2026 JUN 15 15:55

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

Date: 06/12/2026

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
James, Robert, Ellis	7011-637 ✓	May 8, 1925 CA

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: June 2, 1945 VA

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-0007623307

CMRS Search Request Number(s): ~~C-Gres-S-0028590058~~

Attendant Signature:

Remarks: '26 JUN 18 AM11:09:11

SCREENING NOTES

☑ Reviewed and Nothing Removed SBR

☐ 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:

Approved Exception to SF 180

1A. ADDRESS CODE: 13

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1B. TYPE OF CLAIM: SUPPL. DEATH

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

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

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE:
Veterans Administration Center
5500 East Kellogg
Wichita, KS 67218

5B. ORIGINATING UNIT: 211

6. CLAIM NO.: XC- 04 028 250

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): ELLIS, James Robert

9A. ALL SERVICE NOS.: 7 011 637

9B. SOCIAL SECURITY NO.:

10. DATE OF BIRTH: 5-8-25

11. PLACE OF BIRTH: Sanatarium, CA

12. DATE OF DEATH: 6-2-45

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	9-8-43	6-2-45	Death in Service	Seaman 1/C
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACE OF TREATMENT	20. TYPE (Check) HOSPITAL	20. TYPE (Check) OP
A.					
B.					
C.					

21. ADDITIONAL INFORMATION REQUESTED
Need Basic pay data.

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: [ ] NONE [ ] RESERVE OBLIGATION (Complete Item 22B) [ ] RETIRED (Complete Item 22C) [ ] UNKNOWN

22B. OBLIGATION TERMINAL DATE:

22C. RETIRED STATUS: [ ] IN PAY STATUS [ ] NONPAY STATUS [ ] TEMPORARY DISABILITY RETIRED LIST [ ] RETIRED—STATUS UNKNOWN

23. DATE: 12-18-75

24. SIGNATURE AND TITLE OF VA OFFICIAL: J. T. CLEARY, Adjudication Officer

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

[ ] AVAILABLE REQUESTED RECORDS FORWARDED
[ ] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT
[X] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

8) JAMES, Robert Ellis

Pay Grade: E-3

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY			
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	DATE	SIGNATURE AND TITLE: Jan 6, 1976
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE B Leary	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

VA FORM AUG 1971 07-3101

EXISTING STOCKS OF VA FORM 07-3101, JUL 1970, WILL BE USED.

James, Robert E JN

CHARGE OUT FILE CARD NAVCG 2807 16-42321-1 7011-637

CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE	CHARGED TO	DATE
~~Mr Hamel~~	~~9/26/57~~	~~3-13 C~~							pue
Mr Hamel	12/8/57	2-4 C							

3-13 file

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
AND/OR
WORLD WAR II VICTORY MEDAL

PS
17 December, 1952
File: P15/MDM
(7011-637)

Depository
6-2-45

Mrs. Georgia C. Forgy
Route #1
Centralia, Kansas

My dear Mrs. Forgy:

In reply to your recent request you are informed that your late husband, Robert E. James, Seaman, first class, United States Coast Guard, was not entitled to an American Defense Service Medal or Clasp because those awards are issued only for service between 8 September 1939 to 7 December 1941.

Sincerely yours,

B. V. BALL
Lieutenant Commander, USCGR(W)
Assistant to Chief, Special Services Div.
By direction of the Commandant

BRH:lis rm 2002

...CEIPT FOR MEDALS
...TMENT
...UARD
...-471

US Coast Guard
Washington 25, D. C.

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

PS
17 Nov. 1952
P15/MM

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)
JAMES	Robert	E

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
7011-637	S 1/c	

HOME ADDRESS (Give Number, Street, City, Zone No., and State)
Rt #1, Centralia, Kansas 6-2-45

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)
- X Deceased USCGR

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)

Which Would I Be For Light House Service.

Georgia C. Fargo (mother)
(Signature)
Legal Guardian for Robert E. James Jr. minor

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.
- [X] World War II Victory Medal (No Clasp)
- X American Campaign Medal

(Sign here) Mr. Robert E. James, Jr., next of kin
(Son) (Recipient sign here)

(Do not sign unless awards are actually received)

RECEIPT FOR MEDALS
...PARTMENT
...ST GUARD
...1 16-47)

US Coast Guard
Washington 25, D. C.

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

PS
17 Nov. 1952
P15/MM

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)
JAMES	Robert	E

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
7011-637	S 1/c	

HOME ADDRESS (Give Number, Street, City, Zone No., and State)
Rt #1, Centralia, Kansas 6-2-45

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)
- X Deceased USCGR

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)

~~Which~~ Would Be For Light House Service.

Georgia C. Forgy (mother)
(Signature)
Leg cust for Robert E. James Jr minor

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.
- [X] World War II Victory Medal (No Clasp)
- X American Campaign Medal

(Sign here) Mr. Robert E. James, Jr., next of kin
(Son) *(Recipient sign here)*

(Do not sign unless awards are actually received)

Georgia C. Forgy Leg cust for
Robert E. James Jr a minor

A-1164

3-285

3-13 file Depository

PS
29 September 1952
P15/MM
(701)-637)

PE-PR-46

Mrs. Georgia James
8825½ Bandera Street
Los Angeles, California

My dear Mrs. James:

The Commandant, United States Coast Guard, has the honor to forward to you herewith the following medals earned by your late husband, Robert E. James, Seaman, first class, United States Coast Guard Reserve:

American Campaign Medal
World War II Victory Medal

In order that you may understand the significance of the above awards, two bulletins containing the requirements for eligibility are enclosed.

Please acknowledge receipt of the enclosures by signing Part C of the attached Form CG-2927 and return it in the enclosed self-addressed envelope.

Sincerely yours,

R. J. BORROMEY
Captain, United States Coast Guard
Chief, Special Services Division
By direction of the Commandant

Encl:
1 AmCampMed
1 W W II VicMed
1 Form CG-2927 with env.
2 Regulations bulletins

James, Robert E. (7011-637) Sk
USCGR

Died 6-2-45
Drowned

NOK Mrs. Georgia James
(widow) 8825-½ Bambera St.
Los Angeles, Calif.

Int Ent 9-1-43

4.0

Del
Am Camp med
NW # V med

Died 6-2-45
S.N.-7011-637

File
3-14

MAY 2 1947

My dear Mrs. James:

It is my privilege to forward to you an Accolade from the President of the United States in memory of your husband, Robert Ellis James, Seaman, first class, United States Coast Guard Reserve.

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

Sincerely yours,

J. F. FARLEY
Admiral, USCG
Commandant

JFK

Mrs. Georgia James
8825½ Bandera Street
Los Angeles, California

MILITARY MOVIE SECTION
MAY 1[illegible] 1947

MJMcG

JFK

3-13

PE-PR-16 6-2-45 ab

FILE

PS
17 November 1952
P15/MM
(7011-637)

Depository

Mr. Robert E. James, Jr.
c/o Georgia O. Forgy
Route 1
Centralia, Kansas

My dear Mr. James:

The Commandant, United States Coast Guard, has the honor to forward to you herewith the following medals earned by your late father, Robert E. James, Seaman, first class, United States Coast Guard Reserve:

American Campaign Medal
World War II Victory Medal

In order that you may understand the significance of the above awards, two bulletins containing the requirements for eligibility are enclosed.

Please acknowledge receipt of the enclosures by signing Part C of the attached Form CG-2927 and return it in the enclosed self-addressed envelope.

Sincerely yours,

B. V. BALL
Lieutenant Commander, U.S.C.G.R.(W)
Assistant to Chief, Special Services Div.
By direction of the Commandant

Encl:
1 AmCampMed
1 W W II VicMed
1 Form CG-2927 with env.
2 Regulations bulletins

EOB

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PS
29 September 1952
P15/MM
(7011-637)

Mrs. Georgia James
8825½ Bandera Street
Los Angeles, California

My dear Mrs. James:

The Commandant, United States Coast Guard, has the honor to forward to you herewith the following medals earned by your late husband, Robert E. James, Seaman, first class, United States Coast Guard Reserve:

American Campaign Medal
World War II Victory Medal

In order that you may understand the significance of the above awards, two bulletins containing the requirements for eligibility are enclosed.

Please acknowledge receipt of the enclosures by signing Part C of the attached Form CG-2927 and return it in the enclosed self-addressed envelope.

Sincerely yours,

R. J. BORROMEY
Captain, United States Coast Guard
Chief, Special Services Division
By direction of the Commandant

Encl:
1 AmCampMed
1 W W II VicMed
1 Form CG-2927 with env.
2 Regulations bulletins

died 6-2-45
7011-637

File 3-14

MAY 2 1947

My dear Mrs. Knudson:

It is my privilege to forward to you an Accolade from the President of the United States in memory of your son, Robert Ellis James, Seaman, first class, United States Coast Guard Reserve.

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

Sincerely yours,

J. F. FARLEY
Admiral, USCG
Commandant

Mrs. Sarah James Knudson
244 West Eighty-fourth Place
Los Angeles, California

MILITARY MOBILE SECTION
MAY 1[illegible] 1947

WJM:erb return to 2-4

3-14
File
Mgmt
783

(PMM)
CG-783

6 September, 1945

Mrs. Georgia James
2348 - 42nd Street
Sacramento, 17, California

My dear Mrs. James:

Your claim for the final pay due the estate of your husband, Robert Ellis James, Seaman, first class, USCGR, has been approved by this office for payment and forwarded to the General Accounting Office for settlement.

As the Coast Guard has no further jurisdiction in the settlement of this claim, it is suggested that in event of undue delay you contact the Claims Division, General Accounting Office, Washington, D. C.

Headquarters acknowledges receipt of Voucher Form No. 1034 and funeral bill relative to the secondary burial expenses incident to the burial of your husband. However, before this voucher may be approved for settlement, it will be necessary that you sign the inclosed statement of satisfactory services and return it to Coast Guard Headquarters as soon as possible. When this statement is received, payment will be made direct to the funeral home. A pre-addressed envelope which requires no postage is inclosed for your convenience.

By direction of the Commandant.

Very truly yours,

L. H. MORINE
Captain, U. S. Coast Guard
Chief, Military Morale Division

Incls.
1 - Statement
2 - Envelope (1)

U.S. COAST GUARD
MAIL SECTION (4)
MAILED SEP 7 1945

BSJ:emc
Return to 2--4

Form 39 A

3-14 File as 2/25/46

50489

D. O. Vou. No.

CERTIFICATE OF SETTLEMENT

GENERAL ACCOUNTING OFFICE

PAID BY
O. F. McCLOW
S. D. A.
(Navy)
Symbol No. 55-040

Claim No. 1867594

WASHINGTON, January 15, 1946
(Date)

CERTIFICATE No.
1218371

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

Georgia James, as widow of Robert Ellis James, deceased,
3825 Bandera Street,
Los Angeles, California.

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

TWENTY-TWO AND 60/100 Dollars ($ 22.60)

on account of

pay due decedent at date of death, June 2, 1945, seaman first class, service No. 7011-637, United States Coast Guard Reserve.

1750900 Pay and Allowances, Coast Guard, 1945

Limitation 1750900.

Of the total amount otherwise found due, there has been withheld the sum of $15.40 representing overpayment at time account was closed.

To: Disbursing Officer,
Coast Guard Headquarters.

MEMORANDUM

366215 5 FEB 1946 22.60

Copy for Administrative Office

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT (CP FA-AE) WASHINGTON

REFER TO FILE: CG-783

AUG 14 1945

MEMORANDUM FOR CHIEF, MILITARY MORALE DIVISION:

Subj: JAMES, Robert H. (7011-637) S1c, USCGR
pay status on date of death, 2 June, 1945

1. Transfer of pay accounts in the case of subject named person was forwarded to the General Accounting Office, Claims Division, for settlement on AUG 14 1945, showing balance due or "overpaid" on date of death in amount $ 15.40. (Check #542,374) in the amount of $38.00 forwarded to GAO.

2. The following information is furnished relative to computation of pay on date of death:

Rank or rating Sea 1c(R)

Pay grade or period 5

Years of service 0

Monthly rate of pay:

Pay $66.00

Sea or foreign service duty

Other (Explain)

ENTERED Accounts AUG 20 1945 mc.

MONTHLY RATE FOR DEATH GRATUITY PURPOSES $66.00

R. D. FRITZ, Lieut. Comdr., USCG
Chief, Central Pay Records Section

WEBB
Chief, Audit and Examination Section,
Office of Finance and Supply, U.S.C.G.

CC: Bookkeeping Section

Sub 44 Obj 2803

Appropriation Class Code 101

1750900 Pay and Allowances, Coast Guard, 1945 $22.60

(PMM)
CG-783

3-14
File
mfm
783

6 September, 1945

General Accounting Office
Claims Division
Washington, D. C.

Sirs:

Inclosed is Form No. 1055 executed by Mrs. Georgia James claiming the final pay due the estate of her husband, Robert Ellis James, Seaman, first class, USCGR, who drowned 2 June, 1945 at Solomons Light House Station, Crisfield, Maryland.

The Office of Finance and Supply, USCG, forwarded the transfer of pay account in the case of subject named man to your office for settlement on 14 August, 1945 showing balance overpaid on date of death in the amount of $15.40. Attached to the transfer of pay accounts forwarded to your office is Check No. 542,374 in the amount of $38.00. This claim has been examined and is approved for payment. The appropriation to be charged is 1750900 Pay and Allowances, Coast Guard, 1945.

Expenses incident to the preparation and encasement of the body in the amount of $130.50 have been paid by the Coast Guard. Additional expenses in the amount of $114.85 were incurred by the claimant as per attached funeral bill. Steps are being taken to authorize payment of the $50.00 burial allowance as provided by Headquarters' Circular No. 211.

By direction of the Commandant.

Very truly yours,

U.S. COAST GUARD
MAIL SECTION (4)
SEP 7 1945

L. H. MORINE
Captain, U. S. Coast Guard
Chief, Military Morale Division

Incls.
1 - Form No. 1055
2 - Funeral bill

Ref'd memo
Return to 3--4

(PHM)
CG-783

3-19

22 August, 1945

File
E.M.O.

Mr. George Pollitt
Pacific Coast Manager of Claim Division
Metropolitan Life Insurance Company
600 Stockton Street
San Francisco, 20, California

Re: Robert Ellis James
Seaman, second class
Serial No. 7011-637
Policy No. 35140418 0399633

Born 8 May, 1925
U. S. Coast Guard Reserve
Died 2 June, 1945

Dear Sir:

Receipt is acknowledged of your letter of 3 August, 1945 requesting a death certificate for Robert Ellis James, Seaman, second class, USCGR, who accidentally drowned on 2 June, 1945. The Coast Guard will not issue a death certificate in this case, however, the Bureau of Vital Statistics, Baltimore, Maryland, will provide this certificate upon request.

On 1 June, 1945 James, attached to the Solomon's Lump Light Station, was instructed by the Officer in Charge of that station to proceed to Crisfield, Maryland, on official business. On 2 June, 1945 he started back in the Holland Island Bar Light Station boat which was in charge of a coxswain from that station. As the boat came within one hundred yards from his station, James accidentally fell overboard and was attempting to swim to his station. Somehow he appeared to be having difficulty and the coxswain threw him a life jacket. James took two or three strokes towards the life jacket and then sank below the surface of the water. The coxswain immediately went to his rescue, but was unable to find him. His body was recovered on 3 June, 1945. No evidence of homicide or foul play was found and it appears that James met his death in the performance of his duty and not as the result of his own misconduct.

The above information is to aid you in the adjudication of your claim and is not for publication purposes.

U.S. COAST GUARD
MAIL SECTION (4)
AUG 22 1945
MAILED

By direction of the Commandant.

Very truly yours,

L. H. MORINE
Captain, U. S. Coast Guard
Chief, Military Morale Division

2--4

(PMM)
CG-783

13 July, 1945

To: DCGO, 5th Naval District, Norfolk, Virginia

Subj: Robert Ellis James (7011-637) Seaman, second class, USCGR (Deceased): Disposition of personal effects

1. Please be advised you are authorized to ship at Government expense the personal effects mentioned in your letter of 10 July, 1945 (CG-783 - 543) to the next of kin, Mrs. Georgia Clara James (Widow), 2348 - 42nd Street, Sacramento, 17, California. Any money listed in the inventory should be forwarded to the next of kin by money order, less cost of money order.

