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

Date: '26 AUG 3 AM10:58
08/07/2026

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
Scarlett, Russell, Wesley	081322988	Aug. 24, 1914 MA

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: 1984 NY

State of Residence (upon entry into service):

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

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) Cuyahoga

From: To:

(Agency & Location)

From: To:

(Agency & Location) SG43

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-00079154S1

Attendant Signature:

CMRS Search Request Number(s): CG ~~5588[illegible]~~3

Remarks: '26 AUG 13 AM11:28

SCREENING NOTES

☐ Reviewed and Nothing Removed ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

LOAN OR TRANSFER OF RECORDS

DATE OF REQUEST: 30 JUL 1984

REGISTRY NUMBER: 0000046732

LAST NAME - FIRST NAME - MIDDLE INITIAL - SERVICE NUMBER - SOCIAL SECURITY NUMBER: SCARLETT, Russell W. 222 862/081 32 2988 BM2, USCG, Retired

DATE OF LAST SEPARATION: DOR: 1 MAY 1959

REQUESTING/RECEIVING AGENCY

Date of Reply:

☐ ARPC, CAC, 3800 YORK STREET, DENVER, CO 80205

☐ BSMC, WASHINGTON, D. C.

(Office Symbol and Name)

☐ USAFMPC, RANDOLPH AFB, TX 78148

(Office Symbol and Name)

☒ USCG, WASHINGTON, D. C. 20591

Mrs. Brown (202) 426 6594

(Office Symbol and Name)

☐ BUPERS, DEPARTMENT OF THE NAVY, WASHINGTON, D. C.

(Office Symbol and Name)

☐ U. S. Army EPMC, FT. BENJAMIN HARRISON, IN 46249

(Office Symbol and Name)

☐ BUMED, DEPARTMENT OF THE NAVY, WASHINGTON, D. C.

(Office Symbol and Name)

☐

(Office Symbol and Name)

REMARKS

R.R.HARBER: lmb Ext 61844

RETURN RECORDS TO: NPRC, (NPR), St. Louis, MO 63132

☐ CONSOLIDATED REGISTRY FILE ☐ AIR FORCE REFERENCE BRANCH

☐ ARMY REFERENCE BRANCH ☐ NAVY REFERENCE BRANCH

INITIAL TO RETURN	DATE RETURNED

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

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
30 April 1959	Commander, Coast Guard Group New York
	SCARLETT had custody of health record while attached to Light Station at Stoney Point, N.Y. Man states he delivered health record to PHS Hospital, S.I., N.Y. when reporting to inpatient status on 19 March 1959. The Hospital (CG Representative Office) say they have no receipt of record.
	A search has been instigated to locate SCARLETT's health record. If it is found, it will be forwarded to Headquarters.
	Daniel B Miller
	Daniel B. Miller, HMC

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cau	BM2	GRUCOM, N.Y.	U.S.Coast Guard	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
SCARLETT, Russell Wesley	24 AUG 1914	222-862

16—67728-1

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

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
3/19/59	4/24/59	36

(Sign and date at end of narrative)

HISTORY: This patient was admitted for treatment of a left inguinal hernia of some eight months' duration. He had some pain on lifting and on prolonged standing.

The significant past history revealed that the patient has been operated for right inguinal hernia 17 years ago; had a thyroidectomy in 1942; and an appendectomy 18 years ago. He also has a history of frequent upper respiratory infections and colds settling in his chest.

PHYSICAL EXAM: Significant physical findings are the presence of abdominal scars in the right inguinal area following the appendectomy and hernia repair. There is a definite left inguinal hernia, probably the direct type; and there is a slight bulge in the right femoral area with a gurgling sensation on cough and strain in this area.

LAB. DATA: Initial chest x-ray, blood, urinalysis, and serology were all within normal limits. Later, during the hospital course, the patient had x-ray findings of bronchopneumonia and sputum findings predominantly pneumococcal. Electrocardiogram was also within normal limits.

HOSPITAL COURSE: The patient underwent a McVay's hernia repair for the left inguinal hernia on 4/2/59. The operation was delayed because of a previous minor upper respiratory infection. His postoperative course was complicated on the 3rd and 4th by the development of bronchopneumonia, which responded well to aerolone and oxygen inhalations. No antibiotics were prescribed. Again, on 4/14/59, the patient underwent a McVay's repair for a femoral defect in the right groin. His postoperative course following this was uneventful.

DIAGNOSES:
1. Left direct inguinal hernia.
2. Right femoral hernia.
3. Bronchopneumonia, postoperative.

CONDITION: All Improved.

OPERATIONS: Left McVay's inguinal hernioplasty, 4/2/59.
Right McVay's femoral hernioplasty, 4/14/59.

CONDITION ON DISCHARGE: The patient's operative wounds are well healed. He is ambulant. He has had no further respiratory complications. He had no scrotal and no testicle complications following his surgery.

RECOMMENDATIONS: Not fit for duty for some six weeks from date of discharge, due to the fact that he had bilateral hernial repairs. The discharge recommendations are (cont.)

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ James R. LEWIS, SA Surg./nr	4/23/59		CG

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle grade; date, hospital or medical facility)*
SCARLETT, RUSSELL
USPHS HOSPITAL, STATEN ISLAND 4, N.Y.

REGISTER NO.	WARD NO.
65911	BD6

NARRATIVE SUMMARY
Standard Form 502

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

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

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
3/19/59	4/24/59	36

(Sign and date at end of narrative)

RECOMMENDATIONS (cont.)
that the patient be home on convalescent leave for 30 days and that he return to the Surgical Outpatient Clinic in one month for further follow-up. His convalescent leave may be extended at that time, if indicated.

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ James R. LEWIS, Surgeon/nr	4/23/59		CG

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)
SCARLETT, RUSSELL
USPHS HOSPITAL, STATEN ISLAND 4, N.Y.

REGISTER NO.	WARD NO.
65911	BD6

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 445426

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

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

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

TERMINATION OF HEALTH RECORD

NAME: SCARLETT, Russell W. SERVICE NUMBER: 222-862

RATING: BM2 DATE: 4-29-59

PLACE: USPHS OUTPATIENT CLINIC, 67 HUDSON STREET, NEW YORK, N.Y.

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

(29) Systolic murmur over entire precordium.
(32) Enlarged Smooth Prostate
~~(39) Scars~~
(44) Full Dentures

Other defects noted;

~~(32) Recovery from bilateral Inguinal ring~~

In my opinion those numbered (39) Defective vision, corrected are 1 incident of service

In my opinion those numbered ~~are not incident of service~~

Walter F. Schaller
S.R., USPHS

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

~~That I have no physical defect (s);~~ #29 Systolic murmur over entire precordium
#32 Enlarged Smooth Prostate
#39 Scars
#54 Defective vision corrected
~~That I have the following defect (s);~~ #44 Full Dentures present
Recovery from Bilateral Inguinal ~~Hernia~~
~~Herniorrhaphy~~
Russell W. Scarlett
RUSSELL W. SCARLETT, BM2
U.S. COAST GUARD

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
MALE	CAUC	BM2	GRUCOM, N.Y.	COAST GUARD	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
SCARLETT, Russell W.	24 August 1914	222-862

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell W.	BM2	222-862

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
67 Montgomery Street, Saugerties, New York	RETIREMENT	4-29-59

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			Treasury	GRUCOM, N.Y.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-14	Mass.	Margaret SCARLETT (W) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, 67 HUDSON STREET, NEW YORK, N.Y.	Religion: Protestant

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

CLINICAL EVALUATION

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

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

#29 Systolic murmur over entire precordium

#32 Enlarged smooth prostate

#39 Scars: Appendectomy; left inguinal scar, healing well; right inguinal scar, new, healing well.

(Continue in item 73)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

FULL PLATES PRESENT

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	Negative	Negative	VDRL Negative: MAZZ. Neg/

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Within normal limits		

16—62283-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE ☐	56. TEMP.
66¾	137	Brown	Brown		98.6

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

SITTING	SYS. 120 DIAS. 76	RECUMBENT	SYS. 130 DIAS. 88	STANDING (3 min.)	SYS. 116 DIAS. 80	58. PULSE (*Arm at heart level*) SITTING 72	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT 68	AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 30 CORR. TO 20/ 20	BY S. CX	CORR. TO BY
LEFT 20/ 30 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT N LEFT N	N PI PLATES	NFA	

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NORM	NFA	NFA	N TO PALP

70. HEARING

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

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3096	4000 4096	8000 8192	
RIGHT								
LEFT								

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

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

Patient was released USPHS Hospital, Stapleton, Staten Island, New York 4-24-59 after surgery for Bilateral inguinal rings.

"CONDITIONS ON DISCHARGE"

The patient's operative wounds are well healed. He is ambulant. He has had no further respiratory complication. He had no scrotal and no testicle complication from his surgery."

* Patient has elected to be retired from Coast Guard by reason of discharge of ~~extraordinary~~ duty after 20 years, rather than through a Board of Medical Survey.
SERVICE

* Reference to above: COMMANDANT'S PERSONNEL INSTRUCTIONS 35-58

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

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

#29 SYSTOLIC MURMUR OVER ENTIRE PRECORDIUM.
#32 ENLARGED SMOOTH PROSTATE
#39 SCARS
#44 FULL DENTURES PRESENT
* RECOVERY FROM BILATERAL INGUINAL RING HERNIOPLASTY
#59 DEFECTIVE VISION, ADEQUATELY CORRECTED.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

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

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN
W.G. EDELMAN, SR. SURG., USPHS
SIGNATURE Wm A Edelman

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—62283-1

Standard Form 89
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell Wesley	BM2	222-862
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
67 Montgomery St. Saugerties, N.Y.	Retirement	29 APR 1959

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Cau	26		USCG Treas. Dept.	CDR, GROUP NEW YORK

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
24 AUG 14	~~Xxxx~~ Mass.	Margaret Scarlett (W) Address same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, 67 Hudson St., NYC	Rel: Prot.

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Fair

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER			unknown	
MOTHER			Diabetes	
SPOUSE	42	Good		
BROTHERS AND SISTERS	65	Good ge		
	50	Good		
	58	Good		
	29	Good		
	47	Good		
CHILDREN	53	Good		
	56	Good		
	62	unknown		

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:

YES	NO	(Check each item)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
X		HAD DIABETES	Mother
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
X		HAD STOMACH TROUBLE	Brother(George)
	X	HAD RHEUMATISM (Arthritis)	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY (Fits)	
	X	COMMITTED SUICIDE	
	X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
X		SCARLET FEVER, ERYSIPELAS	X		GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
X		DIPHTHERIA		X	TUBERCULOSIS	X		RUPTURE		X	FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS (Night sweats)	X		APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS (Inc. infantile)
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
X		WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
X		EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
X		EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
X		CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
	X	SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)					
X		WORN GLASSES		X	ATTEMPTED SUICIDE
	X	WORN AN ARTIFICIAL EYE		X	BEEN A SLEEP WALKER
	X	WORN HEARING AIDS		X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
	X	STUTTERED OR STAMMERED		X	COUGHED UP BLOOD
	X	WORN A BRACE OR BACK SUPPORT		X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:
		BEEN PREGNANT
		HAD A VAGINAL DISCHARGE
		BEEN TREATED FOR A FEMALE DISORDER
		HAD PAINFUL MENSTRUATION
		HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:
AGE AT ONSET OF MENSTRUATION
INTERVAL BETWEEN PERIODS
DURATION OF PERIODS
DATE OF LAST PERIOD
QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (Check one)
one	MONTHS 26 yrs	USCG	☐ RIGHT HANDED ☒ LEFT HANDED

16—62289-1

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*) #32 Hernia, right, age 22 Appendix age 23 Throat age 26 Hernia, bilat. age 44
	X	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	XX	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
RUSSELL W. SCARIETT	

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 20 thru 39*)

#32. all well healed or healing, otherwise not significant.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	29 Apr 59	Walter Edelman	

16—62389-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

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

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
APR 24 1956	70mm X-RAY Essent Neg. Repeat in 6 Mos J. P. Shortal m.d. J. P. SHORTAL, LCDR. USPHSR. Medical Officer in Charge U.S. Public Health, 45 Bway. N. Y.
7 MAY 1959	CDR, GROUP NEW YORK On 1 May 1959, SCARLETT's retirement was effective. At that time a new health record was opened on him and his previous health record reported lost. This date his original health record was forwarded from the USPHS Hospital, S.I., N.Y. It is forwarded to Headquarters for combinig with duplicate. D. B. MILLER, HMC

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cau	BM2	CDR, GROUP NEW YORK	U.S. Coast Guard	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
SCARLETT RUSSELL W.	24 August 1916	222-862

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

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

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in block letters

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

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2-3 DAYS	RESULT* 7-10 DAYS	STATION	PHYSICIAN'S NAME
1	4-8-58	CUTTER	E9062			GRUCOM, New York	Ch Stevenson HMC
2							
3							
4							
5							
6							

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

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	4-24-56	1/10 cc		H. Medlin HM2	7				
2	4-8-58	.1 cc		Ch Stevenson HMC	8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	4-24-56	0.5 cc	none	Maddlin HM2	4				
2					5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

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

TYPHUS VACCINE

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

CHOLERA VACCINE

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

YELLOW FEVER VACCINE

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

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	W	BM2	Stoney Point LS	U.S.C.G.	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
SCARLETT, Russell, Wesley	8-24-16	222-862

16—67730-1

IMMUNIZATION RECORD
Standard Form 601

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	4-24-56	Tet & Diptheria	1/2 cc			H. Tedlie MD.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

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

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

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

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1	4-24-56	"AB"	Positive	
2				
3				

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

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

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

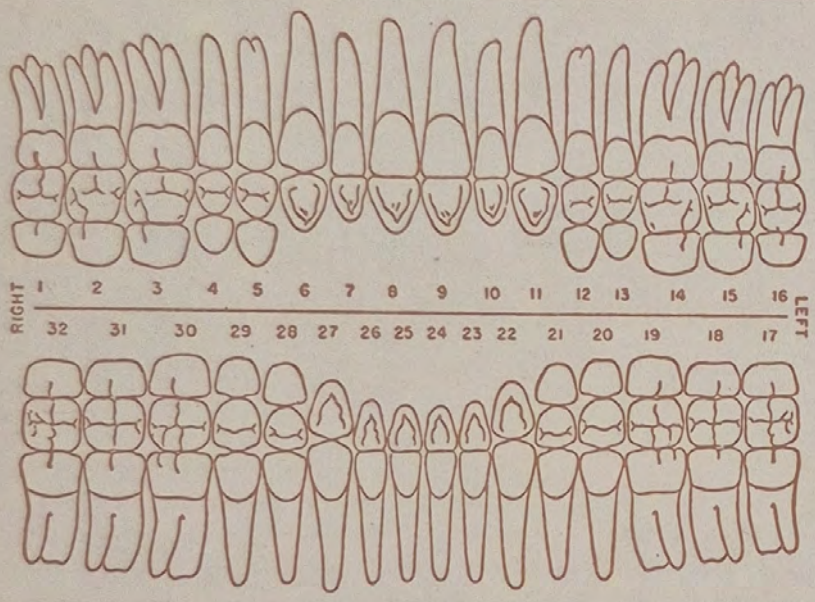
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

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

4. MISSING TEETH AND EXISTING RESTORATIONS

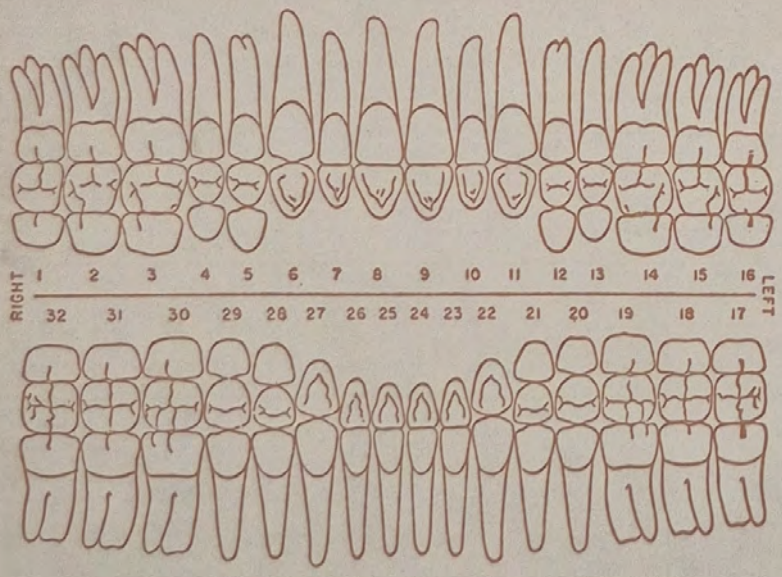


REMARKS

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

☐ SLIGHT ☐ MODERATE ☐ HEAVY

B. PERIODONTOCLASIA

☐ LOCAL ☐ GENERAL

☐ INCIPIENT ☐ MODERATE ☐ SEVERE

C. STOMATITIS (*Specify*)

☐ GINGIVITIS ☐ VINCENT'S

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

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

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

DATE | PLACE OF EXAMINATION | SIGNATURE OF DENTIST COMPLETING THIS SECTION

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
Male	W	BM2	U.S.C.G.		Treasury

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.
SCARLETT, Russell, Wesley	8-24-16	222-862

16—67875-2

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell Wesley	HM2	222-862
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Stoney Point Life Station, Stoney Point, N.Y.	Re-enlistment	3-18-58

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	9. TOTAL YRS. GOVT. SERVICE CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			Treasury	Orucom, N.Y.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-16	Lowell, Mass.	Margaret SCARLETT (W) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC 67 Hudson St., New York, N.Y.	Religious: Protestant

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

CLINICAL EVALUATION

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

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

#29 Systolic Murmur over precordium, disappears when recumbent.

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	Not done	14X17 Chest Negative	VDRL Negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not indicated		Not indicated

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
67½	160	Brown	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
SITTING	SYS. 140 DIAS. 82	RECUMBENT	SYS. 136 DIAS. 80	STANDING (5 min.)	SYS. 140 DIAS. 88	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
						78	100	72	70	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 25 CORR. TO 20/ 20	BY S. CX	CORR. TO BY
LEFT 20/ 25 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY

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

NFA

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

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

70. HEARING

RIGHT WV 15/15 SV 30/30

LEFT WV 15/15 SV 30/30

71. AUDIOMETER

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

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

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

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

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

#29 Precordium systolic murmur.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Re-enlistment

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

F.B. GOFFIN S.A. SURG. USPHS — Floyd B. Goffin

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

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

J.S. MILLER DENT. DIR. USPHS — J S Miller

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

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

16—62288-1

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell W.	BM2	222-862

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
Stoney Point Life Station, Stoney Point, N.Y.	Reenlistment in USCG	4-1-52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	20		USCG	New York Group

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-16	Lowell, Mass.	Margaret V. Scarlett (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 Lafayette St., New York, N.Y.	

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION

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

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

#39 Scar right arm.
Appendectomy scar.
Right hernia scar.
Scar on throat.

(Continue in item 73)

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

O.—Restorable teeth X.—Missing teeth (6 X 5).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.016			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA			

16-62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
66	151 3/4	Brown	Blue	X				98.6

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

SITTING	126 / 90	RECUMBENT	128 / 92	STANDING (3 min.)	122 / 88

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
96	104	92	88	96

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

62. HETEROPHORIA (*Specify distance*) ES° NFA EX° R. H. L. H. PRISM DIV. NFA PRISM CONV. PG NFA PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates normal	NFA	UNCORRECTED / CORRECTED NFA

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

70. HEARING

RIGHT WV 15 /15 30/30 /15

LEFT WV 15 /15 30/30 /15

71. AUDIOMETER

	250	500	1000	2000	3000	4000	6000	8000
	568	512	1024	2048	4096	4096	8192	
RIGHT*		NFA						
LEFT								

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

NFA

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

No serious illness since last physical examination.

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

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

#52 Overweight - Not sufficient to disqualify.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

X IS QUALIFIED FOR reenlistment in USCG

☐ IS NOT

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN: JAMES P. SHORTAL S.A.S., USPHSR — SIGNATURE: James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): F.A. CASTALDI S.A.D.S., USPHSR — SIGNATURE

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

☆ U. S. GOVERNMENT PRINTING OFFICE 16—62283-1

Stoney Point
Light House
~~Coast~~, New York

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

SCARLETT
Russel W.
(Surname)

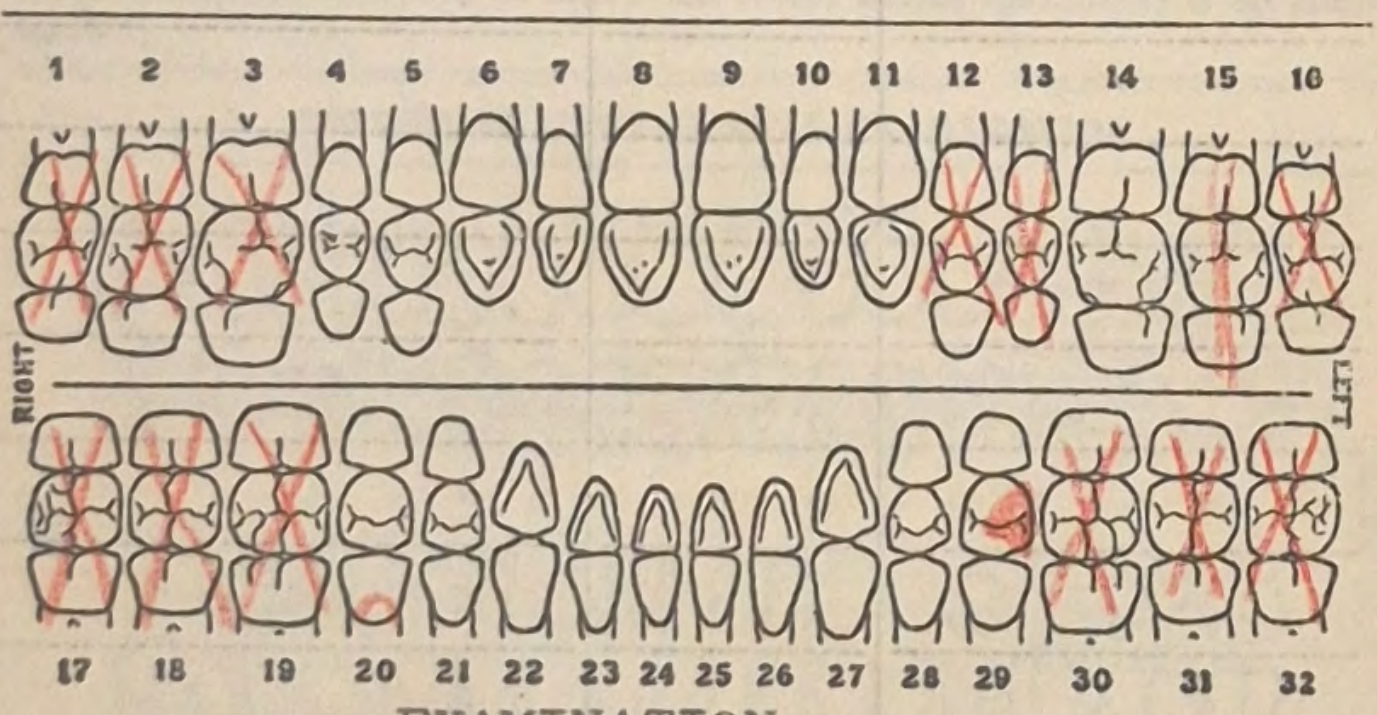
BM2 (Christian name(s)) 222-862

(Rank or rate) (Service number)

INSTRUCTIONS

See Instructions for Dental Officers

RECORD OF FIRST DENTAL EXAMINATION



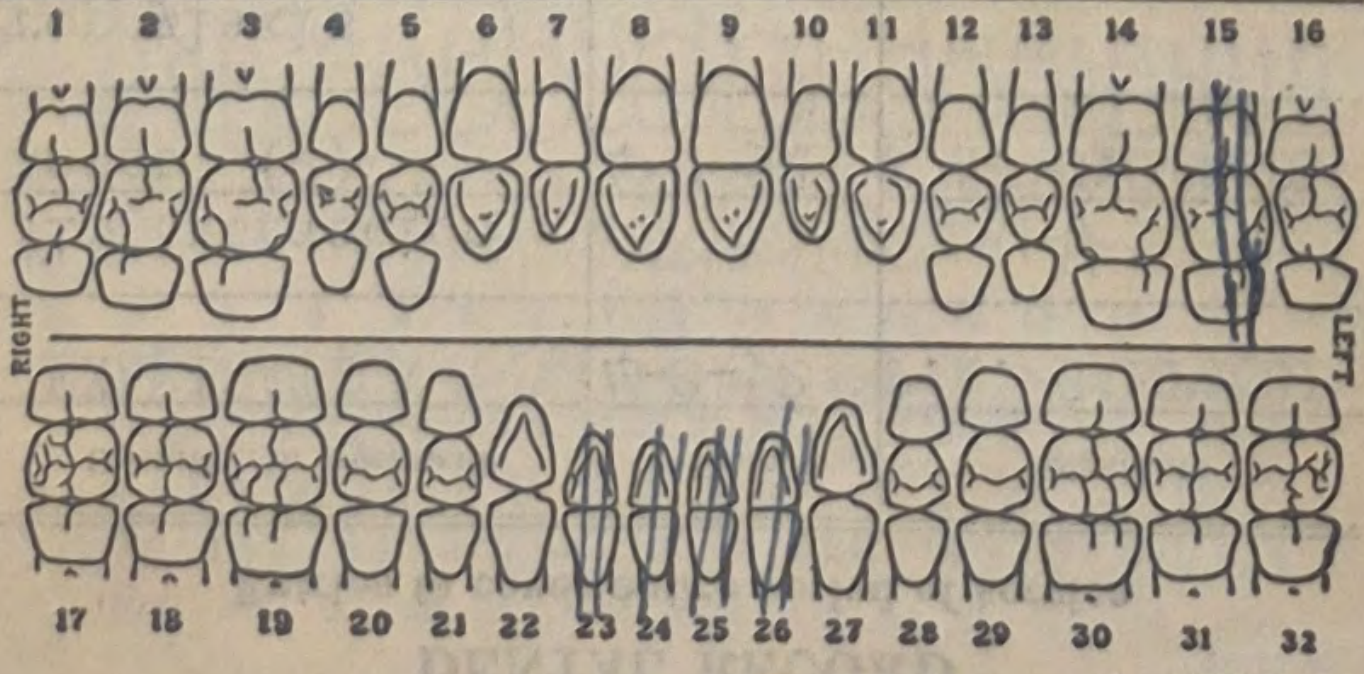
EXAMINATION

REMARKS: 4-8-52

F.A. CASTALDI, S.A.D.S. USPHS(R)

(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44088-1

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
EXAMINATION	4-8-52	F.A. CASTALDI
#15 Extraction Anest. (2)	4-8-52	F.A. CASTALDI
Prophylaxis		
#23,24,25,26,Ext. Anest.(8),3 Sut.		
Gingevectomy	4-17-52	F.A. CASTALDI
P.O.T.	4-21-52	F.A. CASTALDI
~~XXXXXX~~ # 29 B ALLOY REPAIR	5-27-52	F.A. CASTALDI
PROPHY, PER. TRT.	6-4-52	F.A. CASTALDI
IMPRESSIONS UP. & LOWER	7-9-52	F.A. CASTALDI
SHADES # 60	7-9-52	F.A. CASTALDI

DENTAL RECORD

(To be filled in by the Dental Officer)

SCARLETT,
(Surname)

Russell Wesley
(Given name-s)

222-862
(Rank or rate) (Service number)

INSTRUCTIONS

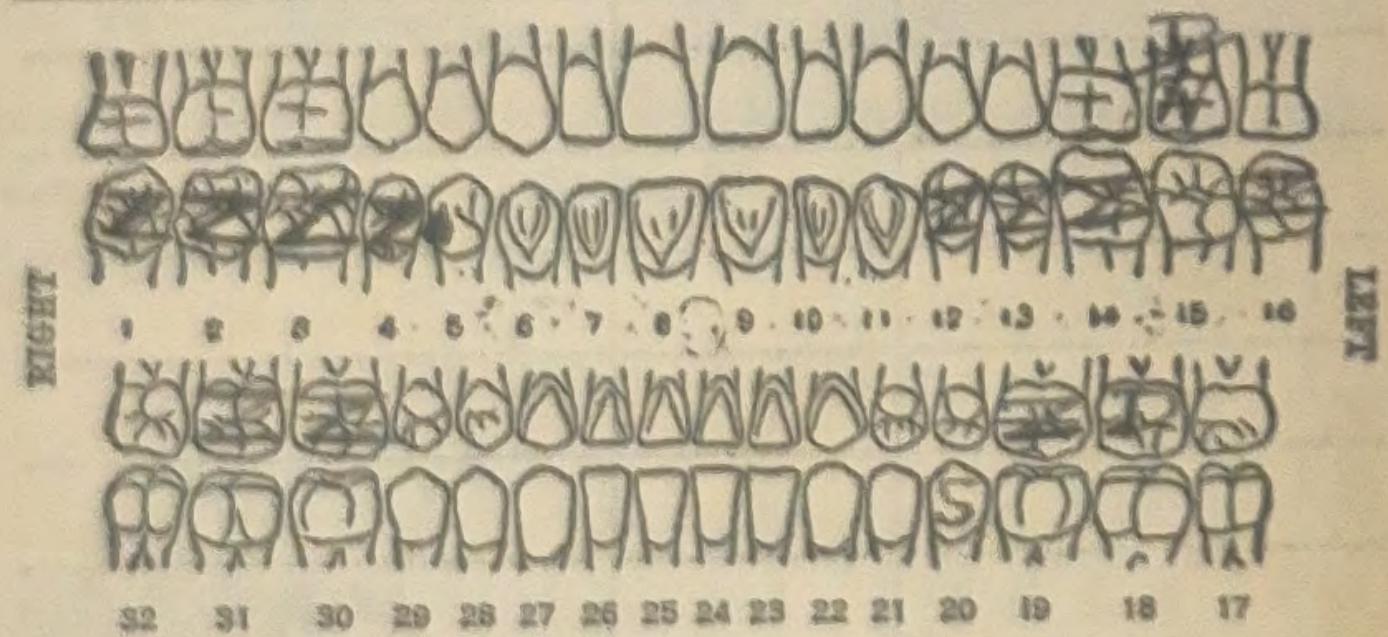
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

Dec-12-'40 L.W.Bunnell.
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—10140

DENTAL RECORD

Entries to cover entire period of service

Diagnosis and Treatment	Date	Signature
Examination	12-12-40	WB Newell.
Prophylaxis	12/28/40	FV Zuckerman
18-D alloy-Ag Hg_3 cement	12/16/40	MC Bowers
20 S-cement-alloy	do	do
Fillings D+B #15 alloy	12/21/40	AA Goldstein
Failure	1/4/41	FV Zuckerman
18F Alloy fillings	1-9-41	CA Hugel
Complete Prophylaxis	1/14/41	FV Zuckerman
Extract	4-18-46	RH Moore

U.S. COAST GUARD

1940

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical

TREASURY DEPARTMENT
U.S. COAST GUARD

JUN 30 1940

PHYSICAL EXAMINATION RECORD

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

Name SCARLETT, Russell (Surname first) Service Number 222-862

Age: Years 26 Months 6 Color white

For: INDUCTION, U.S.COAST GUARD Reg.Enl.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Sea. 1c.

Place Stapleton,NY Date 14 March, 1940

Personal Medical History Appendectomy 1938
Herniotomy 1940

Vision: R.E. 20/ 25 L.E. 20/ 25 Corrected: R.E. 20/ — L.E. 20/ —

Color blind? No Test used Ishi Plates

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

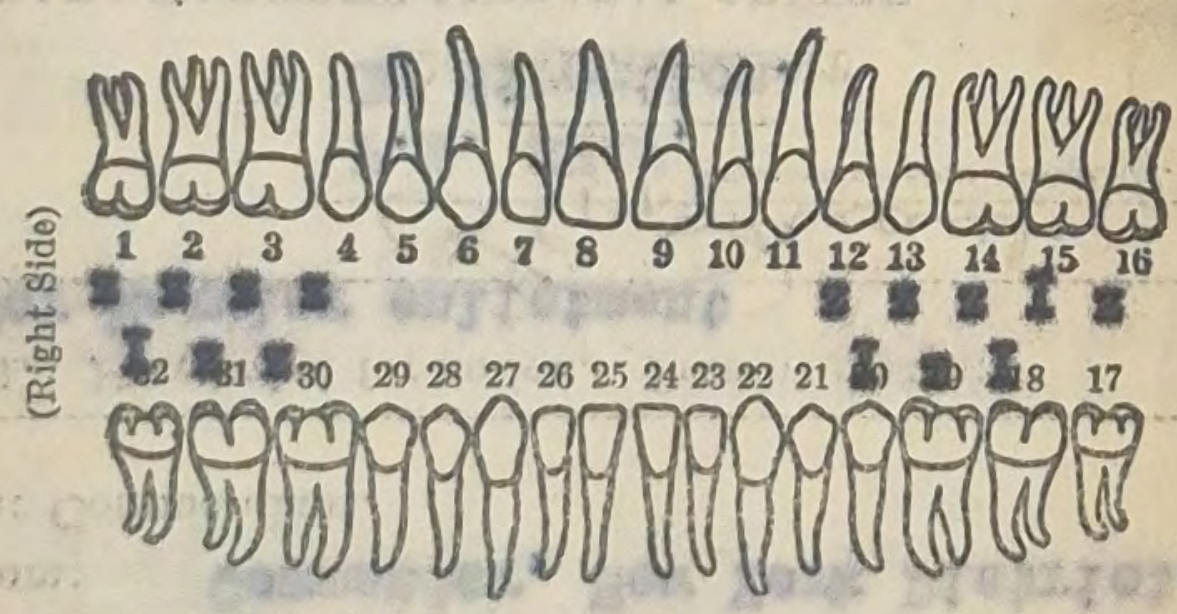
Eyes, eyelids, and reflexes normal

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

Head, face, and neck Large submax. lymph gland, left

Mouth, nose, and throat normal

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



Gums Normal Temperature 37.0

Height 66 inches. Weight (stripped) 133 Lbs. Obesity no

Skin Appendectomy & Herniotomy scar, rt.

Lymph. glands normal

Chest: Inspiration 36 Expiration 33

Heart and blood vessels Normal

Blood pressure: Systolic 132 Diastolic 88

Pulse before exercise 80, after exercise 110, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg Sugar neg Shreds —

Microscopical exam. (if indicated) epithelia neg Sp. Gr 1.023

Blood cells neg Pus cells neg Casts neg

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

Wassermann or Kahn test: Date 3-18-40 Result negative

2—16141

REMARKS: .....

.....

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that.....

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

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

[redacted].....

on account of.....

.....

.....
Surgeon, U.S. Public Health Service.

A. A.

1st INDORSEMENT

29 March, 1940
(Date)

Place New York, NY

From: Commander, New York District.

To: Commandant.

.....

1. Forwarded for action. Present status:

For Regular enlistment

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

F. E. SHAW,
By direction

2d INDORSEMENT

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

APR 1 - 1940
(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.

APR 2 1940
(Date)

From: Commandant.

To:

1.

ENLISTMENT AUTHORIZED;

.....

Insert this copy in health record.

By direction,

.....
(Surname)

(Surname)

Russell K.

(Christian name(s))

EM2

(Rank or rating) (Date)

COWPOX VACCINATION

Number of prior scars .....

Date	Reaction	Signature of Medical Officer (in ink)

Enter result as "Primary," "Accelerated," or "Immune."

TYPHOID PROPHYLAXIS

Date administered			Signature of Medical Officer (in ink)
First	Second	Third	

BOOSTER

Date	Dose	Signature of Medical Officer (in ink)
5-28-52	0.1 cc	R. A. Schultheis Hmn3
3-23-53	1/10 cc	R. A. Schultheis Hmn1
3-23-56		

Remarks: .....

YELLOW FEVER PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)

Remarks: .....

16—45567-2

RECORD

Name SCARLETT; Russell Wesley
(Surname first)

Rank or rating Sea. 1c. Service number 222-862

SMALLPOX VACCINATION

Number of prior scars

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
6-22-40	W.L.H.	IR	Wm. Hooten, PhM
1-16-42	J. F. Kuchta	IR	J. F. Kuchta
2-2-51	J. R. Lomax	IR	
3-8-54	W Waffey	IR	WW
3-8-57			
dnt			

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	
6-22-40	6-29-40	7-6-40	Wm. Hooten, Ph.M.1c
7/1/45			
Tetanus Booster			10-13-43

TETANUS TOXOID ~~EXEMPTION~~ INOCULATIONS

(If exempted from vaccination or inoculation, state reason)

U.S. MARINE HOSPITAL, Stapleton., N.Y.
5-11-42 first inoculation
7-15-42 second inoculation
2-9-42 BLOOD TYPING: INTER: AB
By direction,

Joseph F. Kuchta
(Signature and name), Ph.M1c

2—16142

Tetanus Booster, 2-2-51
J. Russell Lomax, Hm3

Surname SCARLETT Service No. 222-862

Christian name-s Russell Wesley

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. Marine Hospital, Stapleton.N.Y.
9-19-40 Admitted to outpatient treatment.
~~DIAGNOSIS: #1142 No disease.~~
INCIDENT TO SERVICE: Yes.
Complains of pain in groin after hard work. Hernia repair in good condition.
Dilation, left inguinal ring, left.
Discharged.

W. BLOOM. A.A. Surgeon.

U.S. Marine Hospital, Stapleton. N.Y.
3-31-41 Admitted to out-patient.
~~DIAGNOSIS: #1142 No disease.~~
Complains of pain in right groin.
Exam: negative.
Treatment: None indicated.

D.J. DOLAN. A.A. Surgeon.

U.S. Marine Hospital, Stapleton, S.I..NY
27th August 1941 Admitted to Out-patient
Diagnosis: ~~#1116 Neurasthenia~~
Incident to servive: Yes
Present History: Nervous, insommia for past 6 months.
Examination: Heart normal, no murmurs pulse ~~regular the rest is also negative.~~
Treatment: 8-27-41 Patient advised to quit coffee, liquor and cigarrets, Elixer Pheno-barbital given to be used at his station. No further treatment necessary. ~~Discharged,~~ No days off.

D.J. DOLAN,
A.A. Surgeon, USPHS

U.S. Marine Hospital, Stapleton, S.I.NY
8 January 1942, Admitted to In-Patient
DIAGNOSIS: #0642 Chronic Gastritis.
#0807 Hyperthyroidism. (grave-S
Disease)
INCIDENT OF SERVICE: Yes
HABITS: Alcohol-moderately
Tobacco-1 pk. daily
Drugs-None
FAMILY HISTORY: Mother died of diabetes. 8 sisters living and well, one thought to have diabetes.
DISEASES: Usual childhood
INJURIES: None
OPERATIONS: Appendectomy-1935
Herniorrtaphy, rt. 1938
VNEEREAL DISEASES-Denies
CHIEF COMPALINT: Iache in mid-epigastrium.
PRESNT HISTORY: States that during past year he has had recurrent episodes of epigastrium distress characterized by a feeling of pressure, with considerable belching. 1½-2 hrs. after meals. Lasts about 2 weeks. Pt. states that he has been increasingly nervous ever since appendectomy 5-6-yrs. ago. Also frequent headaches, shakiness and some indigestion. Otherwise neg.
PHYSICAL EXAMINATION: Abdomen; mid-epigastric tenderness to deep palpation Otherwise neg.
PROGRESS NOTES: 2-9-42 Urinalysis neg. Wassermann and Kahn neg. Blood type, Moss I International AB.
3-24-42 Pt. was first admitted to the medical service where he was adequately studied. Gastro-intestinal xray showed chronic gastritis. Gastroscopic exam. showed chronic gastritis. Basal metabolic determination was plus 34 and plus 44. He was found to have palpable enlargment of the thyroid gland and a diagnosis of hyperthyroidism was made.
Pt. was transferred to the Sur-

showed chronic cystitis. Ba...

Surname SCARLETT Service No. 22...

Christian name-s Ressell Wesley

STATE	NAME OF PLACE	DATE EACH NEW ENTRY

PROGRESS NOTES (Cont.)

operation. Pt. was given lugal solution and was given luminal as a sedative. He was placed on high caloric diet. Under this treatment the BMR fell to plus 15 on 2-16-42 and plus 11 on 2-23-42

Operation was performed on 2-25-42 under local anesthesia. At operation the thyroid was found bilaterally enlarged. Two lobes were continuous over the trachea. The gland felt firm and on section the gland was a beefy red color. The gland appeared definitely hyperplastic and there was firmness of the gland which suggested a possible malignant change.

Pathological report of the removed thyroid showed parenchymatous goiter and associated thyroiditis.

Following the operation patient was placed in an oxygen tent and given glucose solution. He was quite dyspnoeic for two days following operation. Drains were removed on the 3rd day and the wound clips were all out the 4th day. Pt. was allowed ambulatory from the 5th day.

At time of operation there was some difficulty in locating the recurrent laryngeal nerve on each side and following operation pt. has had some voice changes and the EENTService reported fixation of the right vocal cord, probably due to injury of the recurrent laryngeal nerve. Pt. has been given electrical stimulation to the nerves in an effort to prevent fibrosis of the vocal cord and permanent fixation. Voice has gradually improved. Complete return of voice is believed.

No further hospitalization necessary. Fit for duty.

L. A. PALMER
A.A. SURGEON

3-16143

St. George Depot. S.I. N.Y.
3-24-42 Returned from Marine Hosp.
Patient was granted 31 days, re-
commended bymedical officer.

L.I. REILLY.

Surname SCARLETT Service No. 222-862

Christian name-s Russell W.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. MARINE HOSPITAL STAPLETON SI. NY.

8-1-45: Admitted as out-patient.
PHYSICAL EXAMINATION for qualification of sea-duty.
EXAMINATION:
Blood pressure-130/88. Left inguinal ring enlarged. Post inguinal canal weakness. Moderate gingivitis
~~RECOMMENDATION: Not fit for sea duty.~~

S. Fromer
S. FROMER
~~A. SURG.~~
USPHS

DATE: 8-1-45

35 MM CHEST X-RAY Number 23098

FINDINGS: Neg tive

REPORTED BY: W.M. SENNOTT
~~Surgeon, U. S. Marine Hos~~
Stapleton, Staten Island, New

7-1-45 Typhoid Vaccine

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
AMBROSE CHANNEL LIGHTSHIP	4-8-40	5-30-40
Tulip	5-30-40	8-31-41
Sh. Rec'd Depot. N.Y.D	8-31-41	
MH Stapleton, S.I. NY	1-8-42	3-24-42
ST. GEORGE DEPOT	3-24-42	9-27-44
Ft. Wadsworth Light Sta. Rosebank, S.I., NY	9-27-44	
CG GROUP, Northport, NY.	11/10/47	2/13/48
STONY-POINT-LS	2-16-48	MAR 18 1959
COMMANDER, CG GROUP, NEW YORK	MAR 18 1959	
RETIREMENT EFFECTIVE	5-1-59	

U. S. GOVERNMENT PRINTING OFFICE 2—16144

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

SICK CALL TREATMENT RECORD

NAME (last)	(first)	(middle)	SERVICE NO.
SCARLETT,	Russell	Wesley	222-862

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
4/24/56	GRUCOMN, NY	1) Hordeolum, left eye 2) No disease, given Tet. Bt & Typhoid Bt.	1) Hot compresses Bacitracin Ophth.	BID Ung BID FFD	H.M.

(Over)

16—69596-1

Chest Health Record.

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

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

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
SCARLETT, Russell Wesley	XX ACTIVE DUTY ☐ RETIRED	BM2	USCG	222-862	7 April 1959

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
Margaret V. Scarlett Color of Eyes: Blue	Wife Color of Hair	9-3-16 Black	Stoney Point Light Station Height 62" Weight 100
Margart Ann Scarlett Color of Eyes: Blue	Daughter Color of Hair	11-15-46 Brown	Stoney Point Light Station Height 56" Weight 65
Elizabith Ann Scarlett Color of Eyes: Blue	Daughter Color of Hair	7-31-44 Brown	Stoney Point Light Station Height 64" Weight 100

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

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

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

XX LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* Staten Island, New York ON *(Date)* 13 June 1943.

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

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

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

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

DD FORM 1 SEP 56 1171

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

11. REMARKS

8 April 1958
(Date)

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application (has) (have) been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependent(s). The issuing activity is requested to return the original completed application to: COMMANDER, CO ST GUARD GROUP, PIER 9, EAST RIVER, NEW YORK 4, NEW YORK. by endorsement here n and indicate the card number issued to each dependent by name.

Name of Dependent	Eligible for following Benefits and Privileges	Expiration Date Of Eligibility	Card No. Issued:
Margaret V. Scarlett(W)	T; C; EU; MC(C); MC(US)	7 April 1959	CG 034,225
Margaret Ann (D)	T; C; EU; MC(C); MC(US)	7 April 1958	CG 034,226
Elizabith Ann (DO	T; C; EU; MC(C); MC(US)	7 April 1958	CG 034,227

B. S. GATHY, LTJG, USCG
(Signature - Name - Rank
Title of Verifying Officer)

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG	
14. DATE OF APPLICATION: 8 April 1958	15. SIGNATURE OF APPLICANT: Russell W Scarlett RUSSELL W. SCARLETT

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

IV. AUTHENTICATION BY ISSUING AGENCY

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

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 034,225 -226 & 227	9 April 1958	7 April 1959

20. ORGANIZATION OF ISSUING OFFICER: COAST GUARD GROUP, NEW YORK

20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
B. S. GATHY, LTJG, USCG	B S Gathy

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

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

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

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
SCARLETT RUSSELL W.	[X] ACTIVE DUTY [ ] RETIRED	BM1	COAST GUARD	222-862	7 April 1958

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
MARGARET V. SCARLETT	WIFE	9-3-16	STONY POINT LIGHT STATION STONY POINT NEW YORK
Eyes - Blue Height 5'2" Weight 95 #			
Hair Black Race White			
Elizabeth Ann Scarlett	daughter	7/31/44	same as above
Color of eyes....Blue, COlor of hair....Brown, Weight..92, Height...5'3"			
Margaret Anne Scarlett	daughter	11/15/46	same as above
Color of eyes....Blue, Color of hair... Brown, Height...4'7", Weight...62#			

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

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

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

[X] LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* Staten Island , New York ON *(Date)* 13, June, 1942.

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

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

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

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

DD FORM 1 SEP 56 1171

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

11. REMARKS

4 September, 1957

The status and eligibility for privileges, and expiration date of eligibility to privilege s of the dependent(s) named in this application (has) (have) been verified. A U.S. Military activity which can and does issue DD form 1173 is hereby authorized to issue DD form 1173 to such dependent(s). The issuing activity is requested to return the original completed application to: Commander, C G Group, Pier 9, East River, New York
by endorsement hereon and indecate the card number issued to each dependent by name.

name of dependent	eligibility for following benefits and privileges	expiration of eligibility	card number issued
Elizabeth Ann Scarlett	T, C, EU, MC(C), MC(US)	7 April, 1958	CG 034,180
Margaret Ann Scarlett	T, C, EU, MC(C), MC(US)	7 April, 1958	CG 034,181
Margaret V. Scarlett	T, C, EU, MC(C), MC(US)	7 April, 1958	CG 034,179

Bruce S. Gathy Ens.
By dircetion

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
US Caost Guard	
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
4 Sept. 1957	Bruce W Scarlett

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

IV. AUTHENTICATION BY ISSUING AGENCY

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

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 034,179, 180, 181	5 Sept. 1957	7 April, 1958

20. ORGANIZATION OF ISSUING OFFICER
C G Group, Pier 9, East River, New York

20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
Bruce S. Gathy Ens. USCG	Bruce S Gathy

GPO 924659

REPORT SYMBOL. (N) SS-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. GRADE - RATE - RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
SCARLETT, Russell Wesley	222-862	BM2 6-1-43	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
		7	April	1952	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Article 12-3-42A (1) CG Regulations	Office Commander, Group, N.Y. 80 Lafayette St., New York 13, N. Y.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
24	August	1914	Dracut, Mass.	Male	Canc.	Brown	Blue	5'6"	151

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X					

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM2

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
8	April	1940	New York, N. Y.	Fort Wadsworth Light Station, Staten Island, N.Y.

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	~~12~~ X	-0-	-0-
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 6	-6-	-0-	-0-
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	-7-	-5-	-3-
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	-19-	-5-	-3-

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Stony Pt. LS, Stony Pt., N. Y.	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From—To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
None	None	None	None

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
~~$543.30~~	$0.00	HERBERT NEWMAN, PCLK, USCG (1375) Assistant Disbursing Officer

AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT

SIGNATURE OF PERSON AUTHORIZED TO SIGN: W. L. MAHONEY

NAME, GRADE AND TITLE (Typed): W. L. MAHONEY, CAPT., USCG, Commander, Group, New York

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type): COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC. | CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
Nov. 32	Apr. 39	Lighthouse Service	Lighthouse Service

44. UNITED STATES CITIZEN: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
X		Married	8	X	X	None	None

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): Stony Point Light Station, Stony Point, N. Y.

48. SIGNATURE OF PERSON BEING SEPARATED: Russell W. Scarlett — RUSSELL W. SCARLETT

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM-214

☆ G.P.O.: 1950-917007

HEADQUARTERS COPY

Army and Air Force: Attach To Service Record
Navy: To Bureau of Naval Personnel, Washington, D. C.
Marine Corps: Affixed to Service Record Book
Coast Guard: To HQ, Coast Guard, Washington, D. C.

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. NAME - FIRST NAME - MIDDLE NA	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
SCARLETT, Russell Wesley	222-862	BM2	1 JUNE 43

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Dracut, Massachusetts		24	AUG	14

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

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
Grammer - 8 years	-

SEPARATION DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
RETIREMENT	CG GROUP, PIER 9, EAST RIVER, NEW YORK, NEW YORK

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
20 year VOLRET COMDT(PE-1) ltr of 2-6-59, TONO: 53133/99201X		1	MAY	59

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
CG GROUP, PIER 9, EAST RIVER, NEW YORK, N.Y.	HONORABLE	DD-217 CG

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED	DAY	MONTH	YEAR
- - - -	-		-	-	-

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

-

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION	DAY	MONTH	YEAR
	-	-	-

19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY
☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED
☒ OTHER: EEXT 1 year 4-8-59

b. TERM OF SERVICE (Years): -

c. DATE OF ENTRY

DAY	MONTH	YEAR
8	APR	52

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
SIX	BM2	New York, New York

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)	25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
Stoney Point Light Station Stoney Point, New York	- - -	- - -

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	06	00	23
	(2) OTHER SERVICE	20	05	03
	(3) TOTAL (Line (1) + line (2))	26	05	26
b. TOTAL ACTIVE SERVICE		26	05	26
c. FOREIGN AND/OR SEA SERVICE		00	00	00

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

CG GOOD CONDUCT, WW II VICTORY MEDAL, NATIONAL DEFENSE SERVICE MEDAL

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
NONE	NONE	NONE

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES ☒ NO	-	-

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
NONE	C-

AUTHENTICATION

32. REMARKS

20 YEAR VOLRET X
TERMINAL LEAVE: NONE
NON-PAY STATUS: NONE
NOT ENTITLED TO MOP
UNUSED LEAVE: (60) DAYS
EFFECTIVE DATE OF RETIREMENT: 1 MAY 1959

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
67 Montgomery St., Saugerties, New York	Russell W Scarlett

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
JOSEPH MAZZOTTA, CDR, USCG, Executive Officer	Joseph Mazzotta

New York 948
(6-3)

2 August, 1948
CG-73 (PE-PR-5)

From: Commandant
To : Commander, 3rd Coast Guard District (pmp)

Subj: SCARLETT, Russell Wesley (222-862) BM2;
statement of service

1. Scarlett, who is now attached to the CG Group, New York, served in the Lighthouse service prior to his enlistment in the Coast Guard. Headquarters, however, is unable to verify this service.

2. As he enlisted on Ambrose Channel Light Station, N. Y. on 8 April, 1940, it is requested that you forward a record of his Lighthouse service to Headquarters on Civil Service Form 2806 (Retirement Record Card). Credit for Lighthouse service towards retirement and for longevity pay purposes cannot be allowed unless the service can be verified.

B. A. SHAW
By direction

Form 2511

TREASURY DEPARTMENT

U. S. Coast Guard

Form approved by Comptroller General U. S.

October 30, 1930

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

TREASURY DEPARTMENT

~~U. S. COAST GUARD HEADQUARTERS~~

~~WASHINGTON~~

U. S. COAST GUARD (1)
REC'D JUL 5 1940 By
ANS'D

From: Commander, New York District

To: Commandant

Subject: Scarlett, Russell (222-862) Sea. 1c. Statement of service of.

Reference Hqrs. Letter 6/20/40-PR 5-73(701)

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 4/7/40

Entered Service	Service Terminated	ABSENT WITHOUT LEAVE (INCLUSIVE DATES)		SICKNESS DUE TO OWN MISCONDUCT (INCLUSIVE DATES)		NONPERFORMANCE OF DUTY BECAUSE OF (INCLUSIVE DATES)	
		FROM	TO	FROM	TO	FROM	TO
11/5/32	4/7/40						
Change Status 4/8/40	Civ. to Mil. Enlisted						

Certified Correct:

	Yrs.	Mos.	Days
Total C. G. service			
Navy service			
Other service "Lighthouse"	7	5	3
Total.....	7	5	3

Completed years service

P.E. Shaw
Lieutenant Commander
Personnel Officer
Chief Enlisted Personnel Section

Certified to be a true copy.

(Signed) _____

U.S.C.G.

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-4)
00-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 March, 1947

From: Commandant.

To: Commander, 3rd CG District (pmp)

SUBJECT: SCARLETT, Russell W. (222-862) BM2c; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
USCG							
4-8-40		None		None		None	
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None		None		None	
4-8-46							
Now serving							

M.K. HUTCHINSON
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED MAR 19 1947

Return 00-73

U. S. GOVERNMENT PRINTING OFFICE 16—32558-2

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 March, 1947

From: Commandant.

To: Commander,3rd CG District (pmp)

SUBJECT: SCARLETT, Russell W. (222-862) BM2c; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
USCG							
4-8-40		None		None		None	
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None		None		None	
4-8-46							
Now serving							

M.K. HUTCHINSON
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-2

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 March, 1947

From: Commandant.

To: Commander,3rd CG District (pmp)

SUBJECT: SCARLETT, Russell W. (222-862) BM2c; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
USCG							
4-8-40		None		None		None	
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None		None		None	
4-8-46							
Now serving							

M.K. HUTCHINSON
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-2

UNITED STATES COAST GUARD

ADDRESS REPLY TO
3rd CG District
AND REFER TO (pmp)
73-701

New York, N.Y.

3-13

N.Y 08 03

12 Feb. 1947

Mr. Torpey

From: Commander 3rd CG District (pmp)
To : Commandant (PE)

Subj: SCARLETT, Russell W. (222-862) BM2c; statement of service; request for

It is requested that this office be furnished with a statement of creditable service in the case of the subject named man.

E. H. LANE
By direction

ans 3-17-47
WW

PE-713-83

FILE EPH

UNITED STATES COAST GUARD

COMMANDER
CG GROUP NEW YORK
PIER 9 EAST RIVER
NEW YORK 4 NEW YORK

P15
25 July 1958

From: Commander, Coast Guard Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: National Defense Service Medal

1. It is a pleasure to award you the enclosed National Defense Service Medal for having served on active duty in the United States Coast Guard during the period between 27 June 1950 and 27 July 1954.

JOSEPH MAZZOTTA
Acting

Encl:
National Defense Service Medal

Copy to:
Service Record
COMDT (PS)

- -

FIRST ENDORSEMENT

P15
25 July 1958

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, Coast Guard Group, New York

1. Receipt of National Defense Service Medal is acknowledged.

Russell W. Scarlett
RUSSELL W. SCARLETT

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
MAY 10, 1956

INDIVIDUAL ORDER TO ADJUST PAY RECORD

HQ NOTED I.D.G.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available, AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

18 March 1959: Stop BAS @ $2.57 effective 3-18-59

19 March 1959: Start credit BAQ (W2DC) effective 3-19-59 @ $96.90
Dependants vacated Government Quarters.

3-20-59

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, XO	1419-59

SHIP OR STATION	NAME OF A. C. O.
CG GROUP NEW YORK PIER 9, EAST RIVER, NEW YORK 4, N.Y.	

NAME (*Last*) (*First*) (*Middle*)	SERVICE NO.	RATE
SCARLETT, Russell Wesley	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
MAY 10, 1956

INDIVIDUAL ORDER TO ADJUST PAY RECORD

HQ

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM PO (*Hour and date*) TO 0800 3-19-59 (*Hour and date*) AT $ 2.57 per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

19 March 1959: Transferred to CRUCOM, NEW YORK 0800 for assignment to duty. AUTH: CCGD3 ltr P16-3/MM dtd 11-13-57 & TONO: 52191/032015 (INTER-UNIT TRANSFER)

Entitled to Mileage Allowance from STONY POINT, NEW YORK to NEW YORK, NEW YORK

19 March 1959: Reported to CRUCOM, NEW YORK 1600 for assignment to duty.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, XO	1367-59

SHIP OR STATION	NAME OF A. C. O.
(CRUCOM, NEW YORK) STONY POINT LIGHT STATION, STONY PT, NEW YORK	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

NOTED U.D.C.

	HOUR	DATE
DEPARTURE	1300	11-26-58
LEAVE OR LIBERTY EXPIRED	0900	12-2-58
RETURNED TO COAST GUARD JURISDICTION	0845	12-2-58

NUMBER DAYS CHARGED TO LEAVE RECORD -05-

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY

SIGNATURE JOSEPH MAZZOTTA

GRADE AND TITLE CDR, USCG

C. O. ORDER NO. 893-58

SHIP OR STATION STONY POINT LIGHT STATION, STONY POINT NEW YORK

NAME OF A. C. O. K.J. TITUS CHSPCK W-3 USCG

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT,	RUSSELL	W.	222-862	BM2

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

PE-89

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 December, 1948

From: Commandant.

To: Commanding Officer, New York Group
Via: Commander, 3rd CG District
SUBJECT: SCARLETT, Russell W. (222-862) BM2; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
7 Years 5 Months 3 Days Lighthouse Service creditable for Longevity.							
USCG 4-8-40 Enl. Ext. 3 Yrs. 4-8-43	4-7-46 HD	None		None		None	
4-8-46 Now Serving.							

B.A. SHAW
By direction

mailed
12/16/48

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13

Torpey 3-13

UNITED STATES COAST GUARD

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

U. S. COAST GUARD RECEIVED AUG 5 1948 Civilian Personnel Section New York 4, N. Y.

RECEIVED AUG 5 1948 COMMANDANT THIRD C. G. DISTRICT

2 August, 1948
FILE: CG-73 (PE-PR-5)

From: Commandant
To : Commander, 3rd Coast Guard District (pmp)

Subj: SCARLETT, Russell Wesley (222-862) BM2; statement of service

1. Scarlett, who is now attached to the CG Group, New York, served in the Lighthouse service prior to his enlistment in the Coast Guard. Headquarters, however, is unable to verify this service.

