) BY DIRECTION

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

4. SWIMMING QUALIFICATIONS

Unit	Date of Qualification	Signature

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

RECORD OF HODGES Robert Warren 230 917
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

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

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
DDCGO 3DR ND		AUTHORIZED TO WEAR THE AMERICAN CAMPAIGN RIBBON, ALNAV 351 Dec. 1945	J. J. BAKER, LCDR USCG BY DIRECTION

16—9676

RECORD OF HODGES Robert Warren 230 917
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
ODCGO 3rd ND	6-14-43	Successfully completed a course of instruction at the Advanced Seamanship and Navigation Sch. Seaman's Institute, 25 South St., N.Y.C. Attitude 87 Work Accomplished 88 Final Examination 95 Rating 85	DM Scripture

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
NEAH BAY STATION	1-3-42	4-4-42	Baaddah Pt.LB Sta.	Lyn L Baker Ensign
COTP,NY	7-6-43	10-29-45	CG-38621	H. J. BAKER, [JG] USCG BY DIRECTION
COTP,NY	10-29-45		CG-64307	

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF HODGES, Robert W.
(Full name, surname to left)

230-917
(Service No.)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO DAYS	FROM	TO	REASON	NO DAYS	ADV LV	NO DAYS	FROM	TO	REASON	NO DAYS	
IC	9/1/46	60	12/19/46	2/11/47	LV(T)	53							J Muzzatta LtComd'r CO CGOB,P9,ER,NY
													E. M. Lane Ship Clerk USCG
			2-19-47	3/17	LV(T)	24		0					E. M. Lane Ship Clerk USCG.

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

RECORD OF HODGES Robert Warren 230 917
(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	Signature
R.O., Omaha, Nebr.	12/16/41	1st Yr.		30	0	Ch.Bosn.
C.G.REC.STA.E.I.	12-9-42	12-15-42	8	22	-	
C.G.REC.STA.E.I.	CREDIT	12-16-42	-	30	-	
C.G.REC.STA.E.I.	12-16-42	12-24-42	6	24	-	
CG-38621	11-5-43	11-21-43	15	9	0	
CG-38621	12-2-44	12-16-44	13			
CG-38621	12-16-43	3rd yr	credit	30	0	
CG-38621	12-2-44	12-16-44	13	17	0	E. A. KAUMP, Lieut. USCGR(W). By direction
CG-38621	1-1-45 EE	- - - - - - - - - -		30	30	
Cmdr., 3CGD	5-15-46	6-15-46	30	30	0	H. J. BAKER, LCDR USCG BY DIRECTION

16—9676

RECORD OF HODGES, Robert Warren (Full name, surname to the left) 230-917 (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
CGTP Bark, Pier 9 E.R.			No deductible time while attached to this unit.			
CGOB, P9, ER, NY			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			E. Lt Comd'r CO
DCGO, 3rd. ND.			No deductible time while attached to this unit			E. H. Lane Ship Clerk USCG.

Unit	Period	Reason	Signature
CG-38621	2yrs &DOW	Effective 1 January, 1945, executed Form 2500-A vol. ext. enl. fr period of 2 yrs and DOW. Entitled to Honorable Discharge otherwise.	E. K. KAUMP, Lieut. USCGR(W) By direction
CG-38621	Indef.	Enl. ext invol. pending return of Form 2 525B.	E. K. KAUMP, Lieut. USCGR(W) By direction
OFF COMDR3	64 days	En. Ex. from 1 January, 1947 to cover granting of 76 days term leave prior to discharge.	E. H. Lane ShC1kUSCG By dir.
OffComdr3rdCGD	11 days	Enl. ext fm. 3-6-47 to cover granting of additional terminal lv. and processing prior to discharge.	E. H. Lane ShC1k, By dir.

PEA-E 13

CODED NO. 14

12. ON DISCHARGE

Date 17 March, 1947 Place New York, N.Y. Serial No. B145375

Kind of discharge HONORABLE Authority for Article 589 Regulations

Discharged on account of expiration of full term of enlistment and extension thereof

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

E. H. Lane
SIGNATURE Ship Clerk USCG.

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

D OF HODGES Robert Warre...
(Full name, surname to th...