2. Receipt is duplicate for articles shipped should be obtained and the original forwarded to Headquarters.

C. A. ANDERSON
By direction

U. S. COAST GUARD
MAIL SECTION (4)
FILED JUL 13 1945

BSJ:emo

Return to 3--4

3-14
File

(FA-CP)
CG-763

REGISTERED

AUG 14 1945

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

Re: JAMES, Robert E. (7011-637) S1c, USCGR, deceased 2 June, 1945.

Gentlemen:

The accounts of the deceased have been examined. Check No. 542,374 in the amount of $38.00, dated 2 June, 1945, drawn by Jacob Levin, SDA, Symbol No. 551-370 is herewith forwarded for proper disposition, together with a photostatic copy of Pay Record (Nav S&A Form 500) showing an overpaid balance at date of death, in the amount of $15.40.

By direction of the Commandant.

Very truly yours,

R. D. FRITZ, Lieut. Comdr., USCG
Chief, Central Pay Records Section

Incls
1. Check(1) as listed above
2. Photostatic copy of Pay Record
(Nav S&A Form 500)

15 AUG 1945
REGISTERED
150890

IM:im Return to C-3 Im

No.	ARTICLE	Unit Price	Extension
1	Drawers, Cott		35
1	Undershirt, cott		35
1	Socks, Cott. black		25
			95

for burial of
Robert E. James, SK
7011-637

Pay No.

No. 171338- 1

U. S. C. G. _____ 19

Charged to pay ____ $_____ Charged to bounty ____ $_____

Charged to pay ____ $_____ Charged to bounty ____ $_____

U. S. C. G. _____ / / 19

I acknowledge the receipt of the above articles to the value of—

_____ dollars _____ cents.
(In words) (In words)

PAY No.

_____
(Signature)

NCG 2581
(Oct. 1934)

No. 171338- 1

16—29659-1 ☆ GPO

TOTAL 95

6/16/45 PETER MAJKUT
direction

COAST GUARD
BOX 540
1, VA.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

epot (Clothing), Berkley, Va.

ng; request for

hed in Article 863 (2), Pay
requested that the following
sued for the purpose of pre-
James (7011-637) Sealc., USCGR,

34 - - - - 1 Pair
- - - - - - 1 Pair
e 34 - - - 1 Each

$.95

OAST GUARD
OX 540
, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (fs)
FIFTH NAVAL DISTRICT
REFER TO FILE: 408

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

6 June 1945

To: OINC, District Supply Depot (Clothing), Berkley, Va.

Subj: Issue of uniform clothing; request for

Pursuant to instructions contained in Article 863 (2), Pay and Supply Instructions, it is requested that the following items of uniform clothing be issued for the purpose of preparing the remains of Robert E. James (7011-637) Sealc., USCGR, for burial:

Drawers, nainsook, size 34 - - - - 1 Pair
Socks, cotton, size 11 - - - - - - - 1 Pair
Undershirt, cotton, size 34 - - - 1 Each

$1.95

Peter Majkut

PETER MAJKUT
By direction

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (fs)
FIFTH NAVAL DISTRICT
REFER TO FILE: 422



25 May 1945

To: OINC, District Supply Depot (Clothing), Berkley

Subj: Issue of uniform clothing; request for

Pursuant to instructions contained in Article 863 (2), Pay and Supply Instructions, it is requested that the following items of uniform clothing be issued for the purpose of preparing the remains of John I. Weiby (662-912) Sealc., USCGR, for burial:

Drawers, nainsook, size 36 - - - - 1 Pair
Socks, cotton, size 12 - - - - - - 1 Pair
Undershirt, cotton, size 40 - - - 1 Each

$.95

Peter Majkut

PETER MAJKUT
By direction

AUGUST 8, 1945

SUBJECT: James, Robert E S1c (6011-(37) Board of Investigation

THIS IS TO CERTIFY THAT SUBJECT PAPERS ARE FILED IN THE CONFIDENTIAL FILES OF THE ENLISTED SECTION AND ARE AVAILABLE UPON REQUEST.

E. E. COCKRELL
G.Y. USCG

File
8-14
7012

(PMM)
CG-783

21 June, 1945

Mrs. Georgia Clara James
8825 1/2 Bandera Street
Los Angeles, California

(7011-637)

My dear Mrs. James:

Headquarters has been advised of the death of your husband, Robert Ellis James, Seaman, second class, U. S. Coast Guard Reserve, on 2 June, 1945. Please accept my sincere sympathy.

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

Veterans' Administration Form No. 534 is inclosed in order that application may be made for the pension award. A certified copy of the public or church record of marriage must be furnished to substantiate your claim for the pension award.

Records at Headquarters indicate that your husband carried National Service Life Insurance. It is suggested that inquiry be made of the Director of Insurance, Veterans' Administration, Washington, D. C. as to the beneficiary of this insurance in order that settlement may be made.

When the inclosed forms have been completed, they should be returned in the inclosed pre-addressed envelope which requires no postage.

By direction of the Commandant.

Very truly yours,

U.S. COAST GUARD
MAIL SECTION (1)
MAILED JUN 23 1945

C. A. ANDERSON
Commander, USCG
Chief, Military Morale Division

Incls.
1. Form No. 1055
2. Form No. 534
3. Envelope (1)

BSJ:MDK return to 2-4

VETERANS ADMINISTRATION
Form 3104
Rev. October 1944

DEATH (SEE ADDITIONAL)

AUG 11 1945

RETURN TO CENTRAL OFFICE
RECORD VERIFICATION SUBDIV.

AUG 11 1945

Request for Coast Guard Information

For use of MRAD-O Dependents Claims Service, N.Y. Branch (Organization unit) (Location of requesting office) August 8, 1945 (Date)

1. Name JAMES (Last) Robert (First) Ellis (Middle) C No. X-C 4,028,250
   Converted Insurance No.—K
2. Service No.—S 7011 637 National Service Life Insurance No.—N
3. Date(s) of entry into active service 9-1-43
4. Date(s) of discharge or release from active service
5. Character of discharge(s)
6. Last rank or rating Sea 2C USCGR 7. Date of death 6-2-45
   Place of last discharge
   Home address
   Place of birth Date of birth

Alleged Disease or Injury, Date of Incurrence, Date(s) and Place(s) of Treatment:

TP:em

DO NOT WRITE OR TYPE IN THIS MARGIN

ADDITIONAL: Please furnish line of duty and misconduct status and if a Board of Officers was appointed to investigate the veteran's death, a complete report of such Board is requested. If, however, no Board of Officers was appointed, it is requested that a statement to that effect be made and the line of duty and misconduct status be shown.

By EIDON L. BAILEY, Director

From: COMMANDANT, U.S.Coast Guard, Washington, D. C.
To: Veterans Administration. (PEA-C) CG-783 18 August, 1945

JAMES, Robert Ellis, (7011-637) Seaman, first class

FILE M.B.

Items 1, 2, 3, 6 and 7 verified and found correct with the following exceptions:
(3) 1 September, 1943, enlisted in U.S.Coast Guard Reserve and assigned to active duty 8 September, 1943.
(6) Date and place of birth--8 May, 1925, Sanitarium, California.
(7) 2 June, 1945, died.
Cause of death--Accidently Drowned.
Death in line of duty--Yes.
Death result of own misconduct--No.
*Active duty from 8 September, 1943 to 2 June, 1945 (date of death).

PHOTOSTAT COPIES

_____ CG Form 2525-B.
_____ Report Medical Survey.

DUPLICATE COPIES

_____ CG Form 2525-B.
_____ Medical Records.
_____ Report Medical Survey.

*Board of Investigation convened in this case is attached.

Commandant, United States Coast Guard.
E. VAN LOPIK, By direction
By

nl

16—36171-2 U. S. GOVERNMENT PRINTING OFFICE

mB

18 August, 1945.

FILE
M. B.

U. S. COAST GUARD.

Re: Your Claim No. XC-4,028,250. Administrative report of investigation into circumstances surrounding death of Robert Ellis James (7011-637), former seaman, first class.

Receipt is acknowledged of the above administrative report.

Messenger from Veterans Administration.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Mr Shaw 3-12

00168 File K

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
JAMES Robert E.	7011-637	S1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
SOLOMONS LUMP LIGHT STATION		118 Maple St, Crisfield, Md.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-139	6 June, 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)

At or about, 1500, 6-2-45, died in line of duty by accidental drowning in Kedges Straits, Chesapeake Bay, near this light station, approximately 10 miles west of Crisfield, Md.

DUTY CODE NO. 30-D
AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
(Commanding)
By direction pmf-E-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

Machine Accounting
Punched _____
Verified _____

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

File
JK

REPORT OF DEATH OF SERVICE PERSONNEL
UNITED STATES COAST GUARD
NAVCG-9885 (10-44)
TO: VERIFICATION SECTION OF VETERANS ADMINISTRATION.
COPY TO: SOCIAL SECURITY BOARD

DATE 21 June, 1945

NAME	NUMBER	RATING
JAMES, Robert Ellis	7011-637	Sea 2C USCGR

DATE & PLACE OF ENLISTMENT

1 Sept. 1943 - Sacramento, Calif. Reported for active duty 6 Sept. 1943.

DATE & PLACE OF BIRTH

8 May, 1926 - Sanitarium, California

NAME & ADDRESS OF NEXT OF KIN

Georgia Clara James, widow
8825 1/2 Bandera Street, Los Angeles, Calif.

INSURANCE	DATE OF DEATH
National Service Life Insurance	2 June, 1945

PRIOR SERVICE

None

COMMENTS

Drowned off Solomons Lump Light Station, Crisfield, Md. Family allowance to wife, Georgia Clara James, and son, Robert Ellis James, Jr. Class "A", $80.00. stopped with payment for June. Pay and allowances cease 2 June, 1945. No regular allotment. Settlement of final pay has not been determined.

C. A. ANDERSON, Commander, USCG
(Signature, Military Morale Division)
By direction
Chief,

File
3-14
MDK

7011-637

15 June, 1945

My dear Mrs. James:

I have learned of the untimely death of your husband, Robert Ellis James, Seaman, second class, USCGR, which occurred on 2 June, 1945.

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

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

Sincerely yours,

L. T. CHALKER
Rear Admiral, USCG
Acting Commandant

Mrs. Georgia Clara James
8825 1/2 Bandera Street
Los Angeles, California

JUN 15 1945

JUN 15 1945

MDK
BSJ:mdk return to 3-4

mjm.

File
3-14
MDK

7011-637

15 June, 1945

My dear Mrs. James:

I have learned of the untimely death of your son, Robert Ellis James, Seaman, second class, USCGR, which occurred on 2 June, 1945.

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

I realize there is little I can say to you in this hour of sorrow. I trust the realization that he served his country faithfully and won the respect and admiration of his shipmates, who deeply feel his loss, may be of some comfort to you.

Sincerely yours,

L. T. CHALKER
Rear Admiral, USCG
Acting Commandant

Mrs. Sarah Ruth James
1238 G. Street
Sacramento, California

BSJ:ndk return to 2-4
MDK

JUN 15 1945

File
9K

DCGO 5ND NORFOLK

DCGO 12ND SAN FRAN

COMDT CG

JAMES ROBERT E 7011 637 S2C DROWNED OFF SOLOMONS LUMP LIGHT STATION CRISFIELD MARYLAND EARLY AFTERNOON 2 JUNE 1945 X BODY NOT YET RECOVERED X WIFE GEORGIA J JAMES 2348 42ND STREET AND MOTHER SARAH JAMES 1238 G STREET BOTH SACRAMENTO CALIF X GRANDMOTHER NAME UNKNOWN 8825 1/2 BANDERA STREET LOS ANGELES CALIF X WILL ADVISE IMMEDIATELY WHEN BODY RECOVERED X REQUEST ADVISE DESIRE OF NEXT OF KIN AS TO DISPOSITION REMAINS WHEN BODY RECOVERED AND WHETHER ESCORT REQUESTED FROM THIS DISTRICT X COMPLY HDQTRS CIRCULAR NO 211 BT 030155

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED
NO. 5

JOINT SERVICE INDUC. STATION — (Unit)

NEWARK, N.J. — (Place)

24 AUGUST, 1943 — (Date)

FROM: BARNISH, Stephen Frank (7015-351) A.S., U.S.C.G.R.
C.G. Representative, Joint Serv.

TO: COMMANDANT (via Induc.Sta., Newark, N.J.)

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:

RUBY PRISCILLA BARNISH (Full name of wife; if not married, so state)	38 Munson Avenue, Dover, New Jersey (Address of wife)
NONE (Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

ANNA BARNISH (Full name of relative)	MOTHER (Relationship)	238 Union Street, Boonton, New Jersey (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:

ANDREW BARNISH (Full name of relative)	FATHER (Relationship)	Same as above (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

24th day of AUGUST, 1943

Benjamin G. Irons
(Signature)

Benjamin G. Irons, C.B.M., USCG
C.G. Representative
(Rank or title)

Stephen Frank Barnish
STEPHEN FRANK BARNISH
(Signature)

A.S., U.S.C.G.R.
(Rank or rating)

16—25758-1

REMARKS: Certified to be the exac
information taken from D.S.S. 221

HERMON A. NELSON, C.G.M. (Ret.)

CERTIFICATE

~~We~~ / I certify that ~~We~~ / I have personally made this physical examination and find that Robert E. James

He is physically qualified for Enl. in Reg. Res.
(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~~

R.G.BIRD, Lt.Cdr.M.C.V(S) USNR
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

1 September, 1943
(Date)

Place Armed Forces Induction Station
Sacramento, California

From: Coast Guard Representative

To: Commandant.

1. Forwarded for action. Present status:
Enl. as A.S.(R) for DOW and 6 months
Tr. to ALATRASTA

HERMON A. NELSON
Commanding—Dist. Comdt. Off. in Chg.
C.G.M. (Ret.)

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

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

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name JAMES, Robert E. (7011-637) Service Number
(Surname first)

Age: Years 18 Months 3 Color White

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

Rank or Rating A. S. (R)

Place Sacramento Date 1 September, 1943

Personal Medical History U. C. E;

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

Color blind? No Test used Chart

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

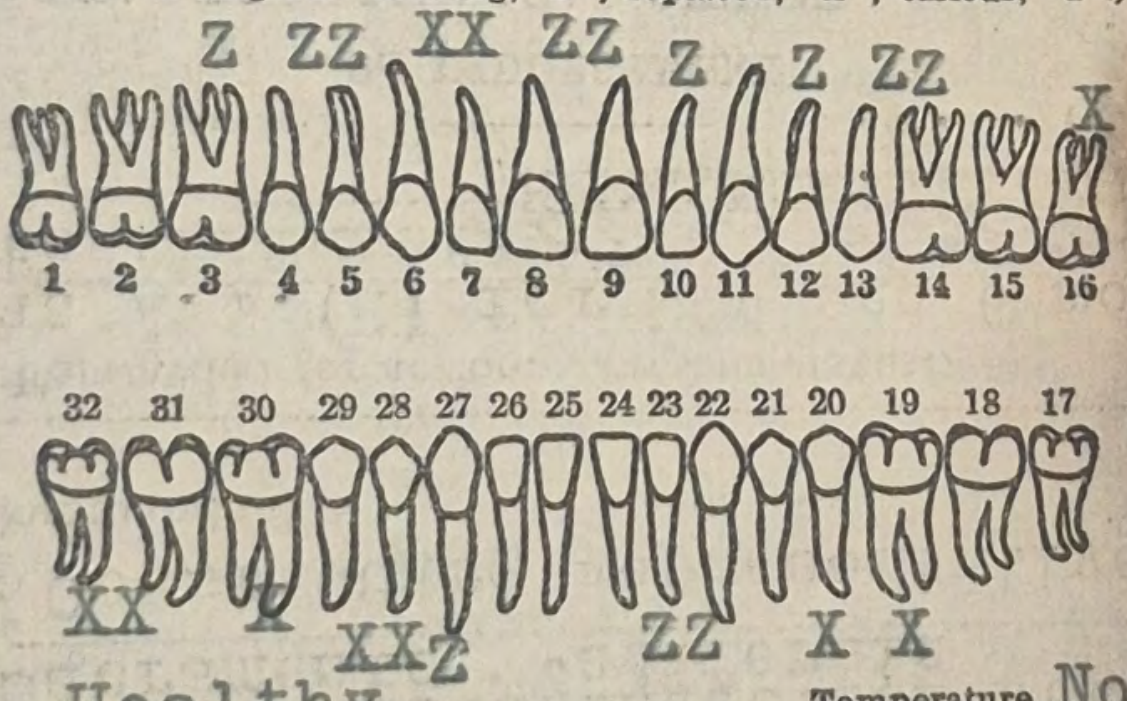
Eyes, eyelids, and reflexes Normal

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 Healthy Temperature Normal

Height 72 inches. Weight (stripped) 144 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 35½

Heart and blood vessels Normal

Blood pressure: Systolic 148 Diastolic 82

Pulse before exercise 82, after exercise 120, after 2 min. 84

Lungs Normal--X-Ray No. 39415

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Sp. Gr. 1009

Microscopical exam. (if indicated) epithelia — Casts —

Blood cells — Pus cells — Whites —

— %. Reds — Negs.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C M

AUG 19 1944

James Robert E. (Name, surname first) 7011-637 (Service number) S 2/c (Rank or rating) Solomons Light Station. (Unit)

5TH NAVAL DISTRICT

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Crisfield, Maryland., Date 8/16/44, 19

To: District Coast Guard Officer, (Coast Guard unit)

5th. Naval District, Norfolk, Va. (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Acute Urethritis, non-venereal	740-100	8/16/44	8/16/44

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.}

C E Ballenger

A.A.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.