2. As he enlisted on Ambrose Channel Light Station, N. Y. on 8 April, 1940, it is requested that you forward a record of his Lighthouse service to Headquarters on Civil Service Form 2806 (Retirement Record Card). Credit for Lighthouse service towards retirement and for longevity pay purposes cannot be allowed unless the service can be verified.

B. A. Shaw

B. A. SHAW
By direction

Ind-1
Comdr,3d CGDist (pc-75)
6 Aug, 1948

To: Commandant

Returned, civil service Form 2806 for subject man attached.

T. J. Curtin

T. J. CURTIN
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 1 July, 1952 — Credit brought forward from previous record 07 DAYS — AUTHENTICATED BY: D. M. MORELL, LCDR, XO, By dir.

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
20 JUL 1952	4 AUG 1952	16	A			-09	CG GROUP, NY	D.M. MORELL, LCDR, XO
				30 JUN 53	30	21	CG GROUP NY	D. M. MORELL, LCDR, XO.
				30 JUNE 54	30	51	CG GROUP NY	D. M. MORELL, LCDR, XO.
9/18/54	9/28/54	11				40	CG GROUP NY	D.M. MORELL, CDR, XO
				30 Jun 55	30	60	GRUCOM, N.Y.	S. R. DOLBER, LT, BY DIR
14 Jun 55	30 Jun 55	17	A			23	GRUCOM, N.Y.	S. R. DOLBER, LT, USCG, XO
				30 Jun 55	30	53	GRUCOM, N.Y.	S. R. DOLBER, BY DIR
1 July 55	4 July	04	A			49	GRUCOM, N.Y.	S.R. DOLBER, LT, USCG, XO
11 Apr 56	17 Apr 56	07	A			42	Stony Point LS GRUCOM, N.Y.	JOSEPH MAZZOTTA, CDR By Dir.
			ANCR	30Jun 56	30	60	Stony Point LS GRUCOM, NY	JOSEPH MAZZOTTA, CDR, XO
				30 Jun 57	30	60	GRUCOM, NY	JOSEPH MAZZOTTA, CDR, XO
			ANCR	30 June 58	30	60	GRUCOM, NY	B.S. GATHY, LTJG, By dir.
11-27-58	12-1-58	05	A			55	GRUCOM, NY	JOSEPH MAZZOTTA, CDR, By dir
		20	yr VOL. RETIREMENT	30 APR 59	25½	60	GRUCOM, NY	JOSEPH MAZZOTTA, CDR, XO
ELECTS AND ENTITLED TO RECEIVE CASH COMPENSATION OF SIXTY (60) DAYS UNUSED ACCRUED LEAVE ON DATE OF RETIREMENT.							GRUCOM, NY	JOSEPH MAZZOTTA, CDR, XO

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

Paid $632.50 cash compensation for 60 days lv-s subs;qtrs on 4/30/59 at office Cdr 3rd CGDist.
by J.F. CANNON, Chief Disbursing Officer.
Symbol 5340; Pay Roll No. 03-387-59.

T. T. ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

NAME (Last) SCARLETT (First) Russell (Middle) W. SERVICE NO. 222-862

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (Rev. 12-57)

MARKS

1. Date the Mark is effective	2. Reason	3. Rate	4. Proficiency	5. Leadership	6. Conduct	7. Ship or Station	8. Signature
1-31-59	P	BM2	3.6	3.0	3.8	STONEY PT. LAS GRUCOM, NEW YORK	JOSEPH MAZZOTTA, CDR, By dir
4-30-59	20 Yr VOLRET	BM2	3.6	3.0	3.8	GRUCOM, NEW YORK	JOSEPH MAZZOTTA, CDR, XO
FINAL ADJ AVERAGE			3.62	- -	3.9	GRUCOM, NEW YORK	JOSEPH MAZZOTTA, CDR, XO

NAME (Last) SCARLETT, (First) Russell (Middle) Wesley | SERVICE NO. 222-862

MARKS

PAGE 6 2

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*4-30-58	EQM	BM2	3.7	3.5	4.0	GRUCOM NEW YORK, NEW YORK 4, NEW YORK STONY POINT LAS	JOSEPH MAZZOTTA, CDR, USCG.
*7-31-58	EQM	BM2	3.6	3.5	4.0	STONY POINT LAS GRUCOM, N.Y.	JOSEPH MAZZOTTA, CDR, PO
TOTAL AVERAGE			3.65		4.0	STONY POINT LAS GRUCOM, NY.	JOSEPH MAZZOTTA, CDR, PO
7-31-58 - - - - QUALIFIES FOR HONORABLE DISCHARGE FOR THE PERIOD TO AND INCLUDING THIS DATE.						STONY POINT LAS GRUCOM, N.Y.	JOSEPH MAZZOTTA, CDR, PO

NAME (Last) SCARLETT (First) Russell (Middle) W. SERVICE NO. 222-862

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

	1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*	SEP 3 0 1952	EQM RQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, NEW YORK	W. L. MALONEY, CAPT., CO
*	DEC 3 1 1952	EQM RQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	W. L. MALONEY, CAPT., CO.
*	MAR 3 1 1953	EQM RQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	W. L. MALONEY, CAPT., CO.
*	JUN 3 0 1953	EQM	BM2	3.7	3.5	4.0	STONEY POINT LS CG GROUP, N.Y.	W. L. MALONEY, CAPT., CO.
*	SEP 30 1953	EQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP NY	W. L. MALONEY, CAPT., CO.
*	31 Dec. 1953	EQM	BM2	3.7	3.5	4.0	STONY PT. LS CG GROUP, NY	W.L. MALONEY, CAPT. CO.
*	3-31-54	EQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, NY	W.L. MALONEY, CAPT. CO.
	8 JUN 1953	DET CO	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	W.L. MALONEY, CAPT. CO.
	30 JUN 1954	EQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	F.K. JOHNSON, CAPT, CO.
*	30 JUN 1954	RQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	F.K. JOHNSON, CAPT, CO.
	30 SEP 1954	EQM	BM2	3.7	3.5	4.0	STONY POINT LS CG GROUP, N.Y.	F.K. JOHNSON, CAPT, CO.
*	31 DEC 1954	EQM	BM2	3.7	3.5	4.0	TURKEY POINT LS CG GROUP, N.Y.	F. K. JOHNSON, CAPT, CO.
*	31 MAR 1955	EQM	BM2	3.7	3.5	4.0	TURKEY POINT LAS CG GROUP, N.Y.	F. K. JOHNSON, CAPT, CO.
	*6-30-55	EQM	BM2	3.7	3.5	4.0	TURKEY POINT LAS GRUCOM, NY	F.K. JOHNSON, CAPT, CO
	*SEP 3 0 1955	EQM	BM2	3.7	3.5	4.0	GRUCOM, NY	F. K. JOHNSON, CAPT, CO
	*DEC 3 1 1955	EQM	BM2	3.7	3.5	4.0	GRUCOM NY	F. K. JOHNSON, CAPT, CO
	*3-31-56	EQM	BM2	3.7	3.5	4.0	GRUCOM, NY	F. K. JOHNSON, CAPT, CO
	*6-30-56	EQM	BM2	3.7	3.5	4.0	STONY POINT LS GRUCOM, NY	F.K. JOHNSON, CAPT, CO
	30 SEP 1956	EQM	BM2	3.7	3.5	4.0	STONY POINT LS GRUCOM, NY	F. K. JOHNSON, CAPT, CO
*	31 Dec. 1956	EQM	BM2	3.7	3.5	4.0	STONY POINT LASTA GRUCOM, NY	F.K. JOHNSON, CAPT, USCG, CO
*	3-31-57	EQM	BM2	3.7	3.5	4.0	STONY POINT LASTA GRUCOM NY	F.K. JOHNSON, CAPT, USCG, CO
	*6-30-57	EQM	BM2	3.7	3.5	4.0	STONY-POINT LSSTA GRUCOM, NY	F.K. JOHNSON, CAPT, USCG, CO
	*9-30-57	EQM	BM2	3.7	3.5	4.0	STONY POINT LSTA GRUCOM, NY	F.K. JOHNSON, CAPT, USCG, CO
	*1-31-58	EQM	BM2	3.7	3.5	4.0	STONEY POINT LS GRUCOM, NEW YORK, NY	JOSEPH MAZZOTTA, CDR, USCG, PO

NAME (Last) SCARLETT (First) Russell (Middle) W. SERVICE NO. 222-862

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
MAY 10, 1956

S/R

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

18 March 1959: Stop BAS @ $2.57 effective 3-18-59

19 March 1959: Start credit BAQ (W2DC) effective 3-19-59 @ $96.90
Dependants vacated Government Quarters.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, XO	1419-59

SHIP OR STATION	NAME OF A. C. O.
CG GROUP NEW YORK PIER 9, EAST RIVER, NEW YORK 4, N.Y.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
MAY 10, 1956

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM PO (*Hour and date*) TO 0800 3-19-59 (*Hour and date*) AT $ 2.57 per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

19 March 1959: Transferred to GRUCOM, NEW YORK 0800 for assignment to duty.
AUTH: CCGD3 ltr P16-3/MM dtd 11-13-57 & TONO: 52191/032015
(INTER-UNIT TRANSFER)

Entitled to Mileage Allowance from STONY POINT, NEW YORK to NEW YORK, NEW YORK

19 March 1959: Reported to GRUCOM, NEW YORK 1600 for assignment to duty.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, XO	1367-59

SHIP OR STATION	NAME OF A. C. O.
STONY POINT LIGHT STATION, STONY PT, NEW YORK (GRUCOM, NEW YORK)	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [N] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1300	11226-58
LEAVE OR LIBERTY EXPIRED	0900	12-2-58
RETURNED TO COAST GUARD JURISDICTION	0845	12-2-58

NUMBER DAYS CHARGED TO LEAVE RECORD -05-

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	JOSEPH MAZZOTTA	CDR, XO	893-58

OR STATION	NAME OF A. C. O.
POINT LIGHT STATION, STONY POINT NEW YORK	K.J. TITUS CHSPCK W-3 USCG

(First)	(Middle)	SERVICE NO.	RATE
RUSSELL	W.	222-862	BM2

RDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 2 cmr

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1300	11226-58
LEAVE OR LIBERTY EXPIRED	0900	12-2-58
RETURNED TO COAST GUARD JURISDICTION	0845	12-2-58

NUMBER DAYS CHARGED TO LEAVE RECORD -05-

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	JOSEPH MAZZOTTA	CDR, XO	893-58

SHIP OR STATION	NAME OF A. C. O.
STONY POINT LIGHT STATION, STONY POINT NEW YORK	K.J. TITUS CHSPCK W-3 USCG

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
SCARLETT, RUSSELL W.	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1200	4-10-56
LEAVE OR LIBERTY EXPIRED	0900	4-17-56
RETURNED TO COAST GUARD JURISDICTION	1330	4-17-56

NUMBER DAYS CHARGED TO LEAVE RECORD: Seven - 7

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
1	JOSEPH MAZZOTA	CDR, USCG By Dir.	1550-56

SHIP OR STATION	NAME OF A. C. O.
STONY POINT LS (03-300540)	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT	RUSSELL	WESLEY	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3308 (4-52)

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

U.S. COAST GUARD
Engineering Division
RECEIVED
DEC 9 1954
Third Coast Guard District

1. HOME ADDRESS (*Use for civilians only*)

2. DATE OF BIRTH 9/24/17

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	NOV 24 1954	☑ SATISFACTORY ☐ UNSATISFACTORY	
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET		LEFT 15/15 RIGHT 15/15 ☐ WITH ☑ WITHOUT HEARING AID	
5. VISION	20/30 REQUIRED		LEFT 20/20 RIGHT 20/20 BOTH 20/20 ☑ WITH ☐ WITHOUT GLASSES	
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED		AVERAGE OF ____ TRIALS: ____	
7. DEPTH PERCEPTION			AVERAGE OF ____ TRIALS: ____	
8. REACTION	____ SECONDS OR ____ FEET		AVERAGE OF ____ TRIALS: ____ SEC./FT.	
9. ROAD TEST ✓		11/24/54	NUMBER OF ERRORS: 6	L H W Schmidt
10. WRITTEN EXAMINATION			____ %	
11. ORAL EXAMINATION ✓		11/24/54	75 %	L H W Schmidt
12. OTHER TESTS				

U. S. PUBLIC HEALTH SERVICE
45 BROADWAY
NEW YORK 6, NEW YORK

13. **PRIOR DRIVING EXPERIENCE**

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
PASS. CAR	12	60,000	NONE	

U. S. COAST GUARD
CIVIL ENGINEERING SECTION
DEC 9 1954
RECEIVED
3rd C. G. DISTRICT

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- ☑ PASSENGER, PICK-UP, PANEL TRUCKS
- ☐ TRUCKS OVER ¾ TON
- ☐ SEMITRAILER, SINGLE AXLE
- ☐ SEMITRAILER, TANDEM AXLE
- ☐ BUSSES AND EMERGENCY VEHICLES

15. QUALIFIED ON BASIS OF:
- ☑ TESTS
- ☐ PREVIOUS MILEAGE AND STATEMENT

16. QUALIFIED AS:
- ☑ INCIDENTAL OPERATOR
- ☐ CHAUFFEUR

17. RESTRICTIONS:
- ☒ MUST WEAR GLASSES NONE
- ☐ OTHER (*Describe*)

18. **PERMITS ISSUED**

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-1331	12-7-54	12-6-56	GROUP NEW YORK	L.D. EDWARDS, CAPT., USCG Chief, Engineering Division

NAME: (*Last—First—Middle*) Russell W Scarlett

SERVICE NO. 722-862

16—66000-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP, PIER 9, EAST RIVER, NEW YORK, NEW YORK

30 April 1959: I hereby indicate that my rights concerning the difference in retiring by reason of physical disability and service has been explained to me. I further state I have examined the statements concerning my physical condition and agree with same. I SCARLETT, Russell W. do hereby elect retirement by reason of service under authority of Commandant's Order No. 53133/99201X.

The contents of Personnel Instruction No. 35-58 have been thoroughly explained to me and I understand same.

Russell Wesley Scarlett

JOSEPH MAZZOTTA, CDR, USCG
WITNESSED

30 April 1959: Detached - VOLRET 20 years and to be placed on the inactive retired list of the U. S. Coast Guard effective 1 May 1959 pursuant to the provisions of Title 14, United States Code, Section 355. Auth: COMDT(PE-1) ltr of 6 February 1959, TONO: 53133/99201X.

Completed a total of 26 years, 5 months and 26 days Active Federal Service this date.

Not entitled to MOP.

Armed Forces ID Card No. 265877 ~~186250~~ surrendered and destroyed this date.

Issued DD-1173 No. CG 034,321.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer.

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT,	Russell	Wesley	222-862

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP, PIER 9, EAST RIVER, NEW YORK, NEW YORK

30 April 1959: I hereby indicate that my rights concerning the difference in retiring by reason of physical disability and service has been explained to me. I further state I have examined the statements concerning my physical condition and agree with same. I SCARLETT, Russell W. do hereby elect retirement by reason of service under authority of Commandant's Order No. 53133/99201X.

The contents of Personnel Instruction No. 35-58 have been thoroughly explained to me and I understand same.

Russell Wesley Scarlett
Russell Wesley Scarlett

JOSEPH MAZZOTTA, CDR, USCG
WITNESSED

30 April 1959: Detached - VOLRET 20 years and to be placed on the inactive retired list of the U. S. Coast Guard effective 1 May 1959 pursuant to the provisions of Title 14, United States Code, Section 355. Auth: COMDT(PE-1) ltr of 6 February 1959; TONO: 53133/99201X.

Completed a total of 26 years, 5 months and 26 days Active Federal Service this date.

Not entitled to MOP.

Armed Forces ID Card No. ~~186250~~ 215877 surrendered and destroyed this date.

Issued DD-1173 No. CG 034,321.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT,	Russell	Wesley	222-862

16—66780-2

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP NEW YORK, PIER 9, EAST RIVER, NEW YORK

28 april 58 Received instruction in the Code of Conduct for Members of the Armed Forces of the United States (Ref. CI 2-56) and had Articles 2, 3, 7 through 15, 25, 27, 31, 37, 38, 55, 77 through 134, and 137 through 138 of the Uniform Code of Military Justice explained to me.

Russell Wesley Scarlett
(Signature)

B. S. GATHY, LTJG, USCG
Personnel Officer

19 March 1959: Transferred to GRUCOM, NEW YORK for assignment to duty. AUTH: CCGD3(p) ltr P16-3/NM dtd 11-13-57. & TONO: 52191/032015 (INTER-UNIT TRANSFER).

JOSEPH MAZZOTTA
Executive Officer

8 April 1959: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, U. S. Coast Guard Regulations. The type of discharge to which ohterwise entitled to on expiration of enlistment is Honorable.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

8 April 1959: Armed Forces Identification Card No. 186250 collected and destroyed this date and place. REASON: Enlistment extended. Issued new Armed Forces Identification Card No. 215877 this date and place.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

SCARLETT	RUSSELL	WESLEY	222-862
NAME (Last)	(First)	(Middle)	Service No.)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP NEW YORK, PIER 9, EAST RIVER, NEW YORK

28 april 58 Received instruction in the Code of Conduct for Members of the Armed Forces of the United States (Ref. CI 2-56) and had Articles 2, 3, 7 through 15, 25, 27, 31, 37, 38, 55, 77 through 134, and 137 through 139 of the Uniform Code of Military Justice explained to me.

Russell Wesley Scarlett
(Signature)

B. S. GATHY, LTJG, USCG
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JOSEPH MAZZOTTA
Executive Officer

8 April 1959: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, U. S. Coast Guard Regulations. The type of discharge to which ohterwise entitled to on expiration of enlistment is Honorable.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

8 April 1959: Armed Forces Identification Card No. 186250 collected and destroyed this date and place. REASON: Enlistment extended. Issued new Armed Forces Identification Card No. 215877 this date and place.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

SCARLETT	RUSSELL	WESLEY	222-862
NAME (Last)	(First)	(Middle)	Service No.)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION STONY POINT LIGHT STATION
c/o CG Group New York, Pier 9, East River, New York 4, New York

8 April 1958: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, U.S. Coast Guard Regulations. The type of discharge to which otherwise entitled to on expiration of enlistment is Honorable.

JOSEPH MAZZOTTA, CDR, USCG
Commanding Officer (Acting)

8 April 1958 - Armed Forces Identification Card No. 52681 collected and destroyed this date and place. REASON: Enlistment extended. Issued new Armed Forces Identification Card No.186250 this date and place.

B S Gathy
B. S. GATHY
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT,	Russell	Wesley	222-862

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP NY - STONY PT. LS

10-16-52: Awarded Good Conduct Medal and Bars for following 3-yr periods ending:

6-6-43 Medal
6-6-46 Bar
6-6-49 Bar
6-6-52 Bar

D. M. MORELL, LCDR, XO

3-12-56: Course of Instruction in Code of Conduct for Members of the Armed Forces of the United States administered this date. Auth: CI 2-56.

S. R. DOLBER, LCDR, USCG
Executive Officer

3-29-56: Articles of the UCMJ explained this date in accordance with Article 137, UCMJ.

JOSEPH MAZZOTTA, CDR, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT	Russell	W.	222-862

16—66780-1

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) — 222-862 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
(Reenl) Comdr.3rdCGD	4-8-46	H. J. BAKER, [illegible] USCG BY DIRECTION	Fort Wadsworth Light Station	4-8-46	H. J. BAKER, [illegible] USCG BY DIRECTION
Fort Wadsworth Light Station	10-11-46	R.M.ROSS, Comdr CO	CG GRP, NY, NY.	10-11-46	R.M.ROSS, Comdr, CO.
GROUP, New York, N. Y.	NOV 9 1947	Ship Clerk USCG.	CG GRP, NPT. NY.	11/10/47	C. E. Shupe
CG GRP NPT. N.Y.	2/13/48	C.E.SHUPE, Lt(jg) CO	GROUP, New York, N. Y. (Stony Pt.LS)	FEB 16 1948	Ship Clerk USCG.
CG GROUP, N. Y. DISCHARGED	4-7-52	W. L. MALONEY, CAPT.			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Ftl.Wadsworth Light Station	4-8-1946	XX	Reenlisted in the Reg. Estab. for a period of six (6) years. P.B. 103-44.	
CG GROUP, NEW YORK, NY.	10-11-46		Bergen Pt. L/Sta.	H. J. BAKER, [illegible] BY DIRECTION R.M.ROSS, Comdr, CO.
CG GRP.NPT.N.Y.	11/11/47	2/13/48	Great Capt.Is.Lt.Sta.	C. E. SHUPE Lt(jg)CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9070-2

RECORD OF SCARLETT, Russell W. 222-862

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
JUN 30 1946	BM2c	3.8	3.8		3.6	4.0	H. J. BAKER, CDR USCG BY DIRECTION
SEP 30 1946	BM2/c	3.7	3.5	3.4	3.5	4.0	R. M. Ross, Comdr.
10-11-46	BM2c	3.7	3.5	3.4	3.5	4.0	Ft. Wadsworth, N.Y. R. M. Ross, Comdr, CO.
12-31-46	BM2c	3.7	3.5	3.4	3.5	4.0	R. M. Ross, Comdr.
3-31-47	BM2c	3.7	3.5	-	3.5	4.0	C.G.GR.NY R. M. ROSS, COMDR., USCG
6-30-47	BM2c	3.7	3.5	-	3.5	4.0	CG GROUP, NY R. M. ROSS Commander, U.S.C.G.
9-30-47	BM2c	3.7	3.5	-	3.5	4.0	CG GROUP, NY. R. M. ROSS Commander, U.S.C.G
NOV 9 1947	BM2c	3.7	3.5	-	3.5	4.0	GROUP, New York, N. Y. Ship Clerk USCG.
12/31/47	BM2c	3.7	3.5		3.5	4.0	CG GR NPT NY Lt.(jg) CO
2/13/48	BM2c	3.7	3.5	-	3.5	4.0	CG GR NPT NY Lt.(jg) CO
3-31-48	BM2c	3.5	3.5	-	3.5	4.0	Comdr.3rdCGD Ship Clerk USCG
6-30-48	BM2	3.5	3.5	-	3.5	4.0	GROUP, New York, N.Y. Ship Clerk USCG.
9-30-48	BM2	3.5	3.5	-	3.5	4.0	GROUP, New York, N.Y. Ship Clerk USCG.
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—0676-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

STONY POINT LIGHT STATION
c/o CG Group New York, Pier 9, East River, New York 4, New York

8 April 1958: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, U.S. Coast Guard Regulations. The type of discharge to which otherwise entitled to on expiration of enlistment is Honorable.

JOSEPH MAZZOTTA, CDR, USCG
Commanding Officer (Acting)

8 April 1958 - Armed Forces Identification Card No. 52681 collected and destroyed this date and place. REASON: Enlistment extended. Issued new Armed Forces Identification Card No.186250 this date and place.

B S Gathy
B. S. GATHY
By direction

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT,	Russell	Wesley	222-862

ADMINISTRATIVE REMARKS

16—66780-2

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

RECORD OF SCARLETT, Russell Wesley 222-862
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
AMBROSE CHANNEL LIGHTSHIP #111	5-29-40	TULIP	5-30-40
TULIP	8-31-41	ST. GEORGE DEPOT	8-31-41
CG DEPOT, St.George, SINY	9-25-44	FT. WADSWORTH LIGHT STA.	9-27-44
Ft. Wadsworth Light Station	4-7-1946	Discharged	4-7-46

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
TULIP	Cox(Pro).	8/1/40.
TULIP	Sea.1c.;HL 4-1-41 (L-73-21).	31 March, 1941.
ST.GEO.DEPOT	Coxswain (Pro)	1 July, 1942
CG DEPOT, St.Geo.	B.M.2c(Pro)	1 June, 1943
FORT WADSWORTH LIGHT STATION	Permanent BM2c (Alcoast 143)	11-3-45

2—13078

RECORD OF SCARLETT, Russell Wesley 222-862

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

3. EFFICIENCY MARKS

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

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
5-29-40	3.5	4.0	4.0	3.0	4.0	AMBROSE CHANNEL L.S.	P.E.SHAW, Lieut.Comdr.
6/30/40	3.5	~~4.0~~ 0.0	4.0	3.0	4.0	AMBROSE CHANNEL L.S.	P.E. Shaw
9/30/40	3.7	4.0	4.0	3.7	3.9	TULIP	P.E.SHAW, [illegible]
12-31-40	3.7	4.0	4.0	3.7	4.0	TULIP	P.E.SHAW, [illegible]
4-8-41	The conduct mark of "4.0" dated "6-30-40" changed to						
	"0.0" due to conviction by General Court #6921						
	27 January, 1941.					TULIP	SAMUEL KRAUSS, Ch.Bos'n.
3-31-41	3.6	4.0	4.0	3.4	3.8	TULIP	S.KRAUSS, Ch.Bos'n.
~~3-31-44~~							
AVERAGES							

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer ..... (Date and place)

2—13678

Record of SCARLETT, Russell W. 222-862

(Full name, surname to the left) (Service Number)

3. EFFICIENCY MARKS

DATE	RATE	Proficiency in rating	Seamanship	Mechanical Ability	Ability as Leader of men	DETAIL	Conduct	Signature
3-31-45	BM2c	3.6.	3.4	-	3.2	Ft.Wadsworth LtStation	4.0	H. J. BAKER, By Direction
6-30-45	BM2c	3.6	3.4	-	3.2	Ft. Wadsworth LtStation	4.0	H. J. BAKER, By Direction
9-30-45	BM2c	3.6	3.4	-	3.2	Ft. Wadsworth LtStation	4.0	H. J. BAKER, By Direction
12-31-45	BM2c	3.6	3.4	-	3.2	Ft.Wadsworth LtStation	4.0	H. J. BAKER, By Direction
3-31-46	BM2c	3.6	3.4	-	3.2	Ft. Wadsworth LtStation	4.0	H. J. BAKER, By Direction
4-7-46	BM2c	3.6	3.4	-	3.2	Ft. Wadsworth LtStation	4.0	H. J. BAKER, By Direction
Average	BM2c	3.4	-	-	-		4.0	H. J. BAKER, By Direction

Record of SCARLETT, Russell W. 222-862
(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
6-30-41	Sea.1c.	3.6	3.5		3.5		4.0	Samuel Krauss
8-31-41	Sea.1c.	3.6	3.5		3.5		4.0	Samuel Krauss
9-30-41	Sea.1c.	3.3	3.4		3.2		4.0	P.E.SHAW, Lt. Comdr.
12-31-41	Sea.1c	3.3	3.4		3.2	ST.GEORGE DEPOT	4.0	[illegible] Lt.
3-31-42	Sea.1c	3.3	3.4		3.2	ST.GEO.DEPOT	4.0	[illegible]
6-30-42	Cox.	3.3	3.4		3.1	C.G.DEPOT, St. George	4.0	[illegible] Lt. Comdr.
9/30/42	Cox.	3.3	3.4	-	3.1	ST. GEO. DEPOT	4.0	[illegible] Comdr.
12/31/42	Cox.	3.1	3.0	--	3.0	CGDEPOT, ST. GEORGE, N.Y.	4.0	[illegible] Lt. Comdr.
3/31/43	Cox	3.3	3.0	2.9	3.1	CG DEPOT, St. George, N.Y.	4.0	[illegible] Capt.
6-30-43	BM 2c	3.3	3.1	--	3.1	CG BASE, St. George, N.Y.	4.0	[illegible] Capt.
9-30-43	BM 2c	3.5	3.2	- -	3.1	CG DEPOT, St. George, N. Y.	4.0	P Pedersen Lieut.
12/31/43	B.M.2c	3.6	3.4	3.2	3.4	CG DEPOT, St. George N.Y.	4.0	P Pedersen Lt.
3-31-44	BM2c	3.7	3.2	3.2	3.2	CGBASE, St. George, NY	4.0	[illegible] Lt. Cmd
6-30-44	BM2c	3.6	3.4	--	3.2	CG BASE-St.Geo.	4.0	[illegible] LtCdr.
9-25-44	BM2c	3.6	3.4	--	3.2	CG BASE, St.Geo.SINY	4.0	[illegible] Lt. C.
SEP 30 1944	BM2c	LESS	THAN	ONE	MONTH	Ft WADSWORTH LT. ST.	4.0	P.E. A. KAUMP Lieut. USCGR(W) By direction
12-31-44	BM2c	3.6	3.4	3.3	3.2	FT WADSWORTH LIGHT STATION	4.0	P.E. A. KAUMP Lieut. USCGR(W) By direction
Average							4.0	

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

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

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) 222-862 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column
TULIP	1-27-41	Tried by G.C.#6921, for scandalous conduct tending to the destruction of good morals, 6 June, 1940, and of theft in an amount under $100.00, the property of the U.S., valued at about $15.00, 5 June, 1940. Sentenced to be reduced to next inferior rating, that of Sea.1c., and to forfeit two months' pay in the amount of $108.00 at the rate of $27.00 a month for 4 months, and to perform 20 hours extra duty. The Dept., on 31 March, 1941, approved the proceedings, findings and sentence. HL 4-1-41 (L-73-121). C.O. GRAY, Chief Boatswain (L), By direction.

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
~~CGCGG 3DR ND~~ 1945		AUTHORIZED TO WEAR THE AMERICAN CAMPAIGN RIBBON. ALNAV 351 DST;
Ft. Wadsworth Lt. Sta	4-8-46	Issued honorable service lapel button and discharge button.

2—13678

RECORD OF SCARLETT Russell Wesley (Full name, surname to the left) 222-862 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

8. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		
Ft. Wadsworth LightStation XXX		4-7-1946	DISCHARGED	[signature]

2—13678

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

AMBROSE CHANNEL L.S. #111 (N. Y. DISTRICT) (Unit)

NEW YORK N. Y., (Place)

8 April, 1940. (Date)

FROM: SCARLETT, Russell Wesley (222-862) Sea.1c.

To: COMMANDANT (via Commander, New York District)

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

Margaret, V. (June 13, 1942) Not married (Full name of wife; if not married, so state)	FT Wadsworth Light (Address of wife)
Russell Jr (None (Full name of child; if none, so state)	" (Address of child)
Elizabeth (Full name of child; if none, so state)	" (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
FLORENCE WALDEN	Sister	958 Millguay St., Worcester, Mass.

Potential
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)
ROBERT SCARLETT	Brother	8 Buffing St., Worcester, Mass.

Potential
(State briefly wherein dependency exists)

WITNESSED BY: P. E. Shaw

P. E. SHAW,
Rank Lieutenant.

SIGNED: Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT,
Rank or Rating Sea.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

COAST GUARD DEPOT, St. George, S.I., N.Y.
(Unit)

SCARLETT, Russell W. — 7 April, 1943.
(Name in full—surname to the left) (Date)

(222-862) — Coxwain (Pro)
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	Apr.	8
Enlistment extended (for ____ years from)			
Date of discharge (Enlistment extended for period of three (3)yrs.) (Character of discharge)			

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

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
4/7/43: I further agree to the extension of this enlistment by the secretary of the Navy for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist; such additional time not to extend beyond six months after the date of termination of the war or national emergency.								

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

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

W.H. BARTON,

Date 7 April, 1943. (Rank) Captain, U. S. C. G.
Commanding officer.

REENLISTMENT

Date 7 April, 1943. COAST GUARD DEPOT, St.George,S.I,N.Y.
(Unit and place)

I CERTIFY that the above-named man reenlisted extended his enlistment at this unit and on this date for a period of 3 years in the rating of Coxwain (Pro)

W.H. BARTON,

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

U. S. GOVERNMENT PRINTING OFFICE 16—20008

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) 222-862 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
AMBROSE CHANNEL LIGHT SHIP.	No unauthorized absence while attached to this Unit....				P. E. SHAW, Lieut.Comdr.
TULIP	No unauthorized absence while attached to this unit.				Samuel Krauss, Ch.Bos'n
CG BASE, St.Geo.NY	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Lt.Co.
Ft. Wadsworth LtSta	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

COAST GUARD DEPOT, St.George, N.Y. Enlistment extended 7 April, 1943 for period of three (3) years, due to war.

R.M. ROSS Lieut.Comdr, USCG

PEA-E 15

CODED NO. 0 AP

12. ON DISCHARGE

Date 7 April, 1946, 193 Place Commander, 3rd C.G. District Serial No. A 74024

Kind of discharge HONORABLE Authority for P.B. 103-44.

Discharged on account of Expiration of Reg. Enlistment & extension thereof & reenlistment.

Is - recommended for reenlistment. (If "not", so state) Rating best qualified to fill Boatswain's Mate Second Class

Entitled to and certified for MOP.

13. ON DESERTION

....., 193 (Date) ..... (Unit) ..... (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) 222-862 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
AMBROSE CHANNEL LIGHTSHIP #111	ENLISTED	8 April,	1940 CREDIT	30	-	P. E. SHAW, Lieutenant.
TULIP	9-23-40	9-27-40	3	27	-	P.E. SHAW, Lieut. Comdr.,
TULIP	1-3-41	1-14-41	10	17	-	P.E.SHAW, Lt.Comdr.,
ST.GEO.DEPOT	8 April,	1941	CREDIT	30	-	Lt.Cmdr.
ST.GEO.DEPOT	8 April,	1942	CREDIT	30	-	Lt.Cmdr.
ST.GEO.DEPOT	6-12-42	6-15-42	2	28	-	Lt.Cmdr.
ST.GEO.DEPOT	7/30/42	8/6/42	6	22	-	Comdr.
CG DEPOT, St.Geo.	1-18-43	1-29-43	10	12	-	Cmdr.
CG BASE-St.Geo.	4-8-43	CREDIT	30	30	10	LtCdr.
CG BASE-St.Geo.	4-8-44	CREDIT	30	30	10	LtCdr.
CG BASE-St.Geo.	8-2-44	8-18-44	15	15	10	LtCdr.

2—13678

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

222-862	SCARLETT, RUSSELL W.	B.M. 2c., U.S.C.G.
(File or service No.)	(Surname) (First name) (Initial)	(Rank or rating and branch of service)
7 April, 1946	Comdr., 3rd C.G. Dist., N.Y.N.Y.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

(Sign original only)

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

/s/ R.J. BAKER, Lieut.(jg) USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

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

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

/s/ Russell W. Scarlett
(Signature of applicant)

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

Fort Wadsworth Light Station,
Rosebank, Staten Island, New York
(Number) (Street)

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

$200.00
Paid ~~$100.00~~ on 16488-46 (Public voucher) 629,255 (Check number) 1 May, 1946 (Date)

E.L. COLEMAN, 55-123
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

IN ACCORDANCE WITH ALNAV 360

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

CERTIFIED TO BE A TRUE COPY

T. C. CRABE, Pay Clerk, U.S.C.G.

Commanding Officer—Officer in Charge.

U.S. GOVERNMENT PRINTING OFFICE 2—13078

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 100.80

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 E.L. Coleman, Lt. Comdr. USCG

Address subsequent to discharge will be:

Fort Wadsworth Light Station Street,

Rosebank, Staten Island City, New York State.

Certified to be correct upon termination of service 7 April 1946

H. S. BAKER, USCG
BY DIRECTION

Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13078

No. _____

SCARLETT Russell (none)
(SURNAME) (FIRST NAME) (SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
8	24	1913	New York	Richmond	New York

SEX male RACE White

RETIREMENT AGE

MILITARY SERVICE _____ YES _____ NO _____

MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY			MOS.	DAYS	YRS.
	A. Exc.	Mess Attendant		$50. mo.	11-5-32	COMM-3d LHDist,SI,NY Tender SPRUCE			
	Promoted	Seaman		62.50mo	8-23-35	ditto	ditto		
	Resigned(own request)	Seaman		62.50	7-4-38	do	do		
	A. Exc.	Seaman		67.50	7-5-38	do AmbroseChannelLightship #111			
	Terminated	Seaman		67.50	4-7-40	do ditto			
	NOTE- Enlisted in Coast Guard on 4-8-1940								

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY _____

SPECIAL QUALIFICATIONS _____

16—193

Standard Form No. 1166a
Form prescribed by
Comptroller General, U. S.
September 18, 1952
(Gen. Reg. No. 115)

STA. 6-12 3-13-Fibe (MEMORANDUM)

VOUCHER AND SCHEDULE OF PAYMENTS

Sheet 1 of 1

TREASURY DEPARTMENT
(DEPARTMENT OR ESTABLISHMENT)

BUREAU OR OFFICE		
U. S. COAST GUARD		
LOCATION OF TRANSMITTING OFFICE	STATION NO.	D. O. SYMBOL
Washington, D. C.	6-12	5100

APPROPRIATION SUMMARY: (SYMBOL AND AMOUNT)

20X0201

99-01.MM 1210 $200.00

D. O. Voucher No. _____

Bu. Schedule No. 98-167

J. F. CANNON
PAID BY
CDO TREASURY DEPT.
COAST GUARD, WASH., D. C.
PAID
AUG - 7 1959
SYMBOL NO. 5100

BUREAU VOUCHER NO. (1)	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION (2)	AMOUNT (3)	D. O. CHECK NO. (4)
	Russell W. SCARLETT 67 Montgomery Street Saugertier, New York (222-862) BM2, USCG (Retired) Honorably Discharged, 7 April 1952 MDP, Act of 1952 Claim and supporting papers attached. For Lump Sum Mustering-Out Payment, Act of 1952, Etc. MET:JCR 6-12 C-411-59	200.00	1247444
	GRAND TOTAL	200.00	

30 July 1959

MEMORANDUM
T. C. CHASE, CHSPCK, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—66064a-3

MUSTERING OUT PAYMENT

7 APR. 1932
(Date of service, first)

30 April 1959
(Date discharged or released from active duty)

SCARLETT, Russell W.
(Surname) (First name) (Initial)

CG GROUP, PIER 9, ER, NEW YORK, N.Y.
(Activity from which discharged)

BM2, USCG
(Rank or rating and branch of service)

60 days or more
(Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF ~~1944~~ 1952 and that the above information is correct.

JOSEPH MAZZOTTA, CDR, USCG, XO
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of ~~1944~~ 1952. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? after 6/27/50 NO
(Enter Yes or No)

Russell W. Scarlett
(Signature of applicant)

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

67 Montgomery Street
(Number) (Street)

Saugerties, New York
(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on _____ _____ _____
(Public voucher) (Check number) (Date)

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

16—39039-1

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

Encl: (1) Original and three (3) copies of SF-550

f
L16-2
4 May 1959

From: Commander, Third Coast Guard District
To: Commandant (FP-2)

Subj: SCARLETT, Russell W. (222-862), USCG, Mustering-Out Payment, forwarding of

Ref: (a) Comptroller Manual 2B01126-4
(b) Commandant ltr FP-2 dated 24 April 1959

1. In compliance with reference (b) enclosure (1) is forwarded in accordance with reference (a).

I. J. ANDERSON
By direction

Encl: (1) Original and three (3) copies of SF-550

Veterans Administration

REQUEST FOR INFORMATION

1A. ADDRESS CODE: 13

1B. TYPE OF CLAIM: DEATH

2. SEPARATION FORMS ON FILE: ☐ YES ☑ NO

3. DATA REQUESTED: ☑ SERVICE ☐ MEDICAL ☐ DENTAL ☐ CLINICAL ☐ OTHER

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

FROM: VETERANS ADMINISTRATION
REGIONAL OFFICE
20 WASHINGTON PLACE
NEWARK, NEW JERSEY 07102

5B. ORIGINATING UNIT: 309/5124

6. FILE NO (Include prefix): 08132 2988

7. INSURANCE NO:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): SCARLETT, RUSSELL

9A. ALL SERVICE NOS: 222862

9B. SOCIAL SECURITY NO: 08132 2988

10. DATE OF BIRTH: 8-24-14

11. PLACE OF BIRTH: DRACUT MA

12. DATE OF DEATH:

	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.	4-8-40	1958	UNK	
B.				
C.				

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

21. ADDITIONAL INFORMATION REQUESTED

Please verify service

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: 6-2-86

24. SIGNATURE AND TITLE OF VA OFFICIAL: C J Motuzak Adj. Officer

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

8. SCARLETT, RUSSELL WESLEY
14A. 5-1-59
15A. HON.

N-C 6-26-86

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

VA FORM MAR 1984 **70-3101** Exception to SF 180 Approved by General Services Administration, March 1969

EXISTING STOCKS OF VA FORM 00-3101, MAR 1984, WILL BE USED.

NCMFS

8/23/78

1A. ADDRESS CODE	VETERANS ADMINISTRATION REQUEST FOR INFORMATION	1B. TYPE OF CLAIM
13		10-7131

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

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

FROM	5A. NAME AND ADDRESS OF VA REQUESTING OFFICE	5B. ORIGINATING UNIT	6. FILE NO. (Include prefix)	7. INSURANCE NO.
	VARO 252 7th Ave NY NY 10001	306/232A5 ls	None	

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)	9A. ALL SERVICE NOS.	9B. SOCIAL SECURITY NO.
Scarlett, Russell	222862	081-32-2988

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
8-24-14	Unk	

	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.	4-1-38	5-1-59	Unk.	COAST GUARD
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

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: 8/23/78

24. SIGNATURE AND TITLE OF VA OFFICIAL

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

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

8. SCARLETT, Russell Wesley

* Prior report furn 7/21/78, 2 - DD Form 214's

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY
HEALTH RECORDS			CLINICAL RECORDS		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS		
			DENTAL RECORDS		
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS		
			OTHER RECORDS		*

	DATE	SIGNATURE AND TITLE
SERVICE INFORMATION	8 1978	
MEDICAL RECORDS	SEP	

VA FORM OCT 1975 07-3101 Exception to SF 180 Approved by General Services Administration, March 1969

EXISTING STOCKS OF VA FORM 07-3101, AUG 1971, WILL BE USED.

P.7/28/78

1A. ADDRESS CODE: 13

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1B. TYPE OF CLAIM: 10-7131

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE

5B. ORIGINATING UNIT: 306/232A2 ls

6. FILE NO. (Include prefix): NONE.

7. INSURANCE NO.

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): Scarlett, Russell.

9A. ALL SERVICE NOS.: 222862

9B. SOCIAL SECURITY NO.: 081-32-2988

10. DATE OF BIRTH: 08-24-14

11. PLACE OF BIRTH: UNK.

12. DATE OF DEATH

	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.	04-01-38	05-01-59	UNK.	COAST GUARD.
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

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: 6/28/78

24. SIGNATURE AND TITLE OF VA OFFICIAL: John Mauldin

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

8, Scarlett, Russell W.
13A, 4-8-40
14A, 5-1-59
15A, Hon.

NCW 7/21/78

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

SERVICE INFORMATION — DATE — SIGNATURE AND TITLE

MEDICAL RECORDS — DATE — SIGNATURE AND TITLE

VA FORM OCT 1975 07-3101 Exception to SF 180 Approved by General Services Administration, March 1969

EXISTING STOCKS OF VA FORM 07-3101, AUG 1971, WILL BE USED.

2

(Duplicate will become first page of service record. See Art. 4261 P. 1.)

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

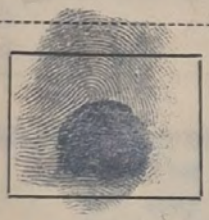
VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

I FURTHER AGREE TO THE EXTENSION OF THIS ENLISTMENT BY THE SECRETARY OF THE NAVY FOR SUCH ADDITIONAL TIME AS MAY BE DEEMED NECESSARY IN THE PUBLIC INTEREST IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT TO EXIST SUCH ADDITIONAL TIME NOT TO EXTEND BEYOND SIX MONTHS AFTER THE DATE OF TERMINATION OF THE WAR OR NATIONAL EMERGENCY.

U.S.C.G. COAST GUARD DEPOT
(Unit)
St. George, Staten Isl., N.Y.
(Place)
7 April, 1943.
(Date)

CODED
NO. 5

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, RUSSELL WESLEY SCARLETT (222-862) Com. (Pro), having, on
(Name of Applicant) (Service No.) (Rating)
8 April, 1940, enlisted in the U. S. Coast Guard under a contract of enlistment for a
(Date)
term of (3) years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of (3) years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is because of war.
ALCOAST 172255/83



Tip of right forefinger

Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT
(Signature of applicant)

Voluntarily agreed and subscribed to before me this 7 day of Apr., A.D., 1943

W.H. BARTON, Captain, USCG.
(Signature of Commanding Officer)

U.S.C.G. COAST GUARD DEPOT, St.Geo., Staten Isl, N.Y. 7 April, 1943.
(Unit) (Place) (Date)

APPROVED, W.H. BARTON, Captain, USCG.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
(Date)

Physically qualified for extension.

(Chief Medical Officer)

COAST GUARD DEPOT, St.Geo., S.I., N.Y.

7 April, 1943.
(Date)

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

W.H. BARTON, Captain, USCG.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

COAST GUARD DEPOT, St. George, S.I., N.Y.
(Unit)

SCARLETT, Russell W.
(Name in full—surname to the left)

7 April, 1943.
(Date)

(222-862)
(Service number)

Coxwain (Pro)
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1940	Apr.	8			
Enlistment extended (for ..... years from)						
Date of discharge (Character of discharge) Enlistment extended for period of three (3) yrs.						
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
4/7/43: I further agree to the extension of this enlistment by the secretary of the Navy for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist; such additional time not to extend beyond six months after the date of termination of the war or national emergency.								

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

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

W.H. BARTON,

Date 7 April, 1943

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

REENLISTMENT

Date 7 April, 1943

COAST GUARD DEPOT, St.George,S.I,N.Y.
(Unit and place)

I CERTIFY that the above-named man ~~reenlisted~~ extended his enlistment at this unit and on this date for a period of 3 years in the rating of Coxwain (Pro)

W.H. BARTON,

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

U. S. GOVERNMENT PRINTING OFFICE 16—20908

U. S. COAST GUARD

RCD APR 9 1940

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

ENLISTMENT CONTRACT

ENLISTMENT [a] of SCARLETT, Russell Wesley (222-862) as Sea.1c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard Cutter Station AMBROSE CHANNEL L.S. #111 (New York District,) NEW YORK N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N. Y.
(Place)

1. I, RUSSELL WESLEY SCARLETT 222-862, this 8th day of April, 19 40, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Dracut, Massachusetts, on 24 August, 1914 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - Certificate No.

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

Occupation or trade Mariner. Home address 701 Bay St., Stapleton, S.I., N. Y.

Full name and address of the following: Not married
(Wife, if any)

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

deceased Widowed?
(Mother, if living)

FLORENCE WALDEN (sister) 958 Millguay St., Worcester, Mass.
(Next of kin, or person interested, if there are none of the above)

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

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

6. I have Not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)
Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

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

8. I was last discharged from the U. S. Coast Guard on , 19 , from Cutter Station
(Strike out one)
with discharge, herewith submitted, serial No.
(Kind of discharge)

9. I agree to and with the United States of America, represented by P. E. SHAW, Lieutenant, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by P. E. SHAW, Lieutenant, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said Russell Wesley Scarlett who has hereunto signed his
(Name of person enlisting)

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

2—7931 U. S. GOVERNMENT PRINTING OFFICE

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

+ Russell Wesley Scarlett
Russell Wesley Scarlett
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By P. E. Shaw
P. E. SHAW, Lieutenant, U.S.C.G.
(Signature and rank of enlisting officer)

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

Enlistment effected pursuant to the act of Aug 5, 1939

P. E. Shaw
P. E. SHAW, Lieutenant, U. S. C. G., Enlisting Officer.

---

11. OATH OF ALLEGIANCE

I, RUSSELL WESLEY SCARLETT, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

+ Russell Wesley Scarlett
Russell Wesley Scarlett
(Signature of enlisted person)

Subscribed and sworn to before me this 8th day of April, A. D. 19 40

P. E. Shaw
P. E. SHAW, Lieutenant, U.S.C.G.
Commander, New York District,
(Comdg. officer, officer in charge of a unit, or notary public)
(by direction)

12. DESCRIPTIVE LIST

Age 25 years 7 months. Height 5 feet 6 inches. Weight 133 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks ANT: S 3" RFA ; S 1" lt 3rd finger ; S (appendectomy) ; S - rt (hernia)

POST: None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

2—7931

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, New York, N. Y.
(Place)

8 April, 1940
(Date)

To Chief of Police, Stapleton, S.I.
New York, N. Y.

Dear Sir:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

~~Russell Wesley Scarlett~~, ~~100 Bay Street~~, Stapleton, Staten Island,
RUSSELL WESLEY SCARLETT (Name of applicant)

~~25~~ 25 yrs ~~6~~ 7 Mos.	66	133	White
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No

(4) Convicted of crime? No (5) Arrested for any offense? No

To your knowledge is he married or single? Unknown

P. E. SHAW, Lieutenant *Recruiting Officer.*

April 11, 1940
(Date)

To Recruiting Officer,

The above information is submitted from the records of this office.

Joseph Donovan
Commandg Officer, Detective Division, NYC-PD.
~~Chief of Police~~

Trustworthiness...
General Intelligence...Poor
Ability...Poor...
His skill as a...Pupil...very poor.

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars...I do not know.....

(Over)

DO NOT FOLD THIS FORM

Classification No. 9 Ra 8 G
2 R 16

RIGHT HAND

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb.



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb.



(OVER

NO FINGERPRINT RECORD

His skill as a... Pupil very poor

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars... No do not know

(Over)

U. S. COAST GUARD (2)
APR 13 1940 By
ANS'D

REPORT OF PREVIOUS EMPLOYMENT AND SCHOOLING

Enlisting Office
Coast Guard ~~Recruiting Station~~ New York, N. Y.
(Place)

8 April, 1940
(Date)

From: U.S.C.G. ENLISTING OFFICER, New York, N. Y.
To: ~~U.S. Coast Guard Recruiting Officer~~
(Name) ~~Principal,~~ (Address) Dracut, Mass.
Goodhue School
(place) Goodhue School, Dracut, Mass.
(as)
(in grade) Four.

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is inclosed for your reply so that you may give thematter immediate attention.

~~U. S. Coast Guard Recruiting~~ Officer)
P. E. SHAW, Enlisting

Name of applicant RUSSELL WESLEY SCARLETT
(Filled in by Recruiting Officer)

Are you related to the applicant? No.

Was the applicant ever in your ~~(employ)~~ (charge) | | | from 1914 to 1916. as a pupil.

What was his (~~weekly wage~~) (scholastic record) Very poor. His I. Q. was borderline. He had a violent temper. He never went beyond Gr. 4.

Why did he (~~leave~~) (quit) Because he was 14 years of age.

CHECK ONE

How do you rate his:	Good	Average	Poor
Trustworthiness		Average	
General Intelligence			Poor
Ability			Poor
His skill as a			Pupil - very poor

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars... No. do not to know.

(Over)

What was his reputation and standing when in your (~~employ~~) (charge)

He was untruthful and troublesome, but harmless.

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars No.

The above statement and answers are in my own handwriting. (~~have~~ been ~~dictated and carefully read by~~ me). In my own handwriting.

NOTE:- If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Grace E. Coburn
(SIGNATURE OF REFERENCE)

April 9, 1940.
(DATE)

115 Sladen St., Dracut.
(ADDRESS)

U. S. COAST GUARD (2)
RECEIVED APR 10 1940 By
AMD

REPORT OF PREVIOUS EMPLOYMENT AND SCHOOLING

Enlisting Office
Coast Guard ~~Recruiting Station~~ New York, N. Y.
(Place)

8 April, 1940
(Date)

C.G. ENLISTING

From: U. S. ~~Recruiting~~ Officer at New York, N. Y.
To: (Name)_____(Address) St. George, S.I., N. Y.
Superintendent, U.S. Lighthouse Depot,
Seaman (place)_____
(as)
(in grade)_____

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is inclosed for your reply so that you may give the matter immediate attention.

P. E. SHAW, Lieutenant.
(~~Recruiting~~ Officer)
Enlisting

Name of applicant RUSSELL WESLEY SCARLETT
(Filled in by Recruiting Officer)

Are you related to the applicant? No

Was the applicant ever in your (employ) (~~charge~~)			from 11-5-32 to 4-7-40 as Seaman
	Yes		

What was his (weekly wage) ($67.50 per month.
(~~salary~~)

Why did he (leave) (~~quit~~) Resigned, to be inducted into Coast Guard.

CHECK ONE

How do you rate his:	Good	Average	Poor
Trustworthiness.....	x		
General Intelligence.....	x		
Ability.....	x		
His skill as a...Seaman...	x		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments No If so state particulars.....
.....
.....

(Over)

What was his reputation and standing when in your (employ) (xxxxx)

Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? No If so, state particulars ---

The above statement and answers xxxxxxxxxxxxxxxxxxxxxxxxxx. (have been dictated and carefully read by me).

NOTE:- If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

R. E. Shaw

(SIGNATURE OF REFERENCE)

Lieutenant, U. S. Coast Guard
Personnel Officer,

(DATE)

44 Whitehall St.,
New York, N. Y.

(ADDRESS)

U. S. COAST GUARD (2)
REC'D APR 13 1940 By
ANS'D

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

44 Whitehall Street,

New York, N. Y.

RUSSELL WESLEY SCARLETT has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A frank envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

P. E. Shaw.

P. E. SHAW, Lieutenant U.S.C.G.,
Enlisting Officer.

1. How long have you known the applicant?. . . . . 10. years
2. What is his general reputation in the community?. . . . good
3. Is he industrious?. . . . . yes. . . . . .
4. Is he trustworthy?. . . . . yes. . . . . .
5. Is he married?. . . not to my knowledge. . . . . .
6. What are his usual habits as regards to sticking to his job?. good . . . . . .
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs?. . . . . no. . . . . .
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution?. . no. . . . . .
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . . no. . . . .
10. Are you related to the applicant? . . . . . no. . . . .

Victor Klang Jr
(Signature)

33 Winter ave
(Street or Box number)

New Brighton N.Y.
(City) (State)

U. S. COAST GUARD (2)
REC'D APR 13 1940 By
ANS'D

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

44 Whitehall Street,

New York, N. Y.

RUSSELL WESLEY SCARLETT has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A frank envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

P. E. SHAW, Lieutenant U.S.C.G.,
Enlisting Officer.

1. How long have you known the applicant? 7 yrs.
2. What is his general reputation in the community? good
3. Is he industrious? yes
4. Is he trustworthy? yes
5. Is he married? No.
6. What are his usual habits as regards to sticking to his job? ~~Next question # 3 will answer this one.~~
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? No.
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? No.
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? No.
10. Are you related to the applicant? No.

Walter F. Nichols
(Signature)

12 Tompkins St
(Street or Box number)

N.Y.C. N.Y.
(City) (State)

U. S. COAST GUARD (2)
REC'D APR 10 1940 By
ANS'D

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

44 Whitehall Street,

New York, N. Y.

RUSSELL WESLEY SCARLETT has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A frank envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

P. E. SHAW Lieutenant U.S.C.G.,
Enlisting Officer.

1. How long have you known the applicant?. . . . . 6 years
2. What is his general reputation in the community?. Very Good.
3. Is he industrious?. . . . . yes.
4. Is he trustworthy?. . . . . yes.
5. Is he married?. . . . . no.
6. What are his usual habits as regards to sticking to his job?. . . . . Very Good.
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs?. . . . . no.
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution?. . . . . no.
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . . . . no.
10. Are you related to the applicant? . . . . . no.

Albert L Innis
(Signature)

20 Egmont Place
(Street or Box number)

Glen Island N.Y.
(City) (State)

Commonwealth of Massachusetts

TOWN OF DRACUT

TOWN CLERK'S OFFICE

SEP 25 1935 193...

CERTIFICATE OF RECORD OF BIRTH

Date of Birth Aug. 24. 1914

Name of Child Russell Wesley Scarlett.

Sex M. Color, White

Place of Birth Dracut, Mass. ~~Dracut~~

Residence of Parents, Dracut Mass.

Name of Father George Scarlett.

Maiden Name of Mother Margaret Wesley.

Occupation of Father Operatije.

Birthplace of Father New Hampshire.

Birthplace of Mother England.

Date of Record Aug. 26. 1914.

I certify the foregoing to be a true extract from the Records of Births in the Town of Dracut.

WITNESS The Seal of the Town of Dracut.

Harry M Fox.

Town Clerk.

men accepted for enlistment.

und to be false

N.Y.

11, 1940

that end do declare

sically qualified to and character in all ps, Army, or Naval

E.C.C.A.M.

ISLAND. N.Y

support? 0

port? —

95 PMILLBURY ST. WORCESTER MASS

ast 2 years for those

ont	You were Employed as—
10	SEAMAN

Do you drink intoxicating liquors? If so, to what excess?

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired SEAMAN, FIRST-CLASS.

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.

NEW YORK, N.Y.
(Place)

8 APRIL, 1940
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 25 years 7 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 Russell Nicely Scarlett

Date of birth 24 AUGUST 1914

Place of birth DRACUT MASS Citizenship NATIVE BORN

Home address 701 BAY ST. STAPLETON STATEN ISLAND, N.Y.

Are you married? NO Number and relationship of persons dependent on you for support? 0

Are you prepared to support your dependents on service pay?

Are your parents living? NO Are your parents dependent on you for support?

Name and address of next of kin SISTER, FLORENCE-WALDEN 968 MILLBURY ST. WORCESTER MASS

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U.S. LIGHTHOUSE SERVICE	ST. GEORGE STATEN ISLAND		1932	1940	SEAMAN

Do you drink intoxicating liquors? If so, to what extent? NO

Have you ever been arrested? If so, for what? NO

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? NO

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

GOODRICH SCHOOL GRAFTON, MASS. 8

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?

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) Russell Wesley Scarlett

Accepted or rejected ACCEPTED Cause of rejection

Date 8 April, 1940

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.

O. E. Picard.

P. F. SHAW, Lieutenant
U. S. C. G.

PERSONAL REFERENCES

1 VICTOR KLANG 20 WINTER AVE. STATEN ISLAND, N.Y.
2 WALTER NICHOLS 12 TOMPKINS ST. STAPLETON S.I. N.Y.
3 ALGER NARRIS TENDER-SPRUCE ST. BARGES S.I. N.Y.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

AMBROSE CHANNEL L.S. #111 (N. Y. DISTRICT)
(Unit)

NEW YORK N. Y.,
(Place)

8 April, 1940.
(Date)

FROM: SCARLETT, Russell Wesley (222-862) Sea.1c.

To: COMMANDANT (via Commander, New York District)

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

Not married
(Full name of wife; if not married, so state)

(Address of wife)

None
(Full name of child; if none, so state)

(Address of child)

(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:

FLORENCE WALDEN (Full name of relative) | Sister (Relationship) | 958 Millguay St., Worcester, Mass. (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:

ROBERT SCARLETT (Full name of relative) | Brother (Relationship) | 8 Buffing St., Worcester, Mass. (Address of relative)

Potential
(State briefly wherein dependency exists)

WITNESSED BY:

P. E. SHAW,

Rank Lieutenant.