230-917
(Service No.)

...imprisonment under ...court resulting in a ...

...Condr USCG.
Name
...
Check USCG.

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (includ... civil arrest resulting in conviction), and absence from duty (confinement) while awaiting t... conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (D...

Unit	Months	Days	From—	To—	Remarks
R.O., Omaha, Nebr.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT		
P.T.S.			NO DEDUCTIBLE TIME WHILE ATTACHED		
NEAH BAY STATION			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.		
SEATTLE BASE			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT		
C.G.Station, La Push, Wash.			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.		
S.D.A.S.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT		
Receiving Sta. N. L.			No deductible time while attached to this unit.		
CGB., N.Y., N.Y.			NO DEDUCTABLE TIME WHILE ATTACHED TO THIS UNIT		
ODCGO 3rd ND			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT		

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG-38621	2yrs &DOW	Effective 1 January, 1945, executed Form 2500-A vol. ext. enl. fr period of 2 yrs and DOW. Entitled to Honorable Discharge otherwise.	E.W. KAUMP, Lieut. USCGR(W), By direction
CG-38621	Indef.	Enl. ext invol. pending return of Form 2525B.	E.W. KAUMP, Lieut. USCGR(W), By direction
OFF COMDR3	64 days	En. Ex. from 1 January, 1947 to cover granting of 76 days term. leave prior to discharge.	ShClk USCG By dir.
OffComdr3rdCGD	11 days	Enl. ext fm. 3-6-47 to cover granting of additional terminal lv. and processing prior to discharge.	ShClk, By dir.

PEA-E 19

CODED NO. 14

12. ON DISCHARGE

Date 17 March, 1947 Place New York, N.Y. Serial No. B145375

Kind of discharge HONORABLE Authority for Article 589 Regulations

Discharged on account of expiration of full term of enlistment and extension thereof

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

SIGNATURE E. H. Lane
Ship Clerk USCG.

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

RECORD OF HODGES Robert Warren 230 917
(Full name, surname to the left) (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:

5 (Years) 3 (Months) 2 (Days)

PAID $200.00 MUSTERING-OUT PAY ON MAR 1 8 1947
AT COMDR 3rd CG DISTRICT, BY P. D. BANNING, CDO,
SYMBOL NO. 18-470. VOU. NO. 946 CHECK NO. 41,818

(Notations under article 10 to be considered when executing this article.) W. C. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO.

17. CERTIFICATE UPON TERMINATION OF SERVICE

MUSTERING OUT PAYMENT

NAV. S. AND A. FORM 550

$200.00 lump sum in accordance with ALNAV 360-45 (230-917) (File or service No.)

HODGES, (Surname) Robert (First name) W. (Initial)

BM2c., USCG (Rank or rating and branch of service)

Office, Comdr. 3rd CG District, New York (Activity from which discharged)

(60 days or more) (Length of service—Enter (less than 60 days) or (60 days or more))

17 March 1947 (Date discharged or released from active duty)

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

(Sign original only)

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.

E. H. LANE, Ship's Clerk, USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

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

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

Robert W. Hodges
(Signature of applicant)

ROBERT W. HODGES

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

(Omit address if service is LESS than 60 days)

101 - 57 124th St. (Number) (Street)

Richmond Hill 19, N.Y. (City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $200.00 lump sum in accordance ALNAV 360-45 on 18 March, 1947
403-946 (Public voucher) 41,818 (Check number) (Date)

PAUL D. BANNING, 18-470
(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

16—39039-1

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

RECORD OF HODGES Robert Warren 230 917
(Full name, surname to the left) (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:

5 (Years) 3 (Months) 2 (Days)

PAID $200.00 MUSTERING-OUT PAY ON MAR 1 8 1947
AT COMDR 3rd CG DISTRICT, BY P. D. BANNING, CDO,
SYMBOL NO. 18-470. VOU. NO. 946 CHECK NO. 44,818

W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO.