RECD D. C. G. 5ND AUG 21 1944 MEDICAL OFFICE

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

James, Robert E. (Name, surname first) | 7011-637 (Service number) | S2/c (Rank or rating) | Solomons 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 Crisfield, Maryland., Date August 16., 1944

To: Medical Officer in Charge,

U.S.P.H.S., Crisfield, Maryland.

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

Robert E. James (Signature of person) 5th. Naval District, Norfolk, Va.

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Crisfield, Maryland., Date 8/16/44, 19

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

Acute Urethritis, 740-100 non-venereal

(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 Crisfield, Maryland. {*~~Hospital~~ / *office} on Aug. 16., 19 44

C E Lenert

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)

RECD. U.S.C.G. 5ND AUG 21 1944 OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
JAMES Robert E.	7011-637	S2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
SOLOMONS LUMP LIGHT STATION 118 Maple St.		Crisfield, Md.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-139)	18 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)

1100 - 10 January, 1945: Surrendered this hour and date this unit from AOLeave since 1200, 9 January, 1945 having previously departed A1(C) 6 days, A1 10 days and having been granted 5 days extension A1 at 1200, 18 December, 1944. Excuse for lateness accepted, and leave account charged one additional day A1 from 1200, 9 January 1945 to 1100, 10 January, 1945.

DUTY CODE NO. 30-D AUTH: Art 4792(2) PI

D. E. SPINNEY
Asst Records & Assignment Officer
(Commanding)
By direction CRME-90

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

ERSONNEL
UARD

AME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
Robert E.	7011-637	S2c

IT NAME	MINOR UNIT NAME	LOCATION
OMONS LUMP LIGHT STATION		118 Maple St.,Crisfield,Md.

NIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-139)	15 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)

1200-9 January, 1945: This hour and date declared AOLeave, having departed AL(C) 6 days, AL 10 days at 1200, 18 December, 1944, and having been granted 5 days extension AL to expire prior 1200, 9 January, 1945.

DUTY CODE NO. 30-D
AUTH: Art.4792(2)P.I.

D. E. SPINNEY
Asstl Records & Assgn.Officer
(Commanding)
By direction rmd-e-77

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

5-127

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
JAMES, Robert E.	7011-637	S1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
SOLOMONS LUMP LIGHT STATION		Crisfield, Md.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-139	4-27-45

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RATE / RATING} FROM S2c. TO S1c EFFECTIVE 4-27-45

DUTY CODE NO. 30-D AUTH: Alcoast 98, 1944

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-63

DUTY CODE NO.

AUTH:

D. E. SPINNEY,
Ass't Records and Assignment Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY c11-L-71

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
501	5	05	2	30
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 75	

Machine Accounting	
Punched	
Verified	

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

1 November, 1945

Subj: JAMES, Robert Ellis (7011-637)
Board of Investigation

This is to certify that subject papers are in the Confidential Files of the Records & Statistics Sub-section and are available upon request.

E. E. Cockrell

CY, USCGR

S & A FORM 67 RECEIVED

NAVY DEPARTMENT (7011-637)

DISCONTINUANCE OF FAMILY ALLOWANCES

DISCONTINUANCE No. 827,928

JAMES	Robert	E.	(003-864)	S.2c.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Georgia C. James, 2348 Forty-second Street, Sacramento, California.	Wife		
A		1	Robert E. James, Jr., Same.	Son	2	44

REASON FOR CANCELLATION

Death of allotter, 2 June, 1945.

LAST PAYMENT MADE FOR MONTH OF _____

Authorization No. 1,515,101 for payment of monthly Family Allowances to the 2 (NUMBER OF) dependents named above is hereby cancelled. No payment shall be made to any of these dependents after the payment for the month of June, 19 45 except as subsequently authorized.

3

DATE 5 June, 1945

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, FA Section

REDIFORM—PATD.—AMERICAN SALES BOOK CO., INC., NIAGARA FALLS, N.Y.

26543 B-43 50M

RECEIVED

NAVY DEPARTMENT (7011-637)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,515,101

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SUPERSEDES AUTH. NO. 1,505,155

SERVICE NO. ON PREVIOUS AUTH. Same

JAMES, Robert E. (003-864) Sea.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	Georgia C. James, 2105 Gerber Avenue, Sacramento, (17), California.	Wife		
A		1	Robert E. James, Jr., Same.	Son	2	44

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

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

Effective month: November, 1944

Delete Class "B"; dependency no longer exists

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

DATE 4 November, 1944

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

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section

BUREAU OF PERSONNEL COPY

RECEIVED

NAVY DEPARTMENT (7011-637)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,505,155

SUPERSEDES AUTH. NO. 958,705

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

JAMES, Robert E.
SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(003-864)
SERVICE NUMBER

Sea.2c.
RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Georgia C. James, 2105 Gerber Avenue, Sacramento, (17), California.	Wife		
A		1	Robert E. James, Jr., Same.	Son	2	44
B	P	2	Sarah L. James, Apartment A, 1234 "G" Street, Sacramento, California.	Mother		

BUREAU OF PERSONNEL COPY

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

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

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

Effective month: February, 1944

DATE 24 March, 1944

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

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

S & A 66 RECEIVED

NAVY DEPARTMENT (7011-637)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 958,705

JAMES	Robert	E.	(003-864)	A.S.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Georgia C. James, Apartment A, 1234 "G" Street, Sacramento, California.	Wife		
B	P	2	Sarah L. James, Apartment A, 1234 "G" Street, Sacramento, California.	Mother		

27.00

BUREAU OF PERSONNEL COPY

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE.

None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE.

None

LAST AUTHORIZATION No. 955,531 (Number or "None") DATED 9-18-43

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION. ☐

THE 2 (Number of) DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION), FIRST PAYMENT TO BE MADE FOR THE MONTH OF September, 19 43

DATE 16 October, 1943.

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

S & A 66 RECEIVED

NAVY DEPARTMENT (7011-637)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 955,531

JAMES	Robert	E.	(003-864)	A.S.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Georgia C. James, Apartment A, 1234 "G" Street, Sacramento, California.	Wife		

22.00

BUREAU OF PERSONNEL COPY

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE.

None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE.

None

LAST AUTHORIZATION No. None (Number or "None"), DATED _____ 19____

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION.

THE 1 (Number of) DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION), FIRST PAYMENT TO BE MADE FOR THE MONTH OF September, 19 43

DATE 18 September, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

26543 8-43 SOM STATE PRINTING OFFICE

CHANGE OF ADDRESS

Date: 21 February, 1944

From: Military Morale Section Coast Guard.

To : Adjustment Unit - Change of Address

Serviceman's Name: JAMES, Robert E.

Serviceman's No.: 003-864 (7011-637)
Auth. 958,705

OLD ADDRESS

Dependent's Name ..... Georgia C. James,
Apartment A,
Street or R.F.D. No. ..... 1234 "G" Street,
City and State ..... Sacramento, California.

NEW ADDRESS

Street or R.F.D. No. ..... 2105 Gerber Avenue,
City and State ..... Sacramento, 17, California.

Source: Navy Card.

Signed:

Original to CA
Duplicate remains with source.

3534

(PMM)
CG-73

18 July, 1945

Mrs. Georgia C. James
c/o Mrs. George Crenshaw
2348 Forty-second Street
Sacramento 17, California

Dear Madam:

This is in reply to your letter dated 4 July, 1945, relative to the payment of a monthly family allowance to you in behalf of yourself and your son, Robert E. James, Jr., as dependents of your deceased husband, Robert E. James, formerly a member of the United States Coast Guard.

Records at Headquarters show that family allowance in the amount of $80.00 per month to you in behalf of yourself and your son was discontinued after the month of June, 1945, due to the death of your husband on 2 June, 1945. Under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended, entitlement to family allowance is terminated at the end of the month in which the change of status occurs. Therefore, you are entitled to retain the check in payment of family allowance for the month of June, 1945.

Your inquiry relative to insurance and death gratuity will be the subject of a separate communication.

By direction of the Commandant.

Very truly yours,

F. S. POMEROY
Lieutenant, USCGR
Chief, Family Allowance Section

POMEROY:RAJ:vle Rm 2106 2-4

cc to mrs. Jones 7/8/45 mj

July 4-1945
San Francisco Calif

Gentlemen:

I wish to inform you of the death of my husband Robert Ellis James S1c 7011-637- U.S.C.G. he died in line of duty at Crisfield, Md. on June 3-1945 Should I receive checks from the Government? I received June check, Will I be able to keep it? I have a baby & heaven knows when I'll get insurance. I am moving from Los Angeles in one week—no place send any notices or Etc to Sacramento,

RECEIVED
9 JUL 1945
DEPENDENTS WELFARE DIVISION

RD HEADQUARTERS

TED PERSONNEL FOR
S

MILITARY MORALE SECTION
U. S. C. G.
RECEIVED
JUN 12 1945

S1c
(Rating)

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Lieut., USCG #551370
sing Officer)(Symbol No.)
ficer
LK, VA.
ng Officer)

Washington 25, D.C.

21 June, 1945
(Date)

CG HEADQUARTERS

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: June, 1945.

Chief, Military Morale Division

26543 9-43 50M
STATE PRINTING OFFICE

Mrs Georgia E. James
2348 - 42nd Street
Sacramento, 17, Calif
C/o Mrs Geo Crenshaw

thanking you
Mrs Georgia James

Did I receive 6 months pay of Roberts since his death?

RD HEADQUARTERS

TED PERSONNEL FOR
S

MILITARY MORALE SECTION
U. S. C. G.
RECEIVED
JUN 12 1945

S1c
(Rating)

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LK, VA.
ng Officer)

CG HEADQUARTERS

Washington 25, D.C.

21 June, 1945
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: June, 1945.

Chief, Military Morale Division

26543 8-43 50M

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

MILITARY MORALE SECTION U. S. C. G. RECEIVED JUN 12 1945

Date: 6 June, 1945

JAMES, Robert E.	(7011 637)	S1c
(Name)	(Service No.)	(Rating)

To: Chief, Military Morale Division, CG Headquarters, Washington 25, D. C.

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

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of JUNE, 1945.

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

6/2/45	DECEASED
DATE OF CHANGE IN STATUS	NATURE IN CHANGE IN STATUS

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

A R Borrowes

A. R. BORROWES., Lieut., USCG #551370
(Signature of Disbursing Officer)(Symbol No.)
Assistant Pay Officer
DCGO, 5ND, NORFOLK, VA.
(Station of Disbursing Officer)

CG HEADQUARTERS

Washington 25, D.C.

21 June, 1945
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: June, 1945.

Chief, Military Morale Division

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE:

MILITARY PERSONNEL DIV. U.S.C.G. RECEIVED JUN 4 1945

DCGO 5ND NORFOLK

DCGO 12nd SAN FRAN

JAMES ROBERT E 7011 637 S2C DROWNED OFF SOLOMONS LUMP LIGHT STATION CRISFIELD MD EARLY AFTERNOON 2 JUNE 1945 X BODY NOT YET RECOVERED X WIFE GEORGIA J JAMES 2348 42nd ST AND MOTHER SARAH R JAMES 1238 G ST BOTH SACRAMENTO CALIF X GRANDMOTHER NAME UNKNOWN 8825 ½ BANDERA ST LOS ANGELES CALIF X WILL ADVISE IMMEDIATELY WHEN BODY RECOVERED X REQUEST ADVISE DESIRE OF NEXT OF KIN AS TO DISPOSITION REMAINS WHEN BODY RECOVERED AND WHETHER ESCORT REQUESTED FROM THIS DISTRICT X COMPLY HQ CIRCULAR NO 211 BT 030155

3 June, 1945

26543 8-43 50M
STATE PRINTING OFFICE

BUREAU OF NAVAL PERSONNEL
FAMILY ALLOWANCES
Correspondence Checking

2-4

MILITARY PERSONNEL SECTION
U. S. C. G.
RECEIVED
OCT 12 1944

James, Robert E. # 7011-637
(Full Name & Service Number if identified)

Check if not identified:

Statistics _____ (Reason _____)

F.A. Files _____

Muster Roll _____ (Reason _____)

USMC - USCG - ARMY _____

Check as applicable:

NO NAME MARINE COAST GUARD ARMY

244 W. 84
Los Angeles. 3. Calif.

Navy Dept.
Bureau of Naval Personnel
Welfare Division
Washington 25, D. C.

BUREAU OF NAVAL PERSONNEL
OCT 1944

Dear Sirs:

In reference to my allotment from my son - Robert E. James (003-864) - 7011-637 (R) U. S. C. G. Please discontinue as I am no longer dependent to his support.

Sincerely.
Sarah L. James.

5A
Mrs
Lt Clark
Acctg
Clerk B
DNLE

Records at headquarters show that the payment of family allowances in behalf of the following person(s) has been approved, with payment to begin with the month shown. A check for the first payment of the allowance will be mailed as soon as the authorization is processed. Thereafter, family allowance checks are released for each month on the last day of the month.

MONTH PAYMENT BEGINS
OCT 1 1 44 AM

RECEIVED
OCT - 3 1944

(PMM) 18 April, 1944

CG-73

Mrs. Georgia C. James
2105 Gerber Avenue
Sacramento, 17, California

Dear Madam:

Subj: James, Robert E. (7011-637) S.2c.

Reference is made to your recent communication concerning a monthly family allowance on the basis of the service of the subject-named man, an enlisted member of the United States Coast Guard.

Records at Headquarters show that the payment of family allowance in behalf of the following person(s) has been approved, with payment to begin with the month shown. A check for the first payment of the allowance will be mailed as soon as the authorization is processed. Thereafter, family allowance checks are released for each month on the last day of the month.

NAME	MONTH PAYMENT BEGINS
Robert E. James, Jr.	February, 1944

By direction of the Commandant.

Very truly yours,

F. S. POMEROY
Lieutenant, USCGR

CG-12

(REV.)

TRANSMITTAL SLIP

y Department
eau of Supplies and Accounts
ld Branch (Family Allowances)
veland 15, Ohio

ef of Military Morale Section
ited States Coast Guard
shington 25, D. C.

n's Name..... James .....
Robert Ellis
7011-637

2105 Gerber Ave
Sac 17, Calif
April 8-1944

Dear Sir:
I am writing in to see if you received my baby birth certificate that I sent. He was born on February 3-1944 OK
Robert Ellis James Jr.
2105 Gerber Avenue
Sacramento 17, Calif
If not received please let me know. Send check to
Georgia E. James
Same address + my husbands name is Robert Ellis James S 2/c
U.S.C.G. Serial No - 7011-637
118 Maple Street
Solomons Lump, L.I.
Cristield Md.

OLOR
R RACE White

IRTHPLACE California
(State or country)

PHYSICIAN OR MIDWIFE*
Born alive at 6:01 A. M.
(Born alive or stillborn)

C. W. Kilcher, M.D.

3, 1944 Physician
(Physician, midwife, father, etc.)

2331 L Street, Sacramento

1944 H. J. Irue M.D.
Registrar or Deputy

TRAR OR COUNTY RECORDER

d correct copy of the record of birth of the above named

, California,

fety Code.

al this 15 day of February ,

Liviana Ellis

Secretary to Health Officer.
Official Title

[SEAL]

2

I would appreciate it to know when I can get my checks.