SIGNED:

Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT,

Rank or Rating Sea.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

AMBROSE CHANNEL L.S. #111 (N. Y. DISTRICT) (Unit)

NEW YORK, N. Y., (Place)

8 April, 1940. (Date)

FROM: SCARLETT, Russell Wesley (222-862) Sea.1c.

TO: COMMANDANT (via Commander, New York District)

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

Not married (Full name of wife; if not married, so state)	(Address of wife)
None (Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
FLORENCE WALDEN	Sister	958 Millguay St., Worcester, Mass.

Potential
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)
ROBERT SCARLETT	Brother	8 Buffing St., Worcester, Mass.

Potential
(State briefly wherein dependency exists)

WITNESSED BY: S. E. Shaw
P. E. SHAW,
Rank Lieutenant.

SIGNED: Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT,
Rank or Rating Sea.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

Russell Wesley Scarlett
Russell Wesley Scarlett
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By P. E. SHAW, Lieutenant, U.S.C.G.
(Signature and rank of enlisting officer)

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

Enlistment effected pursuant to the Act of Aug. 5, 1939

P. E. SHAW, Lieutenant, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, RUSSELL WESLEY SCARLETT, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Russell Wesley Scarlett
Russell Wesley Scarlett
(Signature of enlisted person)

Subscribed and sworn to before me this 8th day of April, A. D. 19 40

P. E. SHAW, Lieutenant, U.S.C.G.
Commander, New York District,
(Comdg. officer, officer in charge of a unit, or notary public)
(by direction)

12. DESCRIPTIVE LIST

Age 25 years 7 months. Height 5 feet 6 inches. Weight 133 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks ANT: S 8" RFA ; S 1" lt 3rd finger ; S (appendectomy) ; S - rt (hernia)
POST: None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

ENLISTMENT CONTRACT

ENLISTMENT [a] of SCARLETT, Russell Wesley (222-862) as Sea.1c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard Cutter Station AMBROSE CHANNEL L.S. #111(New York District,) NEW YORK N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N. Y.
(Place)

1. I, RUSSELL WESLEY SCARLETT (Full name), this 8th day of April, 19 40, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Dracut, Massachusetts, on 24 August, 1914 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - Certificate No.

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

Occupation or trade Mariner Home address 701 Bay St., Stapleton, S.I., N. Y.

Full name and address of the following: Not married
(Wife, if any)

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

deceased Widowed?
(Mother, if living)

FLORENCE WALDEN (sister) 958 Millguay St., Worcester, Mass.
(Next of kin, or person interested, if there are none of the above)

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

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

6. I have Not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

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

8. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter Station ..... with ..... discharge, herewith submitted, serial No. .....
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by P. E. SHAW, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by P. E. SHAW, Lieutenant, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Russell Wesley Scarlett who has hereunto signed his
(Name of person enlisting)

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

2—7931 U. S. GOVERNMENT PRINTING OFFICE

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. COAST GUARD DEPOT
(Unit)
St. George, Staten Isl., N.Y.
(Place)
7 April, 1943.
(Date)

I FURTHER AGREE TO THE EXTENSION OF THIS ENLISTMENT BY THE SECRETARY OF THE NAVY FOR SUCH ADDITIONAL TIME AS MAY BE DEEMED NECESSARY IN THE PUBLIC INTEREST IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT, SUCH ADDITIONAL TIME NOT TO EXTEND BEYOND SIX MONTHS AFTER THE DATE OF TERMINATION OF THE WAR OR NATIONAL EMERGENCY.

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, RUSSELL WESLEY SCARLETT (222-862) Com.(Pro), having, on
(Name of Applicant) (Service No.) (Rating)
8 April, 1940, enlisted in the U. S. Coast Guard under a contract of enlistment for a
(Date)
term of (3) year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of (3) year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is because of war.
ALCOAST 172255/83



Tip of right forefinger

Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT
(Signature of applicant)

Voluntarily agreed and subscribed to before me this 7 day of Apr., A.D., 1943

W.H. BARTON, Captain, USCG.
(Signature of Commanding Officer)

U.S.C.G. COAST GUARD DEPOT, St.Geo., Staten Isl, N.Y. 7 April, 1943.
(Unit) (Place) (Date)

APPROVED W.H. BARTON, Captain, USCG.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
(Date)

Physically qualified for extension.

(Chief Medical Officer)

COAST GUARD DEPOT, St. Geo., S.I., N.Y.

7 April, 1943.
(Date)

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

W.H. BARTON, Captain, USCG.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

X 9 November, 43

SCARLETT, Russell Wesley B.M.2c
USCG, CG.BASE, St.George, S.I., N.Y. 222-862

SCARLETT, Margaret V. Wife ---
96 Beechwood St., Four Corners, Staten Island, New York.
SCARLETT, Russell Wesley, Jr. Son 4-27-43
same as above

6-13-42

SCARLETT, Russell Wesley (222-862) B.M.2c

9th November, 43

X

Yes

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russel W.	222-882	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
BERGEN POINT LIGHT STATION		Mariners Harbor, N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(CHARLIE) 03-039	2 October, 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1400

DATE 27 Sept., 1944

TRANSFERRED TO: Fort Wadsworth Light Station, Rosebank, Staten Island, New York, for assignment to duty

FOR

AUTH: DCG03rd ND/L 9-25-44

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30D

AUTH: O. C. BALCOM,
By direction
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

SCARLETT Russell W. (222-862) B.M.2c

(CGBASE,St.Geo)
CG DEPOT,03-250-05 St. George, S.I.N.Y. 27 September, 1944

25 September, 1944 - detached from the rolls of this unit. Temporary duty at the BERGEN POINT LIGHT STATION made permanent as of this date.

17(D)

V/O DCGO,3ND
25 September, 1944

A. H. HYLTON

Lieut. Comdr.

SCARLETT, Russell W. 222-862 BM2c

Fort Wadsworth Light Station Rosebank, Staten Island, N.Y.

(03-029) 8 April, 1946

8 April, 1946: Reenlisted this date in the Regular Establishment of the U.S. Coast Guard, as Boatswain's Mate Second Class (Permanent) for a period of six (6) years.

PAFE: New York, New York (Commander, 3rd C.G. Dist)

T. J. DUFFY
By direction.

30-D P.B. 103-44

CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
FORT WADSWORTH LIGHT STATION		ROSEBANK?, S.I., N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(CHARLIE) 03-029	2 October, 1944

TIME 1530 27 Sept., 1944
DATE

REPORTED FROM: Bergan Point Light Station, Mariners Harbor, New York, for assignment to duty
FOR

DUTY CODE No. 30-D AUTH: DCG03rdND/L 9-25-44

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: O. G. BALCOM,
By direction
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

SCARLETT, Russell W. 222-862 BM2c

Fort Wadsworth Light Station Rosebank, Staten IslandNY

(03-029) 7 April, 1946

7 April, 1946: Discharged this date from the Regular Establishment of the U.S. Coast Guard by reason of expiration of enlistment and extension thereof. Issued Honorable discharge certificate No. A74024 Series A.

Not entitled to mileage.
POD: New York, New York (Commander, 3rd C.G. Dist)
PAFE: Ambrose Channel Light Ship #111, New York, New York

T. J. DUFFY
By direction.

30-D P.B. 103-44

NCG 2500
(Rev. June, 1942)

PEA-E
15

ENLISTMENT CONTRACT

CODED
NO. 8
AUG 9 1946

CODED
NO. 9

UNITED STATES { COAST GUARD / COAST GUARD RESERVE

ENLISTMENT OF SCARLETT, Russell Wesley (Full name, surname to left); 222-862 (Service number); ____ (Pay per month)

Accepted for enlistment at Commander, 3rd Coast Guard District, N.Y. N.Y. BM2c (Rating in which enlisted)

Enlisted at Commander, 3rd Coast Guard District, N.Y. N.Y.; 8 April, 1946 (Date of enlistment)

Transferred to -

Occupation - Citizenship* NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 24 August, 1914 Place of birth Dracut, Massachusetts

Home address Ft. Wadsworth Light Station, Rosebank, Staten Island, New York (Street and number) (Town) (County) (State)

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

Margaret V. Scarlett Ft. Wadsworth Light Station, Rosebank, Staten Island, N.Y. (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted 8 April, 1940 (Date) at Ambrose Channel Lightship #116, N.Y. N.Y. (Place) and was

last discharged 7 April, 1946 (Date) from Commander, 3rd C.G. District, N.Y. N.Y. (Unit)

with Honorable (Character) discharge as BM2c (Rate) No. A74024

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

Previous Army service ____ (Years) (Months) (Days) Age 31 years 7 months.

Height 5 feet 6 inches. Weight 133 pounds.

Eyes blue Sex male Hair Brown Complexion Ruddy Color White

Personal characteristics ____ marks, etc. ANT: S 3# RFA: S 1" lt 3rd finger: S (appendectomy) ; S - rt (hernia) POST: None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Lt. C.J. MURPHY, USCGR of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { SIX (6) years from 8 April, 1946 / during minority until ____, 1____ unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, RUSSELL WESLEY SCARLETT 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.

Russell W. Scarlett
RUSSELL W. SCARLETT
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of April, A. D. 19 46

C. J. MURPHY, Lieut. USCGR
Records and Assignments Officer, 3CGDist.
(Commanding officer, notary public, or other officer qualified to administer oaths)

(Title)

Citizenship substantiated and contract perfected.

C. J. Murphy
C. J. MURPHY, Lieut. USCGR
Records & Assignments Officer, 3CGDist.
, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

by reason of

Enlistment extended until

under authority of

(Signature of man)

16—8420-2

(Signature of commanding officer)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED
NO. 9

Commander, 3rd C.G. District (Unit) — New York, New York (Place)

8 April, 1946 (Date)

FROM: SCARLETT, Russell W. (222-862) BM2c

TO: COMMANDANT (via Commander, 3rd C.G. District)

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

MARGRET V. SCARLETT (June 13, 1942) (Full name of wife; if not married, so state)	Ft. Wadsworth Light Station, Rosebank, Staten Island, N.Y. (Address of wife)
RUSSELL SCARLETT JR (Full name of child; if none, so state)	Same (Address of child)
ELIZABETH SCARLETT (Full name of child; if none, so state)	Same (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

FLORENCE WALDEN (Full name of relative)	Sister (Relationship)	958 Millguay St. Worcester, Mass (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:

ROBERT SCARLETT (Full name of relative)	Brother (Relationship)	8 Buffing St., Worcester, Mass (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

8th day of April, 19 46

H. J. BAKER
(Signature)

Lieut. (jg) USCG
(Rank or title)

RUSSELL WESLEY SCARLETT
(Signature)

BM2c Russell W. Scarlett
(Rank or rating)

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

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED
NO. 9

Commander, 3rd C.G. District (Unit) — New York, New York (Place)

8 April, 1946 (Date)

FROM: SCARLETT, Russell W. (222-862) BM2c

TO: COMMANDANT (via Commander, 3rd C.G. District)

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

MARGRET V. SCARLETT (June 13, 1942) (Full name of wife; if not married, so state)	Ft. Wadsworth Light Station, Rosebank, Staten Island, N.Y. (Address of wife)
RUSSELL SCARLETT JR (Full name of child; if none, so state)	Same (Address of child)
ELIZABETH SCARLETT (Full name of child; if none, so state)	Same (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

FLORENCE WALDEN (Full name of relative)	Sister (Relationship)	958 Millguay St, Worcester, Mass (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:

ROBERT SCARLETT (Full name of relative)	Brother (Relationship)	8 Buffing St., Worcester, Mass (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 8th day of April, 1946

H. J. BAKER (Signature)

Lieut. (jg) USCG (Rank or title)

Russell W. Scarlett
RUSSELL WESLEY SCARLETT (Signature)

BM2c (Rank or rating)

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

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Fort Wadsworth Light Station		Rosebank, Staten Island NY

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: (03-029)

DATE: 7 April, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

7 April, 1946: Discharged this date from the Regular Establishment of the U.S. Coast Guard by reason of expiration of enlistment and extension thereof. Issued Honorable discharge certificate No. A74024 Series A.

Not entitled to mileage.
POD: New York, New York (Commander, 3rd C.G. Dist)
PAFE: Ambrose Channel Light Ship #111, New York, New York

T. J. DUFFY
By direction
(Commanding)

DUTY CODE NO.: 30-D
AUTH: P.B. 103-44

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 _____

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

CODE NO. 9

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Fort Wadsworth Light Station		Rosebank, Staten I

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT
(03-029)

DATE
8 April, 1946

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)

8 April, 1946: Reenlisted this date in the Regular Establishment of the U.S. Coast Guard, as Boatswain's Mate Second Class (Permanent) for a period of six (6) years.

PAFE: New York, New York (Commander, 3rd C.G. Dist)

T. J. DUFFY
By direction.
(Commanding)

DUTY CODE NO.
30-D

AUTH:
P.B. 103-44

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 _____

Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Ft. Wadsworth Light Station, Rosebank, SINY
(Unit)

SCARLETT, Russell Wesley — 222-862 — 7 April, 1946
(Name in full—surname to the left) (Date)

222-862 (Service number) — Boatswain's Mate Second Class (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	4	8
Enlistment extended (for 3 years from)	1943	4	7
Date of discharge (HONORABLE) (Character of discharge)	1946	4	7
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days

NAV. S. AND A. FORM 550

SCARLETT

MUSTERING OUT PAYMENT

222-862 (File or service No.)

SCAR T, Russell W. (Surname) (First name) (Initial)

BM2c U.S. Coast Guard (Rank or rating and branch of service)

7 April, 1946 (Date discharged or released from active duty)

Commander, 3rd C.G. Dist, N.Y. N.Y. (Activity from which discharged)

60 days or more (Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

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

(Sign original only)

H. J. BAKER
Lieut. (jg) USCG
(Name and signature of officer authorized to sign in accordance with article 2025(8) NR)

VETERAN'S CERTIFICATE:

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

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

Russell W. Scarlett
Russell W. Scarlett
(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

Fort Wadsworth Light Station
Rosebank, Staten Island, New York
(Number) (Street)

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

$200.00

Paid $100.00 on 16488-46 (Public voucher) 629,255 (Check number) 1 MAY, 1946 (Date)

E L COLEMAN 55-123
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

IN ACCORDANCE WITH ALNAV 360

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

Accts. Section
MAY 1 1946
Date
Initial

N. C. G.-2711A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Ft. Wadsworth Light Station, Rosebank, S.I.N.Y.
(Unit)

SCARLETT, Russell Wesley — 222-862 — 7 April, 1946
(Name in full—surname to the left) (Date)

222-862 — Boatswain's Mate Second Class
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 5 years)	1940	4	8
Enlistment extended (for 5 years from)	1945	4	7
Date of discharge (HONORABLE) (Character of discharge)	1946	4	7

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

Date 7 April, 19 46

H. J. BAKER
(Rank) Lieut (jg), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 19 46

I CERTIFY that the above-named man REENLISTED Ft. Wadsworth Light Station, Rosebank, S.I.N.Y. for a period of SIX (6) years from this date.
(Unit and place)
(Reenlisted / Voluntarily extended his enlistment)

(For Enlistment Allowance)

Ft. Wadsworth Light Station, Rosebank, SINY
(Unit)

SCARLETT, Russell Healey — 322-862 — 7 April, 1946
(Name in full—surname to the left) (Date)

322-862 — Boatswain's Mate Second Class
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1940	4	8			
Enlistment extended (for 3 years from)	1943	4	7			
Date of discharge (HONORABLE) (Character of discharge)	1946	4	7			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

H. J. BAKER

Date 7 April, 19 46 (Rank) Lieut (jg), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 19 46 — Ft. Wadsworth Light Station, Rosebank, SINY
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.

H. J. BAKER

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

16—20903-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301B (4-52)
Form approved by Comptroller Gener
April 15, 1952

AGREEMENT TO EXTEND ENLISTMENT

PE-PR-39

SHIP OR STATION	LOCATION
CG Group New York	Pier 9, East River, New York 4, New York

I, Russell Wesley Scarlett (222-862) BM2 having enlisted
(Name) (Service number) (Rate)

in the United States Coast Guard for 6 years, under a contract of enlistment for which accepted at Office, CG Group New York, New york 4, New York and made on 8 April 1952 (Date) do hereby, for the considerations mentioned therein,

solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of 1 full years from the date of expiration thereof, subject to the provisions and obligations of my said contract of enlistment of which this, my voluntary agreement, shall form a part; and in the event of war or a national emergency proclaimed by the President to exist during my term of service, I further oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment, and I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided in Title 14, U. S. Code, Section 367(a) is not applicable; and I do further 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 I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice. I also understand that this voluntary extension of enlistment will in no way prevent me from reenlisting on the day following my normal date of expiration of enlistment, provided that I am in all other respects qualified and that I reenlist for a period not less than the term of the extension agreement. I further understand that if I am not qualified for reenlistment that I may be held to this extension of enlistment.

SIGNATURE Russell W. Scarlett RUSSELL W. SCARLETT

SUBSCRIBED and sworn to before me this 8th day of April, A. D. 1958, and this contract is hereby perfected and accepted for and in behalf of the UNITED STATES. Service thereunder to begin from the date following the date the original contract of enlistment would have expired had it not been extended. This is the FIRST extension of current enlistment.

SIGNATURE Joseph Mazzotta JOSEPH MAZZOTTA GRADE AND TITLE CDR, USCG, Commanding Officer (Acting)

Examined and found physically qualified for extension of enlistment: (Obtain data from Standard Form 88)

Date 18 March 1958 **Place** USPHS OPC 67 Hudson Street, New York, New York

Examined by (name, grade, title) F. B. GOFFIN S.A. SURG. USPHS

ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 7 April 1958, been completed, and tomorrow the extension thereof for one (1) years will become effective.

OTHERWISE ENTITLED TO (type of discharge): Honorable Discharge

NET TIME SERVED IN THIS ENLISTMENT	AT MIDNIGHT THIS DATE, ON DUTY AT (place)	IF AT SEA, NEXT PORT REACHED
06 YRS. 00 MOS. 00 DAYS	STONEY POINT LIGHT STATION	- - - - - - - - - - - - - - - - -

I hereby elect travel allowance to Not entitled
(Location)

Place of
(See travel instructions)

Signature

Home address at time of enlistment verified. The authorized certifying officer is authorized and directed to credit travel and enlistment allowance or bonus as provided by law and regulations.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
Joseph Mazzotta JOSEPH MAZZOTTA	CDR, USCG, Commanding Officer (Act.)	1750-58

COMPUTATION OF DISBURSEMENTS

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME OF A. C. O.

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

U. S. GOVERNMENT PRINTING OFFICE 16—66661-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301B (4-52)
Form approved by Comptroller Gener
April 15, 1952

AGREEMENT TO EXTEND ENLISTMENT

SHIP OR STATION	LOCATION
CG Group New York	Pier 9, East River, New York 4, New York

I, Russell Wesley Scarlett (222-862) BM2 having enlisted
(Name) (Service number) (Rate)

in the United States Coast Guard for 6 years, under a contract of enlistment for which accepted at Office, CG Group New York, New york 4, New York and made on 8 April 1952 (Date) do hereby, for the considerations mentioned therein,

solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of 1 full years from the date of expiration thereof, subject to the provisions and obligations of my said contract of enlistment of which this, my voluntary agreement, shall form a part; and in the event of war or a national emergency proclaimed by the President to exist during my term of service, I further oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment, and I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided in Title 14, U. S. Code, Section 367(a) is not applicable; and I do further 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 I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice. I also understand that this voluntary extension of enlistment will in no way prevent me from reenlisting on the day following my normal date of expiration of enlistment, provided that I am in all other respects qualified and that I reenlist for a period not less than the term of the extension agreement. I further understand that if I am not qualified for reenlistment that I may be held to this extension of enlistment.

SIGNATURE Russell W. Scarlett RUSSELL W. SCARLETT

SUBSCRIBED and sworn to before me this 8th day of April, A. D. 1958, and this contract is hereby perfected and accepted for and in behalf of the UNITED STATES. Service thereunder to begin from the date following the date the original contract of enlistment would have expired had it not been extended. This is the FIRST extension of current enlistment.

SIGNATURE Joseph Mazzotta JOSEPH MAZZOTTA GRADE AND TITLE CDR, USCG, Commanding Officer (Acting)

Examined and found physically qualified for extension of enlistment: (Obtain data from Standard Form 88)

Date 18 March 1958 **Place** USPHS OPC 67 Hudson Street, New York, New York

Examined by (name, grade, title) F. B. GOFFIN S.A. SURG. USPHS

ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 7 April 1958, been completed, and tomorrow the extension thereof for one (1) years will become effective.

OTHERWISE ENTITLED TO (type of discharge): Honorable Discharge

NET TIME SERVED IN THIS ENLISTMENT	AT MIDNIGHT THIS DATE, ON DUTY AT (place)	IF AT SEA, NEXT PORT REACHED
06 YRS. 00 MOS. 00 DAYS	STONEY POINT LIGHT STATION	- - - - - - - - - - - - - - - - -

I hereby elect travel allowance to Not entitled (Location)

Place of (See travel instructions)

Signature

Home address at time of enlistment verified. The authorized certifying officer is authorized and directed to credit travel and enlistment allowance or bonus as provided by law and regulations.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
Joseph Mazzotta JOSEPH MAZZOTTA	CDR, USCG, Commanding Officer (Act.)	1750-58

COMPUTATION OF DISBURSEMENTS

NAME OF A. C. O.

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

U. S. GOVERNMENT PRINTING OFFICE 16—66661-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
67½	160	Brown	Blue	☐ / ☒ / ☐ / ☐	98.2

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
SITTING	SYS. 140 / DIAS. 82	RECUMBENT	SYS. 136 / DIAS. 80	STANDING (3 min.)	SYS. 140 / DIAS. 88	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
						78	100	72	70	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 25 CORR. TO 20/ 20	BY S. CX	CORR. TO BY
LEFT 20/ 25 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY

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

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

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

70. HEARING
RIGHT WV 15/15 SV 30/30
LEFT WV 15/15 SV 30/30

71. AUDIOMETER

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

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

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

8 April 1958: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, USCG Regulations.

CG Group New York
Pier 9, East River
New York 4, New York

JOSEPH MAZZOTTA, CDR, USCG
Commanding Officer (Acting)

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

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

#29 Precordium systolic murmur.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Re-enlistment

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
F.B. GOFFIN S.A. SURG. USPHS
SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

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

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

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997 16—62288-1

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell Wesley	BM2	222-862
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Stoney Point Life Station, Stoney Point, N.Y.	Re-enlistment	3-18-58

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			Treasury	Grucom, N.Y.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-16	Lowell, Mass.	Margaret SCARLETT (W) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC 67 Hudson St., New York, N.Y.	Religion: Protestant

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION

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

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

#29 Systolic Murmur over precordium, disappears when recumbent.

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	Not done	14X17 Chest Negative	VDRL Negative
48. EKG		49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	
Not indicated			Not indicated	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
67½	160	Brown	Blue	☐	☒	☐	☐	98.2

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

SITTING	SYS. 140 / DIAS. 82	RECUMBENT	SYS. 136 / DIAS. 80	STANDING (3 min.)	SYS. 140 / DIAS. 88

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	100	72	70	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 25 CORR. TO 20/ 20	BY S. CX	CORR. TO BY
LEFT 20/ 25 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY

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

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED	69. INTRAOCULAR TENSION
RIGHT NFA LEFT	PI Plates Normal	NFA		NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS
NFA	NFA	NFA

70. HEARING

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

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3596	4000 4096	8000 8192	
RIGHT								
LEFT								

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

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

8 April 1958: Effective this date enlistment voluntarily extended for a period of ONE (1) year under authority: Section 12-3-11, USCG Regulations.

CG Group New York
Pier 9, East River
New York 4, New York

JOSEPH MAZZOTTA, CDR, USCG
Commanding Officer (Acting)

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

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

#29 Precordium systolic murmur.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☐ IS
☐ IS NOT QUALIFIED FOR Re-enlistment

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
F.B. COFFIN S.A. SURG. USPHS	Floyd B. Coffin
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
J.S. MILLER DENT. DIR. USPHS	J.S. Miller
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

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

16—62288-1

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCARLETT, Russell Wesley	BM2	222-862
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Stoney Point Life Station, Stoney Point, N.Y.	Re-enlistment	3-18-58

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	9. TOTAL YRS. GOVT. SERVICE CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			Treasury	Grucom, N.Y.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-16	Lowell, Mass.	Margaret SCARLETT (W) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC 67 Hudson St., New York, N.Y.	Religion: Protestant

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

CLINICAL EVALUATION

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

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

#29 Systolic Murmur over precordium, disappears when recumbent.

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	Not done	14X17 Chest Negative	VDRL Negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not indicated		Not indicated

16—02288-1

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.	USPHS HOSPITAL, SINY	4/24/59

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
SCARLETT, Russell W.	222-862	BM2	COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.

FIT For Duty

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
Left direct inguinalhernia		3/19/59	4/24/59
Right Femoral hernia		3/19/59	4/24/59
Bronchopneumonia, postoperative		4/3/59	4/6/59
Left McVay's inguinal hernioplasty		4/2/59	4/24/59
Right McVay's femoral herniophasty		4/14/59	4/24/59

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

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

SIGNATURE OF MEDICAL OFFICER: J.R. LEWSI, SAS, USPHS

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

THIRTY (30) DAYS SICK LEAVE RECOMMENDED. RETURN AT END OF LEAVE FOR CHECK UP. MAY REMAIN NFFD FOR AN ADDITIONAL TWO WEEKS FOLLOWING CHECK-UP.

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
			COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.

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

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

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

PREVIOUS EDITIONS ARE OBSOLETE

...prescribed. Again, on 4/14/59, the patient underwent a McVay's repair for a femoral defect in the right groin. His postoperative course following this was uneventful.

DIAGNOSES: 1. Left direct inguinal hernia.
2. Right femoral hernia.
3. Bronchopneumonia, postoperative.

CONDITION: All Improved.

OPERATIONS: Left McVay's inguinal hernioplasty, 4/2/59.
Right McVay's femoral hernioplasty, 4/14/59.

CONDITION ON DISCHARGE: The patient's operative wounds are well healed. He is ambulant. He has had no further respiratory complications. He had no scrotal and no testicle complications following his surgery.

RECOMMENDATIONS: Not fit for duty for some six weeks from date of discharge, due to the fact that he had bilateral hernial repairs. The discharge recommendations are

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ James R. LEWIS, SA Surg, USPHS	4/23/59		CG

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

SCARLETT, RUSSELL
USPHS HOSPITAL, STATEN ISLAND 4, N.Y.

REGISTER NO. 65911 WARD NO. BD6

NARRATIVE SUMMARY
Standard Form 502

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

Promulgated
By Bureau of the Budget
Circular A - 32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION: 3/19/59	DATE OF DISCHARGE: 4/24/59	NUMBER OF DAYS HOSPITALIZED: 36

(Sign and date at end of narrative)

HISTORY: This patient was admitted for treatment of a left inguinal hernia of some eight months' duration. He had some pain on lifting and on prolonged standing.

The significant past history revealed that the patient has been operated for right inguinal hernia 17 years ago; had a thyroidectomy in 1942; and an appendectomy 18 years ago. He also has a history of frequent upper respiratory infections and colds settling in his chest.

PHYSICAL EXAM: Significant physical findings are the presence of abdominal scars in the right inguinal area following the appendectomy and hernia repair. There is a definite left inguinal hernia, probably the direct type; and there is a slight bulge in the right femoral area with a gurgling sensation on cough and strain in this area.

LAB. DATA: Initial chest x-ray, blood, urinalysis, and serology were all within normal limits. Later, during the hospital course, the patient had x-ray findings of bronchopneumonia and sputum findings predominantly pneumococcal. Electrocardiogram was also within normal limits.

HOSPITAL COURSE: The patient underwent a McVay's hernia repair for the left inguinal hernia on 4/2/59. The operation was delayed because of a previous minor upper respiratory infection. His postoperative course was complicated on the 3rd and 4th by the development of bronchopneumonia, which responded well to aerolone and oxygen inhalations. No antibiotics were prescribed. Again, on 4/14/59, the patient underwent a McVay's repair for a femoral defect in the right groin. His postoperative course following this was uneventful.

DIAGNOSES:
1. Left direct inguinal hernia.
2. Right femoral hernia.
3. Bronchopneumonia, postoperative.

CONDITION: All Improved.

OPERATIONS: Left McVay's inguinal hernioplasty, 4/2/59.
Right McVay's femoral hernioplasty, 4/14/59.

CONDITION ON DISCHARGE: The patient's operative wounds are well healed. He is ambulant. He has had no further respiratory complications. He had no scrotal and no testicle complications following his surgery.

RECOMMENDATIONS: Not fit for duty for some six weeks from date of discharge, due to the fact that he had bilateral hernial repairs. The discharge recommendations are (cont.)

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ James R. LEWIS, SA Surg, USN	4/23/59		CG

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)	REGISTER NO.	WARD NO.
SCARLETT, RUSSELL USPHS HOSPITAL, STATEN ISLAND 4, N.Y.	65911	BD6

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 445428

By Bureau of the Budget
Circular A - 32

CLINICAL RECORD	NARRATIVE SUMMARY	NUMBER OF DAYS HOSPITALIZED
DATE OF ADMISSION: 3/19/59	DATE OF DISCHARGE: 4/24/59 (Sign and date at end of narrative)	36

RECOMMENDATIONS (cont.)
that the patient be home on convalescent leave for 30 days and that he return to the Surgical Outpatient Clinic in one month for further follow-up. His convalescent leave may be extended at that time, if indicated.

1. R. Inguinal Hernia - - - 0402-6393

	FIT FOR DUTY	DATE ASSIGNED FROM DUTY RECEIVED FOR TREATMENT	ADMITTED TO
	YES / NO	approx. 30	INPATIENT / OUTPATIENT
DATE ADMITTED TO: 3/19/59 @ 1400	SIGNATURE OF MEDICAL OFFICER: William E. MARVEL, LA Surg (rap)		

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ James R. LEWIS, Surgeon/nr	4/23/59		CG

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)
SCARLETT, RUSSELL
USPHS HOSPITAL, STATEN ISLAND 4, N.Y.

REGISTER NO.	WARD NO.
65911	BD6

NARRATIVE SUMMARY
Standard Form 502

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

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

THE U. S. COAST GUARD

(Read instructions on reverse before completing this form)

TO: (Name and address of treatment facility)	FROM: (Coast Guard unit)		DATE
USPHS HOSPITAL STATEN ISLAND, N.Y.	COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.		19 MARCH 1959
NAME OF INDIVIDUAL TO BE TREATED	**SERVICE NO.**	**GRADE**	**COAST GUARD UNIT**
SCARIETT, Russell W.	222-862	BM2	COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER

OOD: John W. [illegible]hy jr., LTJG

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PMO)	FROM: (Name and address of treatment facility)	DATE
COMMANDER, CG GROUP, NEW YORK PIER 9, EAST RIVER NEW YORK 4, N. Y.	USPHS HOSPITAL, SINY'	3/20/59

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

1. R. inguinal Hernia - - - 0601-6393

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO:	
☑ YES ☐ NO	☐ YES ☑ NO	approx. 30	☑ INPATIENT ☐ OUTPATIENT	TREATMENT AT ☐ OFFICE ☑ HOSPITAL

DATE ADMITTED TO TREATMENT	SIGNATURE OF MEDICAL OFFICER
3/19/59 @ 1400	William E. MATORY, SA Surg/rap

FT9-2
30 April 1959

FOURTH ENDORSEMENT on COMNAV(FT-1) ltr of 6 February 1959, TOMO: 53133/99201X

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (222-862) USN, USCG

Subj: Retirement; travel

1. Your last permanent duty station certified to be: CG Group, Pier 9, East River, New York, New York.

2. AFPM Card No. 186850 collected and destroyed. Issued ID-1173 No. C6034,321. Issued ID-214 and ID-217. VL (60) days.

3. Detached and departed at 1300, 4/30/59.

JOSEPH MAZZOTTA
By direction

---

67 Montgomery Street
Saugerties, New York

FT9-2
30 April 1959

FIFTH ENDORSEMENT on COMNAV(FT-1) ltr of 6 February 1959, TOMO: 53133/99201X

From: SCARLETT, Russell W. (222-862) USN, USCG
To: Commander, Third Coast Guard District (p)

1. Arrived 67 Montgomery Street, Saugerties, New York this date.

2. Travel performed by privately owned conveyance.

Russell W. Scarlett
RUSSELL W. SCARLETT

CERTIFIED TO BE A TRUE COPY

Donald D Anderson Lt/j

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. THWING
By direction

- -

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

- -

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett
Russell W. Scarlett

CERTIFIED TO BE A TRUE COPY

Donald W. Andersen Lt(jg)

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

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
SCARLETT	Russell	W.	222-862

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RATE	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-Day-Yr.)
24 August 1914	BM2	BM2	BM2	May 1, 1959

REASON FOR RETIREMENT

20 Year Service Retirement

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

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

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	19	0	23	19	0	23
LIGHTHOUSE	7	5	3	7	5	3
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	26	5	26	26	5	26

DATE	SIGNATURE
6 May 1959	A. E. McLANE

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

F. Terry

Return to 3-13

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

26-5-26 -5-1-59 3CGD ✓ ✓

~~25 4 26~~ Service for Retirement SCARLETT, Russell W. 222-862 (Rat

Yrs. Mos. Days (Name) (ltr dtd 1-15-59) (Service No.)

of 31 March, 1958

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	17	11	23
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)	7	5	3

5-1-59

TOTAL SERVICE FOR RETIREMENT 25 4 26

INACTIVE SERVICE (Specify)

LIGHTHOUSE (For Pay Purposes) 7 5 3

TOTAL SERVICE FOR PAY PURPOSES 25 4 26

HIGHEST RANK OR RATING HELD BM 2

Service Computed by F. Jerry 1-27-59 (Records Checked (1-27-59) FT.

Service Verified by LDE 1/27/59 Wm.

26-5-26 O.K. DH 2/3/59

N. C. G.-2500C
Revised 1938

ISSUED ARMED FORCES I.D. CARD NO. 13477 ID to Identification

INTERNATIONAL BLOOD TYPE..... NOT ELIGIBLE FOR MUSTERING OUT PAY

Service Record

SCARLETT
(Surname)

RUSSELL WESLEY	222-862	NB
(Christian names)	(Service No.)	(Citizenship)
BM2c	8 APRIL, 1946	SIX (6) YRS
(Enlisted as)	(Date)	(Term of years)
COMMANDER, 3RD C.G. DISTRICT	NEW YORK, NEW YORK	
(Ship or station)	(Place)	

16—9677-1

UNITED STATES COAST GUARD
42 BROADWAY
NEW YORK 4, N. Y.

ADDRESS REPLY TO
COMMANDER, 3RD CG DISTRICT (pmp)
REFER TO FILE: 73-531 1351-48

7 November, 1947

From: Commander, Third Coast Guard District.
To: SCARLETT, Russell W. (222-862) BM2c - Bergen Pt. Light Station.

Subj: Orders; transfer; travel

1. Upon receipt hereof, you are hereby detached from further duty at the Bergen Pt. Light Station. Proceed to Northport, L.I., N.Y., to report to the CO, CG GROUP, at that place, for assignment to duty at the Great Captain Island Light Station as officer-in-charge.

2. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031418. Allowances for subsistence and quarters as prescribed by Art. 439, P&SI are applicable in this case.

3. Travel will be performed by government transportation requests, however, if you own and use your own conveyance, travel at own expense is authorized. Transportation requests may be obtained by stopping at this office enroute.

4. This order constitutes a permanent change of station for you from your present permanent station to Port Chester, N.Y. Since this order constitutes a permanent change of station, your attention is invited to Personnel Circular 13-47, copy attached.

5. Your health record will be carried on transfer and you will stop at this office enroute for the purpose of obtaining your service record.

E. H. LANE,
By direction.

CC:
Pers.
Pay
Class.
File
B&A
A-N
CG Group, Northport

Ind-1
C3CGD(fst), NY
10 Nov., 1947

Issued TR Ncg 666,490 drawn on LIRR covering one one way coach fare from New York, NY to Northport, Long Island, NY.

T. C. CRABE
By direction

UNITED STATES COAST GUARD
Washington 25, D.C.

Address reply to:
THE COMMANDANT (PE-PL)

26 May, 1947

PERSONNEL CIRCULAR NO. 13-47

Subj: Travel Orders; inclusion of Standard Instructions relative Movement of Dependents and Household Effects on Permanent Change of Station.

With the prospect of restricted funds available for travel and for shipment of household effects, it is essential to insure maximum utilization of such funds. At the same time, it is necessary to minimize the paper work required in budgeting these funds and in payment of obligations incurred therefor. As an aid in attaining these objectives, it is hereby directed that all travel orders to military personnel directing permanent change of stations include the following standard paragraph:

"Since this order constitutes a permanent change of station, you are entitled to transportation of your dependents and household effects in accordance with law. In order that the necessary funds may be obligated to cover such expense, submit a request for authority for required travel of your dependents on Form CG-9824 (1-47) and for required transportation of household effects on Form CG-2658 (October, 1946) to one of the officers authorized to approve such request as stated in Chapter IV, Pay and Supply Instructions. These forms should be submitted immediately upon your decision to move your dependents or household effects. Failure to do so will result in delay of the movement or reimbursement for expenses incurred therefor."

By direction of the Commandant.

/s/ R. T. McELLIGOTT
R. T. McELLIGOTT,
Chief, Office of Personnel

IND-2
CG GROUP, Northport, N. Y.
10 November, 1947

Reported to the Eatons Neck Light and Lifeboat Station 1530, this date, FFT Great Captains Island Light Station.

C. E. SHUPE

IND-3
CG GROUP, Northport, N. Y.
11 November, 1947

Departed Eatons Neck Light and Lifeboat Station at 0830 this date, for Great Captain's Island Light Station.

C. E. SHUPE

IND-4
CG GROUP, Northport, N. Y.
11 November, 1947

Reported to Great Captain's Island Light Station for duty at 0915 this date.

C. E. SHUPE

SCARLETT, Russell W. 222-862 BM2c

Comdr. 3rd CG District HUDSON CITY LIGHT STATION New York, N.Y.

03-001 12 June, 1947

1700
3 June, 1947 BERGEN POINT LIGHT STATION
resumption of regular duty.

Com3/L 4-17-47 (73-531)

E. H. LANE, Ship's Clerk, USCG,
By direction.

FILE IN SERVICE RECORD

SCARLETT, Russell W. 222-862 BM2c

Comdr. 3rd CG District BERGEN POINT LIGHT STATION New York, N.Y.

03-001 12 June, 1947

0900
4 June, 1947 HUDSON CITY LT STA.
resumption of regular duty.

30-D ComS/L 4-17-47 (73-531)

FILE IN SERVICE RECORD

E. H. LANE, Ship's Clerk, USCG,
By direction.

SCARLETT, Russell W. 222-862 BM2c

CG Group, New York HUDSON CITY LIGHT STATION New York, NY

03-001 2 May 1947

0900
29 April 1947 BERGEN POINT LIGHT STATION
assignment to temporary duty

18D DeL 4/17/47(73-531)

E. H. LANE, Ship's Clerk, USCG
By direction

FILE IN SERVICE RECORD

SCARLETT, Russell W. 222-862 BM2c

CG Group, New York BERGEN POINT LIGHT STATION New York, N.Y.

03-001 2 May 1947

0930
28 April 1947 HUDSON CITY LIGHT STATION
assignment to temporary duty

DoL 4/17/47(73-531)

E. H. LANE, Ship's Clerk, USCG
By direction

FILE IN SERVICE RECORD

SCARLETT, Russell W. 222-862 HM2c

CG GROUP, NEW YORK, N.Y. Bergen Point Light Station Mariners Harbor,NY.

03-001 03- 027 10 Nov., 1947

1000
9 Nov., 1947 CG GROUP, Northport, LINY
asdu at Great Captain's Island Light Station.

Com3/L 10-7-47 (73-531)

FILE IN SERVICE RECORD

E. H. LANE, Ship's Clerk, USCG, By direction.

SCARLETT, Russell W. 222-862 BM2c

Off. Comdr. 3rd CG District BERGEN POINT LIGHT STATION New York, N.Y.

03-001 03-027 7 Oct., 1947

1300
7 Oct., 1947 Tarrytown Light Station
resumption of regular duties.

30-D Com3/VO 10-7-47.

E.H.LANE, Ship's Clerk, USCG, By direction.

FILE IN SERVICE RECORD

SCARLETT, Russell W. 222-862 BM2c

Off. Comdr. 3rd CG District TARRYTOWN LEGHT STATION New York, N.Y.

03-001 03-033 7 Oct., 1947

0930
7 Oct., 1947 Bergen Point Light Station
resumption of regular duties.

Com3/VO 10-7-47.

E. H. LANE, Ship's Clerk, USCG, By direction.

FILE IN SERVICE RECORD

SCARLETT, Russell W. 222-862 BM2c

Comdr. 3rd CG. District Tarrytown Light Station New York, N.Y.

OS-001 6 August, 1947

1300
1 August, 1947 Bergen Point Light Station
temporary duty.

30-D Com3/L 7-29-47 (73-531)

E. H. LANE, Ship's Clerk, USCG,
By direction.

FILE IN SERVICE RECORD

3rd CG. District Tarrytown Light Station New York, N.Y.

03-001 6 August, 1947

1300
1 August, 1947 Bergen Point Light Station
temporary duty.

30-D ComS/L 7-29-47 (73-531)

E. H. LANE, Ship's Clerk, USCG,
By direction.

SC

CARLETT, Russell W 222-862 BM2c

Comdr. 3rd CGD Fort Wadsworth Light Station Rosebank, S.I., NY

03-002 & 03-029 27 August, 1946

0930
26 August, 1946 Tarrytown Light Station, North Tarrytown, N.Y.
temporary duty.

C3rdCGD/L 8/26/46

30-D
18-D

E. H. LANE, By direction

FILE IN SERVICE RECORD

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES 280

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

SCARLETT, Russell W. 222-862 BM2c

Comdr. 3rd CGD Wesley Tarrytown Light Station North Tarrytown, N.Y.

03-032 & 03-041 [illegible] Waite 27 August, 1946

424 1200 Avenue, Kearney, New Jersey Fort Wadsworth Light Station

26 August, 1946 temporary duty.

18-D

30-D C3rdCGD, L 8/26/46 Stony Point

Margaret Veronica Scarlett Stony Point Light Station, New York

CHILDREN — FIRST NAME — MIDDLE NAME — LAST NAME	ADDRESS (Number, street, city, zone, and State)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Elizabeth Ann Scarlett	Stony Point, New York		X		X	6 Yrs.
Margaret Ann Scarlett	Stony Point New York		X		X	3½ Yrs.

(Continue on reverse side)

NAME OF FATHER (or male guardian) (First name, middle name, last name) ADDRESS (Number, street, city, zone, and State)

Dead

NAME OF MOTHER (or female guardian) (First name, middle name, last name) ADDRESS (Number, street, city, zone, and State)

Dead

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (See instruction 4 on reverse side of form.)

NAME — FIRST NAME — MIDDLE NAME — LAST NAME RELATIONSHIP

Margaret Catherine Auger Sister

ADDRESS (Number, street, city, zone, and State)

8 Bellum Street, Worcester, Massachusetts

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (Only one may be named.)

NAME — FIRST NAME — MIDDLE NAME — LAST NAME RELATIONSHIP

Catherine Theresa Waite Sister-in-law

ADDRESS (Number, street, city, zone, and State)

424 Davis Avenue, Kearney, New Jersey E. H. LANE, By direction

VOLUNTARY ENTRIES

NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Metropolitan Life Insurance Company	1 Madison Ave, New York 10 [illegible]	702 003
Prudential Insurance Co. of America	Newark, New Jersey [illegible]	49310[illegible]

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CLASSIFICATION UNABLE TO TRANSMIT MONEY TO DEPENDENTS, IT IS MY DESIRE THAT

NAME — FIRST NAME — MIDDLE NAME — LAST NAME RELATIONSHIP

Margaret Veronica Scarlett Wife

ADDRESS (Number, street, city, zone, and State) AGE IF UNDER 18

Stony Point Light Station, Stony Point New York 100

DATE SIGNED SIGNATURE OF DECLARANT

September 14-1946 Russell W. Scarlett

Stony Point Light Station, Stony Point, N.Y.

DD FORM 93

FILE IN SERVICE RECORD

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Scarlett Russell Wesley	222-862	BM 2	☐ USA ☒ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Charles James Waite — Brother-in -Law

ADDRESS (*Number, street, city, zone, and State*)

424 Davis Avenue,Kearney,New Jersey

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Margaret Veronica Scarlett	Stony Point Stony Point Light Station. New York

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Elizabeth Ann Scarlett	Stony Point,New York		x		x	6 Yrs.
Margaret Ann Scarlett	Stony Point New York		X		x	3½ Yrs.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Dead	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Dead	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Margaret Catherine Auger — Sister

ADDRESS (*Number, street, city, zone, and State*)

8 Buffum Street,Worcester,Massachusetts

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Catherine Theresa Waite — Sister-in-law

ADDRESS (*Number, street, city, zone, and State*)

424 Davis Avenus, Kearney, New Jersey

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Metropolitan Life Insurance Company	1 Madison Ave,New York 10 N.Y.	7020003
Prudential Insurance Co.of America	Newark, New Jersey	493105342

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Margaret Veronica Scarlett — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Stony Point Light Station,Stony Point New York — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Stony Point Light Station,Stony Point N.Y.	September 14-1950	Russell W Scarlett Russell W Scarlett

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF SCARLETT, Russell Wesley (Full name, surname to left); 222-862 (Service number); ____ (Pay per month)

Accepted for enlistment at Commander, 3rd Coast Guard District, N.Y. N.Y. RM2c (Rating in which enlisted)

Enlisted at Commander, 3rd Coast Guard District, N.Y. N.Y.; 8 April, 1946 (Date of enlistment)

Transferred to -

Occupation - Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 24 August, 1914 Place of birth Dracut, Massachusetts

Home address Ft. Wadsworth Light Station, (Street and number) Rosebank, (Town) Staten Island, (County) New York (State)

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

Margaret V. Scarlett (Relationship) Ft. Wadsworth Light Station, Rosebank, Staten Island, N.Y. (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted 8 April, 1940 (Date) at Ambrose Channel Lightship #111, N.Y. N.Y. (Place) and was last discharged 7 April, 1946 (Date) from Commander, 3rd C.G. District, N.Y. N.Y. (Unit)

with Honorable (Character) discharge as RM2c (Rate) No. A74024

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

Previous Army service ____ (Years) (Months) (Days) Age 31 years 7 months.

Height 5 feet 6 inches. Weight 133 pounds.

Eyes blue Sex male Hair Brown Complexion Ruddy Color White

Personal characteristics ____ marks, etc. ANT: S 3# RFA; S 1" lt 3rd finger: S (appendectomy) ; S - rt (hernia) POST: None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Lt. C.J. MURPHY, USCGR of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { SIX (6) years from 8 April, 1946 / during minority until ____, 1____ } unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, RUSSELL WESLEY SCARLETT, 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.

Russell W Scarlett

RUSSELL W. SCARLETT

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of April, A. D. 19 46

C. J. MURPHY, Lieut. USCGR

Records and Assignments Officer, 3CGDist.

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

(Title)

Citizenship substantiated and contract perfected.

C. J. MURPHY, Lieut. USCGR

Records & Assignments Officer, 3CGDist.

, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ____ by reason of

____

under authority of ____

____

(Signature of man)

(Signature of commanding officer)

16—8420-2

CG–2888 (9–46)

SECURE THIS SHEET IN SERVICE RECORD

TREASURY DEPARTMENT
U. S. COAST GUARD

File

Print or Type—
Do Not Use Pencil

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

SCARLETT, Russell Wesley (Name—Surname to left) ; BM2c (Rank or rating 31 Aug. 1946) ; (222-862) (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 120 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) Margaret V. Scarlett (Name of dependent) Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.) On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) _____ (Name of dependent) _____ (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Russell Wesley Scarlett
(Signature of claimant) (DO NOT PRINT OR TYPE)

(SEAL) Subscribed and sworn to (or affirmed) before me at #5 Staten Island NY. this 21 day of November 1946

Philip Jacob Sandbuehler
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

PHILIP J. SANDBUEHLER
Notary Public in the State of New York
Residing in Richmond County
Richmond County Clerk's No. 337
Commission Expires March 30, 19.47

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

V. PFEIFFER, Lt. Comdr., USCG. — (*Signature of Commanding Officer*)

Personnel Office 3rd CG District. — (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*) — (*Officer monthly rental allowance*) — (*Officer daily subsistence allowance*)

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

...DEPARTMENT SUPPL...

SHIP OR STATION

COAST GUARD BASE, St.Geo., N.Y.

DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
8-1-44	4-8-40

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
SCARLETT,	Russell	W.	222-862	B.M.2c

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Margaret V. Scarlett 96 Beechwood pl., Four Corners, Staten Isl., N.Y.	wife				
2		Russell W. Scarlett, Jr. same as above	son	4	43		
3		Elizabeth A. Scarlett same as above	daughter	8	44		
4							
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Staten Island, New York.	6-13-42	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☒ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
Wife and daughter ~~son~~ submitted on previous application. Birth of son.	

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY Sta Units, 3rd Dist (CHARLIE)
SU UNITS, DCGO 3ND

DATE 5 AUGUST 1944

I HAVE THIS DATE ~~NOTED~~ CONTINUED IN THE APPLICANT'S PAY ~~ACCOUNT~~ RECORD (222-862) A MONTHLY FAMILY ALLOWANCE
Pay Number

OF $22 ~~$27~~ (Strike Out One) EFFECTIVE AUGUST 1944
(Month)

E.L. COLEMAN, 55-123
DCGO, 3rd ND

(Signature of Disbursing Officer) Sign Third Copy Only - (Pink)

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

A. R. PEKIN, Ensign, USCGWR
ASS'T DISB. OFFICER, DCGO, 3ND
New York 4, N. Y.

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

UNITED STATES COAST GUARD

Feb (7)

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

SERVICE RECORD

SCARLETT, Russell V. 2EE-068 RdSc

(Name in full—surname to the left)

Crest Captains Island Light Station
CO CGSUR, Northport Northport, N. Y. 16 February, 1943

Date of last enlistment (for 4 years) ..... Yrs. 4 Mos. 6 Days 5

Enlistment extended (for ... years from) 4 6 0

Date of discharge ( ) 4 6 0

(Character of discharge)

Total time of last enlistment period 8 0 0

ABSENT TIME DURING PERIOD (Include dates to be shown)

Absent Without Leave			Absent Sick			Absent Other Than Sick		
From—	To—	Days	From—	To—	Days	From—	To—	Days

1300 - 2-11-43 - - Reported Crest Captains Island Light Station for Commander Third Coast Guard District for further transfer to Bergen Point Light Station.

3rd Dist/L 2-5-43(73-531)(jmp)

TOTAL ABSENCE 0 0 0

Creditable time served during last enlistment period 8 0 0

C. E. SMITH, Lt.(j.g.), USCG

Commanding Officer

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

Date 7 April, 1943

(Rank) Mach 1/c U.S.C.G.

(Commanding Officer)

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1943 Ft. Tompkins Light Station, Staten Island, N.Y.

(Place)

I CERTIFY that the above-named man REENLISTED for

(Reenlisted or extended for ... years)

a period of SIX (6) years from this date.

E. G. SMITH

(Rank) Lieut. (j.g.) U.S.C.G.

(Commanding Officer)

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Pt. Wadsworth Light Station, Rosebank, STAT
(Unit)

SCARLETT, Russell Wesley — 322-982 — 7 April, 1946
(Name in full—surname to the left) (Date)

322-982 — Boatswain's Mate 2 cond Class
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1943	4	8			
Enlistment extended (for 3 years from)	1946	4	7			
Date of discharge (HONORABLE) (Character of discharge)	1946	4	7			
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

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

H. B. Baker

H. B. BAKER

Date 7 April, 1946

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

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1946

Pt. Wadsworth Light Station, Rosebank, STAT
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.

H. B. Baker

H. B. BAKER

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

16—20908-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Commander, 3rd C.G. District (Unit)

New York, New York (Place)

8 April, 1946 (Date)

FROM: SCARLETT, Russell W. (222-862) BM2c

TO: COMMANDANT (via Commander, 3rd C.G. District)

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

MARGRET V. SCARLETT (Full name of wife; if not married, so state)	(June 13, 1942)	Pt. Wadsworth Light Station, Rosebank, Staten Island, N.Y. (Address of wife)
RUSSELL SCARLETT JR (Full name of child; if none, so state)		Same (Address of child)
ELIZABETH SCARLETT (Full name of child; if none, so state)		Same (Address of child)
(Full name of child; if none, so state)		(Address of child)

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

FLORENCE WALDEN (Full name of relative)	Sister (Relationship)	958 Millguay St, Worcester, Mass (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:

ROBERT SCARLETT (Full name of relative)	Brother (Relationship)	8 Duffing St., Worcester, Mass (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 8th day of April, 1946

H. J. BAKER (Signature)

Lieut. (jg) USCG (Rank or title)

Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT (Signature)

BM2c (Rank or rating)

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

CG-73

19 April, 1946

To: CO, CGC TULIP

Subj: SCARLETT, Russell Wesley (222-862) BM2c; served outside continental limits U.S.; verification of

1. Subject named man was attached to the activity under your command from 30 May, 1940 to 31 August, 1941.

2. It is requested that verification be furnished this office by indorsement hereon whether subject named man served outside the continental limits of the U.S. during the above dates.

T. J. DUFFY,
By direction

CC: File
Service record.

SCARLETT, Russell W. 222-862 BM2c

Fort Wadsworth Light Station Rosebank, Staten IslandNY

(03-029) 7 April, 1946

7 April, 1946: Discharged /this date from the Regular Establishment of the U.S. Coast Guard by reason of expiration of enlistment and extension thereof. Issued Honorable discharge certificate No. A74024 Series A.

Not entitled to mileage.
POD: New York, New York (Commander, 3rd C.G. Dist)
PAFE: Ambrose Channel Light Ship #111, New York, New York

T. J. DUFFY
By direction.

30-D P.B. 103-44

SCARLETT, Russell W. 222-862 BM2c

Fort Wadsworth Light Station Rosebank, Staten Island, N.Y.

(03-029) 8 April, 1946

8 April, 1946: Reenlisted this date in the Regular Establishment of the U.S. Coast Guard, as Boatswain's Mate Second Class (Permanent) for a period of six (6) years.

PAYE: New York, New York (Commander, 3rd C.G. Dist)

T. J. DUFFY
By direction.

30-D P.B. 103-44

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

NAME	SERVICE NUMBER	RATING
SCARLETT, Russell Wesley	222-862	BM2
UNIT Office, Commander, Group, N.Y. ~~USCG PERSONNEL SEPARATION CENTER NO~~	LOCATION 80 Lafayette Street, NY	DATE REPORTED 7 April, 1952.
FINAL AVERAGE EFFICIENCY MARKS ⟶	PROFICIENCY IN RATING 3.6	CONDUCT 4.0

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

NONE

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER *(Check)*

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED *(Explanation below)*

Surrendered and attached hereto.

Russell W Scarlett
RUSSELL W. SCARLETT
(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
7 April, 1952	HONORABLE	222-862

REASON	AUTHORITY
Expiration of Enlistment	Article 12-3-42A (1) CG Regulations.

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED *(Check)*

[X] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE

Russell W Scarlett
RUSSELL W. SCARLETT
SIGNATURE OF DISCHARGEE

PE-PR-10

MUSTERING OUT PAY *(Check)*

[ ] ENTITLED TO & CERTIFIED FOR M.O.P. [X] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF ~~six~~ CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: StonyPt. New York	TO: Stony Point, New York	$0.00
TOTAL AMOUNT PAID FOR TA & PAY *(In full to date of Discharge)* $543.30	CHECK NO. 298,122	NAME OF PAY OFFICER HERBERT NEWMAN, PCIK, USCG (1375) ~~ASSISTANT DISBURSING OFFICER~~

CREDITABLE SERVICE DURING THIS ENLISTMENT ⟶	YEARS	MONTHS	DAYS
	6	0	0

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

W. L. MALONEY, CAPT., USCG
Commander, Group, New York.

~~USCG PERSONNEL SEPARATION CENTER NUMBER~~

(P)

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

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander, Group, New York
80 Lafayette Street, New York 13, N. Y.
(Unit)

SCARLETT, Russell W. — 7 April, 1952
(Name in full—surname to the left) (Date)

222-862 — BM2
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for SIX years)	1946	Apr.	8
Enlistment extended (for - - - years from)	- - -	- - -	- - -
Date of discharge (H-O-N-O-R-A-B-L-E) (Character of discharge)	1952	Apr.	7
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Paid $761.00 Reen. ~~Allow~~ BONUS on 4/8/52 by PAUL D. BANNING, CDO, Symbol No. 1375 on Vo. No 403-4414, Pay Roll No 63-PR-545

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

TOTAL ABSENCE (0 days)

Creditable time served during last enlistment period	6	0	0

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

W. L. MALONEY,

Date 7 April, 1952 (Rank) CAPTAIN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1952 — Office, Commander, Group, New York, 80 Lafayette Street, New York 13, New York
(Unit and place)

I CERTIFY that the above-named man R-E-E-N-L-I-S-T-E-D for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.

W. L. MALONEY,

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

GPO DSO 3-271

by
al, U.S.
, 1941

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander, Group, New York
80 Lafayette Street, New York 13, N. Y.
(Unit)

SCARLETT, Russell W. — 7 April, 1952
(Name in full—surname to the left) (Date)

222-862 — BM2
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for SIX years)	1946	Apr.	8
Enlistment extended (for - - - years from)	- - -	- - -	- - -
Date of discharge (H-O-N-O-R-A-B-L-E) (Character of discharge)	1952	Apr.	7
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Paid $360.00 Reen. ~~Allow.~~ BONUS on 4/8/52 by
PAUL D. BANNING, CDO, Symbol No. 1375
on Vo.No. 403-4414, Pay Roll No. 03-PR-546

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

W. L. MALONEY,

Date 7 April, 1952 (Rank) CAPTAIN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1952 — Office, Commander, Group, New York
80 Lafayette Street, New York 13, New York
(Unit and place)

I CERTIFY that the above-named man R-E-E-N-L-I-S-T-E-D for
(Reenlisted or voluntarily extended his enlistment)
a period of SIX (6) years from this date.