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $120.75

The within-named man has been furnished travel allowance amounting to $65.75

at the rate of five cents per mile from Minneapolis, Minn. to New York, NY and paid $232.00 in full to date of discharge. Name of pay officer W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO.

Address subsequent to discharge will be:

101-57 124th Street,

Richmond Hill City, N.Y. State.

HAS SIGNIFIED INTENTION { To / ~~NOT TO~~ } REENLIST NEXT DAY.

Certified to be correct upon termination of service 17 March, 1947

E. H. LANE, Ship's Clerk, USCG
By direction *Commanding Officer—Officer in Charge.*

U. S. GOVERNMENT PRINTING OFFICE 16—9676

HODGES, Robert W. 230-017 BM2c

COTP CG-64307

OP BASE, Pier 18, Stapleton, S.I., N.Y.

03-013 3ND 03-019 13 Nov., 1945

FILE IN SERVICE RECORD

31 July, 1943: Held the rating of BM2c

13 November, 1945: Certified to be fully qualified for the permanent rating of BM2c, therefore, the rating of BM2c held on 31 July, 1943 made permanent rating.

J. H. WORTHAM.

FILE IN SERVICE RECORD

69-D AlCoast No. 143 J. H. WORTHAM, Lieut., USCG.
cwr

Op Base, Pier 18
Stapleton, S.I., N.Y.

File:- CG-701

13 November, 1945

To: DCGO, 3ND (p)

Subj: Establishment of permanent rating for Regular personnel

Ref: (a) AlCoast No. 143
(b) District Circular No. 45-33

In accordance with reference (b) the following named man, under my command, is hereby certified to be fully qualified for the permanent rating indicated hereunder. Similar provisional rating was held by this man on 31 July, 1943.

Name, service number and present rating	Permanent Rating
HODGES, Robert W. (250-017), BM2c	BM2c

C. H. WORTHAM.

FILE IN SERVICE RECORD

"BAKER" No. 90

HODGES, Robert W. 230-017 BM2c
CG-64307
COTP NY BARRACKS, Pier 9, East River New York 4, N.Y.

03-015 - Third Naval District 15 November, 1945

1000
15 November, 1945 xx OPERATING BASE, Pier 18, Stapleton, S.I.,N.Y. with and as crew for CG-64307, for administrative purposes.

69-D DCGO3ND/L 11/13/45 (23-783)

R. S. STANIFORD, Lieutenant, USCGR
Executive Officer xxxxx

FILE IN SERVICE RECORD

HODGES, Robert W. 250-317 BM2c

CAPTAIN OF THE PORT CG-38621, Op Base, Pier 18, Stapleton, S.I., N.Y.

C3-319 SND 11 June, 1945

1715
4 June, 1945 OP BASE, Pier 9, E.R., New York, N.Y.
mmm with and as crew member of the CG-38621 for assignment of vessel with crew to duty.

69-D COTP OFFICE/L 5-31-45 (CG-23-601-701) and CO, OP BASE, Pier 9, E.R., New York, N.Y/L 6-4-45 (CG-23-601-701-73-733).

G. W. BOSHOLM, Lieut., USCGR.
Executive Officer

SECURE THIS SHEET IN SERVICE RECORD

ONS

ge, even though the period is less than one

of a good-conduct medal, honorable discharge
made of special commendations by Headquar-
cellent character.

special qualifications of an enlisted man not
advancement and the utilization of the man

compensation, such as messmen, mail clerk,
ating, such as recruiting, intelligence duty,
nsfers.)

te record be kept of all periods during which
y be executed correctly. An accurate record

ve and desertion).

n own intemperate use of drugs or alcoholic

ement awaiting trial by a Coast Guard court
602(4), Personnel Instructions.)

nn to indicate nature of absence, as follows:

g overleave and desertion).

ss, disease, or injury resulting from own
or other misconduct.

nfinement awaiting trial by a Coast Guard
1602(4), Personnel Instructions.)

xecuted, but Article 17 will *not* be executed.

xecuted, but Article 17 will *not* be executed

onsidered when compiling Article 16.

charge or death.

itto marks are permitted. Should an erro
he commanding or enlisting officer enterin

hould be made on the typewriter.