Yours truely
Mrs Georgia C. James
3105 Gerber Ave
Sac 17, Calif

TRANSMITTAL SLIP

y Department
eau of Supplies and Accounts
ld Branch (Family Allowances)
veland 15, Ohio

ef of Military Morale Section
ited States Coast Guard
shington 25, D. C.

n's Name ..... Laurer
Grant Ellis
7211-637

in a give street

make ted.]

ir)

OLOR R RACE White

IRTHPLACE California
(State or country)

PHYSICIAN OR MIDWIFE*
Born alive at 6:01 A. M.
(Born alive or stillborn)

C. W. Kilcher, M.D.

3, 1944 Physician
(Physician, midwife, father, etc.)

2331 L Street, Sacramento

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Registrar or Deputy

TRAR OR COUNTY RECORDER

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, California,

fety Code.

al this 15 day of February ,

Liviane Ellis

Secretary to Health Officer.
Official Title

[SEAL]

TRANSMITTAL SLIP

Navy Department
Bureau of Supplies and Accounts
Field Branch (Family Allowances)
Cleveland 15, Ohio

Chief of Military Morale Section
United States Coast Guard
Washington 25, D. C.

eman's Name ..... James Robert Ellis .....

e No ..... 7011-637 .....

Letter dated .....

for referral ..... Allotment dependent

ks:

MILITARY MORALE SECTION
U. S. C. G.
RECEIVED
MAR 17 1944

Date 10 MAR 1944

ANDA - FB/644 FY

A Harris
Clerk .....

Robert E. James S 2/c, 7011-637
Section E. Barracks #1
U. S. C. G. Sr. Station
Groton, Connecticut

Mother
Mrs Georgia E. James
2105 Gerber Avenue
Sac'to, Calif

SA
Pvt 1st Cl
Died

OF BIRTH RECORD

Local Registered No. 355

ernity Hospital St., Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

JAMES JR. [If child is not yet named, make supplemental report as directed.]

TICAL PARTICULARS

DATE OF BIRTH February 3, 1944
(Month) (Day) (Year)

MOTHER

FULL MAIDEN NAME Clara Georgina Herrera

COLOR OR RACE White

BIRTHPLACE California
(State or country)

PHYSICIAN OR MIDWIFE*

Born alive at 6:01 A. M.
(Born alive or stillborn)

C. W. Kilcher, M.D.

3, 1944 Physician
(Physician, midwife, father, etc.)

2331 L Street, Sacramento

1944 H. F. Irue M.D.
Registrar or Deputy

TRAR OR COUNTY RECORDER

d correct copy of the record of birth of the above named

, California,

fety Code.

al this 15 day of February ,

[SEAL]

Liviane Ellis

Secretary to Health Officer.
Official Title

PLACE OF BIRTH. Dist. No. 3401
(To be inserted by Registrar)

County of Sacramento — Local Registered No. 355

City or Town of Sacramento (No. Sutter Maternity Hospital St.; Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

or Rural Registration District

FULL NAME OF CHILD ROBERT ELLIS JAMES JR. [If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD	Twin, Triplet, or Other (To be answered only in event of plural births)	Number in Order of Birth	DATE OF BIRTH
Male			February 3, 1944 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Ellis James	Clara Georgina Herrera
COLOR OR RACE	White	White
BIRTHPLACE (State or country)	California	California

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) *at* 6:01 A. M. *on the date above stated.*

[Signature] C. W. Kilcher, M.D.

Dated Feb. 3, 1944 — Physician (Physician, midwife, father, etc.)

Address 2331 L Street, Sacramento

Filed Feb. 7, 1944 — H. F. Irue. M. D.

Registrar — Registrar or Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

CERTIFICATION BY LOCAL REGISTRAR OR COUNTY RECORDER

THIS IS TO CERTIFY, That the foregoing is a true and correct copy of the record of birth of the above named child, as filed in the local/county records at Sacramento, California, issued under the provisions of Section 10202, Health and Safety Code.

IN TESTIMONY WHEREOF, *Witness my hand and seal this* 15 *day of* February, 1944, *at* Sacramento, California.

[SEAL]

Liviana Ellis

Secretary to Health Officer.
Official Title

26543 8-43 50M
STATE PRINTING OFFICE

BUREAU OF NAVAL PERSONNEL
WASHINGTON,
D.C.

NOTICE OF CHANGE
IN ADDRESS

$**50Dollars 00Cts $**50.00*

Georgia C James
2105 Gerber Avenue
Sacramento 17 Calif

003 864

NAVSANDA - FB/FII5 IBM 728176

Dear

an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

Chief, Family Allowance Section.

UNITED STATES COAST GUARD

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

WASHINGTON 25, D. C.

$**20Dollars 00Cts $**20.00*

Sarah L James
Apartment A 1234 G St
Sacramento Calif

003 864

Dear

an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

Chief, Family Allowance Section.

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

1. (*a*) Your name James (Last name) Sarah (First name) Lees (Middle name) (*b*) Your age 43

(*c*) Your residence 1234 G. St. apt. A. (Street address or R. F. D.) Sacramento (City or post office) California. (State)

(*d*) Your present occupation unemployed Name and address of your employer ~

Present monthly earnings from above occupation, $ ~

(*e*) Your husband's (~~or wife's~~) occupation deceased

Employer ~ Monthly earnings, $ ~

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $ ____ (Per week)

(*f*) What is your Social Security No.? ~

2. Relationship of enlisted person to you (for example, son) son Age 18

Married? Yes (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation Widowed (*b*) If your husband ~~or wife~~ is deceased, or is divorced or separated from you, state date of death, divorce, or separation Jan. (Month) 1932 (Year)

4. (*a*) If you maintain your own household, list the members:

	Name	*Date of Birth—Month and Year*	*Relationship*
(1)			
(2)			
(3)			

16—35422-1

you. I am living with friends Mr. T. Forgy and family at 1238½ S. 4th Sec. where I am keeping house for my room and board, for a short time.

5. (a) If any persons related to you are listed in 4(a), above, are any of them now gainfully employed?

(Yes or no)

(b) If yes, list them here:

Name	Occupation	Present Monthly Earnings	Payments to You for His or Her Room and Board (per Month)	Other Cash Contributed to You (per Month)
(1)		$	$	$
(2)				
(3)				

6. State the amount of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(a) Rents, $ None Payments from boarders, $ none

(b) Alimony payments, $ none Contributions from other relatives, $ none

(c) From investments, savings, or insurance, $ none

(d) Aid from welfare organizations, $ none

7. Do you own (or live on) a farm? no If answer is yes, complete 7(a) and 7(b).
(Yes or no)

(a) Cash you received during the last 12 months from sale of livestock and farm produce, $ —

(b) Value of farm products used in your household during the last 12 months, $ —

8. How much rent do you pay per month? $ If you live in your own home how much are your monthly payments? $

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? no
(Yes or no)

If so, list each item and its value

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
	$

11. (a) Amounts contributed to you during the preceding 12 months by person in the Service:

Payments for Room and Board of Enlisted Person	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
Jan., $	$	July, $	$
Feb.,		Aug.,	
Mar.,		Sept.,	
Apr.,		Oct.,	
May,		Nov.,	
June,		Dec.,	

My son furnished entire support until his induction in C. Guard 9/8/43.

(b) What other contributions did the enlisted person make to you in the form of labor or goods:

	Description of Service	*Estimated Value*
19		$
19		
19		

(c) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Sarah L. James.
(Signature of dependent)

Subscribed and sworn to before me at 29th Sacramento Cal, this November 29th day of

, 1943

Adeccia C McCabe
(Name)
Notary Public in and for the County of Sacramento, State of California.
(Title)

IMPORTANT NOTICE.—Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact knowing it to be false; or fraudulently accepts any payment to which he is not entitled.

1. I, Mrs. Sarah L. James (Name), residing at 1234 G St. Apt. A (Address) Sacramento, California.

am the Mother (Relationship) of Robert E. James (Name of person in service)

I was born Nov. 30. 1899 (Month, day, and year) at Denver, Colorado (Place of birth), and

I do swear that all statements and answers to questions hereinafter set out are true and correct; and that any and all contributions hereinafter set out were made by the said Robert E. James (Name of person in service), without any financial benefit or consideration in return therefor and were for my maintenance.

2. Is person in service married? yes (Yes or no) Number of children none

3. (*a*) What is your occupation? unemployed on account of illness

(*b*) State your monthly income, not including contributions from the person in the service, $ none (entire support)

4. For the past year I was in fact dependent on the above-named person in the service to the following extent: wholly dependent

5. (*a*) Is your spouse living with you? deceased (Yes or no)

(*b*) If living separate and apart, give date of separation; whether divorced; and, if so, whether any provision for support or maintenance is provided —

(*c*) His or her employment _____ Monthly income, $_____

By whom employed? _____ (Give name and address)

NOTE.—If not employed by reason of physical disability, a medical certificate must accompany this affidavit.

6. (*a*) Do you maintain a household? no (Yes or no) (prior to sons induction I maintained home for my son.

(*b*) State average monthly living expense for the past year, $ 100 including rent, gas, lights, groceries my clothing. Dr. bills.

16—29364-1

7. Name any other persons living with you and list amounts contributed by each.

	Name	*Age*	*Relationship*	*Monthly Contributions*
(1)				$
(2)				$
(3)				$
(4)				$

8. (*a*) Amounts contributed to you during preceding 5 years by person in service.

19____	19____	19____	1942	1943
$	$	$	$ Entire support	

(*b*) Date and amount of last contribution Entire support up to time of induction

9. List net assets of yourself and spouse.

	Kind	*Value or amount*
(1)		$
(2)		$
(3)		$

10. Do you receive any support or contributions from any sources other than as stated above; if so, state the average monthly amount and by whom contributed None

11. Did you or your spouse pay a Federal income tax last year? No (Yes or no) If so, state where paid

12. State any other facts upon which you base your dependency on the above-named enlisted man

On account of illness he has been the means of my entire support.

Mrs. Sarah L. James
(Signature of dependent)

Subscribed and sworn to before me at Sacramento, Cal.

this 12 day of October, 1943

[SEAL]

Cedelia C. M. Cahe
(Name)
Notary Public in and for the County of Sacramento, State of California.
(Title)

NOTE.—The above statement must be subscribed and sworn to before a Notary Public by the person claiming dependency

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

Dear Sir:

I deeply regret the delay in returning the enclosed affidavit, but I have been very ill and unable to execute it promptly.

Thanking you, I remain,

Sincerely,

Mrs. Sarah L. James

...hip) (Date of birth if minor)

...nto California

...ffice) (State)

...tal contribution last year, $750.00

...hip) (Date of birth if minor)

...ffice) (State)

...tal contribution last year, $

...hip) (Date of birth if minor)

...ffice) (State)

...tal contribution last year, $

...hip) (Date of birth if minor)

...ffice) (State)

...al contribution last year, $

...hip) (Date of birth if minor)

...ffice) (State)

...al contribution last year, $

...h minor or incompetent dependent named above)

(City or post office) (State)

(City or post office) (State)

(City or post office) (State)

...f:

Robert Ellis James

Robert Ellis James
(Signature)

Subscribed and sworn to before me, this 1st day of September, 19 43

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

H. J. SCHMIDT, Lieut.(jg)D.V.(S)USNR
(Signature)
Officer in Charge, U.S.Navy Semi-Main Recruiting Station, Sacramento, Calif.
(Title)

16—29368-1

person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren).

Give following information as to each Class B dependent claimed:

1. Sarah Lees JAMES — Mother
(Full name) (Relationship) (Date of birth if minor)

1234 G St. Apt. A — Sacramento — California
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $ None *My total contribution last year,* $ 750.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State any other facts pertinent to this claim or in explanation thereof:

_____

_____

Robert Ellis James
(Signature)
Robert Ellis James

Subscribed and sworn to before me, this 1st day of September, 19 43

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

H. J. SCHMIDT
(Signature)
H.J.SCHMIDT, Lieut.(jg)D.V.(S)USNR
Officer in Charge, U.S.Navy Semi-Main Recruiting Station, Sacramento, Calif.
(Title)

16—20368-1

N.N.F. 668

NAVY DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES

PART 1

Mail to:

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

Date 1 September, 1943

I. I, JAMES (Last name) Robert (First name) Ellis (Middle name) A.S.(R) (Rate or rank)

United States Coast Guard Reserve (Organization) (7011-637) (003-864) (Service or serial number)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
1.	JAMES	Georgia	Clara	Wife	20 April, 1927
	1234 G St. Apt A (Number and street or R. F. D.)		Sacramento (City or post office)		California (State)
2.					
	(Number and street or R. F. D.)		(City or post office)		(State)
3.					
	(Number and street or R. F. D.)		(City or post office)		(State)
4.	Rotd. MC+BC 12-16-44 SB				
	(Number and street or R. F. D.)		(City or post office)		(State)

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

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

Date and place of marriage to present wife 20 April, 1943--Reno, Nevada

Date and place of marriage to divorced wife -

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

Date alimony or support payment ceases -

Name and location of court -

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

-

16—29368-1

File 3-13 R

OA-C652
(3.51)

REQUEST FOR VERIFICATION OF MILITARY SERVICE

DATE: May 26, 1951

THRU: ~~Social Security Administration~~
1400 Pensylvania Ave., NW
Washington 25, D. C.

TO: Commandant (DGK), U.S. Marine Corp.
Washington 25, D. C.

FROM: Social Security Administration Field Office
234 Federal Building
Topeka, Kansas

I

LAST NAME - FIRST NAME - MIDDLE NAME	SERVICE NUMBER	LAST GRADE
James, Robert Ellis	7011-637	S 1/C

DATE OF ENTRY INTO SERVICE	DATE OF SEPARATION	PLACE OF SEPARATION
8 Sept 1943	2 June 1945	PE-PR-13 DIED 1945

DATE OF BIRTH	DATE OF DEATH	REMARKS:
8 May 1925	2 June 1945	

In connectton with a claim for Social Security benefits under Public Law 734, 81st Congress, it is requested that the information checked below concerning the above-named individual be furnished to the Social Security Administration. If the individual had more than one period of service, please give the information checked below for each period of service.

John H. Cooter MANAGER

II The following information has been extracted from the records on file in this office.

LAST NAME - FIRST NAME - MIDDLE NAME	SERVICE NUMBER	LAST GRADE
JAMES, Robert Ellis	7011-637	S 1/c

1 [X] DATE OF ENTRY INTO ACTIVE SERVICE	2 [ ] DATE OF SEPARATION	3 [ ] CHARACTER OF SEPARATION*
8 Sept. 1943	2 June 1945	Died while on active duty - not as a result of his own misconduct

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 [ ] GIVE A MEANS OF ENTRY FOR EACH PERIOD OF SERVICE *(Railroad cases only)*
[ ] INDUCTED [ ] CALLED FROM INACTIVE DUTY [ ] ENLISTED [ ] RE-ENLISTED [ ] COMMISSIONED

REMARKS

*IF CHARACTER OF SEPARATION WAS NEITHER HONORABLE, UNDER HONORABLE CONDITIONS, NOR DISHONORABLE, INDICATE WHETHER GIVEN FOR ONE OF THE FOLLOWING REASONS.

- [ ] DESERTION.
- [ ] RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers only).*
- [ ] CONCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.
- [ ] BAD CONDUCT AS THE RESULT OF A GENERAL OR SPECIAL COURT-MARTIAL
- [ ] 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.
- [ ] OTHER

RETURN TO: (ADDRESS OF PARALLEL FIELD OFFICE)

SIGNATURE: H.W. SPROW
RANK: Commander, U.S. Coast Guard
TITLE: Chief, Military Morale Division
BY:
DATE: 5 June 1951

Officers return to room 2107 sta 2-4

mm

U. S. COAST GUARD AIR STATION
Elizabeth City, N. C.

CG-670

18 February, 1946

To: JAMES, Robert E. (647-164) Stlc(E)

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

Refs: (a) Personnel Bulletin No. 37-45
(b) Personnel Bulletin No. 41-45
(c) Alnav 129
(d) NAVPERS 15,632 "Operation and Engagement Stars"
(e) C.G. Headquarters All Units Letter (PMM), file CG-670, dated 30 October, 1945

1. By reason of the service listed in your record, and in accordance with references, you are entitled to the following awards;

American Area Campaign Ribbon
World War II Victory Medal

2. You are instructed that this letter of authorization is of vital importance inasmuch as it will serve as the basis for award of medals.