W. L. MALONEY,

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

GPO DSO 3-271

...ved by
...eneral, U.S.
... 31, 1941

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander, Group, New York
80 Lafayette Street, New York 13, N. Y.
(Unit)

SCARLETT, Russell W. — 7 April, 1952 (Date)
(Name in full—surname to the left)

222-862 (Service number) — BM2 (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for SIX years)	1946	Apr.	8			
Enlistment extended (for - - - years from)	- - -	- - -	- - -			
Date of discharge (H-O-N-O-R-A-B-L-E) (Character of discharge)	1952	Apr.	7	6	0	0
Total time of last enlistment period						

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Paid $360.00 Reen. BONDS ~~Allow~~, on 4/8/52 by
PAUL D. BANNING, CDO, Symbol No. 1375
on Vo. No. 403-4414, Pay Roll No. 53-PR-546

P. D. SHOST, CPCLK, USCG — Total Absence (0 days)
Authorized Certifying Officer

Creditable time served during last enlistment period	6	0	0

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

W. L. MALONEY,

Date 7 April, 1952 — (Rank) CAPTAIN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1952 — Office, Commander, Group, New York, 80 Lafayette Street, New York 13, New York
(Unit and place)

I CERTIFY that the above-named man R-E-E-N-L-I-S-T-E-D for
(Reenlisted or voluntarily extended his enlistment)
a period of SIX (6) years from this date.

W. L. MALONEY,

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

GPO DSO 3-271

CG-2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF SCARLETT, Russell W. 222-862
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF SCARLETT, Russell W. 222-862

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-51	BM2	3.7	3.6	--	3.5	4.0	CG GROUP, N.Y. D.M. MORELL, LCDR, XO
3-31-52	BM2	3.7	3.6	--	3.5	4.0	CG GROUP, N.Y. D.M. MORELL, LCDR, XO
4-7-52	BM2	3.7	3.6	--	3.5	4.0	CG GROUP, N.Y. W.L. MALONEY, CAPT., CO
AVERAGE	X X X X	3.6	3.5	3.4	3.5	4.0	CG GROUP, N.Y. W.L. MALONEY, CAPT., CO.

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

GPO 83-030285

RECORD OF SCARIETT, Russell Wesley (Full name, surname to the left) 222-862 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-48	BM2	3.5	3.5	-	3.5	4.0	W. C. MOYER, SCLK, By dir.
3-31-49	BM2	3.5	3.5	-	3.5	4.0	W. C. MOYER, SCLK, By dir.
6-30-49	BM2	3.6	3.6	-	3.5	4.0	GROUP, N[illegible] W. C. MOYER, SCLK, By dir.
9-30-49	BM2	3.6	3.6		3.5	4.0	GROUP, New York, N. Y. XO. By dir.
12-31-49	BM2	3.7	3.6		3.5	4.0	H.W.STINCHCOMB,CAPT,USCG., CDR NY GR.
3-31-50	BM2	3.7	3.6		3.5	4.0	H.W.STINCHCOMB,CAPT,USCG., CDR NY GR.
6-30-50	BM2	3.7	3.6		3.5	4.0	H.W.STINCHCOMB, CAPT,USCG.,CDR NY GR.
9-30-50	BM2	3.7	3.6	-----	3.5	4.0	W.L.MALONEY,CDR.,USCG, CDR NY GROUP
12-31-50	BM2	3.7	3.6	----	3.5	4.0	W.L.MALONEY,CDR.,USCG, CDR NY GROUP
3-31-51	BM2	3.7	3.6	---	3.5	4.0	W.L.MALONEY,CDR,USCG,CO
6-30-51	BM2	3.7	3.6	---	3.5	4.0	D.M.MORRIS,LCDR,USCG,XO,GROUP,N.Y.
9-30-51	BM2	3.7	3.6	---	3.5	4.0	D.M.MORRIS,LCDR,USCG,XO,GROUP,N.Y.
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

CG-2500-C
(Rev. 4-49)

RECORD OF SCARLETT, Russell W. 222-862
(Full name, surname to the left) (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days earned	Departed Hour	Date	Returned Hour	Date	Type and reason	No. days	Bal. due	Signature and Unit
BBF 7-1-49										60	W H MOULTON, LCDR By direction
				1200	8/18/49	0900	9/6/49	Reg.Acc.	21	39	W. H. MOULTON, LCDR By direction
ANCR 6-30-50			30							69	H.W.STINCHCOMB,CAPT
BBF 7-1-50										60	H.W.STINCHCOMB,CAPT
ANCR 6-30-51			30							60	D.M.MORELL,LCDR,XO
BBF 7-1-51			30							60	D.M.MORELL,LCDR,XO
From 7-1-51 To 4-7-52	9	7	24	- - - - - - - - - - - - - - - - - - - -						60	W. L. MALONEY, CAPT.

Man elects and is entitled to receive cash compensation for SIXTY (60) DAYS unused leave remaining on date of discharge 4-7-52, not carried forward on new leave record.

Paid $ 543.30 cash compensation for 60 days lv: subs; qtrs on 4/8/52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 403-4414 Pay Roll No. CG-PR-540

W. L. MALONEY, CAPT.

P. D. SHOST, CPCLK, USCG

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To	Reason	Months	Days	Signature and Unit

RECORD OF SCARLETT, Russell W. (222-862)

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

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	CO'S SIGNATURE and UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	
ANCR	6-30-47	25						~~49~~ 47	R.M. ROSS Commander U.S.C.G.
BBF	7-1-47	49						~~47~~ 49	R.M. ROSS Commander, U.S.C.G.
			8-28-47	10-6-47	REG	40		~~9~~ 7	E.H.LANE, Sh.Clk, Bydir
ANCR	6-30-48	39						39	Ship Clerk USCG.
BBF	7-1-48	39						~~39~~ 39	Ship Clerk USCG.
ANCR	6-30-49	30						60	W.C.MOYER, SCLK, USCG, By direction.
BBF	7-1-49	60						60	W.C.MOYER, SCLK, USCG, By direction.

39

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

RECORD OF SCARLETT, Russell W. (222-862)

(Full name, surname to the left) (Service Number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO DAYS	FROM	TO	REASON	NO DAYS	ADV LV	NO DAYS	FROM	TO	REASON	NO DAYS	
I.C.	9-1-46	60						60					E. H. Lane Ship Clerk USCG.
						32		28					
			11-11-46	12-12-46	LV	30		30					E.H.LANE, SClk, USCG, By dir.
			4-22-47	4-27-47	REG	6		24	22				E. H. Lane Ship Clerk USCG.

RECORD OF SCARLETT, Russell W. 222-862
(Full name, surname to the left) (Service Number

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
Ft. Wadsworth Light Station,	Credit	4-8-46 Reenlist.		30	30	H. J. BAKER, LT(jg) USCG BY DIRECTION

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
Ft.Wadsworth Light Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				R.M.ROSS, Comdr,CO.
GROUP, New York, N. Y.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Ship Clerk, USCG.
CG GROUP,Northport	N.Y. NO DETUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				C.E.SHUPE,Lt(jg)CO
CG GROUP, NEW YORK,	N.Y. NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				W.L. MALONEY, CAPT.

10. TRIALS BY COURTS MARTIAL

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

RECORD OF SCARLETT, Russell W. (Full name, surname to the left) 222-862 (Service Number)

11. DESERTION

Date ....., 19..... Unit ..... Place .....

12. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

13. RETIREMENT

Unit	Date	Cause	Authority	Signature

14. DISCHARGE

Date 7 April, 1952 Place OFFICE, COMMANDER, GROUP, NEW YORK, N.Y. 80 Lafayette Street, New York 13, N. Y.

Discharged by reason of Expiration of Enlistment

Kind of discharge HONORABLE Serial No. - - - - - - - - -

Authority Article 12-3-42A (1) CG Regulations.

Rating BM2 Monthly rate of pay .....

Furnished travel allowance at the rate of ..... cents per mile from .....

to ..... and paid $..... in full to date of discharge by

..... with check No. .....
(Name of Disbursing Officer)

Address subsequent to discharge will be:

Stony Point Light Station, Stony Point, New York.

.....

Has signified intention { to / ~~not to~~ } reenlist next day.

Creditable Coast Guard service during this enlistment -6- (Years) -0- (Months) -0- (Days)

Completed 19 years' net service for pay purposes on 4 November 1951.

Total time lost and deducted for pay purposes thereafter to date of discharge -0- (Years) -0- (Months) -0- (Days)

7 April, 1952. (Date)

Certified correct upon termination of service.

W.L. MALONEY

W.L. MALONEY, CAPTAIN, USS. COAST GUARD.
Commanding Officer.

U. S. GOVERNMENT PRINTING OFFICE 16—9676-2

Kirk - Also for Scarlett?

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Stony point Lt.Sta.
Stony Point N.Y.

U.S. COAST GUARD
GruCom-New York-COTP

MAR 20 1952
FILE:

RECEIVED
NEW YORK, N. Y.

18 March 1952

From: Officer in charge, Stony point Light Station
To: Commander, Group, New York

Subj: Discharge and Reenlistment, information concerning

In answer to your Memorandum dated 17 March, 1952, in which you requested that I advise this office immediately of my intentions to reenlist on 7 April, 1952. I do intend to reenlist on 7 April, 1952 and I will be present for a physical examination on 1 April, 1952.

Russell W Scarlett
Russell W. Scarlett BM 2

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CG GROUP, NEW YORK, N.Y. Stony Point LSs- 03-300540 C. O. Order No. 82-51
(Name and type and number of activity (or unit))
COAST GUARD PERSONNEL

To DISBURSING OFFICER: 3rd CG District

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
222-862	SCARLETT,	Russell	W.	Completed (18 yrs) creditable service on 4 November 1950. (Statemnt below)	11-4	FO

ENTERED SERVICE	SERVICE TERMINATED	ABSENT WITHOUT LEAVE (Inclusive Dates)	SICKNESS DUE TO OWN MISCONDUCT	NONPERFORMANCE OF DUTY BECAUSE OF
7 Years 5 Months 3 Days Lighthouse Service Creditable for Longevity.				
ENL-USCG 4-8-40		None	None	None
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None	None	None
4-8-46 Now Serving		None	None	None

S/B

(D. O. Symbol number)

A B How
A. B. HOW, LTJG, USCG
Commander, Group, New York
By direction
(Name and signature) OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

U. S. COAST GUARD
GRUCOM-NEW YORK-COTP
RECEIVED
DEC 22 1949

UNITED STATES COAST GUARD

NEW YORK, NEW YORK

Commander
New York Group
80 Lafayette St.
New York, 13, N. Y.

19 December, 1949
File: 73

From: Commander, New York Group
To: Officer in Charge, Stony Point Light Station

Subj: Enlisted personnel; information concerning; request for

Ref: (a) District Circular No. 49-89, 13 December, 1949

In accordance with reference (a), advise this office by indorsement below the names of all petty officers attached, number of their dependents and their preference for next duty assignment.

H. W. Stinchcomb
H. W. STINCHCOMB

21 December 1949
(DATE)

Ind-1.

From: Officer in Charge,
To: Commander, New York Group

Returned:

(222-862)

NAME: Scarlett Russell W BM 2

NUMBER OF DEPENDENTS: 3

PREFERENCE FOR NEXT DUTY ASSIGNMENT: Light Station. Newdorp Lt.Sta.

NAME: _____

NUMBER OF DEPENDENTS: _____

PREFERENCE FOR NEXT DUTY ASSIGNMENT: _____

Russell W Scarlett
Russell W Scarlett BM 2
(Signature of OinC)

From compensation of

APPLICATION FOR ALLOTMENT

"Q" Allotment

SCARLETT, Russell W. (222-862 [redacted] 2, USCG

PAYABLE TO

Monthly allotment in the amount of [redacted]

One hundred forty-five dollars ($ 145.00) Dollars.
(Words) (Figures)

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

Name Margaret V. Scarlett (Wife)

Street and No. Stony Point Light Station

Reason for allotment Basic allowance for quarters

Post office Stony Point State New York (3 dependents).

First payment: Month November, 19 50

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

Rank or rating BM2 U. S. C. G.

13 October, 19 50

Approved, allotment granted.

W. L. MALONEY, CDR., USCG

Commanding Commander, Group, N.Y.

Commander, District.

Witnessed and registered 7 Nov., 19 50

W. G. SCHAEFER, CPCLK

Pay officer, ACO (1375) 3CGD

16—12642—1

Please insert this copy in man's service record in accordance with Art. 260 P&SI

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG

Authorized Certifying Officer

Allotment Disbursing Officer.

© DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Stony Point Light Station Date: 18 August, 1949

Departed at (1200) this date. This leave of absence will expire before 0900

6 Sept. 1949, at Stony Pt Lt Station and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Stony Point Light Station Date: 6 Sept. 1949

Reported at (0900) this date, having taken 21 days' leave and ..... days' TT.

Russell W Scarlett

Russell W Scarlett BM 2 O-in-C

COMMANDING—EXECUTIVE—PERSONNEL OFFICER

16—40220-3

[OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

St George

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

N.Y. COAST GUARD DISTRICT DEPOT ST. GEORGE, S.I. JUL 27 9 13 AM '49

UNIT	ADDRESS	DATE
Stony Point Light Station	Stony Point New York	20 July 1949

FROM (REQUESTER):	TO	VIA:
Russell W Scarlett .222-862 BM 2/c	Commander 3rd CG District	Commander 3rd Dist. (can)

THE FOLLOWING LEAVE IS REQUESTED: 21 Day

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
21		18 August 1949	None		7 April 1952

REASON FOR REQUEST: (Recreation)

U.S. COAST GUARD RECEIVED JUL 26 1949 PERSONNEL OFFICE NEW YORK, N. Y.

My address on leave will be: Mr Charles Waite. 424 Davis Ave; Kearney, New Jersey

I will immediately inform my commanding officer of any change in address while on leave.

Russell W Scarlett
Russell W Scarlett BM 2/c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG BASE, St. George, SINY Date: 15 August, 1949

Leave record indicates balance of 60 days' annual and ---- days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

J. A. HEIKEL, Lt
By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

SEP N.Y. COAST GUARD DISTRICT DEPOT ST. GEORGE, S.I. 9 04 AM '49 RECEIVED

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Stony Point Light Station Date: 18 August, 1949

Departed at (1200) this date. This leave of absence will expire before 0900 6 Sept. 1949, at Stony Pt Lt Station and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ---- days extension of leave to expire before noon, ----

Authority:

Signature and rank Title

Ind.-6 Unit: Stony Point Light Station Date: 6 Sept. 1949

Reported at (0900) this date, having taken 21 days' leave and ---- days' TT.

Russell W Scarlett
Russell W Scarlett BM 2 O-in-C
COMMANDING—EXECUTIVE—PERSONNEL OFFICER

16—40220-3

[OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

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Russell W Scarlett BM 2/c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG BASE, St. George, SINY Date: 15 August, 1949
Leave record indicates balance of 60 days' annual and ---------- days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

J. A. HEIKEL, Lt
By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Stony Point Light Station Date: 18 August, 1949
Departed at (1200) this date. This leave of absence will expire before 0900
6 Sept. 1949, at Stony Pt Lt Station and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ---------- days extension of leave to expire before noon, ----------
Authority:

Signature and rank — Title

Ind.-6 Unit: Stony Point Light Station Date: 6 Sept. 1949
Reported at (------) this date, having taken 21 days' leave and ---------- days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

RECEIVED
AUG 19 9 18 AM '49
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

Stony Point Light Station
Stony Point, New York

18 August, 1949

From: Officer in charge Stony Point Light Station
To: Commanding Officer C.G.Base St. George, S.I.N.Y.

Subj: R.W.Scarlett BM2 (222-862)

1. Scarlett, Russell W.BM2 (222-862) departed on twenty-one (21) days annaul leave at 1200 18 August, 1949

Russell W. Scarlett
RUSSELL W. SCARLETT BM2

SCARLETT, Russell W. 222-862 BM2c

CG GROUP, NEW YORK, N.Y. STONY POINT LIGHT STATION STONY POINT,NY.

03-001 03-035 26 March, 1948

0900
22 March, 1948 For Wadsworth Light Station
asdu as OinC.

30-D Del 3-19-48 (73-531)

E. H. LANE, Ship's Clerk, USCG, By direction.

SCARLETT, Russell W. 222-862 BM2c

CG GROUP NEW YORK, N.Y. FORT WADSWORTH LIGHT STATION ROSEBANK, SINY

03-001 03-019 26 March, 1948

0700 Stony Point Light Station
22 March, 1948 asdu as OinC.

Del 3-19-48 (73-531)

E. H. LANE, Ship's Clerk, USCG, By direction.

SCARLETT, Russell W. 222-862 BM2c

CG GROUP, NEW YORK, N.Y. BERGEN POINT LIGHT STATION MARINERS HBR, SINY

03-001 03-027 20 Feb., 1948

1100
16 Feb., 1948 CG GROUP, Northport, LINY
asdu as OinC.

30-D Dcl 2-5-48 (73-531)

E. H. LANE, Ship's Clerk, USCG, By direction.

(nov-9)

SCARLETT, Russell W. 222-362 BMEc

Eatons Neck lt & LB Station
CG GROUP Northport, L. I. 11 November, 1947

0630 - 11/11/47 - - eported for duty at Great Captain's Island Light Station.

3rd Dist/L-11/7/47-73-831)(pmp)

G. E. [illegible], lt.(j.g.), USCG

Commanding Officer

(Nov-[illegible])

SCARLETT, Russell N. 222-968 MM2c

Great Captain's Island Lt. Stn.
CG CHUUP Northport, N. Y. 11 November, 1947

0915 - 11/11/47 - - Reported from Eatons Neck Light and Lifeboat Station, for duty as Officer-in-Charge.

3rd Dist./L - 11/7/47(73-531)(pmp)

C. E. CHUPP, Lt.(j.g.),USCG

Commanding Officer

(nov-8)

SCARLETT, Russell W. 822-862 RMSc

Eatons Neck Lt. & LB Station
CG GROUP, Northport, N. Y. 10 November. 1947

1830 - -11/10/47 - - Reported from Bergen Point Lt. Sta. to Great Captain's Island Light Station.

3rd Dist/L-11?7/47(73-531)(pwp)

O. E. SHUPE, Lt.(j.g.), USCG

Commanding Officer

5WE

(pmp)

73-531 1351-48

7 November, 1947

From: Commander, Third Coast Guard District.
To: SCARLETT, Russell W. (222-352) EM2c - Bergen Pt. Light Station.

Subj: Orders; transfer; travel

1. Upon receipt hereof, you are hereby detached from further duty at the Bergen Pt. Light Station. Proceed to Northport, L.I., N.Y., to report to the CO, CG GROUP, at that place, for assignment to duty at the Great Captain Island Light Station as officer-in-charge.

2. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031413. Allowances for subsistence and quarters as prescribed by Art. 439, P&SI are applicable in this case.

3. Travel will be performed by government transportation requests, however, if you own and use your own conveyance, travel at own expense is authorized. Transportation requests may be obtained by stopping at this office enroute.

4. This order constitutes a permanent change of station for you from your present permanent station to Port Chester, N.Y. Since this order constitutes a permanent change of station, your attention is invited to Personnel Circular 13-47, copy attached.

5. Your health record will be carried on transfer and you will stop at this office enroute for the purpose of obtaining your service record.

E. H. LAMB,
By direction.

CC:
Pers.
Pay
Class.
File
B&A
A-N
CG Group, Northport

NCG 2589
(Rev. June, 1942)

PE-PR-10

ENLISTMENT CONTRACT

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

ENLISTMENT OF SCARLETT, Russell Wesley (Full name, surname to left); 222-862 (Service number); $ 213.15 (Pay per month)

Accepted for enlistment at Office, Commander, Group, New York, N. Y.; BM2 (Rating in which enlisted)

Re-Enlisted at Office, Commander, Group, New York, N. Y.; 8 April, 1952 (Date of enlistment)

Transferred to Stony Point Light Station, Stony Point, New York.

Occupation Mariner Citizenship* NB If naturalized, place and date of naturalization - - - - Certificate No. - - - -

Date of birth 24 August, 1914 Place of birth Dracut, Massachusetts

Home address Stony Point Light Station, Stony Point, New York. (Street and number) (Town) (County) (State)

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

Margaret V. Scarlett (Wife) (Relationship) Stony Point Light Station, Stony Pt., N. Y. (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 12 (Years) 0 (Months) 0 (Days) ✓

First enlisted 8 April, 1940 (Date) at Ambrose Channel Lightship #111, N.Y. N.Y. (Place) and was

last discharged 7 April, 1952 (Date) from Office, Commander, Group, New York, N. Y. (Unit)

with HONORABLE (Character) discharge as BM2 (Rate) No. - - - - -

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 37 years 7 months.

Height 5' 6" feet inches. Weight 151 3/4 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color Gauc.

Personal characteristics - - - - - - - - - - - marks, etc. Scar right arm. Appendectomy scar. Right hernia Scar. Scar on throat. - - - - - - - - - - -

...ALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

...artment of Defense has the authority to establish and ...e detailed procedures to implement the national policy ... to loyalty of persons entering on duty with the Armed ...s. This has been determined by appropriate authority to ...lude restrictions as to membership in or association with certain ...rganizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to .....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
SCARLETT, Russell Wesley	222-862	Reenlistment
Station to Which Certification Submitted	Typed Name and Grade of Witnessing Officer	
COMMANDER, GROUP, NEW YORK	W. L. MALONEY, CAPTAIN, USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

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, Russell W. Scarlett, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard, and the Uniform Code Of Military Justice.

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

Russell W Scarlett
RUSSELL W. SCARLETT.
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of April, A. D. 19 52

W. L. MALONEY, CAPTAIN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, Group, New York.
(Title)

Citizenship substantiated and contract perfected.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

..... (Unit) ..... (Place) ..... (Date)

Enlistment extended until ..... by reason of .....

.....

.....

.....

(Signature of man)

.....
(Commanding officer)

16—8420-2

...Defense has the authority to es... procedures to implement the natio... of persons entering on duty with t... has been determined by appropriate au... nctions as to membership in or association wi... ons and of certain standards of conduct. If Fed... nal Privilege against self-crimination; i. e., the ma... ment which will expose you to criminal trial, is claim... tion you may so claim by stating in the space indicated ... or any part of any conduct, membership, or association ... Constitutional Privilege is Claimed" or "Federal Consti... Privilege is Claimed as to ....." describing the specific ... any conduct, membership, or association about which claim is ... Concealment of, misrepresentation as to, or failure to div... full, conduct or associations of the character set forth in th... sions, at the time of execution of th...

...RTIFICATE ...

INSTRUCTIO...

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or non-advocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth ... of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and prec... credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

None

Subscribed and sworn to before me this 8th day of April 19 52

Signature of Witnessing Officer

MALONEY, CAPTAIN, U. S. C. G.

Signature of Person Making Certification

Russell W. Scarlett

RUSSELL W. SCARLETT.

U. S. GOVERNMENT PRINTING OFFICE : 1950—O-919201

...ed List

...Japanese Association of America
...Japanese Overseas Central Society (*Kaig...*
...Japanese Overseas Convention, Tokyo
...Japanese Protective Association (*Rec...*

. of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

seikoku Chuo Nipponjin Kai)
of Southern California
Military Virtue Society of Japan
ty of Japan)
n as Nokubei Heieki Gimusha Kai,
Heiyaku Gimusha Kai, and Zaibei
Japanese residing in America Military
sociation)
erial Japanese Reservists)
Rising Sun Flag Society—a group of Japa-
veterans)
go Shoke Dan (*North American Reserve Offi-*
ssociation)
Association of America
Overseas Central Society (*Kaigai Dobo Chuo Kai*)
se Overseas Convention, Tokyo, Japan, 1940
ese Protective Association (*Recruiting Organization*)
yoku Iin Kai (*Current Affairs Association*)
ibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
- Civil Rights Congress for Texas
- Veterans Against Discrimination of Civil Rights Congress of New York

Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
- Citizens Committee of the Upper West Side (*New York City*)
- Committee to Aid the Fighting South
- Daily Worker Press Club
- Dennis Defense Committee
- Labor Research Association, Inc.
- Southern Negro Youth Congress
- United May Day Committee
- United Negro and Allied Veterans of America
- Yiddisher Kultur Farband

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
- Florida Press and Educational League
- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
- American-Russian Fraternal Society
- Carpatho-Russian Peoples Society
- Cervantes Fraternal Society
- Croatian Benevolent Fraternity
- Finnish-American Mutual Aid Society
- Garibaldi American Fraternal Society
- Hellenic-American Brotherhood
- Hungarian Brotherhood
- Jewish Peoples Fraternal Order
- People's Radio Foundation, Inc.
- Polonia Society of the IWO
- Romanian-American Fraternal Society
- Serbian-American Fraternal Society
- Slovak Workers Society
- Ukranian-American Fraternal Union

Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
- Florida Press and Educational League
- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
- Florida Press and Educational League
- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

Work

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Russell W Scarlett

RUSSELL W. SCARLETT

SIGNATURE OF WITNESSING OFFICER

W. L. MALONEY, CAPTAIN, U. S. C. G.

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

ON INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

GNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
CARLETT, Russell Wesley	222-862	BM2	

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Mrs. Margaret V. Scarlett	(Wife)

ADDRESS *(Number, Street, City and State)*
Stony Point Light Station, Stony Point, New York.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Mrs. Margaret V. Scarlett	Stony Point Light Station Stony Point, New York.

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Elizabeth Ann Scarlett	Stony Point LS, Stony Pt., N.Y.	S	F	7
Margaret Ann Scarlett	Stony Point LS, Stony Pt., N.Y.	S	F	5
	(Continue on reverse side)			

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Deceased	

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Margaret Auger	Sister

ADDRESS *(Number, Street, City and State)*
8 Buffin St., Wister, Mass.

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP

ADDRESS *(Number, Street, City and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Margaret V. Scarlett	Wife

ADDRESS *(Number, Street, City and State)*	RECEIVE EACH MONTH
Stony Point Light Station, Stony Point, New York	100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Stony Point Light Station, Stony Point New York.	7 April '52	Russell W Scarlett RUSSELL W. SCARLETT

DD FORM 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529 WHICH MAY BE USED UNTIL 1 JANUARY 1953 WHEN THEY WILL ALL BECOME OBSOLETE.

DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. MEMBER'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☐ USCG
Scarlett, Russell Wesley	222 062	RM2	X

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable)	RELATIONSHIP (If friend, so state)
Mrs. Margaret V. Scarlett	(Wife)

ADDRESS (Number, Street, City and State)

Stony Point Light Station, Stony Point, New York.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)	ADDRESS (Number, Street, City and State)
Mrs. Margaret V. Scarlett	Stony Point Light Station Stony Point, New York.

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS (Number, Street, City and State)	MARRIED OR SINGLE	SEX	AGE
Elizabeth Ann Scarlett	Stony Point LS, Stony Pt., N.Y.	S	F	7
Margaret Ann Scarlett	Stony Point LS, Stony Pt., N.Y.	S	F	5

(Continue on reverse side)

8. NAME OF FATHER (or male guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)

9. NAME OF MOTHER (or Deceased guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)

IN THE EVENT THAT I ~~AM NOT~~ SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Margaret Scarlett	Sister

ADDRESS (Number, Street, City and State)

8 Parrish St. Victor, New

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP

ADDRESS (Number, Street, City and State)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
	Wife

ADDRESS (Number, Street, City and State)

Margaret V. Scarlett

RECEIVE EACH MONTH 100 OF MY PAY.

Stony Point Light Station, Stony Point, New York

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Stony Point Light Station, Stony Point New York	7 April '52	Russell W. Scarlett RUSSELL W. SCARLETT

DD FORM 1 JUL 50 93 REPLACES DD FORM 93 AN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

REPORT OF MEDICAL EXAMINATION

1. NAME—MIDDLE NAME.	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
, Russell W.	BM2	222-862
ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
ey Point Life Station, Stoney Point, N.Y.	Reenlistment in USCG	4-1-52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
ale	Caucasian	20		USCG	New York Group

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
8-24-16	Lowell, Mass.	Margaret V. Scarlett (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: 3rd DCGO, 80 Lafayette St., New York, N.Y.

16. OTHER INFORMATION:

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL ____ LAST SIX MONTHS ____

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

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

#39 Scar right arm.
Appendectomy scar.
Right hernia scar.
Scar on throat.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (8 X 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

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

LEFT

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.016			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA			

10—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
66	151 3/4	Brown	Blue		X			98.6

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

SITTING	S 126 / D 90	RECUMBENT	S 128 / D 92	STANDING (3 min.)	S 122 / D 88

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
96	104	92	88	96

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY
LEFT 30 CORR. TO 20/	BY S. CX	CORR. TO BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates normal	NFA	UNCORRECTED / CORRECTED NFA

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

70. HEARING

RIGHT WV 15 AS 30/30 15

LEFT WV 15 AS 30/30 15

71. AUDIOMETER

	250	500	1000	2000	3000	4000	8000
	064	518	1024	2048	2898	4096	8188
RIGHT		NFA					
LEFT							

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

NFA

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

No serious illness since last physical examination.

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

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

#52 Overweight - Not sufficient to disqualify.

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

X IS

☐ IS NOT QUALIFIED FOR reenlistment in USCG

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL S.A.S., USPHSR

SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F.A. CASTALDI S.A.D.S., USPHSR

SIGNATURE

TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

☆ U. S. GOVERNMENT PRINTING OFFICE 16—62283-4

SCARLETT, Russell
REPORTING UNIT
COMMANDER,
IT TO WHICH A

REPORT OF CHANGE IN PERSONNEL

No. 10

NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
HARLETT, Russell W.	222-862	BM2
REPORTING UNIT	**LOCATION**	**DATE**
COMMANDER, GROUP, NEW YORK	New York, New York	8 April, 1952.
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
STONY POINT LIGHT STATION	Stony Point, New York	03-300540

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 4-7-52 - Issued Honorable Discharge at expiration of a full term of a SIX (6) year enlistment.

4-8-52 - Reenlisted for a period of (SIX) (6) years in the REGULAR ESTABLISHMENT of the U. S. Coast Guard in the permanent rating of BM2.

Auth: Article 12-3-42A (1) CG Regulations.

W. L. MALONEY, CAPTAIN, USCG
Commander, Group, New York.
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

FE-14

SCARLETT, Russell Wesley
(NAME)

222-862
(SERVICE NUMBER)

MARITAL STATUS S
NUMBER OF DEPENDENTS 3
Nur Dep 1

Other creditable service—	YRS.	MOS.	DAYS
LIGHTHOUSE	7	5	3

Birth, date of August 24, 1914
Birth, place of Dracut, Mass.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
New York Group	4-7-52	BM2				HD(EE)
NEW YORK GROUP(03)	4-8-52	BM2				REENL. FOR 6 YEARS.
NEW YORK GROUP(03)	4-8-58	BM2				Extended 1YR
(TURKEY PT LTS)	3-19-59	BM2				TR TO GROUP NEW YORK FASDU
GROUP NEW YORK (03)	4-30-59	BM2				DETACHED VOLRET 20YR

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

Treasury Department
U. S. Coast Guard
C. G. 9545
Revised Sept. 1941

- 2 -

SINGLE X
MARRIED
WIDOWED
DIVORCED

Lighthouse Retirement
7-5-3

SCARLETT, Russell Wesley 222-862
(NAME) (SERVICE NUMBER)

Other creditable service—
LIGHTHOUSE

YRS. 7 MOS. 5 DAYS 3 Verified By

16—11203

Birth, date of August 24, 1914
Birth, place of Dracut, Mass.
Citizenship N. 12-16-48

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Northport Sup (03)	11-11-47	BM 2c				To Great Captains Isl Lt Sta
New York Sup (03)	2-16-48	BM 2c				To Burgee Point Lt. Sta.
New York Sup (03)	3-2-48	BM 2c				To Ft Tadewoath Lt Sta
New York Sup (03)	3-22-48	BM 2c				To Stony Point Lt Sta
New York Sup (03)	4-2-48	BM 2				CR PO 36-47

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

Lighthouse Retirement 7-53

REGISTER ENLISTED FORCE

Former Lighthouse employee
Enlisted pursuant to [illegible]
August 4, 1939

DUE FOR INOCULATION
DUE FOR VACCINATION

SINGLE X
MARRIED
WIDOWED
DIVORCED

SCARLETT, Russell Wesley 222-862

Other creditable service—

	YRS.	MOS.	DAYS
LIGHTHOUSE	7	5	3

Vinfield NJ

Birth, date of August 24, 1914

Birth, place of Dracut, Mass. 3-17-4

Citizenship U.S.

2—8095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
AMBROSE CHANNEL L.S.	4-8-40	Sea. 1c.			#	Orig. Enl. 5 years REGULAR Auth: HD. 3-2-40
TULIP	5-30-40	Sea. 1c.				Tr.
TULIP	8-1-40	Cox. (Pro)				CB HL 7-31-40
TULIP	3-31-41	Sea. 1c				Disrated. Gen. Ct. 6921.
ST. GEORGE DEPOT Coast Patrol	8-31-41	Sea. 1c.				TR.
ST. GEORGE DEPOT	7-1-42	Cox. (Pro)				Cr. —
BERGEN PT. LT. STA (NYL)	9-30-42	Cox. (Pro)				Tr (T.D.)
Ft. Dupont Sqdt	4-7-43	Cox. (Pro)			#	Enlist. Sqdt. 3 yrs.
Bergen Pt. Lt. Sta (NYL)	6-1-43	B.M. 2c				Cr.
New York Harbor	4-27-44	B.M. 2c				TR 27 Yorktown Lt Sta
Ft. Wadsworth Lt Sta (03)	11-3-45	B.M. 2c				Rate Made Perm ALCOAST 143-45
Ft Wadsworth Lt. Sta (3)	4-7-46	BM2c				HD
Ft Wadsworth Lt Sta (03)	6-8-46	BM 2c (PERM)	1	1	1946	Re Comp Regular
New York Grp 03	10-11-46	BM 2c				TR Bergen Point Light Sta
North Head Lt Sta (03)	11-10-47	BM 2c				TR Eatons Neck Lt Sta

(OVER) Ltr Card-2

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCARLETT	Russell	W.	222-862	BM2	CGGROUP NY STONY PT. LS

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
4-8-52	6	~~4-7-58~~ EXT 1YR 4-7-59	-	-	-	6-20-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
8-24-14	CAU	W2DC	STONY PT., NY	STONY PT., NY	-	STONY PT., NY

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	CODING SPACE
GS8	NONE	Mariners	
		22. SPECIAL SKILLS, LICENSES, ETC. NONE	

23. TEST SCORES UNK

GCT _____ MA _____ EK _____ SP _____ CA _____

AR _____ READ _____ MK _____ PI _____

24. EXPERIENCE (*Months*)

WITHIN CLUS: ASHORE 146 AFLOAT 0

OUTSIDE CLUS: ASHORE 0 AFLOAT 0

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH USLHS & USCG

b. ACTIVE SERVICE

19 YRS. 5 MOS. 3 DAYS

c. OTHER SERVICE

- YRS. - MOS. - DAYS

d. TOTAL NET SERVICE FOR PAY

19 YRS. 5 MOS. 3 DAYS

28. OFF DUTY TRAINING

NONE

29. SERVICE SCHOOLS COMPLETED

NONE

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM2	PERM.	6-1-43

31. REMARKS

26. SERVICE FOR BASIC PAY

COMP. 18 YRS. ON 11-4-50

27. SERVICE FOR RETIREMENT

COMP. 19 YRS. ON 11-4-51

32. RPTD DIST. 2-16-48

33. RPTD UNIT 4-2-56

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCARLETT	Russell	W.	222-862	BM2	GROUP NEW YORK PIER 9

GPO 16—66506-1

UNITED STATES COAST GUARD

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

PTP-2
P14-1/AC

Dear Sir:

Thank you for your recent request. There is enclosed a copy of the booklet, "Take A Look at Your Future," which contains detailed information about the United States Coast Guard Academy. Our next examination will be conducted on 24 and 25 February 1959. There are no Congressional appointments or geographical quotas.

If an applicant meets the requirements outlined under "Regulations Governing Appointments" beginning on page 51 of the booklet, and is tendered an appointment to the Academy, he will begin his training in one of the finest schools in the country. This training provides for study in Engineering and the liberal arts, development of leadership qualities, summer training cruises to foreign shores, and the opportunity to participate in a full varsity and intramural athletic program. The graduate of the Academy receives a commission as Ensign in the Coast Guard and a Bachelor of Science Degree.

He will then embark on a career of service to his country and to humanity in the nation's oldest seagoing service. There will be continuing opportunities for post-graduate study in the nation's finest civilian and military educational institutions. This training is in such fields as Aviation, Business Administration, Communications, Civil Engineering, Electronics, Law, Naval Construction and Marine Engineering.

Your interest in the Coast Guard is appreciated and it is hoped that this information will be useful in planning a career.

Sincerely yours,

JAY P. DAYTON
Lieutenant Commander, U. S. Coast Guard
Chief, Personnel Procurement Section
By direction of the Commandant

Encl: (1) "Take A Look at Your Future"

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

File

No. 77

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Off. Comdr. ~~3rd CG District~~ New York Gp	BERGEN POINT LIGHT STATION	New York, N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001	03-027	7 Oct., 1947

TIME 1300
DATE 7 Oct., 1947

REPORTED FROM: Tarrytown Light Station
FOR resumption of regular duties.

DUTY CODE NO. 30-D AUTH: Com3/VO 10-7-47.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

on board

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 44

DUTY CODE NO. AUTH:

By direction.
E.H.LANE, Ship's Clerk, USCG,
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 76

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Off. Comdr. 3rd CG District	TARRYTOWN LEGHT STATION	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001	03-033	7 Oct., 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0930
DATE 7 Oct., 1947

TRANSFERRED TO: Bergen Point Light Station
FOR resumption of regular duties.

AUTH: Com3/VO 10-7-47.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
32

DUTY CODE NO.

AUTH:

E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 146

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Comdr. 3rd CG. District	Tarrytown Light Station	New York, N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001		6 August, 1947

TIME 1300
DATE 1 August, 1947

REPORTED FROM: Bergen Point Light Station
FOR temporary duty.

DUTY CODE NO. 30-D AUTH: Com3/L 7-29-47 (73-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

E. H. LANE, Ship's Clerk, USCG,
By direction. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

FILE

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 145

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARIETT, Russell W.	222-862	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 3rd CG District	BERGEN POINT LIGHT STATION	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001	03-027	6 August, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0900
DATE 1 August, 1947

TRANSFERRED TO: Tarrytown Light Station
FOR temporary duty.

AUTH: Com3/L 7-29-47 (73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

E. H. LANE, Ship's Clerk, USCG,
By direction. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

PE-E 61

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 189

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 3rd CG District	BERGEN POINT LIGHT STATION	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001		12 June, 1947

TIME 0900 REPORTED FROM: HUDSON CITY LT STA.

DATE 4 June, 1947 FOR resumption of regular duty.

DUTY CODE NO. 30-D AUTH: Com3/L 4-17-47 (73-531)

TIME TRANSFERRED TO:

DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 65

DUTY CODE NO. AUTH: E. H. Lane

E. H. LANE, Ship's Clerk, USCG,
By direction. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 188

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 3rd CG District	HUDSON CITY LIGHT STATION	New York, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001		12 June, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1700
DATE 3 June, 1947

TRANSFERRED TO: BERGEN POINT LIGHT STATION
FOR resumption of regular duty.

AUTH: Com3/L 4-17-47 (73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

E. H. LANE, Ship's Clerk, USCG,
By direction. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 68

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, New York	HUDSON CITY LIGHT STATION	New York, NY

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001		2 May 1947

TIME 0900
DATE 29 April 1947

REPORTED FROM: BERGEN POINT LIGHT STATION
FOR assignment to temporary duty

DUTY CODE NO. 18D AUTH: DcL 4/17/47(73-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

E. H. LANE, Ship's Clerk, USCG
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 67

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
C6 Group, New York	BERGEN POINT LIGHT STATION	New York, N.Y.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
03-001		2 May 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 0930
DATE 28 April 1947
TRANSFERRED TO: HUDSON CITY LIGHT STATION
FOR assignment to temporary duty

AUTH: DcL 4/17/47(73-531)

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DEA. E.S.

DUTY CODE NO.
AUTH:

E. H. LANE, Ship's Clerk, USCG
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

RECEIVED

CG–2888 (9–46)

NOV 26 1946

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

SCARLETT, Russell Wesley	BM2c	(222-862)
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 120 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

	Margaret V. Scarlett	Wife
(If none, so state)	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank:) _____, then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.) On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Russell Wesley Scarlett
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at #5 Staten Island NY.
this 21 day of November 1946

(SEAL)

Philip J. Sandbuehler
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

PHILIP J. SANDBUEHLER
Notary Public in the State of New York
Residing in Richmond County
Richmond County Clerk's No. 337
Commission Expires March 30, 19.47

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

V. PFEIFFER, Lt. Comdr., USCG. — (*Signature of Commanding Officer*)

Personnel Office 3rd CG District. — (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

$126.00	—	—
(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)

W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO. — (*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

(PE-E-65)
CG-73

19 September, 1946

To: Commander, 3rd CG District

Subj: SCARLETT, Russell W. (222-862) BM2c; forwarding of records

1. The service record of subject man who was discharged on 7 April, 1946 and reenlisted on 8 April, 1946 states that he was entitled to and certified for mustering-out pay. However, the required NAV S and A Form 550 has not been received at HQ.

2. HQ copy or a certified copy of NAV S and A Form 550 for subject man should be forwarded to the Commandant (PE-E-65).

M. K. HUTCHINSON
By direction

U.S. COAST GUARD
MAIL SECTION (3)
MAILED SEP 20 1946

8m a.o. SM:pd McKenna 3-13 Return to 3-14

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCARLETT, Russell W. (Name, surname first) | 222-862 (Service number) | BM2c (Rank or rating) | Ft. Wadsworth Light Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hosptial, Stapleton S.I., N.Y. Date 15 June, 1946, 19

To: DCGO, Third Naval District
(Coast Guard unit)

42 Broadway, New York, N.Y.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Caries of teeth	613-910	4-18-46	
Calculus of teeth	613-615	4-18-46	15 June, 1946

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.}

F R Jackson M D

F. R. Jackson
Senior Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Scarlett, Russell W.	222-862	BM. 2/c	Ft. Wadsworth Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Ft. Wadsworth Light Station, Staten Island, New York., Date 18 April, 1946

To: Medical Officer In Charge,

U.S. Marine Hospital, Staten Island, N.Y.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Keeper, FT. WADSWORTH LIGHT STATION, STATEN ISLAND, NEW YORK.

Russell W Scarlett
(Signature of patient)

Thos. E. Rasmussen
Keeper, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Stapleton, S. I., N.Y., Date 18 April, 1946, 19

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

Caries of teeth 613-910 and Calculus of teeth 613-615

(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 {*outpatient} treatment at U.S. Marine Hospital Stapleton, S.I., N.Y. {*hospital / *office} on 18 April, 1946, 19

F. R. Jackson
F. R. Jackson
Senior Surgeon, U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
FORT WADSWORTH LIGHT STATION		Rosebank, S.I., NY
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-029		15 November, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

31 July, 1943: Held the rating of BM2c.

3 November, 1945: Certified to be fully qualified for the permanent rating of BM2c., therefore, the rating of BM2c. held on 31 July, 1943 made permanent rating.

EXAMINED FEA-E-45

DUTY CODE NO.
30D

AUTH:
ALCOAST 143

T. J. DUFFY, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

FEA-E 45

Machine Accounting
Punched
Verified

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

Address reply to:
District Coast Guard Office (oan)
Third Naval District
42 Broadway, N. Y.
And refer to file CG-73 .

13 November, 1945

To: DCGO 3 ND

Attn: Personnel Records Section

Subj: Establishment of permanent rating for Regular personnel

Refs; (a) ALCOAST 143-45
(b) DISTRICT CIRCULAR NO. 45-33

In accordance with reference (b) the following named man, under my department, is hereby certified to be fully qualified for the permanent rating indicated hereunder. Similar provisional rating was held by this man on 31 July, 1943.

NAME	PRESENT RATING	SERVICE NUMBER	PERMANENT RATING
SCARLETT, Russell W.	B.M.2c	222-862	B.M.2c

R. G. LAMB
Acting Aids to Navigation Officer

PEA-F
46

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCARLETT? Russell W.	222-862	BM 2c	FT. WADSWORTH
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. MARINE HOSPITAL STAPLETON SI. NY., Date 14 August, 19 45

To: COMMANDING OFFICER
(Coast Guard unit)

FT. WADSWORTH LIGHT STATION SI. NY.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No Disease (Physical Examination)		8-1-45	8-1-45

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

He is not fit for Sea Duty. Left inguinal ring enlarged.
Post inguinal canal weakness
Moderate gingivitis

CONDUCT REPORT:

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

STEPHEN FROMER, M. D.

S. FROMER
A. SURG.
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

CG-2522

FOLLOW INSTRUCTIONS ON BACK

Scarlett, Russell W.	222-862	B.M. 2/c	Ft. Wadsworth Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Staten Island, New York, N.Y., Date 1 August, 1945

RECEIVED
AUG 21 9 48 AM '45
TO
NAVIGATION
U.S. COAST GUARD

To: Medical Officer in Charge
U.S. Marine Hospital S.I.N.Y.

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

Russell W Scarlett
(Signature of patient)

Thos. E. Rasmussen
KEEPER U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. MARINE HOSPITAL STAPLETON SI. NY., Date 14 August, 19 45

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

No Disease Physical Examination for sea duty
(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 THIS {*hospital / *office} on 1 August, 19 45

S. FROMER
A. SURG.
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

188

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
FORT WADSWORTH LIGHT STATION		ROSEBANK?, S.I., N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(CHARLIE) 03-029	2 October, 1944

TIME 1530 27 Sept., 1944
DATE

REPORTED FROM: Bergen Point Light Station, Mariners Harbor, New York, for assignment to duty
FOR

DUTY CODE NO. 30-D AUTH: DCG03rdND/L 9-25-44

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

DUTY CODE NO. AUTH:

O. G. Balcom
O. G. BALCOM,
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	03	2	30
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 48 CODED NO. 12	

Machine Accounting
Punched OPERATOR No. 9
Verified OPERATOR No. 29

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCARLETT, Russel W.	222-862	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
BERGEN POINT LIGHT STATION		Mariners Harbor, N.Y.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
(CHARLIE) 03-039	2 October, 1944

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1400
DATE 27 Sept., 1944

TRANSFERRED TO: Fort Wadsworth Light Station, Rosebank, Staten Island, New York, for assignment to duty
FOR

AUTH: DCG03rd ND/L 9-25-44

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30D

AUTH:

O. G. Balcom
O. G. BALCOM,
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
NO POSTING REQUIRED PEA-E-33	

Machine Accounting
Punched _____
Verified _____

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

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

SCARLETT	Russell	W.	(222-862)	B.M.2c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(CGBASE,St.Geo)
CG DEPOT,03-250-05 (Unit) | St. George, S.I.N.Y. (Place) | 27 September, 1944 (Date)

25 September, 1944 - detached from the rolls of this unit. Temporary duty at the BERGEN POINT LIGHT STATION made permanent as of this date.

17(D)

NO POSTING REQUIRED

AUTHORITY:
V/O DCGO,3ND
25 September, 1944

A. H. HYLTON
(Commanding)

Lieut. Comdr.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD (17)
REC'D JUL 3 1942

REPORT OF CHANGE IN PERSONNEL

SCARLETT (Surname) Russell (First name) W (Middle initial) (222 862) (Service No.) Cox.(Pro) (Rank)

COAST GUARD DEPOT (Place) St. George, S.I.,N.Y. 1 July, 1942. (Date)

---

1 July, 1942: Advanced in rating this date from Sea.1c to that of Coxswain (provisional).

AUTHORITY: Ltr/DCGO,3ND 20 June, 1942
73-701.

J. R. Davis
J. R. DAVIS, (Commanding)
by direc.

Lieut. [redacted]

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			NOTED PR-24

U. S. GOVERNMENT PRINTING OFFICE

2509
DEPARTMENT
OAST GUARD
ember 1939

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

AL LENGTH OF COAST
ARD SERVICE: (Apprx. 2 yr, 2 mos.)
NLISTED: 4-8-40.

SHIP OR STATION COAST GUARD DEPOT

PLACE St. George, S.I., N.Y.

DATE 15 June, 1942.

SCARLETT, Russell W. (222-862)
(Name)

Sea.1c.
(Rating)

was examined this day for the rating of Coxwain and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Art. 6001 (a) to (m) P.I.	3.2	Art. 6006 (1) (a) to (j) P.I.	3.2

Average marks 3.2

L. I. Reilly
L.I. REILLY, Lieut. (j.g.) USCG
(Signature and rank of member)

Approved 15 June, 1942
(Date)

O. Hansen
O. HANSEN, C.B.M. USCG
(Signature and rank of member)

R M Ross
R.M. ROSS, Lieut. Comdr. USCG
(Signature and rank of commanding officer)

16—14073 U. S. GOVERNMENT PRINTING OFFICE

73

73-701

New York, New York,
20 June, 1942.

U. S. COAST GUARD (22)
RECD JUN 24 1942

From: District Coast Guard Officer, THIRD NAVAL DISTRICT.
To : Commanding Officer, COAST GUARD BASE, St. George, S.I.,N.Y.

Subject: SCARLETT, Russell W. (222-862) Sea.1c.; advancement in rating; authority for.

Reference; (a) Article 561 (2), Regulations.

Inclosure: (A) Report of examination.

1. Upon receipt hereof, you are authorized to advance the subject-named man to the rating of Coxswain (provisional), citing this letter as authority therefor.

2. Inclosure (A) is forwarded herewith, for reporting this change to Headquarters.

P. E. SHAW,
By direction.

Copy to:
Personnel.
Headquarters.

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

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

SCARLETT, Russell W. (Name, surname first) | 222-862 (Service number) | Sea 1c (Rank or rating) | USCG DEPOT (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, SI NY, Date 5 June 1942, 19

To: Personnel Officer
USCG DEPOT (Coast Guard unit)
1 Bay St. St. George, S.I. NY
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No Diagnosis	1141	6/2/42	6/2/42
No disease	1142	"	"
(Wasserman and Kahn, negative)			

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

Wasserman & Kahn negative. Pt. fit for duty.

CONDUCT REPORT:

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

D.J. DOLAN
A.A. SURGEON
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

SCARLETT, Russell W. (Name, surname first) 222-862 (Service number) Sea 1c (Rank or rating) USCG DEPOT (Unit)

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

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

Place ~~St. George, S.I. NY~~, Date 2 June, 1942, 19

To: Medical Officer in Charge
U.S. Marine Hospital, Stapleton, S.I. NY

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 L. J. Reilly, USCG Depot, 1 Bay Street, St. George, SI NY

Russell W. Scarlet
Russell W. Scarlet
(Signature of patient)

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, SI NY, Date June 5, 1942, 19

I CERTIFY that I have examined the above-named person and find him suffering from
1141 No disease, 1142 No diagnosis (Wasserman test)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U.S. Marine Hospital, SI New York {*hospital / *~~office~~} on 2 June 1942, 19

D. J. DOLAN
A.A. SURGEON
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

REC'D APR 1942

FOLLOW INSTRUCTIONS ON BACK

SCARLETT, Russell W. (222-862) Sea.1c. Depot.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

Place St. George, S.I., N.Y., Date March 26, 1942

To: Medical Officer in Charge
MARINE HOSPITAL
Stapleton, N.Y.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Personnel Officer, 1 Bay St., St. George, S.I., N.Y.

Russell W. Scarlett
(Signature of patient)

L. I. Reilly
L.I. REILLY, C.BOS'N, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Stapleton, Date 26 March, 1942

I CERTIFY that I have examined the above-named person and find him suffering from Post-operative treatment for #412 Subtotal thyroidectomy
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine Hospital, Stapleton, S.I., N.Y. {*hospital / *clinic} on 26 March, 1942.

U.S. COAST GUARD RECEIVED APR 8 1942 BY MEDICAL SECTION

D.J. Dolan
A.A. Surgeon
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (9)
REC'D APR 28 1942

SCARLETT, Russell W. (222-862) Sea.1c. Depot.
(Name, surname first) (Service number) (Rank or rating) (Unit)

C.M.

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

FINAL MEDICAL CERTIFICATE

Place U.S.M.H., STAPLETON, S.I., N.Y., Date 16 APRIL, 42

To: Personnel Officer,
(Coast Guard unit)

1 Bay St., St. George, S.I., N.Y.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
POST-OPERATIVE TREATMENT FOR #412 SUBTOTAL			
THYROIDECTOMY		3-26-42	4-16-42

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

CONDUCT REPORT:

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

D.J. DOLAN
A.A. SURGEON
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

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

Headquarters

FOLLOW INSTRUCTIONS ON BACK

RECEIVED
APR 11 9 01 AM '42
U.S. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

FILE

SCARLETT, Russell W. (Name, surname first) | 222-862 (Service number) | Sea.1c. (Rank or rating) | ST. GEO. DEPOT (Unit)

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

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, S.I. NY, Date 2 April 1942, 19

To: Commanding Officer,
Saint George Depot (Coast Guard unit)
1 Bay St. St. Geo. S.I. N.Y.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Chronic Gastritis	0642	1-8-42	3-24-42
Hyperthyroidism (Graves Disease)	0807	1-8-42	3-24-42

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

No further hospitalization necessary.

U.S. COAST GUARD
RECD APR 11 1942 BY
MEDICAL SECTION

CONDUCT REPORT:

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

L. A. PALMER

A. A. SURGEON U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

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

U. S. COAST GUARD (7)
RECD APR 3 1942

REPORT OF CHANGE IN PERSONNEL

SCARLETT	Russell	W.	222-862	Sea.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

ST. GEORGE DEPOT	St. George, New York	24 March, 1942.
(Unit)	(Place)	(Date)

1655, 24 March, 1942: Departed on one months' convalescent leave as recommended by Officer of USPHS and granted by Commanding Officer, ST. GEORGE DEPOT.

AUTHORITY:

XXXX

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

U.S. COAST GUARD (illegible)

FOLLOW INSTRUCTIONS ON BACK

FILE
C.M.

RECD JAN 14 1942

SCARLETT, Russell W. | 222-862 | Sea.1c. | NYD* DEPOT
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

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

Place St. George S.I. N.Y., Date January 8, 1942, 19

To: Medical Officer in Charge,
U.S. Marine Hospital
Stapleton. N.Y.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Saint George Depot 1 Bay St. St. Geo. S.I. N.Y.

Russell W. Scarlett.
(Signature of patient)

L.I. REILLY.
~~Ch.Bos'n~~ U. S. Coast Guard.

FEB 19 1942

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, S.I. NY., Date 9 January, 1942, 19

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

#1793 Under observation for #1781 Duodenal ulcer.
(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 30 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U.S. Marine Hospital, Stapleton, S.I. NY {*hospital / *~~office~~} on 8th January, 1942, 19

G. A. ABBOTT
P. A. Surgeon U. S. Public Health Service.

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

U. S. COAST GUARD
(Patient's signature)

WITNESS:

RECD JAN 16 1942 BY
MEDICAL SECTION

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—662

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (10)
REC'D SEP 25 1941

SCARLETT, Russell (222-862) Sea 1c. Tulip
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, S.I. NY, Date 16th Sept. 1941, 193

To: Cutter Tulip
1 Bay St. St. Geo.
Staten Island, N.Y.
(Coast Guard unit)
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Neurasthenia	1116	8-27-41	8-27-41

OFFICE
SEP 29 1941
INSPECTOR IN CHIEF

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

No further treatment necessary.

CONDUCT REPORT:

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

/s/ D.V. BOLAN,
P.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

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Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (12)
SEP 8 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT, Russell W. 222-862 Sea.1c.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

GUARD DETAIL
ST. GEORGE DEPOT, St. George, N. Y. 4 September, 1941.
(Unit) (Place) (Date)

1005, 31 August, 1941: Reported from the TULIP for assignment to duty, at the Guard Detail.

Entitled to subsistence allowance of $1.20 per day.

AUTHORITY: Art. 710, Regs.
DoL 8-30-41 (73-701)

P. E. SHAW, Lieut. Comdr.,
(Commanding)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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

U. S. COAST GUARD (13)
RECD SEP 5 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT (Surname) Russell (First name) W. (Middle initial) 228-862 (Service No.) Sea.1c. (Rank or rating)

TULIP (Unit) Staten Island, N.Y. 2 September, 1941.

1000, 31 August, 1941: Transferred to the St. George Depot, St. George, Staten Island, New York for assignment to duty.

Terminate commuted ration allowance.

AUTHORITY:

Art. 710, Regs.
DcL 8-30-41 (73-701)

Samuel Krauss.
(Commanding)
SAMUEL KRAUSS, Chief Bos'n.
(Title)
Commanding Officer.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			FILE W.P.S.

U. S. GOVERNMENT PRINTING OFFICE O

73-701

New York, N. Y.,

30 August, 1941.

From: Commander, New York District.
To: SCARLETT, Russell W. (222-862) Sea.1c.

Via: 1. Assistant District Engineer, St. George Depot.
2. Commanding Officer, TULIP.

Subject: Orders; transfer.

Reference: (a) Article 710, Regulations.

1. Upon receipt hereof, you are detached from further duty on board the TULIP. Proceed to the St. George Depot, St. George, Staten Island, N. Y., and upon your arrival thereat, report to the Assistant District Engineer, St. George Depot, for assignment to duty.

2. No travel expense is necessary for the execution of this order and none is authorized.

P. E. SHAW,
By direction.

Copy to:
Asst.Dist.Eng'r.
TULIP.
Personnel (2).
File.

- -

1st Indorsment

ST. GEORGE DEPOT
St. George, N.Y.
2 September, 1941

73-701

From: Assistant District Engineer.
To: SCARLETT, Russell W. (222-862) Sea.1c.

1. Forwarded for compliance.

L.I. REILLY
By direction

FILE

W.P.S.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (18)
REC'D SEP 5 1941

SCARLETT, Russell. (222-862) Seaic. TULIP
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place St. Geo., S.I., N.Y., Date 8-27-41, 193

To: Medical Officer in charge
U.S. Marine Hospital
Stapleton, N.Y.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Cutter TULIP. 1 Bay St. St.Geo. Staten Island, N.Y.

Russell Scarlett
Russell Scarlett.
(Signature of patient)

Samuel Krauss.
Samuel Krauss.
Ch. Bos'n. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, S.I..NY, Date 28th August 1941, 193

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

1116 Neurasthenia
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine Hospital, Stapleton S.I. NY {*hospital / *office} on 27th August 1941, 193

/s/ D.C. Dolan
A.A. Surgeon, USPHS U. S. Public Health Service.

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

U.S. COAST GUARD
REC'D SEP 5 1941 BY
MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD RECEIVED MAY 13 1941

SCARLETT, Russell W. (Name, surname first) | 222-862 (Service number) | Cox.(Pro) (Rank or rating) | TULIP (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH Stapleton, N.Y., Date 7 May, 1941, 193

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
No disease.	1142	3-31-41	3-31-41

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

U. S. COAST GUARD RECEIVED MAY 13 1941 BY MEDICAL SECTION

CONDUCT REPORT:

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

/s/ D.J. DOLAN, P.A. Surgeon.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

RR

*Strike out words not applicable.

2—663

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

SCARLETT	Russell	W.	222-862	Sea.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

TULIP	Staten Island, New York	8 April, 1941.
(Unit)	(Place)	(Date)

27 January, 1941: Tried by General Court No. 6921.
Sentenced to be reduced to the next inferior rating, that of seaman, first class, and to forfeit two (2) month's pay in the amount of one hundred and eight dollars ($108.00) at the rate of twenty-seven dollars ($27.00) a month for four (4) months, and to perform twenty (20) hours extra duty. The Department, on 31 March, 1941, approved the proceedings, findings and sentence.

8 April, 1941: Rating changed from coxswain (Pro), to seaman, first class effective as of 31 March, 1941.

AUTHORITY:

HL 4-1-41 (L-73-121)
Art. 568, C. & B.

C. O. GRAY, Chief Boatswain (L)
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

L-73
121

FILE
M.A.C.

1 April, 1941.

From: Commandant.
To: Commander, New York District.

Subject: General court; REAGAN, Vincent A. (222-856), coxswain (Provisional); SCARLETT, Russell W. (222-862), coxswain (Provisional); and TOLSON, Lawrence V. (220-067), seaman, first class; U. S. Coast Guard Cutter TULIP.

Reference: (a) (G.C. 6921); record of proceedings, 27 January, 1941.

Inclosure: 1. Copy of Department action, 31 March, 1941.

1. The above-named men were tried in joinder and found guilty of scandalous conduct tending to the destruction of good morals, 6 June, 1940, and of theft in an amount under one hundred dollars ($100.00), the property of the United States, valued at about fifteen dollars ($15.00), 5 June, 1940. Vincent A. Reagan and Russell W. Scarlett were sentenced to be reduced to the next inferior rating, that of seaman, first class, and to forfeit two (2) months' pay in the amount of one hundred eight dollars ($108.00) at the rate of twenty-seven dollars ($27.00) a month for four (4) months, and to perform twenty (20) hours extra duty. Lawrence V. Tolson was sentenced to be reduced to the next inferior rating, that of seaman, second class, and to forfeit two (2) months' pay in the amount of seventy-two dollars ($72.00) at the rate of eighteen ($18.00) a month for four (4) months, and to perform twenty (20) hours extra duty.

2. The Department, on 31 March, 1941, approved the proceedings, findings and sentence.

3. You are directed to cause the sentence in each case to be carried into effect.

By direction,

L. C. COVELL,
Assistant Commandant.

Copies to:
General Accounting Office, Audit Division,
Military Pay Section.
Personnel.
A. & P. Section.

L-73
121

FILE
MAQ

MAR 31 1941

G. C. 6921.

The proceedings, findings and sentence of a general court, convened on board the U. S. Coast Guard Cutter TULIP, at Greenport, New York, January 27, 1941, in the cases of Vincent A. Reagan (222-856), coxswain (Provisional); Russell W. Scarlett (222-862), coxswain (Provisional), and Lawrence V. Tolson (220-067), seaman, first class, are approved.

These men were tried in joinder and found guilty of scandalous conduct tending to the destruction of good morals, June 6, 1940, and of theft in an amount under one hundred dollars ($100.00), the property of the United States, valued at about fifteen dollars ($15.00), June 5, 1940. Vincent A. Reagan and Russell W. Scarlett were sentenced to be reduced to the next inferior rating, that of seaman, first class, and to forfeit two (2) months' pay in the amount of one hundred eight dollars ($108.00) at the rate of twenty-seven dollars ($27.00) a month for four (4) months, and to perform twenty (20) hours extra duty. Lawrence V. Tolson was sentenced to be reduced to the next inferior rating, that of seaman, second class, and to forfeit two (2) months' pay in the amount of seventy-two dollars ($72.00) at the rate of eighteen ($18.00) a month for four (4) months, and to perform twenty (20) hours extra duty.

The Commander, New York District, is directed to cause the sentence in each case to be carried into effect.

By direction of the Secretary.

(Signed) Herbert E. Gaston

Assistant Secretary of the Treasury.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
R C'D APR 8 1941

FILE
C.M.

SCARLETT, Russell W.	222-862	Cox (Pro)	TULIP
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place Staten Island Base, S.I.N.Y. Date 3-31-41, 193

To: Medical Officer in Charge

U.S. Marine Hospital, Stapleton, Staten Island.

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 Staten Island Base, S.I., N.Y.

Russell W. Scarlett
(Signature of patient)

SAMUEL KRAUSS
Ch. Bos'n. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH Stapleton. N.Y., Date 2 April, 1941, 193

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

1142. No disease.
(Give diagnosis by number and name according to official nomenclature)

U. S. COAST GUARD RECD APR 8 1941 MEDICAL SECTION

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *~~No.~~} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at US Marine Hospital Stapleton. N.Y. {*hospital / *office} on 31 March, 1941, 193

/s/ D.J. DOLAN. 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.)

Russell W. Scarlett
(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

U. S. COAST GUARD
REC'D FEB 14 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT	Russell	W.	222-862	Cox.(Pro)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

TULIP	Staten Island, New York	12 February, 1941.
(Unit)	(Place)	(Date)

0730, 6 February, 1941: Returned to this Unit, at the completion of temporary duty on board the HICKORY, Staten Island, New York. Was temporary duty on board HICKORY, awaiting the arrival of TULIP from sea.

Absence over-liberty excused as unavoidable. (1 hour, 45 minutes).

Credit commuted ration allowance to Unit.

AUTHORITY:
Art. 487, P.I.
Alcoast: 270125 (June, 1940).

P. E. SHAW, Lieut.Comdr.,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10935

Form No. 2599
Treasury Department
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
REC'D FEB 14 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT	Russell	W.	222-862	Cox.(Pro)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

HICKORY	Staten Island, New York	12 February, 1941.
(Unit)	(Place)	(Date)

0730, 6 February, 1941: Completed temporary duty at this Unit, and departed for the TULIP, for the resumption of his regular duties. Was temporary duty on board HICKORY awaiting arrival of TULIP from sea.

Check commuted ration allowance.

AUTHORITY:
Art. 487, P.I.
Alcoast: 270125 (June, 1940).

P. E. SHAW, Lieut.Comdr.,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 10935

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

U. S. COAST GUARD
RECD FEB 6 - 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT (Surname) Russell (First name) W. (Middle initial) 222-862 (Service No.) Cox. (Pro.) (Rank or rating)

TULIP (Unit) Staten Island, New York (Place) 4 February, 1941. (Date)

0900, 3 February, 1941: Reported on board HICKORY for temporary duty, awaiting the arrival of TULIP from sea, having previously reported at Staten Island Base from liberty at 0845, 3 February, 1941, instead of 0700, 3 February, 1941. AOL 1 hr. 45 min.

Check commuted ration allowance.

AUTHORITY:

Art. 487 P.I.
Alcoast; 270125 (June, 1940)

P. E. SHAW, Lieut. Comdr., (Commanding)

By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

No. 2599
Y DEPARTMENT
S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
RECD FEB 6 - 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT (Surname) Russell (First name) W (Middle initial) 223-962 (Service No.) Gunr. (Rate or rating)

HICKORY (Unit) Staten Island, (Place) New York 4 February, 1941.

0900, 3 February, 1941: Reported at this unit for temporary duty awaiting the arrival of TULIP from sea, having previously reported at Staten Island Base from liberty at 0845, 3 February, 1941, instead of 0700, 3 February, 1941. AOL 1 hr. 45 min.

Chedit commuted ration allosance to Unit.

AUTHORITY:

Art. 487 P.I.

P. E. SHAW, (Commanding) Comdr.,

By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE O 10935

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD
REC'D JAN 18 1941

REPORT OF CHANGE IN PERSONNEL

SCARLETT (Surname) Russell (First name) W. (Middle initial) 222-862 (Service No.) Cox.(Pro) (Rank or rating)

TULIP (Unit) Staten Island, New York (Place) 17 Jan., 1941. (Date)

1615, 16 Jan., 1941: Returned to this Unit, at the completion of 10 days' leave of absence, and temporary duty on board the SPRUCE from 1130-14 - 1615-16. Was temporary duty on board the SPRUCE awaiting the arrival of TULIP from sea.

Credit commuted ration allowance to Unit.

AUTHORITY:

Art. 487, P.I.
Alcoast: 270125 (June, 1940).

P. E. SHAW, Lieut.Comdr.,
By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D JAN 21 1941

FILE C.M.

SCARLETT, Russell W. (Name, surname first) | 222-862 (Service number) | Cox (Rank or rating) | TULIP (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH Stapleton, N.Y., Date 16 Jan. 1941, 193

To: New York District Depot
(Coast Guard unit)

St. George, SI. N.Y.
(Address)

U. S. COAST GUARD
REC'D JAN 21 1941
MEDICAL SECTION.

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Absence of teeth acquired.	0025	12-12-40	1-14-41

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.

/s/ D.D. NEWELL, Senior Dental Surg.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD RECD DEC 28 1940

C.M. FILE C.M. FILE

SCARLETT, Russell W. (Name, surname first) 222-862 (Service number) Cox (Rank or rating) TULIP (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place St. George, S.I., N.Y., Date December 12, 1940

To: Medical Officer in Charge
U.S. Marine Hospital
Stapleton, N.Y.

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

Russell W. Scarlett
Russell W. Scarlett (Signature of patient)

Albert Nelson
ALBERT NELSON, Ch. Bos'n.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

0025

Place USMH Stapleton. N.Y., Date 14 Dec. 1940, 193

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

#0025 Absence of teeth acquired.
(Give diagnosis by number and name according to official nomenclature)

U. S. PUBLIC HEALTH SERVICE RECD DEC 30 1940 MEDICAL SECTION

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at US Marine Hospital Stapleton. N.Y. {*hospital / *office} on 12 December, 193

/s/ D.B. NEWELL, Dental Surg.
U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D OCT 28 1940

FILE C.M.

SCARLETT, Russelll W. (Name, surname first) | 222-862 (Service number) | Cox (Rank or rating) | TULIP (Unit)

REGULAR
SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH Stapleton,N.Y., Date 21 Oct, 1940, 193

To: New York District Depot. (Coast Guard unit)
1 Bay Street
St. George, S.I., N.Y. (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		From	To
No disease.	1142	9-19-40	9-19-40

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

U. S. COAST G.
REC'D OCT 28 1940
MEDICAL

CONDUCT REPORT:

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

/s/ W. BLOOM. A.A. Surgeon.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

RR

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D AUG 12 1940
M.O.C.

SCARLETT, Russell	222-862	Sea-1c	TULIP
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place New York District Dispensary, Date August 7, 1940

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION From	To
Anti-inoculation for smallpox	0119	6-22-40	7-2-40
Antityphoid inoculation	0112	6-22-40	7-6-40

U. S. COAST GUARD
REC'D AUG 12 1940
BY
MEDICAL SECTION

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

CONDUCT REPORT:

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

William L. Hooten, Ph.M.1c

Albert Nelson
ALBERT NELSON, Chief Boatswain
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

RR

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

U. S. COAST GUARD
REC'D AUG 5 1940

REPORT OF CHANGE IN PERSONNEL

SCARLETT,	Russell	Wesley	(222-862)	Cox.(Pro.).
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

TULIP	Staten Island, N.Y.	1 August, 1940.
(Unit)	(Place)	(Date)

1 August, 1940: Rating changed from Sea.1c. to Cox.(Pro.).

020-40 059-6

AUTHORITY:
HL 7-31-40 (P-73-701)

P.E. SHAW, Lieut.Comdr.,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
CR2	Cpy 1.		WD

U. S. GOVERNMENT PRINTING OFFICE 0 10935

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

7 yrs

SHIP OR STATION TULIP

PLACE St.George,S.I.,N.Y.

DATE 27 July, 1940.

SCARLETT, Russell W. (222-862)
(Name)

Sea.1c
(Rating)

was examined this day for the rating of Coxswain and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Art. 6001 Pers. Insts:		Art. 6006 (1) Personnel Instructions:	
(a)	3.5	(a)	3.5
(b)	3.5	(b)	3.4
(c)	3.6	(c)	3.6
(d)	3.4	(d)	3.5
(e)	3.7	(e)	3.7
(f)	3.3	(f)	3.3
(g)	3.5	(g)	3.5
(h)	3.4	(h)	3.4
(i)	3.6	(i)	3.6
(j)	3.5	(j)	3.5
(k)	3.3		
(l)	3.7		
(m)	3.5		

Average marks 3.5

Albert Nelson
ALBERT NELSON, Chief Boatswain, USCG.
(Signature and rank of member)

Approved AUG 1 1940
(Date)

L. I. Reilly
L. I. REILLY, Chief Boatswain, USCG.
(Signature and rank of member)

P. E. SHANNON, Lt-Comdr., USCG.
(Signature and rank of commanding officer)

By direction.

16—14373 U. S. GOVERNMENT PRINTING OFFICE

P-73
~~701~~

31 July, 1940.

From: Commandant.
To: Commander, New York District.

Subject: Personnel; advancement in rating.

Reference: (a) Your letter, 27 July, 1940 (73-701).

1. In accordance with the recommendation contained in reference (a), you are authorized to advance the following-listed men from the rating of seamen, first class, to coxswain (provisional):

GADBOIS, Ralph A. (222-869) Sea.1c.
HOLADAY, William D. (222-875) Sea.1c.
NICOLAISEN, Einar F. (222-865) Sea.1c.
REAGAN, Vincent A. (222-856) Sea.1c.
SCARLETT, Russell W. (222-862) Sea.1c.

Report action on Form 2599.

By direction,

F. E. ALLISON,
Assistant Chief, Detail Section.

73-701

U. S. COAST GUARD (illegible)
REC'D MAY 23 1940 By
ANS'D

FILE
E-E-A3

73

New York, N.Y.
22 May, 1940.

From: Commander, New York District.
To: SCARLETT, Russell M. (222-862) Sea.2c.(via Master, Ambrose Channel Lightship).

Subject: Orders; transfer.

References: (a) Article 715 (2) Regulations.

1. Upon receipt hereof, you are detached from further duty on board Ambrose Channel Lightship. Proceed to the Coast Guard Depot, St. George, Staten Island, N.Y. and upon arrival thereat report to the Commanding Officer, TULIP for assignment to duty.

2. No travel expense is necessary to the execution of this order and none is authorized.

P. E. SHAW,
By direction.

Copy to:
Headquarters.
Personnel.
As.tDist.Eng.

REMARKS:

CERTIFICATE

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

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

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

He is not physically qualified

on account of

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

1st INDORSEMENT

29 March, 1940
(Date)

Place New York, NY

From: Commander, New York District.

To: Commandant.

1. Forwarded for action. Present status:-

For Regular enlistment

P.E. SHAW,
Commanding—Dist. Comdr.-Off. in Chg.
By direction.

2d INDORSEMENT

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

APR 1- 1940
(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.

APR 2 1940
(Date)

From: Commandant.

To:

1. ENLISTMENT AUTHORIZED;

Insert this copy in health record.

By direction,

Chief, Personnel Section.

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

SCARLETTI, Angelo

U. S. COAST GUARD

RECD MAR 30 1940

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

PHYSICAL EXAMINATION RECORD

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

Name SCARLETT, Russell Service Number
(Surname first)

Age: Years 26 Months 6 Color white

For: INDUCTION, U.S.COAST GUARD Reg.Enl.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Sea. 1c.

Place Stapleton,NY Date 14 March, 1940

Personal Medical History Appendectomy 1938
Herniotomy 1940

Vision: R.E. 20/ 25 L.E. 20/ 25 Corrected: R.E. 20/ - L.E. 20/ -

Color blind? No Test used USPH Plates

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

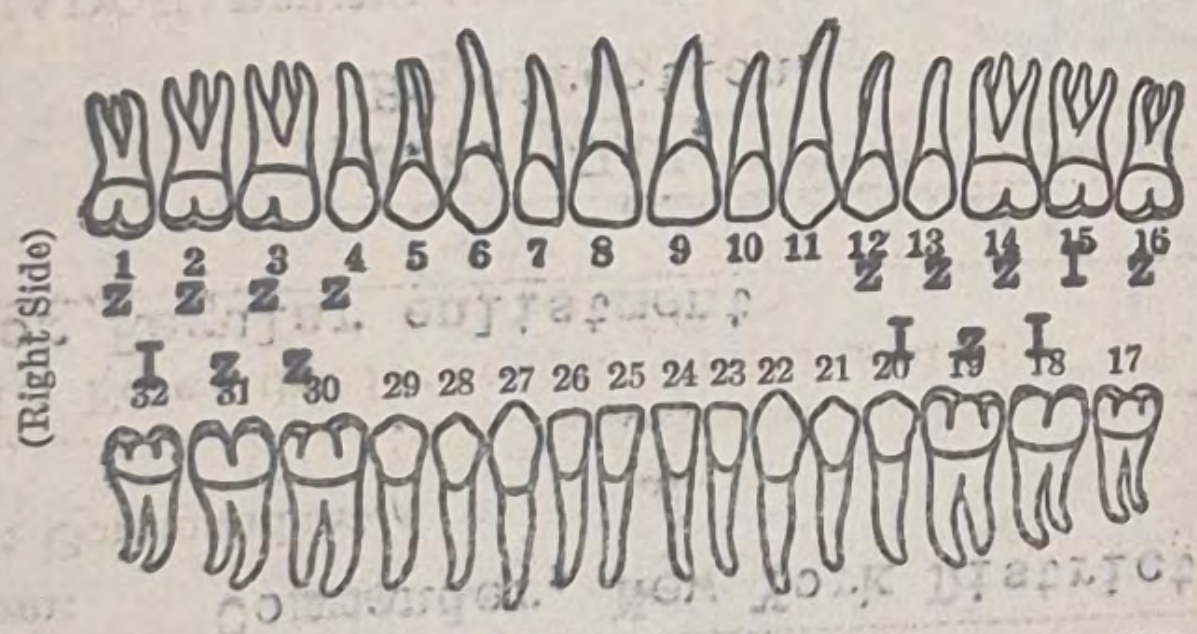
Eyes, eyelids, and reflexes normal

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

Head, face, and neck Large submax.lymph gland,left

Mouth, nose, and throat normal

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



Gums Normal Temperature 37.0

Height 66 inches. Weight (stripped) 133 Lbs. Obesity no

Skin Appendectomy & Herniotomy scar, rt.

Lymph. glands normal

Chest: Inspiration 36 Expiration 33

Heart and blood vessels Normal

Blood pressure: Systolic 132 Diastolic 88

Pulse before exercise 80, after exercise 110, after 2 min. 80

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg Sugar neg Shreds -

neg Sp. Gr. 1.023

Gynecological exam. (if indicated) epithelia neg

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

SCARLETT, Russell Wesley	222-862	Sea.1c.
(NAME)	(SERVICE NUMBER)	(RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Eight (8) years. (did not graduate).
(Number of years attended, graduated) (Grade)

(b) High school: _____
(Number of years attended, grade completed or graduated

(c) College: _____
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

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

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

Specify ability as interpreter in foreign languages below:

None.

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

Seaman for approximately seven (7) years.

Use reverse side of this form when necessary. Russell Wesley Scarlett

RUSSELL WESLEY SCARLETT
(SIGNATURE)

FORWARD OR

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

PE-72

UNIT	ADDRESS	DATE
Stony Point LS	Stony Point, New York	6 April 1956

FROM (REQUESTER): SCARLETT, Russell W. (222-862) TO: Commanding Officer VIA:

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
6	10 April 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 67 Montgomery St., Saugertien, N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Russell W. SCARLETT

End.-1 Unit: CG GROUP, NEW YORK Date 6 April 1956

Date current leave accounting period began 7-1-55	Balance brought forward beginning of present accounting period 53
Number days' leave used during current accounting period 4	Date of expiration of current enlistment 4-8-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

F. K. JOHNSON, CAPTAIN, CO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP, NEW YORK Date 6 April 1956

☒ Returned, GRANTED 6 days.

☐ ADVANCE ☐ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

F. K. JOHNSON, CAPTAIN, CO
(Signature, grade, and title)

End.-4 Unit: STONY POINT LS Date 10 April 1956

Departed at 0900, this date. This leave expires before 0900, 17 April 1956

at STONY POINT LS and is subject to the instructions on the reverse hereof.

T. H. BODNER, LTJG
(Signature, grade, and title)

End.-5 Unit: Date 17 APRIL 1956

Reported at 1330, this date, having used SEVEN days' leave.

(Signature, grade, and title)

16—40220-4

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Turkey Point LASTA	Saugerties, N.Y.	25 May 1955

FROM (REQUESTER):	TO	VIA:
SCARLETT, Russell W. (222-862)	Commander, CG Group, N.Y.	

PE-72

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
21	0800, 13 June 1955.	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 67 Montgomery St., Saugerties, N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Russell W. Scarlett

Ind.-1 Unit: Date

Date current leave accounting period began	Balance brought forward beginning of present accounting period
Number days' leave used during current accounting period	Date of expiration of current enlistment

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Turkey Point LASTA Date 25 May 1955

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

C.B. Glunt, Lt. Attendant
(Signature, rank, and title)

Ind.-3 Unit: COMMANDER, NEW YORK GROUP Date 27 May 1955

☒ Returned, GRANTED -21- days.

☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

S.R. DOLBER, LT, USCG, ACTING
(Signature, rank, and title)

Ind.-4 Unit: Turkey Point LASTA Date 13 June 1955

Departed at ....., this date. This leave expires before 0900H 5 July 1955

at Turkey Point LASTA and is subject to the instructions on the reverse hereof.

OOD
(Signature, rank, and title)

Ind.-5 Unit: 0800 Date 5 July 1955

Reported at ....., this date, having used Twenty-one -21- days' leave.

S. R. DOLBER, LT, USCG. XO.
(Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

HQ

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
STONY POINT LIGHT STATION	STONY POINT NEW YORK	18 AUGUST 1954

FROM (REQUESTER):	TO	VIA:
SCARLETT RUSSELL W. BM2(222-862)	COMMANDER,GROUP,NEW YORK	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
11	17, SEPTEMBER 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

PE-65

ADDRESS ON LEAVE WILL BE Mr. Charles Waite 411 Syeamore Ave Scotch Plains, N.J.

To Be Checked By Officers Only

☐ I am not a member of any court or board.

☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Russell W Scarlett BM 2

Ind.-1 Unit: Stony point Light Station Date 18 August 1954

Date current leave accounting period began	7-1-54	Balance brought forward beginning of present accounting period	51
Number days' leave used during current accounting period	None	Date of expiration of current enlistment	7 April 1958

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: O* N.Y. GROUP Date 7 September 1954

☒ Returned, GRANTED 11 days.

☐ ADVANCE REG. Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

D. M. MORELL, CDR, USCG, Acting
(Signature, rank, and title)

Ind.-4 Unit: O, N.Y. GROUP Date 17 September 1954

Departed at 1500, this date. This leave expires before 0900, 29 September 1954

at this Unit and is subject to the instructions on the reverse hereof.

D. M. MORELL, CDR, USCG, Acting
(Signature, rank, and title)

Ind.-5 Unit: O, CG GROUP NY Date 29 September 1954

Reported at 0900, this date, having used 11 days' leave.

D.M. MORELL, CDR, USCG, BY DIRECTION
(Signature, rank, and title)

16—40220-3

(Over)

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

2528B

APPLICATION FOR SAVINGS BOND ALLOTMENT

From compensation of

SCARLETT, Russell W. ([illegible])BM2

Monthly allotment in the amount of

EIGHTEEN and 75/100 - - - - - (Words) ($ 18.75 (Figures)) Dollars

PAYABLE TO FILE

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month OCTOBER, 19 53

Reason for allotment: (Check one)

Bond a Month XXX Bond a Quarter

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

Rank or rating BM2 U. S. C. G.

23 September, 1953, 19

Approved, allotment granted.

W.L. MALONEY, CAPTAIN, USCG

Commanding CG GROUP, NEW YORK

Commander District.

Witnessed and registered , 19

Authorized Certifying Officer,

INSCRIPTION ON BOND (Leave blank)

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

039

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ☆ G. P. O. 1948 - 799449

PE-64

It is requested that, beginning OCTOBER, 1953, monthly deductions of $18.75 be made so that United States Savings Bonds of $25.00, denomination may be issued in the name of

RUSSELL W. SCARLETT
(First name, in full) (Middle name or initial if any) (Last name)

Address Stony Point Light Station, Stony Point, N.Y.

You may name either a co-owner or a beneficiary, but not both.

Co-owner
Mr.
Mrs.
Miss
(Given name, in full) (Middle name or initial) (Last name)

Address

Beneficiary
XMr.
Mrs.
XMiss MARGARET V. SCARLETT
(Given name, in full) (Middle name or initial) (Last name)

Address Stony Point Light Station, Stony Point, N.Y.

Do you want your bonds held without charge in safekeeping at Treasury Department? ____ Yes XIX No

(See article 260, Pay and Supply Instructions, for places to which bonds may be mailed).

Mail bonds to RUSSELL W. SCARLETT, Stony Point Light Station, Stony Point, N.Y.
(Name and Address--Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser Russell W. Scarlett Stony Point Light Station (03-3005)0-05
Name Rank or Rating Unit

3-13
FILE

Commander, Group, New York
80 Lafayette Street
New York 13, New York

16 October, 1952.
GV/P15

From: Commander, GROUP, New York, N. Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Good Conduct Award

1. It is a pleasure to award you the inclosed Good Conduct Medal and Bars for the following three-year periods of meritorious enlisted service in the United States Coast Guard:

Period Ending	Attached to:
6-6-43	DEPOT, ST. GEORGE
6-6-46	GROUP NEW YORK
6-6-49	GROUP NEW YORK
6-6-52	GROUP NEW YORK

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during the above-mentioned three-year periods.

W. L. MALONEY.

Incls:
(1) Good Conduct Medal
(2) 3 Good Conduct Bars.

CC: Service Record
HQ

- -

FIRST ENDORSEMENT to CG GROUP NY/L of 10-16-52, P15 GV
21 October, 1952.

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, Group, New York

Receipt of the above is acknowledged.

Russell W. Scarlett
RUSSELL W. SCARLETT

3-13
file

UNITED STATES COAST GUARD

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

11 September 1952
FILE: PS P15/MM

From: Commandant
To: Commander, CG Group, N. Y.
Via: Commander, 3rd CG District (p)

Subj: SCARLETT, Russell W. (222-862) BM2;
good conduct awards, information relative to.

Ref: (a) Personnel Circular No. 33-49.

1. In reply to your letter of 29 August 1952, GV/P15,

you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
4-8-40	6-6-40		(b)
6-7-40	6-6-43	Depot, St. George	Medal due
6-7-43	6-6-46	Fort Wadsworth LS	Bar due
6-7-46	6-6-49	Group, New York	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 7 June 1949 to the end of his enlistment 7 April 1952 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
6-30-49	3.6	4.0	3-31-51	3.7	4.0
9-30-49	3.6	4.0	6-30-51	3.7	4.0
12-31-49	3.7	4.0	9-30-51	3.7	4.0
3-31-50	3.7	4.0	12-31-51	3.7	4.0
6-30-50	3.7	4.0	3-31-52	3.7	4.0
9-30-50	3.7	4.0	4-7-52	3.7	4.0
12-31-50	3.7	4.0			

B. R. HENRY
By direction

EOA

Scarlett, Russell W. (222-86

29 August 1952

GV/PS

From: Cdr. New York Group
Via: Exd Off Asst.

1st. Enl. 4-8-40 ✓
O.C. on 6-30-40
Offense on 6-6-40 ✓
H.D. 4-7-46 ✓
Reen 4-8-46 ✓
4.0 ✓
H.D. 4-7-52 ✓
Reen 4-8-52 ✓

Medal due.
6-6-43

Bar Due 6-6-46
6-6-46.

Bar due.
6-6-49

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (

APPLICATION FOR LEAVE OF ABSENCE

U.S. COAST GUARD
GruCom-New York-COTP

UNIT	ADDRESS	DATE
Stony Point Lt.Sta.	Stony Point New York	1 July 1952

AUG 6 (19)

FROM (REQUESTER):	TO	VIA:
Scarlett Russell W. 222-862 BM 2	Commander,Group, New York	RECEIVED NEW YORK, N. Y.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT
16	19 July 1952	

ADDRESS ON LEAVE WILL BE 8 Buffum Street Worcester Mass

To Be Checked By Officers Only

☒ I am not a member of any court or board.

☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Russell W Scarlett
Russell W Scarlett BM 2

Ind.-1 Unit: Date

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period -10-
Number days' leave used during current accounting period -0-	Date of expiration of current enlistment 7 April, 1958.

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: COMMANDER, GROUP, NEW YORK Date 1 July, 1952.

☒ Returned, GRANTED 16 days.

☒ ADVANCE REG-ADV. Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☐ ACCRUED

D. M. MORELL, LCDR, USCG
(Signature, rank, and title)
Executive Officer.

Ind.-4 Unit: Stony Point Light Station Date 19 July, 1952.

Departed at 0800, this date. This leave expires before 0900, 5 AUGUST, 1952.

at Stony Point Light Station and is subject to the instructions on the reverse hereof.

D. M. MORELL, LCDR, USCG
(Signature, rank, and title)
Executive Officer.

Ind.-5 Unit: Stony Point Light Station Date 5 August 1952

Reported at 0800, this date, having used 16 days' leave.

Russell W Scarlett
Russell W Scarlett BM 2
(Signature, rank, and title)

16—40220-3

(Over)

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

PE-PR-10

CG GROUP, NEW YORK, N.Y. Stony Point LSe- 03-300540
(Name and type and number of activity (or unit))

C. O. Order No. 82-51

COAST GUARD PERSONNEL

To DISBURSING OFFICER: 3rd CG District

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
222-862	SCARLETT,	Russell	W. ✓	Completed (18 yrs) creditable service on 4 November 1950. (Statement below)	11-4	FO

ENTERED SERVICE	SERVICE TERMINATED	ABSENT WITHOUT LEAVE (Inclusive Dates)	SICKNESS DUE TO OWN MISCONDUCT	NONPERFORMANCE OF DUTY BECAUSE OF
7 Years 5 Months 3 Days Lighthouse Service Creditable for Longevity.				
ENL-USCG 4-8-40		None	None	None
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None	None	None
4-8-46 Now Serving		None	None	None

(D. O. Symbol number)

A. B. HOW, LTJG, USCG
(Name and signature)
Commander, Group, New York
By direction OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i.e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Scarlett Russell Wesley	222-862	BM2	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Charles James Waite — Brother-in-Law

ADDRESS (*Number, street, city, zone, and State*)

424 Davis Avenue, Kearney, New Jersey

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*) — ADDRESS (*Number, street, city, zone, and State*)

Margaret Veoronica Scarlett — Stony Point Light Station, Stony Point New York

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Elizabeth Ann Scarlett	Stony Point New York		x		x	6 Yrs.
Margaret Ann Scarlett	Stony Point New York		x		x	3½ Yrs.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Dead

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Dead

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Margaret Catherine Auger — Sister

ADDRESS (*Number, street, city, zone, and State*)

8 Buffum Street, Worcester, Massachusetts

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Catherine Theresa Waite — Sister-in La w

ADDRESS (*Number, street, city, zone, and State*)

424 Davis Avenus, Kearney, New Jersey

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Metropolitan Life Insurance Company	1 Madison Ave New York 10 N.Y.	7020003
Prudential Insurance Co. of America	Newark, New Jersey	493105342

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Margaret Veronica Scarlett — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Stony Point Light Station, Stony Point New York — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Stony Point Light Station Stony Point New York	September 14-1950	Russell W Scarlett Russell W Scarlett

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Scarlett Russell Wesley	222-862	BM2	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Charles James Waite — RELATIONSHIP *(If friend, so state)*: Brother-in-Law

ADDRESS *(Number, street, city, zone, and State)*: 424 Davis Avenue, Kearney, New Jersey

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Margaret Veoronica Scarlett — ADDRESS *(Number, street, city, zone, and State)*: Stony Point Light Station, Stony Point New York

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Elizabeth Ann Scarlett	Stony Point New York		x		x	6 Yrs.
Margaret Ann Scarlett	Stony Point New York		x		x	3½ Yrs.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Dead — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Dead — ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Margaret Catherine Auger — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: 8 Buffum Street, Worcester, Massachusetts

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: Catherine Theresa Waite — RELATIONSHIP: Sister-in La w

ADDRESS *(Number, street, city, zone, and State)*: 424 Davis Avenus, Kearney, New Jersey

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Metropolitan Life Insurance Company	1 Madison Ave New York 10 N.Y.	7020003
Prudential Insurance Co. of America	Newark, New Jersey	493105342

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Margaret Veronica Scarlett — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Stony Point Light Station, Stony Point New York — RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS: Stony Point Light Station, Stony Point New York

DATE SIGNED: September 14-1950

SIGNATURE OF DESIGNATOR: Russell W Scarlett — Russell W Scarlett

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.
2. Disposition of signed copies will be as follows:

Army	Original	To The Adjutant General, Wash. 25, D. C., ATTN: AGPI.
	Duplicate	File in service record or field 201 file.
Air Force	Original	To Headquarters USAF, Air Adjutant General, Wash 25, D. C.
	Duplicate	File in service record or field personnel record (201) file.
Navy	Original	To BuPers, Wash. 25, D. C., ATTN: Casualty Section.
	Duplicate	(*Same as original.*)
	Triplicate	File in service record or officer's qualification jacket at duty station.
Marine Corps	Original	File in service record book (*page 15*) or in officer's qualification record.
	Duplicate	To CMC, Wash. 25, D. C.
Coast Guard	Original	To Commandant (P), USCG Hq., Wash. 25, D. C.
	Duplicate	Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.
4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers, and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.
5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE MARRIED	 SINGLE	SEX M	 F	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
PRUDENTIAL INSURANCE CO.OF AMERICA	NEWARK,NEW JERSEY	M47119836

REMARKS:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE: 1950—O-873268

VETERANS ADMINISTRATION
Insurance Form 336
Revised Feb. 1945

USE A SEPARATE FORM FOR EACH POLICY ON WHICH A CHANGE OF BENEFICIARY IS DESIRED

FILE

CHANGE OF BENEFICIARY—NATIONAL SERVICE LIFE INSURANCE

My serial number is 272-267 (Serial number) Insurance No. _____

My full name is Lawrence (First name) none (Middle name) Scarpa Jr. (Last name)
(Please print or type)

Home address Box 33# Pearl St. (Number and street or rural route) Newfield (City, town, or post office) New Jersey (State)

I, the undersigned insured, hereby cancel all previous designations of beneficiaries under the above-numbered National Service Life Insurance policy and direct that said insurance, which amounts to $10,000, be paid from and after my death as follows:

GIVE COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (NOTE.—If a married woman, her own first and middle name and husband's last name must be stated)	RELATIONSHIP (Must be stated)	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
Mrs Mary Janet Scarpa Box 33# Pearl St. Newfield N.J.	Wife	10,000

Signed at (on board) _____ on this, the 25 day of August, 1950

Signature of witness M. J. Hacker (Do not print)

Signature of insured Lawrence Scarpa Jr. (Do not print)

CBosn USCG (Rank and organization)

Engine Man 3 USCG (Serial number, rank, and organization)

Address Sandy Hook LB Station Sandy Hook N.J. (Number and street) (City, town, or post office and State)

Address Monmouth Beach LB Station Mon, Bea, N.J. (Number and street) (City, town, or post office and State)

This form, when completed, should be forwarded immediately to the Veterans Administration, Washington 25, D. C.

Signature of insured should be in ink and witnessed by a responsible and disinterested person. The rank and organization of the insured and the witness should be stated if the insured is in the military or naval service.

PRINCIPAL BENEFICIARY.—The insured, under a National Service Life Insurance policy, may designate a beneficiary or beneficiaries of his insurance within the following classes only: Wife (husband), child (including an adopted child, stepchild, illegitimate child), parent (including parent through adoption, and persons who have stood in loco parentis (in place of a parent) to the insured at any time for a period of not less than 1 year prior to his entry into active service), brother or sister (including those of the half blood) of the insured.

CONTINGENT BENEFICIARY.—The insured may designate any person or persons within the permitted class as contingent beneficiary or beneficiaries. A contingent beneficiary so designated will take the monthly installments of insurance if the specified principal beneficiary should not survive so as to receive any installment or installments of insurance, or will take any remaining monthly installments certain if the specified principal beneficiary survives the insured and receives one or more monthly installments but dies before all the monthly installments certain have been paid.

A stepchild or illegitimate child cannot be paid benefits under the National Service Life Insurance Act of 1940 as amended, unless specifically designated as a beneficiary by the insured.

The proceeds of a National Service Life Insurance policy shall not be assignable and the payments of National Service Life Insurance as such are exempt from taxation, but such exemption does not extend to any property purchased in part or wholly out of such payments.

CG 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

File

S. V. No. [illegible]
Pay No. [illegible]

REPORT OF CHANGE IN PAY STATUS

SCARLETT	Russell	W.	222-862	BM2, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, NEW YORK, N. Y.	80 Lafayette St., New York, N.Y.	29 November, 1949
(Unit)	(Place)	(Date)

Commander, Group, New York
From: ~~COMMANDING OFFICER~~.
To: PAY OFFICER. 3rd Coast Guard District

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

ENTERED SERVICE SERVICE TERMINATED TIME LOST: AWOL, AOL, NPDI, SKMC, (As Specified) (Inclusive Dates)

7 Years 5 Months 3 Days Lighthouse Service creditable for Longevity.

USCG
4-8-40 None
Enl. Ext. 3 yrs. from
4-8-43 4-7-46 HD None
4-8-46 Now serving None

COMPLETED 16 YEARS CREDITABLE SERVICE ON 4 NOVEMBER, 1948.

AUTHORITY:
Art. 111, P&SI

H. W. Stinchcomb
H. W. STINCHCOMB, CAPT, USCG
(Commanding)

Commander, Group, New York
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—44336-2

2 August, 1948
CG-73 (PE-PR-5)

From: Commandant
To : Commander, 3rd Coast Guard District (pmp)

Subj: SCARLETT, Russell Wesley (222-862) BM2; statement of service

1. Scarlett, who is now attached to the CG Group, New York, served in the Lighthouse service prior to his enlistment in the Coast Guard. Headquarters, however, is unable to verify this service.

2. As he enlisted on Ambrose Channel Light Station, N. Y. on 8 April, 1940, it is requested that you forward a record of his Lighthouse service to Headquarters on Civil Service Form 2806 (Retirement Record Card). Credit for Lighthouse service towards retirement and for longevity pay purposes cannot be allowed unless the service can be verified.

B. A. SHAW
By direction

U.S. COAST GUARD (1)
MAILED AUG 2 1948

Return to 3-13

code

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 260

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, NEW YORK, N.Y.	STONY POINT LIGHT STATION	STONY POINT, NY.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001	03-035	26 March, 1948

TIME 0900
DATE 22 March, 1948

REPORTED FROM: For Wadsworth Light Station
FOR asdu as OinC.

DUTY CODE NO. 30-D AUTH: Dcl 3-19-48 (73-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

By direction
E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	72	3	81

Records	
Posting	Coding
PEA-E 44	COD NO. 10

Machine Accounting
Punched
Verified

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

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

No. 259

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEW YORK, N.Y.	FORT WADSWORTH LIGHT STATION	ROSEBANK, SINY

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001	03-019	26 March, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 0700
DATE 22 March, 1948
TRANSFERRED TO: Stony Point Light Station
FOR asdu as OinC.

AUTH: Dcl 3-19-48 (73-531)

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
32

DUTY CODE NO.
AUTH:

E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

code

No. 78

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Off. Comdr. ~~3rd~~ NY Grp ~~CG District~~	FT. WADSWORTH LIGHT STATION	ROSEBANK, SINY
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001	03-019	5 March, 1948

TIME 1800
DATE 2 March, 1948

REPORTED FROM: Bergen Point Light Station NY Grp
FOR astdu of approx 1 month duration pending further assignment.

DUTY CODE NO. 30-D AUTH: Dcl 3-1-48 (73)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: E. H. LANE

E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	72		107

Records	
Posting	Coding
PEA 44	CODED NO. 10

Machine Accounting
Punched _____
Verified _____

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

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

No. 77

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Off. Comdr. 3rd CG District	BERGEN POINT LIGHT STATION	MARINERS HBR, SINY
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-001	03-027	5 March, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1700
DATE 2 March, 1948
TRANSFERRED TO: Ft. Wadsworth Light Station
FOR astdu of approx 1 month duration pending further assignment.

AUTH: Dcl 3-1-48 (73)

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
15

DUTY CODE NO.
AUTH: E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 297

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, NEW YORK, N.Y.	BERGEN POINT LIGHT STATION	MARINERS HBR, SINY

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-001	03-027	20 Feb., 1948

TIME 1100
DATE 16 Feb., 1948

REPORTED FROM: CG GROUP, Northport, LINY
FOR asdu as OinC.

DUTY CODE NO. 30-D AUTH: Dcl 2-5-48 (73-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

By Lane
E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	72	0	98

Records	
Posting	Coding

COAST GUARD NO.

FEB 44

Machine Accounting
Punched
Verified

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

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

Feb (7)

REPORT OF CHANGE IN PERSONNEL

SCARLETT,	Russell	W.	222-862	BM2c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Great Captains Island Light Station
CG GROUP, Northport (Unit) — Northport, N. Y. (Place) — 16 February, 1948 (Date)

1300 - 2-13-48 - - Departed Great Captains Island Light Station for Commander Third Coast Guard District for further transfer to Bergen Point Light Station.

AUTHORITY: 3rd Dist/L 2-5-48(73-531)(pmp)

C. E. SHUPE, Lt.(j.g.), USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

(Nov-10)

REPORT OF CHANGE IN PERSONNEL

SCARLETT, (Surname) Russell (First name) W. (Middle initial) 222-862 (Service No.) BM2c (Rank or rating)

Great Captain's Island Lt. Sta.
CG GROUP (Unit) Northport, N. Y. (Place) 11 November, 1947 (Date)

0915 - 11/11/47 - - Reported from Eatons Neck Light and Lifeboat Station, for duty as Officer-in-Charge.

AUTHORITY: 3rd Dist./L - 11/7/47(73-531)(pmp)

C. E. SHUPE, Lt.(j.g.), USCG
(Commanding)

Commanding Officer
(Title)

DATE	H P	EXCH. PAY GRAD.	NEXT PAY PER.	OBST.	PAY PER.
201				03	2 272.110
M	III	X	XIX XV	XVII	XX XXI

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	CODED NO. 6	✓	PEA-E 44

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

File

(nov-8)

REPORT OF CHANGE IN PERSONNEL

SCARLETT, (Surname) Russell (First name) W. (Middle initial) 222-862 (Service No.) BM2c (Rank or rating)

Eatons Neck Lt. & LB Station
CG GROUP, (Unit) Northport, N. Y. (Place) 10 November 1947 (Date)

1530 - -11/10/47 - - Reported from Bergen Point Lt. Sta. to Great Captain's Island Light Station.

PEA-E 44

AUTHORITY: 3rd Dist/L-11/7/47(73-531)(pmp)

C. E. SHUPE, Lt.(j.g.), USCG (Commanding)

Commanding Officer (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

(nov-9)

REPORT OF CHANGE IN PERSONNEL

SCARLETT,	Russell	W.	222-862	BM2c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Eatons Neck Lt & LB Station CG GROUP	Northport, N. Y.	11 November, 1947
(Unit)	(Place)	(Date)

0830 - 11/11/47 - - Departed for duty at Great Captain's Island Light Station.

AUTHORITY: 3rd Dist/L-11/7/47*73-531)(pmp)

C. E. SHUPE, Lt.(j.g.), USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

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

No. 88

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCARLETT, Russell W.	222-862	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, NEW YORK, N.Y.	Bergen Point Light Station	Mariners Harbor, NY.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
03-001	03- 027	10 Nov., 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1000
DATE 9 Nov., 1947
TRANSFERRED TO: CG GROUP, Northport, LINY
FOR asdu at Great Captain's Island Light Station.

AUTH: Com3/L 10-7-47 (73-531)

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 32

DUTY CODE NO.
AUTH:

E. H. LANE, Ship's Clerk, USCG, By direction.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

File 3-13
Ram

FP-2
26 June 1958

From: Commandant
To: Commander, CG Group, New York, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; mustering-out payment; information concerning

1. This refers to your letter of 5 May 1958 (L16-2) requesting notification if mustering-out payment, Act of 1952, may be made to SCARLETT at this time. He was last discharged on 7 April 1952 and there is no statutory provision for payment since time limitation for filing claims, for those members discharged or released from active duty prior to effective date of the Act of 1952, 16 July 1952, expired on 16 July 1956. Your attention is also called to Compt Manual, para 2B01125-8d.

T. C. CRABE
By direction

Ram
RAM:JCR 6-12 EGB- MRY

FP-2
26 June 1958

From: Commandant
To: Commander, CG Group, New York, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; mustering-out payment; information concerning

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T. C. CRABB
By direction

RAM:JCR 6-12

From: Commandant
To: Commander, CG Group, New York, N. Y.

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T. C. CRABB
By direction

RSR:JCR 6-12

Rec'd

Pls let me see one file

MRS

CCF

116-2
5 May 1958

Fr
To .I.

Sub 2,USCG; Musting-out Payment,

Ref: -il 1958

1. Form 214 issued 7 April 1952
to s y. There is no record at
this owing payment was made.

2. S d September 1958, and there-
fore if payment may be made at
this

2.

B S Gathy
B. S. GATHY
By direction

4-8-40

ADDRESS REPLY TO
Commander
CG Group New York
Pier 9, East River
New York 4, New York

L16-2
5 May 1958

From: Commander, CG GROUP New York, N.Y.
To: Commandant (FP-2)

Subj: SCARLETT, Russell W. (222-862)BM2,USCG; Musting-out Payment, information concerning

Ref: (a) COMDT(FP-2) letter of 24 April 1958

1. As directed in reference (a), the DD Form 214 issued 7 April 1952 to subject man was reviewed for MOP entry. There is no record at this unit or in SCARLETT's possession showing payment was made.

2. SCARLETT anticipates retirement around September 1958, and therefore requested that this unit be notified if payment may be made at this time.

B S Gathy
B. S. GATHY
By direction

4-8-40

Pier 9, East River
New York 4, New York

L16-2
5 May 1958

From: Commander, CG GROUP New York, N.Y.
To: Commandant (FP-2)

Subj: SCARLETT, Russell W. (222-862)BM2,USCG; Musting-out Payment, information concerning

Ref: (a) COMDT(FP-2) letter of 24 April 1958

1. As directed in reference (a), the DD Form 214 issued 7 April 1952 to subject man was reviewed for MOP entry. There is no record at this unit or in SCARLETT's possession showing payment was made.

2. SCARLETT anticipates retirement around September 1958, and therefore requested that this unit be notified if payment may be made at this time.

B. S. GATHY
By direction

24 April 1958

From: Commandant
To: Commander, New York Group, U. S. Coast Guard,
Pier 9, East River, New York 4, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; Mustering-out Payment, information concerning

1. This refers to your letter of 25 March 1958 (L16-2) in regard to Mustering-out Payment, Act of 1952. There is no record on file in this office showing any payment for MOP to Scarlett, under the Act of 1952. It is requested that you review the DD Form 214 issued 7 April 1952 and if payment was made, advise Commandant (FP-2).

T. C. CRABE
By direction

Para 6-12
RAM:JCR 6-12

From: Commandant
To: Commander, New York Group, U. S. Coast Guard,
Pier 9, East River, New York 4, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; Mustering-out Payment, information concerning

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T. C. CRABE
By direction

BAR:JC: 6-12

From: Commandant
To: Commander, New York Group, U. S. Coast Guard,
Pier 9, East River, New York 4, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; Mustering-out Payment, information concerning

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T. C. CRABB
By direction

RAM:JCA 6-12

From: Commandant
To: Commander, New York Group, U. S. Coast Guard,
Pier 9, East River, New York 4, N. Y.

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; Mustering-out Payment, information concerning

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T. C. CRABE
By direction

RAM:JCR 6-12

ADDRESS REPLY TO
Commander
CG Group New
Pier 9, East
New York 4,

6-2
March 1958

From: Comma
To: Comma

Subj: SCARI
for

1. It is re
has previous
of 1952.

, request

named man
he MOP Act

No record of
any payment
E Buchan

	TO	STATION
1.	Mrs. Buchan	3-13
2.		
3.		
4.		
5.		
6		

Plse let me know — no work sheet
Thanks!

FROM: MTZ 6-12

ADDRESS REPLY TO
Commander
CG Group New
Pier 9, East
New York 4,

6-2
March 1958

MTZ

From: Comma
To: Comma

Subj: SCARI
for i

, request

, named man
he MOP Act

1. It is re
has previous
of 1952.

ADDRESS REPLY TO
Commander
CG Group New York
Pier 9, East River
New York 4, New York

L16-2
25 March 1958

From: Commander, CG Group New York, N.Y.
To: Commandant (FP)

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; MOP payment, request for information concerning

1. It is requested that this command be notified if subject named man has previously received payment of Mustering-Out-Pay under the MOP Act of 1952.

Bruce S. Gathy
BRUCE S. GATHY
By direction

Pier 9, East River
New York 4, New York

25 March 1958

From: Commander, CG Group New York, N.Y.
To: Commandant (FP)

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; MOP payment, request for information concerning

1. It is requested that this command be notified if subject named man has previously received payment of Mustering-Out-Pay under the MOP Act of 1952.

BRUCE S. GATHY
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

CoMDT (PE)

SHIP OR STATION

CG GROUP NY - STONY PT. LS

10-16-52: Awarded Good Conduct Medal and Bars for following 3-yr periods ending:

6-6-43 Medal
6-6-46 Bar
6-6-49 Bar
6-6-52 Bar

D. M. MORELL, LCDR, XO

3-12-56: Course of Instruction in Code of Conduct for Members of the Armed Forces of the United States administered this date. Auth: CI 2-56.

S. R. DOLBER, LCDR, USCG
Executive Officer

3-29-56: Articles of the UCMJ explained this date in accordance with Article 137, UCMJ.

JOSEPH IAZZETTA, CDR, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCARLETT	Russell	W.	222-862

16—66780-1

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

PE-67

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
SCARLET, Russell Wesley	222-862	BM1	1-8/21/14	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
701 Bay Street Staten Island, N.Y.	☐ Yes ☒ No 4/7/52 (DATE LAST ENTRY)	None 9. SOCIAL SECURITY NO. 08-32-2988

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Margaret, V. Scarlett	Stony Point Light Station, Stony Point, N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Elizabeth ann Scarlett	Same as Item #10		x	F	7-31-44
Margaret Anne Scarlett	Same as Item #10		x	F	11-15-46

12. FATHER Deceased	ADDRESS
13. MOTHER Deceased	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Margaret Auger	ADDRESS 3 Buffum Street, Worcester, Mass.

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Margaret Auger	Same as Item #14	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Margaret. V. Scarlett	Same as Item #10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Margaret V. Scarlett	Same as Item #10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCGG, Pier 9, East River, New York 4, New York	11-15-57

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W.M. STILLERS JR. LTJG USCG	Russell W. Scarlett BM1

DD FORM 1 Dec 56 93-1 Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
SCARLET, Russell Wesley	222-862	BM1	8/24/14	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
701 Bay Street Staten Island, N.Y.	☐ Yes ☒ No 4/7/52 (DATE LAST ENTRY)	None

9. SOCIAL SECURITY NO. 08-32-2988

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Margaret, V. Scarlett	Stony Point Light Station, Stony Point, N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Elizabeth ann Scarlett	Same as Item #10		x	F	7-31-44
Margaret Anne Scarlett	Same as Item #10		x	F	11-15-46

12. FATHER Deceased	ADDRESS
13. MOTHER Deceased	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Margaret Auger	ADDRESS 3 Buffum Street, Worcester, Mass.

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
None	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Margaret Auger	Same as Item #14	Sister
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	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Margaret V. Scarlett	Same as Item #10	Wife

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None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCGG, Pier 9, East River, New York 4, New York	11-15-57

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W.M. SIMMERS JR. LTJG USCG	Russell W. Scarlett Russell W. Scarlett BM1

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

PE-72

NOTE:
1.LL.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1200	4-10-56
LEAVE OR LIBERTY EXPIRED	0900	4-17-56
RETURNED TO COAST GUARD JURISDICTION	1330	4-17-56

NUMBER DAYS CHARGED TO LEAVE RECORD: Seven - 7

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	JOSEPH MAZZOTA	CDR, USCG By Dir.	1550-56

SHIP OR STATION	NAME OF A. C. O.
STONY POINT LS (03-300540)	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
SCARLETT	RUSSELL	WESLEY	222-862	BM2

FAMILY ALLOWANCES AUTHORIZATION

840545

O. PAY OR DISCONTINUE
AV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO.

C.C. NEW / C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 1,537,969 (Number ↑)
		SERVICE NO. 222-862	SERVICEMAN'S NAME (Last, first, middle) SCARLETT, Russell W.	RATE BM2 / PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
x x x	x x x	88	P	9-47 10-49	Margaret V. Scarlett Fort Wadsworth Light Station Fort Wadsworth Staten Island, New York.	Wife			S					x x x
x x x	x x x				Elizabeth A. Scarlett	Dau.	8-44		A					x x x
x x x	x x x				Margaret A. Scarlett	Dau.	11-46		A					x x x
x x x	x x x													x x x
x x x	x x x													x x x
x x x	x x x													x x x
		TOTALS ←		DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED		TOTAL RETROACTIVE AMOUNT					

DISCONTINUANCE

REMARKS

FA Amount $100. Lump sum checkage FA 10-49 $100.

Entitlement ceased 9-49.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 10 November 1949

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

PE&C

BUPERS COPY

ALLOWANCES AUTHORIZATION

DISCONTINUE
A. Form 546

☐ START ☐ STOP ☒ SUPERSEDING ☐ NO. 1,536,653

DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
		1,511,072		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
(222-862)	SCARLETT, Russell W.	B.M.2c.	Same.

CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
x x x	A.C.	P	11-43	Margaret V. Scarlett, Fort Wadsworth Light Station, Fort Wadsworth, Staten Island, New York.	Wife			A					x x x
x x x			11-43	Russell W. Scarlett, Jr.,	Son	4-43		A					x x x
x x x			8-44	Elizabeth A. Scarlett,	Dau	8-44		A					x x x
x x x			11-46	Margaret A. Scarlett,	Dau	11-46		A					x x x
x x x													x x x
x x x													x x x
	TOTALS ←												

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

17 January. 1947.

Chief, PA Section.

BY AUTHORITY OF THE SECRETARY OF THE NAVY

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

BUPERS COPY

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,511,072

SUPERSEDES AUTH. NO. 964,581

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING

[ ] SUPPLEMENTAL

[ ]

SCARLETT, Russell W — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(222-862) — SERVICE NUMBER

B.M.2c. — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Margaret V. Scarlett, 96 Beechwood Street, Four Corners, Staten Island, New York.	Wife		
A		1	Russell W. Scarlett, Jr., Same.	Son	4	43
A		1	Elizabeth A. Scarlett, Same.	Daughter	8	44

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: August, 1944

DATE 12 August, 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

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 964,581

SCARLETT (Last Name) Russell (First Name) W. (Middle Name) (222-862) (Service No.) B.M.2c. (Rating)

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Margaret V. Scarlett, 96 Beechwood Street, Four Corners, Staten Island, New York.	Wife		
A		1	Russell W. Scarlett, Jr., Same.	Son	4	43

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 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 November 19 43

DATE 24 November, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 944,597

UNITED STATES COAST GUARD

DISCONTINUANCE OF FAMILY ALLOWANCE NO. 808,763

ENLISTED MAN	SERVICE NO.	AUTHORIZATION NO.
SCARLETT, Russell W.	(222-862)	944,597

PAYEE	NO PAYMENT AFTER MONTH OF	REASON FOR TERMINATION
-1) Margaret V. Scarlett, - Wife 11 Saint Anthony Place, Westerleigh, Staten Island, New York.	June, 1943	C.R. Cox. to B.M.2c. 1 June, 1943.

DATE 23 June, 1943.

Chief, Military Morale Section

3795

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 944,597

SCARLETT	Russell	W.	(222-862)	Cox.
Last Name	First Name	Middle Name	Service No.	Rating

808,763

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Margaret V. Scarlett, 11 Saint Anthony Place, Westerleigh, Staten Island, New York.	Wife		
A		1	Russell W. Scarlett, Jr., Same.	Son	4	43

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

Incorrect service number (222-860); Correct service number (222-862).

LAST AUTHORIZATION No. 901,020 (Number or "None"), DATED 8-24- 1942.

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 May, 1943.

DATE 14 May, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 901,020

SCARLETT	Russell	W.	(222-860)	Cox.
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	Mrs. Margaret V. Scarlett 68 Central Avenue St. George Staten Island, New York	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.

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 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 July, 19__

DATE 24 August, 1942

BY AUTHORITY OF THE SECRETARY OF THE NAVY

J. L. Ahern, Capt., Chief, Military Morale Sectio

(Bergen Point Light Station)

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
SCARLETT,	Russell	Wesley	222-862	BM2c., USCG

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Veronica Margaret Scarlett Fort Wadsworth Light Sta., USCG Fort Wadsworth, S.I., N.Y.	Wife			$55.00	$36.63
2		Russell Wesley Scarlett, Jr. Same as above.	Son	4	43		
3		Elizabeth Ann Scarlett Same as above.	Daughter	8	44		
4		Margaret Ann Scarlett Same as above.	Daughter	11	46		
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Staten Island, New York

DATE OF MARRIAGE: 6/13/42

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

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO

IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

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

this 30th day of December 19 46

W. G. SCHAEFER
(Signature of attesting officer)

Lieut.(jg), USCG
(Title)

Russell W. Scarlett
RUSSELL W. SCARLETT
(Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: [illegible] Navy Personnel - Forward directly to Bureau of Naval Personnel.
[illegible] Personnel - Forward directly to Commandant, U. S. Marine Corps.
[illegible] sonnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

FORM 64

NAVY DEPARTMENT

NOTIFICATION OF CHANGE OF ADDRESS

FAMILY ALLOWANCES

(THE SERVICEMEN'S DEPENDENTS ALLOWANCE ACT OF 1942)

:

BUREAU OF PERSONNEL
BUREAU OF SUPPLIES AND ACCOUNTS
COMMANDANT COAST GUARD

TO:

☐ BUREAU OF PERSONNEL
☒ BUREAU OF SUPPLIES AND ACCOUNTS
☐ COMMANDANT COAST GUARD

CHANGE NO. 850,206

SCARLETT	Russell	W.	(222-860)	Cox.
(Last Name)	(First Name)	(Middle Name)	(Service No.)	(Rating)

The mailing address of the payee named below who is receiving a family allowance on behalf of the above-named enlisted man should be changed as indicated:

Mrs. Margaret Scarlett, (Name of payee)

AMOUNT OF CHECK $ (From Original Authorization)

FORMER ADDRESS

68 Central Avenue,	St. George, Staten Island,	New York.
(No. and St., or Rur. Rt.)	(City, Town or P. O.)	(State)

NEW ADDRESS

11 St. Anthony Place,	Westerleigh, Staten Island,	New York.
(No. and St., or Rur. Rt.)	(City, Town or P. O.)	(State)

EFFECTIVE WITH THE MONTH OF November, 1942 CHECKS FOR THIS PAYEE UNDER AUTHORIZATION NO. 901,020 WILL BE ADDRESSED AS INDICATED ABOVE.

SOURCE OR REASON FOR CHANGE:
Request of payee.

STENCIL CHANGE VERIFIED BY

2

DATE 24 November, 1942.
BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section.

GUARD BASE, St.Geo.,N.Y. | 8-1-44 | 408-40

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

SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
ETT,	Russell	W.	222-862	B.M.2c

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

PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
X	Margaret V. Scarlett 96 Beechwood pl., Four Corners, Staten Isl.,N.Y.	wife				
	Russell W. Scarlett, Jr. same as above	son	4	43		
	Elizabeth A. Scarlett same as above	daughter	8	44		

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Staten Island, New York. | DATE OF MARRIAGE: 6-13-42 | IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. [ ] YES [ ] NO

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

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE | ADDRESS OF DIVORCED WIFE OR WIVES

808,763

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: Wife and ~~daughter~~ son submitted on previous application. Birth of son.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

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

this 1st day of August, 1944

A. H. HYLTON, Lieut.Comdr., USCG. (Signature of attesting officer) (Title)

Russell W. Scarlett
RUSSELL W. SCARLETT. (Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF

☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

I. I, SCARLETT, (Last name) Russell (First name) Wesley (Middle name) B.M.2c (Rate or rank)

USCG, CG.BASE, St.George, S.I., N.Y. (Organization) 222-862 (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."

1. SCARLETT, (Last name) Margaret (First name) V. (Middle name) Wife (Relationship) --- (Date of birth if minor)

96 Beechwood St., (Number and street or R. F. D.) Four Corners, Staten Island, (City or post office) New York. (State)

2. SCARLETT, (Last name) Russell (First name) Wesley, Jr. (Middle name) Son (Relationship) 4-27-43 (Date of birth if minor)

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

3. (Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)

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

4. (Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)

(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)

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

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

Date and place of marriage to present wife 6-13-42 STATEN ISLAND, N.Y.

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

808,763

16—29368-1

Give following information as to each Class B dependent claimed:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____

_____

Russell Wesley Scarlett
RUSSELL WESLEY SCARLETT
(Signature)

Subscribed and sworn to before me, this 9 th day of November, 1943

P Pedersen
P. PEDERSEN
(Signature)

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

Executive Officer, CG. BASE, St. Geo., N.Y.
(Title)

16—29368-1

U.S. Coast Guard
3rd Naval District

APPLICATION FOR FAMILY ALLOWANCES

COAST GUARD DEPOT, St.Geo.
(ship or station)
24 July, 1942.
(date)

From: SCARLETT, Russell W. (name in full), (222-860 (Ser.No.)), Cox.(Pro) (rating) Supp 944,597

To: Commandant (via District Coast Guard Officer, 3rd ND.) 808,763

1. I hereby make claim for family allowances in accordance with the Act of 23 June, 1942, Public No. 625, 77th Congress, on account of the following dependents:

Name	Address	Relationship and date of birth of minor children
Margaret V. Scarlett	68 Central Ave. St.George,S.I.,N.Y.	Wife

DATE AND PLACE OF MARRIAGE:

June 13, 1942., St. Margaret Mary Church, Midland Beach, Staten Island, N.Y.

(date of birth of all minor dependents under 18 years of age is required. If application includes only those Class "B" relatives who are dependent upon you for substantial portion of their support, a statement shall be made of the facts of such dependents)

2. In the event family allowances are claimed for minor children or incompetents, I request that my family allowances be paid to:

(Name) (Address)

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

Subscribed and sworn to before me this 24th day of ~~August~~ July 1942.

W.H. BARTON,
(Signature)
Commander, USCG.
(rank or title)

Russell W Scarlett
RUSSELL W. SCARLETT
(Signature)
Coxswain (Pro)
(rating)

**- - - -

SER. # 222-860

DEPENDS. Wife Mrs. Margaret Scarlett

(New address on the letter.

BEG. MO. .....

DATE APPR. .....

TERMINATED .....

BY G. Jno DATE 13, 42.

Staten Island, New York.
11 November, 1942.

ction
rs

he address on allotment
iciary from compensation of
e) Cox.(Pro), be changed to
o

NEW ADDRESS

11 St. Anthony Place,
Westerleigh,
Staten Island, New York.

St. George,
Staten Island, New York.

Thanking for your kind condiseration in this matter.

Very truly yours,

Margaret Scarlett

MARGARET SCARLETT (wife)

allotment

Staten Island, New York.
11 November, 1942.

Chief, Audit and Payroll Section
U.S. Coast Guard Headquarters
Washington, D.C.

Dear Sir:

It is requested the address on allotment designating myself as beneficiary from compensation of SCARLETT, Russell W. (222-~~68~~ 860) Cox. (Pro), be changed to the following:

OLD ADDRESS

68 Central Ave.,
St. George,
Staten Island, New York.

NEW ADDRESS

11 St. Anthony Place,
Westerleigh,
Staten Island, New York.

Thanking for your kind condiseration in this matter.

Very truly yours,

Margaret Scarlett

MARGARET SCARLETT (wife)

UNITED STATE COAST GUARD

MAY 7 1943

COAST GUARD DEPOT.
1 BAY STREET, ST. GEORGE
STATEN ISLAND, N. Y.

St. George, S.I., N.Y.
5 May, 1943.

PERSONNEL
New York, N. Y.

Correct

From: SCARLETT, Russell W. (222-862) Cox.(Pro).
To : Military Morale Section, U.S. Coast Guard Headquarters.

Via : 1. Commanding Officer, COAST GUARD DEPOT, St.George.
2. District Coast Guard Officer, THIRD NAVAL DISTRICT.

Subject: Application for family allowances.

Reference: (a) The Servicemen's Dependents Act of 1942.

1. In view of the provisions outlined in reference (a), it is requested my monthly family allowance be increased twelve dollars ($12.00) due to the birth of a son Russell W. Scarlett, Jr., April 27, 1943 at the U.S. Marine Hospital, Stapleton, S.I., N.Y.

Russell W Scarlett
RUSSELL W. SCARLETT

---

522 First Indorsement

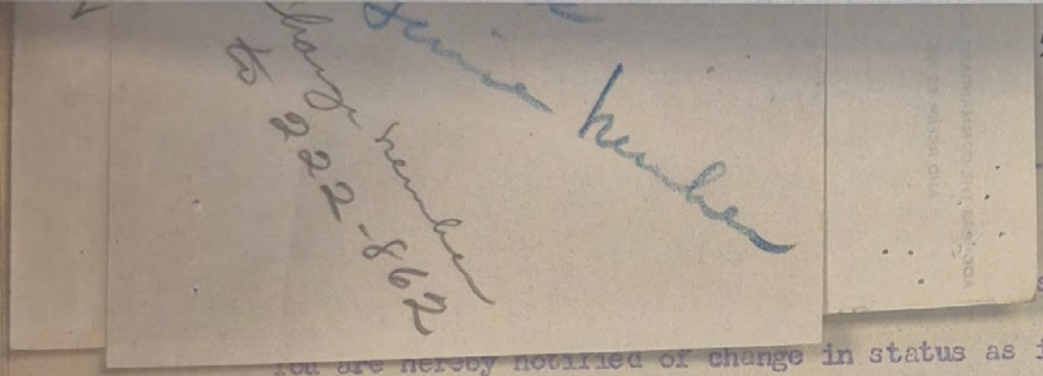
COAST GUARD DEPOT,
St.George,S.I.,N.Y.
5 May, 1943

From: Commanding Officer, COAST GUARD DEPOT, St.George.
To : Military Morale Section, U.S. COAST GUARD HEADQUARTERS.

Via : 1. District Coast Guard Officer, THIRD NAVAL DISTRICT.

1. Forwarded.

W. H. BARTON



5 September, 1947

BM2c, USCG
(Rating)

s.

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

( )* Checkage is being discontinued as provided in regulations after checkage for the month of _____

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

Son, Russell W. Scarlett, Jr., age 4, lost his life by drowning.
Nature of change in status

25 August, 1947
Date of change in status

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

W. G. SCHAEFER, Chief Pay Clerk, USCG 18-470
(Signature of Disbursing Officer) (Symbol No)

3rd CGD
(Station of disbursing officer)

CG Headquarters Washington 25, D.C.

9-19-47
(date)

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

Continued in behalf of wife and 2 children.

Chief, Military Morale Division

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

5 September, 1947

SCARLETT, Russell W. (name) | 222-862 (service no.) | BM2c, USCG (Rating)

To: Chief, Military Morale Division, CG Headquarters.

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

( )* Checkage is being discontinued as provided in regulations after checkage for the month of _____

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

25 August, 1947 (Date of change in status)

Son, Russell W. Scarlett, Jr., age 4, lost his life by drowning. (Nature of change in status)

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

W. G. SCHAEFER, Chief Pay Clerk, USCG
~~xxxxxxxxxxxxxxxxxxxxxxxxxx~~ 18-470
(Signature of Disbursing Officer) (Symbol No)

3rd CGD
(Station of disbursing officer)

CG Headquarters Washington 25, D.C.

9-19-47 (date)

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

Continued in behalf of wife and 2 children.

Chief, Military Morale Division

Certificate of Birth

Certificate No. 3366

FILED

1. Full name of child (PRINT): Margaret Anne Scarlett (First name / Middle name / Last name)

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

6. Date of child's birth: (Month) 11 (Day) 15 (Year) 46 | 6a. Hour: 9:58 A.M. / P.M.

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

8. USUAL RESIDENCE OF MOTHER: (a) State: New York (b) Co.: Richmond (c) Post Office and Zone: Staten Island (d) No.: Fort Wadsworth Lighthouse Station Ave. / St. (e) Length of residence or stay in New York City immediately prior to birth of child: all life

FATHER

9. Full name: Russell Wesley Scarlett

10. Color or race: White | 11. Age at time of this birth: 32 (years)

12. Birthplace (city or place and State, or country): Lowell, Massachusetts

13. Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B.M. 2/c
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S.C.G.

MOTHER

14. Full maiden name: Margaret Veronica Craig

15. Color or race: White | 16. Age at time of this birth: 30 (years)

17. Birthplace (city or place and State, or country): Patterson, N.J.

18. Occupation
A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy: 2

19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: 2

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

(Signed) [signature], M.D. / R.N. / Midwife

Address: U.S. Marine Hospital

Date of Report: Nov. 18, 1946

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

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

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

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

William O'Dwyer, MAYOR — Otto R. Pagluca M.D., ACT'G REGISTRAR OF RECORDS — Israel Weinstein M.D., COMMISSIONER OF HEALTH

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

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

Gov. Cont. $78.

Chief, Military Morale Division.

rwl

NAVCG-9731

Date: 10 November 1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

SCARLETT, Russell W. (222-862)	BM2	3rd CGD
Name	Rating	Unit
Class A	$22.00	Began: Nov. 1943 Ter. Sept. 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 $100.

S. K. FRICK
Chief, FA Section

1920 rwl

OBTAINED FROM FD BOOKLET NO.14 W [illegible]
USCG Family Allowance Accounts.

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

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

CG HEADQUARTERS

WASHINGTON 25, D.C.

10 November 1949
(date)

$98.00

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

Gov. Cont. $78.

Chief, Military Morale Division.

rwl

HEADQUARTERS.

OC3CGD
28 October, 1949

SCARLETT, Russell W. (name) 222-862 (service no.) BM2, USCG (rating)

To: Chief, Military Morale Division, CG Headquarters.

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

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

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

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

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

~~GOVT.CONTRIBUTION AS~~
OBTAINED FROM FB BOOKLET NO.14 $ 100.00 FA-A Margaret V. Scarlett
USCG Family Allowance Accounts.

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

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

CG HEADQUARTERS

WASHINGTON 25, D.C.

10 November 1949 (date)

$98.00

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of October 1949
Gov. Cont. $78.

Chief, Military Morale Division.

rwl

APR 17 1959

Date 4/30/59
Unit CG GROUP NEW YORK
Location PIER 9, E. RIVER NY

From: SCARLETT, RUSSELL W.(222-862)
To: Commandant (PS-2)
Via: Authorized Certifying Officer, 3rd CG District

Subj: Notification of change in dependency status for Basic Allowance for Quarters

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependents:

Name & address of dependent	Relationship	Date & nature of change (use reverse side if necessary for remarks)
MARGARET V. SCARLETT	WIFE	RETIRED 4/30/59

NOTE: - If divorced, attach two copies of divorce decree (certified by clerk of court).

2. The following allotment stoppage is requested:

Allottee	Month, Last payment	Amount
MARGARET V. SCARLETT	APRIL 1959	196.90 196.50

The following allotment start action is requested:
(if new allotment is in lower amount)

Allottee	Month, First payment	Amount

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment amount, an allotment stoppage and an allotment start will be required. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request above.

NOT REQUIRED
(Signature)

- -

END - 1
OCCGD3, New York, N. Y.

From: Authorized Certifying Officer, 3rd CG District
To: Commandant (PS-2)

1. BAQ was last credited on pay record 30 April, 1959.

2. BAQ Allotment in the amount of 196.90 stopped, last payment April, 1959.

7 MAY 1959

T. J. ANDERSON, SPCK, USCG, W-1
Authorized Certifying Officer

NO BAQ Payments Authorized for ____ dependents commencing 5/1/59

Chief, Dependents Allowances

545 to FP-1 on

18 MAY 1959

7 MAY 1959

CNL

APR 17 1959

NAME SERVICE NUMBER

START FLD	START (BAQ RATE)	STOP
X Approved	51.30	
Denied	77.10	
Cancelled	X 96.90	
Adjust:		
Pending	51.30 - 77.10	
Spec Pend	77.10 - 96.90	
Relst Pend	96.90 - 77.10	
Ret to Dist Chief	77.10 - 51.30	
Ret to Dist Asst Chief	Training Duty	
Ret to	No BAQ Adjustment	

Change dep fm _____ to _____

Call case on _____ for

___ Address change of payee

___ Special redetermination

Ltr to:

___ Unit ___ Parent ___ Wife ___ X-Wife

___ MC ___ AC Affid

___ DD ___ SC Affid

___ BC ___ Parent Affid

___ DC ___ (M)(F) redet OK to

This case was counted for 4/15/59 month. Lee

CK.

adjust
the
pay
forces

istrict (f)

BN2; BAQ

zing credit of BAQ(W)(ZLC) commencing
Commandant (FS-2) has changed the
.50 instead of $196.90 to show actual
reflected by Commandant (FP-1)

record

justment of subject's pay record for
mount of $.40 since July 1957 will

S. TURNER
direction

1959

by Lee on 4/20/59).

FS-2
FT
21 APR 1959

DATE OF THIS APPLICATION
4/6/59

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later)
4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY
4/7/58

RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
WIFE	3 Sept. 16	3/19/59
Daughter	31 July 44	3/19/59
		3/19/59

RELATIONSHIP
WIFE

Have you been previously married?
☐ YES ☒ NO

APPVD

PG-2
P7
21 APR 1959

From: Commandant
To: Commander, Third Coast Guard District (f)

Subj: SCARLETT, Russell W. (222-862) BM2; BAQ

1. Enclosure (1) is returned authorizing credit of BAQ(W)(2LC) commencing 19 March 1959. It is to be noted that Commandant (PG-2) has changed the amount of class "Q" allotment to $196.50 instead of $196.90 to show actual amount of "Q" allotment in effect as reflected by Commandant (FP-1) records.

2. Further instruction concerning adjustment of subject's pay record for overcheckage of "Q" allotment in the amount of $.40 since July 1957 will be issued by Commandant (FP-2).

F. S. TURNER
By direction

Encl: (1) Form NAVPERS 668 of 6 Apr 1959

CNLEE: cl 20 Apr 59

Copy to
6-4 (Crabe notified by phone of this by Lee on 4/20/59).

APPVD

Q $ 196.50 CL.

1 — 6/56

Q 196.50

Cook notified by phone & he will send PAA to ACO w/ proper instruction for overcharge adjmt. CL

7 — 12/56

Q $196.50

1 — 6/57

Q 196.50

6-7 records show Q of $196.50 in effect since 12/54 CL.

7 — 12/57

Q (196.90)

1 — 6/58

Q (196.90)

7 — 12/58

Q (196.90)

(Middle) RATE BM2

YES ☐ NO

DATE OF THIS APPLICATION 4/6/59

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later) 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY 4/7/58

	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
	WIFE	3 Sept. 16	3/19/59
	Daughter	31 July 44	3/19/59
	Daughter	15 Nov. 46	3/19/59

RELATIONSHIP WIFE

Have you been previously married? ☐ YES ☒ NO

IT OR DIVORCE

CREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF

WHETHER BY DEATH, ANNULMENT OR DIVORCE

d/or legitimate children under 21 years of age of male members.)

en dependent upon me for more than one-half of his or her support since

verage of $_____ per month in cash or its equiva- s of others toward their share of household or living expenses averaged

him or her averaged $_____ per month.

X START | CHANGE IN DEPENDENTS

CE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
222-862	SCARLETT,	RUSSELL	WESLEY	BM2

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

DATE OF THIS APPLICATION: 4/6/59

OR STATION PREPARING THIS APPLICATION: CG Group, Pier 9, East River, New York 4, New York

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 4/7/58

NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
MARGRET V. SCARLETT	67 Montgomery Street Saugerties, New York	WIFE	3 Sept. 16	3/19/59
ELIZABETH ANN SCARLETT	SAME AS NO. 1	Daughter	31 July 44	3/19/59
MARGRET ANN SCARLETT	SAME AS NO. 1	Daughter	15 Nov. 46	3/19/59

ive following information concerning custodian of any dependent named above

PENDENT	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
1	MARGRET V. SCARLETT		WIFE

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 13 June 1942, STATEN ISLAND, NEW YORK

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

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

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

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

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

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

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

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

(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

PHOTOSTATS OF MARRIAGE AND BIRTH (2) CERTIFICATES ON FILE IN HQ.

VACATED GOV'T QTRS ON 3/18/59.

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

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	COMMENCE Month	COMMENCE Year	DEPENDENT NUMBER
1.	MARGRET V. SCARLETT	67 Montgomery Street Saugerties, New York	~~$196.90~~ ~~$197.10~~ $196.50	12	54	ONE
2.						
3.						

Subscribed and sworn to before me this 6 day of APRIL 19 59

JOSEPH MAZZOLA, SDR, XO

(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations. I also certify that none of the above named dependents is a member of the uniformed services on active duty. I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

RUSSEL W. SCARLETT BM2

(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

BAQ(W)(DC-2) CREDITED AMOUNT OF $96.90 3/19/59. "Q" ALLOTMENT REGISTERED AMOUNT OF 196.90 MONTH FIRST PAY 12/54; ON FILE IN HQ.

T. J. ANDERSON, CHSPCK, USCG W-2

(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

APR 17 1959

BAQ Payments Authorized for 3 dependents commencing 3/19/59

Chief, Dependents Allowance

~~546 to FP-1 on~~

CNL

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

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-390645

ORIGINAL

17 APR 1959

Date: 8 May 1956
Unit: Stony Point, LS, GRUCOM. NY
Location: Stony Pt. NY

From: SCARLETT, Russell W.(222-862) BM1, USCG
To: Commandant (FP)
Via: ACO, CDR, [redacted] Third Coast Guard District

Subj: Notification of change in dependency status for Basic Allowance for Quarters.

1. You are hereby notified of the following changes in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for dependents.

Name and address of dependent	Relationship	Date and nature of change use reverse side if necessary for additional remarks
Margaret V Scarlett 67 Montgomery St. Saugerties, New York	Wife	4-8-56: Occupied Govt Qtrs at Stony Point LS

Note: If divorced, attach two copies of divorce decree (certified by clerk of court)

The following allotment stoppage is requested:

Allottee	Month, last payment	Amount
None		

The following allotment start action is requested (if new allotment in lower amount)

Allottee	Month, first payment	Amount

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment amount, an allotment stoppage and an allotment start will be required. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request above.

Russell W Scarlett
RUSSELL W. SCARLETT
(Signature)

Ind 1
CDR, CG GROUP, N.Y., Pier 9, ERNY
Date: 4 June, 19 56

Authorized Certifying Officer, 3RD CGD
From: [redacted]
To: Commandant (FP)

1. BAQ was last credited on pay record 8 April, 19 56.

2. BAQ allotment in the amount of 196.50 ~~stopped last payment~~
~~----------~~ 19 ~~-----~~ Continued in effect.
(month)

M.J. HEALY
Authorized Certifying Officer

JUN 8 1956

JUN 8 1956

NO BAQ Payments Authorized for

____ dependents commencing

4/8/56

W L Tisdale

Chief, Dependents Allowance

546 to FP-1 on

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
222-862	SCARLETT	Russell	Wesley	BM2

[X] START [ ] CHANGE IN DEPENDENTS

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

SHIP OR STATION PREPARING THIS APPLICATION: COMMANDER, NEW YORK GROUP

DATE OF THIS APPLICATION: 11/6/54

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 4/7/52

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	MARGRET V. SCARLETT	67 Montgomery St. Saugerties, New York (nee CRAIG	WIFE	3 SEPT 16	11/6/54
2.	ELIZABETH ANN SCARLETT	Same as No. 1	DAUGHTER	31 JULY 44 not PROOF	11/6/54
3.	MARGRET ANN SCARLETT	Same as No. 1	DAUGHTER	15 NOV. 46 not P. of B.	11/6/54
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
1	MARGRET V. SCARLETT (THREE)	67 Montgomery St. Saugerties, N.Y.	WIFE

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 13 JUNE 1942, STATEN ISLAND, NEW YORK

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

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

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

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

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

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

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

I certify that

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
222-862	SCARLETT	Russell	Wesley	BM2

[X] START [ ] CHANGE IN DEPENDENTS

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

SHIP OR STATION PREPARING THIS APPLICATION: COMMANDER, NEW YORK GROUP

DATE OF THIS APPLICATION: 11/6/54

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is la): 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 4/7/52

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	MARGRET V. SCARLETT	67 Montgomery St. Saugerties, New York (nee) CRAIG	WIFE	3 SEPT 16	11/6/54
2.	ELIZABETH ANN SCARLETT	Same as No. 1	DAUGHTER	31 JULY 44 not Prof'd	11/6/54
3.	MARGRET ANN SCARLETT	Same as No. 1	DAUGHTER	15 NOV. 46 not Prof'd.	11/6/54
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
1	MARGRET V. SCARLETT (THREE)	67 Montgomery St. Saugerties, N.Y.	WIFE

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 13 JUNE 1942, STATEN ISLAND, NEW YORK

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

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

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

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

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

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

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

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

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

PHOTOSTATS OF MARRIAGE AND BIRTH (2) CERTIFICATES ATTACHED.

Vacated Gov't. quarters on 11/5/54.

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

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	SCARLETT, Margret V.	67 Montgomery St. Saugerties, N.Y.	196.50	12	54	1, 2 & 3
2.						
3.						

Subscribed and sworn to before me this 3rd day of December 1954

D. W. MORELL, CDR, XO
(Signature and Title of Attesting Officer)

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

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

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

Russell W. Scarlett
RUSSEL W. SCARLETT BM2
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE 12/15/54

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS BAQ (W) (LC-2) @ $96.90 per month credited from 11/6/54. Q allotment in the amount of $196.50 per month, first payment for the month of December, 1954 registered 12/15/54.

D. W. BOWLING, CHPCLK, USCG,
ACO, 3RD CGD, 1325O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for 3 dependents commencing 11/6/54

M R Rue
Chief, Dependents Allowance

A (12/4)

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

☆ U. S. GOVERNMENT PRINTING OFFICE — 1951 — 942121

ORIGINAL

DEC 20 1954

Certificate of Marriage

Church of

St. Margaret Mary
Midland Beach, S. I., N. Y.

This is to Certify

That Russell Wesley Scarlett
and Margaret Veronica Craig
were lawfully **Married**
on the 13th day of June 1942
According to the Rite of the Roman Catholic Church
and in conformity with the laws of the State of
New York, Rev. Jos. V. Callanan
officiating, in the presence of Arnold Wilsen
and Roseann Wilsen Witnesses, as appears
from the Marriage Register of this Church.

Dated June 15th, 1942

Stephen J. Kelleher asst Pastor.

NO. 212 D. P. MURPHY CO., NEW YORK

PMM
22 January, 1951
P7

under the Depen-
inafter named, and
ge and belief:

as date & Place of
orce, etc; date
dren, custodian

subject man

1942, Staten Island, N.Y.

g Government
ay be made to
August, 1950
rters.

1946 -

he may re-
periods that

tion will be

in accu-

h this
for the
s. Margaret V.
age will be
of January,
nts for BAQ

$
$
$

HHR

DENIAL FILE bd

PHM
22 January, 1951
P7

From: Commandant
To: Commander, 3rd CG District (f)

Subj: SCARLETT, Russell W. (222-862) BM2; BAQ, denial of

1. Reference is made to application for BAQ filed by subject man on 13 October, 1950.

2. Inasmuch as subject man's dependents are occupying Government quarters, this application is denied. No credit of BAQ may be made to subject man's pay account for any period subsequent to 1 August, 1950 while his dependents were in occupancy of Government quarters.

3. Should conditions change, advise subject man that he may re-submit an application for BAQ, claiming such BAQ for the periods that Government quarters are not provided for his dependents.

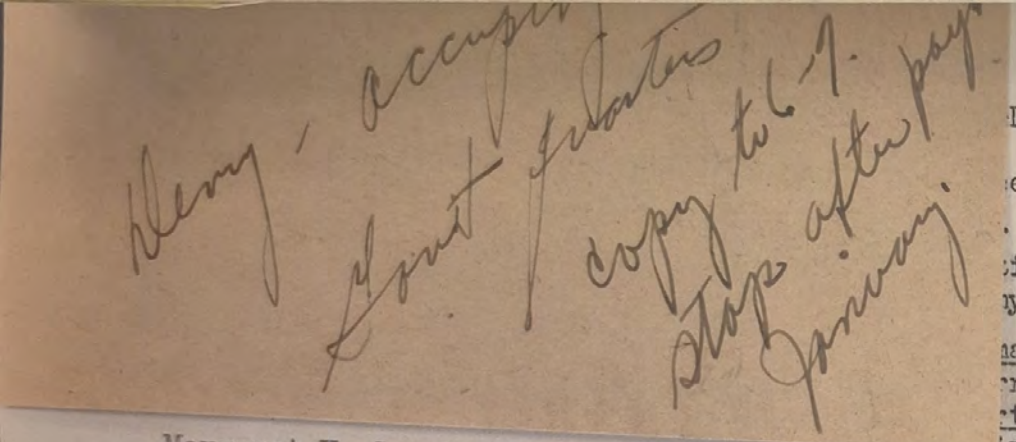
4. In connection with this denial, the following action will be necessary:

(a) Inasmuch as the "Q" allotment submitted with this application has been processed and payment for the month of January, 1951, will be made to Mrs. Margaret V. Scarlett, in the amount of $145.00, a stoppage will be necessary, stopping payment after the month of January, 1951. Checkage in subject man's pay accounts for BAQ subsequent to 1 August, 1950 is in order.

D. C. GOODWIN
By direction

HHR

DENIAL FILE bd



...D.

...e for quarters.

... quarters under the Depen-
...ives hereinafter named, and
...y knowledge and belief:

...marks-Such as date & Place of
...riage; divorce, etc; date
...th of children, custodian-
...ip; other data.

Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 ~~July~~ Aug 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to chêckage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.
(insert "are" or "are not")

4. Following are full names and addressos of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Margaret V. Scarlett Stony Point Light Station ~~Stony~~ Point, New York	November	$145.00
		$
*		$
	Total allotments. . .	$145.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August 1950

Russell W. Scarlett

PENDING: cl

From: SCARLETT, Russell W. (222-862) EM2, USCG
To : Commandant (PMM).
Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship; other data.
Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 ~~July~~ Aug 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Margaret V. Scarlett Stony Point Light Station ~~Stony~~ Point, New York	November	$145.00
*		$
	Total allotments. . .	$145.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August 1950 Russell W. Scarlett

PENDING: cl

Location ~~Stony~~ Stony Point, New York

From: SCARLETT, Russell W. (222-862) BM2, USCG
To : Commandant (PMM).
Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship; other data.
Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 ~~July~~ Aug 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to chockage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Margaret V. Scarlett Stony Point Light Station ~~Stony~~ Point, New York	November	$145.00
*		$
	Total allotments. . .	$145.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August 1950 — Russell W. Scarlett (Name of Member)

Address Stony Point Light Station, Stony Point, New York

Russell W Scarlett (Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer,
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

W. L. MALONEY, CDR., USCG
(Signature of Comdg. Officer).
Commander, Group, New York

Ind-2 Date: 7 November, 1950

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(s) totalling $145.00 registered, effective 1st payment NOVEMBER, 1950

W. G. SCHAEFER
~~By direction~~

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)

NOV 10 1950

Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship; other data.
Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 ~~July~~ AUG. 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.
(insert "are" or "are not"

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
~~Margaret V. Scarlett~~ Stony Point Light Station Stony Point, New York	~~November~~	$~~115.00~~
		$
*		$
	Total allotments. . .	$115.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent

PENDING: cl

Location Stony Point, New York

From: SCARLETT, Russell W. (222-862) BM2, USCG
To : Commandant (PMM).
Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship: other data.
Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 ~~July~~ AUG. 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
~~Margaret V. Scarlett~~ ~~Stony Point Light Station~~ ~~Stony Point, New York~~	~~November~~	$~~145.00~~
		$
*		$
	Total allotments. . .	$145.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent ~~1 August 1950~~

~~Russell W. Scarlett~~ (Name of Member)

Address Stony Point Light Station, Stony Point, New York

Russell W Scarlett
(Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer,
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).
Forwarded.

W. L. MALONEY, CDR., USCG
(Signature of Comdg. Officer).
Commander, Group, New York

Ind-2 Date: 7 November, 1950
From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(s) totalling $ 145.00 registered, effective 1st payment NOVEMBER, 1950

W. G. SCHAEFER
~~By direction~~

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)

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

•2 February 1955
P7

•Mrs. Margaret V. Scarlett
67 Montgomery Street
Saugerties, New York

Re: SCARLETT, Russell W. (222-862) BM2

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Elizabeth A. Scarlett indicating the full name of both parents, inasmuch as the enclosed document is not sufficient.
(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Birth Certification
4965 Treas. CGHQ Wash.DC

PENDING: cl

COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

14 January 1955
P7

Mrs. Margaret V. Scarlett
67 Montgomery Street
Saugerties, New York

Re: SCARLETT, Russell W. (222-862) BM2

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Elizabeth Ann Scarlett indicating the full name of both parents, inasmuch as the enclosed document is not sufficient for the records. (Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. Turner

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Certification of Birth
4965 Treas. CGHQ Wash.DC

JAN 21 1955

WASHINGTON 25, D. C.

14 January 1955
P7

Mrs. Margaret V. Scarlett
67 Montgomery Street
Saugerties, New York

Re: SCARLETT, Russell W. (222-862) BM2

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Elizabeth Ann Scarlett indicating the full name of both parents, inasmuch as the enclosed document is not sufficient for the records.

(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Certification of Birth

4965 Treas. CGHQ Wash.DC

PENDING: cl

Enclosed you will find the birth Certificate of Elizabeth Ann Scarlett daughter of Russell W. Scarlett (222-86 29 BM 2 and Margaret V. Scarlett of 67 Montgomery St. Saugerties, N.Y.

Trusting that the enclosed Certificate is satisfactory, I remain,

Sincerely yours
(Mrs.) Margaret V Scarlett

Not Prof B

JAN 11 1955

Encl: Birth Registrations (2)
4965 Treas. CGHQ Wash.DC

Special Services Division
By direction of the Commandant
PENDING FILE: cl

Mrs. Margaret V. Scarlett
67 Montgomery Street
Saugerties, New York

Re: SCARLETT, Russell W. (222-862) BM2

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Elizabeth Ann Scarlett, inasmuch as the enclosed Birth Registrations are not sufficient for the records.
(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

B. V. BALL
Lieutenant Commander, U. S. Coast Guard
Assistant Chief,
Special Services Division
By direction of the Commandant

Encl: Birth Registrations (2)
4965 Treas. CGHQ Wash.DC

PENDING FILE: cl

Certificate of Birth for Elizabeth Ann Scarlett with both my husband and my full names indicated thereon?

I sincerely hope that this certificate proves satisfactory to you.

Sincerely yours
Margaret V. Scarlett

Russell W. Scarlett BM2
(222-862)

FEB 16 1955

By direction of the Commandant

Encl: Certification of Birth
4965 Treas. CGHQ Wash.DC

PENDING: cl

...Records
...Health of the City of New York.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND

FILED
1944 AUG 4 AM 9 11

Certificate of Birth

Certificate No. 1990

Full name of child (PRINT) Elizabeth Ann Scarlett
(First name) (Middle name) (Last name)

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

6. Date of child's birth: July 31, 1944 (Month) (Day) (Year) — 6a. Hour: 11:59 A.M. P.M.

7. PLACE OF BIRTH
(a) NEW YORK CITY: (b) Borough Richmond
(c) Name of Hospital or Institution U.S. Marine Hospital
(If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child 2 hrs.

8. USUAL RESIDENCE OF MOTHER: (a) State New York (b) Co. Richmond (c) Town or City Castleton Corners (d) No. 96 Beechwood Place, Ave. St. (e) Length of residence or stay in New York City immediately prior to birth of child Lifetime

FATHER	MOTHER
9. Full name: Russell Scarlett	14. Full maiden name: Margaret Creig
10. Color or race: White	15. Color or race: White
11. Age at time of this birth: 29 (years)	16. Age at time of this birth: 27 (years)
12. Birthplace (city or place and State, or country): Mass.	17. Birthplace (city or place and State, or country): New Jersey
Occupation — A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 2/c Petty Officer	18. Occupation — A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.: USCG	B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy: one	19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: one

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

(Signed) Jessed J. Lane M.D.
Address U.S. Marine Hospital, S.I., N.Y.
Date of Report 8/3/44 19....

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

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

This is to certify that the foregoing is a true copy of a record in my custody.

Carl L. Erhardt
Registrar of Records

BY Nora H. Costello
BOROUGH REGISTRAR

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

...O CERTIFY that
...ber 15, 1946
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...argaret A. Scarlett
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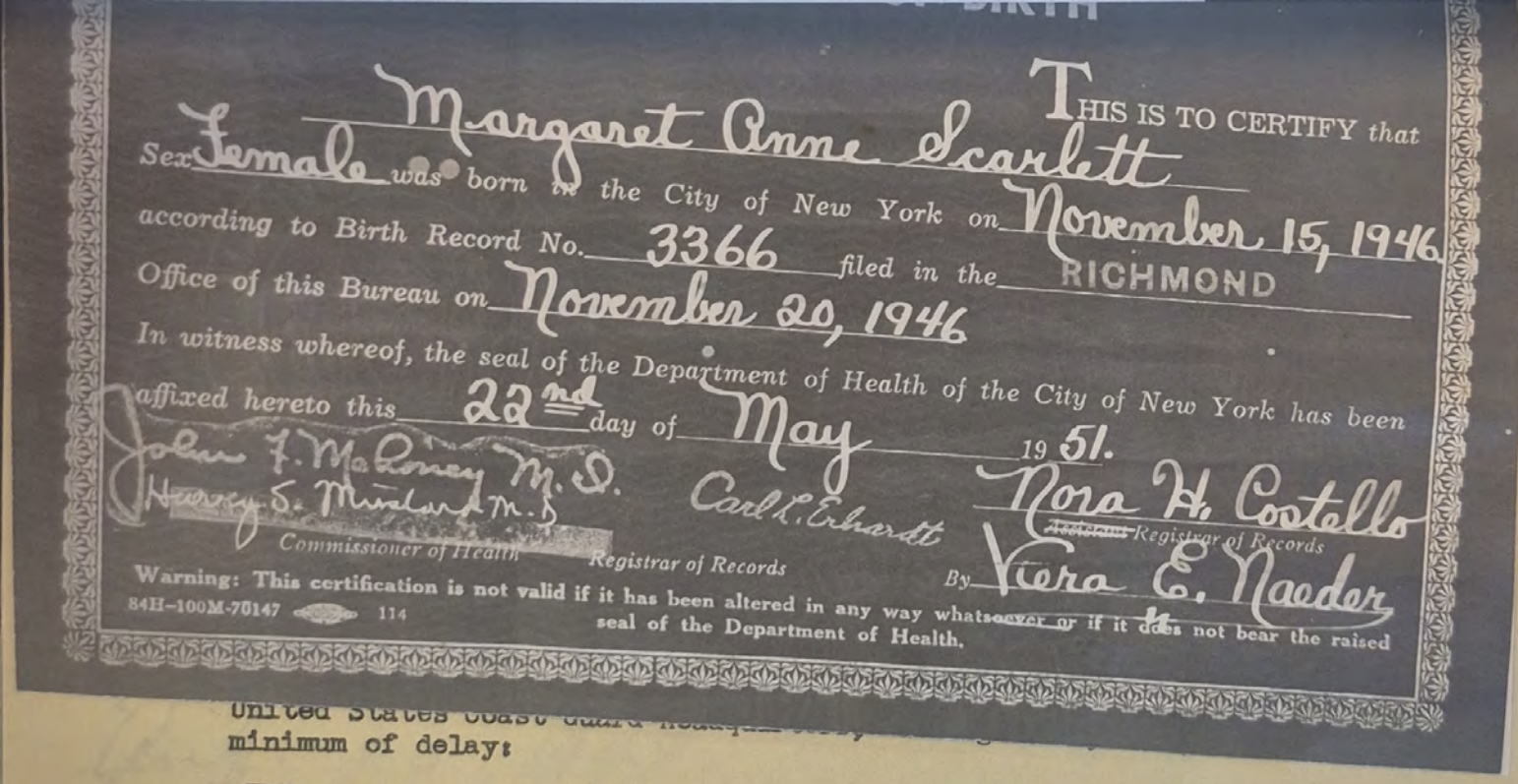
...erewith, inasmuch

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Certification of Birth
A965 Treas. CGHQ Wash.DC

PENDING: cl



THIS IS TO CERTIFY that

Margaret Anne Scarlett

Sex Female was born in the City of New York on November 15, 1946

according to Birth Record No. 3366 filed in the RICHMOND

Office of this Bureau on November 20, 1946

In witness whereof, the seal of the Department of Health of the City of New York has been affixed hereto this 22nd day of May 19 51.

John J. McGivney M.D.
Commissioner of Health

Carl L. Eberhardt
Registrar of Records

Nora H. Costello
Assistant Registrar of Records

By Vera E. Nadler

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

84H-100M-76147 114

United States Coast Guard [illegible]
minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Margaret A. Scarlett and the child born prior to Elizabeth Ann indicating the full name of both parents.

(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☒ The Certification of Birth of Margaret is returned herewith, inasmuch as it does not show the full name of both parents.

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Certification of Birth
1965 Treas. CGHQ Wash.DC

PENDING: cl

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

18 March 1955
P7

Mrs. Margaret V. Scarlett
67 Montgomery Street
Saugerties, New York

Re: SCARLETT, Russell W. (222-862) BM2

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Margaret A. Scarlett and the child born prior to Elizabeth Ann indicating the full name of both parents.
(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☒ The Certification of Birth of Margaret is returned herewith, inasmuch as it does not show the full name of both parents.

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

Encl: Certification of Birth
4965 Treas. CGHQ Wash.DC

PENDING: cl

Enclosed you will find "
2 Certified Copies of the "Public
Record of Birth" of Margaret Anne
and Russell Wesley Jr. which you
requested in your letter of March 15.

Russell Wesley Jr. was taken
from us in 1947. He was
drowned in an accident off of
Jamestown Light Station, Jamestown, N.Y.
Aug. 25, 1947.

If you wish any further information,
I shall gladly comply with your
requests.

Sincerely yours,
Margaret V. Scarlett

MAR 30 1955

DD FORM 1 MAY 52 139 REPLACES DD FORM 118, 1 OCT 48, DD FORM 139, 1 JAN 49, NAV. 5 AND A. FORMS 540, 541, AND 542, NAVMC 608-SD AND NAVMC 619-SD. ALL OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED.

Form approved by Comp. Gen., U. S. April 23, 1953

GPO 884731

23 APR 1959

COPYMATE II

...Health of the City of New York.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND

Certificate of Birth

Certificate No. 3366

FILED NOV 23 PM 48

1. Full name of child (PRINT): Margaret Anne — Middle name — Scarlett — Last name

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

6. Date of child's birth: (Month) 11 (Day) 15 (Year) 46 — Hr. Hour 9:58 — A.M. P.M. P.M.

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

8. USUAL RESIDENCE OF MOTHER: (a) State New York (c) Post Office and Zone Staten Isld.
(b) Co. Richmond
(d) No. Fort Wadsworth Lighthouse Ave. St.
(e) Length of residence or stay in New York City immediately prior to birth of child all life

FATHER

9. Full name: Russell Wesley Scarlett
10. Color or race: White
11. Age at time of this birth: 32 (years)
12. Birthplace (city or place and State, or country): Lowell, Massachusetts
13. Occupation: A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: E.M. 2/c
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S.C.G.

MOTHER

14. Full maiden name: Margaret Veronica Craig
15. Color or race: White
16. Age at time of this birth: 30 (years)
17. Birthplace (city or place and State, or country): Patterson, N.J.
18. Occupation: A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy: 2
19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: 2

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

(Signed) [signature] M.D. R.N. Midwife
Address U.S. Marine Hospital
Date of Report Nov. 10 19 46

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

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

This is to certify that the foregoing is a true copy of a record in my custody.

Carl L. Erhardt
Registrar of Records

BY Nora H. Costello
Borough Registrar

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

HEREBY AUTHORIZED TO

CHARGE ☐ CREDIT

ILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

(W)
NO. - $3,54h.20
--- 3,537.00
--- $ 7.20
Q allotment
ount of $196.50

C-248-59

nowledge that a previous adjust- eturned with a brief statement

nature)

Record. (If adjustment has not

DE OF D. O.

D. O. SYMBOL NO. | DATE

SIGNATURE

CERTIFICATE TO

DD FORM 1 MAY 52 139 REPLACES DD FORM 114, 1 OCT 49, DD FORM 139, 1 JAN 49, NAV. S. AND A. FORMS 540, 541, AND 542, NAVMC 636-SD AND NAVMC 819-SD. ALL OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED.

Form approved by Comp. Gen., U. S. April 23, 1953

GPO 884731

23 APR 1959

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND

Certificate of Birth

FILED
1943 APR 30 AM 9 48

Certificate No. 1261

1. Full name of child (PRINT) Russell (First name) Wesley (Middle name) Scarlett, Jr. (Last name)

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

6. Date of child's birth: April (Month) 27 (Day) 1943 (Year) — 6a. Hour 10:20 A.M. ~~P.M.~~

7. PLACE OF BIRTH
(a) NEW YORK CITY: (b) Borough Richmond
(c) Name of Hospital or Institution U S Marine Hospital, S. I. (If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child 5 hours

8. USUAL RESIDENCE OF MOTHER: (a) State New York
(b) Co. Richmond (c) Town or City Westerleigh, S.I.
(d) No. 11 St. Anthony Place Ave. St.
(e) Length of residence or stay in New York City immediately prior to birth of child 25 years

FATHER

9. Full name Russell Wesley Scarlett

10. Color or race white

11. Age at time of this birth 28 (years)

12. Birthplace (city or place and State, or country) Lowell, Mass.

Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. U S Coast Guard

19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy None

MOTHER

14. Full maiden name Margaret Veronica Craig

15. Color or race white

16. Age at time of this birth 26 (years)

17. Birthplace (city or place and State, or country) Paterson, New Jersey

18. Occupation
A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING none

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

(Signed) James J. Lane, M.D.
Address U S Marine Hospital, Staten Island
Date of Report April 28 1943

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

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

C620

This is to certify that the foregoing is a true copy of a record in my custody.

Carl L. Erhardt
Registrar of Records

BY Nora H. Costello
Borough Registrar

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

HEREBY AUTHORIZED TO

CHARGE ☐ CREDIT

MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

(W)
no. - $3,544.20
- - - - 3,537.00
- - - $ 7.20
Q allotment
ount of $196.50

C-248-59

nowledge that a previous adjust- eturned with a brief statement

nature)

Record. (If adjustment has not

DE OF D. O.

CERTIFICATE TO

D. O. SYMBOL NO. | DATE

SIGNATURE

DD FORM 1 MAY 53 139 REPLACES DD FORM 118, 1 OCT 49, DD FORM 139, 1 JAN 49, NAV. S. AND A. FORMS 540, 541, AND 542, NAVMC 698-SD AND NAVMC 819-SD. ALL OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED.

Form approved by Comp. Gen., U. S. April 23, 1953

GPO 884731

23 APR 1959

EXCEPTION CODE

YOU ARE HEREBY AUTHORIZED TO

☐ CHARGE ☐ CREDIT

THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

TO

NT

ret V. Scarlett (W)
ns @ $196.90 per mo. - $3,541.20

$196.50 per mo. - - - - 3,537.00

Credit due - - - - - - $ 7.20

adjustment made for Q allotment
V. Scarlett (w) in amount of $196.50
Guard District.

T. C. CRABB
By direction

C-2&8-59

BRN: JCR 6-12

*The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make the adjustment.

FROM

CERTIFYING OFFICER (name, rank/grade, and signature)

I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D. O.'s signature and symbol number.)

CERTIFICATE

TO

TYPED NAME AND GRADE OF D. O.

D. O. SYMBOL NO. | DATE

SIGNATURE

DD FORM 1 MAY 53 139

Form approved by Comp. Gen., U. S. April 20, 1953

23 APR 1959

2.
3.
4.
5.
6

STATION

6-4
2-5

Attn: Asst. Chief
Act. Lt Turner

FROM:

D. A. SECTION

E-5 | EXAMINED (If applicable) 12/31/58 | AMOUNT $7.20 | 222-062 | RANK/RATE E-2 | BRANCH OF SERVICE USCG | DATE 4/22/59

FROM Commandant (FP-2)

APPROPRIATION DATA 20X0201

NAME OF ACCOUNTABLE D. O.

SYMBOL NO.

G. A. O. EXCEPTION CODE

TO Commander
Third Coast Guard District (f)

YOU ARE HEREBY AUTHORIZED TO ☐ CHARGE ☒ CREDIT THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

EXPLANATION AND/OR REASON FOR ADJUSTMENT

Erroneously checked "Q" allotment, payee Margaret V. Scarlett (W) from July 1957 through December 1958, 18 months @ $196.90 per mo. - $3,544.20

Should have been checked for above period @ $196.50 per mo. - - - - - 3,537.00

Credit due - - - - - - $ 7.20

Current pay record should be reviewed and adjustment made for Q allotment effective December 1954, payee Margaret V. Scarlett (w) in amount of $196.50 registered by D. W. Bowling, 3rd Coast Guard District.

T. C. CRABE
By direction

BRW:JCR 6-12

C-248-59

*The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make the adjustment.

FROM

CERTIFYING OFFICER (name, rank/grade, and signature)

CERTIFICATE

I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D. O.'s signature and symbol number.)

TO

TYPED NAME AND GRADE OF D. O.

D. O. SYMBOL NO.

DATE

SIGNATURE

DD FORM 1 MAY 53 139 REPLACES DD FORM 118, 1 OCT 49, DD FORM 139, 1 JAN 49, NAV. S. AND A. FORMS 540, 541, AND 542, NAVMC 836-SD AND NAVMC 819-SD, ALL OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED.

Form approved by Comp. Gen., U. S. April 23, 1953

GPO 884731

23 APR 1959

11/15/46 (Margaret Anne Scarlett)

Bc 4/27/43 (Russell W. Scarlett, Jr.)

Ltr. 8/28/55 Margaret → HQ "Russell drowned 8/25/47". KGG

A (W)(LC-2) 7-47 thru 9-49

CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
(W)(LC-2)	DENIED		Mc 8/1/50	G/13/42 (Margaret Veronica Craig) S.I., N.Y. In occ. pub. pfrs.
(W)(LC-2)	11/6/54		Bc	7/31/44 (Eliz. Ann Scarlett) Vacated P.Q. 11/5/54
(W)(LC-2)			4/7/56	Entered P.Q. 4/8/56 CNL
(W)(2LC)	3/19/59			Vacate P.Q. 3/18/59 CNL. KGG
(W)(LC-2)			4/30/59	Retired

222-862

86

Name SCARLETT, Russell A. (T.W.?) Age 26 Total service 7 yrs., 2 mo.
(surname first)

Present station AMBROSE CHANNEL ~~L.V.#111~~ Present civil grade Seaman Present pay 810
Allowances
(per annum)

Qualified ? Yes

Disqualified? (give reason)

Grade recommended by board Sea,1c. Pay and allowances

Grade determined by Hdqrs. " Pay and allowances 648
(per annum)

If man is qualified but does not desire induction, state here .

Increase or decrease of military pay and allowances with respect to present pay and allowances:

Increase

Decrease

New York District.

Service and age based on approx. date of December 31 1939.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3389 (Rev. 4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP, PIER 9, E. RIVER, NEW YORK, N.Y. (Ship or station) (Location) On 30 APR 59 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 7 (Day) APRIL (Month) 1960 (Year)

Reason VOLRET 20 years Type discharge certificate NONE

Authority: CGMDT(PE-1) ltr of 2-6-59, TONO: 53133/99201X pursuant to provisions of Title 14, U. S. Code, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at OCCGD3, New York 4, New York (Place) ON 8 April 1952 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from New York, New York (Place) ON 8 April 1952 (Date)

Home address at time of enlistment, induction, or order to active duty Stony Point Light Station, Stony Point, New York

TRAVEL DATA

I hereby elect travel allowance to (Location)

Place of selection within one (1) year. (See travel instructions)

SIGNATURE Russell Wesley Scarlett

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 26 years service for pay purposes on 4 November 1958 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: PIR 3.62 CONDUCT 3.9
SSN: 081-32-2988
ENTITLED TO NATIONAL DEFENSE SERVICE MEDAL X
AMID CARD NO. ~~186250~~ 175877 SURRENDERED AND DESTROYED. X
ISSUED DD-1173 NO. CG 034,321. X
EFFECTIVE DATE OF RETIREMENT: 1 MAY 1959. X

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, USCG, Executive Officer	1583/59

DISBURSING DATA

Travel allowance credited, $ X.XX Cash settlement for unused accrued leave (60 days) $ 632.00 DUE AT DISCHARGE, $ 584.32

Computation: LSL(BP&L) 60 days @ 257.50 per mo. 515.00
LSL(ALOW) 60 days @ 1.95 per da. 117.00

PERSONAL FUNDS, $ NONE

GRATUITY CREDITED, $ NONE

Ship or station	NAME OF A. C. O.
CG GROUP, PIER 9, EAST RIVER, NEW YORK, NEW YORK	T. J. ANDERSON, CHSPCK, USCG W-2

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
SCARLETT, Russell Wesley	222-862	BM2

File 3-13-2

UNITED STATES COAST GUARD

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

PE-1
6 February 1959

TONO: 53133/99201X

From: Commandant
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 May 1959. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

2. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District or Unit from which retired.

J. H. WAGLINE
By direction

Encl:
(1) Information relative to retirement

1959 FEB 9 09

HHISTOCK:FC:MDS:fk ret to 3-11

UNITED STATES COAST GUARD

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

PE-1
28 January 1959

From: Commandant
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Request for retirement; information concerning

Ref: (a) Your letter dated 15 January 1959
(b) Personnel Instruction No. 35-58

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file and you will be considered for retirement in accordance with reference (b). Service for retirement as of 31 March 1958 is 25 years 4 months 26 days.

J. H. WAGLINE
By direction

Encl: Your New Career, NAVPERS 15895-A

1959 JAN 28 15 16
PEA-A

HHISTOCK:FC:mds ret to 3-11

COMMANDER
CG GROUP NEW YORK
PIER 9, EAST RIVER
NEW YORK 4, NEW YORK

P19-2
15 January 1959

From: SCARLETT, Russell W. (222-862) BM2 USCG
To: Commandant (PE-2)
Via: (1) Commander, CG Group New York
(2) Commander, Third CG District (p)

Subj: Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. In accordance with reference (a) I request retirement as soon as possible.

2. I understand that I will enter into my next pay period on 7 April 1959.

Russell W. Scarlett
RUSSELL W. SCARLETT

- -

FIRST ENDORSEMENT

P19-2
20 January 1959

From: Commander, CG Group New York
To: Commandant (PE)
Via: Commander, Third CG District (p)

1. Forwarded. SCARLETT completed twenty-six (26) years of active creditable service on 4 November 1958. Subject man is presently serving on a one year extension.

JOSEPH MAZZOTTA
By direction

COMMANDER
CG GROUP NEW YORK
PIER 9, EAST RIVER
NEW YORK 4, NEW YORK

P19-2
15 January 1959

From: SCARLETT, Russell W. (222-862) BM2 USCG
To: Commandant (PE-2)
Via: (1) Commander, CG Group New York
(2) Commander, Third CG District (p)

Subj: Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. In accordance with reference (a) I request retirement as soon as possible.

2. I understand that I will enter into my next pay period on 7 April 1959.

Russell W. Scarlett
RUSSELL W. SCARLETT

FIRST ENDORSEMENT

P19-2
20 January 1959

From: Commander, CG Group New York
To: Commandant (PE)
Via: Commander, Third CG District (p)

1. Forwarded. SCARLETT completed twenty-six (26) years of active creditable service on 4 November 1958. Subject man is presently serving on a one year extension.

JOSEPH MAZZOTTA
By direction

THIRD ENDORSEMENT on SCARLETT, Russell W. (222-80
P19-2 dtd 15 January 1959

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Retirement; request for

1. Forwarded for Headquarters' consideration.

M. M. SPECTOR
By direction

P
P19-2
23 January 1959

THIRD ENDORSEMENT on SCARLETT, Russell W. (222-862) BM2 ltr P19-2 dtd 15 January 1959

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Retirement; request for

1. Forwarded for Headquarters' consideration.

M. M. SPECTOR
By direction

1-27-59

p
P19-2
23 January 1959

THIRD ENDORSEMENT on SCARLETT, Russell W. (222-862) BM2 ltr P19-2 dtd 15 January 1959

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Retirement; request for

1. Forwarded for Headquarters' consideration.

5-1-59

W. H. SPECTOR
By direction

1959 JAN 26 15 11

PEA-A

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER
CG GROUP NEW YORK
PIER 9, EAST RIVER
NEW YORK 4, NEW YORK

P19-2
15 January 1959

5-1-59

From: SCARLETT, Russell W. (222-862) BM2 USCG
To: Commandant (PE-2)
Via: (1) Commander, CG Group New York
(2) Commander, Third CG District (p)

Subj: Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. In accordance with reference (a) I request retirement as soon as possible.

2. I understand that I will enter into my next pay period on 7 April 1959.

Russell W. Scarlett
RUSSELL W. SCARLETT

- -

FIRST ENDORSEMENT

P19-2
20 January 1959

From: Commander, CG Group New York
To: Commandant (PE)
Via: Commander, Third CG District (p)

1. Forwarded. SCARLETT completed twenty-six (26) years of active creditable service on 4 November 1958. Subject man is presently serving on a one year extension.

JOSEPH MAZZOTTA
By direction

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CG-4011 (Rev. 4-67)

APPLICATION FOR ARMED FORCES I.D. CARD

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NAME (Last, first, middle initial): SCARLETT RUSSELL W

GRADE OR RATE: BMC P-2

USCG: [ ]
USCGR: [X]

SERVICE NUMBER: 862

35 MM PHOTO ATTACHED: [ ]

PHOTO BEING MADE BY ISSUING ACTIVITY: [ ]

DUTY ASSIGNMENT (Ship, Station, etc.): 222-862

MAILING ADDRESS (If not on active duty): 67 MONTGOMERY ST, SAUGERTIES, N.Y.

REASON FOR REQUESTING CARD (Check appropriate box)

- [ ] INITIAL ISSUE
- [X] RETIRED WITH PAY
- [ ] CHANGE IN GRADE
- [ ] ENTRY ON EXTENDED ACTIVE DUTY
- [ ] REPLACE MUTILATED CARD
- [ ] PRESENT CARD EXPIRED
- [ ] RELEASED TO INACTIVE DUTY
- [ ] REPLACE LOST, STOLEN OR DESTROYED CARD (Explain on reverse)
- [ ] OTHER (Specify)

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
24 AUG 14	163	6 8 1/2	BROWN	BLUE	A B

DATE OF APPLICATION: 29 JUL 74

SIGNATURE OF APPLICANT: Russell W Scarlett

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED
- [ ] ACTIVE
- [ ] RESERVE
- [X] RETIRED

RETIRED CARD ONLY
- [ ] MEDICARE AUTHORIZED
- [ ] MEDICARE NOT AUTHORIZED

NOC IV MEDICARE

EXPIRATION DATE: INDEF 8123/79

SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER: A. J. Maglione

SEE REVERSE

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
	29 JUL 74	A. J. MAGLIONE LT, USCG U. S. C.G. BASE, GOVERNORS, N. Y.

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 948-965

TREASURY DEPARTMENT

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
9-1-54						

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores UNKNOWN

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

GS8

LANGUAGE QUALIFICATIONS

None.

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCARLETT	Russell	W.		222-862		BM2

...RY DEPARTMENT
...OAST GUARD
...303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
9-1-54						

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores UNKNOWN

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

GS8

LANGUAGE QUALIFICATIONS

None.

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCARLETT	Russell	W.		222-862		BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301B (4-52)
Form approved by Comptroller General, U. S. April 15, 1952

AGREEMENT TO EXTEND ENLISTMENT

SHIP OR STATION	LOCATION
CG Group New York	Pier 9, East River, New York, N. Y.

I, Russell Wesley Scarlett (222-862) BM2 having enlisted
(Name) (Service number) (Rate)

in the United States Coast Guard for 6 years, under a contract of enlistment for which accepted at Office, CG Group New York, New York, N. Y. and made on 8 April 1952 (Date) do hereby, for the considerations mentioned therein, solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of 1 full years from the date of expiration thereof, subject to the provisions and obligations of my said contract of enlistment of which this, my voluntary agreement, shall form a part; and in the event of war or a national emergency proclaimed by the President to exist during my term of service, I further oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment, and I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided in Title 14, U. S. Code, Section 367(a) is not applicable; and I do further 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 I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice. I also understand that this voluntary extension of enlistment will in no way prevent me from reenlisting on the day following my normal date of expiration of enlistment, provided that I am in all other respects qualified and that I reenlist for a period not less than the term of the extension agreement. I further understand that if I am not qualified for reenlistment that I may be held to this extension of enlistment.

SIGNATURE Russell W. Scarlett
Russell W. Scarlett

SUBSCRIBED and sworn to before me this 8th day of April, A. D. 19 59, and this contract is hereby perfected and accepted for and in behalf of the UNITED STATES. Service thereunder to begin from the date following the date the original contract of enlistment would have expired had it not been extended. This is the SECOND extension of current enlistment.

SIGNATURE JOSEPH MAZZOTTA GRADE AND TITLE CDR, USCG, Executive Officer

Examined and found physically qualified for extension of enlistment: (Obtain data from Standard Form 88)

Date 19 March 1959 **Place** USPH Hospital, Staten Island, New York

Examined by (name, grade, title) JAMES R. LEWIS, M.D., S.A. SURGEON

ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 7 April 1959, been completed, and tomorrow the extension thereof for one (1) years will become effective.

OTHERWISE ENTITLED TO (type of discharge): Honorable Discharge

NET TIME SERVED IN THIS ENLISTMENT	AT MIDNIGHT THIS DATE, ON DUTY AT (place)	IF AT SEA, NEXT PORT REACHED
07 YRS. 00 MOS. 00 DAYS	STONEY POINT LIGHT STATION	- - - - - - - -

I hereby elect travel allowance to Not entitled (Location)

Place of (See travel instructions)

Signature

Home address at time of enlistment verified. The authorized certifying officer is authorized and directed to credit travel and enlistment allowance or bonus as provided by law and regulations.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
JOSEPH MAZZOTTA	CDR, USCG, Executive Officer	1585-59

COMPUTATION OF DISBURSEMENTS

NAME OF A. C. O.

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301B (4-52)
Form approved by Comptroller General, U. S. April 15, 1952

AGREEMENT TO EXTEND ENLISTMENT

SHIP OR STATION	LOCATION
CG Group New York	Pier 9, East River, New York 4, New York

I, Russell Wesley Scarlett (222-862) BM2 having enlisted
(Name) (Service number) (Rate)

in the United States Coast Guard for 6 years, under a contract of enlistment for which accepted at Office, CG Group New York, New York 4, New York and made on 8 April 1952 (Date) do hereby, for the considerations mentioned therein, solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of 2 full years from the date of expiration thereof, subject to the provisions and obligations of my said contract of enlistment of which this, my voluntary agreement, shall form a part; and in the event of war or a national emergency proclaimed by the President to exist during my term of service, I further oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment, and I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided in Title 14, U. S. Code, Section 367(a) is not applicable; and I do further 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 I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice. I also understand that this voluntary extension of enlistment will in no way prevent me from reenlisting on the day following my normal date of expiration of enlistment, provided that I am in all other respects qualified and that I reenlist for a period not less than the term of the extension agreement. I further understand that if I am not qualified for reenlistment that I may be held to this extension of enlistment.

SIGNATURE Russell W. Scarlett RUSSELL W. SCARLETT

SUBSCRIBED and sworn to before me this 8th day of April, A. D. 1958, and this contract is hereby perfected and accepted for and in behalf of the UNITED STATES. Service thereunder to begin from the date following the date the original contract of enlistment would have expired had it not been extended. This is the FIRST extension of current enlistment.

SIGNATURE J. Mazzotta JOSEPH MAZZOTTA GRADE AND TITLE CDR, USCG, Commanding Officer (Acting)

Examined and found physically qualified for extension of enlistment: (Obtain data from Standard Form 88)

Date 18 March 1958 **Place** USPHS OPC 67 Hudson Street, New York, New York

Examined by (name, grade, title) F. B. COFFIN S.A. SURG. USPHS

ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 7 April 1958, been completed, and tomorrow the extension thereof for one (1) years will become effective.

OTHERWISE ENTITLED TO (type of discharge): Honorable Discharge

NET TIME SERVED IN THIS ENLISTMENT	AT MIDNIGHT THIS DATE, ON DUTY AT (place)	IF AT SEA, NEXT PORT REACHED
06 YRS. 00 MOS. 00 DAYS	STONEY POINT LIGHT STATION	- - - - - - - - - - - - - - - -

I hereby elect travel allowance to Not entitled (Location)

Place of (See travel instructions)

Signature

Home address at time of enlistment verified. The authorized certifying officer is authorized and directed to credit travel and enlistment allowance or bonus as provided by law and regulations.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
J. Mazzotta JOSEPH MAZZOTTA	CDR, USCG, Commanding Officer (Act.)	1750-58

COMPUTATION OF DISBURSEMENTS

NAME OF A. C. O.

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCARLETT,	Russell	Wesley	222-862	BM2

U. S. GOVERNMENT PRINTING OFFICE 16—66661-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD [redacted] } SSN 081-32-2988

ENLISTMENT OF SCARLETT, Russell Wesley (Full name, surname to left); 222-862 (Service number); $ 213.15 (Pay per month)

Accepted for enlistment at Office, Commander, Group, New York, N. Y.; BM2 (Rating in which enlisted)

Enlisted at Office, Commander, Group, New York, N. Y.; 8 April, 1952 (Date of enlistment)

Transferred to Stony Point Light Station, Stony Point, New York.

Occupation Mariner Citizenship* NB If naturalized, place and date of naturalization - Certificate No. - - - -

Date of birth 24 August, 1914 Place of birth Dracut, Massachusetts

Home address Stony Point Light Station, Stony Point, New York. (Street and number) (Town) (County) (State)

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

Margaret V. Scarlett (Wife) (Relationship) Stony Point Light Station, Stony Pt., N. Y. (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard [redacted] } -12- (Years) -0- (Months) -0- (Days)

First enlisted 8 April, 1940 (Date) at Ambrose Channel Lightship #111, N.Y. N.Y. (Place) and was last discharged 7 April, 1952 (Date) from Office, Commander, Group, New York, N. Y. (Unit)

with HONORABLE (Character) discharge as BM2 (Rate) No. - - - - -

Previous Navy service -0- (Years) -0- (Months) -0- (Days) Previous Marine Corps service -0- (Years) -0- (Months) -0- (Days)

Previous Army service -0- (Years) -0- (Months) -0- (Days) Age 37 years 7 months.

Height 5' 6" feet inches. Weight 151 3/4 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color Clear

Personal characteristics - - - - - - - - - - - marks, etc. Scar right arm. Appendectomy scar. Right hernia Scar. Scar on throat. - - - - - - - - - - - - - - - - - - -

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF SCARLETT, Russell Wesley (Full name, surname to left); 222-862 (Service number); $ 213.75 (Pay per month)

Accepted for enlistment at Office, Commander, Group, New York, N. Y.; BM2 (Rating in which enlisted)

Re-Enlisted at Office, Commander, Group, New York, N. Y.; 8 April, 1952 (Date of enlistment)

Transferred to Stony Point Light Station, Stony Point, New York.

Occupation Mariner Citizenship * NB If naturalized, place and date of naturalization - Certificate No. - - - -

Date of birth 24 August, 1914 Place of birth Dracut, Massachusetts

Home address Stony Point Light Station, Stony Point, New York. (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Margaret V. Scarlett (Wife) (Relationship) Stony Point Light Station, Stony Pt., N. Y. (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } -12- (Years) -0- (Months) -0- (Days)

First enlisted 8 April, 1940 (Date) at Ambrose Channel Lightship #111, N.Y. N.Y. (Place) and was last discharged 7 April, 1952 (Date) from Office, Commander, Group, New York, N. Y. (Unit)

with HONORABLE (Character) discharge as BM2 (Rate) No. - - - - -

Previous Navy service -0- (Years) -0- (Months) -0- (Days) Previous Marine Corps service -0- (Years) -0- (Months) -0- (Days)

Previous Army service -0- (Years) -0- (Months) -0- (Days) Age 37 years 7 months.

Height 5' 6" feet inches. Weight 151 3/4 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color Usual.

Personal characteristics - - - - - - - - - - - - marks, etc. Scar right arm. Appendectomy scar. Right hernia Scar. Scar on throat. -

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W.L. MALONEY of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { SIX (6) years from 8 April, 1952., 1952 / during minority until - - - - - - - - - - - - - - - - - -, 1- - - } unless sooner discharged by proper authority.

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

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Russell W. Scarlett, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard, and the Uniform Code of Military Justice.

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

Russell W Scarlett
RUSSELL W. SCARLETT.
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of April, A. D. 19 52

W. L. MALONEY, CAPTAIN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, Group; New York.
(Title)

Citizenship substantiated and contract perfected.

, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until by reason of

under authority of

(Signature of man)

(Signature of commanding officer)

16—8420-2

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, Russell W. Scarlett do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard, and the Uniform Code of Military Justice.

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

Russell W Scarlett
RUSSELL W. SCARLETT.
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of April, A. D. 19 52

W. L. MALONEY, CAPTAIN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, Group, New York.
(Title)

Citizenship substantiated and contract perfected.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

..... (Unit) ..... (Place) ..... (Date)

Enlistment extended until ..... by reason of .....

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

16—8420-2

CG 2500-C
(Rev. June 1942)

Sheet

SERVICE RECORD

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) 222-862 (Service number)

1. TRANSFERS

Departed from –			Reported to–		
Unit	Date	Signature	Unit	Date	Signature
			Stony Point LS Reenlisted & Reported.	4-8-52	W.L. MALONEY, CAPT.CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF SCARLETT, Russell Wesley 222-862

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-51	BM2	3.7	3.6	—	3.5	4.0	/s/ W.L. MALONEY, CAPT., USCG, CO
3-31-52	BM2	3.7	3.6	—	3.5	4.0	/s/ W.L. MALONEY, CAPT., USCG, CO
4-7-52	BM2	3.7	3.6	—	3.5	4.0	/s/ W.L. MALONEY, CAPT., USCG, CO
6-30-52	BM2	3.7	3.6	3.6	3.5	4.0	CG GROUP, N.Y. D.M.MORELL, LCDR, USCG, XO
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	Remarks

GPO 83-090285

NCG 2500-C
(Revised June 1942)

RECORD OF SCARLETT, Russell Wesley 222-862

(Full name, surname to the left) (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature

10. TRIALS BY COURTS MARTIAL

Station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
SCARLET, Russell Wesley	222-862	BM1	8/24/14	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
701 Bay Street Staten Island, N.Y.	☐ Yes ☒ No 4/7/52 (DATE LAST ENTRY)	None 9. SOCIAL SECURITY NO. 08-32-2980

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Margaret, V. Scarlett	Stony Point Light Station, Stony Point, N.Y.

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Elizabeth ann Scarlett	Same as Item #10		x	F	7-31-44
Margaret Anne Scarlett	Same as Item #10		x	F	11-15-46

12. FATHER Deceased	ADDRESS
13. MOTHER Deceased	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Margaret Auger	ADDRESS 3 Buffum Street, Worcester, Mass.

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
None			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Margaret Auger	Same as Item #14	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Margaret. V. Scarlett	Same as Item #10	Wife
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Margaret V. Scarlett	Same as Item #10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCGC, Pier 9, East River, New York 4, New York	11-15-57

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W.M. SEGERS JR. LTJG USCG	Russell W. Scarlett Russell W. Scarlett BM1

DD FORM 1 Dec 56 **93-1**

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

RECORD OF SCARLETT, Russell Wesley (Full name, surname to the left) 222-862 (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days earned	Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	No. days	Bal. due	Signature and Unit
	Man elected and received cash compensation for SIXTY (60) days unused leave remaining on date of discharge 4-7-52, not carried forward on new leave record.										
4-8-52 REENLISTED	0	0	0	- - -

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the indi
as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Traini
Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returne
individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspond
the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronolo
order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. 186250 ~~52681~~ "AB" POS

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
4-8-52	CDR CG GRP NY	W. L. MALONEY, CAPT	
4/30/59	GRP, 89, NY	JOSEPH MAZZOTTA, CDR	M

REMINGTON RAND INC., 11 U S 391-14036—'52

COMDT (PS)

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22-R174.

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

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
SCARLETT, Russell W.	67 Montgomery Street Saugerties, New York	HOME Cherry 6-5008 / OFFICE - - - -

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
[ ] ACTIVE DUTY [X] RETIRED [ ] DECEASED AD [ ] DECEASED RETIRED [ ] OTHER (Specify) USCG/RET	BM2	USCG	222-862

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

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

10a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER: e. PRIVILEGE AUTHORIZED[1]	FOR USE OF ISSUING OFFICER: f. CARD NO. ISSUED
SCARLETT, Russell W.	Sponsor	Blue	Brown	T, C, EU, MC(US)	CG 034,321
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
Same as item 2	8-24-14	68"	150	Indefinite	5-1-59
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
SCARLETT, Margaret V.	Wife	Blue	Black	T, C, EU, MC(US)	CG 034,322
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
Same as item 2	9-3-15	60"	90	4-30-65	5-1-59
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
SCARLETT, Elizabeth Ann	Daughter	Blue	Brown	T, C, EU, MC(US)	CG 034,324
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
Same as item 2	7-31-44	61"	100	4-30-65	5-1-59
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
SCARLETT, ~~EH~~ Margaret Anne	Daughter	Blue	Brown	T, C, EU MC(US)	CG 034,323
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
Same as item 2	11-15-46	52"	80	4-30-65	5-1-59
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
Russell W Scarlett	4/30/59	Russell W. Scarlett

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

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

a. [X] Lawful marriage to the spouse named took place at Staten Island, New York (PLACE) on 13 June 1942 (DATE)

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

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

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

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

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

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

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

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

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

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

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

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

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
24 April 1959	Russell W. Scarlett RUSSELL W. SCARLETT

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

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE
CG GROUP NEW YORK, PIER 9 EAST RIVER, NEW YORK 4, N.Y.	LTJG B. S. BATHY Issuing Officer	B S Bathy

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE
CG GROUP NEW YORK, PIER 9 EAST RIVER, NEW YORK 4, N.	B. S. GATHY, LTJG Issuing Officer	B S Bathy

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—443155

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (6-52)

SECURITY TERMINATION STATEMENT

DATE: 30 April 1959

NAME (Last)	(First)	(Middle)	RATE/GRADE	SERVICE NO.
SCARLETT,	Russell	Wesley	BM2	222-862

UNIT
CG GROUP, PIER 9, EAST RIVER, NEW YORK, NEW YORK

REFERENCES
(a) United States Navy Security Manual for Classified Matter, 1951 - Article 0608.

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment (duty) any documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret, Confidential or Restricted to which I obtained access during my employment (duty), in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret, Confidential or Restricted, of which I have gained knowledge during my employment (duty), except as may be hereafter authorized in writing by the Commandant of the Coast Guard.

(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)

I have been informed and am aware that 18 U. S. Code, 1946 edition, Supplement IV, 792-797 and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the U. S. Navy Security Manual for Classified Matter, 1951. I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1946 edition, Supplement, IV, 1001. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

SIGNATURE OF WITNESS	SIGNATURE
JOSEPH MAZZOTTA, CDR, USCG	Russell Wesley Scarlett
TITLE Executive Officer	

D 4741

P29-2
20 April 1959

FOURTH ENDORSEMENT on CGNEW(PS-1) ltr of 6 February 1959, TOUO: SIA33/99201X

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (292-026) USN, USCG

Subj: Retirement; travel

1. Your last permanent duty station certified to be: CG Group, Pier 9, East River, New York, New York.

2. AFTB Card No. 186850 collected and destroyed. Issued ID-1171 No. CG 034,321. Issued DD-214 and DD-217. 01 (60) days.

3. Detached and departed at 1400, 20 Apr 59.

JOSEPH MAZZOTTA
By Direction

67 Montgomery Street
Saugerties, New York

P29-2

FIFTH ENDORSEMENT on CGNEW(PS-1) ltr of 6 February 1959, TOUO: SIA33/99201X

From: SCARLETT, Russell W. (292-026) USN, USCG
To: Commander, Third Coast Guard District (p)

1. Arrived 67 Montgomery Street, Saugerties, New York this date.

2. Travel performed by privately owned conveyance.

Russell W. Scarlett

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. TWINING
By direction

- -

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

- -

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett

P29-2
20 April 1959

FOURTH ENDORSEMENT on COMDT(PS-2) ltr of 6 February 1959, PCNO: 53133/99001X

From: Commander, CG Group, New York, N. Y.
To: BOARLEY, Russell W. (222-625) USN, USCG

Subj: Retirement; travel

1. From last permanent duty station certified to be: CG Group, Pier 9, East River, New York, New York.

2. AFQD Card No. 188250 collected and destroyed. Issued DD-137) No. CG 034,321
Issued DD-214 and DD-217. 01 (60) days.

3. Detained and departed at _____, _____.

JOSEPH FALCETA
By direction

- - - -

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. TEWING
By direction

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett

P19-2
30 April 1959

FOURTH ENDORSEMENT on COMDT(PS-2) ltr of 6 February 1959, FORO: 53133/999021K

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (218-035) USN, USCG

Subj: Retirement; travel

1. Your last permanent duty station certified to be: CG Group, Pier 9, East River, New York, New York.

2. AFPD Card No. 1868/0 collected and destroyed. Issued ID-1175 No. C6034321. Issued ID-214 and ID-217. VI (60) days.

3. Detached and departed at _____, _____.

JOSEPH HALCOMB
By direction

- - - -

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. THWING
By direction

- -

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

- -

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett

FPG-2
20 April 1959

FOURTH ENDORSEMENT on COMDT(PG-1) ltr of 6 February 1959, PERS: 53133/99203X

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (222-036) USN, USCG

Subj: Retirement; travel

1. Your last permanent duty station certified to be: CG Group, Pier 9, East River, New York, New York.

2. AFTH Card No. 186850 collected and destroyed. Issued ID-1173 No. CG034,321. Issued ID-414 and ID-417. 21 (60) days.

3. Detached and departed at _____, _____.

JOSEPH MAZZOTTA
By direction

---

67 Montgomery Street
Saugerties, New York

FPG-2

FIFTH ENDORSEMENT on COMDT(PG-1) ltr of 6 February 1959, PERS: 53133/99203X

From: SCARLETT, Russell W. (222-036) USN, USCG
To: Commander, Third Coast Guard District (p)

1. Arrived 67 Montgomery Street, Saugerties, New York this date.

2. Travel performed by privately owned conveyance.

Russell W. Scarlett

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. THWING
By direction

- -

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

- -

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett

P19-2
30 April 1959

FOURTH ENDORSEMENT on CGNEE(PS-1) ltr of 6 February 1959, TCNO: 53133/99201X

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (220-326) USN, USCG

Subj: Retirement; travel

1. True last permanent duty station entitled to be: CG Group, Pier 9, East River, New York, New York.

2. AFPD Card No. 1868JO collected and destroyed. Issued MD-1173 No. C6034,321.
Issued DD-83h and DD-FXY. Wt. (60) Ongu.

3. Detached and departed at _____, _____.

JOSEPH FALCONA
By direction

- - - -

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. THWING
By direction

- - - -

919-2
10 April 1959

FOURTH INDORSEMENT on COMDT(PS-2) ltr of 6 February 1959, FOUO: 13133/999012

From: Commander, CG Group, New York, N. Y.
To: SCARLETT, Russell W. (220-026) USN, USCG

Subj: Retirement; travel

1. Home Port permanent duty station certified to be: CG Group, Pier 9, North River, New York, New York.

2. AFFE Cert No. 1804G0 collected and destroyed. Issued ID-1173 No. CG 034,321.
Issued ID-814 and ID-817. 01. (40) days.

3. Detached and departed at _____, _____.

JOSEPH MALCOLM
By direction

- - - -

P
P19-2
12 February 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: Commander, Third Coast Guard District
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, CG Group, New York

Subj: Retirement; travel

1. Forwarded for compliance. Attention is invited to Article 12-B-22, Personnel Manual, which requires a physical examination prior to retirement.

J. B. TWINING
By direction

P19-2
17 February 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr dtd 6 February 1959

From: Commander, CG Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

1. Delivered.

JOSEPH MAZZOTTA
By direction

P19-2
17 February 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr dtd 6 February 1959

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, CG Group, New York

1. Basic orders received at 1300, this date at New York Group, Pier 9, East River, New York, New York.

Russell W. Scarlett

STAMP CLASSIFICATION IF ANY

ORIGINAL

TREASURY DEPARTMENT U. S. COAST GUARD CG-3441 (Rev. 7-55)	U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL	TRAVEL ORDER NO. 52191/032015
AUTHORITY CCGD3(p) ltr P16-3/MM dtd 11-13-57 (INTER-UNIT TRANSFER)		DATE 11 March 1959

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
STONY POINT LIGHT STATION	STONY POINT, NEW YORK	
TO (Name) SCARLETT, Russell W.	SERVICE NO. 222-862	RATE BM2

PROCEED AND REPORT TO

	DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. No. of Days
a.	Intermediate			
b.	Intermediate			
c.	Ultimate	CG GROUP NEW YORK PIER 9, EAST RIVER, NEW YORK 4, N.Y.	FASDU	IND.

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

X — THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM STONY POINT, NEW YORK | TO NEW YORK, NEW YORK

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD
		XX					

b. DISPOSITION OF RECORDS NOT ATTACHED P/R at CCGD3(f)
S/R and PDC REMAIN AT GRUCOM, NEW YORK

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-00-	-00-	-00-	-00-	-00-

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
WITHOUT	DELAY 19 March 1959	NOT APPLICABLE

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED.	CHARGEABLE AGAINST TRAVEL ALLOTMENT	SYMBOL
	CCGD3	03-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. BO3A06-4C(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. — MODE OF TRANSPORTATION (Rail, bus, etc.)

XX — f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title)
JOSEPH MAZZOTTA, C DR, XO

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	19 March 1959	JOSEPH MAZZOTTA, C DR, XO

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

ORIGINAL

EDITION OF 5-53 IS OBSOLETE

STAMP CLASSIFICATION IF ANY

8.

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

INTERMEDIATE REPORTINGS

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9.

REPORTING — ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
CG GROUP NEW YORK PIER 9, EAST RIVER, NEW YORK 4, N.Y.	1030	3-19-59

REPORTED ON BOARD THIS DATE WITH ~~XXXXXX~~ THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

JOSEPH MAZZOTTA, CDR, XO

10.

GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11.

SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

End 2
O,C3CGD, New York, N. Y. 3/24/59 (Date)

I certify that Scarlett, Russell W is entitled to mileage allowance in the amount of $ 3.12 for travel actually performed from Stony Point, NY to NY NY, 52 miles @ $0.06 per mile and that this allowance has been credited on the Military Pay Record (DD Form 113) of the member indicated herein.

T J ANDERSON SPCK USCG
AUTHORIZED CERTIFYING OFFICER

S

U. S. GOVERNMENT PRINTING OFFICE : 1957 O - 412346

PERSONNEL CHECK OFF LIST

REPORTING

1. Reported from: Stony Pt. LSHA Time: 1030 Date: 3-19-59
2. Give man check in slip: DBL.
3. Interview sheet: NA.
4. Endorse orders: DBL.
5. Entry on SR cover: NA.
6. Entry on page 7 of SR: DBL.
7. Entry on Lv record (if needed): NA.
8. Prepare CG-3312 (Lv Rats; Comrats, S & FD): DBL.
9. Copies for current DD 93-1; ID card No. in SR; Blood type; UCMJ; Service outside CONUS & CODE of Conduct entries up to date: DBL.
10. Cppies of orders for travel, leave rations, comrats, DLA etc: DBL.
11. Entry on PDC and filed: DBL.
12. Make expiration of enlistment card: NA.
13. Longevity card and filed: NA.
14. Check for CCT marks on Interview sheet, PDC, and page 3 of SR: DBL.
15. Locator card and file alphabetically: DBL.
16. Check for social security number: DBL.
17. Make form 3303-A for Division Officer: NA.
18. Public information form on Officers: NA.
19. Copy of orders in Personnel Diary Basket: DBL.
20. Enter name and rate on Watch Quarters and Station Bill: _____
21. Enter name and rate on Master Billet list: _____
22. Add name to Liberty list: _____
23. Make Liberty Card: _____
24. Correct CDR'S book: _____

TRANSFERS

1. Transfered to: _____ Time: _____ Date: _____
2. Give man check out slip: _____
3. Endorse orders: _____
4. Entry on SR cover: _____
5. Entry on page 7 of SR: _____
6. Entry on leave record: _____
7. Entry on Quarterly Marks page: _____
8. Pull PDC and fasten to SR: _____
9. Remove name and rate from Master Billet List & Watch Quarters & Sta. Bill
10. Pull locator card and send to mail room: _____
11. Prepare CG-3312: _____
12. Man gets Health Record from HMC during visit with check out slip: _____
13. Pay record from SK: _____
14. Distroy liberty card: _____
15. Delete name from liberty list: _____
16. Pull & distroy longevity card: _____
17. Pull & distroy expiration of enlistment card: _____
18. Address while on leave: _____
19. Insert Form 3303A in SR: _____
20. Correct liberty list: _____
21. Deliver copy of tips on moving to men: _____
22. Correct CDR'S board: _____
23. File this form alphabetically: _____

UNITED STATES COAST GUARD

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

PE-1
6 February 1959

TONO: 53133/99201X

From: Commandant
To: SCARLETT, Russell W. (222-862) BM2, USCG
Via: Commander, Third Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 May 1959 Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

2. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District or Unit from which retired.

J. H. WAGLINE
By direction

Encl:
(1) Information relative to retirement

UNITED STATES COAST GUARD

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

PE-1
6 February 1959

TONO: 53133/99201X

From: Commandant
To: SCARLETT, Russell W. (222-862) BM2, USCG
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J. H. WAGLINE
By direction

Encl:
(1) Information relative to retirement

UNITED STATES COAST GUARD

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

PE-1
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From: Commandant
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J. H. WAGLINE
By direction

Encl:
(1) Information relative to retirement

SR

COMMANDER
CG GROUP NEW YORK
PIER 9, EAST RIVER
NEW YORK 4, NEW YORK

P19-2
15 January 1959

From: SCARLETT, Russell W. (222-862) EM2 USCG
To: Commandant (PE-2)
Via: (1) Commander, CG Group New York
(2) Commander, Third CG District (p)

Subj: Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. In accordance with reference (a) I request retirement as soon as possible.

2. I understand that I will enter into my next pay period on 7 April 1959.

Russell W. Scarlett
RUSSELL W. SCARLETT

- -

FIRST ENDORSEMENT

P19-2
20 January 1959

From: Commander, CG Group New York
To: Commandant (PE)
Via: Commander, Third CG District (p)

1. Forwarded. SCARLETT completed twenty-six (26) years of active creditable service on 4 November 1958. Subject man is presently serving on a one year extension.

JOSEPH MAZZOTTA
By direction

UNITED STATES COAST GUARD

SR

ADDRESS REPLY TO:
Stony Point L/S
Stony Point N.Y.

FILE:

15 January 1959

From: Officer in charge, Stony Point Light Station
To: Captain of Port; Pier 9, N.Y.

Subj: Transfer; Request for

Due to my retirement 7 April 1959 I request transfer to Turkey Point Light Attendant Station. My home is in that area therefore I will reside there after retirement.

Russell W. Scarlett

Russell W. Scarlett Bm2

STONEY POINT

PLEASE HAVE MAN READ AND SIGN AND THEN RETURN THEM TO PERSONNEL OFFICE AT PIER 9, EAST RIVER (CG GROUP NEW YORK)

ENCLOSURE NO. 1 TO COMMANDANT'S INSTRUCTION NO. [illegible]

SCARICE, R

EXECUTIVE ORDER

CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES

By virtue of the authority vested in me as President of the United States, and as Commander in Chief of the Armed Forces of the United States, I hereby prescribe the Code of Conduct for members of the Armed Forces of the United States which is attached to this order and hereby made a part thereof.

Every member of the Armed Forces of the United States is expected to measure up to the standards embodied in this Code of Conduct while he is in combat or in captivity. To insure achievement of these standards, each member of the Armed Forces liable to capture shall be provided with specific training and instruction designed to better equip him to counter and withstand all enemy efforts against him, and shall be fully instructed as to the behavior and obligations expected of him during combat or captivity.

The Secretary of Defense (and the Secretary of the Treasury with respect to the Coast Guard except when it is serving as part of the Navy) shall take such action as is deemed necessary to implement this order and to disseminate and make the said Code known to all members of the Armed Forces of the United States.

THE WHITE HOUSE
August 17, 1955

ENCLOSURE NO. 2 TO COMMANDANT'S INSTRUCTION NO. 2-56

CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES

I

I AM AN AMERICAN FIGHTING MAN. I SERVE IN THE FORCES WHICH GUARD MY COUNTRY AND OUR WAY OF LIFE. I AM PREPARED TO GIVE MY LIFE IN THEIR DEFENSE.

A member of the Armed Forces is always a fighting man. As such, it is his duty to oppose the enemies of the United States regardless of the circumstances in which he may find himself, whether in active participation in combat, or as a prisoner of war.

II

I WILL NEVER SURRENDER OF MY OWN FREE WILL. IF IN COMMAND I WILL NEVER SURRENDER MY MEN WHILE THEY STILL HAVE THE MEANS TO RESIST.

As an individual, a member of the Armed Forces may never voluntarily surrender himself. When isolated and he can no longer inflict casualties on the enemy, it is his duty to evade capture and rejoin the nearest friendly forces.

The responsibility and authority of a commander never extends to the surrender of his command to the enemy while it has power to resist or evade. When isolated, cut off, or surrounded, a unit must continue to fight until relieved, or able to rejoin friendly forces, by breaking out or by evading the enemy.

III

IF I AM CAPTURED I WILL CONTINUE TO RESIST BY ALL MEANS AVAILABLE. I WILL MAKE EVERY EFFORT TO ESCAPE AND AID OTHERS TO ESCAPE. I WILL ACCEPT NEITHER PAROLE NOR SPECIAL FAVORS FROM THE ENEMY.

The duty of a member of the Armed Forces to continue resistance by all means at his disposal is not lessened by the misfortune of capture. Article 82 of the Geneva Convention pertains and must be explained. He will escape if able to do so, and will assist others to escape. Parole agreements are promises given the captor by a prisoner of war upon his faith and honor, to fulfill stated conditions, such as not to bear arms or not to escape, in consideration of special privileges, usually release from captivity or a lessened restraint. He will never sign or enter into a parole agreement.

IV

IF I BECOME A PRISONER OF WAR, I WILL KEEP FAITH WITH MY FELLOW PRISONERS. I WILL GIVE NO INFORMATION OR TAKE PART IN ANY ACTION WHICH MIGHT BE HARMFUL TO MY COMRADES. IF I AM SENIOR, I WILL TAKE COMMAND. IF NOT I WILL OBEY THE LAWFUL ORDERS OF THOSE APPOINTED OVER ME AND WILL BACK THEM UP IN EVERY WAY.

ENCLOSURE NO. 2 TO COMMANDANT'S INSTRUCTION NO. 2-56

Informing or any other action to the detriment of a fellow prisoner is despicable and expressly forbidden. Prisoners of war must avoid helping the enemy identify fellow prisoners who may have knowledge of particular value to the enemy, and may therefore be made to suffer coercive interrogation.

Strong leadership is essential to discipline. Without discipline, camp organization, resistance, and even survival may be impossible. Personal hygiene, camp sanitation, and care of sick and wounded are imperative. Officers and noncommissioned officers of the United States will continue to carry out their responsibilities and exercise their authority subsequent to capture. The senior line officer or noncommissioned officer within the prisoner of war camp or group of prisoners will assume command according to rank (or precedence) without regard to Service. This responsibility and accountability may not be evaded. If the senior officer or noncommissioned officer is incapacitated or unable to act for any reason command will be assumed by the next senior. If the foregoing organization cannot be effected, an organization of elected representatives, as provided for in Articles 79-81 Geneva Convention Relative to Treatment of Prisoners of War, or a covert organization, or both, will be formed.

V

WHEN QUESTION, SHOULD I BECOME A PRISONER OF WAR, I AM BOUND TO GIVE ONLY NAME, RANK, SERVICE NUMBER, AND DATE OF BIRTH. I WILL EVADE ANSWERING FURTHER QUESTION TO THE UTMOST OF MY ABILITY. I WILL MAKE NO ORAL OR WRITTEN STATEMENTS DISLOYAL TO MY COUNTRY AND ITS ALLIES OR HARMFUL TO THEIR CAUSE.

When questioned, a prisoner of war is required by the Geneva Convention and permitted by this Code to disclose his name, rank, service number, and date of birth. A prisoner of war may also communicate with the enemy regarding his individual health or welfare as a prisoner of war and when appropriate, on routine matters of camp administration. Oral or written confessions true or false, questionaires, personal history statements, propaganda recordings and broadcasts, appeals to other prisoners of war, signatures to peace or surrender appeals, self criticisms or any other oral or written communication on behalf of the enemy or critical or harmful to the United States, its allies, the Armed Forces or other prisoners are forbidden.

It is a violation of the Geneva Convention to place a prisoner of war under physical or mental torture or any other form of coercion to secure from him information of any kind. If, however a prisoner is subjected to such treatment, he will endeavor to avoid by every means the disclosure of any information or the making of any statement or the performance of any action harmful to the interests of the United States or its allies or which will provide aid or comfort to the enemy.

UNITED STATES COAST GUARD

COMMANDER
CG GROUP NEW YORK
PIER 9 EAST RIVER
NEW YORK 4 NEW YORK

P15
25 July 1958

From: Commander, Coast Guard Group, New York
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: National Defense Service Medal

1. It is a pleasure to award you the enclosed National Defense Service Medal for having served on active duty in the United States Coast Guard during the period between 27 June 1950 and 27 July 1954.

JOSEPH MAZZOTTA
Acting

Encl:
National Defense Service Medal

Copy to:
Service Record
CAMDT (PS)

- -

FIRST ENDORSEMENT

P15
25 July 1958

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, Coast Guard Group, New York

1. Receipt of National Defense Service Medal is acknowledged.

Russell W. Scarlett
RUSSELL W. SCARLETT

Commander
CG Group New York
Pier 9, East River
New York 4, New York

L16-2
5 May 1958

From: Commander, CG GROUP New York, N.Y.
To: Commandant (FP-2)

Subj: SCARLETT, Russell W. (222-862)BM2,USCG; Musting-out Payment, information concerning

Ref: (a) COMDT(FP-2) letter of 24 April 1958

1. As directed in reference (a), the DD Form 214 issued 7 April 1952 to subject man was reviewed for MOP entry. There is no record at this unit or in SCARLETT's possession showing payment was made.

2. SCARLETT anticipates retirement around September 1958, and therefore requested that this unit be notified if payment may be made at this time.

B. S. GATHY
By direction

CG-5[illegible] (SH) (8-55)

ORIGINAL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
31 March 1958

TONO: 52933/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On ~~xxxxxxx~~ 8 April 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

BS Gathy
B. S. GATHY
By direction

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
8 April 1958

1. Departed 0530 hours this date and place.

Russell W Scarlett
RUSSELL W. SCARLETT
Officer-in-Charge

8 April 1958

SECOND ENDORSEMENT on CRUCOM, N.Y. ltr P16-3/MM dtd 3-31-58
TONO: 52933/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0900 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1100 this date.

B S Gathy

B. S. GATHY
By direction

THIRD ENDORSEMENT
STONY POINT L/S.

P16-3/MM
8 April 1958

1. Reported 1430 this date and place for resumption of regular duties.

Russell W. Scarlett

RUSSELL W. SCARLETT
Officer-in-Charge

ORIGINAL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
21 March 1958

TONO: 52930/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 24 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B S Gathy
B. S. GATHY
By direction

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
24 March 1958

1. Departed 0430 hours this date and place.

Russell W Scarlett
RUSSELL W. SCARLETT
Officer-in-Charge

ORIGINAL

SECOND ENDORSEMENT on GRUCOM, N.Y. ltr P16-3/MM dtd 21 March 1958

TONO: 52930/032045

P16-3/MM
24 March 1958

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0800 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1230 (1230) this date.

B S Gathy
B. S. GATHY
By direction

THIRD ENDORSEMENT
STONY POINT L/S

P16-3/MM
24 March 1958

1. Reported 1600 (1600) this date and place for resumption of regular duties.

Russell W Scarlett
RUSSELL W. SCARLETT
Officer-in-Charge

ORIGINAL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
17 March 1958

TONO: 52929/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 18 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B. S. GATHY
By direction

- -

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
18 March 1958

1. Departed 0900 hours this date and place.

Russell W. Scarlett
RUSSELL W. SCARLETT
Officer-in-Charge

52929/032045

ENDORSEMENT on GRUCOM, N.Y. ltr P16-3/1M1 dtd 3-17-58

P16-3/1M1
18 March 1958

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 1300 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1400 this date.

B. S. GATHEY
By direction

THIRD ENDORSEMENT
STONY POINT L/S

P16-3/1M1
18 March 1958

1. Reported 1730 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

ORIGINAL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
14 March 1958

TONO: 52928/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 17 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B S Gathy
B. S. GATHY
By direction

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
17 March 1958

1. Departed 0530 hours this date and place.

Russell W. Scarlett
RUSSELL W. SCARLETT
Officer-in-Charge

ORIGINAL

P16-3/MM
17 March 1958

SECOND ENDORSEMENT on CRUCOM, N.Y. ltr P16-3/MM dtd 14 March 1958
TONO: 52928/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0900 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1130 this date.

B. S. GATHY
By direction

THIRD ENDORSEMENT
STONY POINT L/S

P16-3/MM
17 March 1958

1. Reported 1430 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

CG-CGIV (SH) (6-55)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
31 March 1958

TONO: 52933/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On ~~XXXXXXXX~~ 8 April 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B. S. GATHY
By direction

- -

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
8 April 1958

1. Departed 0530 hours this date and place.

RUSSELL W. SCARLETT
Officer-in-Charge

SECOND ENDORSEMENT on GRUCOM, N.Y. ltr P16-3/ITM dtd 3-31-58
TONO: 52933/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0900 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed this date.

B. S. GATHY
By direction

- -

P16-3/ITM
8 April 1958

THIRD ENDORSEMENT
STONY POINT L/S

1. Reported 1430 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

CG-5017 (SN) (6-55)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/1M
21 March 1958

TONO: 52930/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 24 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B. S. GATHY
By direction

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/1M
24 March 1958

1. Departed 0430 hours this date and place.

RUSSELL W. SCARLETT
Officer-in-Charge

SECOND ENDORSEMENT on GRUCOM, N.Y. ltr P16-3/MM dtd 21 March 1958

TONO: 52930/032045

24 March 1958

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0800 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1230 this date.

B. S. GATHY
By direction

- -

THIRD ENDORSEMENT
STONY POINT L/S

P16-3/MM
24 March 1958

1. Reported 1600 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

CG-6217 (Rev) (8-60)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
17 March 1958

TONO: 52929/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 18 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B. S. GATHY
By direction

- -

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
18 March 1958

1. Departed 0900 hours this date and place.

RUSSELL W. SCARLETT
Officer-in-Charge

SECOND ENDORSEMENT on CRUCOM, N.Y. ltr P16-3/1M dtd 3-17-58

P16-3/1M
18 March 1958

52929/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-362) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 1300 hours this date and place for assignment to temporary additional duty you are directed to proceed and reports to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1400 this date.

B. S. CATHY
By direction

- -

THIRD ENDORSEMENT
STONY POINT L/S

P16-3/1M
18 March 1958

1. Reported 1730 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

CG-Form (CIN) (8-58)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group New York
Pier 9, East River
New York 4, New York

P16-3/MM
14 March 1958

TONO: 52928/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG; STONY POINT L/S

Subj: Orders; temporary additional duty, travel

1. On or about 17 March 1958 you are directed to proceed and report to Commander, CG Group New York, New York for assignment to temporary additional duty of approximately one (1) days duration. Upon completion of this temporary additional duty you will return to your regular station for resumption of regular duties.

2. Travel at own expense is authorized.

3. No proceed time is allowed under these orders.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE.

B. S. GATHY
By direction

FIRST ENDORSEMENT
STONY POINT L/S

P16-3/MM
17 March 1958

1. Departed 0530 hours this date and place.

RUSSELL W. SCARLETT
Officer-in-Charge

17 March 1958

SECOND ENDORSEMENT on GRUCOM, N.Y. ltr P16-3/MM dtd 14 March 1958
TONO: 52928/032045

From: Commander, CG Group New York, N.Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty, travel

1. Having reported 0900 hours this date and place for assignment to temporary additional duty you are directed to proceed and reporte to STONY POINT L/S for resumption of your regular duties and station.

2. Delivered and departed 1130 this date.

B. S. GATHY
By direction

- -

P16-3/MM
17 March 1958

THIRD ENDORSEMENT
STONY POINT L/S

1. Reported 1430 this date and place for resumption of regular duties.

RUSSELL W. SCARLETT
Officer-in-Charge

1792-58

(03-300540)

STONY POINT LIGHT STATION

9 April 1958

1958

222-862	SCARLETT, Russell W. BM2	Check BAS from 0530, 3-17-58 to 1430, 3-17-58 (Absent TAD)	3/17	3/17
		TONO: 52928/032045		
		Check BAS from 0900, 3-18-58 to 1730, 3-18-58 (Absent TAD)	3/18	3/18
		TONO: 52929/032045		
		Check BAS from 0430, 3-24-58 to 1600, 3-24-58 (Absent TAD)	3/24	3/24
		TONO: 52930/032045		
		Check BAS from 0530, 4-8-58 to 1430, 4-8-58 (Absent TAD)	4/8	4/8
		TONO: 52933/032045		

NOTHING BELOW THIS LINE

B. S. GATHY, LTJG, USCG, By Dir.

Commander
CG Group New York
Pier 9, East River
New York 4, New York

L16-2
25 March 1958

From: Commander, CG Group New York, N.Y.
To: Commandant (FP)

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; MDP payment, request for information concerning

1. It is requested that this command be notified if subject named man has previously received payment of Mustering-Out-Pay under the MDP Act of 1952.

BRUCE S. GATHY
By direction

Please read important information and instructions on reverse before completing form.

PART I

Please print or type

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER
GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER *(Include letter prefix)*: F

2. BRANCH OF SERVICE: ☐ ARMY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NAVY ☐ OTHER *(Specify)*

3. INSURANCE POLICY NUMBER(S) *(Include letter prefix)*:

4. SERVICE NUMBER(S): A. PRESENT 222-862; B. OTHER(S):

5. DATE OF BIRTH: MONTH 8; DAY 24; YEAR 1914

6. DATES OF ENTRY ON ACTIVE DUTY SINCE APRIL 26, 1951: MONTH 4; DAY 7; YEAR 52

7. DATES OF SEPARATION FROM ACTIVE DUTY SINCE APRIL 26, 1951: MONTH 4; DAY 7; YEAR 52

8. FIRST NAME - MIDDLE NAME - LAST NAME *(Print or type)*: Russell Wesley. Scarlett

9. MAILING ADDRESS FOR INSURANCE PURPOSES: Stony point Light Station, Stony point New York

I certify that the service information shown in items 2, 4, 5, 6 and 7 is correct.

10. SIGNATURE OF OFFICER	11. RANK OR GRADE	12. ORGANIZATION	13. DATE
JOSEPH MAZZOTTA	CDR, USCG	CDR, CG Group, N. Y. Pier 9, East River, NY	12-11-56

14. CHECK APPLICABLE BOX *(CHECK ONLY ONE)*

☒ a. I intend to resume payment of premiums on my TERM insurance by allotment from service pay. I understand that the allotment establishment will be used as authority to cancel the Section 622 waiver, but that the waiver will remain in effect until resumption of premium payment by allotment.

☐ b. I intend to resume payment of premiums on my TERM insurance by direct remittance. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, be canceled upon tender of a premium but in no event earlier than the end of the premium month preceding May 1, 1957.

Please furnish the information necessary to complete the action in Item 14a or 14b.

☒ c. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, on my PERMANENT PLAN insurance be canceled at the end of the premium month preceding May 1, 1957.

☐ d. I DO NOT DESIRE TO CONTINUE MY TERM GOVERNMENT LIFE INSURANCE. I request that the present waiver of my TERM insurance premiums under Section 622 of the NSLI Act, as amended, be canceled at the end of the premium month preceding May 1, 1957.

I understand that having made no election under paragraph a, b, c or d above my present waiver of premiums under Section 622 of the NSLI Act, as amended, will continue.

15. DATE OF SIGNATURE: 30 November 1956

16. SIGNATURE OF INSURED *(Do not print)*: Russell Wesley Scarlett

VA FORM 9-5782, SEP 1956 VA DC 234633

PART II - DO NOT DETACH THIS PORTION OF FORM

VETERANS ADMINISTRATION
REPLY TO REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER

1. INSURANCE FILE NUMBER: F

2. INSURANCE POLICY NUMBER(S):

Your request for information/action on your Section 622 waiver has been processed. Items 4 through 8, as checked, show the information requested or action taken.

3. NAMES, SERVICE NUMBER, AND ADDRESS TO WHICH THIS FORM SHOULD BE RETURNED

Russell W .Scarlett (222-862)

STONY POINT LIGHT STATION

STONY POINT NEW YORK

TO BE COMPLETED BY VA

☐ 4. ESTABLISH ALLOTMENT AS FOLLOWS: AMOUNT $; EFFECTIVE MONTH 1957

☐ 5. FIRST MONTHLY PREMIUM DUE: DATE; AMOUNT $

☐ 6. WAIVER TERMINATED DATE

☐ 7. THE PURE RISK INSURANCE PORTION OF YOUR PERMANENT PLAN PREMIUM WILL BE REFUNDED AFTER WAIVER TERMINATION DATE IN ITEM 6, PART II.

8. DATE COMPLETED

V A FORM SEP 1956 **9-5782**

...ead important information ...structions on reverse before ...leting form.

PART I

Please print or type

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER

GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER *(Include letter prefix)*: F

2. BRANCH OF SERVICE: ☐ ARMY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NAVY ☐ OTHER *(Specify)*

3. INSURANCE POLICY NUMBER(S) *(Include letter prefix)*:

4. SERVICE NUMBER(S)

A. PRESENT	B. OTHER(S)
222-862	

5. DATE OF BIRTH

MONTH	DAY	YEAR
4	7	52

6. DATES OF ENTRY ON ACTIVE DUTY SINCE APRIL 26, 1951

MONTH	DAY	YEAR
4	7	52

7. DATES OF SEPARATION FROM ACTIVE DUTY SINCE APRIL 26, 1951

MONTH	DAY	YEAR
4	7	52

8. FIRST NAME - MIDDLE NAME - LAST NAME *(Print or type)*: Russell Wesley Scarlett

9. MAILING ADDRESS FOR INSURANCE PURPOSES: STONY POINT LIGHT STATION, STONY POINT NEW YORK

I certify that the service information shown in items 2, 4, 5, 6 and 7 is correct.

10. SIGNATURE OF OFFICER	11. RANK OR GRADE	12. ORGANIZATION	13. DATE
JOSEPH MAZZOTTA	CDR, USCG	CDR, CG Group, N. Y. Pier 9, East River, NY	12-11-56

14. CHECK APPLICABLE BOX *(CHECK ONLY ONE)*

☒ a. I intend to resume payment of premiums on my TERM insurance by allotment from service pay. I understand that the allotment establishment will be used as authority to cancel the Section 622 waiver, but that the waiver will remain in effect until resumption of premium payment by allotment.

☐ b. I intend to resume payment of premiums on my TERM insurance by direct remittance. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, be canceled upon tender of a premium but in no event earlier than the end of the premium month preceding May 1, 1957.

Please furnish the information necessary to complete the action in Item 14a or 14b.

☐ c. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, on my PERMANENT PLAN insurance be canceled at the end of the premium month preceding May 1, 1957.

☐ d. I DO NOT DESIRE TO CONTINUE MY TERM GOVERNMENT LIFE INSURANCE. I request that the present waiver of my TERM insurance premiums under Section 622 of the NSLI Act, as amended, be canceled at the end of the premium month preceding May 1, 1957.

I understand that having made no election under paragraph a, b, c or d above my present waiver of premiums under Section 622 of the NSLI Act, as amended, will continue.

15. DATE OF SIGNATURE	16. SIGNATURE OF INSURED *(Do not print)*
30 November 1956	Russell Wesley Scarlett

VA FORM 9-5782, SEP 1956 VA DC 234633

PART II - DO NOT DETACH THIS PORTION OF FORM

VETERANS ADMINISTRATION

REPLY TO REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER

TO BE COMPLETED BY VA

1. INSURANCE FILE NUMBER	2. INSURANCE POLICY NUMBER(S)
F	

☐ 4. ESTABLISH ALLOTMENT AS FOLLOWS:

AMOUNT	EFFECTIVE MONTH
$	1957

Your request for information/action on your Section 622 waiver has been processed. Items 4 through 8, as checked, show the information requested or action taken.

☐ 5. FIRST MONTHLY PREMIUM DUE:

DATE	AMOUNT
	$

3. NAMES, SERVICE NUMBER, AND ADDRESS TO WHICH THIS FORM SHOULD BE RETURNED

Russell W, Scarlett (222-862)

STONY POINT LIGHT STATION

STONY POINT NEW YORK

☐ 6. WAIVER TERMINATED — DATE:

☐ 7. THE PURE RISK INSURANCE PORTION OF YOUR PERMANENT PLAN PREMIUM WILL BE REFUNDED AFTER WAIVER TERMINATION DATE IN ITEM 6, PART II.

8. DATE COMPLETED

VA FORM SEP 1956 9-5782

FROM: Scarlett Russell Wesley (Name) BM1 (Rank) (22-862) (Serial Number)

TO: The Commanding Officer Commander Group New York (Organization)

SUBJECT: The Servicemen's and Veterans Survivor Benefits Act of 1956.

I desire to take action as follows regarding insurance:

1. ☒ Cancel Waiver of premiums by May 1, 1957 and resume premium payments.
2. ☐ Take out a 5 year term policy between the time I am discharged from my present enlistment and December 31, 1956.
3. ☐ Replace a policy that I have surrendered for cash or allowed to expire.
4. ☐ None of the above

I understand that this is not a final and formal application.

Russell W. Scarlett
Russell W, Scarlett
Signature

Tear along this line

ALL PERSONNEL ARE REQUIRED TO FILL THIS OUT AND TURN IT OVER TO THEIR COMMANDING OFFICER.

YOUR COMMANDING OFFICER WILL ARRANGE FOR THE PREPARATION AND SUBMISSION OF THE PROPER OFFICIAL FORMS.

MAIL: TO: COMMANDING OFFICER
GROUP NEW YORK
PIER NINE, NEW YORK, N.Y.

U.S. COAST GUARD
GruCom-New York-CO'P
JUN 7 1956
RECEIVED
NEW YORK, N. Y.
Pay Office

...VEL OR... | SECURITY INFORMATION ☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

...O. 174

...L. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES. ...SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES ...DED FOR ANY ENTRY. MAKE NOTE IN THAT SPACE AND CON... AND ATTACH ADDITIONAL SHEETS SECURELY.

... Turkey Pt., NY | DATE 4-2-56

STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
INTERMEDIATE STONY POINT LIGHT STATION, Stony Point, New York	TAD	8 dys
INTERMEDIATE		
ULTIMATE DESTINATION		

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ ~~THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~
☐ ~~THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM:~~
TO:

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY) | RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED ... DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME ... TRAVEL TIME ... LEAVE (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE ...

REPORT NOT LATER THAN WITHOUT DELAY | ADDRESS ON LEAVE
TIME ... DATE ...

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ ~~FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE~~
☐ ~~FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~

b. ☐ ~~GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
☐ ~~GOVERNMENT VESSEL~~ ☐ ~~GOVERNMENT AIRCRAFT, CLASS~~ ... ~~PRIORITY CERTIFIED.~~ ☐ ~~GOVERNMENT VEHICLE~~

c. ☐ ~~YOU ARE DIRECTED TO TRAVEL BY~~ ... ~~WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~
(INSERT RAIL, BUS, ETC.)

d. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZOTTA, CDR, USCG, By direction

6. DELIVERED AND DEPARTED
TIME ~~1530~~ DATE 3-29-56 | SIGNATURE (GRADE OR RATE AND TITLE) JOSEPH MAZZOTTA, CDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

16-55056-1 ☆ GPO

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.	AUTHORIZATION NO.	SECURITY INFORMATION
	033174	☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES. PRINT IN LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

FROM	PLACE OF ADDRESS	DATE
TURKEY POINT LASTA, GRUCOM NY, ERNY	Saugerties, Turkey Pt., NY	4-2-56

TO (INSERT NAME, SERVICE NO. AND RATE)

SCARLETT, Russell Wesley (222-862), BM1, USCG

AUTHORITY

CCGD3/L P16-3/MM, AUTH NO 033174 dtd 4-2-56

PROCEED AND REPORT TO

STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
INTERMEDIATE STONY POINT LIGHT STATION, Stony Point, New York	TAD	8 dys
INTERMEDIATE		
ULTIMATE DESTINATION		

1. ☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ ~~THIS TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~
☐ ~~THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM:~~
TO

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☐ SERVICE ☐ HEALTH ☐ PAY ☐ ~~PERSONNEL DATA CARD~~ ☐ OTHER (SPECIFY) — RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED _____ DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME _____ TRAVEL TIME _____ LEAVE _____ (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE _____

REPORT NOT LATER THAN	ADDRESS ON LEAVE
TIME _____ DATE WITHOUT DELAY	

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ ~~FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.~~
☐ ~~FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~

b. ☐ ~~GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
☐ ~~GOVERNMENT VESSEL~~ ☐ ~~GOVERNMENT AIRCRAFT, CLASS~~ ~~PRIORITY CERTIFIED.~~ ☐ ~~GOVERNMENT VEHICLE~~
☐ ~~GOVERNMENT VESSEL~~ ☐ ~~GOVERNMENT AIRCRAFT, CLASS~~ ~~PRIORITY CERTIFIED.~~ ☐ ~~GOVERNMENT VEHICLE~~

c. ☐ ~~YOU ARE DIRECTED TO TRAVEL BY~~ (INSERT RAIL, BUS, ETC.) ~~WHEN AVAILABLE, OR RENTED AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~

5. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

6. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZOTTA, CDR, USCG, By direction

DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
1530	3-29-56	JOSEPH MAZZOTTA, CDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

16—99028—1 ☆ GPO

8. (Indicate in columns provided whether or not Government quarters and/or subsistence were available.)

STATION	REPORTED TIME	REPORTED DATE	DEPARTED TIME	DEPARTED DATE	AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
a. ~~Turkey Point Lt8,St.~~			1530	3/29/56	Russell W. Scarlett B M 1		
b. Stony point Light Station	1830	3/29/56				NO	NO

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each Instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

4-2-56: GRUCOM NY, ERNY FIRST ENDORSEMENT
NO GOVERNMENT QUARTERS TO BE UTILIZED WHILE ON THIS TAD AT STONY PT. LASTA.

JOSEPH MAZZOTTA, CDR, USCG, By dir.

CERTIFIED TO BE A TRUE COPY
T.W. Mahan
T.W. MAHAN, LTJG, USCGR

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

ORIGINAL

DISTRICT ORDER NO. | AUTHORIZATION NO. 033174 | ☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES THROUGH BOXES NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES & LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH SUCH INFORMATION SECURELY.

U.S. COAST GUARD
FINANCE OFFICE
APR 30 1956
RECEIVED
NEW YORK, N.Y.

	PLACE OF ADDRESS	DATE
TURKEY POINT IASTA, GRUCOM NY, ERNY	Saugerties, Turkey Point	4-2-56

INSERT NAME, SERVICE NO. AND RATE
SCARLETT, Russell Wesley (222-862), BM1, USCG

AUTHORITY
CCGD3/L P16-3/MM, AUTH NO 033174 dtd 4-2-56

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
INTERMEDIATE	STONY POINT LIGHT STATION, Stony Point, New York	TAD 65 miles	8 dys
INTERMEDIATE			
ULTIMATE DESTINATION			

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THIS TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM
TO

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT, INDICATE
☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY) | RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

ORIGINAL

3. YOU ARE ALLOWED ____ DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME ____ TRAVEL TIME ____ LEAVE ____
COMPENSATORY ABSENCE ____ (INDICATE DAYS AND TYPE)

REPORT NOT LATER THAN WITHOUT DELAY
TIME ____ DATE ____ | ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD TRAVEL ALLOTMENT, SYMBOL 03-20 THEREOF; AS PRESCRIBED BY JTR TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.
b. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS ____ PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE
c. ☐ YOU ARE DIRECTED TO TRAVEL BY ____ (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.
d. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZOTTA, CDR, USCG, By direction

6. TIME 1530 | DATE 3-29-56 | SIGNATURE (GRADE OR RATE AND TITLE)
DELIVERED AND DEPARTED
JOSEPH MAZZOTTA, CDR, USCG, By direction

ORIGINAL

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE NECESSARY RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER
X Russell W. Scarlett
RUSSELL W. SCARLETT

16-60056-1 ☆ GPO

8. INTERMEDIATE REPORTINGS

ORIGINAL

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

	STATION	REPORTED TIME	REPORTED DATE	DEPARTED TIME	DEPARTED DATE	AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
a.	~~Turkey point LAS St~~			1530	3/29/56	~~Russell W. Scarlett BM~~	1	
b.	Stony Point Light Station	1830	3/29/56			Russell W. Scarlett BM	1 NO	NO

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

10. GENERAL INSTRUCTIONS

ORIGINAL

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

4-2-56: GRUCOM NY, ERNY FIRST ENDORSEMENT
NO GOVERNMENT QUARTERS TO BE UTILIZED WHILE ON THIS TAD AT STONY PT., LASTA.

JOSEPH MAZZOTTA, CDR, USCG, By dir.

End 2
O,C3CGD, New York, N. Y.

5-7-56
(Date)

I certify that SCARLETT, RUSSELL W. (222-86-2) BM2 is entitled to mileage allowance in the amount of $ 3.90 for travel actually performed from Sangerties, N.Y. to Stony Point, N.Y., 65 miles @ $0.06 per mile and that this allowance has been credited on the Military Pay Record (DD Form 113) of the member indicated herein.

M. J. HEALY, CHPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

ORIGINAL

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

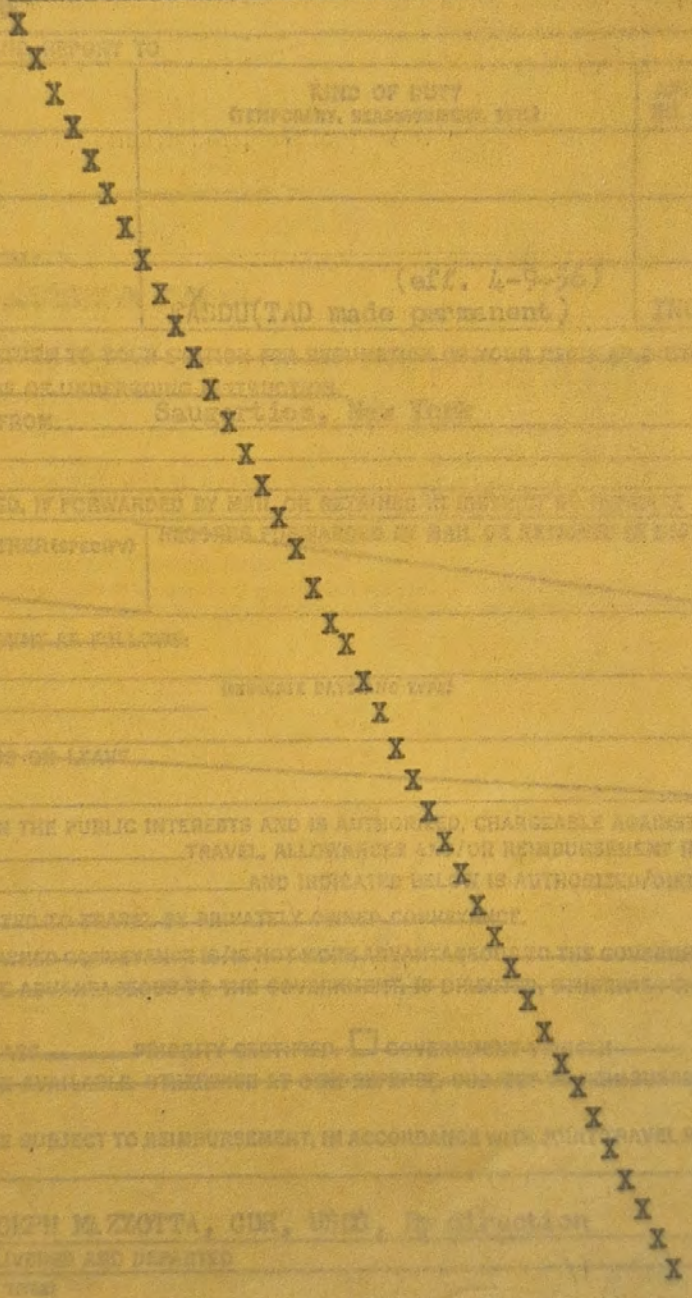
1696-56

Stony Point L/S
Commander, CG Group, New York (03-300540) 15 May 1956

1956

222-862 SCARLETT, Russell W. (BM1) Check Subs. fm 0700 to 1500 24 April 1956. 4-24 4-24

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



JOSEPH MAZZOTTA, CDR,USCG,By Dir.

SECURITY INFORMATION

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.

AUTHORIZATION NO. 033174

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
TURKEY POINT LASTA; GRUCOM NY, ERNY	Saugerties, Turkey Pt., NY	4-9-56

TO (INSERT NAME, SERVICE NO. AND RATE)
SCARLETT, Russell Wesley (222-862) EM1, USCG

1. AUTHORITY
CCGD3/L P16-3/MM, AUTH NO 033174 dtd 4-2-56

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
INTERMEDIATE A.			
INTERMEDIATE B.			
ULTIMATE DESTINATION C.	STONY POINT LS, Stony Point, New York	(eff. 4-9-56) FASDU(TAD made permanent)	INDF

~~☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.~~

~~☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~

☒ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Saugerties, New York TO Stony Point, New York

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED, IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

~~3. YOU ARE AUTHORIZED ..... DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:~~
~~PROCEED TIME ..... TRAVEL TIME ..... LEAVE .....~~
~~COMPENSATORY ABSENCE .....~~ (INDICATE DAYS AND TYPE)

~~REPORT NOT LATER THAN~~
~~TIME ..... DATE .....~~

~~ADDRESS ON LEAVE~~

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

~~A. ☐ FOR PERMANENT CHANGE OF STATION, YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.~~

~~☐ FOR TEMPORARY DUTY ONLY, TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~

~~B. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~

~~☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS ..... PRIORITY CERTIFIED, ☐ GOVERNMENT VEHICLE~~

~~C. ☐ YOU ARE DIRECTED TO TRAVEL BY ..... WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~
(INSERT RAIL, BUS, ETC.)

D. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZOTTA, CDR, USCG, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
1000	4-9-56	JOSEPH MAZZOTTA, CDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.

AUTHORIZATION NO. 033355

SECURITY INFORMATION
☐ RESTRICTED
☐ CONFIDENTIAL
☒ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
STONY POINT ISTA, GRUCOM NY, USCG	Stony Point, New York	4-19-56

TO (INSERT NAME, SERVICE NO. AND RATE)
SCARLETT, Russell W. (222-862), BM1, USCG

1. AUTHORITY
COGD3/L P16-3/BM, AUTH NO 033355 dtd 4-19-56

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE Commander, CG GROUP NEW YORK, Pier 9, East River, New York 4, NY	TAD	1 dy.
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION STONY POINT ISTA, Stony Point, New York	RESREGDU	

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ ~~THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~
☐ ~~THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM ... TO ...~~

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY) | RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED ____ DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME ____ TRAVEL TIME ____ LEAVE ____ (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE ____

REPORT NOT LATER THAN	ADDRESS ON LEAVE
TIME 1000 DATE 4-25-56	

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

A. ☐ ~~FOR PERMANENT CHANGE OF STATION, YOU ARE AUTHORIZED TO TRAVEL BY NEIGHBORING GOVERNMENT CONVEYANCE.~~
☐ ~~YOU ARE DIRECTED TO PROCEED BY NEIGHBORING GOVERNMENT CONVEYANCE IF IT IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~
☐ ~~GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND IF MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED; OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
☐ ~~GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS ____ PRIORITY CERTIFIED, ☐ GOVERNMENT VEHICLE~~
B. ☐ ~~YOU ARE DIRECTED TO TRAVEL BY ____ (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~

D. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZETTA, CDR, USCG, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
	4-25-56	RUSSELL W. SCARLETT, BM1, USCG, O-in-C

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

16-60056-1 GPO

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

	STATION	REPORTED TIME	REPORTED DATE	DEPARTED TIME	DEPARTED DATE	AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
a.	GRUCOM, NY	1000	4-24-56	1200	4-24-56	JOSEPH MAZZOTTA, CDR	NO	NO
b.								

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
Stony Point Light Station	1500	4-24-56

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

RUSSELL W. SCARLETT

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

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

C. O. Order No. USCGSFK 1627-56

CERTIFICATE OF ASSIGNMENT OF QUARTERS OR TERMINATION THEREOF

SCARLETT (Surname) Russell (First name) W. (Initial)

BM1 (Rank) Stony Point ISTA (Ship or station)

To DISBURSING OFFICER:

The above-named officer enlisted man has _____ been assigned public quarters for the use of himself and his dependents, if any, from 4-9-56 (Date) to FO (Date)

JOSEPH MAZZOTTA, CDR., USCG
By direction
(Name and signature)

Furnish in case of:

Officer with dependents:

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

Officer without dependents:

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

(Address if quarters not assigned)

(D. O. Symbol number)

16—87245-1 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2441-SM (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO.

AUTHORIZATION NO. 033174

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES, INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

	PLACE OF ADDRESS	DATE
TURKEY POINT IASTA, GRUCOM NY, ERNY	Saugerties, Turkey Pt., NY	4-2-56

TO (INSERT NAME, SERVICE NO. AND RATE)
SCARLETT, Russell Wesley (222-862), BM1, USCG

1. AUTHORITY
CCGD3/L P16-3/MM, AUTH NO 033175 dtd 4-2-56

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE STONY POINT LIGHT STATION, Stony Point, New York	TAD.	8 dys
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION		

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ ~~THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.~~
☐ ~~THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM:~~
TO

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)
RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED _____ DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME ____ TRAVEL TIME ____ LEAVE ____ (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE ____

REPORT NOT LATER THAN WITHOUT DELAY
TIME ____ DATE ____
ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 3rd CGD TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ ~~FOR PERMANENT CHANGE OF STATION, YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.~~
☐ ~~FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~

b. ☐ ~~GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
☐ ~~GOVERNMENT VESSEL~~ ☐ ~~GOVERNMENT AIRCRAFT, CLASS~~ ~~PRIORITY CERTIFIED~~, ☐ ~~GOVERNMENT VEHICLE~~

c. ☐ ~~YOU ARE DIRECTED TO TRAVEL BY~~ _____ (INSERT RAIL, BUS, ETC.) ~~WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~

d. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
JOSEPH MAZZOTTA, CDR, USCG, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
~~1530~~	3-29-56	JOSEPH MAZZOTTA, CDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
RUSSELL W. SCARLETT

16-99059-1 GPO

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See paragraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a. ~~Turkey Point LHS St.~~			1530	3/29/56	~~Russell W. Scarlett BM 1~~		
b. Stony point Light Station	1830	3/29/56					

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

4-2-56: CRUCOM WI, ERNI FIRST ENDORSEMENT
NO GOVERNMENT QUARTERS TO BE UTILIZED WHILE ON THIS TAD AT STONY PT. LASTA.

JOSEPH MAZZOTTA, CDR, USCG, By dir.

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

Service Jacket

Commander, CG GROUP, New York
Pier 9, East River
New York 4, New York

29 March 1956
P16-3

From: Commander, CG GROUP, New York
To: SCARLETT, Russell W. (222-862) BM2

Subj: Designation as Officer-in-Charge, Stony Point Light Station

1. You are hereby designated Officer-in-Charge Stony Point Light Station effective this date.

2. A copy of this letter shall be kept readily available for review by inspecting officers.

F. K. JOHNSON

U.S. COAST GUARD
GruCom-New York-COTP
AUG 24 1954
RECEIVED
NEW YORK, N. Y.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
3RD COAST GUARD DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N. Y.

23 August 1954
P16-4/MM
257-55

From: Commander, Third CG District
To: SCARLETT, Russell W. (222-862)BM2, USCG
Via: Commander, NEW YORK GROUP

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report, on the dates indicated below, to the WEST POINT LIGHT STATION, West Point, N. Y., for assignment to temporary additional duty, of one day durations, for the purpose of servicing said light station:

17 August 1954
31 August 1954
14 September 1954
28 September 1954
12 October 1954
26 October 1954
9 November 1954
23 November 1954
7 December 1954
21 December 1954
3 January 1955
17 January 1955
2 February 1955
15 February 1955
3 March 1955
17 March 1955
31 March 1955
15 April 1955
29 April 1955
12 May 1955
27 May 1955

2. Travel necessary to the execution of this order is chargeable against Third CG District travel allotment symbol 03-20, authorization No. 031612.

3. Travel is authorized via all modes.

4. No proceed time allowed.

5. Upon completion of each trip, you will return to the STONY POINT LIGHT STATION for resumption of your regular station and duty.

6. GRUCOM NEW YORK REMAINS ACCOUNTABLE.

J. H. WAGLINE
By direction

Copy to:
Pers, Pay, Class, File, B&A

D
23 August 1954
P16-4/MM
257-55

From: Commander, Third CG District
To: SCARLETT, Russell W. (222-662)MM2, USCG
Via: Commander, NEW YORK GROUP

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report, on the dates indicated below, to the WEST POINT LIGHT STATION, West Point, N. Y., for assignment to temporary additional duty, of one day durations, for the purpose of servicing said light stations

17 August 1954
31 August 1954
14 September 1954
28 September 1954
12 October 1954
26 October 1954
9 November 1954
23 November 1954
7 December 1954
21 December 1954
3 January 1955
17 January 1955
2 February 1955
16 February 1955
3 March 1955
17 March 1955
31 March 1955
15 April 1955
29 April 1955
12 May 1955
27 May 1955

2. Travel necessary to the execution of this order is chargeable against Third CG District travel allotment symbol 03-20, authorization No. 031612.

3. Travel is authorized via all modes.

4. No proceed time allowed.

5. Upon completion of each trip, you will return to the STONY POINT LIGHT STATION for resumption of your regular station and duty.

6. CRUCOM NEW YORK REMAINS ACCOUNTABLE.

J. H. WAGLINE
By direction

Copy to:
Pers, Pay, Class, File, B&A

P
23 August 1954
F16-4/MM
257-56

From: Commander, Third CG District
To: SCARLETT, Russell W. (222-662)BM2, USCG
Via: Commander, NEW YORK GROUP

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report, on the dates indicated below, to the WEST POINT LIGHT STATION, West Point, N. Y., for assignment to temporary additional duty, of one day durations, for the purpose of servicing said light stations

17 August 1954
31 August 1954
14 September 1954
28 September 1954
12 October 1954
26 October 1954
9 November 1954
23 November 1954
7 December 1954
21 December 1954
5 January 1955
17 January 1955
2 February 1955
16 February 1955
3 March 1955
17 March 1955
31 March 1955
15 April 1955
29 April 1955
12 May 1955
27 May 1955

2. Travel necessary to the execution of this order is chargeable against Third CG District travel allotment symbol 03-2D, authorization No. 031612.

3. Travel is authorized via all modes.

4. No proceed time allowed.

5. Upon completion of each trip, you will return to the STONY POINT LIGHT STATION for resumption of your regular station and duty.

6. CRUCOM NEW YORK REMAINS ACCOUNTABLE.

J. H. WADLINE
By direction

Copy to:
Pers, Pay, Class, File, B&A

COMMANDER, NEW YORK GROUP
PORT SECURITY UNIT
PIER 9, EAST RIVER, N.Y.

5 October 1954
P16-4/MM

From: Commander, New York Group
To: SCARLETT, Russell W. (222-862)BM2, USCG

Subj: Orders, temporary additional duty, travel

Ref: (a) CCGD3 (p) Ltr of 8/23/54, P16-4/MM, 257-55

1. Under authority of reference (a), you are directed to proceed to West Point, New York, for the purpose of inspecting aids to navigation on or about the dates of 12 October 1954, 26 October 1954, 9 November 1954, and 23 November 1954. Upon completion of this temporary additional duty, you will return and resume your regular station and duty.

2. Travel necessary for the execution of this order is required by the public interests, and is authorized chargeable against Third CG District travel allotment symbol 03-20, authorization No. 031612. Travel is authorized via all modes.

3. No proceed time is allowed. No per diem authorized.

4. COMMANDER, NEW YORK GROUP REMAINS ACCOUNTABLE.

D. M. MORELL
By direction

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS 638 (REV. 2-51)

(Check one) [X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
222-862	SCARLETT,	RUSSELL	WESLEY	BM2

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

SHIP OR STATION PREPARING THIS APPLICATION: CG Group, Pier 9, East River, New York 4, New York

DATE OF THIS APPLICATION: 4/6/59

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 4/7/58

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	MARGRET V. SCARLETT	67 Montgomery Street Saugerties, New York	WIFE	3 Sept. 16	3/19/59
2.	ELIZABETH ANN SCARLETT	SAME AS NO. 1	Daughter	31 July 44	3/19/59
3.	MARGRET ANN SCARLETT	SAME AS NO. 1	Daughter	15 Nov. 46	3/19/59
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
1	MARGRET V. SCARLETT		WIFE

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 13 June 1942, STATEN ISLAND, NEW YORK

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

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

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

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

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

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

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

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

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

PHOTOSTATS OF MARRIAGE AND BIRTH (2) CERTIFICATES ON FILE IN HQ.

VACATED GOV'T QTRS ON 3/18/59.

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

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT ~~$196.50~~	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	MARGRET V. SCARLETT	67 Montgomery Street Saugerties, New York	~~196.90~~ ~~$197.10~~	12	54	ONE
2.						
3.						

Subscribed and sworn to before me this 6 *day of* APRIL *19* 59

JOSEPH M. ZLOMA, CDR, XO
(Signature and Title of Attesting Officer)

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

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

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

RUSSEL W. SCARLETT BM2
(Signature of Enlisted Member) *(Rate)*

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

BAQ(W)(DC-2) CREDITED AMOUNT OF $96.90 3/19/59. "Q" ALLOTMENT REGISTERED AMOUNT OF 196.90 MONTH FIRST PAY 12/54 ON FILE IN HQ.

T.J. ANDERSON, CHSPCK, USCG W-2
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for 3 dependents commencing 3/19/59

T. J. Anderson
Chief, Dependents Allowance

~~545 to PF-1 on~~

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

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-390645

TRIPLICATE

Send Jacket File

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

(Check one) [X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
222-862	SCARLETT	Russell	Wesley	BM2

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

SHIP OR STATION PREPARING THIS APPLICATION: COMMANDER, NEW YORK GROUP Sturkey Point Fla.

DATE OF THIS APPLICATION: 11/6/54

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 4/8/52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 4/7/52

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	MARGRET V. SCARLETT	67 Montgomery St. Saugerties, New York	WIFE	3 SEPT 16	11/6/54
2.	ELIZABETH ANN SCARLETT	Same as No. 1	DAUGHTER	31 JULY 44	11/6/54
3.	MARGRET ANN SCARLETT	Same as No. 1	DAUGHTER	15 NOV. 46	11/6/54
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
1	MARGRET V. SCARLETT (THREE)	67 Montgomery St. Saugerties, N.Y.	WIFE

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 13 JUNE 1942, STATEN ISLAND, NEW YORK

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

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

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

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

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

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

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

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

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

PHOTOSTATS OF MARRIAGE AND BIRTH (2) CERTIFICATES ATTACHED.

Vacated Gov't. quarters on 11/5/54.

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

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	SCARLETT, Margret V.	67 Montgomery St. Saugerties, N.Y.	196.50	12	54	1, 2 & 3
2.						
3.						

Subscribed and sworn to before me this _____ day of _____ 19__

D. M. MORELL, CDR, XO
(Signature and Title of Attesting Officer)

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

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

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

Russell W. Scarlett
RUSSELL W. SCARLETT (BM2)
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited). 12/15/54
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

BAQ (W) (LC-2) @ $96.90 per month credited from 11/6/54. Q allotment in the amount of $196.50 per month, first payment for the month of December, 1954 registered 12/15/54.

D. W. Bowling

D. W. BOWLING, CHPCLK, USCG,
(Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for
3 dependents commencing
11/6/54

Chief, Dependents Allowances

545 L.O FP-1 12/21/54

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

☆ U.S. GOVERNMENT PRINTING OFFICE - 1951 - 942121

DUPLICATE

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Personnel Division DATE: 19 August 1954

FROM : Commander, Group, N.Y.

SUBJECT: Travel Authorization, request for;

1. It is requested that blanket authority be issued to this office to cover periods of travel indicated in attached letter. All travel will be performed via privately owned conveyance between West Point & Stony Point Light Station.

D. M. MORELL
By direction

Carla → Karena - Rules for Scarlett

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Stony point Lt.Sta.
Stony point New York

REFER TO FILE

U.S. COAST GUARD
GruCom-New York-COTP
AUG 11 1954
RECEIVED
NEW YORK, N. Y.

9 August 1954

From: Officer in charge, Stony point Light Station
To: Commander,Group, New York

Subj: Bi-weekly servicing of West point Light # 27

Bi-weekly servicing of West point light well be made on or about the following dates:

August 17, 1954	January 3, 1955
August 31, 1954	January 17, 1955
September 14, 1954	February 2, 1955
September 28, 1954	February 15, 1955
October 12, 1954	March 3, 1955
October 26, 1954	March 17, 1955
November 9, 1954	March 31, 1955
November 23, 1954	April 15, 1955
December 7, 1954	April 29, 1955
December 21, 1954	May 12, 1955
	May 27, 1955

Russell W. Scarlett
Russell W, Scarlett BM 2

ALLOTMENT AUTHORIZATION

TO START OR STOP ALLOTMENTS
OR STOP FAMILY ALLOWANCES

NAV. S. AND A. FORM 545 (4M) (REVISED 9-48)

(D.O. will not fill in)
RECEIVED
BLOCK NO.

O, CG, GRU, NY

222-862	SCARLETT, Russel W.	BM2	03-525490
(File or Service No.)	(Name of Grantor: Last, First, Middle)	(Rank or Rate)	(Appropriation)

D. M. MORELL, CDR, USCG, XO

NEW ALLOTMENTS

	PURPOSE	MONTHS	MONTH FIRST PAY	EXPIRES	AMOUNT	CODES: ALLOT CUST CODE	BP OR CL	CODE	F T	P #	NO. MOS.	RETRO. AMT. AMOUNT
1												
2	Q	IND	12/54		196.50							

NAME OF ALLOTTEE: MARGRET V. SCARLETT (THREE)
ADDRESS OF ALLOTTEE: 67 Montgomery St., Saugerties, New York

PLEASE INSERT THIS COPY IN THE PERSONAL FILE OF THE ALLOTTER IN ACCORDANCE WITH PARA. 2B02010-6c COMPTROLLER MANUAL.

3	NAME OF ALLOTTEE:					
	ADDRESS OF ALLOTTEE:					
4	NAME OF ALLOTTEE:					
	ADDRESS OF ALLOTTEE:					
5	BOND					

NAME AND ADDRESS OF OWNER:

BOND ☐ CO-OWNER ☐ BENEFIC: NAME
☐ HOLD ☐ FWD TO: NAME AND ADDRESS

DISCONTINUANCE

(D.O. will not fill in)

	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	Do not fill in: FCC	Do not fill in: F.A. AMOUNT	NAME OF ALLOTTEE	REAS * CODE	BP CL	DATE LAST PAYMENT MADE	CODE	FILE TYPE	P #	NO. MOS
1														
2														
3														
4														
5														
6	F													
7	F													
8	F													
9	F													

*REASON FOR STOP

1. GRANTOR'S REQUEST	6. DEATH OF GRANTOR	13. PAID UP POLICY
2. NEW ALLOT. REG.	7. GCM PRISONER	14. INS. NOT DESIRED
3. DISC., R.I.D.	8. CHANGE TO NSI OR GI	15. POL. MAT. SURR. OF POL.
4. TRAN. F.R., RET.	10. WAIVER OF PREMIUM	16. EXT. TERM INS.
5. STRAGGLER, DESERTER	12. CHANGE IN INS. PLAN	16. CHANGE TO MAQ OR FA

FORMS SHOWING OMISSIONS, ALTERATIONS OR ERASURES WILL BE REJECTED

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments"; do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so alloted and do certify to the correctness of amounts shown in the space captioned "Existing."

SIGNATURE OF GRANTOR: Russell W. Scarlett
First Name, Initial, Last Name) RUSSEL W. SCARLETT

EXISTING

STATEMENT OF EXISTING ALLOTMENTS AND FAMILY ALLOWANCES

Enter Family Allowance and All Individual Existing Allotments by types and amounts after all changes recorded hereon have been entered on Pay Record.

NSI	D-$18.75			
F	Q-$196.50			

I certify that the prescribed entry (entries), including charge entry (entries) for the month (months) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

SHIP OR STATION AT WHICH PREPARED: 3RD COAST GUARD DISTRICT (03-510000)
DATE: 15 December, 1954

WITNESSED AND REGISTERED.
SYMBOL NO. AND SIGNATURE OF DISBURSING OFFICER

D. W. BOWLING, CHPCLK, USCG, 1375, AUTHORIZED CERTIFYING OFFICER

DISBURSING OFFICER (Retain)

☆ U. S. GOVERNMENT PRINTING OFFICE: 1950-915[illegible]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-8441-SB (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

SECURITY INFORMATION
☐ RESTRICTED
☐ CONFIDENTIAL
☐ SECRET

DISTRICT ORDER NO. 566-55

AUTHORIZATION 031799

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES, IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
STONY POINT LS	STONY POINT, NEW YORK	11/1/54

TO (INSERT NAME, SERVICE NO. AND RATE)
SCARLETT, Russell W. (222-862)BM2(AN) USCG

1. AUTHORITY
CCGD3 SPEED LETTER of 20 September 1954, P16-3/MM

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE		
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION (UPON RELIEF) proceed and report to: TURKEY POINT LAS	ASDU	

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM STONY POINT NEW YORK
TO SAUGERTIES, NEW YORK.

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☒ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT
RECORDS RETAINED BY CCGD3 (p) & COTP

3. ~~YOU ARE AUTHORIZED ENTER DELAY EN ROUTE TO COMMENCE AS FOLLOWS~~
~~PROCEED TO HOME OR PLACE OF ABODE OR ELSEWHERE~~
~~COMPENSATORY ABSENCE~~ (INDICATE DAYS AND TYPE)
~~REPORT NOT LATER THAN~~ ~~ADDRESS OF CG HQ~~
~~(NAME OF UNIT OR STATION) DATE~~

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST CCGD3 TRAVEL ALLOTMENT, SYMBOL 03-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

~~A. ☐ FOR PERMANENT CHANGE OF STATION. YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.~~
~~☐ FOR TEMPORARY DUTY ONLY. TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.~~
~~B. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.~~
~~☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT CLASS PRIORITY CERTIFIED ☐ GOVERNMENT VEHICLE~~
~~C. ☐ YOU ARE DIRECTED TO TRAVEL BY (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.~~

D. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
D. M. MORELL, CDR, USCG, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
		D. M. MORELL, CDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER

16-69056-1 ☆ GPO

24 November 1954

THIRD ENDORSEMENT on GRUCOM ltr of 18 November 1954.

GRUCOM, NEW YORK

1. Departed 1200 this date and place, TAD completed, return and resume your regular station and duties.

D. M. MORELL
By direction

---

24 November 1954

FOURTH ENDORSEMENT on GRUCOM ltr of 18 November 1954.

TURKEY POINT LAS

1. Reported this unit 1800, 24 November 1954, TAD completed.

C.B. GLUNT, LT. ATT'D.

0830

UNITED STATES COAST GUARD

AUTH. 032281

ORDER NO. 1115-55

ADDRESS REPLY TO:
Commander, New York Group
Port Security Unit
Pier 9, East River

18 November 1954
P16-3/MM

From: Commander, New York Group
To: SCARLETT, Russel W. (222-862) BM2, USCG, TURKEY POINT LAS

Subj: Orders; temporary additional duty

Ref: (a) CCGD3/Speed ltr dtd 17 Nov. 1954, P16-3/MM

1. In accordance with reference (a), proceed and report on or about 22 November 1954 to Commander, New York Group, for assignment to temporary additional duty of approximately one (1) day. Upon completion, return and resume your regular station and duty.

2. The travel necessary to the execution hereof is to be performed via Government Transportation Requests.

3. No proceed time is allowed.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE

5. Departed at 0400, 24 November 1954.

D. M. MORELL
By direction

FIRST ENDORSEMENT

PSU pier 9, ERNY
18 NOV. 1954.

ISSUED GOVERNMENT TRANSPORTATION REQUEST NO. TC230,507 covering transportation from Saugerties, N.Y. to New York, N.Y. and return.

F. W. MAUKERT, CHPCLK., USCG
TRANSPORTATION OFFICER.

---

24 November 1954

SECOND ENDORSEMENT
GRUCOM, NEW YORK

1. Reported 1000 this date and place in accordance with basic orders.

D. M. MORELL
By direction

AUTH. 032281

ORDER NO. 1115-55

Commander, New York Group
Port Security Unit
Pier 9, East River

18 November 1954
P16-3/MM

From: Commander, New York Group
To: SCARLETT, Russel W. (222-862) BM2, USCG

Subj: Orders; temporary additional duty

Ref: (a) CCGD3/Speed ltr dtd 17 Nov. 1954, P16-3/MM

1. In accordance with reference (a), proceed and report on or about 22 November 1954 to Commander, New York Group, for assignment to temporary additional duty of approximately one (1) day. Upon completion, return and resume your regular station and duty.

2. The travel necessary to the execution hereof is to be performed via Government Transportation Requests.

3. No proceed time is allowed.

4. CG GROUP NEW YORK REMAINS ACCOUNTABLE

5. Departed at *** _____, _____ November 1954.

D. M. MORELL
By direction

FIRST ENDORSEMENT

PSU pier 9, ERNY
18 NOV. 1954.

ISSUED GOVERNMENT TRANSPORTATION REQUEST NO. TC230,507 covering transportation from Saugerties, N.Y. to New York, N.Y. and return.

F. W. MAUKERT, CHPCLK., USCG
TRANSPORTATION OFFICER.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Officer in charge
Stony point Lt.Sta.
Stony point New York

FILE:

25 November 1953

From: Officer in charge, Stony point Light Station
To: Commander,Group, New York

Subj: Bi-Weekly Servicing of West Point Light No.19

Bi-Weekly servicing of West point light well be made on or about the following dates:

December 1, 1953
December 15, 1953
~~January 4, 1954~~
~~January 18, 1954~~
~~February 1, 1954~~
~~February 15, 1954~~
March 2, 1954
March 16, 1954
March 30, 1954
April 13, 1954
April 27, 1954
May 11, 1954
May 25, 1954
June 8, 1954
June 22, 1954
July 6, 1954
July 20, 1954
August 3, 1954
August 17, 1954
August 31, 1954

032594

Russell W Scarlett

Russell W Scarlett BM 2

REQUEST FOR TRAVEL ORDERS

DATE 11 December, 1953

From: Commander, NEW YORK GROUP, New York, N. Y.
To: CHIEF, PERSONNEL DIVISION

Subj: Request for: (TAD ORDERS
([redacted])

NAME OF PERSON: SCARLETT, Russell W. (222-862) BM2, USCG

PURPOSE: Bi-weekly servicing of West Point Light No. 19

APPROX. DURATION: one (1) day. (dates listed below)

PLACE(S) - ORDERED/TAD: From Stony Point N.Y. to West Point, N.Y.

MODE OF TRAVEL: Privately owned conveyence.

T/R TO BE ISSUED: ( ) Yes (NO) No

RATE OF PER DIEM: (CIVILIAN) NO PER DIEM AUTHORIZED.

4 January, 1954
18 January, 1954

1 February, 1954
15 February, 1954

2 March, 1954
16 March, 1954
30 March, 1954

13 April, 1954
27 April, 1954

8 June, 1954
22 June, 1954

6 July, 1954
20 July, 1954

3 August, 1954
17 August, 1954
31 August, 1954

W.L. MALONEY, CAPTAIN, USCG
(SIGNATURE)

COMMANDER, GROUP, NEW YORK
(SECTION)

APPROVED:

Chief of Division or Section.

P
14 December 1953
P13-3/ASM
1694-54

From: Commander, Third CG District
To: Commander, NEW YORK GROUP

Subj: SCARLETT, Russell W. (222-082) BM2, USCG; orders, temporary additional duty; travel

1. Direct the subject named man to proceed, from time to time, to visit and revisit the West Point Light No. 19, West Point, N. Y., on temporary additional duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized chargeable against Third CG District travel allotment symbol 05-20, authorization No. 052524.

3. Travel is authorized via all modes.

4. Upon completion of each visit, subject named man will return to the Stony Point Light Station, Stony Point, N. Y., for resumption of his regular station and duty.

5. No proceed time allowed.

E. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
D&A

UNITED STATES COAST GUARD

DEC 17 1953
RECEIVED
NEW YORK, N. Y.

ADDRESS REPLY TO:
COMMANDER
3rd COAST GUARD DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N. Y.

14 December 1953
P16-3/MM
1694-54

From: Commander, Third CG District
To: Commander, NEW YORK GROUP

Subj: SCARLETT, Russell W. (222-862) BM2, USCG; orders, temporary additional duty; travel

1. Direct the subject named man to proceed, from time to time, to visit and revisit the West Point Light No. 19, West Point, N. Y., on temporary additional duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized chargeable against Third CG District travel allotment symbol 03-20, authorization No. 032594.

3. Travel is authorized via all modes.

4. Upon completion of each visit, subject named man will return to the Stony Point Light Station, Stony Point, N. Y., for resumption of his regular station and duty.

5. No proceed time allowed.

E. T. Calahan

E. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
B&A

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 87-55

ORGANIZATION AND STATION: CG GROUP NEW YORK STONY LS 03-300540

DATE: 5 November 1954

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1954 FROM—	TO—
222-862	SCARLETT, Russell	Completed TWENTY-TWO (22) yrs for longevity and pay purposes on 11-4-54.	11-5	XX

ENTERED SERVICE	SERVICE TERMINATED	AOL	ABSENT DUE TO OWN MISCONDUCT	NPDI
LIGHTHOUSE SERVICE CREDITABLE FOR LONGEVITY: 7 yrs 5 Months, 3 days				
Enl. USCG 4-8-40		NONE	NONE	NONE
Enl. Ext. 4-8-43	3 yrs fm 4-7-46	NONE	NONE	NONE
Reenl. 4-8-46	~~4-7-49~~ 4-7-52	NONE	NONE	NONE
Reenl. 4-8-52		NONE	NONE	NONE

NOW SERVING.

LIGHTHOUSE SERVICE VERIFIED BY ATTACHED COPIES (2) OF HQ STATEMENT OF CRED. SERVICE.

SYMBOL NO. (Entered by D. O.)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	D.M. MORELL, CDR, USCG, XO	

DD FORM 1 NOV 49 114 Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—57771-2

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.
(PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 December 1948

From: Commandant.

To: Commanding Officer, New York Group
Via: Commander, 3rd CG District
SUBJECT: SCARLETT, Russell W. (222-862)BM2; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
7 Years 5 Months 3 days Lighthouse Service creditable for longevity.							
USCG 4-8-40 Enl. Ext. 3 Yrs 4-8-43	4-7-46 HD	NONE			NONE		NONE
4-8-46 NOW SERVING.							

/s/ B. A. SHAW
by direction

CERTIFIED TO BE A TRUE COPY

D. M. MORELL, CDR, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—82058-3

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

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

(PE-PR-4)
CG-73

16 December 1948

From: Commandant.

To: Commanding Officer, New York Group
Via: Commander, 3rd CG District
SUBJECT: SCARLETT, Russell W. (222-862)BM2; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
7 Years 5 Months 3 days Lighthouse Service creditable for longevity.							
USCG 4-8-40 Enl. Ext. 3 Yrs 4-8-43	4-7-46 HD	NONE		NONE		NONE	
4-8-46							
NOW SERVING.							

/s/ B. A. SHAW
by direction

CERTIFIED TO BE A TRUE COPY

D. M. MORELL, CDR, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—82658-8

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.
(PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 December 1948

From: Commandant.

To: Commanding Officer, New York Group
Via: Commander, 3rd CG District
SUBJECT: SCARLETT, Russell W. (222-862)BM2; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
7 Years 5 Months 3 days Lighthouse Service creditable for longevity.							
USCG 4-8-40 Enl. Ext. 3 Yrs 4-8-43	4-7-46 HD	NONE		NONE		NONE	
4-8-46							
NOW SERVING.							

/s/ B. A. SHAW
by direction

CERTIFIED TO BE A TRUE COPY

D. M. MORELL, CDR, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

S/R

UNITED STATES COAST GUARD

Address reply to:
Commander, GROUP, New York
80 Lafayette Street
New York 13, N. Y.

CW
17 February, 1954
L13/OW/00

From: SCARLETT, Russell W. (222-862) EM2, USCG
To: Commander, 3rd CG District (p)
Via: Commander, Group, New York

Subj: Uniformed Services Contingency Option Act of 1953

Ref: (a) Personnel Circular No. 13-53
(b) Personnel Circular No. 2854
(c) Third District Notice No. 9-54

1. I certify that the contents and the privilege of making an election under subject act as indicated in the provisions of references (a), (b) and (c) have been made available to me.

Russell W. Scarlett
RUSSELL W. SCARLETT

- - - -

Commander, GROUP, New York
80 Lafayette Street
New York 13, New York

GV
P16-3/MM
1 March, 1954

From: Commander, GROUP, New York
To: SCARLETT, Russell W. (222-862), BM2, USCG

Subj: Orders, temporary additional duty, travel

Ref: (a) CCGD3(p)/Ltr P16-3, dtd 12 March, 1952

1. Under authority of reference (a), you are directed to proceed to West Point, New York for the purpose of inspecting aids to navigation on or about 2 March, 1954 . Upon completion of this temporary additional duty, you will return and resume your regular station and duty.

2. Travel necessary for the execution of this order is required by the public interests, and is authorized chargeable against 3rd CG District travel allotment, symbol 03-20, Authorization No. 032594 . Travel is authorized via all modes.

3. No proceed time is allowed. NO PER DIEM AUTHORIZED.

4. COMMANDER, GROUP, NEW YORK REMAINS ACCOUNTABLE UNIT.

D.M. MORELL
By direction

Copy to:
Pers
Pay
File

- - - -

Commander, GROUP, New York
80 Lafayette Street
New York 13, New York

GV
P16-3/MM
9 March, 1954

From: Commander, GROUP, New York
To: SCARLETT, Russell W. (222-862), EM2, USCG

Subj: Orders, temporary additional duty, travel

Ref: (a) CCGD3(p)/Ltr P16-3, dtd 12 March, 1952

1. Under authority of reference (a), you are directed to proceed to West Point, New York for the purpose of inspecting aids to navigation on or about 26 March, 1954. Upon completion of this temporary additional duty, you will return and resume your regular station and duty.

2. Travel necessary for the execution of this order is required by the public interests, and is authorized chargeable against 3rd CG District travel allotment, symbol 03-20, Authorization No. 032594. Travel is authorized via all modes.

3. No proceed time is allowed. NO PER DIEM AUTHORIZED.

4. COMMANDER, GROUP, NEW YORK REMAINS ACCOUNTABLE UNIT.

D.M. MORRIL
By direction

Copy to:
Pers
Pay
File

- - - -

2528B

APPLICATION FOR SAVINGS BOND ALLOTMENT

From compensation of

SCARLETT, Russell W. (222-862)BM2

Monthly allotment in the amount of

EIGHTEEN and 75/100 - - - - - - ($ 18.75) Dollars
(Words) (Figures)

PAYABLE TO

Name: Treasurer of the United States
Address: Washington, D. C.

Reason for allotment: (Check one)
Bond a Month XXXX Bond a Quarter

First payment: Month OCTOBER, 19 53

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

Rank or rating BM2 U. S. C. G.

23 September, 1953, 19
Approved, allotment granted.

W.L. MALONEY, CAPTAIN, USCG
Commanding CG GROUP, NEW YORK
Commander District.

Witnessed and registered , 19

2nd Clk
Authorized Certifying Officer,

INSCRIPTION ON BOND (Leave blank)

Please insert this copy in man's service record in accordance with Art. 260 PaSL

ACKNOWLEDGMENT

FOR INFORMATION OF AUTHORIZED CERTIFYING OFFICER

This allotment has been placed in effect.

G E D

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ☆ G. P. O.: 1948 - 799449

By direction

Copy to:
CCGD3(p)
CCGD3(fs)

GV
29 January, 1954
P16

Commander, Group, New York
80 Lafayette Street
New York 13, New York

From: Commander, Group, New York
To: LANGE, Herman (n) (106-101) BMC(AN)
SCARLETT, Russell W. (222-862) BM2

Subj: Uniformed Services Contigency Option Act of 1953; tables and forms

Refs: (a) Personnel Circular No. 31-53
(b) Personnel Circular No. 2-54

1. Reference (a) and (b) pertain to subject act and must be studied thoroughly to enable persons eligible for election of options indicated in percentage cost tables to make a choice as required in application form CG-3490 (10-53) attached. If references (a) and (b) are not available to you advise this office.

2. Your attention is directed to the fact that your intentions concerning the application must be indicated not later than 30 April, 1954.

W. L. MALONEY

Incl:
(1) Two (2) forms CG-3490 (10-53)

P
14 December 1955
F16-3/MM
1694-54

From: Commander, Third CG District
To: Commander, NEW YORK GROUP

Subj: SCARLETT, Russell W. (222-962) BM2, USCG; orders, temporary additional duty; travel

1. Direct the subject named man to proceed, from time to time, to visit and revisit the West Point Light No. 19, West Point, N. Y., on temporary additional duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized chargeable against Third CG District travel allotment symbol 03-20, authorization No. 052594.

3. Travel is authorized via all modes.

4. Upon completion of each visit, subject named man will return to the Stony Point Light Station, Stony Point, N. Y., for resumption of his regular station and duty.

5. No proceed time allowed.

N. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
D&A

SR

P
14 December 1953
FIG-3/ATE
1696-64

From: Commander, Third CG District
To: Commander, NEW YORK GROUP

Subj: SCARLETT, Russell W. (223-862) BM2, USCG; orders, temporary additional duty; travel

1. Direct the subject named man to proceed, from time to time, to visit and revisit the West Point Light No. 19, West Point, N. Y., on temporary additional duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized chargeable against Third CG District travel allotment symbol 03-20, authorization No. 052594.

3. Travel is authorized via all modes.

4. Upon completion of each visit, subject named man will return to the Stony Point Light Station, Stony Point, N. Y., for resumption of his regular station and duty.

5. No proceed time allowed.

H. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
D&A

SR

Commander, GROUP, New York
80 Lafayette Street
New York 13, N. Y.

GV
30 November, 1953
P21/MM

From: Commander, Group, New York
To: Commanding Officer, West Point Academy, Highland Falls, N.Y.

Subj: SCARLETT, Russell W. (222-862), BM2, USCG

1. This is to certify that the subject man is a Boatswain Mate [redacted] Class in the U.S. Coast Guard serving on active duty, and is presently attached to Stony Point Light Station, Stony Point, New York.

2. The above information is furnished to verify subject man's service connection for the purpose of obtaining commissary privileges at your unit.

D.M. MORELL
By direction

SEAL OF THE
C. O. T. P.

Commander, Group, New York
80 Lafayette Street
New York 13, New York

GV
1 June 1953
NL-1

From: Commander, GROUP, New York, N. Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Housekeeping Quarters, assignment to; full utilization at STONY POINT LIGHT STATION, STONY POINT, NEW YORK

Ref: (a) CG Regulations, Chap. 10, Part 4, Article 10-4-3(b)

1. In accordance with reference (a), you are hereby directed to occupy housekeeping quarters available on the basis that these quarters are required for occupancy by unit personnel.

W. L. MALONEY

Encl: Copy of CG-2703

Copy to:
CCGD3(p)
CCGD3(fs)

[illegible] Group, New York
80 Lafayette Street
New York 13, New York

GV
1 June 1953
NL-1

From: Commander, GROUP, New York, N. Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Housekeeping Quarters, assignment to; full utilization at STONY POINT LIGHT STATION, STONY POINT, NEW YORK

Ref: (a) CG Regulations, Chap. 10, Part 4, Article 10-4-3(b)

1. In accordance with reference (a), you are hereby directed to occupy housekeeping quarters available on the basis that these quarters are required for occupancy by unit personnel.

W. L. MALONEY

Encl: Copy of CG-2703

Copy to:
CCGD3(p)
CCGD3(fs)

C. O. Order No. 338-53.

CERTIFICATE OF ASSIGNMENT OF QUARTERS OR TERMINATION THEREOF

SCARFF (Surname) Russell (First name) E. (Initial)

H-2 (Rank) STONY POINT LIGHT STATION (Ship or station)

To DISBURSING OFFICER:

The above-named ~~officer~~ Enlisted Man has ____ been assigned public quarters for the use of himself and his dependents, if any, from 16 February, 1948 (Date) to ____ TO ____ (Date)

W. L. MALONEY, CAPTAIN, USCG
COMMANDER, GROUP, NEW YORK (Name and signature)

Furnish in case of:

Officer with dependents:

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

Officer without dependents:

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

(Address if quarters not assigned)

(D. O. Symbol number)

16—37245-1 U. S. GOVERNMENT PRINTING OFFICE

16-4

Approved by Comptroller General, U. S.
August 7, 1943

C. C. Order No. 337-53

CERTIFICATE OF ASSIGNMENT OF QUARTERS OR TERMINATION THEREOF

LAWOR (Surname) Herman (First name) (n) (Initial)

BMC(AA) (Rank) BONDUEL LIGHT STATION (Ship or station)

To DISBURSING OFFICER:

The above-named officer has ~~Enlisted Man~~ been assigned public quarters for the use of himself and his dependents, if any, from 3 May 1947 (Date) to FO (Date)

W. L. MALONEY, CAPTAIN, USCG
Commander, Group, New York. (Name and signature)

Furnish in case of:

Officer with dependents:

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

Officer without dependents:

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

(Address if quarters not assigned)

(D. O. Symbol number)

16—87245-1 U. S. GOVERNMENT PRINTING OFFICE

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 135-53

ORGANIZATION AND STATION: CG GROUP, NEW YORK (STONY POINT LS 03-300540)

DATE: 5 November, 1952.

TO DISBURSING OFFICER: THIRD CG DISTRICT

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1952. FROM—	TO—
222-862	SCARLETT, Russell W.	Comp. TWENTY (20) yrs for longevity and pay purposes on 11-4-52. STATEMENT BELOW:	11-5	XXXX

ENTERED SERVICE	SERVICE TERMINATED	AOL	ABSENT DUE TO OWN MISCONDUCT	NPDI
LIGHTHOUSE SERVICE CREDITABLE FOR LONGEVITY: 7 Yrs. 5 Months, 3 days.				
Enl. USCG 4-8-40		NONE	NONE	NONE
Enl. Ext. 3 yrs fm 4-8-43	4-7-46	NONE	NONE	NONE
Reenl. 4-8-46	4-7-52	NONE	NONE	NONE
Reenl. 4-8-52		NONE	NONE	NONE
NOW SERVING.				

LIGHTHOUSE SERVICE VERIFIED BY ATTACHED COPIES (2) of HQ STATEMENT OF CRED. SERVICE 12-16-4

SYMBOL NO. (Entered by D. O.)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	D. M. MORELL, LCDR, USCG	

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—57771-2

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

Commander, Group, New York
80 Lafayette Street
New York 13, New York

16 October, 1952.
GV/P15

From: Commander, GROUP, New York, N. Y.
To: SCARLETT, Russell W. (222-862) BM2, USCG

Subj: Good Conduct Award

1. It is a pleasure to award you the inclosed Good Conduct Medal and Bars for the following three-year periods of meritorious enlisted service in the United States Coast Guard:

Period Ending	Attached to:
6-6-43	DEPOT, ST. GEORGE
6-6-46	GROUP NEW YORK
6-6-49	GROUP NEW YORK
6-6-52	GROUP NEW YORK

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during the above-mentioned three-year periods.

W. L. MALONEY.

Incls:
(1) Good Conduct Medal
(2) 3 Good Conduct Bars.

CC: Service Record
HQ

FIRST ENDORSEMENT to CG GROUP NY/L of 10-16-52, P15 GV

21 October, 1952.

From: SCARLETT, Russell W. (222-862) BM2, USCG
To: Commander, Group, New York

Receipt of the above is acknowledged.

Russell W. Scarlett
RUSSELL W. SCARLETT

Commander, GROUP, New York
80 Lafayette Street
New York 13, New York.

28 September, 1952.

From: Commander, GROUP, New York
To: Commander, Third CG District (p)

Subj:
SCARLETT, Russell W. (222-862) BM2, USCG

1. In accordance with Personnel Circular No. 33-49, the service record of subject named man indicates that he is eligible for a Good Conduct Medal/Bars for the following periods of service:

FROM	TO	UNIT	REMARKS
6-7-40	6-6-43	DEPOT, ST. GEORGE	Medal
6-7-43	6-6-46	GROUP, NEW YORK	Bar
6-7-46	6-6-49	GROUP, NEW YORK	Bar
6-7-49	6-6-52	GROUP, NEW YORK	Bar

2. It is requested that he be issued a Medal/Bar engraved as follows:

MEDAL: RUSSELL W. SCARLETT
6-6-43
DEPOT, ST. GEORGE

BAR: GROUP, NEW YORK
6-6-46

BAR: GROUP, NEW YORK
6-6-49

BAR: GROUP, NEW YORK
6-6-52

W. A. McCREARY
D. M. [redacted]
By direction

CC:
Serv. Jacket
File.

IRST ENDORSEMENT to COMDT(PS)/L dtd 9-11-52,P15/MM

p
17 September, 1952
P15/MM

From: Commander, 3rd CG District (p)
To: Commander, CG Group NEW YORK

U.S. COAST GUARD
GruCom-New York-COTP
SEP 19 1952
RECEIVED
NEW YORK, N. Y.

Subj: SCARIETT, Russell W. (222-862) BM2,USCG;
Good Conduct Awards, information relative to

Forwarded.

E. T. CALAHAN
By direction

UNITED STATES COAST GUARD

RECEIVED
SEP 17 19
COMMANDER
THIRD C. G. DISTRICT
NEW YORK, N. Y.

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

11 September 1952
FILE: PS P15/MM

From: Commandant
To: Commander, CG Group, N. Y.
Via: Commander, 3rd CG District (p)

Subj: SCARLETT, Russell W. (222-862) BM2;
good conduct awards, information relative to.

Ref: (a) Personnel Circular No. 33-49.

1. In reply to your letter of 29 August 1952, GV/P15,

you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
4-8-40	6-6-40		(b)
6-7-40	6-6-43	Depot, St. George	Medal due
6-7-43	6-6-46	Fort Wadsworth LS	Bar due
6-7-46	6-6-49	Group, New York	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 7 June 1949 to the end of his enlistment 7 April 1952 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
6-30-49	3.6	4.0	3-31-51	3.7	4.0
9-30-49	3.6	4.0	6-30-51	3.7	4.0
12-31-49	3.7	4.0	9-30-51	3.7	4.0
3-31-50	3.7	4.0	12-31-51	3.7	4.0
6-30-50	3.7	4.0	3-31-52	3.7	4.0
9-30-50	3.7	4.0	4-7-52	3.7	4.0
12-31-50	3.7	4.0			

B. R. HENRY
By direction

STONY POINT LIGHT STATION

STONY POINT NEW YORK
Place

12 SEPTEMBER 1952
Date

I, the undersigned, hereby acknowledge that Articles 2, 3, 7 thru 15, 25, 27, 31, 37, 55, 77thru 134, 137, 138 and 139 of the UNIFORM CODE OF MILITARY JUSTICE have been fully explained to me in accordance with Article 137, UCMJ, under one of the following conditions (check which one):

(a) Original enlistment in USCG

X (b) Re-enlistment in USCG

(c) Recall to active duty from a reserve component

(d) Completion of six (6) months active duty

Russell W Scarlett
Signature

222-862
Serial Number

BM 2
Rating

ER CHANGES (SPECIFY)

of a SIX (6) year enlistment.

4-8-52 - Reenlisted for a period of (SIX) (6) years in the REGULAR ESTABLISHMENT of the U. S. Coast Guard in the permanent rating of BM2.

Auth: Article 12-3-42A (1) CG Regulations.

W. L. MALONEY, CAPTAIN, USCG
Commander, Group, New York.

(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 10

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
SCARLETT, Russell W.	222-862	BM2

REPORTING UNIT	LOCATION	DATE
COMMANDER, GROUP, NEW YORK	New York, New York	8 April, 1952.
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
STONY POINT LIGHT STATION	Stony Point, New York	03-300540

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 4-7-52 - Issued Honorable Discharge at expiration of a full term of a SIX (6) year enlistment.

4-8-52 - Reenlisted for a period of (SIX) (6) years in the REGULAR ESTABLISHMENT of the U. S. Coast Guard in the permanent rating of BM2.

Auth: Article 12-3-42A (1) CG Regulations.

W. L. MALONEY, CAPTAIN, USCG
Commander, Group, New York.

(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

...DEPARTMENT
...OAST GUARD
...G-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 10

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
SCARLETT, Russell W.	222-862	BM2

REPORTING UNIT	LOCATION	DATE
COMMANDER, GROUP, NEW YORK	New York, New York	8 April, 1952.
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
STONY POINT LIGHT STATION	Stony Point, New York	03-300540

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 4-7-52 - Issued Honorable Discharge at expiration of a full term of a SIX (6) year enlistment.

4-8-52 - Reenlisted for a period of (SIX) (6) years in the REGULAR ESTABLISHMENT of the U. S. Coast Guard in the permanent rating of BM2.

Auth: Article 12-3-42A (1) CG Regulations.

W. L. MALONEY, CAPTAIN, USCG
Commander, Group, New York.

(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

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

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander, Group, New York
80 Lafayette Street, New York 13, N. Y.
(Unit)

SCARLETT, Russell V.
(Name in full—surname to the left)

7 April, 1952
(Date)

222-962
(Service number)

BM2
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for SIX years)	1946	Apr.	8			
Enlistment extended (for ---- years from)	----	----	----			
Date of discharge (H-O-N-O-R-A-B-L-E) (Character of discharge)	1952	Apr.	7			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Paid $360.00 Reen. ~~Allow~~. BONUS on 4/8/52 by
PAUL D. BANNING, CDO, Symbol No. 1375
on Vo. No. 403-4414, Pay Roll No. 52-PR-546

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

Total Absence (---- days) 0

Creditable time served during last enlistment period	6	0	0

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

W. L. MALONEY,

Date 7 April, 1952

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

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 April, 1952

Office, Commander, Group, New York
80 Lafayette Street, New York 13, New York
(Unit and place)

I CERTIFY that the above-named man R-E-E-N-L-I-S-T-E-D for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.

W. L. MALONEY,

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

GPO DSO 3-271

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

NAME	SERVICE NUMBER	RATING
SCARLETT, Russell Wesley	222-862	BM2
UNIT Office, Commander, Group, N.Y.	LOCATION 80 Lafayette Street, NY	DATE REPORTED 7 April, 1952.
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING 3.6	CONDUCT 4.0

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

NONE

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

Surrendered and attached hereto.

RUSSELL W. SCARLETT
(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
7 April, 1952	HONORABLE	222-862

REASON	AUTHORITY
Expiration of Enlistment	Article 12-3-48A (1) CG Regulations.

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[X] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE

RUSSELL W. SCARLETT
SIGNATURE OF DISCHARGEE

MUSTERING OUT PAY (Check)

[ ] ENTITLED TO & CERTIFIED FOR M.O.P. [X] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: StonyPt., New York	TO: Stony Point, New York	$0.00
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge)	CHECK NO.	NAME OF PAY OFFICER
$543.30	298,122	HERBERT NEWMAN, PCLK, USCG (1375) ASSISTANT DISBURSING OFFICER

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	-6-	-0-	-0-

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

W. L. MALONEY, CAPT., USCG
Commander, Group, New York.

(P)

ION OF SERVICE
TATES COAST GUARD
00-C (SUPPLEMENT) (REV. 10-45)

NAME	SERVICE NUMBER	RATING
SCARLETT, Russell Wesley	222-862	BM2
UNIT: Office, Commander, Group, N.Y. (USCG PERSONNEL SEPARATION CENTER NO. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)	LOCATION: 80 Lafayette Street, NY	DATE REPORTED: 7 April, 1952.
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING: 3.6	CONDUCT: 4.0

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

NONE

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (*Check*)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (*Explanation below*)

Surrendered and attached hereto.

RUSSELL W. SCARLETT
(*Signature of dischargee*)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
7 April, 1952	HONORABLE	222-862

REASON	AUTHORITY
Expiration of Enlistment	Article 12-3-48A (1) CG Regulations.

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (*Check*)

[X] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE

SIGNATURE OF DISCHARGEE: RUSSELL W. SCARLETT

MUSTERING OUT PAY (*Check*)

[ ] ENTITLED TO & CERTIFIED FOR M.O.P. [X] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF SIX CENTS PER MILE

FROM:	TO:	TOTAL TRAVEL ALLOWANCE
StonyPt. New York	Stony Point, New York	$0.00

TOTAL AMOUNT PAID FOR TA & PAY (*In full to date of Discharge*)	CHECK NO.	NAME OF PAY OFFICER
$543.30	298,122	HERBERT NEIMAN, PCIK, USCG (1375) ASSISSANT DISBURSING OFFICER

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	-6-	-0-	-0-

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

W. L. MALONEY, CAPT., USCG
Commander, Group, New York.

(P)

CG 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

SCARLETT	Russell	W.	222-862	BM2, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, NEW YORK, N. Y.	80 Lafayette St., New York, N.Y.	29 November, 1949
(Unit)	(Place)	(Date)

Commander, Group, New York
From: COMMANDING OFFICER.
To: PAY OFFICER. 3rd Coast Guard District

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

ENTERED SERVICE SERVICE TERMINATED TIME LOST: AWOL, AOL, NPDI, SKMC, (As Specified) (Inclusive Dates)

7 Years 5 Months 3 Days Lighthouse Service creditable for Longevity.

USCG		
4-8-40		None
Enl. Ext. 3 yrs. from		
4-8-43	4-7-46 HD	None
4-8-46	Now serving	None

COMPLETED 16 YEARS CREDITABLE SERVICE ON 4 NOVEMBER, 1948.

AUTHORITY:
Art. 111, P&SI

H. W. Stinchcomb
H. W. STINCHCOMB, CAPT, USCG
(Commanding)

Commander, Group, New York
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—44336-2

REPORT OF CHANGE IN PAY STATUS

SCARIETT, Russell W. 222-862 BM2
(Surname) (First Name) (Middle Initial) (Service No.) (Rank or Rate)

GROUP NEW YORK, N. Y. NEW YORK, N.Y. 29 December, 1948
(Unit) (Place) (Date)

From: Commanding Officer
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason:

STATEMENT OF SERVICE ENTERED SERVICE — SERVICE TERMINATED — NO ABSENCES WITHOUT LEAVE DUE TO OWN MISCONDUCT OR M.P.D.I., UNLESS INDICATED BELOW

* 7 years 5 months 3 days Lighthouse Service creditable for Longevity.

USCG
4-8-40
Enl. Ext. 3 yrs.
4-8-43 4-7-46 HD None

4-8-46

Now serving

* Verified with statement of service furnished by CG HQ, dated 12-16-48.

Authority
Art. 111 P&SI Completed 15 years service 4 November, 1947

W. C. MOYER, SCLK, USCG, By direction.

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay Officer)

Comp (6) 4/7/46

CG-2511 (Revised)
Approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 December, 1948

RECEIVED
DEC 20 1948
COMMANDER
THIRD C. G. DISTRICT

From: Commandant.

To: Commanding Officer, New York Group
Via: Commander, 3rd CG District
SUBJECT: SCARLETT, Russell W. (222-862) BM2; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
7 Years 5 Months 3 Days Lighthouse Service creditable for Longevity.							
USCG 4-8-40 Enl. Ext. 3 Yrs. 4-8-43	4-7-46 HD	None		None		None	
4-8-46							

Now Serving.m

B. A. Shaw

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

(15) 11-4-47

NAVCG 2511 (Revised)
n approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 March, 1947

Full

From: Commandant.

To: Commander, 3rd CG District (pmp)

MAR 20 1947
COMMANDER
THIRD C. G. DISTRICT

SUBJECT: SCARLETT, Russell W. (222-862) BM2c; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
USCG							
4-8-40		None		None		None	
Enl. Ext. 3 yrs from 4-8-43.	4-7-46 HD	None		None		None	
4-8-46							
Now serving							

M. K. HUTCHINSON
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—82658-2

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 March, 1947

From: Commandant.

To: Commander, 3rd CG District (pmp)

SUBJECT: SCARLETT, Russell W. (222-862) BM2c; USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
USCG							
4-8-40		None		None		None	
Enl. Ext. 3 yrs from 4-8-43	4-7-46 HD	None		None		None	
4-8-46							
Now serving							

M.K. HUTCHINSON
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-2

Date _____
Unit ~~Stony Point Light Station~~
Location ~~Stony Point, New York~~

From: SCARLETT, Russell W. (222-862) BM2, USCG
To : Commandant (PMM).

Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship; other data.
Margaret V. Scarlett Stony Point Light Station Stony Point, New York	Wife	Married 6-13-1942, Staten Island, N.Y.
Elizabeth Ann Scarlett Same as above.	Daughter	Born 31 July 1944
Margaret Ann Scarlett Same as above.	Daughter	Born 15 November 1946

2. I hereby consent to chockage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
~~Margaret V. Scarlett~~ Stony Point Light Station ~~Stony~~ Point, New York	~~November~~	$~~145.00~~
*		$
	Total allotments. . .	$145.00

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent ~~1 August 1950~~ ~~Russell W. Scarlett~~ (Name of Member)

Address ~~Stony Point Light Station, Stony Point, New York~~

Russell W Scarlett
(Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer,
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

~~W. L. MALONEY, CDR., USCG~~
(Signature of Comdg. Officer).
Commander, Group, New York

Ind-2 Date:

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(s) totalling $_____ registered, effective 1st payment _____

W. G. SCHAEFER
By direction

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)