16—9677

BAKER

HODGES, Robert W. 175

COTP 230-917 BM2c
CG-38621
Operating Base, Pier 9, East River, N. Y.
03-015 3ND
6/4/45

1300
6/4/45 Operating Base, Stapleton, Staten Island, NY
xxx with boat for assignment to duty and berth for
the CG-38621.

COTP/L 5/31/45 (CG-23-601-701) OpB/P9/L 6/4/45 (CG-23-601-701-73-783)

69-D

Jg/9

W. W. WREN, Lt.(jg)
By direction

SECURE THIS SHE
IN SERVICE REC

O-917 BM2c
8621
Pier 9, East River, New York
10 April, 19
at
chment, Camp Edison, Sea Gl
duty.
March, 1945 OpB/L 3/30/45

Hodges

"BAKER"

HODGES Robert W 320-917 HM2c
CG-38521

CAPTAIN OF THE PORT OPERATING BASE, Pier 9, East River, New York, NY.

03-015 3ND 10 April, 1945
temporary duty at
1530 CG Firing Detachment, Camp Edison, Sea Girt, N.J.
7 April, 1945 Resumption of regular duty.

DCNO 3ND/ncm/3 2611511 March, 1945 OpB/L 3/30/45(CO-73-783-701-531)
69-D COTP/L 3/29/45(CO-73-783-701-531)No.45-342

km/9

S. F. KENNEDY, Lieut.(jg)USCGR
Executive Officer

SECURE THIS SHEET
IN SERVICE RECORD

Hodges

"BAKER"

HUDGES, Robert W. 230-917 USCG
CC-38621
CAPTAIN OF THE PORT Operating Base, Pier 9, East River, New York, N.Y.
03-015 3RD 2 April, 1945

0840
1 April, 1945 CG Firing Detachment, Camp Edison, Sea Girt, NJ. temporary duty in connection with a course of instruction in small arms, duration one (1) week.

DCGO 3RD/Res/D 281511 3/45 COTP/L 3/29 (73-783-701-531) No. 45-942 OpBase/79/L 3/30 (73-783-701-531)

69-3
an/9

E. F. KENNEDY, Lieut.(j.g.) USCGR
Executive Officer

SECURE THIS SHEET
IN SERVICE RECORD

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

ODCGO3rdND (CG-38621)
(Unit)

HODGES, Robert W.
(Name in full—surname to the left)

1 January, 1945
(Date)

230-217
(Service number)

B.M.2/c
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	12	16
Enlistment extended (for 2 years from)	1945	1	1
Date of discharge (_____) (Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	16

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 (0 days)

Creditable time served during last enlistment period	3	0	16

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. A. KAUMP. R A Kaump

Date 1 January, 1945 (Rank) Lieutenant, U. S. C. G. (WR)
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 January, 1945 ODCGO3rdND(CG-38621) New York, N. Y.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of two (2) years from this date.

Physically qualified for extension of enlistment

R. A. KAUMP. R A Kaump

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

16—20908-1

HODGES, Robert W. 230-917 S.M.2/c

COTP (03-015) CG-38621 New York, N. Y.

3rdND "BAKER" 1 January, 1945

Special Temporary Enlistment and indefinite extension thereof expired 31 December, 1944.

Executed Form 2500-A voluntarily agreed to extend enlistment for a period of two (2) years and for such additional time as may be deemed necessary by the Secretary of the Navy due to war, effective 1 January, 1945. Entitled to an Honorable Discharge otherwise.

POD: NEW YORK, N. Y.(ODCGO3rdND) PAFE: MINNEAPOLIS, MINN. (R.O., Omaha, Nebr.)