E. P. Mathison
E. P. MATHISON
Personnel Officer

CC: Comdt.(POA) (Officers only)
Comdt.(PEA-E-80) (for enlisted personnel only)
(2) Service Record or Jacket

REPORT OF SEPARATION

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

1. JAMES, Robert Ellis (Last name) (First name) (Middle name) 2. Slc (Rank or rating) 3. [X] White. [ ] Negro. [ ] Other.

4. Entered Service 9-1-43 (Month) (Day) (Year) 5. Through [ ] Regular Army. [ ] National Guard. [ ] Selective Service. [ ] Navy. [ ] Marine Corps. [X] Coast Guard. 6. 7011-637 (Serial or Service no.)

7. Home address at time of entry into Service:

2348 42nd Street (Street or R. F. D. number) Sacramento (City or town) (County) California (State)

8. Date of discharge or separation 6-2-45 (Month) (Day) (Year) 9. Discharge certificate [ ] Honorable. [ ] Blue. [ ] Dishonorable.

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

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

11. Local Board of origin (special care must be taken in giving correct Local Board address and number) (Local Board number) (Selective Service order no.) (County) (State)

D. S. S. Form 167 (Rev. 7-1-42) GPO 16—18311-2 (Signature of reporting officer—Rank)

[illegible] 2 JUNE 1945 A BODY

NOT YET RECOVERED X WIFE GEORGIA J JAMES 2348 42ND STREET AND MOTHER SARAH JAMES 1238 G STREET BOTH SACRAMENTO CALIF X GRANDMOTHER NAME UNKNOWN 8825 1/2 BANDERA STREET LOS ANGELES CALIF X WILL ADVISE IMMEDIATELY WHEN BODY RECOVERED X REQUEST ADVISE DESIRE OF NEXT OF KIN AS TO DISPOSITION REMAINS WHEN BODY RECOVERED AND WHETHER ESCORT REQUESTED FROM THIS DISTRICT X COMPLY HDQTRS CIRCULAR NO 211 BT 030155

~~SERVICE RECORD~~

~~HEALTH RECORD~~

JAMES

,7 0 ,1 ,1 6 3 6

DCGO 5ND NORFOLK

DCGO 12ND SAN FRAN

COMDT CG

JAMES ROBERT E 7011 637 S/C DROWNED OFF SOLOMONS LUMP LIGHT STATION CRISFIELD MARYLAND EARLY AFTERNOON 2 JUNE 1945 X BODY NOT YET RECOVERED X WIFE GEORGIA J JAMES 2348 42ND STREET AND MOTHER SARAH JAMES 1238 G STREET BOTH SACRAMENTO CALIF X GRANDMOTHER NAME UNKNOWN 8825 1/2 BANDERA STREET LOS ANGELES CALIF X WILL ADVISE IMMEDIATELY WHEN BODY RECOVERED X REQUEST ADVISE DESIRE OF NEXT OF KIN AS TO DISPOSITION REMAINS WHEN BODY RECOVERED AND WHETHER ESCORT REQUESTED FROM THIS DISTRICT X COMPLY HDQTRS CIRCULAR NO 211 BT 030155

~~SERVICE RECORD~~

~~HEALTH RECORD~~

JAMES

,7 0 ,1 ,1 6 3 6

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

SURNAME, FIRST NAME, INITIAL		SERVICE No.	PRESENT RA
JAMES Robert E.		7011-637	Slc
MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION	
SOLOMONS LUMP LIGHT STATION		118 Maple St., Crisfield, MD	
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE	
05-139		6 June, 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)

At or about, 1500, 6-2-45, died in line of duty by accidental drowning in Kedges Straits, Chesapeake Bay, near this light station, approximately 10 mile west of Crisfield, Md.

DUTY CODE NO. 30-D
AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
(Commanding)
By direction pmf-1-9

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
JAMES, Robert E.	7011-637	S1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
SOLOMONS LUMP LIGHT STATION		Crisfield, Md.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-139	4-27-45

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

CHANGED IN {~~RANK~~ / RATING} FROM S2c. TO S1c EFFECTIVE 4-27-45

DUTY CODE NO. 30-D AUTH: Alcoast 98, 1944

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

D. E. SPINNEY,
Ass't Records and ~~Assignment~~ Officer
(Commanding)

cll-L-71

COPY 2599
SERVICE RECORD

JAMES Robert E. 7011-637 S2c

SOLOMONS LUMP LIGHT STATION
~~118~~ Maple St.
(05-139)

Crisfield, Md.

18 January, 1945

1100 - 10 January, 1945: Surrendered this hour and date this unit from AOLeave since 1200, 9 January, 1945 having previously departed A1(C) 6 days, A1 10 days and having been granted 5 days extension A1 at 1200, 18 December, 1944. Excuse for lateness accepted, and leave account charged one additional day A1 from 1200, 9 Janamby 1945 to 1100, 10 January, 1945.

30-D Art 4792(2) PI

D. E. SPINNEY
Asst Records & Assignment Officer
By direction mrme-90

COPY 2599
SERVICE RECORD

JAMES, Robert E. 7011-637 S2c

SOLOMONS LUMP LIGHT STATION 118 Maple St.,Crisfield,Md.

(05-139) 15 January, 1945

1200-9 January, 1945: This hour and date declared AOLeave, having departed AL(C) 6 days, AL 10 days at 1200, 18 December, 1944, and having been granted 5 days extension AL to expire prior 1200, 9 January, 1945.

30-D Art.4792(2)P.I. D. E. SPINNEY
Asstl Records & Assgn.Officer
By direction rmd-s-77

COPY 2599
SERVICE RECORD

2045

FOR INFORMATION OF PAY OFFICER

(FA-AR)
CG-522

22 October, 1943

Treasurer of the United States
Washington, D. C.

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

JAMES, Robert E. (7011-637) A.S.(R), Alameda Trasta.

Amount and month of first payment: $6.40 September 1943.

Dear Sir:

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

Very truly yours,

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

ACKNOWLEDGMENT

This signifies that Form 2528, registered by the above named has been received and allotment started.

Allotment Disbursing Officer
Office of Finance and Supply

H/L 22 January, 1943 (CG-PR-7830) as amended

N. C. G. 2500
(Rev. Dec. 1941)

ENLISTMENT CONTRACT

UNITED STATES { ~~COAST GUARD~~ Class "G"
COAST GUARD RESERVE

Enlistment of JAMES, Robert Ellis (Full name, surname to left); (7011-637) (Service number); $50.00 (Pay per month)
3rd. Cong. Dist.

Accepted for enlistment at Sacramento, California; A.S.(R) (Rating in which enlisted)

Enlisted at Armed Forces Induction Station, Sacramento, Calif. 1 September, 1943 (Date)

Transferred to C. G. T. S., Alameda, California; 7 days inactive duty enroute

Occupation Service Station Operator Citizenship* "NB" If naturalized, place and date

of naturalization - Certificate No. -

Date of birth 8 May, 1925 Place of birth Sanitarium, California

Home address 1234 G St., Apt. A (Street and number) Sacramento (Town) Sacramento (County) California (State)

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

Georgia Clara James (Wife) (Relationship) 1234 G St., Apt. A, Sacramento, Calif. (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

First enlisted - (Date) at - (Place) and was

last discharged - (Date) from - (Unit)

with - (Character) discharge as - (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 18 Years 3 Months

Height 6 feet 0 inches. Weight 144 pounds

Eyes Brown Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics, marks, etc. ANT: Sc.½" lft. knee; Tattoo: Rose and Ribbon "Mother"; POST: Tattoo: Heart and Cross "Bob"; VBULA;

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 HERMON A. HILTON, C.G.M. (Ret.) 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.

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

16—8420-1

SECOND: I oblige and subject myself to serve { for duration of the war and for six months ..... years from ....., 1..... / after the National Emergency ceases to exist during minority until ....., 1..... } 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.

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 Ellis James 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 Ellis James

ROBERT ELLIS JAMES

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 1st day of September, A. D. 19 43

H.J.SCHMIDT, Lieut.(jg) D.V.(S)USNR

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

Officer in Charge, U.S.Navy Semi-Main Recruiting Station, Sacramento, Calif.

(Title)

Citizenship substantiated and contract perfected according to information on D.S.S. 221

HERMON A. HILTON

C.G.M.(Ret.), *U. S. C. G., Enlisting Officer.*

U. S. GOVERNMENT PRINTING OFFICE 16—8420-1

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised July 1941)

SERVICE RECORD

RECORD OF JAMES, Robert Ellis (7011-637)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
~~Armed For.Ind.Sta.~~ Sacramento, Calif.	9/1/43		CGTS, ALAMEDA	SEP 8 1943	
CGTS, ALAMEDA	NOV 5 - 1943		CGTS-GROTON, CT.	NOV 10 1943	
CGTS-GROTON, CT.	FEB 14 1944		USCGC. 5th NAVDIS	2-15-44	
USCGC. 5th NAVDIS	2-15-44		CG. BKS., Little Creek, Va.	2-15-44	
CG. BKS., Little Creek, Va.	2-22-44		~~USCGC. 5th NAVDIS~~	~~2-22-44~~	~~Ord~~
			SOLOMONS LUMP LIGHT STATION	2-23-44	

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Solomons LumpL.Sta.	Sea 2c	4-17-44	s/
Solomons Lump Lt.Sta.	CR to S1c Auth: ALCOAST 98(1944)	4-27-45	s/

16—9676-1

RECORD OF JAMES, Robert Ellis (7011-637)
(Full name, surname to the left) (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
9/1/43	A.S.(R)	LESS THAN ONE MONTH					4.0	
SEP 30 1943	A.S.(R)	LESS THAN ONE MONTH					4.0	E Blake Capt.
NOV 5 - 1943	A.S.(R)	3.3					4.0	E Blake Capt.
12-31-43	A.S.	UNDER TRAINING				CGTS-GROTON, CT.	4.0	
FEB 14 1944	A.S.	UNDER TRAINING				CGTS-GROTON, CT.	4.0	
2-15-44	A.S.	LESS THAN ONE MONTH				USCGC, Sta NAVOS	4.0	
2-22-44	A.S.	LESS THAN ONE MONTH				CG. BKS., Little Creek, Va.	4.0	
MAR 31 1944	A.S.	3.6	2.8	3.2		Solomons Lump Light Station	4.0	
JUN 30 1944	Sea. 2c	3.5	3.5		3.5	Solomons Lump Lt. Sta.	4.0	
9-30-44	Sea 2/c	3.5	3.5			Solomons Lump Lt Sta.	4.0	
12-31-44	S 2c	3.5	3.5			Solomons Lump Lt Sta	4.0	
3-31-45	S2c	3.5	3.5			"	4.0	
6/2/45	S 1/c	3.5	3.5			"	do	
Average—	x x x x x					x x x x x x x x 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.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9070-1

RECORD OF JAMES, Robert Ellis (7011-637)
(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

16—9676

RECORD OF JAMES, Robert Ellis (7011-637)
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Armed Forces Induction Sta., Sacramento, Calif.	9/1/43	9/8/43	Inactive duty	
		Sacramento Calif.	Local Board 26 Sacramento, Calif.	
CGTS. ALAMEDA	SEP 8 - 1943	NOV. 5 - 1943	ACTIVE DUTY	L. B. Lippman, Lt. (jg)
PFWOAD: Sacramento, Calif.				
Solomons Lumpkt. Sta.	12-18-44	12-24-44	AL(C) 6 da.	
(DG60 SND) Solomons Lumpkt Sta	3-8-45	3-12-45	3 days AL(C)	
Solomons Lumpkt. Sta. (DG60 SND)	3-20-45	3-23-45	3 days AL(C)	
Solomons Lumpkt. Sta. (DG60 SND)	4-9-45	4-13-45	3 days AL(C)	

U. S. GOVERNMENT PRINTING OFFICE 16—9676

PERSONNEL

U. S. COAST GUARD TRAINING STATION, GROTON, CONNECTICUT

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and forward one copy to the unit where man will report.)

Name JAMES, Robert E. Service No. 7011-637

Reported from (unit or district) Twelfth Naval District

Rating upon admission A. S. Rating upon separation A. S.

Date of entry in school 15 November, 1943 Date of separation

School assigned to Motor Machinist's Mate Length of course 16 weeks.

Graduated number _____ in a class of _____. Final grade _____. Passing grade 75%.

UNIT OR DISTRICT TRANSFERRED TO

☒ FAILED TO COMPLETE COURSE BECAUSE OF THE FOLLOWING REASON:

- ☐ Physical disability
- ☐ Lack of educational background
- ☒ Lack of essential Petty Officer qualities
- ☐ Lack of interest or a desire for other duty not based on demonstrated lack of ability
- ☐ Demonstrated lack of ability to do academic work
- ☐ Demonstrated lack of ability to do practical work
- ☐ Conduct—breaches of discipline involving court action

(**Note**: Check reason or reasons when trainee fails to complete course.)

REMARKS: Trainee has poor attitude and does not desire to continue schooling.

SUBJECTS	GRADES
Mathematics & Bench Work	82.0
Mathematics & Physics	79.0
Gas Engine Theory & Physics	86.8
Gas Engine Theory	82.6
Bench Work Shop	81.6
Gas Engine Shop	85.8
Carburetion & Lubrication	84.8
Carburetion Shop	74.0
Ignition Theory	67.0
Electrical Theory	62.0
Ignition Shop	70.0

By direction J. R. Kurcheski J. R. KURCHESKI, Commander, U.S.C.G.
Signature Rank

PERSONNEL

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

RECORD OF JAMES, Robert Ellis (7011-637)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
~~Armed For. Ind. Sta.~~ Sacramento, Calif.	Enl.	9/1/43	Cr.	30	0	Herman A. Chester
Solomon Lump Ltr 52 (DCCO-SNO)	9-1-44	Credit		30	0	
Solomon Lump Ltr 52 (DCCO-SNO)	12-24-44	1-10-45	10 days ext			
			& 18 days ext	14	0	

16—9670

RECORD OF JAMES, Robert Ellis (7011-637)
(Full name, surname to the left) (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
~~Armed For, Ind. Sta.~~ Sacramento, Calif.		NO DEDUCTIBLE		TIME WHILE	ATTACHED TO THIS UNIT	Thomas A. Hunter
CGTS, ALAMEDA		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Eugene Blake capt.
CGTS-GROTON, CT.		NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT				By direction
CCGD. 5th NAVDIST		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Alfred Fortung
CG. BKS., Little Creek, Va.		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				H. E. Allen

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date ....., 19.... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

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

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

RECORD OF JAME S, Robert Ellis (7011-637)
(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
Solomons Lump Light Station Crisfield, Md (DCGO 5ND)	6-2-45	Accidently Drowned			Yes	[signature]

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

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

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $66.00

The within-named man has been furnished travel allowance amounting to $_____

at the rate of _____ cents per mile from _____ to _____

_____ and paid $_____ in full to date of discharge. Name of

pay officer Jacob Levin, Lieutenant USCG

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

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

Certified to be correct upon termination of service 2 June, 19 45

[signature]
D. E. SPINNEY
Ass't Records & Assignment Officer
Commanding Officer—Officer in Charge.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Armed Forces Induction Station (Unit) — Sacramento, California (Place)

1 September, 1943 (Date)

FROM: JAMES, Robert Ellis (7011-637) A.S.(R)

TO: COMMANDANT (via Coast Guard Representative)

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:

Georgia Clara James (Full name of wife; if not married, so state)	1234 "G" Street Apt. A Sacramento, California (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
- - - (Full name of child; if none, so state)	(Address of child)
- - - (Full name of child; if none, so state)	(Address of child)

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

Sarah Lees James (Full name of relative)	Mother (Relationship)	1234 "G" Street Apt. A Sacramento, California (Address of relative)

Actual (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:

Clara Brackett Lees (Full name of relative)	Grandmother (Relationship)	244 West 84th Place Los Angeles, California (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 1st day of September, 19 43

H. J. Schmidt (Signature)
H. J. SCHMIDT, Lieut. (jg) D.V.(S)USNR
Officer-in-Charge, Navy Semi-Main
Recruiting Station, Sacramento, Calif.
(Rank or rating)

Robert Ellis James (Signature)
Robert Ellis James
A.S.(R) (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant, Marine Corps (M. C.) Copy

D. S. S. Form 221
January 30, 1942

Local Board No. 26
Sacramento County
91
067

JUN 22 1943
026

502-03 Plaza Bldg.
Sacramento, California
(Local Board Date Stamp With Code)

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination ☒ Second examination ☐ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

Do Not Enter Anything in This Column

(To be filled in by Armed Forces) 7011-637 (Armed Forces Serial No.)

1. Name (page 1) Robert (First) Ellis (Middle) James (Last)
2. Address (page 1) 2714½ U Street (Street or rural route), Sacramento (Town or city), Sacramento (County), California (State)
3. Social Security No. (Series I, line 5) 557-24-5001 4. Registrant's order number (page 1) 12,820
5. Physical or mental defects or diseases (Series II, line 1) none
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no (Yes or no)
7. Education (Number years completed) (Series III): Elementary school 8 High school 2 Vocational school, college, or university 0
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Service Station Attendent
   (b) Duties (Series IV, line 2 (b)) lubrication and gas attendent
   (c) Title of last job, if unemployed (Series IV, line 3) no
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 2
10. Income (Series IV line 2 (d)): Average monthly (Weekly, monthly, annual) earnings $ 130.00
11. Employment class (Series IV, line 2 (e)): Permanent employee ☒; Temporary employee ☐; Apprentice ☐; Independent worker ☐; Unpaid family worker ☐; Employer ☐; Student (Series IV, line 4 (a)) ☐
12. Business of present employer (Series IV, line 2 (g)) Service Station
13. Marital status (Series VII, line 1): Single ☐; Widower ☐; Divorced ☐; Married, not separated ☒; Married, separated ☐
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 2
15. Birthplace (Series IX, line 1) Sanitarium (Town or city) Xtxxxxxxx (State) California (Country) U.S.A.
16. Birth date (Series IX, line 2) May (Month) 8, (Day) 1925 (Year)
17. Race (Series IX, line 3): White ☒; Negro ☐; Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes (Yes or no); Declarant alien (Series IX, line 7) 0 (Yes or no)
19. Previous U. S. military service (Series XII): None ☒; Army ☐; National Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐
20. Type of discharge (Series XII): Specify none
21. Date of registrant's affidavit (top of page 8) 28 (Day) May (Month) 1943 (Year)

SECOND COPY

INSTRUCTIONS

1. If it is determined that the registrant shall not be forwarded to the induction station of the armed forces, and Sections I and II have been completed, the Local Board will send the "Surgeon General's Copy" (2d copy) along with the "National Headquarters' Copy" (1st copy) to the State Director of Selective Service to be transmitted to the Director of Selective Service.

2. For registrants rejected by the armed forces: If rejected by the ARMY, this copy will be sent by the induction station direct to the Surgeon General, Washington, D. C.; if rejected by the NAVY or COAST GUARD, this copy will be sent by the induction station direct to the Bureau of Navigation, Washington, D. C.; if rejected by the MARINE CORPS, this copy will be sent by the induction station to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

3. For registrants inducted by the induction station of the armed forces: If inducted by the ARMY, this copy will be sent by the induction station to Reception Center for extraction of data, then to Corps Area Headquarters for machine record purposes, and then to the Surgeon General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this copy will be forwarded by the induction station through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this copy will be sent by the induction station to the Commandant, Headquarters, Marine Corps, Washington, D. C.

SECOND COPY

e16—20941-2

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) .....

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No [X]; Yes [ ]

24. Serological test (syphilis): Date 7/2/43 Result negative

Second serological test (syphilis): Date ..... Result .....

25. Examining physician's remarks .....

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) no (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) ..... (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Elvin O. Brown, M.D.

(e) Place Sacramento (Town or city) Sacramento (County) California (State) (f) Date 7/2/43

27. (a) This Local Board has classified the above-named registrant in Class I-A

(b) Signature of Member of Local Board Isidor Cohn

(c) Place Sacramento (Town or city) Sacramento (County) California (State) (d) Date 7/8/43

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Sarah Lees James (Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address 1234 "G" St., Apt. A, Sacramento, Calif. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Georgia Clara James (Name in full)

32. Relationship Wife (If friend, so state) 33. Address 1234 "G" St., Apt. A, Sacramento, Calif. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) Georgia Clara James (Full name of wife; if no wife, or if she is deceased or divorced, so state) 1234 "G" St., Sacramento, Calif. (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) (Mother) Sarah Lees James, 1234 "G" St., Sacramento, Calif. (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) (Grandmother) Clara Brackett Lees 244 West 84th Place, Los Angeles, Cal (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant ROBERT ELLIS JAMES (First name) (Middle name) (Last name)

38. Witnessed at Induction Station, Sacramento, Calif on 1 September, 1943

Herman A. Hilton, C.G.M. (Ret.) USCG (Signature of witness attesting) (Name of witness typed)

SECOND COPY

o16—26941-2

SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write in This Column

39. Eye abnormalities: None

40. Ear, nose, throat abnormalities: None

41. Mouth and gum abnormalities: None

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

	Right								Examinee's							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

(b) Remarks, including other defects: None

(c) Prosthetic dental appliances: Partial Denture Right 1, Left 1, 6.

(d) Remediable dental defects: Caries Right 3,2,16,15,14, 13,12. Left 8,13,14. Snag R. 6,4,11 Left 2,4,5,10,11.

43. Skin: Normal

44. Varicose veins: None

45. Hernia: None

46. Hemorrhoids: None

47. Genito-urinary (non-venereal): Normal

48. Venereal diseases: Denied

49. Feet: Normal

50. Musculoskeletal defects: None

51. Abdominal viscera: Normal

52. Cardiovascular system: Normal

53. Lungs: Normal

54. Chest X-ray: 39415

55. Mental: Normal

56. Nervous system: Normal

57. Endocrine system: Normal

58. Other defects and/or diseases or other remarks:

59. Summary of defects in order of significance:

60. Vision, without correction:
(a) Right eye: 20/20
(b) Left eye: 20/20

61. Vision, with correction:
(a) Right eye:
(b) Left eye: Normal

62. Color perception*:

63. Hearing:
(a) Right ear: 15/15
(b) Left ear: 15/15

64. Height: 72 inches.

65. Weight: 144 pounds.

66. (a) Girth, at nipples; inspiration: 38½ inches.
(b) Girth, at nipples; expiration: 35½ inches.
(c) Girth, at umbilicus: 31 inches.

67. Posture: Good [X] Fair [ ] Poor [ ]

68. Frame: Heavy [ ] Med. [X] Light [ ]

69. Color of hair: Brown

70. Color of eyes: Brown

71. Complexion: Ruddy

72. Pulse, sitting: 82

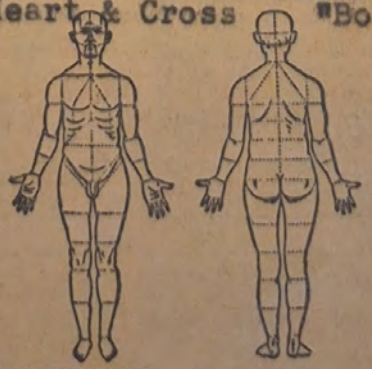
73. Pulse, after exercise*: 120

74. Pulse, 2 minutes after exercise*: 84

75. Blood pressure:
(a) Systolic: 148
(b) Diastolic: 82

76. Urinalysis:
(a) Specific gravity: 1.009
(b) Albumin: Neg
(c) Sugar: Neg
(d) Microscopic*:

77. Other data:
ANT: Sc ½" lft Knee
Tattoo:Rose & Ribbon with"MohherPOST: Tattoo Heart & Cross "Bob"



* When indicated.

SECOND COPY

a16—20941-2

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Robert Ellis James (Enter name of registrant if this subsection is applicable) is physically and mentally qualified for general military service.

(b) _____ (Enter name of registrant if this subsection is applicable) is physically and mentally qualified for general military service after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ (Enter name of registrant if this subsection is applicable) is physically qualified for limited military service only by reason of _____

(d) _____ (Enter name of registrant if this subsection is applicable) is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ (Enter name of registrant if this subsection is applicable) is physically and/or mentally disqualified for military service by reason of _____

(f) _____ (Enter name of registrant if this subsection is applicable) is disqualified for military service because of _____

(g) Signature _____ *Medical Examiner.* (h) Title ~~R.G.Bird,Lt-Cdr,MC-V(S),USNR~~

(i) Name typed or stamped R.G.Bird,Lt-Cdr,MC-V(S),USNR

79. (a) Robert Ellis James (Enter name of registrant if this subsection is applicable) was this date inducted for (general; ~~selective~~) [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Coast Guard of the United States and sent to C.G.Training Station,Alameda,Calif.

(b) _____ (Enter name of registrant if this subsection is applicable) was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Induction Station,Sacramento Calif. (d) Signature Hermon A. Hilton

(e) Date 1 September,1943 (f) Name typed or stamped Hermon A. Hilton,C.G.M.(Ret)USCG (Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

SECOND COPY

16-26941-2 U. S. GOVERNMENT PRINTING OFFICE

AFFIDAVIT OF RESERVIST

Armed Forces Induction Station
Sacramento, California

I hereby affirm that I am not drawing a pension and/or disability allowance and/or disability compensation and/or retired pay from the Government of the United States of America, and that I do not have a claim pending therefor.

WITNESS my hand hereunto set this 1st day of September 1943.

WITNESSED BY:

Hermon A. Hilton
HERMON A. HILTON, C.G.M.(Ret.)

Robert Ellis James
ROBERT ELLIS JAMES

222 New Federal Building
Sacramento, California

Address reply to
C.G.Representative
Refer to file 702-7830-531

1 September, 1943

To: JAMES, Robert Ellis (7011-637) A.S.(R)

Subj: Orders.

1. Having been inducted into the U.S. Coast Guard Reserve Class "C", this date as A.S.(R) in accordance with H/L 22 January 1943(CG-PR-7830) as amended, you are hereby placed on active duty without pay and authorized to proceed to the locality of Local Board No. 26, 502-03 Plaza Bldg., Sacramento, California. Upon arrival thereat you will consider yourself released from active duty.

2. It is understood that your address while on inactive duty will be 1234 G St. Apt. A., Sacramento, California.

3. You are recalled to active duty effective 8:00 a.m., 8 September, 1943 on full pay and allowances and directed to proceed to the Coast Guard Training Station, Alameda, California, using transportation request furnished (inclosure 1).

4. All ration books issued in your name should be surrendered to the local rationing board prior to your departure for the training station.

5. It is suggested that you bring, at that time, shaving gear, tooth brush, etc., and a small amount of cash to take care of personal needs for a brief period. DO NOT bring a camera and DO NOT keep a diary of any service activities.

6. Ordered to active duty from 1234 G St. Apt. A., Sacramento, California.

7. Immediately upon departing from Sacramento, California for active duty, fill in the time and date on the second indorsement on the reverse hereof and sign over your name on the original and two copies of these orders which must be delivered by you to the Commanding Officer, C. G. Training Station, Government Island, Alameda, California.

HERMON A. HILTON

Armed Forces Induction Station, Sacramento, California
702-7830-531
1 September, 1943

Incls:
1. Government Transportation Request NCG 210.917

- -

Ind-1
Sacramento, California
1 September, 1943

1. Received and departed 1500 this date and place in accordance with paragraph 1, basic orders.

ROBERT ELLIS JAMES

- -

Ind-2
Sacramento, California
8 September, 1943

1. Carried out paragraph 3, basic orders, departing for active duty_____this date and place

ROBERT ELLIS JAMES

CERTIFIED TO BE A TRUE COPY

Hermon A. Hilton

HERMON A. HILTON, C.C.M.(Ret.)

ROBERT ELLIS JAMES

2348 42nd St., Sacramento, California

Sanatarium, Calif. 8th May, 1925 18

8 Sept. 1945 A.S.(R) U.S. Coast Guard Res. 7011-657

None No

10,000

No

Georgia James	Wife	5,000	2348 42nd St., Sacramento, Calif.
Sarah Ruth James	Mother	5,000	1238 G. St., Sacramento, Calif.

Mrs. Georgia James 2348 42nd St., Sacramento, California

1tt October 43

6.40

6.40

Alameda, California 24 th September 45

and

Robert Ellis James

F.D. LIPPMAN, Lieut.(j.g.) USCGR
Alameda, California

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE 702

(1)-B NAME (PRINT CLEARLY) JAMES (LAST) ROBERT (FIRST) ELLIS (MIDDLE) | SERVICE NUMBER 7011-637 | HEIGHT FT. 6 IN. 0 | WEIGHT LBS. 147 | RACE W.

(2) HOME ADDRESS 2345 - 42nd Street, Sacramento, California

(3) BIRTHPLACE St. Helena- Calif
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-R DATE OF BIRTH 5 May, 1925 HOW LONG IN U. S. YEARS

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

(6)-T MARITAL STATUS Married (7)-T NUMBER OF DEPENDENTS One

(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		Los Angeles, Calif.		
HIGH SCHOOL	2		x	Los Angeles, Calif.		
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-R TOTAL SCHOOL YEARS	10	X X X X X X X X X X X X				

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION Twelfth DATE 8 Sept., 1943

(12)-B BRANCH OF SERVICE | REGULAR | RESERVE G x | S | T | W

(13)-T MAIN OCCUPATION GREASER III | YEARS AT IT 1½ YR. | WKLY. WAGE $30.00
D. O. T. CODE 7-85.010
JUST WHAT DID YOU DO? GREASED AUTOS AND TRUCKS.

LAST DATE OF EMPLOYMENT 6 JULY 1943
EMPLOYER H.L. TULLY (FIRM NAME)
ADDRESS OF EMPLOYER 2001 STOCKTON BLVD. SACRAMENTO- CALIF
DEPT., SHOP OR BRANCH KIND OF BUSINESS SERVICE STATION.

(14)-T SECOND BEST OCCUPATION WAREHOUSEMAN | YEARS AT IT 5 MO. | WKLY. WAGE $38.00
D. O. T. CODE 9-59.01
JUST WHAT DID YOU DO? WORKED IN RETAIL FURNITURE WAREHOUSEMAN.

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE
GRADE —SCORE	(15)-B 77	(16)-B 66	(17)-B 112

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

(19)-L SERVICE SCHOOLS DESIRED
1. MOTOR MAC — 09
2. ELECTRICIAN — 04
3.

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
NONE							

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:
HAS BUILT SMALL RADIO SETS. ENJOYS WORKING ON AUTOS.

(23) NEXT OF KIN (MOTHER)
NAME MRS. SARAH L. JAMES
ADDRESS 1238 G ST.
CITY SACRAMENTO STATE CALIF.

(24) - ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
8 SEPT 43	ALAMEDA T.S.	AS (T)	BOOT

H/L 22 January, 1943 (CG-PR-7830) as amended

N. C. G. 2500
(Rev. Dec. 1941)

ENLISTMENT CONTRACT

COUNTED CODED SER. NO. 1 [illegible]

UNITED STATES { ~~COAST GUARD~~ / COAST GUARD RESERVE } Class "G"

Enlistment of JAMES, Robert Ellis (Full name, surname to left); (7011-637) (Service number); $50.00 (Pay per month)

3rd. Cong. Dist. 17

Accepted for enlistment at Sacramento, California; A.S.(R) (Rating in which enlisted)

Enlisted at Armed Forces Induction Station, Sacramento, Calif. 1 September, 1943 (Date)

Transferred to C. G. T. S., Alameda, California; 7 days inactive duty enroute

Occupation Service Station Operator Citizenship* "NB" If naturalized, place and date of naturalization -; Certificate No. -

Date of birth 8 May, 1925 Place of birth Sanitarium, California

Home address 1234 G St., Apt. A (Street and number) Sacramento (Town) Sacramento (County) 017 California (State)

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

Georgia Clara James (Wife) (Relationship) 1234 G St., Apt. A, Sacramento, Calif. (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

First enlisted - (Date) at - (Place) and was

last discharged - (Date) from - (Unit)

with - (Character) discharge as - (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 18 Years 3 Months

Height 6 feet 0 inches. Weight 144 pounds

Eyes Brown Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics, ANT: Sc.½" lft. knee; Tattoo: Rose and Ribbon "Mother"; POST: Tattoo: Heart and Cross "Bob"; VBULA; 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 HERMON A. HILTON, C.G.M. (Ret.) 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.

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

16—8420-1

SECOND: I oblige and subject myself to serve { for duration of the War and for six months / ..... years from ....., 1..... / after the National Emergency ceases to exist. / during minority until ....., 1..... } 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.