Entitled to mileage at the rate of $0.05 per mile from New York, N. Y. to Minneapolis, Minnesota. Total mileage 1314. Total amount $65.70
Entitled to a cash enlistment allowance of $ 150.00

69-D Art. 139 P&SI Art. 541(1)Change #22,Regs. E.A.KAUMP,
By direction

HODGES, Robert W. 230-917 B.M.2/c

COTP (05-015) CG-38621 New York, N. Y.

3rdND "BAKER" 1 January, 1945

Special Temporary Enlistment expired 15 December, 1944.

Effective 16 December, 1944, enlistment involuntarily extended for an indefinite period of time pending receipt of Form 2525B.

E.A.KAUMP,
By direction

69-D Pers.Bull. 103-44

REPORT OF CHANGE IN PAY STATUS

HODGES.	Robert	W.	250-917	B.M.2/c
(Surname)	(First Name)	(Middle Initial)	(Service No.)	(Rank or Rating)

COTP (03-016) CG-38621 - Baker 3rdMD	New York, N. Y.	1 January, 1945
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason:

STATEMENT OF SERVICE

ENTERED SERVICE	SERVICE TERMINATED	NO ABSENCES WITHOUT LEAVE DUE TO OWN MISCONDUCT OR N.P.D.I., UNLESS INDICATED BELOW
12-16-41		None
1-1-46 RE Now serving		

Completed three (3) years service on 15 December, 1944.

AUTHORITY:
69-D
Art. 111, P. & S. I.

R.A.KAUMP,
By direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay Officer)

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION (Unit) — Minneapolis, Minnesota (Place)

16 December, 1941 (Date)

FROM: HODGES: Robert Warren (230-917) A.S.

TO: COMMANDANT (via Officer in Chg. Sub-Station)

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

(Full name of wife; if not married, so state)	(Address of wife)
Not married Edna G.	101-57 124th St. Richmond Hill, N.Y.
(Full name of child; if none, so state)	**(Address of child)**
No Children Russell, born 12/17/41	

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)
Sophie Paulina Rau,	Mother	Wheaton, Minnesota Evansville, Minn.

Not dependent at present
(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)
Lucille Christina Dahlen	Sister	Wheaton, Minnesota Evansville, Minn.

Not dependent at present
(State briefly wherein dependency exists)

WITNESSED BY: Lewis O. Delozier,
Rank C.G.M. (a) (Pro)

SIGNED: Robert Warren Hodges
Robert Warren Hodges
Rank or Rating A.S. U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form No. 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

HODGES, Robert Warren (NAME) 230 917 (SERVICE NUMBER) Apprentice Seaman (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Montrail, Grammar School, Plaza, N. Dakota, att. 8 yrs. Graduated 8
(Number of years attended, graduated) (Grade)

(b) High School: None
(Number of years attended, grade completed or graduated)

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

EXPERIENCE:

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

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician(telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	2)	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

None

Set forth briefly, yet clearly, 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 and courses pursued.

none

Use reverse side of this form when necessary.

Robert Warren Hodges
Robert Warren Hodges
(SIGNATURE)

FOR INFORMATION OF PAY OFFICER

(FA-AR)
CG-522

17 February, 1944

Treasurer of the United States
Washington, D. C.

Subj: Allotment for purchase of War Bonds:

HODGES, Robert W. (230-917) B.M.2c.(R), DCGO, 3rd N. D.

Amount and month of first payment: $18.75 Jan. 1944

Dear Sir:

The above named person has authorized a monthly allotment from his pay in your favor, as indicated

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1939

Port Townsend Training Sta.