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 Ellis James 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 Ellis James
ROBERT ELLIS JAMES
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 1st day of September, A. D. 19 43

H. J. SCHMIDT, Lieut.(jg) D.V.(S)USNR
(Commanding officer, notary public, or other officer qualified to administer oaths)

Officer in Charge, U.S.Navy Semi-Main Recruiting Station, Sacramento, Calif.
(Title)

Citizenship substantiated and contract perfected.
according to information on D.S.S. 221

Hermon A. Hilton
HERMON A. HILTON
C.G.M.(Ret.), U. S. C. G., Enlisting Officer.

U. S. GOVERNMENT PRINTING OFFICE 16—8420-1

PHYS
First exa

orces' Original
. S. Form 221
nuary 30, 1942

Local Board No. 26 91
Sacramento County 067
JUN 22 1943 026
502-03 Plaza Bldg.
Sacr (LOCAL BOARD DATE STAMP WITH CODE)

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination [x] Second examination [ ] Third examination [ ] Fourth examination [ ]
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

(To be filled in by Armed Forces) 7011-637 (Armed Forces Serial No.)

1. Name (page 1) Robert (First) Ellis (Middle) James (Last)
2. Address (page 1) 2714½ U Street, (Street or rural route) Sacramento, (Town or city) Sacramento, (County) California (State)
3. Social Security No. (Series I, line 5) 557-24-5001 4. Registrant's order number (page 1) 12,820
5. Physical or mental defects or diseases (Series II, line 1) none
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no (Yes or no)
7. Education (Number years completed) (Series III): Elementary school 8 High school 2 Vocational school, college, or university 0
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Service Station Attendent
   (b) Duties (Series IV, line 2 (b)) lubrication and gas attendent.
   (c) Title of last job, if unemployed (Series IV, line 3) no
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 2
10. Income (Series IV, line 2 (d)): Average (Weekly, monthly, annual) monthly earnings $ 130.00
11. Employment class (Series IV, line 2 (e)): Permanent employee [x]; Temporary employee [ ]; Apprentice [ ]; Independent worker [ ]; Unpaid family worker [ ]; Employer [ ]; Student (Series IV, line 4 (a)) [ ]
12. Business of present employer (Series IV, line 2 (g)) Service Station
13. Marital status (Series VII, line 1): Single [ ]; Widower [ ]; Divorced [ ]; Married, not separated [x]; Married, separated [ ]
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 2
15. Birthplace (Series IX, line 1) Sanitarium (Town or city) California (State) U.S.A. (Country)
16. Birth date (Series IX, line 2) May (Month) 8, (Day) 1925 (Year)
17. Race (Series IX, line 3): White [x]; Negro [ ]; Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes (Yes or no); Declarant alien (Series IX, line 7) 0 (Yes or no)
19. Previous U. S. military service (Series XII): None [x]; Army [ ]; National Guard [ ]; Navy [ ]; Marine Corps [ ]; Coast Guard [ ]
20. Type of discharge (Series XII): Specify none
21. Date of registrant's affidavit (top of page 8) 28 (Day) May (Month) 1943 (Year)

Do Not Enter Anything in This Column

RESIDENCE
State
County
Place inducted
DATE INDUCTED
Day
Month
Year
Source
Nativity
Year of birth
Race/citizenship
Education
Occupation
Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the ARMY, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

o16—26941-2

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☐, Yes ☐

24. Serological test (syphilis): Date 7/2/43 Result Negative

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) _____ (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Elvin O Brown MD

(e) Place Sacramento (Town or city) Calif (County) (State) (f) Date 7/2/43

27. (a) This Local Board has classified the above-named registrant in Class I-A

(b) Signature of Member of Local Board Isidor Cohn Irene Cohen

(c) Place Sacramento (Town or city) Sacramento (County) California (State) (d) Date 7/8/43

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Sarah Lees James (Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address 1234 "G" St., Apt. A, Sacramento, Calif. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Georgia Clara James (Name in full)

32. Relationship Wife (If friend, so state) 33. Address 1234 "G" St., Apt A, Sacramento, Calif. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) Georgia Clara James (Full name of wife; if no wife, or if she is deceased or divorced, so state) 1234 "G" St., Sacramento, Calif. (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) (Mother) Sarah Lees James, 1234 "G" St., Sacramento, Calif. (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) (Grandmother) Clara Brackett Lees 244 West 84th Place, Los Angeles, Calif (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant Robert (First name) Ellis (Middle name) James (Last name)

ROBERT ELLID JAMES

38. Witnessed at Induction Station, Sacramento, Calif on 1 September, 1943

Hermon A Hilton, Hermon A. Hilton, C.G.M. (Ret) USCG (Signature of witness attesting) (Name of witness typed) (Grade and organization)

ORIGINAL COPY

16—26041-2

SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write In This Column

39. Eye abnormalities ..... None

40. Ear, nose, throat abnormalities ..... None

41. Mouth and gum abnormalities ..... None

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

			Right				EXAMINEE'S				*Left*				
8	7	6/	X	4/	(3)	(2)	X	X	2/	3	4/	5/	X	7	(8)
(16)	(15)	(14)	(13)	(12)	11/	10	9	9	10/	11/	12	(13)	(14)	15	16

(b) Remarks, including other defects ..... None

(c) Prosthetic dental appliances ..... Partial Denture Right 1, Left 1 6.

(d) Remediable dental defects ..... Caries Right 3,2,16,15,14, 13,12. Left 8,13,14. Snag R. 6,4,11 Left 2,4,5,10,11.

43. Skin ..... Normal

44. Varicose veins ..... None

45. Hernia ..... None

46. Hemorrhoids ..... None

47. Genito-urinary (non-venereal) ..... Normal

48. Venereal diseases ..... Denied

49. Feet ..... Normal

50. Musculoskeletal defects ..... None

51. Abdominal viscera ..... Normal

52. Cardiovascular system ..... Normal

53. Lungs ..... Normal

54. Chest X-ray 39415

55. Mental ..... Normal

56. Nervous system ..... Normal

57. Endocrine system ..... Normal

58. Other defects and/or diseases or other remarks .....

59. Summary of defects in order of significance .....

60. Vision, without correction:
(a) Right eye 20/20
(b) Left eye 20/20

61. Vision, with correction:
(a) Right eye .....
(b) Left eye .....

62. Color perception* ..... Normal

63. Hearing:
(a) Right ear 15/15
(b) Left ear 15/15

64. Height ..... 72 ..... inches.

65. Weight ..... 144 ..... pounds.

66. (a) Girth, at nipples; inspiration ..... 38½ ..... inches.
(b) Girth, at nipples; expiration ..... 35½ ..... inches.
(c) Girth, at umbilicus ..... 31 ..... inches.

67. Posture: Good [X] Fair [ ] Poor [ ]

68. Frame: Heavy [ ] Med. [X] Light [ ]

69. Color of hair ..... Brown

70. Color of eyes ..... Brown

71. Complexion ..... Ruddy

72. Pulse, sitting 82

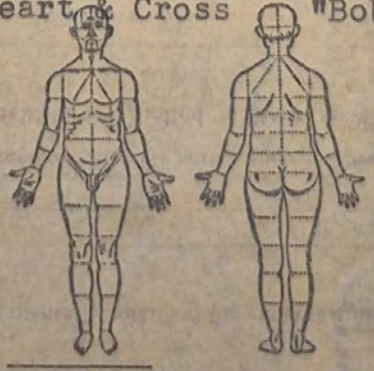
73. Pulse, after exercise* 120

74. Pulse, 2 minutes after exercise* 84

75. Blood pressure:
(a) Systolic 148
(b) Diastolic 82

76. Urinalysis:
(a) Specific gravity 1.009
(b) Albumin ..... Neg
(c) Sugar ..... Neg
(d) Microscopic* .....

77. Other data:
ANT: Sc ½" lft Knee
Tattoo:Rose & Ribbon
with"MotherPOST: Tattoo
Heart & Cross "Bob"



* When indicated.

ORIGINAL COPY

o16—26041-2

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Robert Ellis James is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)

reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)

satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of
(Enter name of registrant if this subsection is applicable)

(g) Signature R G Bird (h) Title R.G.Bird,Lt-Cdr,MC-V(S),USNR
Medical Examiner.

(i) Name typed or stamped R.G.Bird,Lt-Cdr,MC-V(S),USNR

79. (a) Robert Ellis James was this date inducted for (general, ~~limited~~) [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Coast Guard of the United States and sent to C.G.Training Station,Alameda,Calif.
(Enter name of registrant if this subsection is applicable) XXXX

(b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)

service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Induction Station,Sacramento Calif (d) Signature Hermon A. Hilton

(e) Date 1 September,1943 (f) Name typed or stamped Hermon A. Hilton,C.G.M.(Ret)USCG
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

ORIGINAL COPY

(Page 4)

16—29041-2 U. S. GOVERNMENT PRINTING OFFICE

Form NCG-2520
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 (R)

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.

Sacramento, California
(Place)

9-1-43, 19
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 18 years 3 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Robert Ellis James

Date of birth May 8-1925

Place of birth Sanitarium Calif Citizenship Native Born

Home address 1234 "G" St. Apt. A

Are you married? Yes Number and relationship of persons dependent on you for support? Two Mother and Wife.

Are you prepared to support your dependents on service pay? yes

Are your parents living? Mother (wife) Are your parents dependent on you for support? Yes

Name and address of next of kin Georgia C. James 1234 "G" St. Apt A

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—
K. L. Sully	2001 Stockton Blvd,	Service Station	6-3-42	6-20-43	Lubrication Man
J. Brundage	6th & K Sts, Sacto,	Furniture	7-15-43	—	Warehouse

Do you drink intoxicating liquors? If so, to what extent? Very little

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.

(OVER)

16—25718-1

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):

Union Grammer School Los Angeles, Calif 1932-39
J. C. Freemont High School L. A. Calif. 1939-40
Metropolitan Part Time School L. A. Calif. 1941

057

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 Ellis James

Accepted ~~or rejected~~ Accepted ~~Cause of rejection~~

Inducted.

Date 1 September, 1943

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, according to information taken from D.S.S. 221

Herman A. Hilton

HERMON A. HILTON
C.G.M.(Ret.) U.S.C.G.

U. S. GOVERNMENT PRINTING OFFICE 16—25718-1

AFFIDAVIT OF RESERVIST

Armed Forces Induction Station
Sacramento, California

I hereby affirm that I am not drawing a pension and/or disability allowance and/or disability compensation and/or retired pay from the Government of the United States of America, and that I do not have a claim pending therefor.

WITNESS my hand hereunto set this 1st day of September 1943.

WITNESSED BY:

Hermon A. Hilton
HERMON A. HILTON, C.G.M.(Ret.)

Robert Ellis James
ROBERT ELLIS JAMES

222 New Federal Building
Sacramento, California

Address reply to
C.G.Representative
Refer to file 702-7830-531

1 September, 1943

To: JAMES, Robert Ellis (7011-637) A.S.(R)

Subj: Orders.

1. Having been inducted into the U.S. Coast Guard Reserve Class "G", this date as A.S.(R) in accordance with H/L 22 January 1943(CG-PR-7830) as amended, you are hereby placed on active duty without pay and authorized to proceed to the locality of Local Board No. 26, 502-03 Plaza Bldg., Sacramento, California. Upon arrival thereat you will consider yourself released from active duty.

2. It is understood that your address while on inactive duty will be 1234 G St. Apt. A., Sacramento, California.

3. You are recalled to active duty effective 8:00 a.m., 8 September, 1943 on full pay and allowances and directed to proceed to the Coast Guard Training Station, Alameda, California, using transportation request furnished (inclosure 1).

4. All ration books issued in your name should be surrendered to the local rationing board prior to your departure for the training station.

5. It is suggested that you bring, at that time, shaving gear, tooth brush, etc., and a small amount of cash to take care of personal needs for a brief period. DO NOT bring a camera and DO NOT keep a diary of any service activities.

6. Ordered to active duty from 1234 G St. Apt. A., Sacramento, California.

7. Immediately upon departing from Sacramento, California for active duty, fill in the time and date on the second indorsement on the reverse hereof and sign over your name on the original and two copies of these orders which must be delivered by you to the Commanding Officer, C. G. Training Station, Government Island, Alameda, California.

HERMON A. HILTON

Armed Forces Induction Station, Sacramento, California
702-7830-531
1 September, 1943

Incls:
1. Government Transportation Request NCG 210,917.

- -

Ind-1
Sacramento, California
1 September, 1943

1. Received and departed 1500 this date and place in accordance with paragraph 1, basic orders.

ROBERT ELLIS JAMES

- -

Ind-2
Sacramento, California
8 September, 1943

1. Carried out paragraph 3, basic orders, departing for active duty_____this date and place

ROBERT ELLIS JAMES

CERTIFIED TO BE A TRUE COPY

Herman A. Hilton

HERMON A. HILTON, C.C.M.(Ret.)

FILE
A-168

METAL USED			
GOLD	DWT	GRS.	COST
¾ CROWN			
SAD-BAR	2	20	3.80
INLAY			
LIN. BAR-LONG	2	6	2.73
" " -MED.			
" " -STOCK			
FOIL CYLINDER			
PLATE 22K			
" 24K			
SOLDER FOR 16K			
" " 18K		5	.25
" " 20K			
" " 22K			
WIRE RD. # 14 G			
" ½RD. # 14G			
" RD. # 16 G			
" RD. # 18 G			
11-			
PLATINUM FOIL			
TOTAL	5	7	6.78
TICONIUM			
VITALLIUM			

PATIENT'S FULL NAME, RANK OR RATING, AND NO. — James, Robert. S1/c 701-11-71 USCGR

San Francisco Naval Shipyard

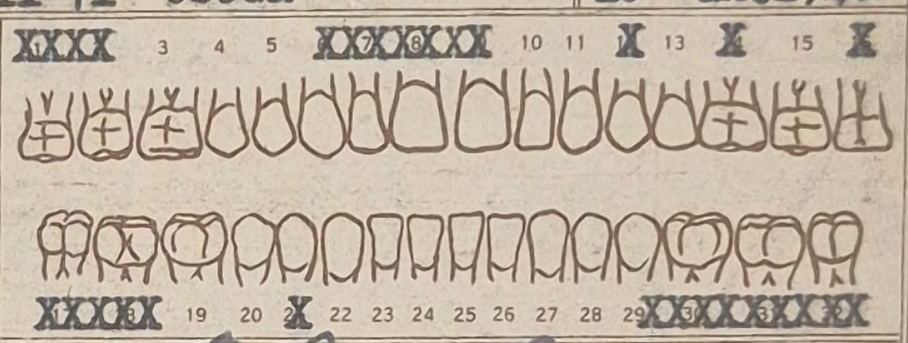
DATE: 10 Jan. 1946

STATION TO WHICH ATTACHED: Government Island

AGE	YEARS OF SERVICE	PLACE OF BIRTH
24	2½	California

DATES AND TYPES PREVIOUS NAVY PROSTHESIS

SIGNATURE OF PATIENT: Robert Jones



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

T.V. Joseph.

T.V. JOSEPH, Captain D.C., U.S.N. R.

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

DO NOT COUNT CROWNS OR INLAYS IF BRIDGE ABUTMENTS

DENTURE	TYPE							MOLD	SHADE	NO. TEETH	
	FULL	PART	ACR	VUL	REP	REC				ANT.	POST.
MAX		X	X					30S 2P	NH 69	4	3
MAND		X	X					30S	NH 69		5

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

CROWN	TYPE	NO. OF TEETH
	GOLD	
	PORC	
	ACR	

INLAY	TYPE	NO. OF TEETH
	GOLD	
	PORC	
	ACR	

OTHER (DESCRIBE)

DATE OF IMPRESSION	DATE OF INSERTION	NO. OF DAYS ELAPSED
2-4-46	2-27-46	23

SIGNATURE OF OFFICER RENDERING THIS TREATMENT: R.C. Dove

STATION COMPLETING ABOVE PROSTHESIS: San Francisco Naval Shipyard

TYPE NAME OF OFFICER RENDERING THIS TREATMENT: R.C. Dove, Lt, Comdr. D.C., U.S.N. R

REPORT OF PROSTHETIC DENTAL TREATMENT — SHEET NO. 1 — NAVMED FORM L — REVISED 1945

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

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

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

San Francisco Naval Shipyard

Barnes, Robert, S1/c 701-11-71 USCGR 10 Jan 1945

XXXX XXXXXX X X X

2 20 3.80 Governments Island

2 6 2.73 24 2½ California

XXXX X XXXXXXXX

T.V. JOSEPH, Captain

5 .25

305 MH

X X 29 69 4 3,

X X MH

305 69 5

5 7 6.78 2-4-46 2-27-46 29

San Francisco Naval Shipyard R.C. Dove, Lt. Comdr.

NOG 2025-A

DENTAL RECORD

(To be filled in by the Dental Officer)

JAMES

(Surname)

Robt. E.

(Given name-s)

S 2/c

(Rank or rate)

7011-637

(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: Extract #24, 25, 26
Dentures Required

CARIES: 1, 6, 11, 16, 20, 27, 28, 29, 30

FILLINGS: 1, 2, 15, 30

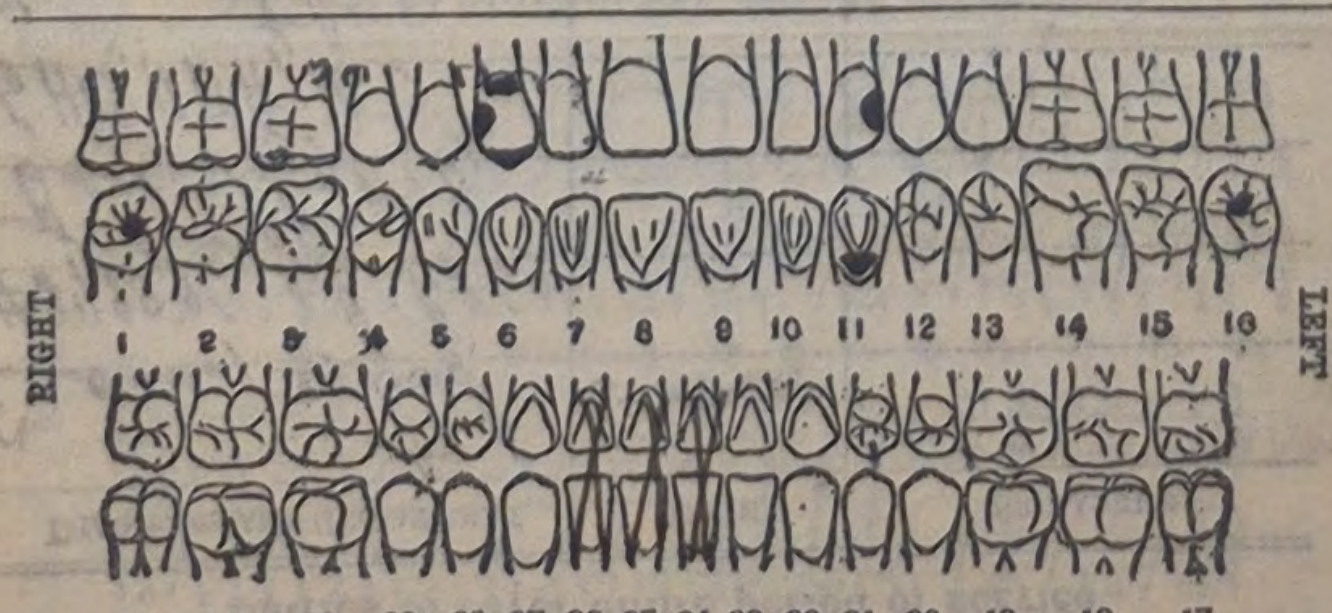
CALCULUS Light

DATE: 6-24-44

Portsmouth Barracks Disp.
Dr. I. P. Bauman

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—30266-1

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Crown, extract	6-[illegible]	Dr. I. P. Bauman
#24,25,26, shade #6A		
Base alloy #1D,		
6HC, 11BK, 16D		
Upper partial impression		
Lower wax		
bite and shade	6-24-44	Dr. I. P. Bauman
Denture inserted	7-22-44	Dr. G. Furst
adjusted	7-22-44	Dr. G. Furst

TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

JAMES
(Surname)

Robert Ellis
(Given name-s)

(7011-637)

(Rank or rate) (Service number)

INSTRUCTIONS

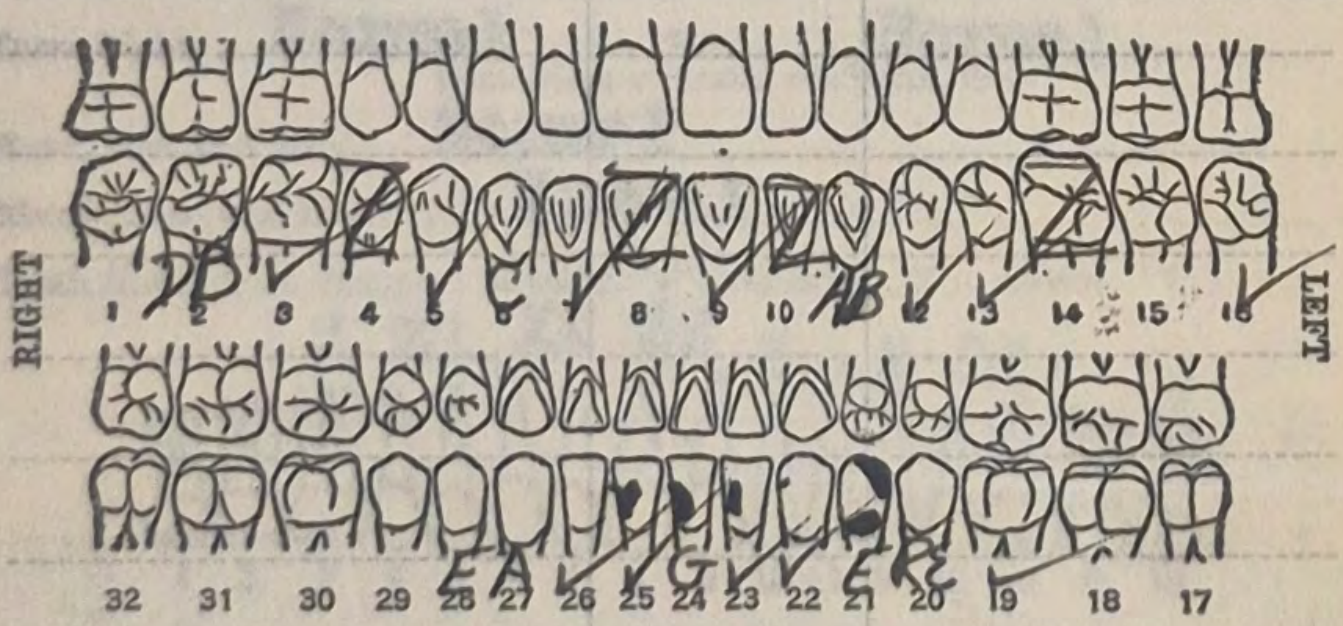
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RECORD OF FIRST DENTAL EXAMINATION

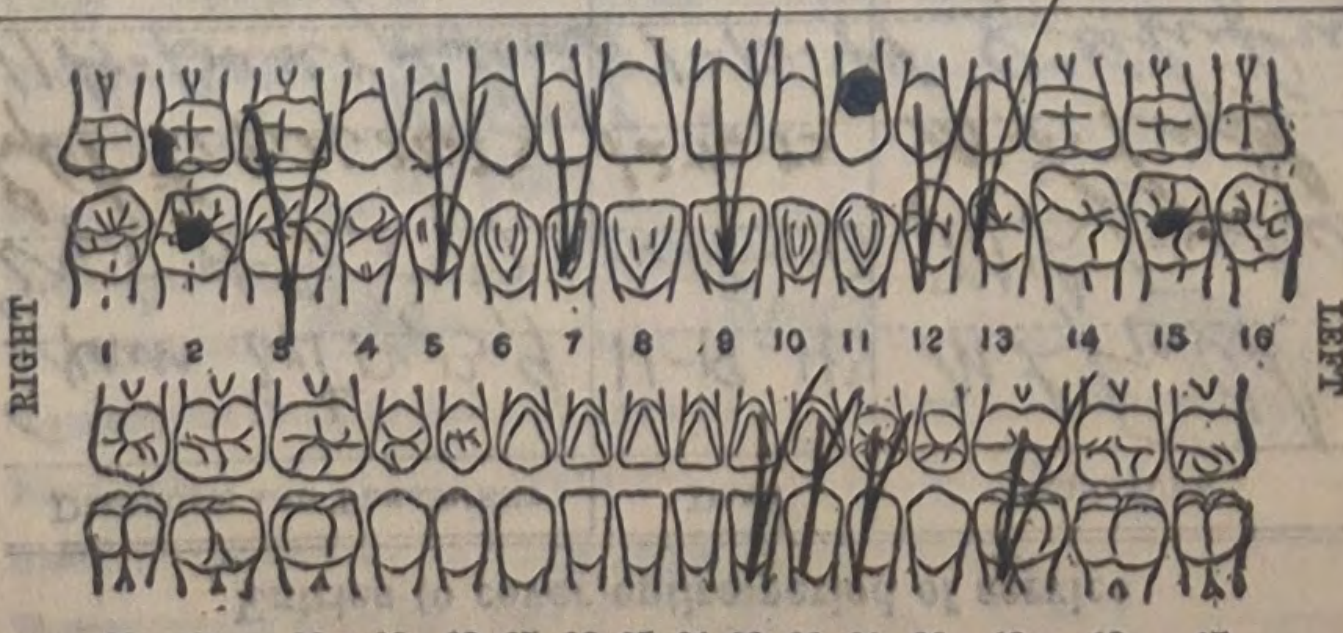


REMARKS:

12-18-43 M J Field

(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
Exam Ext #2, 13, 9	11-18-43	M L Field
Ext #3, 5, 7	12-1-43	M L Field
Ext #19, 21, 22, 23	12-16-43	M. L. Field
11A-Base + Silicate	1-12-44	C Shupe
2Ds 2B 15 Enamel	1-26-44	L B. Smith
Imp + bite part Upper	2-10-44	M L Field

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

(7011-637)

Name JAMES, Robert E. Service Number

(Surname first)

Age: Years 18 Months 3 Color White

For: Enlistment in Regular Reserve

(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating A. S. (R)

Place Sacramento Date 1 September, 1943

Personal Medical History U.C.M.;

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

Color blind? No Test used Chart

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".)

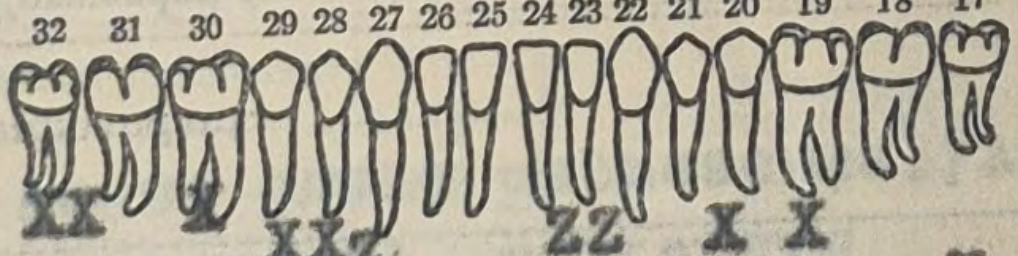
Z ZZ XX ZZ Z Z ZZ X



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

(Right Side)

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



XX X XXZ ZZ X X

Gums Healthy Temperature Normal

Height 72 inches. Weight (stripped) 144 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 35½

Heart and blood vessels Normal

Blood pressure: Systolic 148 Diastolic 82

Pulse before exercise 82, after exercise 120, after 2 min. 84

Lungs Normal--X-Ray No. 39415

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. 1009

Blood cells - Pus cells - Casts -

Blood (if indicated) Hb % Reds - Whites -

Wassermann or Kahn test: Date 7/2/43 Result Neg.

16—27070-1

REMARKS: Certified to be the exact information taken from D.S.S. 221

HERCERTIFICATE ILTON, C.G.M. (Ret.)

I } certify that { XXX / I } have personally made this physical examination and find that Robert E. James

He is physically qualified for Enl. in Reg. Res.
(Enlistment, appointment, promotion)

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

XHXSXBXX physically qualified for _____

on account of: _____

R.C.BIRD, Lt.Cdr.M.C.U.S.N. (S.) USNR
Surgeon, U.S. Public Health Service

1st INDORSEMENT

1 September, 1943
(Date)

Place Armed Forces Induction Station, Sacramento, California

From: Coast Guard Representative

To: Commandant.

1. Forwarded for action. Present status:

Enl. as A.S.(R) for DOW and 6 months
Tr. to ALAMEDA

HERMAN A. NELSON
Commanding—Dist. Comdr.-Off. in Chg.
C.G.M. (Ret.)

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,

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name JAMES, Robert Ellis
(Surname first)

Rank or rating _____ Service number (7011-637)

SMALLPOX VACCINATION

Number of prior scars

To:
1.

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name JAMES, Robert Ellis
(Surname first)

Rank or rating _____ Service number (7011-637)

SMALLPOX VACCINATION

Number of prior scars _____

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
9-17-43	[signature]	PR	[signature]

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	
9-24-43	10-1-43	10-8-43	[signature]

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

_____

_____

_____

_____
(Signature of medical officer)

16—25759-1

Form NCG-2020

MEDICAL HISTORY

Page _____

Surname JAMES Service No. (7011-637)

Christian name-s Robert Ellis

STATE NAME OF PLACE	DATE EACH NEW ENTRY

~~USCG BASE INFIRMARY, ALAMEDA, CALIFORNIA~~

DATE: 11-2-43

EXAMINED FOR TRADE SCHOOL (M.M.M.) THIS DATE AND

(1) FOUND PHYSICALLY QUALIFIED.

(2) ~~DISQUALIFIED DUE TO~~

Surg., USPHS

U. S. COAST GUARD

BLOOD-TYPE, TETANUS AND YELLOW FEVER INOCULATION RECORD

NAME JAMES ROBERT E.

RANK OR RATING

SERVICE NO. 7011-637

BLOOD TYPE

DATE	TYPE	Signature of Medical Officer
9-16-43	O	

(Enter Type As: "AB", "A", "B", "O", International Classification)

TETANUS IMMUNIZATION

Dates Adm.	Reactn.	Signature of Medical Officer
1st 9-17-43		
2nd 10-22-43		
3rd.		
4th.		

YELLOW FEVER INOCULATION

Date Adm.	Reactn.	Signature of Medical Officer

TERMINATION OF HEALTH RECORD

Name JAMES, Robert E.

Rating S1c Service Number 7011-637

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 2 June 1945
(Date)

At Chesapeake Bay near Solomons Lump Lt. Sta.
(Place)

By reason of death due to accidental drowning
(Expiration enlistment, physical disability; undesirability; desertion, etc.)

D. K. SPINNEY

Ensign, USCG(WR), *Custodial Officer.*
(Rank)
Ass't Records and Assignment Officer

16—25760-1

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Armed Forces Induction Sta. Sacramento, Calif	9/1/43	9/1/43
USCGTS ALAMEDA CALIF	9-8-43	11-5-43
CGTS-GROTON, CT. NOV 10 1943		FEB 14 1944
USCGC, 5th NAVDIST.	2-15-44	2-15-44
CG. BKS., Little Creek, Va.	2-15-44	2-22-44
USCGC, 5th NAVDIST for Solomons Lump Light Station	2-23-44	6/2/45

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

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
CRISFIELD, MD	Acute Urethritis, non-venereal	8/16/44	8/16/44	OP
MH NORFOLK, VA.	Varicase veins, bilateral	11-15-45		IP

NAME JAMES, Robert E.

SERVICE NO. 7011-637

N. C. G. 9541A

JAMES, Robert Ellis
(NAME)

7011-637
(SERVICE NUMBER)

SINGLE
MARRIED XX
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

156018

BIRTH, DATE OF 8 May, 1925
BIRTH, PLACE OF Sanitarium, Calif.
CITIZENSHIP N

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REGULAR D. O. E. AUTH. REMARKS
IND.STA.SCRAMENTO, CALIF.	9-1-43	A.S.				ASSIGNED ACTIVE DUTY 9/8/43
ALAMEDA TR.STA.	9-8-43	A.S.				TR.
Sta Trng	11-10-43	A.S.				Tr. Mo. M. M. Sch.
Norfolk Dist.	2-15-44	A.S.				Tr.
Little Creek Barks (62)	2-15-44	A.S.				Tr
Solomons Lumpl t Sta (05)	2-23-44	A.S				tr
Solomons Lump Lt Sta (05)	4-17-44	S2c				Cv.
Solomons Lumpl t Sta (05)	4-22-45	F/C				Cv.
SOLOMONS LUMPT LT. ST.	6-2-45	S1C				DIED

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 DIEBOLD 2116-595