SPECIAL TEMPORARY ENLISTMENT CONTRACT

AUTHORITY HT 021732
(December, 1941)

(230-917) CP 12-7-41

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 HODGES Robert Warren 230 917 as Apprentice Seaman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Recruiting Office, District, Omaha, Nebraska.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Minneapolis, Minnesota
(Place)

230 917

1. I, Robert Warren Hodges, this 16th day of December, 1941, desiring
(Full name)
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: None

2. I was born in Springfield, Minn., on 9 November, 1917 Citizenship [b] NB

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

If intentions declared, place and date of declaration ——

Occupation or trade Farming Home address Collis, Minnesota

Full name and address of the following: Not married
(Wife, if any)

No Children
(Children under 21 years of age. Specify ages of children)

Sophie Paulina Rau—Wheaton, Minnesota 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:

None
(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 ——, 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 Lewis O. DeLozier, C.G.M.(a)(pro) 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 Lewis O. DeLozier, C.G.M.(a)(pro) United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said Robert Warren Hodges 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. I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interests in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the war or national emergency.

Robert Warren Hodges
(Signature of enlisted person)

Robert Warren Hodges

UNITED STATES OF AMERICA,

Lewis O. DeLozier
By Lewis O. DeLozier, C.G.M. (a) (Pro)
(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.

Lewis O. DeLozier
Lewis O. DeLozier, C.G.M. (a) (Pro)
....., U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Robert Warren Hodges (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.

Robert Warren Hodges
Robert Warren Hodges
(Signature of enlisted person)

Subscribed and sworn to before me this 16th day of December, A. D. 1941

LEE R. SCOTT
Chief Boatswain, U.S.C.G.
Recruiting Officer, Omaha, Nebr.
(Comdg. officer, officer in charge of a unit, or notary public)

X-P-M

12. DESCRIPTIVE LIST

Age 24 years 1 months. Height 5 feet 11¼ inches. Weight 160 pounds. Eyes Blue

Hair L. Brown Complexion ruddy Color White ✓ Married No

Distinguishing marks ANTERIOR: cut inside rt. index finger POSTERIOR: VSUIA

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.

9—9470

I HEREBY CERTIFY THAT I HAVE NOT BEEN CALLED FOR INDUCTION BY MY LOCAL BOARD FOR THE SELECTIVE SERVICE DRAFT. Robert Warren Hodges Name.

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired Apprentice Seaman

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, 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.

Minneapolis
(Place)

Dec 2 1941, 19
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 24 years 1 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Robert Warren Hodges

Date of birth Nov. 9. 1917

Place of birth Springfield Minn. Citizenship N. B.

Home address Collis Minn.

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? yes.

Are your parents living? Yes Are your parents dependent on you for support? no

Name and address of next of kin Mrs. William Rau Wheaton Minn.

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—
Leonard Batz	Collis Minn.	farming	37	41	farm hand.

Do you drink intoxicating liquors? If so, to what extent? none

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—13413

(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):

1st Montrail School plenza, N.D. 1926 to 1933 graduated eighth grade.

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) Robert warren Hodges

Accepted or rejected Accepted Cause of rejection

Date 12/16/41

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.

Lee R. Scott
Chief Boatswain, LEE R. SCOTT
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13410

. 2679 (Revised)
RY DEPARTMENT
S. Coast Guard
November 1939

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Minneapolis, Minnesota
(Place)

2 December, 1941
(Date)

To Chief of Police, Collis, Minnesota

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.

Robert Warren Hodges
(Name of applicant)

24 Yrs. 1 mo.	71¼ ins.	160	White
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

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

Lewis O. DeLozier, C.G.M. (a)
Recruiting Officer.

12-11-1941
(Date)

To Recruiting Officer, _____

The above information is submitted from the records of this office.

Dan Conroy
~~Chief of Police.~~
Constable.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

ailments? If so, state particulars _____

What was his reputation and standing when in your (employ) — (charge)? good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars _____

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Leonard Bartz
(Signature of reference)

Dec. 5, 1941
(Date)

Collis Minn
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

1. Thumb	2. Index	3. Middle	4. Ring	5. Little

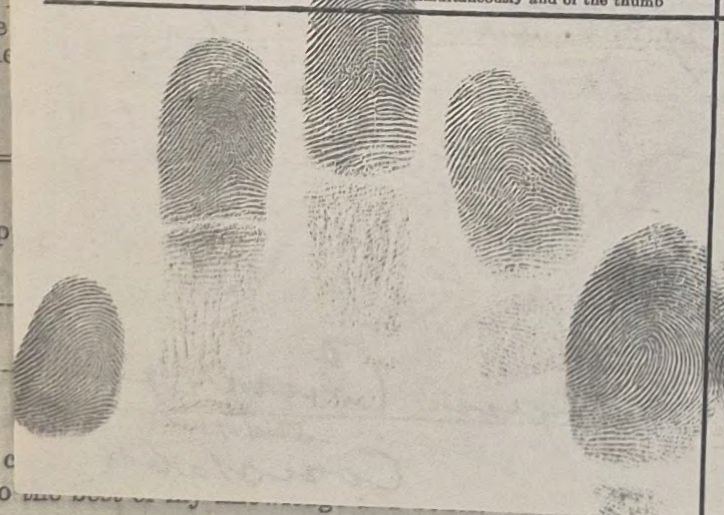


LEFT HAND

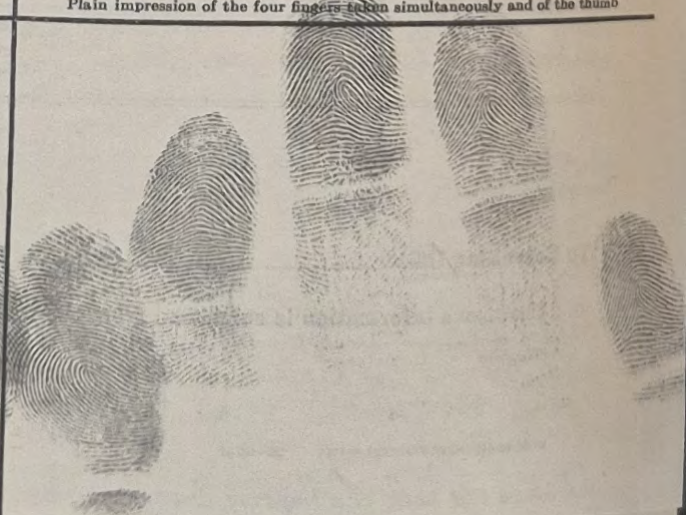
6. Thumb	7. Index	8. Middle	9. Ring	10. Little



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



Lee R. Scott

LEE R. SCOTT
U. S. C. G.

Chief Boatswain,

U. S. GOVERNMENT PRINTING OFFICE 2—13416

O. 2678
EPARTMENT
AST GUARD
e 1938

EC 6 1941

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION Minneapolis, Minnesota
(Place)

2 December, , 1941
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: Mr. Leonard Bartz (Name) Collis, Minnesota (Address)

The man whose name appears below states he was (employed)—(~~taught~~) by you at

Farm (Firm)—(~~School~~), Collis, Minnesota (Place)

Farm Hand 1937 to 1941
(as)—(~~Teacher~~)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

Lewis O. DeLozier, C.G.M. (a)
Recruiting Officer.

(Name of applicant) Robert Warren Hodges
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—(charge)? Yes (Yes—No) When? Sept. 1937, 1937, to Dec., 1941 Where? Farm As Farm Hand

What was his (weekly wage)—(scholastic record)? _____

Why did he (leave)—(quit)? He wanted to Enlist in U. S. Coast Guard

How do you rate his—

	CHECK ONE Good	Average	Poor
Trustworthiness?	✓		
General intelligence?	✓		
Ability?	✓		
Skill as a Farm Hand?			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars _____

What was his reputation and standing when in your (employ)—(charge)? good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars _____

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Leonard Bartz
(Signature of reference)

Dec. 5, 1941
(Date)

Collis Minn
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746

Form No. 2678
TREASURY DEPARTMENT
U. S. COAST GUARD
June 1938

DEC 13 194

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION Minneapolis, Minnesota
(Place)

2 December, 1941
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: Principal, Mountrail School (Name) Plaza, N. D. (Address)

The man whose name appears below states he was (~~employed~~)—(taught) by you at

Mountrail School, Plaza, N. D.
(~~Ship~~)—(School) (Place)

1923 to 1933 Graduated what grade? 8
(~~Rate~~)—(in grade)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

Lewis O. DeLozier, C.G.M. (a)
Recruiting Officer.

(Name of applicant) Robert Warren Hodges
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—(charge)? No (Yes—No) When? _____, 19____, to _____, 19____ Where? _____ As _____

What was his (weekly wage)—(scholastic record)? Referring to records on hand — average

Why did he (leave)—(quit)? Change of residence

How do you rate his—

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?			
General intelligence? From record		✓	
Ability?			
Skill as a _____?			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars _____

What was his reputation and standing when in your (employ) — (charge)? _____

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars _____

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

George W. Finley - Prin.
(Signature of reference)

Dec. 9, 1941
(Date)

Plaza, N. D.
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—1746

Form 2682
ASURY DEPARTMENT
U. S. Coast Guard

CHARACTER REFERENCE

TREASURY DEPARTMENT

DEC 5 1941

UNITED STATES COAST GUARD RECRUITING OFFICE

Minneapolis, Minn. 2 December, 1941

Robert Warren Hodges has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Lewis O. DeLozier

Lewis O. DeLozier, C.G.M. (a)
Recruiting Officer

1. How long have you known the applicant? 14yr
2. What is his general reputation in the community? . . . . . very good
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . no
6. What are his usual habits as regards to sticking to his job? . . . . . worked 4 yrs for very good carriage store. very good
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . no
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . no
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . no
10. Are you related to the applicant? . . . . . no

A. L. Lindberg, M.D.
(SIGNATURE)

Wheaton
(STREET or BOX NUMBER)

Minn
(CITY) (STATE)

Form 2682
URY DEPARTMENT
. S. Coast Guard
EC 4 1941

CHARACTER REFERENCE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Minneapolis, Minn. 2 December, 1941

Robert Warren Hodges has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Lewis O. Delozier, C.G.M. (a)
Recruiting Officer

1. How long have you known the applicant? . . . . . 2 years
2. What is his general reputation in the community? . . . . . Excellent
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . no
6. What are his usual habits as regards to sticking to his job? . very good
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . none
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . no
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . not to my knowledge
10. Are you related to the applicant? . . . . . no

Harold M. Anderson
(SIGNATURE)

(STREET or BOX NUMBER)

Wheaton Minnesota
(CITY) (STATE)

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

DEC 4 1941

CHARACTER REFERENCE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Minneapolis, Minn. 2 December, 1941

Robert Warren Hodges has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Lewis O. DeLozier

Lewis O. DeLozier, S.G.M. (a)
Recruiting Officer

1. How long have you known the applicant? . . . . . Five years
2. What is his general reputation in the community? . . . . . Very good
3. Is he industrious? . . . . . Yes
4. Is he trustworthy? . . . . . Yes
5. Is he married? . . . . . No.
6. What are his usual habits as regards to sticking to his job? . Steady
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . No.
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . No.
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . No.
10. Are you related to the applicant? . . . . . No.

Henry A. Block
(SIGNATURE)

(STREET or BOX NUMBER)

Wheaton, Minnesota
(CITY) (STATE)

Form 2529
TREASURY DEPARTMENT
U.S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION (Unit) — Minneapolis, Minnesota (Place)

16 December, 1941 (Date)

FROM: HODGES: Robert Warren (230-917) A.S.

TO: COMMANDANT (via Officer in Chg. Sub-Station)

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)

No Children (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:

Sophie Paulina Rau, (Full name of relative) — Mother (Relationship) — Wheaton, Minnesota (Address of relative)

Not dependent at present (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:

Lucille Christina Dahlen (Full name of relative) — Sister (Relationship) — Wheaton, Minnesota (Address of relative)

Not dependent at present (State briefly wherein dependency exists)

WITNESSED BY: Lewis O. DeLozier,

Rank C.G.M. (a) (Pro)

SIGNED: Robert Warren Hodges

Robert Warren Hodges

Rank or Rating A.S. U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE