

SR# 2-29634146421

National Archives and Records Administration

# NPRC

## MPR Search Request

Priority: **High**

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



2-DM3ELQ7

Non-Registry Block:

Registry Number: ***N0006 980 941***

Facility & Floor/Level: ***STL2*** Module/Bay: ***2*** Row: ***22S***

Reg Veteran's Name: *SHAFFER ARTHUR C*

SR Veteran's Name: *SHAFFER, ARTHUR C*

SSN: *574035058*

DOB: *01/01/1908*

POB: *IL*

SVN/SSN: *000219282*

Service Code: *CG*

Service Number:

**SR Number:** **2-29634146421**

**Search Section:** **2**

Record Charged to:

Name: Kevin Helenthal
Room#: 148
Phone#:

## Core: Archival
## Team: Public Research Room

Searcher Name: JLUCKEY

Initials: _____

Date: _____

Notes:



2-DM3ELQ7

All Records Ordered for this Service Request:
2-DM3ELQ7

| | | |
|---|---|---|
| Service Request Received in Center Date: | | 06/13/2024 00:00:00 |
| Search Request Created By: | KHELENTHAL | 06/13/2024 11:47:49 |
| Search Request Printed By: | APATTON | 06/14/2024 07:06:49 |

NATIONAL PERSONNEL RECORDS CENTER
1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002
www.archives.gov
NATIONAL ARCHIVES

February 13, 2015

PATRICIA COOLEY
664 WASHINGTON ST
WOODLAND, WA 98674

**RE:** **Veteran's Name: SHAFFER, Arthur Carl**
**SSN/SN: ******058**
**Request Number: 2-12004092908**

Dear Recipient:

Thank you for contacting the National Personnel Records Center. We are providing the releasable military service information based on restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act and the Privacy Act of 1974. Releasable information has been transcribed, photocopied, or a combination of both, in order to comply with your request.

If additional information is needed, the Privacy Act of 1974 requires the written consent (signature) of the individual to whom the record pertains. If the individual is deceased, we must have the written consent of the next of kin and proof of death. The next of kin is defined as: unremarried widow or widower, son, daughter, father, mother, brother or sister. The following are acceptable forms of proof of death:

- Death certificate
- Newspaper article (obituary) or death notice
- Coroner's report of death
- Funeral director's signed statement of death
- Verdict of coroner's jury
- If death occurred outside the United States, any document similar to one of the preceding five, or a report of death signed by a United States consul or other agent of the State Department.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at http://vetrecs.archives.gov.

Sincerely,

GONZALO CANO
Archives Technician (AFN-MC2B)



**We Value Our Veterans' Privacy**
*Let us know if we have failed to protect it.*

Enclosure(s)

# INFORMATION RELEASABLE UNDER THE FREEDOM OF INFORMATION ACT

**NAME:**
Arthur Carl Shaffer

**BRANCH OF SERVICE AND SERIAL/SERVICE NUMBER(S):**
United States Coast Guard/219 282

**DATES OF SERVICE:**
May 17, 1937 - July 31, 1964

Active Duty: August 15, 1941 - July 31, 1964

**DUTY STATUS:**
Retired

**RANK/GRADE:**
Petty Officer First Class/E-6

**SALARY:**
N/A

**SOURCE OF COMMISSION:**
N/A

**PROMOTION SEQUENCE NUMBER:**
N/A

**ASSIGNMENTS AND GEOGRAPHICAL LOCATIONS:**
See Attached

**MILITARY EDUCATION:**
N/A

**DECORATIONS AND AWARDS:**
See Attached

**TRANSCRIPT OF COURT-MARTIAL TRIAL:**
Not on File

**PHOTOGRAPH:**
See Attached

**PLACE OF ENTRY:**
Ketchikan,Alaska

**PLACE OF SEPARATION:**
Cape Arago Light Station Coos Bay,OR

## FOR DECEASED VETERAN ONLY

**PLACE OF BIRTH**
Williamsville,IL

**DATE OF DEATH**
July 30, 1984

**LOCATION OF DEATH**
Roseburg,OR

**PLACE OF BURIAL**
Roseburg Memorial Gardens Roseburg,OR

NOTE: N/A denotes information is not available in the veteran's records

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

## MARKS

| 1. DATE | [redacted] | | | | | 7. Ship or Station |
|---|---|---|---|---|---|---|
| 9-30-52 | | | 3.8 | | | CAPE BLANCO LIGHT STA. |
| *12-31-52 | | BM1 | 3.8 | 3.7 | | CG Group Point Adams |
| *31 Mar.1953 | | BM1 | 3.8 | | | CG Group Point Adams |
| 30 June,1953 | | BM1 | 3.8 | | 4.0 | CG Group Pt Adams |
| 26 Aug.1953 | | | | | | CG Group Point Adams |
| | | | | | | |
| | | | | | | |
| | | | | | | CG Group Point Adams |

NAME (Last) (First) (Middle)

SHAFER Arthur Carl

MARKS

16—66652-1

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

[redacted] MARKS

| 1. DATE | [redacted] | 7. Ship or Station |
|---|---|---|
| 9-30-52 | [redacted] | CAPE BLANCO LIGHT STA. |
| *12-31-52 | [redacted] | CG Group Point Adams |
| *31 Mar.1953 | [redacted] | CG Group Point Adams |
| 30 June,1953 | [redacted] | CG Group Pt Adams |
| 26 Aug.1953 | [redacted] | CG Group Point Adams |
| [redacted] | [redacted] | |
| [redacted] | [redacted] | |
| [redacted] | [redacted] | CG Group Point Adams |
| [redacted] | [redacted] | |
| | [redacted] | |
| | [redacted] | |
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NAME (Last) SHAFFER (First) Arthur (Middle) Carl

MARKS

16—66652-1

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

MARKS

| 1. DATE | 7. Ship or Station |
|---|---|
| *30 Sept.1953 | CG Group Point Adams |
| *31 Dec.1953 | CG Group Point Adams |
| *31 Mar.1954 | CG Group Point Adams Hammond, Oregon |
| *30 June, 1954 | CG Group Pt Adams Hammond, Oregon |
| * 9-30-54 | Grays Harbor Group Westport, Washington |
| "12-31-54 | GRAYS HARBOR GROUP |
| * 3-31-55 | GRAYS HARBOR GROUP |
| 6-30-55 | GRAYS HARBOR GROUP |
| *9-30-55 | GRAYS HARBOR GROUP |
| 12-31-55 | GRAYS HARBOR GROUP |
| 3-1-56 | GRAYS HARBOR GROUP |
| 6-30-56 | GRAYS HARBOR GROUP |
| * 9-30-56 | GRAYS HARBOR GROUP |
| * 12-31-56 | GRAYS HARBOR GROUP |
| 2-2057 | GRAYS HARBOR GROUP |
| 3-31-57 | CG GROUP, NEWPORT, ORE. |
| 3-31-57 | CG GROUP, NEWPORT, ORE. |
| ~~XXXX~~ *6-30-57 | CG GRP, NEWPORT, ORE. |
| *9-30-57 | CG GRP, NEWPORT, ORE. |
| *1-31-58 | CG GRP, NEWPORT, ORE. |
| *4-30-58 | CG GRP, NEWPORT, ORE. |
| *7-31-58 | CG GRP, NEWPORT, ORE. |
| 7-31-58 | CG GRP, NEWPORT, ORE. |
| -31-58 | CG GRP, NEWPORT, ORE. |

NAME (Last) SHAFFER, (First) Arthur (Middle) Carl

MARKS

16—66052-1

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

# MARKS

| 1. Date the Mark is effective | 7. Ship or Station |
|---|---|
| 28 AUG 59 | |
| 31 Jan 60 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 JUL 60 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 Jan 61 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 Jul 61 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 Jan 62 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 Jul 62 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 Jan 1963 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 JUL 1963 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 JAN 1964 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 JUL 64 | YAQUINA BAY GROUP NEWPORT, OREGON |
| 31 JUL 64 | YAQUINA BAY GROUP NEWPORT, OREGON |

NAME (Last) SHAFFER (First) Arthur (Middle) Carl

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

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

# MARKS

| 1. Date the Mark is effective | 2. Rate | 3. Prof-iciency | 4. Leader-ship | 5. Conduct | 7. Ship or Station |
|---|---|---|---|---|---|
| 31 JAN 59 | [illegible] | [illegible] | [illegible] | [illegible] | Group Yaquina Bay Newport, Oregon A.F. |
| 31 JUL 59 | BM1 | 3.9 | 3.9 | 4.0 | Yaquina Bay Group Newport, Oregon |
| | | FINAL 3.85 | TRAIT 3.85 | AVERAGE 4.0 | Yaquina Bay Group Newport, Oregon |

NAME (Last) (First) (Middle)

SHAFFER Arthur Carl

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

NCG 2500-C
(Rev. June 1942)



# SERVICE RECORD

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service number)

## 1. TRANSFERS

| Departed from— | | | Reported to— | | |
|---|---|---|---|---|---|
| Unit | Date | Signature | Unit | Date | Signature |
| Group, Pt Angeles, Wn | 5-13-48 | [redacted] | COAST GUARD, PORT ANGELES, WASH. AUG 16 '48 Cape Flattery Light Station | 5-27-48 | [redacted] |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| CG Group, Pt. Angeles | BM1 [redacted] | 5-1-48 | [redacted] |

## 3. DETAILS—RESERVE ACTIVE DUTY

| Ship or station | Date From— | Date To— | Duty | Signature |
|---|---|---|---|---|
| Cape Flattery Light Sta | 5-27-48 | 8-26-49 | Officer in Chg | [redacted] |

## 4. SWIMMING QUALIFICATIONS

| Unit | Date of qualification | Signature |
|---|---|---|
| | | |



16—9670-2

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

U. S. COAST GUARD
RECD AUG 26 1941

# SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

B&P my

ENLISTMENT [a] of SHAFFER, Arthur Carl (219-282) as Coxswain
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station GUARD ISLAND LIGHTSTATION, ~~District~~, Ketchikan, Alaska
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Ketchikan, Alaska
(Place)

1. I, Arthur Carl Shaffer (Full name), this 15th day of August, 19 41, 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 Williamsville, Illinois, on 18 December, 1908 Citizenship [b] NB

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

If intentions declared, place and date of declaration — —

Occupation or trade Asst. Keeper Home address Ketchikan, Alaska

Full name and address of the following: Olive Mae Shaffer, Ketchikan, Alaska
(Wife, if any)

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

Minnie Hanson, 3104 W. 6th, Spokane, Washington Widowed? No
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

NONE
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have — had previous service under the United States in the Coast Guard, ~~Army~~, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

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

8. I was last discharged from the U. S. Coast Guard on — — —, 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 Lt-Cmdr. Frank Tomkiel, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by Lt-Cmdr. Frank Tomkiel, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Arthur Carl Shaffer who has hereunto signed his
(Name of person enlisting)

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

2—3476 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Arthur Carl Shaffer

Arthur Carl Shaffer
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Frank Tomkiel, Lieut-Comdr., 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.

Frank Tomkiel

Frank Tomkiel
Lieut-Comdr., *U. S. C. G., Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, Arthur Carl Shaffer (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Arthur Carl Shaffer

Arthur Carl Shaffer
(Signature of enlisted person)

Subscribed and sworn to before me this 15th day of August, A. D. 19 41

This enlistment effected pursuant to the act of August 5, 1939.

Frank Tomkiel

Frank Tomkiel, Lieut-Comdr., U.S.C.G.

By direction
(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

XPM

Age 32 years 8 months. Height 5 feet 10 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion ruddy Color white Married Yes

TATTOOS

Distinguishing marks lfa wreath "Montana"; dagger "Death before Dishonor"; rfa heart; flag and eagle "U.S.A"

## 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.

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

| REPORT OF CASUALTY | REPORT NUMBER AND TYPE: FINAL | DATE PREPARED: 16 AUGUST 1985 |
|---|---|---|

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

SHAFFER, Arthur Carl 219 282 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 30 July 1984
Place: Roseburg, OR
Cause: Gastrointestinal bleeding

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

18 December 1908 Williamsville, IL

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

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

574 03 5058 E-6 over 26 years service $1351.20 per month

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED: 1 August 1964 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Olive M. Shaffer, widow, P. O. Box 931, Roseburg, OR 97470 (1)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

COMCOGARDGRU North Bend, OR - 10 August 1984

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

NOT REGISTERED 15 August 1941 Ketchikan, AK - USCG

11. PRIOR SERVICE DATA

☒ YES ☐ NO FLHS now USCG - U. S. Army #6,547,368

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH

NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES

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

| 13. DISTRIBUTION | 14. SIGNATURE (By direction of the Commandant) |
|---|---|
| VA | R. R. HARBER<br>Chief, Retired Military Affairs Branch |

DD FORM 1 MAR 66 1300 jjj

8/16/85

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-71)

# CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 28 AUG 1984

| NAME OF DECEASED | SERVICE NUMBER | RANK OR RATING | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| SHAFFER, Arthur C. | 219 282 | BM1 Retired | 574 03 5058 |

EACH PERSON LISTED BELOW IS:
☐ DESIGNATED BENEFICIARY ☒ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

ESTAB'D DATE OF DEATH: 30 JULY 1984

| NAME OF BENEFICIARY OR CLAIMANT | RELATIONSHIP | ADDRESS |
|---|---|---|
| Olive M. Shaffer 100% | widow | P. O. Box 931<br>Roseburg OR 97470 |

☐ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

☒ I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

☒ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

☐ Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):
(1) Form No. SF-1174
(2) Death Certificate

| TYPED NAME AND TITLE OF APPROVING AUTHORITY | SIGNATURE |
|---|---|
| R. R. HARBER<br>Chief, Retired Military Affairs Branch | |

PREVIOUS EDITIONS MAY BE USED

Standard Form 1174
June 1972
4 GAO 20.1

HAW 11-8/30/84

# ...m FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

...nformation: Any assistance deemed necessary for the proper execution of this form will be furnished ... claimants by the employing agency. Forward the completed form to the Government agency in which the ...ceased was employed at time of death.

**Part A**

| 1. Name(s) and social security number(s) of claimant(s) | 2. Relationship to deceased | 3. If minor, state age |
|---|---|---|
| OLIVE M. SHAFFER<br>538-01-6051 | WIFE | 4. Is designation of beneficiary for unpaid compensation on file with service? YES (Yes or No)<br>5. Are you named beneficiary? YES (Yes or No) |
| 6. Name, rank or rating, service number, and social security number of decedent<br>ARTHUR C. SHAFFER<br>219-28-6574-03-5058 | 7. Date of death<br>JULY 30, 1984 | 8. Name of service<br>COAST GUARD<br>9. Decedent's domicile<br>3055 N.E. PORTER ST.<br>ROSEBURG, OREGON 97470 |

**Part B** (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? YES

**WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.**

**Part C**

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow ~~or widower~~.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

| Name and social security number | Age | Relationship to deceased | Address |
|---|---|---|---|
| OLIVE M. SHAFFER<br>538-01-6051 | 68 | WIFE | 3055 N.E. PORTER ST<br>ROSEBURG, OR. 97470 |
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1174-105

(Continued on other side)

**Part D**

1. If none of the above survives and an executor or administrator has been appointed, the following should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as
(Executor or administrator)

denced by certificate of appointment herewith, administration having been taken out in the interest of

_____
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.**

**Part E**

Have the funeral expenses been paid? _____ (If paid, receipted bill of the undertaker must be
(Yes or No)

attached hereto.) Whose money was used to pay the funeral expenses? _____

**FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith**

PLEASE SIGN HERE

X Olive M. Shaffer 8-21-84 X Mrs. Olive M. Shaffer 8-21-84
(Signature of claimant) (Date) (Signature of claimant) (Date)

3055 N.E. Porter St. 3055 N.E. Porter St.
(Street address) (Street address)

Roseburg, Oregon 97470 Roseburg, Oregon 97470
(City, State, and ZIP code) (City, State, and ZIP code)

(TWO WITNESSES)

**TWO WITNESSES ARE REQUIRED**

*We certify that we are well acquainted with the above* Olive M. Shaffer *and that*
(Name(s) of claimant(s))

*the signature(s) of the claimant(s) was (were) affixed in our presence.*

X Kevin D. Kom X Edna E. Zuenen.
(Signature of witness) (Signature of witness)

4325 SW STELLA 3120 N.E. Johnson St.
(Street address) (Street address)

ROSEBURG, OR. 97470 Roseburg Or. 97470
(City, State, and ZIP code) (City, State, and ZIP code)

**All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.**

☆ GPO: 1974 O-526-533

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
**Vital Records Unit**

# CERTIFICATE OF DEATH

Local File Number: [illegible]80

State File Number:

1 DECEASED—NAME: First: Arthur; Middle: Carl; Last: SHAFFER

2 DATE OF DEATH (month, day, year): July 30, 1984

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 75

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): December 18, 1908

7a CITY, TOWN OR LOCATION OF DEATH: Roseburg

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mercy Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer, Rm. Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Douglas

8 STATE OF BIRTH (If not in U.S.A. name country): Illinois

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Olive

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 574-03-5058

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Coast Guard - Lighthouse Attendant

14b KIND OF BUSINESS OR INDUSTRY: Military

15a RESIDENCE—STATE: Oregon

15b COUNTY: Douglas

15c CITY, TOWN, OR LOCATION: Roseburg

15d STREET AND NUMBER OR R.F.D., ZIP: 3055 N.E. Porter St. 97470

15e Inside City Limits (specify yes or no): No

16 FATHER NAME first middle last: Arthur Shaffer

17 MOTHER first middle last (Maiden Name): Minnie Rainey

18 INFORMANT—NAME and relationship to deceased: Olive M. Shaffer - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Roseburg Memorial Gardens

19c LOCATION city or town, state: Roseburg, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Edwin D. Stanton

20b NAME AND ADDRESS OF FACILITY: Long & Shukle Chapel, P.O. Box 477, Roseburg, Oregon 97470

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Michael C Weil

21b DATE SIGNED [Mo. Day Yr.]: 7/31/84

21c HOUR OF DEATH: M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Michael C Weil 272 Medical Loop Rd Roseburg, Oregon 97470

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: August 1, 1984

22b REGISTRAR [Signature]: Lucille Eyler

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE
(a) DUE TO, OR AS A CONSEQUENCE OF: Gastrointestinal bleeding — Interval between onset and death: one week
(b) DUE TO, OR AS A CONSEQUENCE OF: Thrombocytopenia — Interval between onset and death: 3 years
(c) Myeloproliferative disorder (pre leukemia) — Interval between onset and death: 3 years

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Severe Coronary Artery Disease; Renal Failure

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]:

26b DATE OF INJURY [Mo. Day Yr.]:

26c HOUR OF INJURY: M

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]:

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

RESERVED FOR REGISTRAR'S USE

**ORIGINAL - VITAL STATISTICS COPY**

45.2 REV. 12 83

STATE OF OREGON )
COUNTY OF DOUGLAS ) SS.

Date of Issue August 1, 1984

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

PETER C. MULDER
Registrar of Vital Records for
Douglas County, Oregon

By Lucille Eyler
Deputy Registrar

S E A L

...GUARD
...4 (Rev. 11-73)

# REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

Chief, Pay and Allowances Division

DATE: 1 AUG 1984

| NAME | SERVICE NUMBER/SSN | GRADE OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219 282/574 03 5058 | BM1, USCG, Retired |

| DATE OF RECEIPT OF EVIDENCE OF DEATH | ESTABLISHED DATE OF DEATH |
|---|---|
| 30 JUL 1984 | 30 JUL 1984 |

Information concerning death of the above-listed person has been received reporting established date of death has been set forth.

| PAY GRADE | YEARS OF SERVICE | RSFPP/SBP OPTION ELECTION | DEDUCTION |
|---|---|---|---|
| | | | |

| ANNUITY AMOUNT | ANNUITY BENEFICIARY (Name) | FINAL PAY DUE (Date) |
|---|---|---|
| | | |

ALLOTMENTS:

R. R. HARBER
Chief, Retired Military Affairs Branch

SIGNATURE

LMB JJ: 31/1/84

PREVIOUS EDITIONS MAY BE USED

G-PS-1/TP41
(202-426-1845

1770
15 August 1984

Mrs. Olive M. Shaffer
3055 N. East Potter
Roseburg, OR 97470

RE: BM1 Arthur C. SHAFFER 219 282
SS# 574 03 5058, USCG, Retired

Dear Mrs. Shaffer:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

You can be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal Benefits that may be available to you.

The enclosed benefit guide briefly explains the assistance and survivor benefits furnished by the Coast Guard as well as other governmental agencies. The enclosed forms are forwarded to aid you in filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Four forms No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for the unpaid accrued retired pay. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office.

An annuity was provided for you by your husband under the Retired Servicemen's Family Protection Plan. In order that the Coast Guard may begin full payment of your annuity, it is requested that you sign forms No. DD-768, in the presence of two witnesses. Return the completed claim to this office. Please enclosed a copy of your marriage certificate and your husband's death certificate.

Sincerely,

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

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. SF-1174
(5) Form No. DD-1330
(6) Form No. DD-768
(7) Benefit Guide
(8) Envelope

KAWTTHFRS•kaw 15 August 1984

8/16/84

August 21, 1984

Commandant
U.S. Coast Guard
Wash. D.C.

Dear Sir:

I am returning my husband's last check. For pro-rate or whatever is necessary.

I request any annuity or checks sent to me will be addressed to our Post Office Box # 931 - Roseburg, Ore - 97470 for safer delivery.

Thank you for your assistance - I remain,

Olive M. Shaffer
P.O. Box 931
Roseburg
Ore. 97470

Home address:
305 S 7th Porter St.
Roseburg, Or.
97470

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4057 (4-61)

# CHRONOLOGICAL RECORD OF SERVICE

| DATE ATTACHED | UNIT OR STATION | DATE DETACHED |
|---|---|---|
| 10-13-37 | GUARD ISLAND LIGHT STATION, KETCHIKAN ALASKA | 11-24-44 |
| 12-21-44 | New Dungeness Light Station, Sequim, Wash. | 4-12-46 |
| 4-12-46 | Ediz Hook Light Station, Port Angeles, Wash. | 5-13-48 |
| 5-27-48 | Cape Flattery Light Station, Neah Bay, Wash. | 7-8-50 |
| 7-15-50 | Cape Blanco Light Station, Sixes, Oregon | 9-30-52 |
| 10-6-52 | North Head Light Station, Ilwaco, Wash. | 2-20-57 |
| 2-25-57 | Cape Arago Light Station, Coos Bay, Oregon | 7-31-64 |
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| | | |

NAME (Last, first, middle) SHAFFER, Arthur Carl

SERVICE NO. 219-282

(Continued on reverse side)

# TERMINATION OF HEALTH RECORD

UNIT OR STATION
Cape Arago Light Station, Coos Bay, Oregon  Yaquina Bay Group, Newport, Oregon

I have been informed of the findings of the physical examination given to me on 14 July 1964 (Date) for Retirement and [X] agree (or) [ ] do not agree with the findings of the examining physician and [ ] do (or) [X] do not desire to make a statement in rebuttal.

| DATE | RANK | SIGNATURE |
|---|---|---|
| 31 July 1964 | BM1 | Arthur C. Shaffer |

REMARKS

31 July 1964: I have been advised that my dependents are not entitled to receive medical care in civilian medical facilities at government expense upon my retirement. I certify that I do not have dependents receiving medical care in civilian facilities at government expense at the date of my retirement.

Arthur Carl Shaffer

F. H. STEINHEISER, CHBOSN, W-3
Commander, Yaquina Bay Group

Health Record terminated this date by reason of retirement (30 Yr) in accordance with CHAPTER 4, PART 3, Medical Manual, CG-294.

| DATE | RANK | SIGNATURE |
|---|---|---|
| 31 July 1964 | CHBOSN, W-3 | F. H. STEINHEISER, CH |

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—594266

Guard Island Light St.

U. S. COAST GUARD (10)

RECD SEP 2 1941

Standard Form No. 13
Approved by the President
2-26-26—Revised 1-10-28

# ABSTRACT OF OFFICIAL RECORD OF U. S. GOVERNMENT EMPLOYEE

(For the use of the department to which the employee has been transferred)

Full

## INSTRUCTIONS

1. The act, approved February 14, 1922, prescribes that "each executive department, and each independent establishment of the Government not within the jurisdiction of any executive department, shall establish and maintain such record as will enable it to determine the amount deducted within each fiscal year from the basic salary, pay, or compensation of each employee within its jurisdiction to whom this act applies. When such employee is transferred from one office to another a certified abstract of his official record shall be transmitted to the office to which the transfer is made."

2. A complete official record in the Federal service of the employee named should be set forth on this abstract. If an employee is transferred to another department, an abstract will be prepared in duplicate, showing his appointment in the department from which transferred and all changes of grade or compensation while therein. The original, properly executed, will be transmitted to the department to which transferred, the duplicate to be retained in his personal file. Should such employee be again transferred the second department will prepare an abstract setting forth the data contained in that received by it, with the addition of his record while in the second department, such abstract to be transmitted to the department to which he is transferred, a duplicate being retained.
In the case of a reinstatement, the department in which the employee is reinstated should apply to the establishment in which the former service was rendered for an abstract of record in the case. Statements of employees must not be accepted unless verified from official records.

3. In Table II show the amount deducted for the retirement fund during each **fiscal year**, or part of **fiscal year**, the employee was in your service.

4. This certificate must be signed and countersigned (if necessary) by an official recognized by the Bureau of Pensions as authorized to sign certificate of administrative officer on application for refunds.

5. In the case service was per diem and continuous through the calendar year, so state; if intermittent, give dates of beginning and ending of actual employment, with the number of days served.

NAME: SHAFFER, Arthur Carl ~~(Mr.)~~ 219-28-2 Cof 18 December, 1908
(Surname first, Mr., Miss, or Mrs.) (Date of birth)

Treasury Department, U.S.Coast Guard, Ketchikan District
(Department and office in which last service was had. See Paragraph 2 of Instructions)

Ketchikan, Alaska (Place) 15 August, 1941 (Date)

## I. SERVICE RECORD

| ESTABLISHMENT (a) | ACTION (b) | POSITION (Pay-roll title) | RATE OF PAY (c) | DATE EFFECTIVE |
|---|---|---|---|---|
| #6547368 | | | | |
| WAR, Hdq.Co.7th Inf. | | | | |
| Vancouver, Wash. | Enlisted | Private,1st cl. | | 23 Jan. 1933 |
| do | Discharged | do | | 22 Jan. 1936 |
| do | Enlisted | do | | 23 Jan. 1936 |
| do | Discharged. | do | | 17 April 1937 |
| C.C.C. - Forest Service | | | | |
| Wards Cove, Ketchikan, Alaska | Enrolled. | Member | $30. M. | 17 May 1937 |
| do | Discharged | " | 30. | 12 July 1937 |
| (All above has been verified.) | | | | |
| COM. U.S.Lighthouse Service | | | | |
| Ketchikan, Alaska | Prob. Appt. | Temp.Addl.Asst.Kpr. | *$1500.A. | 13 Oct. 1937 |
| do | Chg. in Status | Asst. Keeper | * 1500. | 15 April 1938 |
| do | Pro. | Asst. Keeper | * 1560. | 16 June 1939 |
| TREAS.U.S.Coast Guard Ketchikan District, Alaska | A.Trans.Re-organization Plan #II,5-9-39 | " " | * 1560. | 1 July 1939 |
| do | Res. | " " | * 1560. | 14 August 1941 |
| Inducted into military service of Coast Guard, Coxswain. 8/15/41 | | | | |

ARMY SERVICE FT

NOT CREDITABLE CCC FT

LHS Creditable
PAY 3-10-2
Ret. 3-10-2
FT

*Includes $240. P.A. valuation of quarters.

Total Government Service, 8 years, 2 months, 23 days.

10—1331

(a) Place the name of department, bureau, or office in which the service was performed.

(b) Indicate the nature of the action according to the following key abbreviations: PA, probational appointment; Exc., excepted from examination; E. O., Executive order; Rein., reinstatement; Trans., transfer; Pro., promotion; Red., reduction; Res., resignation; Rem. C., removed for cause; Rem. R., removed, reduction of force; L. W. O. P., leave without pay for periods of one month or more.

(c) Under rate of pay, do not include bonuses, allowances, overtime pay, or compensation given in addition to basic pay of positions as fixed by law or regulation.

## II. STATEMENT OF DEDUCTIONS FOR RETIREMENT FUND—BY FISCAL YEARS

(See Instructions No. 3)

| BEGINNING— | | | ENDING— | | | DEDUCTIONS | | BEGINNING— | | | ENDING— | | | DEDUCTIONS | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Month | Day | Year | Month | Day | Year | Dollars | Cents | Month | Day | Year | Month | Day | Year | Dollars | Cents |
| NONE. | | | | | | | | | | | | | | | |

Do records show employee has made application for refund of any portion of amount shown above? ---
(Yes or No)

If the records show that refund of the above deductions has been made in whole or in part, state the amount or amounts, and period or periods covered and give claim number. (If none, so state) _____

State leaves of absence in current calendar year: annual 6; sick 0; without pay 0

State any leave of absence in excess of six months in the aggregate in any calendar year: 0

The foregoing is a complete abstract of the official record on file in this office showing all Federal service to date of the employee named herein.

E. A. ZEHSLER, Commander, U.S.C.G.
Commander, Ketchikan District

Frank Tomkiel (Signature)

FRANK TOMKIEL
Lt. Commander
By direction. (Official title)

Countersigned _____, 19____

_____
(Signature)

_____
(Official title)

Furnished to:
Commandant
U.S.Coast Guard
Washington, D. C.

FEB 25 1941

NCG 2500-A
U. S. Coast Guard

# VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

CODED NO. 10

U. S. C. G. Guard Island Light Station
(Unit)
Ketchikan, Alaska
(Place)
15 August, 1944
(Date)

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

I, Arthur Carl Shaffer (Name of applicant), 219-282 (Service number), B.M.1c. (Rating), having on 15 August, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of two years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Alcoast 83-41. I further agree to extension of enlistment by Sect. of Navy for such additional time as deemed necessary to public interests in time of war or national emergency declared by President, not to extend beyond six months after date of termination of emergency.

Arthur Carl Shaffer
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 15th day of August A. D., 1944

J. P. Towey
J. P. TOWEY, Lieut.(jg) USCGR
By direction
(Commanding officer or notary public)

---

U. S. C. G. Guard Island Light Station
(Unit)
Ketchikan, Alaska
(Place)
15 August, 1944
(Date)

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

J. P. Towey
J. P. TOWEY, Lieut.(jg) USCGR
By direction
(Officer authorized to accept extension)

---

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

# ENLISTMENT CONTRACT
# U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): XX REGULAR ____ RESERVE

| 1. NAME (Last, first, middle) | 2. RATE (Abbreviate) | 3. SERVICE NO. |
|---|---|---|
| SHAFFER, Arthur Carl | BM1 | 219-282 |

| 4. PLACE OF BIRTH (City and State) | 5. DATE OF BIRTH | 6. RELIGION |
|---|---|---|
| Williamsville, Illinois | 18 DEC 1908 | Protestant |

| 7. MARITAL STATUS (Married, single, widowed, divorced, separated) | 8. CITIZENSHIP (Check or complete) | | | | | 9. YEARS OF EDUCATION |
|---|---|---|---|---|---|---|
| | | XX | NB | | NZ | OTHER (Specify) | |
| Married | | | | | | High School - 2 |

10. PERMANENT HOME ADDRESS (See instructions on reverse)
4408 NE 39th Avenue, Vancouver, CLARK, Washington

| 11. DATE OF ENLISTMENT | | | 12. NATURE OF ENLISTMENT (Check) | | | | 13. ENLISTED FOR (Number of years) | 14. TEST SCORE |
|---|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | | FIRST | XX | REENLISTMENT | 04 | |
| 28 | August | 1959 | 15. PRIOR SERVICE (Check) | | | | 16. ACCEPTED (City and State) | |
| | | | XX | YES | | NO | Newport, Oregon | |

| 17. ENLISTED (Unit, city and State) | 18. SEL. SERV. LOCAL BOARD NO. (City, county, State) | 19. SEL. SERV. REGIS. NO. |
|---|---|---|
| Cape Arago Lt.,Coos Bay, Oregon | None | None |

| 20. DATE OF LAST ENLISTMENT | | | 21. BRANCH OF SERV. | 22. PRIOR ACT. DY. | | 23. TYPE OF DISCHARGE | 24. DATE LAST DISCHARGED | | |
|---|---|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | | YEARS | MONTHS | | DAY | MONTH | YEAR |
| 27 | August | 1953 | USCG | 26 | 01 | HONORABLE | 27 | August | 1959 |

| 25. PRIOR NET SERV. FOR PAY PURPOSES | | | 26. DATE TRANS. | | | 27. TRANSFERRED TO (Check and complete) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| YEARS | MONTHS | DAYS | DAY | MONTH | YR. | LOCATION | | FOR ACTIVE DUTY | | FOR INACTIVE DUTY |
| 26 | 01 | 10 | - | - | - | Retained on board at Cape Arago Light Station | XX | | | |

28. DESCRIPTION SSN: 574-03-5058

| RACE (See Instructions) | SEX | COLOR EYES | COLOR HAIR | HEIGHT | WEIGHT | COMPLEXION |
|---|---|---|---|---|---|---|
| Caucasian | Male | Blue | Brown | 70½" | 150 | Ruddy |

29. DISTINGUISHING MARKS AND SCARS TATTOO: Star both shoulders, Horse-shoe & wreath both upper arms; Knife & wreath rt lwr arm; Air Force Insig. back lwr lt arm; Heart & wreath back lwr lt arm.

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W. W. WATKINS, BOSN, W-1, USCG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 04 years from 28 August, 1959 / during minority until ____, 1____ } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Arthur Carl Shaffer do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Arthur Carl Shaffer

Subscribed and sworn to before me this 28th day of August, A. D. 19 59 Citizenship substantiated and contract perfected.

Signature and Grade W.W. WATKINS, BOSN, W-1, USCG Official Title COMMANDER, YAQUINA BAY GROUP Acting

## READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

## INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

# RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

## DISPOSITION DATA

Cape Arago Light Station, Coos Bay, Ore. (Ship or station) (Location) On 31 July 1964 (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 27 August 1964 (Day) (Month) (Year)

Reason Retirement after 30 years active Federal service

Type discharge certificate NONE

Authority: Commandant (PE-1) ltr 1812 dated 1 July 1964

## ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Coos Bay, Oregon (Place) ON 28 August 1959 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Newport, Oregon (Place) ON 28 August 1959 (Date)

Home address at time of enlistment, induction, or order to active duty 4408 N. E. 39th Avenue, Vancouver, Washington

## TRAVEL DATA

I hereby elect travel allowance to NOT APPLICABLE (Location)

Place of (See travel instructions)

SIGNATURE

## MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for ONE FIFTY-SIX (Words) 51 *56* (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 30 years service for pay purposes on 16 July 1963 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

**REMARKS**

Retired this date after completion of over 30 years active Federal service effective 1 August 1964 in accordance with Commandant (PE-1) ltr 1812 dated 1 July 1964, TONO 65000/992000851. Final trait average: Proficiency - 3.75; Leadership - 3.73; Conduct - 4.0. Collected and destroyed AFID Card Number 0058851. Issued DD 217-CG, DD 214 and CG 3887. Authorized 2nd good conduct award for period ending 26 August 1959, and 3rd good conduct award for period ending 26 August 1962. Not entitled to MOP. Completed 31 years, 00 months, 13 days active federal service.

## 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. |
|---|---|---|
| F.H. STEINHEISER | Commander, CHBOSN, W-3, USCG Yaquina Bay Group | 10-65 |

## DISBURSING DATA

Travel allowance credited, $ NA Cash settlement for unused accrued leave (51 days) $ 660.45 DUE AT DISCHARGE, $ 761.37

Computation:

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station: O!CGCD13(f), Seattle, Washington

NAME OF A.C.O.: W.H. MATTSON, CHSPCK, W-4, USCG

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.



16—66654-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

# RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

## DISPOSITION DATA

Cape Arago Light Station, Coos Bay, Ore. (Ship or station) (Location) On 27 AUG 1959 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [X] Continued on active duty

Normal date of expiration of enlistment 26 August 1959 (Day) (Month) (Year)

**Reason** Expiration of Enlistment **Type discharge certificate** HONORABLE

**Authority:** Article 12-3-42 (A) (1) CG Regs

## ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at HAMMOND, OREGON (Place) ON 27 August 1959 (Date) 1953 E&A

[X] Accepted for enlistment at [ ] Ordered to active duty from HAMMOND, OREGON (Place) ON 27 August 1959 (Date) 1953 E&A

Home address at time of enlistment, induction, or order to active duty Route #4, Box 2310, Vancouver, CLARK, Washington

## TRAVEL DATA

I hereby elect travel allowance to Vancouver, Washington (Location)

Place of home address at time of acceptance for enlistment (See travel instructions)

SIGNATURE Arthur C. Shaffer Arthur C. Shaffer

PE-PPR-35

## MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 26 years service for pay purposes on 16 July 1959 Payment of discharge gratuity [ ] Is directed [X] Is not directed

**REMARKS**

Issued Honorable Discharge this date by reason EEXTL. Final Trait Average: P - 3.85; L - 3.85; C - 4.0. AFID Card No. 163809 being retained by man pending issuance of new card. Issued DD Form 217 CG Certificate of Service. NOT entitled to MOP. RECOMMENDED FOR REENLISTMENT.

## 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. |
|---|---|---|
| W. W. WATKINS | CHBOSN, W-1, USCG GROUP CDR. (Acting) | 83-60 |

## DISBURSING DATA

Travel allowance credited, $13.62 Cash settlement for unused accrued leave (60 days) $697.00 DUE AT DISCHARGE, $737.42

Computation: PERSONAL FUNDS, $____

PE-PPR-35

GRATUITY CREDITED, $____

| Ship or station | NAME OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | D.R. HEYTING, CHSPCK, W-3, USCG |

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |

CORRECTION OF NOTICE OF SEPA[redacted]ROM THE U.S. NAVAL SERVICE-COAS[redacted]

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
CG-553A (3-46)

| 1. Serial or file No. 2. Name (Last, First, Middle) 3. Rate & Class/ or Rank and Classification 4. Permanent address for mailing purposes | Date 26 August, 1949 |
|---|---|
| 1. 219-282<br>2. SHAFFER, Arthur Carl<br>3. Boatswain's Mate first, USCG<br>4. Cape Flattery Light Station, Neah Bay, Washington | U.S. COAST GUARD |
| | Place of Separation CG GROUP Neah Bay, Washington |
| | Date of Separation 26 August, 1949 |
| | Date of Birth 12-18-08 |

The following items of information on NAVCG-553, "Notice of Separation from the U.S. Naval Service-Coast Guard," for the above named person are hereby corrected as follows:--

| ITEM NO. & SUBJECT. | Corrected to Read:- |
|---|---|
| 18. NET SERVICE (For pay purposes) | 16 yrs., 1 month, 10 days |
| 20. QUALIFICATIONS | None |
| 21. RATINGS HELD | BM2, BM1 |
| 24. SERVICE (Vessels & Stations) | CG AIR STATION, Port Angeles, Washington<br>Cape Flattery Light Station, Neah Bay, Wn. |

BY DIRECTION OF THE COMMANDANT

R. H. WILSON, BOSN, USCG

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

# RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

48-54

## DISPOSITION DATA

CG Group Point Adams, Hammond, Oregon (Ship or station) (Location) On 26 August, 1953 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 26 (Day) August, (Month) 1953 (Year)

Reason Expiration of Enlistment

Type discharge certificate Honorable

Authority: Art. 12-3-42A (1) CG Regulations

## ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at CG Group Neah Bay, Neah Bay, Washington (Place) ON 27 August, 1949 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from CG Group Neah Bay, Neah Bay, Wash (Place) ON 27 August, 1949 (Date)

Home address at time of enlistment, induction, or order to active duty Route 4, Box 66B, Vancouver, Washington

## TRAVEL DATA

I hereby elect travel allowance to Neah Bay, Washington (Location)

Place of Place accepted for enlistment (See travel instructions)

SIGNATURE Arthur C. Shaffer
Arthur C. Shaffer

## MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 20 years service for pay purposes on 17 July, 1953 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS RECOMMENDED FOR REENLISTMENT. Received and destroyed AFID Card #40531. Entitled to lump sum payment MOP; Total amount $200; 550 attached. AVERAGE MARKS - PIR 3.8 COND 4.0

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. |
|---|---|---|
| W. A. JORDAN | LT, USCG, CHMILPERSECT 13COD | 48-54 |

## DISBURSING DATA

Travel allowance credited, $ 27.30 Cash settlement for unused accrued leave (60 days) $ 606.22

NAME OF A. C. O. C. M. MCHENRY, ACO 1382

Computation:

DUE AT DISCHARGE, $ 633.52

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station CG Group Point Adams, Hammond, Oregon

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

# RE-ENLISTMENT CONTRACT U. S. COAST GUARD

| 1. SERVICE NO. | 2. NAME (Last) | (First) | (Middle) | 3. RATE ABBREV. | 4. YEARS EDUCATION |
|---|---|---|---|---|---|
| 19-282 | SHAFFER, | Arthur | Carl | BM1 | 10 |

| 5. PLACE OF BIRTH (City) | (State) | 6. DATE OF BIRTH DA. | MO. | YR. | 7. RELIGION | 8. CITIZENSHIP |
|---|---|---|---|---|---|---|
| Williamsville | Illinois | 18 | Dec. | 08 | Protestant | [X] NB [ ] NZ [ ] other (specify) |

| 9. MARITAL STATUS | 10. HOME ADDRESS (Street) | (City) | (County) | (State) |
|---|---|---|---|---|
| Married | Route #4, Box 2310, Vancouver | | Clark | Washington |

| 11. DATE OF OATH DA. | MO. | YR. | 12. | 13. ENLISTED FOR | 14. TEST SCORE | 15. PRIOR SERVICE |
|---|---|---|---|---|---|---|
| 27 | Aug | 53 | [ ] FIRST ENLISTMENT [X] REENLISTMENT | SIX (6) YRS. | | [X] YES [ ] NO |

| 16. ACCEPTED AT (City) | (State) | 17. ENLISTED AT (Unit) | (City) | (State) |
|---|---|---|---|---|
| Hammond, | Oregon | CG Group Pt Adams | Hammond, | Oregon |

| 18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State) | 19. SELECTIVE SERVICE REGISTRATION NO. |
|---|---|
| --- | --- |

| 20. DATE LAST ENL. DA. | MO. | YR. | 21. BRANCH OF SERVICE | 22. DATE LAST DISCHARGED DA. | MO. | YR. | 23. TYPE OF DISCHARGE | 24. PRIOR NET SERVICE FOR PAY PURPOSES |
|---|---|---|---|---|---|---|---|---|
| 27 | Aug | 49 | Coast Guard | 26 | Aug | 53 | Honorable | 20 YRS. 01 MOS. ~~10~~ DAS. 09 RCVD |

| 25. PRIOR ACTIVE DUTY | 26. DATE TRANSFERRED DA. | MO. | YR. | 27. TRANSFERRED TO |
|---|---|---|---|---|
| 20 YRS. 1 MOS. | | | | Retained on board at North Head Light Sta. -50- [X] Active duty for [ ] Inactive duty |

28. DESCRIPTION 555-54-03-58

| SEX | RACE (See Instructions reverse side) | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT | COMPLEXION |
|---|---|---|---|---|---|---|
| Male | Caucasian | Brown | Blue | 71" | 155 | Ruddy |

29. MARKS AND SCARS TATTOO: Star both shoulders, Horse-shoe & wreath both upper arms; Knife & wreath rt lwr arm; Air Force Insig. back lwr lt arm; Heart & wreath back lower lt arm.

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with R.C. VAN HINE, CHBOSN of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 06 years from 27 August, 1953 / during minority until ----------, 1------ } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Arthur Carl Shaffer do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Arthur Carl Shaffer
Arthur Carl Shaffer

Subscribed and sworn to before me this 27th day of August, A. D. 1953 Citizenship substantiated and contract perfected.

Signature and Grade R.C. Van Hine
R.C. VAN HINE, CHBOSN, USCG

Official Title Cdr. CG Group Point Adams
Hammond, Oregon

## READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

## INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

SPECIAL TEMPORARY ENLISTMENT CONTRACT **REENLISTMENT**

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
CG-2500 B (REV. 1-47)

**INSTRUCTIONS**

Under CITIZENSHIP, enter "NB" for Native Born; "NZ" for Naturalized; "NPI" for Native of Philippine Islands; "NPR" for Native of Puerto Rico.

**RE ENLISTMENT DATA** AUTH: H/Q Dispatch 252020Z August, 1949 Article 556 CG Regulations

| NAME (*Last, First, Middle*) | SERVICE No. | RATING IN WHICH ENLISTED | PAY PER MONTH |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 168.75 |

| ACCEPTED FOR ENLISTMENT AT: | ENLISTED AT: |
|---|---|
| CG GROUP NEAH BAY, Washington | Neah Bay, Washington |

| DATE OF ENLISTMENT | TRANSFERRED TO: |
|---|---|
| 27 August, 1949 | Resumned regular duties at Cape Flattery Light Station. |

**BIRTH AND CITIZENSHIP DATA**

| DATE OF BIRTH | PLACE OF BIRTH | | CITIZENSHIP |
|---|---|---|---|
| 18 December, 1908 | Williamsville, Illinois | | NB |
| IF NATURALIZED, COMPLETE THIS LINE | PLACE OF NATURALIZATION | DATE OF NATURALIZATION | CERTIFICATE No. |
| | - - - - | - - - - - | - - - - |

**PERSONAL DATA**

| AGE (*Years and months*) | HEIGHT (*Feet and inches*) | WEIGHT | SEX | EYES | HAIR | COMPLEXION |
|---|---|---|---|---|---|---|
| 40 yrs. 08 mos | 5 ft 10½ in. | 160 | Male | Blue | Brown | Ruddy |

| COLOR | IDENTIFYING CHARACTERISTICS, MARKS, ETC. |
|---|---|
| White | Tatoos: lfa, wreath "Montana"; dagger, "Death before Dishonor"; rfa, heart; flag and eagle "USA". |

| OCCUPATION | LEGAL HOME ADDRESS (*Give street and number, city, county, and State*) | CONGRESSIONAL DIST. |
|---|---|---|
| Mariner | Route 4, Box 66B, Vancouver, Washington | |
| MARRIED OR SINGLE | NEXT OF KIN OR LEGAL GUARDIAN (*Give relationship, name, and address*) | |
| Married | Olive Mae Shaffer, Cape Flattery Light Station, Neah Bay, Washington. | |

**PREVIOUS MILITARY SERVICE**

| | YRS. | MOS. | DAYS |
|---|---|---|---|
| COAST GUARD | 08 | 00 | 13 |
| COAST GUARD RESERVE | NONE | | |
| NAVY | NONE | | |
| MARINE CORPS | NONE | | |
| ARMY | 04 | ~~04~~ 02 | ~~23~~ 25 |

*If Previous Service in Coast Guard or Coast Guard Reserve. Fill in the Items Below*

| DATE FIRST ENLISTED | PLACE OF FIRST ENLISTMENT |
|---|---|
| 8-15-41 | C17CGD, Ketchican, Alaska |
| LAST DISCHARGE DATE | UNIT FROM WHICH DISCHARGED |
| 8-26-49 | CG GROUP NEAH BAY, Washington |
| DISCHARGE CERTIFICATE No. | CHARACTER OF DISCHARGE |
| Unnumbered | HONORABLE |
| RATING IN WHICH DISCHARGED | CONTINUOUS SERVICE CERTIFICATE No. |
| BM1 | - - - - - - - - None |

**CONDITIONS OF CONTRACT**

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 R.H. WILSON, BOSN 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 Four(4) years from 27 August, 1949 ~~during minority until~~ 26 Aug, 1953 unless sooner discharged by proper authority.

In the event of war or national emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not at present a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

16—45418-3

Fourth: I understand that I WILL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Arthur Carl Shaffer, 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.

Arthur Carl Shaffer
(Signature in own handwriting, surname to right)
Arthur Carl Shaffer

Subscribed and sworn to before me this 27th day of August, A. D. 1949

Helen C. Hodgson
(Commanding officer, notary public, or other officer authorized to administer oaths)

Notary Public
(Title)

Citizenship substantiated and contract perfected.

R. H. Wilson
R. H. WILSON

BOATSWAIN, U. S. C. G.
*Enlisting Officer.*

**EXTENSION OF ENLISTMENT**

U. S. GOVERNMENT PRINTING OFFICE 16—45418-1

(1)-Ⓡ NAME (PRINT CLEARLY): SHAFFER, ARTHUR CARL (LAST) (FIRST) (MIDDLE) — 219-282 (SERVICE NUMBER) — HEIGHT: 5 FT. 11 IN. — WEIGHT: 165 LBS. — RACE: W.

(2) HOME ADDRESS: GUARD ISLAND, KETCHIKAN, ALASKA.

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

(4)-Ⓡ DATE OF BIRTH: 12-18-1908 — HOW LONG IN U. S. — YEARS

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

(6)-Ⓣ MARITAL STATUS: M. — (7)-Ⓣ NUMBER OF DEPENDENTS: 2.

(8) EDUCATION — NON-E. [ ] R-3 — ILLITERATE [ ] R-2

| SCHOOL | Number of Years | GRADUATED YES | GRADUATED NO | NAME AND LOCATIONS OF INSTITUTIONS ATTENDED | MAJOR SUBJECT OR SPECIALIZATION | DEGREE AND DATE RECEIVED |
|---|---|---|---|---|---|---|
| GRAMMAR SCHOOL | 8 | ✓ | | GREAT FALLS, MONT | | 1924 |
| HIGH SCHOOL | 2 | | ✓ | Same. | General. | |
| COLLEGE OR UNIVERSITY | | | | | | |
| POST GRADUATE | | | | | | |
| TRADE, NIGHT OR BUSINESS SCHOOL | | | | | | |

(9)-Ⓡ TOTAL SCHOOL YEARS: 10

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 13th — DATE: 8-15-41.

(12)-Ⓡ BRANCH OF SERVICE

| REGULAR | RESERVE G | RESERVE S | RESERVE T | RESERVE W |
|---|---|---|---|---|
| X | | | | |

(13)-Ⓣ MAIN OCCUPATION: LIGHT HOUSE-KEEPER. — YEARS AT IT: 4 — WKLY. WAGE: $30.00

D. O. T. CODE: 5-61.310.

JUST WHAT DID YOU DO? Was the assistant keeper at Guard Island.

LAST DATE OF EMPLOYMENT: 8-14-41

EMPLOYER: U.S. Lighthouse Service (FIRM NAME)

ADDRESS OF EMPLOYER: Ketchikan, Alaska.

DEPT., SHOP OR BRANCH — KIND OF BUSINESS

(14)-Ⓣ SECOND BEST OCCUPATION: COAST GUARDSMAN. — YEARS AT IT: 2 — WKLY. WAGE: $

D. O. T. CODE: 2-68.40

JUST WHAT DID YOU DO? Current Service.

| TEST | SOCIAL STUDIES | ARITHMETIC | MECHANICAL APTITUDE |
|---|---|---|---|
| GRADE —SCORE | (15)-Ⓡ 87 | (16)-Ⓡ 79 | (17)-Ⓡ 118 |

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED

1.
2.
3.

(24) RATING

(4) (6) TOP ROW: YEAR OF BIRTH; BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3

ILLITERATE N

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

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

(20) PREVIOUS MILITARY EXPERIENCE

| BRANCH OF SERVICE | YEARS IN EACH | HIGHEST GRADE | LAST DISCHARGE (YEAR) | SPECIAL TRAINING RECEIVED: SPECIFIC NATURE | YEARS | MO'S. | LAST DATE (YEAR) |
|---|---|---|---|---|---|---|---|
| U.S.A. | 4 1/6 | P.F.C. | 1937 | INFANTRY | 4 | 2 | 1937 |

(21) C. G. SERVICE SCHOOLS ATTENDED

| C. G. SERVICE SCHOOLS ATTENDED | NUMBER OF WEEKS | COURSE | DATE GRADUATED AND SCHOOL RATING |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

(22) REMARKS:

Very good man; knows how to get respect of men and how to get the utmost out of them. Works the same hours as any man and more. Has been at Guard Island 6 years.

(23) NEXT OF KIN

NAME Mrs. Art Shaffer
ADDRESS PO Box 127
CITY Vancouver STATE Wn.

(24)-® RECORD OF CURRENT SERVICE

| DATE | UNIT | RATING | PRINCIPAL DUTY |
|---|---|---|---|
| 8-15-41 | GUARD ISLAND LS | B.M.2C | |

(25)
DATE OF INTERVIEW 6-18-43. UNIT Guard Island

SIGNATURES
INTERVIEWER Edward G. Lukow, Spc.
ENLISTED PERSON X Arthur C. Shaffer BM2c

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

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

MCBEE KEYSORT U. S. PAT. NO. 2,213,007, 98590

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

# STATEMENT OF SERVICE - RETIRED PERSONNEL

| LAST NAME | FIRST NAME | MIDDLE INITIAL | SERVICE NUMBER |
|---|---|---|---|
| SHAFFER, | Arthur | C. | 219-282 |

| 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.) |
|---|---|---|---|---|
| December 18, 1908 | BM1 | BM1 | BM1 | August 1, 1964 |

REASON FOR RETIREMENT

THIRTY (30) YEARS SERVICE

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

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

| TYPE OF SERVICE | FOR RETIREMENT (Active) | | | FOR PAY PURPOSES (Active and Inactive) | | |
|---|---|---|---|---|---|---|
| | YEARS | MONTHS | DAYS | YEARS | MONTHS | DAYS |
| COAST GUARD | 22 | 11 | 16 | 22 | 11 | 16 |
| LIGHTHOUSE | 03 | 10 | 02 | 03 | 10 | 02 |
| BUREAU MARINE INSPECTION | | | | | | |
| ARMY | 04 | 02 | 25 | 04 | 02 | 25 |
| 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 | 31 | 00 | 13 | 31 | 00 | 13 |

| DATE | SIGNATURE |
|---|---|
| 7 July 1964 | S. HUTCHINSON |

FOR USE BY MRS

| TYPE RETIREMENT | PHYSICAL DIAGNOSIS | FILE NUMBER |
|---|---|---|
| | | |

FT

S. FAISON, RET. TO 3-13

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5)
REFER TO FILE: CG-73

~~OFFICERS~~

26 July, 1948

To: Commanding Officer, CG Group, Neah Bay
VIA: Commander, 13th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.: Copy of Army statement dated 30 August, 1941

The following is a statement of service, to and including 14 August, 1946 of SHAFFER, Arthur Carl (219-282) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) From— | Absent Without Leave (Inclusive dates) To— | Absent Due to Own Misconduct (Inclusive dates) From— | Absent Due to Own Misconduct (Inclusive dates) To— | Nonperformance of Duty Because of (Inclusive dates) From— | Nonperformance of Duty Because of (Inclusive dates) To— |
|---|---|---|---|---|---|---|---|
| 8-15-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. | 2 Years from | | | | | | |
| 8-15-44 | 8-14-46 H D | NONE | | NONE | | NONE | |
| 8-15-46 | | | | | | | |
| Now serving | | | | | | | |

U.S. COAST GUARD (1)
MAILED JUL 27 1948

RECORD OF Lighthouse Svc Enclosed SF

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | 5 | 0 | 0 |
| Navy service | 4 | 2 | 25 |
| ~~Army service~~ | 3 | 10 | 2 |
| Lighthouse service | 13 | 0 | 27 |
| Total | | | |
| Completed years | | | |

B. A. SHAW
By direction

16—80536-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PEA-73-R.

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 24 May, 1944.

From: Commandant.

To: DCGO, 17th Naval District.

SUBJECT: SHAFFER, Arthur Carl (219-282) B.M.1c.

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— |
| 8-15-41 Now serving | | | | | | | |

Incl. Copy of Army statement dated 19 May, 1944.

S. C. CRANDALL,
By direction.

U. S. COAST GUARD
MAIL SECTION (1)
MAILED MAY 25 1944

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

mcs/Ltr PEA B.o.S

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD GROUP

Port Angeles, Washington

ADDRESS REPLY TO
CO, CG AIR STATION
AND REFER TO FILE: CG-73

20 May, 1946

To: SHAFFER, Arthur Carl (219-282), BM1c

Subj: Statement of service for longevity pay

Incls: (1) Copy of Army statement dated 19 May, 1944

The following is a statement of service in your case to and including 19 May, 1946

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) | | Absent Due To Own Misconduct | | Nonperformance of Duty Because of (Inclusive dates) | |
|---|---|---|---|---|---|---|---|
| | | From- | To- | From- | To- | From- | To- |
| 8-15-41 | | None | | None | | None | |
| 8-15-44 Vol Ext Enl for 2 yrs | | None | | None | | None | |
| Now Serving | | None | | None | | None | |

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard service | 4 | 9 | 5 |
| Navy service | | | |
| Army Service | 4 | 2 | 25 |
| TOTAL | 9 | 0 | 0 |

H. Curwen

W. CURWEN, JR., Lieut USCGR

WAR DEPARTMENT
The Adjutant General's Office
Demobilized Personnel Records Branch
Hight Point, N.C.

19 May, 1944

STATEMENT OF SERVICE FOR LONGEVITY PAY IN CASE OF

SHAFFER, Arthur C. (6,547,368) Date of Birth: 18 December, 1908

| Enlisted | Discharged | Character of Service | Grade and Organization | Time Lost | Time retained in Service |
|---|---|---|---|---|---|
| 1-23-33 | 1-22-36 Honorable ETS | Exc. | Private 1/cl. Hdqr. Co., 7th Infantry | None | None |
| 1-23-36 | 17 Apr 1937 Honorable Purchase | Exc. | Private 1/cl. Hdqr. Co., 7th Infantry | None | None |

TOTAL SERVICE FOR LONGEVITY PAY -- 4 YEARS 2 MONTHS 25 DAYS

/s/ B. A. SHAW
Chief, Enlisted Processing
and Records Section

/s/ JONATHAN D. HAWKINS
Lieutenant Colonel, AGD,
Chief of Branch.

CERTIFIED TO BE A TRUE COPY

W. CURWEN, JR.
Lieutenant USCGR

1944 JUN 7 08:57

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PEA-73-R

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 24 May, 1944.

5-23-10
30-R




From: Commandant.

To: DCGO, 17th Naval District.

SUBJECT: SHAFFER, Arthur Carl (219-282) B.M.1c.

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— |
| 8-15-41 Now serving | | | | | | | |

Incl. Copy of Army statement dated 19 May, 1944.

S. C. CRANDALL,
By direction.

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

8May44 (8000)

WAR DEPARTMENT
The Adjutant General's Office
Demobilized Personnel Records Branch
High Point, N. C.

Sub-Sec: SOS
Initials: meb

STATEMENT OF SERVICE FOR LONGEVITY PAY
IN CASE OF

DATE: 19 May 1944

| Name | Army Serial Number | Date of Birth |
|---|---|---|
| Shaffer, Arthur C. | 6,547,368 | 18 December 1908 |

To:

- ☐ The Chief of Naval Personnel, Navy Department, Washington, D. C.
- ☒ The Commandant, U. S. Coast Guard (2 carbon copies), Washington, D. C.
- ☐ The Commandant, U. S. Marine Corps, Washington, D. C.
- ☐

## ENLISTED SERVICE

| Enlistment Date | Discharge (Date, Cause & Type of) | Discharge (Character at) | Grade and Organization | Time Lost Act April 27, 1914 AW 107 | Retained in Service Period and Reason |
|---|---|---|---|---|---|
| 23 Jan 1933 | 22 Jan 1936 Honorable ETS | Exc. | Private 1/cl, Hdqr. Co., 7th Infantry | None. | None. |
| 23 Jan 1936 | 17 Apr 1937 Honorable Purchase | Exc. | Private 1/cl. Hdqr. Co., 7th Infantry | None. | None. |

## COMMISSIONED SERVICE

| Commissioned (Rank & Arm) | Accepted | Entered On Active Duty | Termination Date Manner & Character | Active Duty For Training Purposes |
|---|---|---|---|---|
| None. | 4-2-25 | | | |

Certified to be a true copy
B. A. Shaw
B. A. SHAW,
Chief, Enlisted Processing
and Records Section.

1 Inclosure
Communication

This office has only the records of active Federal Service of National Guard. Record of State Service is kept by the State Adjutant General (including 15 day training period.)

Jonathan D. Hawkins
JONATHAN D. HAWKINS
Lieutenant Colonel, AGD,
Chief of Branch.

# MILITARY PAY ORDER

MILITARY PAY ORDER NO. 58-58

ORGANIZATION AND STATION: CG GROUP YAQUINA BAY, Newport, Oregon

DATE: 9 August,1957

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 1957 FROM— | TO— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | COMPLETED 24 Years creditable service for pay purposes on 16 July,effective 17 July,1957. | 7-17 | FO |

| Entered service. | Discharged. | Absent without leave. | Sickness due to own misconduct. | Non performance of duty because of. | Remarks. |
|---|---|---|---|---|---|

PRIOR SERVICE(Other services)

US ARMY 5 yrs 02 months 25 days.
USLHS 3 yrs 10 months 02 days.

USCG
8-15-41
Enl.Ext 2 years from

| | | | | | |
|---|---|---|---|---|---|
| 8-15-44 | 8-14-46 HD | None | None | None | None |
| 8-15-46 | 8-26-49 HD | None | None | None | None |
| 8-27-49 | 8-26-53 HD | None | None | None | None |
| 8-27-53 | Now serving. | None | None | None | None |

Statements of previous service have previously been submitted to the pay office.

According to the above SHAFFER completed 24 years service for pay purposes on 16 July,1957. However since there is no increase for 24 years service it was not applied for in July,1957. He will according to my understanding be entitled to an increase in pay in 1959 when he has completed 26 years service.

R.C. VAN HINE, CHBOSN,W-3,Grp Cdr.

| SYMBOL NO. (Entered by D. O.) | TYPED NAME AND GRADE OF CERTIFYING OFFICER | SIGNATURE OF CERTIFYING OFFICER |
|---|---|---|
| | R.C. VAN HINE, CHBOSN,W-3, Group | Cdr. R.C. Van Hine |

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD GROUP

Port Angeles, Washington

ADDRESS REPLY TO
CO, CG GROUP
AND REFER TO FILE: CG-73

29 January, 1946

To: SHAFFER, Arthur Earl (219-282), BM1c

Subj: Statement of service for longevity pay

Incls: (a) Copy of Army statement dated 19 May, 1944

The following is a statement of service in your case to and including 19 May, 1943.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) | | Absent Due To Own Misconduct | | Nonperformance of Duty Because of (Inclusive dates) | |
|---|---|---|---|---|---|---|---|
| | | From- | To- | From- | To- | From- | To- |
| 8-15-41 | | None | | None | | None | |
| Now Serving | | None | | None | | None | |

Service Record Copy

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard service | 1 | 9 | 5 |
| Navy service | | | |
| Army Service | 4 | 2 | 25 |
| TOTAL | 6 | 0 | 0 |

S. B. GODWIN

S. B. GODWIN, Ens. (WR)
By direction

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 24 May, 1944.

From: Commandant.

To: DCGO, 17th Naval District

SUBJECT: SHAFFER, Arthur Carl (219-282) B.M. 1c.

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 -- |
| 8-15-41 Now serving | | | | | | | |

Inc.1 Copy of Army statement dated 19 May, 1944.

/s/ S. C. CRANDALL
S. C. CRANDALL,
By direction.

CERTIFIED TO BE A TRUE COPY

S. B. Godwin

S. B. GODWIN, Ens. (WR)

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

E-PM-39

NO. 18

# Service Record

SHAFFER
(Surname)

ARTHUR CARL (Christian names) | 219-282 (Service No.) | NB (Citizenship)

BM 2c. (Enlisted as) | 15 August, 1946 (Date) | Three (STE) (Term of years)

CG AIR STATION, (Ship or station) | Port Angeles, Washington. (Place)

2—13678

DISCHARGED
8-26-49 HD

NOT ELIGIBLE FOR
MUSTERING OUT PAY

# TERMINATION OF SERVICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (SUPPLEMENT) (Rev. 6-48)

| NAME | SERVICE NO. | RATING |
|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 |
| **UNIT** | **LOCATION** | **DATE REPORTED** |
| Cape Flattery Light Station | Neah Bay, Washington | 5-27-48 |
| FINAL AVERAGE EFFICIENCY MARKS → | PROFICIENCY IN RATING: 3.79 | CONDUCT: 4.0 |

DEDUCTIBLE TIME WHILE ATTACHED — [x] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [ ] SURRENDERED [x] NOT SURRENDERED (Explanation below)

## STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

To reenlist the following day

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Elect TA Port Angeles, Wash., PAFE

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [x] HONORABLE DISCHARGE BUTTON
- [x] SATISFACTORY SERVICE CARD NO. 191970
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [x] American Defense Service Medal
- [x] World War II Victory Medal
- X Honorable Service Lapel Button

ADDRESS SUBSEQUENT TO DISCHARGE

Cape Flattery Light Station
Neah Bay, Washington

SIGNATURE OF DISCHARGEE

Arthur Carl Shaffer
~~Arthur Carl Shaffer~~

REMARKS

DED
NO. 18

## DISCHARGE

| DATE | TYPE OF DISCHARGE |
|---|---|
| 8-26-49 | HONORABLE |

REASON

Expiration of enlistment and authorized extension of ~~13~~ days thereof.

AUTHORITY

Articles 589(1) & 591(5)(c) CG Regulations.

## MUSTERING OUT PAY

[ ] ENTITLED [x] NOT ENTITLED

| AMOUNT PAID | VOUCHER NO. | CHECK NO. |
|---|---|---|
| | | |

## TRAVEL ALLOWANCE AND PAY

| PAID TA FROM | TO |
|---|---|
| Neah Bay, Washington | Port Angeles, Wash. |
| TOTAL TA: 3.75 | TOTAL TA & PAY (In full to date of discharge): 3.75 |
| CHECK NO. | NAME OF PAY OFFICER: M. NORDAL, ICDR, USCG |

## CREDITABLE SERVICE THIS ENLISTMENT

| YEARS | MONTHS | DAYS |
|---|---|---|
| 03 | 00 | ~~13~~ 12 |

## REENLISTMENT RECOMMENDATION

[x] RECOMMENDED [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

R.H. WILSON, BOSN, Officer in Charge
COMMANDING OFFICER

3-630

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

CG-553A (3-48)

| 1. Serial or file No. 2. Name (Last, First, Middle) 3. Rate & Class or Rank and Classification 4. Permanent address for mailing purposes | Date 26 August, 1949 |
|---|---|
| 1. 219-282<br>2. SHAFFER, Arthur Carl<br>3. Boatswain's Mate first, USCG<br>4. Cape Flattery Light Station, Neah Bay, Washington | U.S. COAST GUARD |
| | Place of Separation CG GROUP Neah Bay, Washington |
| | Date of Separation 26 August, 1949 |
| | Date of Birth 12-18-08 |

The following items of information on NAVCG-553, "Notice of Separation from the U.S. Naval Service-Coast Guard," for the above named person are hereby corrected as follows:--

| ITEM NO. & SUBJECT | Corrected to Read:- |
|---|---|
| 18. NET SERVICE (For pay purposes) | 16 yrs., 1 month, 10 days |
| 20. QUALIFICATIONS | None |
| 21. RATINGS HELD | BM2, BM1 |
| 24. SERVICE (Vessels & Stations) | CG AIR STATION, Port Angeles, Washington<br>Cape Flattery Light Station, Neah Bay, Wn. |

BY DIRECTION OF THE COMMANDANT

R. H. WILSON, BOSN, USCG

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 8-21

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP NEAH BAY, Washington | Cape Flattery Light Station | Neah Bay, Wash. |
| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. | DATE |
| | 13-135 | 26 August, 1949 |

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 26 August-1949- Issued HONORABLE DISCHARGE this date by reason of expiration of enlistment and authorized extension of 13 days thereof.
PAFE: Port Angeles, Washington
POD: Neah Bay, Washington
TOTAL CREDITABLE SERVICE: 16 yrs., 03 mo. 10 days

EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

AUTHORITY: Arts. 589(1)&591(5)(c), CG REGS.

R.H. WILSON, BOSN, Officer in Charge
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

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)

CG GROUP NEAH BAY, Washington
(Unit)

SHAFFER, Arthur Carl
(Name in full—surname to the left)

26 August, 1949
(Date)

219-282
(Service number)

BM1
(Rating on discharge)

| | Year | Month | Day | NUMBER OF— Years | Months | Days |
|---|---|---|---|---|---|---|
| Date of last enlistment (for 3 years) | 1946 | 8 | 15 | | | |
| Enlistment extended (for 13 days from) | 1949 | 8 | 14 | | | |
| Date of discharge (HONORABLE, EE & Extension) (Character of discharge) | 1949 | 8 | 26 | | | |
| Total time of last enlistment period | | | | 03 | 00 | ~~15~~ 12 |

**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 | | |

| CREDITABLE SERVICE FOR PAYMENT OF LONGEVITY | YEARS | MONTHS | DAYS |
|---|---|---|---|
| PREVIOUS CREDITABLE SERVICE (USCG-US ARMY) | 13 | 00 | ~~27~~ 28 |
| CREDITABLE SERVICE THIS ENLISTMENT | 03 | 00 | ~~15~~ 12 |
| TOTAL CREDITABLE SERVICE: | 16 | 01 | 10 |

Total Absence (0 days)

| | | | |
|---|---|---|---|
| Creditable time served during last enlistment period | 03 | 00 | ~~15~~ 12 |

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

R. H. Wilson
R. H. WILSON

Date 26 August, 19 49

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

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 August, 19 49

CG GROUP NEAH BAY, Neah Bay, Washington
(Unit and place)

I CERTIFY that the above-named man Reenlisted in a Special Temporary Englistment for
(Reenlisted or voluntarily extended his enlistment)

a period of FOUR (4) years from this date.

Last Paid reenlistment allowance on 8-15-46

R. H. Wilson
R. H. WILSON

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

PAID $ 150 00 REENLISTMENT ALLOWANCE ON
SEP 6 1949
AT SEATTLE, WASHINGTON
BY M/ NORDAL

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

# PAY RECORD ORDER

CG GROUP NEAH BAY, Washington (13-133) C. O. Order No. 16-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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 * | 1949 (YEAR) From— | To— |
|---|---|---|---|---|---|---|
| 219-282 | SHAFFER | Arthur | C. | Issued Honorable Discharge this date by reason of expiration of enlistment and authorized extension of 13 days thereof, Auth: Art. 589(1)&591(5)(c) CG Regs | xxx | 8/26 |
| | | | | POD: Neah Bay, Washington | | |
| | | | | Elect TA Port Angeles, Washington PAFE | x x x | 8/26 |
| | | | | Not entitled to MOP (previously paid for ex-CG service) | x x x | 8/26 |
| | | | | Elects to carry leave to new account on reenlistment | x x x | 8/26 |
| | | | | MARITAL STATUS: Married | | |

(D. O. Symbol number)

R. H. Wilson

R. H. WILSON, BOSN, Officer in Charge.
(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

NCG 2500-C
(Rev. June 1942)



# SERVICE RECORD

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service number)

## 1. TRANSFERS

| Departed from— | | | Reported to— | | |
|---|---|---|---|---|---|
| Unit | Date | Signature | Unit | Date | Signature |
| CG Group, PtAngeles, Wn | 5-13-48 | Comdr. CO. | CGAS PORT ANGELES, WASH. | AUG 15 '46 | J. W. MacIntosh, by dir. |
| | | | Cape Flattery Light Station | 5-27-48 | J. P. Heaylan Bos'n, CO |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| CG Group, Pt. Angeles | BM1<br>H/L 4-20-48 (PE-c) | 5-1-48 | Comdr. CO |

## 3. DETAILS—RESERVE ACTIVE DUTY

| Ship or station | Date From— | Date To— | Duty | Signature |
|---|---|---|---|---|
| Cape Flattery Light Sta | 5-27-48 | 8-26-49 | Officer in Chg | R. H. WILSON, BOSN<br>OinC CG Group Neah Bay |

## 4. SWIMMING QUALIFICATIONS

| Unit | Date of qualification | Signature |
|---|---|---|
| | | |



16—9676-2

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service number)

## 5. SPECIAL QUALIFICATIONS

| Ship | Date | Proficient in— | Signature |
|---|---|---|---|
| LBS, Neah Bay, Wash | 6/7/48 | Unqualified Small Arms Firing | J. E. Keoughan Bos'n., CO |

## 6. EFFICIENCY MARKS

| Date | Rate | Proficiency in rating | Seamanship | Mechanical ability | Ability as leader of men | Conduct | Signature |
|---|---|---|---|---|---|---|---|
| 9-30-46 | BM2c | 3.7 | 3.6 | 3.5 | 3.6 | 4.0 | CGAS PORT ANGELES, WASH. Commanding Officer |
| 12-31-46 | BM2c | 3.7 | 3.6 | 3.5 | 3.7 | 4.0 | Lt.Comdr.,Actg. |
| 3-31-47 | BM2c | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | Comdr., CO. |
| 6-30-47 | BM2c | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | Comdr.,CO |
| 9-30-47 | BM2c | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | LtCmdr,CO,Acting. |
| 12-31-47 | BM2c | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | LtCmdr,CO,Acting |
| 3-31-48 | BM2c | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | Comdr Commanding Officer |
| 5-13-48 | BM1 | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | Comdr. CO. |
| 6-30-48 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | Bos'n, CO |
| 9-30-48 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | , Bosn, CO |
| 12-31-48 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | , BOSN, CO |
| 3-31-49 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | BOSN OinC |
| 6-30-49 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | BOSN OiC CG GROUP NEAH BAY |
| 8-26-49 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | R. H. WILSON, BOSN OinC CG Group Neah Bay |
| AVERAGE | X X X X | 3.79 | | | | 4.0 | R. H. WILSON, BOSN OinC CG Group Neah Bay |

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

## 7. COMMENDATIONS AND AWARDS

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

| Ship or station | Date | REMARKS |
|---|---|---|
| CG GROUP NEAH BAY, Wash. | 8-26-49 | Issued Honorable Discharge Button<br>Honorable Service Lapel Button<br>American Defense Medal<br>Victory Medal World War II medal<br>R. H. WILSON, BOSN, OinC CG GROUP NEAH BAY<br><br>Receipt of the above buttons and medals acknowledged.<br>Arthur C. Shaffer |



16—9676-2

CG GROUP NEAH BAY, Washington
~~[illegible]~~
Neah Bay, Washington
26 August, 1949

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

| SHAFFER, Arthur C. | 219-282 | BM1 |
|---|---|---|
| NAME | SER. NUMBER | RATING |

has completed a continuous period of three years' active service on 14 August, 1949 with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record of the above-named person, and he has been authorized to wear appropriate ribbon in lieu of issue of actual award at this time.

R. H. WILSON, BOSN, OinC
Commanding Officer

NCG 2500-C
(Revised June 1942)



RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service Number)

## 8. LEAVE ACCOUNT WITH PAY

| Ship or station | Date Departed | Date Returned | Number of days | Balance Annual | Balance Reenlist | Signature |
|---|---|---|---|---|---|---|
| CGAS PORT ANGELES, WASH. | Credit | on reenlistment | | 30 | 30 | J.W. MacIntosh Jr. XO By dir. |
| CGAS PORT ANGELES, WASH. | Standing | leave Credit | AS OF 9-1-46 | 101 | | J.W. MacIntosh, XO By dir. |
| CG GROUP NEAH BAY | SEE NEW TYPE LEAVE SHEET FOR ADDITIONAL INFORMATION | | | | | R. H. WILSON, BOSN OinC CG Group Neah Bay |

## 9. ABSENCE FROM DUTY WITHOUT PAY

| Ship or station | Number of days | From— | To— | Remarks | Signature |
|---|---|---|---|---|---|
| CG Group, Pt. Angeles, Wn. | NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT | | | | Comdr. CO. |
| CG GROUP, NEAH BAY | NO DEDUCTIBLE TIME WHILE ATTACHED | | | | R. H. WILSON, BOSN OinC CG Group Neah Bay |

## 10. TRIALS BY COURTS MARTIAL

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



16—9676-2

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service Number)

## 11. DESERTION

Date ....., 19..... Unit ..... Place .....

## 12. DEATH

| Unit | Date | Cause | Place of burial | Disposition of effects | Was death in line of duty? | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |

## 13. RETIREMENT

| Unit | Date | Cause | Authority | Signature |
|---|---|---|---|---|
| | | | | |

## 14. DISCHARGE

Date 26 August, 1949 Place Neah Bay, Washington

Discharged by reason of Expiration of Enlistment and extension of 13 days.

Kind of discharge Honorable Serial No. .....

Authority Art. 589(1) and 591(5)(b), Coast Guard Regulations

Rating Boatswain's Mate first 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:

Cape Flattery Light Station

Neah Bay, Washington

Has signified intention { to / ~~XXXXX~~ } reenlist next day.

Creditable Coast Guard service during this enlistment 03 (Years) 00 (Months) 13 (Days)

Completed 15 years' net service for pay purposes on 17 July, 1948

Total time lost and deducted for pay purposes thereafter to date of discharge 00 (Years) 00 (Months) 00 (Days)

26 August, 1949
(Date)

Certified correct upon termination of service.

R. H. Wilson
R. H. WILSON, BOSN *Commanding Officer.*
OinC CG Group Neah Bay

(4)

U. S. GOVERNMENT PRINTING OFFICE 16—9676-2

RECORD OF SHAFFER, ARTHUR C. (Full name, surname to the left) 219-282 (Service number)

LEAVE RECORD

| ACCURED CREDITS | | | LEAVE TAKEN | | | | | BAL. DUE | PERIODS FOR WHICH LEAVE DOES NOT ACCURE | | | | CO's SIGNATURE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REASON | DATE | NO. DAYS | FROM | TO | REASON | NO. DAYS | ADV LV | NO. DAYS | FROM | TO | REASON | NO DAYS | |
| IC | 9-1-46 | 60 | | | | | | 60 | | | | | J.C. MacIntosh, XO By ms |
| | | | 3-20-47 | 4-3-47 | REG | 15 | No | | | | | | Clement Vaughn Lt.Cmdr,XO |
| | | | 6-15-47 | 6-29-47 | REG | 15 | | | | | | | Clement Vaughn LtCmdr,XO |
| 6-30-47 | ANCR | 25 | | | | | | 55 | | | | | Clement Vaughn LtCmdr,XO |
| BBF | 7-1-47 | 55 | | | | | | | | | | | Clement Vaughn LtComdr,XO |
| | | | 5-14-48 | 5-23-48 | ACC | 10 | | | | | | | J.E. Keoughan Bos'n,CO |
| ANCR | 6-30-48 | 30 | 6-23-48 | 6-30-48 | ACC | 8 | | 6775 | | | | | J.E. Keoughan Bos'n,CO |
| BBF | 7-1-48 | 60 | | | | | | | | | | | J.E. Keoughan Bos'n,CO NEAH BAY LIFEBOAT STA. |
| | | | 7-1-48 | 7-2-48 | ACC | 2 | | 58 | | | | | J.E. Keoughan Bos'n,CO NEAH BAY LIFEBOAT STA. |
| | | | 5-4-49 | 5-17-49 | Comp. | 12 | | 58 | | | | | R.H. Wilson R.H. WILSON, BOSN, OIC CG GROUP NEAH BAY |
| ANCR | 6-30-49 | 30 | | | | | | 60 | | | | | |
| BBF | 7-1-49 | 60 | | | | | | 60 | | | | | R.H. Wilson BOSN OiC |

Elected to carry 60 days ACC LV to new record upon reenlistment 8-27-49

R.H. Wilson

R. H. WILSON, BOSN
OinC CG Group Neah Bay

PE-PR-35

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1939

# SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of SHAFFER, Arthur Carl (219-282) as Boatswain's Mate Second Class
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Air Station, Port Angeles, Wn. District, Thirteenth CG District
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Port Angeles, Washington
(Place)

1. I, Arthur Carl Shaffer (Full name), this 15th day of August, 19 46, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ---

2. I was born in Williamsville, Illinois, on 18 December, 1908 Citizenship [b] NB

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

If intentions declared, place and date of declaration --

Occupation or trade Asst. Keeper Home address Ediz Hook Light Station, Port Angeles, Wash.

Full name and address of the following: Olive Mae Shaffer, Ediz Hook Light Station, Port Angeles, Wn. (Wife, if any)

Kathryn Raye Shaffer, age 4; Donna Mae Shaffer, age 1
(Children under 21 years of age. Specify ages of children)

Minnie Hanson, 1113 W. Sharp, Spokane, Washington (Mother, if living) Widowed? No

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

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

None
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have ... 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 14 August, 19 46, from ~~Cutter~~ Station CGAS, Port Angeles, Wash. with Honorable discharge, herewith submitted, serial No. A65736
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Commander F. G. Wild (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by Commander F. G. Wild (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Arthur Carl Shaffer (Name of person enlisting) who has hereunto signed his

---

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

2—3476 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL, TEMPORARY ENLISTMENT.

Arthur Carl Shaffer
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. G. WILD, Commander, USCG
(Signature and rank of enlisting officer)

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

F. G. Wild
F. G. WILD,
Commander, U. S. C. G., *Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, Arthur Carl Shaffer, 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.

Arthur Carl Shaffer
(Signature of enlisted person)

Subscribed and sworn to before me this 15th day of August, A. D. 1946

F. G. WILD, Commander, USCG

(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

Age 37 years 8 months. Height 5 feet 10 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion ruddy Color white Married Yes

Distinguishing marks Tatoos: lfa; wreath "Montana"; dagger "Death before Dishonor"; rfa heart; flag and eagle "U.S.A."

## 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.

14 August, 1949 - Enlistment extended for such period required pending reciept of authorization and physical examination form 88 from H/Q. Art. 591(5)(c) CG Regs. Enlistment extended 13 days.

R. H. WILSON, BOSN,

2—3478

CG GROUP NEAH BAY, Washington
~~U.S.C.G. OPERATING BASE~~
Neah Bay, Washington
26 August, 1949

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

| SHAFFER, Arthur C. | 219-282 | BM1 |
|---|---|---|
| NAME | SER. NUMBER | RATING |

has completed a continuous period of three years' active service on 14 August, 1949 with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record of the above-named person, and he has been authorized to wear appropriate ribbon in lieu of issue of actual award at this time.

R. H. WILSON, BOSN, OinC
Commanding Officer

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG AIR STATION, Port Angeles, Wash. (Unit) — Port Angeles, Washington (Place)

15 August, 1946 (Date)

FROM: SHAFFER, Arthur C. (219-282) BM2c.

TO: COMMANDANT (via CO, CG AIR STATION, Port Angeles, Wn.

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:

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Edis Hook Light Station, Port Angeles, Wn. (Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42) (Full name of child; if none, so state) | Same (Address of child) |
| Donna Mae Shaffer (Born 8-23-45) (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:

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | Route 4, Box 66, Vancouver, Wn. (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:

| | | |
|---|---|---|
| Winnie Hanson (Full name of relative) | Mother (Relationship) | 1113 W. Sharp, Spokane, Wash. (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

15th day of August, 1946

J. W. MacIntosh, Jr. (Signature)

By direction
(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer (Signature)

BM 2c.
(Rank or rating)

16—25758-1

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

JAN 3 1947

SRC ON 17 SEP 1945

SERVING IN ALASKA THIS DATE MAR 16 1944

# Service Record

SHAFFER
(Surname)

Arthur Carl (Christian names) | 219-282 (Service No.) | Nb (Citizenship)

Coxswain (Enlisted as) | 15 August, 1941 (Date) | THREE (STE) (Term of years)

GUARD ISLAND LIGHTSTATION (Ship or station) | Ketchikan, Alaska (Place)

Voluntarily Extended Enlistment For TWO Years

16—9677

CERTIFIED FOR MUSTERING-OUT

PAY

CERTIFIED FOR MUSTERING-OUT

NAVY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

# SERVICE RECORD

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service No.)

## 1. TRANSFERS

| Departed from— Unit | Date | Signature | Reported to— Unit | Date | Signature |
|---|---|---|---|---|---|
| | | | Guard Island L/S | 8-15-41 | J. Stelle Lt.(jg) |
| Guard Island LS | 11-20-44 | [illegible] | Ensign DCGO, 13th ND | | |
| Guard Island LS | 11-18-44 | [illegible] | Ensign DCGO, 17th ND New Dungeness Light Station Sequim, Wash. | 11-18-44 DEC 21'44 | [illegible] Ensign Lieut (R) |
| DCGO, 17th ND New Dungeness Light Station Sequim, Wash. | 11-20-44 APR 12 '46 | [illegible] Lieut (R) By direction | CGAS PORT ANGELES, WASH. | APR 12 '46 | [illegible] Lieut (R) By direction |
| CGAS PORT ANGELES, WASH. | APR 26'46 | [illegible] By direction | Edz Hook Light Sta, Port Angeles, Wash. | APR 26'46 | [illegible] By direction |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| Guard Is. L/S | B.M.2c. | 2-1-43 | J. P. Tousey Ensign |
| GUARD ISLAND | BM2c. to B.M.1c. | 10-21-43 | J. Stelle Lieut. |
| New Dungeness Light Station | Permanent rating in accordance | | S. B. Godwin Ens. (WR) |
| Edz Hook Light Sta, Port Angeles, Wash. | with Alcoast 143(1945) is BM2c. CR fm BM1c to BM2c effective 7-1-46 | | J. W. MacIntosh Jr. XO By dir. |

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (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 | Rate | P in R | Seaman ship | Mech. Ability | Lead. Men | Special Qual. Vessel or station of Spec. Detail | Con Duct | Signature |
|---|---|---|---|---|---|---|---|---|
| 9-30-41 | Cox(P) | 3.0 | 3.0 | 2.6 | 3.4 | L.S. DUTY | 4.0 | Lt.Cmdr. |
| 12-31-41 | Cox(P) | 3.3 | 3.3 | 3.0 | 3.3 | | 4.0 | Lt.(jg). |
| 3-31-42 | Cox(P) | 3.6 | 3.3 | 3.2 | | | 4.0 | Lt. |
| 6-30-42 | Cox(P) | 3.6 | 3.3 | 3.2 | 3.5 | | 4.0 | Lt.(jg) |
| 9-30-42 | Cos(P) | 3.6 | 3.3 | 3.2 | 3.5 | | 4.0 | Lt.(jg) |
| 12-31-42 | Cox(P) | 3.5 | 3.5 | 3.2 | 3.0 | | 4.0 | Ensign |
| 3-31-43 | B.M.2c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Ensign |
| 6-30-43 | B.M.2c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lieut. |
| 9-30-43 | B.M.2c. | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt (jg) |
| 12-31-43 | B.M.1c. | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt (jg) |
| 3-31-44 | B.M.1c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt(jg) |
| 6-30-44 | B.M.1c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt(jg) |
| 8-14-44 | B.M.1c. | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt(jg) |
| Enlistment voluntarily extended for two years and DOW, but not to exceed six months thereafter, effective 15 August, 1944. | | | | | | | | |
| 9-30-44 | BM1c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Lt(jg) |
| 11-18-44 | BM1c | 3.7 | 3.5 | 3.5 | 3.7 | | 4.0 | Ensign |
| 11-20-44 | BM1c | LESS THAN ONE MONTH | | | | | 4.0 | Ensign |
| 12-31-44 | BM1c | LESS THAN ONE MONTH | | | | | 4.0 | Comdr |
| 3-31-45 | BM1c | 3.5 | 3.5 | 3.5 | 3.7 | | 4.0 | Comdr. |
| 6-30-45 | BM1c | 3.6 | 3.6 | 3.5 | 3.7 | | 4.0 | Comdr. |
| 9-30-45 | BM1c | 3.6 | 3.6 | 3.5 | 3.7 | | 4.0 | Cmdr. |
| 12-31-45 | BM1c | 3.7 | 3.6 | 3.5 | 3.7 | | 4.0 | Comdr. |
| 3-31-46 | BM1c | 3.7 | 3.6 | 3.5 | 3.7 | | 4.0 | CO |
| APR 12 '46 | BM1c | LESS THAN ONE MONTH | | | | | 4.0 | CO |
| APR 26 '46 | BM1c | LESS THAN ONE MONTH | | | | | 4.0 | CO |
| 6-30-46 | BM1c | 3.7 | 3.6 | 3.5 | 3.7 | | 4.0 | CO |
| 8-14-46 | BM 2c | 3.7 | 3.6 | 3.5 | 3.7 | | 4.0 | CO By dir. |
| Average | | 3.65 | 3.55 | 3.5 | 3.7 | | 4.0 | CO By dir. |
| Average | | | | | | | | |

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

## 4. SWIMMING QUALIFICATIONS

| Unit | Date of qualification | Signature |
|---|---|---|
| | | |



U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

Sht

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service No.)

## 5. TRIALS BY COAST GUARD COURTS AND RESULT

| Unit | Date | REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column | Signature |
|---|---|---|---|
| | | | |

## 6. MERITORIOUS CONDUCT

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

| Unit | Date | Remarks | Signature |
|---|---|---|---|
| GUARD IS. L/S | 3-16-44 | Serving in Alaska this date. | J. P. Tarney Lt.(jg) |
| DCGO 17th ND KET. | AUG 3 '44 | Entitled to wear Asiatic-Pacific Area Campaign medal. | J. P. Tarney Lt. (jg) |
| Guard Island LS | 8-15-44 | Authorized to wear Good Conduct ribbon for completion of three years continuous service on 8-14-44 with no mark in conduct less than 4.0. | J. P. Tarney Lt(jg) |
| Guard IslandLS | 11-4-44 | Entitled to wear American Defense Service medal with Base clasp. | J. P. Tarney Lt(jg) |
| CGAS PORT ANGELES, WASH. | JAN 28 '46 | Ent to World War II Vict Medal | W. H. Swanston CC |
| CGAS PORT ANGELES, WASH. | 3/22/46 | ENTITLED TO AMERICAN CAMPAIGN MEDAL | W. H. Swanston Commanding Office. |



2—13678

RECORD OF SHAFFER, Arthur Carl 219-282

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

## 7. SPECIAL QUALIFICATIONS

| Unit | Date | Proficient in— | Signature |
|---|---|---|---|
| GUARD ISLAND L/S | 6-19-43 | Objective Tests<br>Soc. Studies 87<br>Mathamatics 79<br>Mech. Aptitude 118 | [signature] Lieut. |

## 8. DETAILS

(Will include inter-unit transfers)

| Unit | Date From— | Date To— | Duty | Signature |
|---|---|---|---|---|
| Guard Island L/S. | 3-16-44 | Serving in Alaska this date. | | [signature] Lt. (jg). |



U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service No.)

## 9. LEAVE ACCOUNT
WITH PAY

| Unit | Date Departed | Date Returned | Number of days | Balance Annual | Balance Reenlist | Signature |
|---|---|---|---|---|---|---|
| KETDIST 48 days accrued due to L/H | | | Service | 48 | | Lt.Cmdr. |
| Guard Is. | Second yr. credit | | 8-15-42 | 30 | | Lt.(jg) |
| Guard Is. L/S | 8-15-42 | 11-20-42 | 30&66L/S | 0 | | Lt(jg) |
| GUARD ISLAND L/S | 3rd year | 8-15-43 | Credit | 30 | -- | Lt.(jg) |
| GUARD ISLAND L/S | 12-6-43 | 3-12-44 | 30/66 | -0- | -- | Lt.(jg) |
| GUARD ISLAND L/S | Enlistment extended | | Credit | 30 | 30 | Lt(jg) |
| New Dungeness Light Station Sequim, Wash. | 11-24-44 | 12-20-44 | 25 | 5 | 30 | Lieut (R) |
| New Dungeness Light Station Sequim, Wash. | 8-15-45 | 5th Year Credit | | 30 | 30 | Lieut (R) |
| New Dungeness Light Station Sequim, Wash. | 9-1-45 | 9-12-45 | 10 | 20 | 30 | Lieut (R) |
| CGAS PORT ANGELES, WASH. | 1-14-46 | 2-14-46 | 30 | 20 | ******** | Ens (WR) — By Dir. |
| CGAS PORT ANGELES, WASH. | 8-2-46 | 8-14-46 | 11 | 9 | — | A.S.O. By dir. |

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service No.)

## 10. ABSENT FROM DUTY

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

| Unit | Months | Days | From— | To— | Remarks | Signature |
|---|---|---|---|---|---|---|
| GUARD ISLAND LS | | NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. | | | | G.G. Hogg, Ensign |
| DCGO, 17th ND | | NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. | | | | G.G. Hodge, Ensign |
| New Dungeness Light Station Sequim, Wash. | | | No deductible time while attached to this unit. | | | W. Ayres, Commanding Officer |
| CGAS PORT ANGELES, WASH. | | | No deductible time while attached to this unit. | | | W. Ayres, Commanding Officer |
| USCG Group Port Angeles, Wash. | | | No deductible time while attached to this unit. | | | J.W. MacIntosh Jr. XO By [illegible] |

## 11. EXTENSION OF ENLISTMENT

| Unit | Period | Reason | Signature |
|---|---|---|---|
| Guard Island LS | 8-14-44 | Voluntarily extended enlistment this date for two years and such additional time, not to extend beyond six months after the date of termination of the war or national emergency. | J.J. Tawy Lt(jg) |

PE-E 61

## 12. ON DISCHARGE

Date 14 August, 1946 Place CGAS, Port Angeles, Washington Serial No. A65736

Kind of discharge Honorable Authority for Alcoast 144-45; Art 589(1) Regs. Art 138(1) P&SI

Discharged on account of Expiration of enlistment and extension thereof.

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

CODED NO. 10

SIGNATURE J.W. MacIntosh Jr.
J. W. MacINTOSH, JR.
By direction

## 13. ON DESERTION

| Unit | Date | Remarks | Signature |
|---|---|---|---|
| | | | |



U. S. GOVERNMENT PRINTING OFFICE 2—13678

NAV. S. AND A. FORM 550

# MUSTERING OUT PAYMENT

SEE INSTRUCTIONS ON REVERSE SIDE

| 219-282 | SHAFFER | Arthur | C. | BM 2c. USCG |
|---|---|---|---|---|
| (File or service No.) | (Surname) | (First name) | (Initial) | (Rank or rating and branch of service) |

| 14 August, 1946 | CG AIR STATION, Port Angeles, Wash. | 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* Yes

## COMMANDING OFFICER'S CERTIFICATE:

ENTITLED TO $300.00 MOP upon immediate reenlistment

(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.*

(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? Yes (Enter Yes or No)

Arthur C. Shaffer

Arthur C. Shaffer (Signature of applicant)

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

(Omit address if service is LESS than 60 days)

I request that my mustering out payment be made in one lump sum.

CG AIR STATION, Port Angeles, Washington

(Number) (Street)

(City) (Zone) (State)

## DISBURSING OFFICER'S PAYMENT DATA

$300.00 MOP in one lump sum ALNAV 360-45

Paid $100.00 on 423-1774 (Public voucher) 7564 (Check number) AUG 23 1946 (Date)

H. E. MAJOR, CPC, USCG

Assistant Disbursing Officer

18-423

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

## MUSTERING OUT PAYMENT DIVISION DATA

16—29039-1

TRIPLICATE

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service No.)

## 14. ON RETIREMENT

| Unit | Date | Cause | Authority | Signature |
|---|---|---|---|---|
| | | | | |

## 15. ON DEATH

| Unit | Date | Cause | Place of burial | Disposition of effects | Was death in line of duty | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |

## 16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

5 (Years) 0 (Months) 0 (Days)

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

## 17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

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

Address subsequent to discharge will be:

Ediz Hook Light Station Street,

Port Angeles, W City, Washington State.

HAS SIGNIFIED INTENTION {To [redacted]} REENLIST NEXT DAY.

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

_____

*Commanding Officer—Officer in Charge.*

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GRDUP (Unit)

PortAngeles, Washington (Place)

19 March, 1946 (Date)

FROM: SHAFFER, Arthur Carl (219-282), BMlc

To: COMMANDANT (via Commanding Officer)

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

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Route 4, Box 66 Edy Hook 4/5 Vancouver, Washington (Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42) (Full name of child; if none, so state) | Same (Address of child) |
| Donna Mae Shaffer (Born 8-23-45) (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:

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | Apt. 968, Ogden Meadows, Vancouver, Washington (Address of relative) Rt 4, Box 62 Vancouver |

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:

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 427 Cleveland Avenue, Spokane, Washington (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 19th day of MARCH, 19 46

S. B. GODWIN (Signature)

By direction (Rank or title)

Arthur Carl Shaffer (Signature)

BMlc USCG (Rank or rating)

Service Record Copy

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

NCG 2500-A
U. S. Coast Guard

# VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. Guard Island Light Station
(Unit)
Ketchikan, Alaska
(Place)
15 August, 1944
(Date)

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

I, Arthur Carl Shaffer (Name of applicant), 219-282 (Service number), B.M.1c. (Rating), having on 15 August, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of two years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Alcoast 83-41. I further agree to extension of enlistment by Sect. of Navy for such additional time as deemed necessary to public interests in time of war or national emergency declared by President, not to extend beyond six months after date of termination of emergency.

Arthur Carl Shaffer
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 15th day of August A. D., 1944

J. P. Towey
J. P. TOWEY, Lieut.(jg) USCGR
By direction
(Commanding officer or notary public)

---

U. S. C. G. Guard Island Light Station
(Unit)
Ketchikan, Alaska
(Place)
15 August, 1944
(Date)

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

J. P. Towey
J. P. TOWEY, Lieut.(jg) USCGR
By direction
(Officer authorized to accept extension)

---

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

(Date)

*Returned.* The application for extension is disapproved.

(For the Chief Personnel Officer)

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

16—21000-1 U. S. GOVERNMENT PRINTING OFFICE

Mr. Levy

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Ketchikan, Alaska

Arthur C. Shaffer has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter you immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

FRANK TOMKIEL, Lieutenant Commander, U.S.C.G
Recruiting Officer.

1. How long have you known the applicant. . . . . 4 years
2. What is his general reputation in the community good
3. Is he industrious?.... yes
4. Is he trustworth?..... yes
5. Is he married?..... yes
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? unknown
10. Are you related to the applicant? no

Henry Levy
(signature)

Ketchikan
(Street or box number)

(City) (State).

# 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.

| Shaffer, Arthur Carl | 219-282 | Coxwain |
|---|---|---|
| (NAME) | (SERVICE NUMBER) | (RATING, RANK or GRADE) |

EDUCATION:

(a) Grammar School: **eight years**
(Number of years attended, graduated) (Grade)

(b) High school: **two and one half**
(Number of years attended, grade completed or graduated

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

EXPERIENCE:

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

| | | | |
|---|---|---|---|
| Aviation Rigger | ( ) | Aviation Mechanic | ( ) |
| Accountant | ( ) | Bookkeeper | ( ) |
| Carpenter | ( ) | Dentist | ( ) |
| Draftsman | ( ) | Electrician (telephone) | ( ) |
| Electrician (general) | ( ) | Engineer, 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.

**Truck driver**
**One year house painting**
**3 years 10 mos. assistant light house keeper**

Use reverse side of this form when necessary.

Arthur C Shaffer
(SIGNATURE) ARTHUR C SHAFFER

No. 14

SHAFFER Arthur C. 219-282 BM2c

CG GROUP EDIZ HOOK LIGHT STATION Port Angeles, Washington

13-128 1 July, 1946

1 July, 1946: Reduced in rating from BM1c which was temporary rating held on 30 June, 1946 (original advancement to temporary rating was made on 21 October, 1943) to permanent rating of BM2c effective 1 July, 1946.

30D ALCOAST 118 (1946)

J. W. MacINTOSH, JR., [illegible]
Executive Officer

Service Record Copy

SHAFFER Arthur C. 219-282 BM1c

CG GROUP EDIE HOOK LIGHT STATION Port Angeles, Wash.

13-128 26 April, 1946

1115
26 April, 1946 CG AIR STATION, Port Angeles, Washington
assignment to duty

30D Comdr., 13th C.G.D. (pra) ltr 4-24-46, file CG-73-701

W. CURWEN, JR., Lieut USCGR - By direction.

Service Record Copy

SHAFFER Arthur C. 219-282 EM1c

CG GROUP CG AIR STATION Port Angeles, Wash.

13-128 26 April, 1946

1115
26 April, 1946 EDIZ HOOK LIGHT STATION, Port Angeles, Washington
assignment to duty

Comdr., 13th C.G.D. ltr (pra) 4-24-46, file CG-73-701

W. CURTEN, JR., Lieut USCGR - By direction.

Service Record Copy

SHAFFER Arthur C. 219-282 BMlc

CG GROUP CG AIR STATION Port Angeles, Wash.

13-128 12 April, 1946

1900
12 April, 1946 New Dungeness LightStation, Sequim, Wash.
assignment to duty

02D Comdr., 13 CGD (ptm) ltr 4-4-46, file CG-73-701

W. CURWEN, JR., Lieut (R) - By direction

Service Record Copy

SHAFFER Arthur C. 219-282 BMlc

CG GROUP NEW DUNGENESS LIGHT STATION Sequim, Washington

13-133 12 April, 1946

1700 CG Air Station, Port Angeles, Washington
12 April, 1946 assignment to duty

Comdr., 13th CGD ltr (pra) 4-4-46, file CG-73-701

W. CURMEN, JR., Lieut (R) - By direction

Service Record Copy

60

SHAFFER Arthur C. 219-282 BM1c

CG GROUP
NEW DUNGENESS LIGHT STATION 13-133 Port Angeles, Wash. 4 December, 1945

Rating of Boatswain Mate Second Class, which was held on 31 July, 1943, is hereby made permanent. This man is deemed fully qualified for the rating of Boatswain Mate Second Class.

30D
Alcoast 143(1945)

S. W. MacINTOSH, Jr. Comdr. USCG
Executive Officer

Service Record Copy

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 Coxswain

**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.**

Ketchikan, Alaska
(Place)

15 August, 19 41
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 32 years 8 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 Arthur Carl Shaffer

Date of birth 18 December, 1908

Place of birth Williamsville, Illinois Citizenship NB

Home address Ketchikan, Alaska

Are you married? yes Number and relationship of persons dependent on you for support? one wife

Are you prepared to support your dependents on service pay? yes

Are your parents living? yes Are your parents dependent on you for support? no

Name and address of next of kin Olive Mae Shaffer, Ketchikan, Alaska

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 | | You were Employed as— |
|---|---|---|---|---|---|
| | | | From— | To— | |
| Lighthouse Service | Ketchikan, Alaska | Lighthouse Service | 10-37 | 8-41 | Ass't Keeper |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

(OVER)

2—13412

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

8 Years Grammar School, Great Falls, Montana

2½ Years High School, Great Falls, Montana.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? yes

If so, state which Army

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? - - - - - - - - Where? - - - - - - - - - - - - - -

Were you accepted or rejected? - - - - - - - - If rejected, state why - - - - - - - - - - -

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

(Sign your full name here) Arthur Carl Shaffer

ARTHUR C SHAFFER

Accepted or rejected Accepted Cause of rejection

Date 15 August, 1941

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

FRANK TOMKIEL, Lieut. Comdr., U.S.C.G.

U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

RECEIVED 13TH DIST. 1948 COAST GUARD

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) ~~OFFICERS~~
REFER TO FILE: CG-73

26 July, 1948

To: Commanding Officer, CG Group, Neah Bay
VIA: Commander, 13th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.: Copy of Army statement dated 30 August, 1941

The following is a statement of service, to and including 14 August, 1946 of SHAFFER, Arthur Carl (219-282) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) From— | Absent Without Leave (Inclusive dates) To— | Absent Due to Own Misconduct (Inclusive dates) From— | Absent Due to Own Misconduct (Inclusive dates) To— | Nonperformance of Duty Because of (Inclusive dates) From— | Nonperformance of Duty Because of (Inclusive dates) To— |
|---|---|---|---|---|---|---|---|
| 8-15-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. | 2 Years from | | | | | | |
| 8-15-44 | 8-14-46 H D | NONE | | NONE | | NONE | |
| 8-15-46 | | | | | | | |
| Now serving | | | | | | | |

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | 5 | 0 | 0 |
| Navy service | | | |
| Army service | 4 | 2 | 25 |
| Lighthouse service | 3 | 10 | 2 |
| Total | 13 | 0 | 27 |

Completed 15 years 7/17/48

B. A. Shaw
B. A. SHAW
By direction

16—33636-2 U. S. GOVERNMENT PRINTING OFFICE

# STATEMENT OF PRIOR SERVICE

DEMOBILIZED PERSONNEL RECORDS BRANCH, AGO,
ST LOUIS, MISSOURI

| LAST NAME - FIRST NAME - MIDDLE INITIAL | CURRENT ARMY SERIAL NO. | PRIOR ARMY SERIAL NO. | DATE FURNISHED |
|---|---|---|---|
| Shaffer, Arthur C. | | 6,547,368 | 30 Aug. 41 |

| SERVICE CLAIMED | | DATE AND PLACE OF CURRENT INDUCTION OR ENLISTMENT |
|---|---|---|
| FROM | TO | |
| | | |

The following statement of service, furnished in accordance with Par. 21, AR 600-750 and Par. 8, AR 345-125, to be entered in the Service Record for Longevity Pay, Forward to present Commanding Officer if transferred to another organ.

## ENLISTED SERVICE

| CO., REGT., ARM OR SERVICE | | CO., REGT., ARM OR SERVICE | |
|---|---|---|---|
| Headquarters Co., 7th Infantry | | | |
| FROM: 23 January, 1933 | TO: 22 January, 1936 | FROM | TO |
| GRADE: Private 1st Class | CHARACTER AT DISCHARGE | GRADE | CHARACTER AT DISCHARGE |
| REASON FOR DISCHARGE: Expiration term of service | | REASON FOR DISCHARGE | |
| [X] HONORABLE [ ] NOT HONORABLE [ ] DISHONORABLE | | [ ] HONORABLE [ ] NOT HONORABLE [ ] DISHONORABLE | |
| DAYS LOST UNDER AW 107: 0 | DAYS RETAINED IN SVC.: 0 | DAYS LOST UNDER AW 107 | DAYS RETAINED IN SVC. |
| CO., REGT., ARM OR SERVICE: Headquarters Co., 7th Infantry | | CO., REGT., ARM OR SERVICE | |
| FROM: 23 January, 1936 | TO: 17 April, 1937 | FROM | TO |
| GRADE: Private 1st Class | CHARACTER AT DISCHARGE | GRADE | CHARACTER AT DISCHARGE |
| REASON FOR DISCHARGE: Purchase | | REASON FOR DISCHARGE | |
| [X] HONORABLE [ ] NOT HONORABLE [ ] DISHONORABLE | | [ ] HONORABLE [ ] NOT HONORABLE [ ] DISHONORABLE | |
| DAYS LOST UNDER AW 107: 0 | DAYS RETAINED IN SVC.: 0 | DAYS LOST UNDER AW 107 | DAYS RETAINED IN SVC. |

## COMMISSIONED SERVICE

| ARM OR SERVICE | GRADE | ARM OR SERVICE | GRADE |
|---|---|---|---|
| DATE COMMISSIONED | DATE ACCEPTED | DATE COMMISSIONED | DATE ACCEPTED |
| DATE ENTERED ACTIVE DUTY | CHARACTER | DATE ENTERED ACTIVE DUTY | CHARACTER |
| DATE TERMINATED | MANNER OF TERMINATION | DATE TERMINATED | MANNER OF TERMINATION |
| | | | |

REMARKS

4-2-25 Cred
LD

Certified to be a true copy
B. A. Shaw
B. A. SHAW,
Chief, Enlisted Processing
and Records Section.

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

E. S. ADAMS.
E. S. ADAMS
EDWARD EXTELL
MAJOR GENERAL
ACTING THE ADJUTANT GENERAL

WD AGO FORM 0846
1 OCT 1945

25-61987-2012

SHAFFER Arthur C. 219-282 BM1c

CG GROUP
NEW DUNGENESS LIGHT STATION (13-133) Sequim, Washington 21 December, 1944

1800 - 21 December, 1944: Reported on transfer from DCGO, 17ND, having previously reported to DCGO, 13ND at 1415 - 24 November, 1944.

Granted 25 days' leave enroute.

30 D

HL 8-7-44 (PEA-A)
(CG-73-531).

Lieut. (R)

B. P. PEARSON
By direction

Service Record Copy

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

# REPORT OF CHANGE IN PERSONNEL

| SHAFFER | Arthur | C. | 219-282 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

OFFICE, DCGO
13th Naval District
(Major unit)

13-001
(Unit Item No. or vessel's assigned district)

Seattle, Wn.
(Place)

21 December, 1944
(Date)

(Minor unit)

1100-20 December, 1944: Reported from DCGO, 17th Naval District, Ketchikan, Alaska.

Granted twenty-five (25) days leave enroute.

1300-20 December, 1944: Departed for CG GROUP, Port Angeles, Washington for assignment to duty at New Dungeness Light Station, Sequim, Washington.

Granted no leave enroute.

DUTY CODE No.: 18
AUTHORITY: HL 8-7-44(73-531)(PEA-A)

Lt(jg)
(Commanding)
M. K. KEMPTER
By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched |
| Verified |

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

13ND

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFER, Arthur C. | 219-282 | EM1c |

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

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 22 November, 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

TIME 2130

DATE 11-20-44

TRANSFERRED TO: DCGO, 13ND

FOR Assignment to duty.
Granted 25 days leave enroute.

AUTH: HL 8-7-44(CG-73-531)(PEA-A)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO. AUTH:

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

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

js

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1c |

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

| UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT | DATE |
|---|---|
| | 21 November, 1944 |

TIME 1930
DATE 11-18-44

REPORTED FROM: CG Unit 273
FOR Assignment to duty

DUTY CODE No. 18-F AUTH: DCGO/L 11-17-44(73-701-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

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

(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

js

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1c |

| MAJOR UNIT ~~NAME~~ | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG Unit 273 | | 17ND |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 21 November, 1944

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1830
DATE 11-18-44

TRANSFERRED TO: CG Unit 258
FOR Assignment to duty

AUTH: DCGO/L 11-17-44(73-701-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO.

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

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

SHAFFER, Arthur C. 219-282 BM2c.

CG AIR STATION Port Angeles, Wash.

13-128 14 August, 1946

1400 - 14 August, 1946: Issued "Honorable Discharge" No. A65736 by reason of expiration of furll term 3 year enlistment and voluntary extension thereof. To reenlist in Special Temporary Enlistment following day.

PAFE: Ketchikan, Alaska
POE: Ketchikan, Alaska
POB: Port Angeles, Washington

Entitled to Mileage Creditable Service: 5 yrs. 0 mo. 0 days.
Entitled to MOP

30-D

Alcoast 144-45
ART 589(1) Regs.
Art 138 (1) P&SI

J. W. MacINTOSH, JR.
By direction

Service Copy

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)

CORRECTED COPY

Coast Guard Group Point Adams, Hammond, Oregon
(Unit)

SHAFFER, Arthur Carl
(Name in full—surname to the left)

26 August 1953
(Date)

219-282
(Service number)

BOATSWAIN'S MATE FIRST CLASS
(Rating on discharge)

| | Year | Month | Day | NUMBER OF— Years | Months | Days |
|---|---|---|---|---|---|---|
| Date of last enlistment (for 04 years) | 1949 | AUG | 27 | | | |
| Enlistment extended (for ..... years from) | | | | | | |
| Date of discharge (HONORABLE) (Character of discharge) | 1953 | AUG | 26 | | | |
| Total time of last enlistment period | | | | 04 | 00 | 00 |

**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 | | |

STATEMENT OF CREDITABLE SERVICE

PREVIOUS CREDITABLE SERVICE USCG-USA 16 Yrs. 01 Mos. 09 Das.

CREDITABLE SERVICE THIS ENLISTMENT 04 Yrs. 00 Mos. 00 Das.

TOTAL CREDITABLE SERVICE FOR PAY PURPOSES: 20 Yrs. 01 Mos. 09 Das.

Total Absence (00 days)

Creditable time served during last enlistment period 04 00 00

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment. Last Paid Reenlistment allowance on 6 September 1949 in the amount of $150.00.

M. A. Jordan, LT, USCG

Date 26 August, 1953 (Rank) ChMilPerSect, OCCGD13, U. S. C. G.
*Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 August, 1953 Coast Guard Group Point Adams, Hammond, Oregon
(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.

PAID $360.00 1st REENLISTMENT BONUS ON 8-27-53 BY /s/ C. H. McHenry

M. A. Jordan, LT, USCG

(Rank) ChMilPerSect, OCCGD 3, U. S. C. G.
*Commanding officer.*

C. H. McHENRY, PCLK, USCG
Authorized Certifying Officer

U. S. GOVERNMENT PRINTING OFFICE 16—20008-1

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

UNITED STATES COAST GUARD

# STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP NEAH BAY, Washington
(Unit)

SHAFFER, Arthur Carl — 25 August, 1949
(Name in full—surname to the left) (Date)

219-282 — BM1
(Service number) (Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1946 | 8 | 15 |
| Enlistment extended (for 12 days from) | 1949 | 8 | 14 |
| Date of discharge (HONORABLE, EE & Extension) (Character of discharge) | 1949 | 8 | 26 |
| Total time of last enlistment period | | | |

| NUMBER OF— | | |
|---|---|---|
| Years | Months | Days |
| 03 | 00 | 12 |

**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 | | |

| CREDITABLE SERVICE FOR PAYMENT OF LONGEVITY | YEARS | MONTHS | DAYS |
|---|---|---|---|
| PREVIOUS CREDITABLE SERVICE (USCG-US ARMY) | 13 | 00 | 28 |
| CREDITABLE SERVICE THIS ENLISTMENT | 03 | 00 | 12 |
| TOTAL CREDITABLE SERVICE: | 16 | 01 | 10 |

Total Absence (0 days)

Creditable time served during last enlistment period — 03 | 00 | 12

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

R. H. WILSON

Date 26 August, 1949 — (Rank) BOSN, U. S. C. G.
*Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 August, 1949 — CG GROUP NEAH BAY, Neah Bay, Washington
(Unit and place)

I CERTIFY that the above-named man Reenlisted in a Special Temporary Enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of FOUR (4) years from this date.

R. H. WILSON

Last Paid reenlistment allowance on 8-15-46.

CERTIFIED TO BE A TRUE COPY.

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

16—20908-1

CMDR, CG Group, Coos Bay
Charleston, Oregon

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 |
|---|---|
| YAQUINA BAY GROUP | NEWPORT, OREGON |

I, ARTHUR CARL SHAFFER (Name) 219-282 (Service number) BM1 (Rate) having enlisted in the United States Coast Guard for 04 years, under a contract of enlistment for which accepted at Newport, Oregon and made on 28 August 1959 (Date) do hereby, for the considerations mentioned therein, solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of one full year 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 Arthur Carl Shaffer ARTHUR CARL SHAFFER

SUBSCRIBED and sworn to before me this 16th day of August, A. D. 1963, 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 F. H. Steinheiser F. H. STEINHEISER GRADE AND TITLE CHBOSN, W-3, USCG Commander, Yaquina Bay Group

**Examined and found physically qualified for extension of enlistment:** (Obtain data from Standard Form 88)

**Date** 1 August 1963 **Place** U.S.Public Health Service Outpatient Office,Coos Bay,Ore.

**Examined by (name, grade, title)** R. M. McKEOWN, M.D.

## ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 27 August 1963, been completed, and tomorrow the extension thereof for one (01) year will become effective.

OTHERWISE ENTITLED TO (type of discharge): HONORABLE

| NET TIME SERVED IN THIS ENLISTMENT | AT MIDNIGHT THIS DATE, ON DUTY AT (place) | IF AT SEA, NEXT PORT REACHED |
|---|---|---|
| 04 YRS. 00 MOS. 00 DAYS | Cape Arago Light Station<br>Coos Bay, Oregon | |

I hereby elect travel allowance to Not entitled to travel allowance due to only one (01) year extension. (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. |
|---|---|---|
| F. H. Steinheiser F. H. STEINHEISER | CHBOSN,W-3,USCG,Commander,Yaquina Bay | Group |

## COMPUTATION OF DISBURSEMENTS

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME OF A. C. O.

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (Rev. 11-57)

# CLASSIFICATION TRAINING AND RATING SHEET

## 1. RATING AND JOB CLASSIFICATION RECORD

| DATE | RATING | DESIGNATOR | OTHER QUALIFICATION | AUTHORITY | SIGNATURE (Grade and Title) | UNIT |
|---|---|---|---|---|---|---|
| 4-1-61 | BM1-P1 | | CCGD13(p) ltr P17-2/MM of 24 March 1961 | | XO, Yaquina Bay Group | YAQUINA BAY GROUP NEWPORT, OREGON |
| 3-31-62 | BM1 | | Auth: Comdt. Pers. Instr. 31-61 | | John E. Williams JOHN E. WILLIAMS, CHBOSN, W-2, USCG | YAQUINA BAY GROUP NEWPORT, OREGON |

**2.** DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:

## 3. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

| DATE ENROLLED | CLASS NO. | COURSE LENGTH | RATING ON GRADUATION |
|---|---|---|---|
| DATE COMPLETED | CLASS STANDING / NUMBER IN CLASS | | 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 / NUMBER IN CLASS | | 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 / NUMBER IN CLASS | | FINAL MARK (Std Score) |

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

## 4. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

STANDARD TESTS SCORES

| GCT | MECH | ARI | CLER |
|---|---|---|---|
| | | | |

HIGHEST SCHOOL LEVEL ATTAINED: HS-2

LANGUAGE QUALIFICATIONS: NONE

## 5. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

| DATE COMPLETED | NAME OF COURSE | MARK | SIGNATURE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 6. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

| DATE COMPLETED | NAME OF COURSE | MARK | SIGNATURE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATING |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |

NCG 2500-C
(Rev. June 1942)



# SERVICE RECORD

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service number)

## 1. TRANSFERS

| Departed from— | | | Reported to— | | |
|---|---|---|---|---|---|
| Unit | Date | Signature | Unit | Date | Signature |
| CG Group Neah Bay | 7/8/50 | Fred A. Gold CO(Act) | CG GROUP NEAH BAY (Reenlisted) | 8-27-49 | R. H. Wilson R. H. WILSON, BOSN OinC CG Group Neah Bay |
| | | | Cape Blanco Light Station | 7/24/50 | B. Higgins CBOSN, CO |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| | | | |

## 3. DETAILS—RESERVE ACTIVE DUTY

| Ship or station | Date | | Duty | Signature |
|---|---|---|---|---|
| | From— | To— | | |
| Cape Flattery LS | 8-27-49 | 7/8/50 | LS- OinC | Robt Wilson R. H. WILSON, BOSN OinC CG Group Neah Ba |

## 4. SWIMMING QUALIFICATIONS

| Unit | Date of qualification | Signature |
|---|---|---|
| | | |



16—9676-2

RECORD OF SHAFFER, Arthur C. 219-282
(Full name, surname to the left) (Service number)

## 5. SPECIAL QUALIFICATIONS

| Ship | Date | Proficient in— | Signature |
|---|---|---|---|
| | | | |

## 6. EFFICIENCY MARKS

| Date | Rate | Proficiency in rating | Seaman-ship | Mechanical ability | Ability as leader of men | Conduct | Signature |
|---|---|---|---|---|---|---|---|
| 9/30/49 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | R. H. WILSON, BOSN OinC CG Group Neah Bay |
| 12/31/49 | BM1 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 | R. H. WILSON, BOSN OinC CG Group Neah Bay |
| 3-31-50 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO GROUP NEAH BAY |
| 6-30-50 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN. |
| SEP 1950 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 12/31/50 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 3/31/51 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 6/30/51 | BM1 | 318 | 316 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 9-30-51 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 12-31-51 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 3/31/52 | BM1 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 | CBOSN, CO |
| 6/30/52 | BM1 | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 | CBOSN, CO |
| 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 |
|---|---|---|
| CG GROUP NEAH BAY, WASH | 8-27-49 | Previously issued: Honorable Discharge Button; Honorable Service Lapel Button; American Defense Medal; Victory Medal World War II. R. H. WILSON, BOSN OinC CG Group Neah Bay |



16—9676-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (Rev. 12-47)

# MARKS

| 3. Date the Mark is effective | 4. Semester | 5. Rate | 6. Proficiency | 7. Leadership | 8. Conduct | 9. Ship or Station | 10. Signature |
|---|---|---|---|---|---|---|---|
| 31 JAN 59 | F | BMC | 3.8 | 3.8 | 4.0 | Group Yaquina Bay Newport, Oregon A.F. | JENSEN, CHBOSN, W-2, CO Acting |
| 31 JUL 59 | F | BMC | 3.9 | 3.9 | 4.0 | Yaquina Bay Group Newport, Oregon | E. S. KLOCK, CHBOSN, W-4, CO |
| | | | FINAL 3.85 | TRAIT 3.85 | AVERAGE 4.0 | Yaquina Bay Group Newport, Oregon | E. S. KLOCK, CHBOSN, W-4, CO |

NAME (Last) SHAFFER (First) Arthur (Middle) Carl | SERVICE NO. 219-282

MARKS

PAGE 2

PREVIOUS EDITIONS ARE OBSOLETE

# MARKS

| 1. DATE | 2. RATING | 3. RATE | 3.8 4. PER | 3.8 5. ALLOW | 4.0 6. CONDUCT | 7. SHIP OR STATION | 8. SIGNATURE |
|---|---|---|---|---|---|---|---|
| 30 Sept.1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN, Cdr. Grp |
| *31 Dec.1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN Cdr. Grp |
| *31 Mar.1954 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams Hammond, Oregon | R.C. VAN HINE, CHBOSN Cdr. Grp |
| *30 June,1954 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Pt Adams Hammond, Oregon | R.C. VAN HINE, CHBOSN, CDR Grp |
| * 9-30-54 | EQM | BM1 | 3.8 | 3.8 | 4.0 | Grays Harbor Group Westport, Washington | [illegible], CHBOSN, USCG |
| 12-31-54 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | [illegible], CHBOSN, USCG |
| * 3-31-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | [illegible], CHBOSN, USCG |
| 6-30-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | [illegible], CHBOSN, USCG |
| *9-30-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | [illegible], BOSN-3, USCG |
| 12-31-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | [illegible], CHBOSN, W3 |
| 3-1-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F. RITTENHOUSE, BOSN, W-3, USCG |
| 6-30-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F. RITTENHOUSE, CHBOSN, W-3 |
| * 9-30-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F. RITTENHOUSE, CHBOSN, W-3 |
| * 12-31-56 | EQM | BM1 | 3.9 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F. RITTENHOUSE, CHBOSN, W-3 |
| 2-28-57 | TRANS | BM1 | 3.9 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F. RITTENHOUSE, CHBOSN, W-3 |
| 3-31-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GROUP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3, USCG |
| 3-31-57 | RQM | BM1 | 3.88 | 3.8 | 4.0 | CG GROUP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3, USCG |
| *6-30-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *9-30-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *1-31-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *4-30-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *7-31-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W3, CO |
| 7-31-58 | Final Average | BM1 | 3.81 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W3, CO |
| 7-31-58 | Qualifies for honorable discharge for the period to and including this date | | | | | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W3, CO |

NAME (Last) SHAFFER, (First) Arthur (Middle) Carl SERVICE NO. 219-282

MARKS



16—66663-1

light house retired
3-10-2

SHAFFER, Arther Carl (219-282)
(NAME) (SERVICE NUMBER)

Married
MARITAL STATUS
NUMBER OF DEPENDENTS

| Other creditable service— | YRS. | MOS. | DAYS |
|---|---|---|---|
| LIGHTHOUSE | 3 | 10 | 2 Verified IS Res. 8-14-41 |
| US Army | 4 | 2 | 25 HD 4-17-37 |
| pp 7-26-48 | | | |

52
Birth, date of 18 December, 1908
Birth, place of Williamsville, Illinois
Citizenship N stmt 5-24-44

| UNIT | DATE | RATE | SERVICE YRS. | SERVICE MOS. | SERVICE DAYS | REMARKS |
|---|---|---|---|---|---|---|
| Cape Flattery LS | 8-26-49 | BM1 | | | | HD EE |
| Cape Flattery LS | 8-27-49 | 13 M1 | | | | Reen 4 YRS REC ESTAB. |
| LTS, Cape Blanco | 7-24-50 | BM1 | | | | Asdy |
| North Head LS | 10-1-52 | BM1 | | | | Asdu |

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

1. NAME SHAFFER, Arthur Carl | 2. SERVICE NO. 219-282 | 3. RATE (Pencil) | 4. DATE RPTD. DIST. (Pencil)

| 5. EFFECTIVE DATE DATE REPORTED | 6. UNIT | 7. DATE DEPARTED | 8. SERVICE YRS. | MOS. | DAYS | 9. REMARKS | 10. CARD NO. 3 |
|---|---|---|---|---|---|---|---|
| 10-1-52 | North Head LS. | | | | | ASDU | |
| 8-26-53 | North Head LS | | | | | HD EE | |
| 8-27-53 | North Head LS | 2-20-57 | | | | REEN for six(6) yrs. | |
| 2-25-57 | Cape Arago LTSTA | | | | | Asdu as OinC | |
| 8-27-59 | CAPE ARAGO L/S | | | | | HD/EE | |
| 8-28-59 | CAPE ARAGO L/S | | | | | REEN 4 yr (24) | |
| 4-1-61 | Cape Arago L/S | | | | | Auth - P1 | |
| 3-31-62 | Cape Arago L/S | | | | | CR to BM1 | |
| 8-16-63 | Cape Arago L/S | | | | | Vol ext 01 yr accptd. Enl exp 8-27-64 | |
| | CAPE ARAGO LTSTA | 7-31-64 | | | | Detached. Placed on Ret. list eff. 8-1-64. 30 yrs | |
| | | | | | | U/O Ret 8/1 | |

CG-2996 (Rev. 7-52)

1. NAME SHAFFER, Arthur Carl | 2. SERVICE NO. 219-282 | 3. RATE (Pencil) BM1-P1 | 4. DATE RPTD. DIST. (Pencil) 12-21-44

16—07555-1

Form 9345
TREASURY DEPARTMENT
COAST GUARD
REGULAR ENLISTED FORCE

Light House Service 3-10-30

SHAFFER, Arthur Carl (219-282)

Single----
Married ----x
Widowed---
Divorced--

| Other creditable service | YRS. | MOS. | DAYS |
|---|---|---|---|
| LIGHTHOUSE | 3 | 10 | 2 |
| U. S. ARMY | 4 | 2 | 25 |

Verified 9D
Res 8-14-41
HD. 4-17-37
D 7-26-46

2—8005

*Birth, date of,* December 18, 1908,
*Birth, place of,* Williamsville, Illinois,
*Citizenship,* N. Stmt 5-24-41

| UNIT | DATE | RATE | SERVICE YRS. | SERVICE MOS. | SERVICE DAYS | REMARKS & Spec Temp. |
|---|---|---|---|---|---|---|
| GUARD ISLAND Ketchikan | | | | | | Orig.Enl.3 Years, Auth:- |
| LT.STA.(District) | 8-15-41 | Cox. | | | | Form 2525-B, 7-12-1941. |
| LT.STA-GUARD Is(BMI) | 2-1-43 | B.M.2c (PR) | | | | CR |
| Lt. Sta.-Guard Is. (17) | 10-21-43 | BM1c | | | | CR |
| Guard Island (17) | 8-15-44 | BM1c | | | | Enl. ext. 2 yrs. NJ |
| Unit 258 (17) | 11-18-44 | BM1c | | | | In |
| Port Angeles Grp (3) | 12-21-44 | BM1c | | | | In |
| Port Angeles Grp (3) | 12-21-44 | BM1c | | | | In |
| Port Angeles Grp (3) | 4-10-46 | BM1c | | | | In (Air Sta.) |
| Port Angeles Grp (3) | 4-26-46 | BM1c | | | | Ltr Comdr 13th C.G.Dist. Ltr Sta. |
| Port Angeles Grp (3) | JUL 1 1946 | BM2c | | | | Disrated." Comdts Circ. 11-46 Al. 119-46 |
| Port Angeles Grp (3) | 8-14-46 | BM2c | | | | NJ (Air Station) |
| Port Angeles Group | 8-15-46 | BM2c | | | | Re.THREE YRS. STE. Reenl: NJ-8-15-46 |
| Port Angeles Grp (3) | 4-2-48 | BM2 | | | | Ce. QE 36-47 |
| Port Angeles Grp (3) | 5-1-48 | BM1 | | | | Ce. N.L.4-20-48 |
| Head Bay Grp (3) | 5-27-48 | BM1 | | | | In |

Standard Form No. 13
Approved by the President
2-26-26—Revised 1-10-28

# ABSTRACT OF OFFICIAL RECORD OF U. S. GOVERNMENT EMPLOYEE

(For the use of the department to which the employee has been transferred)

## INSTRUCTIONS

1. The act, approved February 14, 1922, prescribes that "each executive department, and each independent establishment of the Government not within the jurisdiction of any executive department, shall establish and maintain such record as will enable it to determine the amount deducted within each fiscal year from the basic salary, pay, or compensation of each employee within its jurisdiction to whom this act applies. When such employee is transferred from one office to another a certified abstract of his official record shall be transmitted to the office to which the transfer is made."

2. A complete official record in the Federal service of the employee named should be set forth on this abstract. If an employee is transferred to another department, an abstract will be prepared in duplicate, showing his appointment in the department from which transferred and all changes of grade or compensation while therein. The original, properly executed, will be transmitted to the department to which transferred, the duplicate to be retained in his personal file. Should such employee be again transferred the second department will prepare an abstract setting forth the data contained in that received by it, with the addition of his record while in the second department, such abstract to be transmitted to the department to which he is transferred, a duplicate being retained.
In the case of a reinstatement, the department in which the employee is reinstated should apply to the establishment in which the former service was rendered for an abstract of record in the case. Statements of employees must not be accepted unless verified from official records.

3. In Table II show the amount deducted for the retirement fund during each fiscal year, or part of fiscal year, the employee was in your service.

4. This certificate must be signed and countersigned (if necessary) by an official recognized by the Bureau of Pensions as authorized to sign certificate of administrative officer on application for refunds.

5. In the case service was per diem and continuous through the calendar year, so state; if intermittent, give dates of beginning and ending of actual employment, with the number of days served.

NAME: SHAFFER, Arthur Carl (Mr.) — 18 December, 1908
(Surname first, Mr., Miss, or Mrs.) (Date of birth)

Treasury Department, U.S.Coast Guard, Ketchikan District
(Department and office in which last service was had. See Paragraph 2 of Instructions)

Ketchikan, Alaska — 15 August, 1941
(Place) (Date)

## I. SERVICE RECORD

| ESTABLISHMENT (a) | ACTION (b) | POSITION (Pay-roll title) | RATE OF PAY (c) | DATE EFFECTIVE |
|---|---|---|---|---|
| #6547368 WAR, Hdq.Co.7th Inf. | | | | |
| Vancouver, Wash. | Enlisted | Private,1st cl. | | 23 Jan. 1933 |
| do | Discharged | do | | 22 Jan. 1936 |
| do | Enlisted | do | | 23 Jan. 1936 |
| do | Discharged. | do | | 17 Kpril 1937 |
| C.C.C. - Forest Service | | | | |
| Wards Cove, Ketchikan,Alaska | Enrolled. | Member | $30. M. | 17 May 1937 |
| do | Discharged | " | 30. | 12 July 1937 |
| (All above has been verified.) | | | | |
| COM. U.S.Lighthouse Service | | | | |
| Ketchikan, Alaska | Prob. Appt. | Temp.Addl.Asst.Kpr. | *$1500.A. | 13 Oct. 1937 |
| do | Chg. in Status | Asst. Keeper | * 1500. | 15 April 1938 |
| do | Pro. | Asst. Keeper | * 1560. | 16 June 1939 |
| TREAS.U.S.Coast Guard Ketchikan District,Alaska | A.Trans.Re-organization Plan #II,5-9-39 | " " | * 1560. | 1 July 1939 |
| do | Res. | " " | * 1560. | 14 August 1941 |
| Inducted into military service of Coast Guard, Coxswain. | | | | |

*Includes $240. P.A. valuation of quarters.

Total Government Service, 8 years, 2 months, 23 days.

10—1831

(a) Place the name of department, bureau, or office in which the service was performed.

(b) Indicate the nature of the action according to the following key abbreviations: PA, probational appointment; Exc., excepted from examination; E. O., Executive order; Rein., reinstatement; Trans., transfer; Pro., promotion; Red., reduction; Res., resignation; Rem. C., removed for cause; Rem. R., removed, reduction of force; L. W. O. P., leave without pay for periods of one month or more.

(c) Under rate of pay, do not include bonuses, allowances, overtime pay, or compensation given in addition to basic pay of positions as fixed by law or regulation.

## II. STATEMENT OF DEDUCTIONS FOR RETIREMENT FUND—BY FISCAL YEARS

(See Instructions No. 3)

| BEGINNING— | | | ENDING— | | | DEDUCTIONS | | BEGINNING— | | | ENDING— | | | DEDUCTIONS | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Month | Day | Year | Month | Day | Year | Dollars | Cents | Month | Day | Year | Month | Day | Year | Dollars | Cents |
| NONE. | | | | | | | | | | | | | | | |

Do records show employee has made application for refund of any portion of amount shown above? ---
(Yes or No)

If the records show that refund of the above deductions has been made in whole or in part, state the amount or amounts, and period or periods covered and give claim number. (If none, so state) ---

State leaves of absence in current calendar year: annual 6; sick 0; without pay 0

State any leave of absence in excess of six months in the aggregate in any calendar year: 0

The foregoing is a complete abstract of the official record on file in this office showing all Federal service to date of the employee named herein.

F. A. ZEUSLER, Commander, U.S.C.G.
Commander, Ketchikan District
(Signature)

FRANK TOMKIEL
Lt. Commander
By direction.
(Official title)

Countersigned ---, 19---

(Signature)

(Official title)

Furnished to:
Commandant
U.S.Coast Guard
Washington, D. C.

10—1931 U. S. GOVERNMENT PRINTING OFFICE: 1930

REPORT SYMBOL. (N) BB-1

# REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

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 |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 5-1-48 | 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 |
|---|---|---|---|---|---|
| --- | --- | 26 | August | 53 | Discharged |

8. REASON AND AUTHORITY FOR SEPARATION: CG Regulations Expiration of Enlistment Art. 12-3-42A(1)

9. PLACE OF SEPARATION: Coast Guard Group Pt Adams, Hammond, Oregon

| 10. DATE OF BIRTH: DAY | MONTH | YEAR | 11. PLACE OF BIRTH (City and State) | 12. DESCRIPTION: SEX | RACE | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT |
|---|---|---|---|---|---|---|---|---|---|
| 18 | December | 08 | Williamsville, Illinois | Male | Caucasian | Brown | Blue | 71" | 155 |

## 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: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Boatswain's Mate First

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 27 | MONTH August | YEAR 49 | PLACE (City and State) Neah Bay, Washington

20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): Route 4, Box 66B, CLARK, Vancouver, Washington

## 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 | 08 | 00 | 12 |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | 04 | 00 | 00 |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES | 08 | 00 | 27 |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | 20 | 01 | 09 |

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY --- | MONTH --- | YEAR --- | AMOUNT NONE

26. FOREIGN AND/OR SEA SERVICE: YEARS 00 | MONTHS 00 | DAYS 00

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: None

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Cape Flattery Light Station, Neah Bay, Washington

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED: None

| DATES (From—To) | MAJOR COURSE |
|---|---|
| --- | --- |

31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: None

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

## 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 |
|---|---|---|---|
| None | None | --- | |

| 35. TOTAL PAYMENT UPON SEPARATION | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER |
|---|---|---|
| $633.52 | $27.30 | PAUL D. BANNING, CDO, SYMBOL 1382 |

## AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT
REENLISTED ON BOARD 27 August 1953

"CORRECTED COPY"

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)

M. A. JORDAN, LT, USCG
CHMILPERSECT 13CGD

## PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)
COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC.: None

CLAIM NUMBER

| 41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO | 42. MAIN CIVILIAN OCCUPATION | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER |
|---|---|---|---|
| 1937 | 1941 | Lighthouse Keeper | U. S. Light House 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 | 2 | 0 | --- | --- |

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): c/o North Head Light Station, CLARK, Ilwaco, Wash.

48. SIGNATURE OF PERSON BEING SEPARATED

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. LAST NAME - FIRST NAME - MIDDLE NAME | 2. SERVICE NUMBER | 3a. GRADE, RATE OR RANK | b. DATE OF RANK (Day, Month, Year) |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 1 MAY 1948 |

| 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 | Williamsville, Illinois | | 18 | DEC | 08 |

| 7a. RACE | b. SEX | c. COLOR HAIR | d. COLOR EYES | e. HEIGHT | f. WEIGHT | 8. U.S. CITIZEN | 9. MARITAL STATUS |
|---|---|---|---|---|---|---|---|
| Caucasian | Male | Brown | Blue | 70½" | 150 | [X] YES [ ] NO | Married |

| 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED | b. MAJOR COURSE OR FIELD |
|---|---|
| HIGH SCHOOL - 2 | Academic |

**TRANSFER OR DISCHARGE DATA**

| 11a. TYPE OF TRANSFER OR DISCHARGE | b. STATION OR INSTALLATION AT WHICH EFFECTED |
|---|---|
| DISCHARGED | Cape Arago Light Station, Coos Bay, Oregon |

| c. REASON AND AUTHORITY | d. EFFECTIVE DATE | DAY | MONTH | YEAR |
|---|---|---|---|---|
| Sec. 12-3-42 CG Regulations Code 202 | | 27 | AUG | 59 |

| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 13a. CHARACTER OF SERVICE | b. TYPE OF CERTIFICATE ISSUED |
|---|---|---|
| Cape Arago Lt. Sta.,Coos Bay, Oregon | HONORABLE | DD256CG & DD217CG |

**SELECTIVE SERVICE DATA**

| 14. SELECTIVE SERVICE NUMBER | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE | 16. DATE INDUCTED | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| None | Not Applicable | | Not | Applicable | |

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Not Applicable

**SERVICE DATA**

| 18. TERMINAL DATE OF RESERVE OBLIGATION | DAY | MONTH | YEAR |
|---|---|---|---|
| | Not Applicable | | |

19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:

| b. TERM OF SERVICE (Years) | c. DATE OF ENTRY | DAY | MONTH | YEAR |
|---|---|---|---|---|
| 06 | | 27 | AUG | 53 |

| 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) |
|---|---|---|
| FOUR - 4 | BM1 | Hammond, Oregon |

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): Route #4, Box 2310, Vancouver, CLARK, Wash.

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 06 | 00 | 01 |
| | (2) OTHER SERVICE | 20 | 01 | 09 |
| | (3) TOTAL (Line (1) + line (2)) | 26 | 01 | 10 |
| b. TOTAL ACTIVE SERVICE | | 26 | 01 | 10 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 00 | 00 |

| 25a. SPECIALTY NUMBER AND TITLE | b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER |
|---|---|
| - - - - - - - - - - | - - - - - - - - - - |

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Issued authorization to wear Bronze Star on Good Conduct Medal for period ending 26 August 1956

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 | | |

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 [X] NO | Not Applicable | Not Applicable |

| 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) | b. VA CLAIM NUMBER |
|---|---|
| None | Not Applicable |

**AUTHENTICATION**

32. REMARKS: NOT entitled to MOP. RECOMMENDED FOR REENLISTMENT
Reenlisted in the U. S. Coast Guard 28 August 1959 at Newport, Oregon.
No. days' leave paid - 60 Nonpay status - NONE
Paid reenlistment Bonus, Sec 207, COA, 1949, as amended for 2nd reenlistment in amount of $160.00.
O.R. KEATING, CHSPCR, W-3, USCG
Authorized Certifying Officer

| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED |
|---|---|
| 4408 NE 39th Avenue, Vancouver, CLARK, Wash. | Arthur C. Shaffer |
| 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN |
| W. W. WATKINS, CHBOSN, W-1, CRP. CDR. (Acting) | W. W. Watkins |

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

**PERSONAL DATA**

| 1. LAST NAME - FIRST NAME - MIDDLE NAME | 2. SERVICE NUMBER | 3a. GRADE, RATE OR RANK | b. DATE OF RANK (Day, Month, Year) |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 - E-6 | 1 MAY 1948 |

| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS | 5. PLACE OF BIRTH (City and State or Country) | 6. DATE OF BIRTH | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| TREASURY DEPT - USCG | Williamsville, Illinois | | 18 | DEC | 08 |

| 7a. RACE | b. SEX | c. COLOR HAIR | d. COLOR EYES | e. HEIGHT | f. WEIGHT | 8. U.S. CITIZEN | 9. MARITAL STATUS |
|---|---|---|---|---|---|---|---|
| Caucasian | Male | Brown | Blue | 71" | 156 | [X] YES [ ] NO | Married |

| 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED | b. MAJOR COURSE OR FIELD |
|---|---|
| High School - 02 | Academic |

**TRANSFER OR DISCHARGE DATA**

| 11a. TYPE OF TRANSFER OR DISCHARGE | b. STATION OR INSTALLATION AT WHICH EFFECTED |
|---|---|
| RETIRED | Cape Arago Light Station, Coos Bay, Oregon |

c. REASON AND AUTHORITY: Retirement after 30 years active Federal Service
Commandant (PE-1) ltr file 1812 of 1 JUL 64 CODE 231

| EFFECTIVE DATE | DAY | MONTH | YEAR |
|---|---|---|---|
| | 31 | JUL | 64 |

| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 13a. CHARACTER OF SERVICE | b. TYPE OF CERTIFICATE ISSUED |
|---|---|---|
| Cape Arago Lt Station, Coos Bay, Oregon | HONORABLE | DD 217CG; CG3887 |

**SELECTIVE SERVICE DATA**

| 14. SELECTIVE SERVICE NUMBER | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE | 16. DATE INDUCTED | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| NONE | Not applicable | | Not | applicable | |

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED
Thirteenth Coast Guard District

**SERVICE DATA**

| 18. TERMINAL DATE OF RESERVE OBLIGATION | DAY | MONTH | YEAR |
|---|---|---|---|
| | Not | applicable | |

19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:

| b. TERM OF SERVICE (Years) | c. DATE OF ENTRY | DAY | MONTH | YEAR |
|---|---|---|---|---|
| 04* | | 28 | AUG | 59 |

| 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) |
|---|---|---|
| FIVE - 05 | BM1 | Coos Bay, Oregon |

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)
4408 N. E. 39th Avenue
Vancouver, CLARK, Washington

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 04 | 11 | 03 |
| | (2) OTHER SERVICE | 26 | 01 | 10 |
| | (3) TOTAL (Line (1) + line (2)) | 31 | 00 | 13 |
| b. TOTAL ACTIVE SERVICE | | 31 | 00 | 13 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 00 | 00 |

| 25a. SPECIALTY NUMBER AND TITLE | b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER |
|---|---|
| Not applicable | Not applicable |

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
Coast Guard Good Conduct (2nd Award) for period ending 26 August 1959
Coast Guard Good Conduct (3rd Award) for period ending 26 August 1962

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 [X] NO | NOT APPLICABLE | NOT APPLICABLE |

| 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) | b. VA CLAIM NUMBER |
|---|---|
| NONE H. L. STANLEY, LT., USCG CHMILPERSBR, O'CCGD13 | C-NOT APPLICABLE |

**AUTHENTICATION**

32. REMARKS
Not entitled to MOP. Effective date of retirement 1 August 1964. No. days leave paid ~~26~~ 24. Excess leave - NONE. Time lost - NONE. Social Security Account Number 574-03-5058. *Extended enlistment for 01 year on 28 August 1963.

| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED |
|---|---|
| P. O. Box 931<br>Roseburg, DOUGLAS, Oregon | Arthur Carl Shaffer |

| 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN |
|---|---|
| F.H.STEINHEISER,CHBOSN,W-3, USCG, Group Commander, Yaquina Bay | F. H. STEINHEISER |

DD FORM 1 NOV 55 214 — REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

**ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE**

REPORT SYMBOL. (N) BB-1

# REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

1. CHARACTER OF SEPARATION: HONORABLE

2. 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 |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 5-1-48 | 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 |
|---|---|---|---|---|---|
| --- | --- | 26 | August | 53 | Discharged |

| 8. REASON AND AUTHORITY FOR SEPARATION | 9. PLACE OF SEPARATION |
|---|---|
| Exp. Enl. Art. 12-3-42A (1) | CG Group Pt Adams, Hammond, Oregon |

| 10. DATE OF BIRTH: DAY | MONTH | YEAR | 11. PLACE OF BIRTH (City and State) | 12. DESCRIPTION: SEX | RACE | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT |
|---|---|---|---|---|---|---|---|---|---|
| 18 | Dec | 08 | Williamsville, Illinois | Male | Caucasian | Brown | Blue | 71" | 155 |

## 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 | | | | 18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE |
|---|---|---|---|---|
| X ENLISTED | REENLISTED | COMMISSIONED | CALLED FROM INACTIVE DUTY | BM1 |

| 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) |
|---|---|---|---|---|
| 27 | Aug | 49 | Neah Bay, Washington | Route 4, Box 66B, Vancouver, Washington |

## 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 | 08 | 00 | 10 |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | 04 | 00 | 00 |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES | 08 | 00 | 27 |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | 20 | 00 | 37 |

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

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS — NONE

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

None

20 1 09

| 28. MOST SIGNIFICANT DUTY ASSIGNMENT | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) |
|---|---|
| Cape Flattery Lt Sta. Neah Bay, Wash | 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 |

## 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 |
|---|---|---|
| None $633.52 | None $27.30 | --- PAUL D. BANNING, CDO, SYMBOL 1382 |

## AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT
REENLISTED ON BOARD 27 August 1953

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: R.C. VanHine

NAME, GRADE AND TITLE (Typed)

R.C. VAN HINE, CHBOSN
Cdr. Group Point Adams
Hammond, Oregon

## PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type): COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC. — CLAIM NUMBER: None / ---

| 41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO | 42. MAIN CIVILIAN OCCUPATION | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER |
|---|---|---|---|
| 1932 | 1941 | Lighthouse keeper | U.S. Light House 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 | 2 | 0 | None | General |

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)

c/o North Head Light Station, Ilwaco, Washington

48. SIGNATURE OF PERSON BEING SEPARATED: Arthur Carl Shaffer

Arthur Carl Shaffer

DD FORM-214

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

☆ G.P.O.: 1950-917007

THIRTY YEAR RETIREMENT

| YEARS | MONTHS | DAYS | SERVICE FOR RETIREMENT |
|---|---|---|---|
| 31 | 0 | 13 | AS OF (For updating by Retirement Section) 7/31/64 |
| 30 | 8 | 13 | AS OF 31 MARCH 19 64 (See computation below) |
| | | | **ACTIVE SERVICE** |
| 22 | 7 | 16 | COAST GUARD |
| | | | NAVY |
| 4 | 2 | 25 | ARMY |
| | | | AIR FORCE |
| | | | MARINE CORPS |
| 3 | 10 | 2 | LIGHTHOUSE (Retirement) |
| 30 | 8 | 13 | TOTAL SERVICE FOR RETIREMENT |
| | | | **INACTIVE SERVICE** |
| | | | (Specify) |
| | | | (Specify) |
| | | | (Specify) |
| | | | LIGHTHOUSE (For pay) |
| 30 | 8 | 13 | TOTAL SERVICE FOR PAY PURPOSES |

(Total for retirement)

(Total for pay purposes)

| NAME (Last, first, middle initial) | SERVICE NUMBER | RATE |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| DATE OF LETTER | DISTRICT | HIGHEST RATE HELD |
|---|---|---|
| 6/8/64 | 13 | |

DATE(S) SET UP FOR RETIREMENT (Cross out if date is changed and enter new date.)

REPORTED YAQUINA BAY GROUP: 2-25-57

8-1-64

3-13-74 FILE PED

| RECOMPUTATION OF SERVICE AS OF | DAY PRIOR TO DATE OF RETIREMENT |
|---|---|
| | |

| JACKET CHECKED (Date) | HIGHEST RATE HELD |
|---|---|
| 6-19-64 | BM1 |
| DATE 6-19-64 | SERVICE COMPUTED BY Stanley E. Fawson |
| DATE 6-22-64 | SERVICE VERIFIED BY M. Terry |

VERIFIED (Initials)

TREASURY DEPARTMENT, U.S. COAST GUARD, CGHQ-4097 (12-61)

SERVICE FOR RETIREMENT

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

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

PE-1
2812
10 July 1964

3-13
FILE
PE-1

From: Commandant
To: Commander, Yaquina Bay Group, Newport, Oregon
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Retirement Certificate; forwarding of

1. A Certificate of Retirement is forwarded herewith for presentation to SHAFFER, Arthur C. (219-282) BM1, USCG . It is the desire of the Commandant that this certificate be presented with suitable ceremony.

2. On this occasion of SHAFFER's retirement from active status in the United States Coast Guard, express the Commandant's appreciation for the faithful service he has rendered the Coast Guard and the nation, and the thanks of the service for a job well done.

3. In the event retirement is canceled, destroy the enclosed certificate.

B. P. CLARK
By direction

Encl: Retirement Certificate

F.CHIPOURAS:Vlg ret to 3-11 fc

3-13
FILE
PE-1

PE-1
1832
1 July 1964

TONO: 69000/99200085X

From: Commandant
To: SHAFFER, Arthur C. (219-282) USN, USCG
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty or more years of service is hereby approved, pursuant to the provisions of Title 14, United States Code, Section 354, and 1 August 1964 is the effective date of your retirement. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement you will immediately notify the COMMANDANT (PP-4) of your mailing address and you will thereafter notify the COMMANDANT (PP-4) of any change in that address.

3. Travel necessary to the execution hereof is required in the public interests and is authorized, chargeable against Appropriation 20X0201, Headquarters Allotment 99-20.03, Accounting Code 78090. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time, and date of receipt. You shall be physically examined for retirement as soon as practicable but not later than 20 July 1964. If you are not physically qualified, the COMMANDANT (PE) will be advised by message and prompt action shall be taken in accordance with enclosure (1). Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the nearest Authorized Certifying Officer for settlement. (The Authorized Certifying Officer is the Disbursing Officer located at all district offices and major units who is authorized to reimburse you for your travel.)

5. On behalf of the COMMANDANT I wish to express appreciation for your long and faithful service, and take this occasion to wish you long life and happiness in retirement.

B. P. CLARK
By direction

Encl: (1) Info relative to retirement
(2) CG-366
(3) CG-4071 & ltr

R.E.MIRENS:FC:VJS ret to 3-11 fc

UNITED STATES COAST GUARD

Officer in Charge
Cape Arago Light Station
Route 2
Coos Bay, Oregon

1812
8 June 1964

PE-1
1812
26 June 1964

From: Commandant
To: SHAFFER, Arthur C. (219-282) BM1, USCG
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Request for retirement; information concerning

Ref: (a) Your letter 1812 dated 8 June 1964

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file for consideration for retirement on 1 August 1964.

2. Your service for retirement as of 31 March 1964 is 30 years, 8 months and 13 days.

Arthur C. Shaffer
ARTHUR C. SHAFFER

B. P. CLARK
By direction

Encl: (1) Your New Career NAVPERS 15895-B
(Will be forwarded at a later date.)

FIRST ENDORSEMENT

1812
9 June 1964

From: Officer in Charge, Cape Arago Light Station, Oregon
To: Commandant (PE)
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

1. Forwarded, approved.

F H Steinmeier
F. H. STEINMEISER

1964 JUN 26 15 38
ENLISTED PERSONNEL DIVISION

SECOND ENDORSEMENT

From: Commander, Thirteenth Coast Guard District
To: Commandant (PE)

1. Forwarded approved.

H. E. Stanley
H. E. STANLEY
By direction

R.E.AHRENS:FC:Vlg ret to 3-11

30 YEARS

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Officer in Charge
Cape Arago Light Station
Route 2
Coos Bay, Oregon

1812
8 June 1964

1964 JUN 17 15 23

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Commandant (PE)
Via: (1) Commander, Yaquina Bay Group
(2) Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

Ref: (a) Article 12-C-3-(b) 7, CG Personnel Manual

8-1-64

1. I request retirement on the first day of August 1964 or as soon thereafter as possible.

2. I completed thirty (3Ø) years of active service on 16 July 1963.

Arthur C. Shaffer
ARTHUR C. SHAFFER

---

FIRST ENDORSEMENT

1812
9 June 1964

From: Commander, Yaquina Bay Group, Newport, Oregon
To: Commandant (PE)
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

1. Forwarded, approved.

F H Steinheiser
F. H. STEINHEISER

SECOND ENDORSEMENT

p
1812
12 June 1964

From: Commander, Thirteenth Coast Guard District
To: Commandant (PE)

1. Forwarded approved.

H. E. Stanley
H. E. STANLEY
By direction

Officer in Charge
Cape Arago Light Station
Route 2
Coos Bay, Oregon

1812
8 June 1964

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Commandant (PE)
Via: (1) Commander, Yaquina Bay Group
(2) Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

Ref: (a) Article 12-C-3-(b) 7, CG Personnel Manual

1. I request retirement on the first day of August 1964 or as soon thereafter as possible.

2. I completed thirty (3Ø) years of active service on 16 July 1963.

ARTHUR C. SHAFFER

---

1812
9 June 1964

FIRST ENDORSEMENT

From: Commander, Yaquina Bay Group, Newport, Oregon
To: Commandant (PE)
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

1. Forwarded, approved.

F. H. STEINHEISER

p
1812
12 June 1964

SECOND ENDORSEMENT

From: Commander, Thirteenth Coast Guard District
To: Commandant (PE)

1. Forwarded approved.

H. E. STANLEY
By direction

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

# MARKS

| 1. DATE | 2. Reason | 3. Rate | 4. PIR | 5. ALOM | 6. Conduct | 7. Ship or Station | 8. Signature |
|---|---|---|---|---|---|---|---|
| 9-30-52 | Quart. | BM1 | 3.8 | 3.7 | 4.0 | CAPE BLANCO LIGHT STA. | B.L. HIGGINS, CBOSN, USCG |
| *12-31-52 | EQM | BM1 | 3.8 | 3.7 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN, CO |
| *31 Mar. 1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN, CO |
| 30 June, 1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Pt Adams | R.C. VAN HINE, CHBOSN, CO |
| 26 Aug. 1953 | DISC | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN, Cdr. |
| | | | | | | | |
| average | | | 3.8 | | 4.0 | | |
| Average marks | | | 3.8 | | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN, Cdr |
| | | | | | ✓ | | |

NAME (Last) SHAFFER (First) Arthur (Middle) Carl SERVICE NO. 219-282

MARKS

PAGE 6 1

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 |
|---|---|---|---|---|---|---|---|
| *30 Sept.1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE,CHBOSN,Cdr. Grp |
| *31 Dec.1953 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams | R.C. VAN HINE, CHBOSN Cdr. Grp |
| *31 Mar.1954 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Point Adams Hammond,Oregon | R.C. VAN HINE, CHBOSN Cdr. Grp |
| *30 June,1954 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG Group Pt Adams Hammond,Oregon | R.C. VAN HINE, CHBOSN, CDR Grp |
| * 9-30-54 | EQM | BM1 | 3.8 | 3.8 | 4.0 | Grays Harbor Group Westport, Washington | B.L.HIGGINS, CHBOSN, USCG |
| "12-31-54 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | B. L. HIGGINS, CHBOSN, USCG |
| * 3-31-55 | RQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | B. L. HIGGINS, CHBOSN, USCG |
| 6-30-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | B. L. HIGGINS, CHBOSN, USCG |
| *9-30-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | B. L. HIGGINS, BOSN-3,USCG |
| 12-31-55 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F.RITTENHOUSE,CHBOSN,W3 |
| 3-1-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R. F. RITTENHOUSE, BOSN, W-3, USCG |
| 6-30-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F.RITTENHOUSE,CHBOSN,W-3 |
| * 9-30-56 | EQM | BM1 | 3.8 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F.RITTENHOUSE,CHBOSN,W-3 |
| * 12-31-56 | EQM | BM1 | 3.9 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F.RITTENHOUSE,CHBOSN,W-3 |
| 2-2057 | TRANS | BM1 | 3.9 | 3.8 | 4.0 | GRAYS HARBOR GROUP | R.F.RITTENHOUSE,CHBOSN,W-3 |
| 3-31-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GROUP, NEWPORT, ORE. | R. C. VAN HINE, CHBOSN, W-3, USCG |
| 3-31-57 | RQM | BM1 | 3.88 | 3.8 | 4.0 | CG GROUP, NEWPORT, ORE. | R. C. VAN HINE, CHBOSN, W-3, USCG |
| ~~XXXX~~*6-30-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *9-30-57 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *1-31-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *4-30-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE, CHBOSN, W-3 CO |
| *7-31-58 | EQM | BM1 | 3.8 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE,CHBOSN,W3,CO |
| 7-31-58 | Final Average | BM1 | 3.81 | 3.8 | 4.0 | CG GRP, NEWPORT, ORE. | R.C. VAN HINE,CHBOSN,W3,CO |
| 7-31-58- | Qualifies for the period to | honorable discharge for and including this date | | | | CG GRP, NEWPORT, ORE. | R.C. VAN HINE,CHBOSN,W3,CO |

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 |



16—66652-1

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 |
|---|---|---|---|---|---|---|---|
| 31 JAN 59 | P | BM1 | 3.8 | 3.8 | 4.0 | Group Yaquina Bay Newport, Oregon | A.F. JENSEN, CHBOSN, W2, CO, Acting |
| 31 JUL 59 | P | BM1 | 3.9 | 3.9 | 4.0 | Yaquina Bay Group Newport, Oregon | E. S. KLOCK, CHBOSN, W-4, CO |
| | | | FINAL 3.85 | TRAIT 3.85 | AVERAGE 4.0 | Yaquina Bay Group Newport, Oregon | E. S. KLOCK, CHBOSN, W-4, CO |

NAME (Last) SHAFFER (First) Arthur (Middle) Carl | SERVICE NO. 219-282

MARKS



PREVIOUS EDITIONS ARE OBSOLETE

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

# MARKS

| 1. Date the Mark is effective | 2. Reason | 3. Rate | 4. Profi-ciency | 5. Leader-ship | 6. Conduct | 7. Ship or Station | 8. Signature |
|---|---|---|---|---|---|---|---|
| 28 AUG 59 | M | BM1 | DATE | OF RE | ENLISTMENT | | |
| 31 Jan 60 | P | BM1 | 3.9 | 3.8 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 JUL 60 | P | BM1 | 3.9 | 3.9 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 Jan 61 | P | BM1 | 3.9 | 3.8 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 Jul 61 | P | BM1 | 3.8 | 3.7 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 Jan 62 | P | BM1 | 3.6 | 3.7 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 Jul 62 | P | BM1 | 3.6 | 3.6 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 31 Jan 1963 | P | BM1 | 3.6 | 3.6 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 31 JUL 1963 | P | BM1 | 3.6 | 3.6 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 31 JAN 1964 | P | BM1 | 3.7 | 3.7 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 31 JUL 64 | T | BM1 | 3.9 | 3.9 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| | | | FINAL AVERAGE | | | | |
| 31 JUL 64 | T | BM1 | 3.75 | 3.73 | 4.0 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |

NAME (Last) SHAFFER (First) Arthur (Middle) Carl | SERVICE NO. 219-282

MARKS



PREVIOUS EDITIONS ARE OBSOLETE

NCG 2511 (Revised)
Form approved by Comptroller General,
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. 0073

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 26 July, 1948

From: Commandant.

To: Commanding Officer, CG GROUP Neah Bay
Via: Commander, 13th Coast Guard District (pmp)
SUBJECT: Statement of service for longevity pay

Statement of service of. SHAFFER, Arthur Carl (219-282) BM1

1. The following is a statement of the service of the above-named man for the purpose of computing pay: to and including 14 August, 1946

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) FROM— | TO— | Sickness Due to Own Misconduct (Inclusive dates) FROM— | TO— | Nonperformance of Duty Because of (Inclusive dates) FROM— | TO— |
|---|---|---|---|---|---|---|---|
| 8-15-41 | | NONE | | NONE | | NONE | |
| Enl.Ext. 2 years from 8-15-44 | 8-14-46 HD | NONE | | NONE | | NONE | |
| 8-15-46 Now Serving | 8-26-49 | | | | | | |
| 8-27-49 | 8-26-53 | | | | | | |
| 8-27-53 | Now Serving | | | | | | |

| | | | |
|---|---|---|---|
| Coast Guard Service | 5 yr | 0 mo. | 0 days |
| Army Service | 4 | 2 | 25 |
| Lighthouse Service | 3 | 10 | 2 |
| Total | 13 | 0 | 27 |

/s/ B. A. SHAW
By direction.

Certified to be a true copy.

R. H. Wilson

R. H. WILSON, BOSN, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—32658-1

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)

CG Group Point Adams, Hammond, Oregon
(Unit)

SHAFFER, Arthur Carl
(Name in full—surname to the left)

26 August, 1953
(Date)

219-282
(Service number)

Boatswain Mate First Class
(Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 04 years) | 1949 | 08 | 27 |
| Enlistment extended (for ..... years from) | | | |
| Date of discharge (HONORABLE) (Character of discharge) | 1953 | 08 | 26 |
| Total time of last enlistment period | | | |

| NUMBER OF— | | |
|---|---|---|
| Years | Months | Days |
| 04 | 00 | 00 |

**ABSENT TIME DURING PERIOD (Inclusive dates to be shown)**

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

| | Years | Months | Days |
|---|---|---|---|
| STATEMENT OF CREDITABLE SERVICE: | | | |
| PREVIOUS CREDITABLE SERVICE: USCG-US ARMY: | 16 | 01 | 10 |
| CREDITABLE SERVICE THIS ENLISTMENT: | 04 | 00 | 00 |
| TOTAL CREDITABLE SERVICE FOR PAY PURPOSES: | 20 | 01 | 10 |
| | | | 109 |

Total Absence (0 days)

| Creditable time served during last enlistment period | 04 | 00 | 00 |
|---|---|---|---|

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

R.C. VAN KIRK
CDR USCG
(Rank), U. S. C. G.
*Commanding officer.*

Date 26 AUGUST, 19 53

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 AUGUST, 19 53

CG GROUP POINT ADAMS, HAMMOND, OREGON
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (06) years from this date.

Last Paid Re-enlistment allowance on 6 Sept. 1949 ($150.00)

PAID $ 360.00 12 REENLISTMENT BONUS ON 8-27-53

R.C. VAN KIRK
CDR USCG
(Rank), U. S. C. G.
AT SEATTLE, WASHINGTON
*Commanding officer.*

E. M. McHENRY, P.T.C., USCG
Authorized Certifying Officer

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

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)

CG GROUP NEAH BAY, Washington
(Unit)

SHAFFER, Arthur Carl — 26 August, 1949
(Name in full—surname to the left) (Date)

219-282 — BM1
(Service number) (Rating on discharge)

| | Year | Month | Day | NUMBER OF— Years | Months | Days |
|---|---|---|---|---|---|---|
| Date of last enlistment (for 3 years) | 1946 | 8 | 15 | | | |
| Enlistment extended (for 12 days ~~months~~ from) | 1949 | 8 | 14 | | | |
| Date of discharge (HONORABLE, EE & Extension) (Character of discharge) | 1949 | 8 | 26 | | | |
| Total time of last enlistment period | | | | 03 | 00 | ~~13~~ 12 |

**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 | | |

| CREDITABLE SERVICE FOR PAYMENT OF LONGEVITY | YEARS | MONTHS | DAYS |
|---|---|---|---|
| PREVIOUS CREDITABLE SERVICE (USCG-US ARMY) | 13 | 00 | ~~27~~ 28 |
| CREDITABLE SERVICE THIS ENLISTMENT | 03 | 00 | ~~16~~ 12 |
| TOTAL CREDITABLE SERVICE: | 16 | 01 | ~~16~~ 10 |

Total Absence (0 days)

| | | | |
|---|---|---|---|
| Creditable time served during last enlistment period | 03 | 00 | ~~13~~ 12 |

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

R. H. Wilson

R. H. WILSON
(Rank) BOSN, U. S. C. G.
*Commanding officer.*

Date 26 August, 19 49

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 August, 19 49 — CG GROUP NEAH BAY, Neah Bay, Washington
(Unit and place)

I CERTIFY that the above-named man Reenlisted in a Special Temporary Enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of FOUR (4) years from this date.

R. H. Wilson

R. H. WILSON
(Rank) BOSN, U. S. C. G.
*Commanding officer.*

Last Paid reenlistment allowance on 8-15-46

PAID $ 150.00 REENLISTMENT ALLOWANCE ON
SEP 6 1949 AT SEATTLE, WASHINGTON
BY M. NORDAL

U. S. GOVERNMENT PRINTING OFFICE 16-29008-1

Service Record copy

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 |
|---|---|
| YAQUINA BAY GROUP | NEWPORT, OREGON |

I, ARTHUR CARL SHAFFER (Name) 219-282 (Service number) BM1 (Rate) having enlisted in the United States Coast Guard for 04 years, under a contract of enlistment for which accepted at Newport, Oregon and made on 28 August 1959 (Date) do hereby, for the considerations mentioned therein,

solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of one full year 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 Arthur Carl Shaffer ARTHUR CARL SHAFFER

SUBSCRIBED and sworn to before me this 16th day of August, A. D. 1963, 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 F. H. Steinheiser F. H. STEINHEISER GRADE AND TITLE CHBOSN, W-3, USCG Commander, Yaquina Bay Group

**Examined and found physically qualified for extension of enlistment:** (Obtain data from Standard Form 88)

**Date** 1 August 1963 **Place** U.S.Public Health Service Outpatient Office,Coos Bay,Ore.

**Examined by (name, grade, title)** R. M. McKEOWN, M.D.

## ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS

The enlistment described above has this date, 27 August 1963, been completed, and tomorrow the extension thereof for one (01) year will become effective.

OTHERWISE ENTITLED TO (type of discharge): HONORABLE

| NET TIME SERVED IN THIS ENLISTMENT | AT MIDNIGHT THIS DATE, ON DUTY AT (place) | IF AT SEA, NEXT PORT REACHED |
|---|---|---|
| 04 YRS. 00 MOS. 00 DAYS | Cape Arago Light Station<br>Coos Bay, Oregon | |

I hereby elect travel allowance to Not entitled to travel allowance due to only one (01) year extension. (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. |
|---|---|---|
| F. H. Steinheiser F. H. STEINHEISER | CHBOSN,W-3,USCG,Commander,Yaquina Bay Group | |

## COMPUTATION OF DISBURSEMENTS

Travel Allowance, $

Enlistment Allowance or bonus, $

NAME OF A. C. O.

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |

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

# ADMINISTRATIVE REMARKS

SHIP OR STATION: Cape Arago Light Station, Coos Bay, Oregon

YAQUINA BAY GROUP
NEWPORT, OREGON

28 August 1963 - Extended original enlistment this date for a period of one (01) year. Otherwise man would have been eligible for an honorable discharge on 27 August 1963. Enlistment with one (01) year extension now expires 27 August 1964.

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

# LEAVE RECORD

DATE: 28 August 1959

CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD: ZERO — DAYS: 00

AUTHENTICATED BY: W. W. WATKINS, CHBOSN, W-1, USCG

| LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR. | TO DAY—MO.—YR. | NO. DAYS | KIND | CREDITED DATE DAY—MO.—YR. | CREDITED DAYS | BAL-ANCE DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|---|
| Paid $697.00 for 60 days accrued LV in accordance with Art. 7-A-75 Pers. Manual on 9/4/59 at Seattle, Washington. D. R. HEYTING, CHSPSR, W-3, USCG AUTHORIZED CERTIFYING OFFICER | | | | | | | | |
| 26 Nov 59 | 29 Nov 59 | 04 | A | | | -04 | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, BOSN, W-1, USCG |
| | | | | ANCR 30 JUN 60 | 25½ | 21½ | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, CHBOSN, W2, USCG |
| 23 Mar 61 | ~~29~~ Mar 61 | ~~07~~ 08 | AIEM | | | 13½ | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, CHBOSN, W2, USCG |
| | | | | ANCR 30 Jun 61 | 30 | 43½ | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 23 Sep 61 | ~~27~~ Sep 61 | 04 | A | | | 39½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| 7 Jun 62 | 16 Jun 62 | 10 | A | | | 29½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| | | | | ANCR 30 Jun 62 | 30 | 59½ | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 18 Nov 62 | 27 Nov 62 | 10 | A | | | 49½ | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 09 JUN 63 | 18 JUN 63 | 10 | A | | | 39½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| | | | | ANCR 30 JUN 63 | 30 | 60 | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| CR (Expiration of enlistment) | | | | 27 AUG 63 | 05 | 65 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 28 AUG 63 | Extended original enlistment for a period of 01 year. Elects to carry over unused 60 days leave. | | | | | | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |

**DEDUCTIBLE TIME** (Inclusive dates)

| PERIOD (Inclusive dates) FROM | TO | REASON (AOL, AOM, etc.) | TIME LOST BASIC PAY AND LEAVE MONTHS | DAYS | EXTENSION OF ENLISTMENT DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NORMAL DATE OF EXPIRATION OF ENLISTMENT: 27 August 1963

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



GPO 920974

| SHIP OR STATION | LOCATION |
|---|---|
| YAQUINA BAY GROUP | NEWPORT, OREGON |

I, ARTHUR CARL SHAFFER (Name) 219-282 (Service number) BM1 (Rate) having enlisted in the United States Coast Guard for 04 years, under a contract of enlistment for which accepted at Newport, Oregon and made on 28 August 1959 (Date) do hereby, for the considerations mentioned therein, solemnly swear (or affirm) that I voluntarily agree to extend my enlistment for a period of one full year 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 Arthur Carl Shaffer ARTHUR CARL SHAFFER

SUBSCRIBED and sworn to before me this 16th day of August, A. D. 1963, 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 F. H. Steinheiser F. H. STEINHEISER GRADE AND TITLE CHBOSN, W-3, USCG Commander, Yaquina Bay Group

**Examined and found physically qualified for extension of enlistment:** (Obtain data from Standard Form 88)

**Date** 1 August 1963 **Place** U.S.Public Health Service Outpatient Office,Coos Bay,Ore.

**Examined by (name, grade, title)** R. M. McKEOWN, M.D.

**ORDER TO CREDIT TRAVEL ALLOWANCE AND REENLISTMENT ALLOWANCE OR BONUS**

The enlistment described above has this date, ----------, been completed, and tomorrow the extension thereof for ---------- years will become effective.

OTHERWISE ENTITLED TO (type of discharge)

| NET TIME SERVED IN THIS ENLISTMENT | AT MIDNIGHT THIS DATE, ON DUTY AT (place) | IF AT SEA, NEXT PORT REACHED |
|---|---|---|
| YRS. MOS. DAYS | | |

I hereby elect travel allowance to ---------- (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. |
|---|---|---|
| | | |

**COMPUTATION OF DISBURSEMENTS**

NAME OF A. C. O.

**Travel Allowance, $**----------

**Enlistment Allowance or bonus, $**----------

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



U. S. GOVERNMENT PRINTING OFFICE 16—66661-1

SHIP OR STATION

Cape Arago Light Station, Coos Bay, Oregon

YAQUINA BAY GROUP
NEWPORT, OREGON

16 August 1963 - Voluntarily extended original enlistment for a period of one (01) year this date. Expiration of obligated service is 27 August 1964 in lieu of 27 August 1963. Reason for extension: Man's own request.

F. H. Steinheiser

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

# ENLISTMENT CONTRACT
# U. S. COAST GUARD

XX REGULAR | RESERVE

| 1. NAME (Last, first, middle) | 2. RATE (Abbreviate) | 3. SERVICE NO. |
|---|---|---|
| SHAFFER, Arthur Carl | BM1 | 219-282 |

| 4. PLACE OF BIRTH (City and State) | 5. DATE OF BIRTH | 6. RELIGION |
|---|---|---|
| Williamsville, Illinois | 18 DEC 1908 | Protestant |

| 7. MARITAL STATUS (Married, single, widowed, divorced, separated) | 8. CITIZENSHIP (Check or complete) | | | | | 9. YEARS OF EDUCATION |
|---|---|---|---|---|---|---|
| | | NB | | NZ | OTHER (Specify) | |
| Married | XX | | | | | High School - 2 |

10. PERMANENT HOME ADDRESS (See instructions on reverse)
4408 NE 39th Avenue, Vancouver, CLARK, Washington

| 11. DATE OF ENLISTMENT | | | 12. NATURE OF ENLISTMENT (Check) | | | | 13. ENLISTED FOR (Number of years) | 14. TEST SCORE |
|---|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | | FIRST | XX | REENLISTMENT | 04 | |
| 28 | August | 1959 | 15. PRIOR SERVICE (Check) | | | | 16. ACCEPTED (City and State) | |
| | | | XX | YES | | NO | Newport, Oregon | |

| 17. ENLISTED (Unit, city and State) | 18. SEL. SERV. LOCAL BOARD NO. (City, county, State) | 19. SEL. SERV. REGIS. NO. |
|---|---|---|
| Cape Arago Lt.,Coos Bay, Oregon | None | None |

| 20. DATE OF LAST ENLISTMENT | | | 21. BRANCH OF SERV. | 22. PRIOR ACT. DY. | | 23. TYPE OF DISCHARGE | 24. DATE LAST DISCHARGED | | |
|---|---|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | | YEARS | MONTHS | | DAY | MONTH | YEAR |
| 27 | August | 1953 ✓ | USCG | 26 | 01 | HONORABLE | 27 | August | 1959 |

| 25. PRIOR NET SERV. FOR PAY PURPOSES | | | 26. DATE TRANS. | | | 27. TRANSFERRED TO (Check and complete) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| YEARS | MONTHS | DAYS | DAY | MONTH | YR. | LOCATION | | FOR ACTIVE DUTY | | FOR INACTIVE DUTY |
| 26 | 01 | 10 ✓ | - | - | - | Retained on board at Cape Arago Light Station | | XX ✓ | | |

28. DESCRIPTION — SSN: 574-03-5058

| RACE (See instructions) | SEX | COLOR EYES | COLOR HAIR | HEIGHT | WEIGHT | COMPLEXION |
|---|---|---|---|---|---|---|
| Caucasian | Male | Blue | Brown | 70½" | 150 | Ruddy |

29. DISTINGUISHING MARKS AND SCARS TATTOO: Star both shoulders, Horse-shoe & wreath both upper arms; Knife & wreath rt lwr arm; Air Force Insig. back lwr lt arm; Heart & wreath back lwr lt ar

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W. W. WATKINS, BOSN, W-1, USCG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 04 years from 28 August, 1959 / during minority until ____, 1____ } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Arthur Carl Shaffer do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Arthur Carl Shaffer Arthur Carl Shaffer

Subscribed and sworn to before me this 28th day of August, A. D. 1959 Citizenship substantiated and contract perfected.

Signature and Grade W.W. WATKINS, BOSN, W-1, USCG Official Title COMMANDER, YAQUINA BAY GROUP Acting

## READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

## INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongoloid, Am. Malayan.

| 1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME | 2. PRESENT SERVICE NO. | 3. RANK/RATE | 4. DATE OF BIRTH | 5. RELIGION |
|---|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 18 DEC 08 | Protestant |

| 6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE | 7. PRIOR MIL. SERVICE | 8. FORMER SERVICE NO. |
|---|---|---|
| General Delivery<br>Augusta, Montana | [X] Yes [ ] No<br>27 AUG 53<br>(DATE LAST ENTRY) | U. S. Army - 654-7368 |
| | | 9. SOCIAL SECURITY NO.<br>574-03-5058 |

| FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state) | ADDRESS |
|---|---|
| 10. WIFE OR HUSBAND (If none, so state)<br>Olive Mae Shaffer | Cape Arago Light Station, Rt. 2, Coos Bay, Oregon |

| 11. NAME OF CHILDREN (If none, so state. If step or adopted, so state) | ADDRESS | MARRIED YES | MARRIED NO | SEX | DATE OF BIRTH |
|---|---|---|---|---|---|
| Kathryn Raye Shaffer | Same as item 10 | | X | F | 23 AUG 42 |
| Donna Mae Shaffer | Same as item 10 | | X | F | 23 AUG 45 |

| | |
|---|---|
| 12. FATHER<br>Arthur W. Shaffer | ADDRESS<br>3804 NE 44th, Vancouver, Washington |
| 13. MOTHER<br>Minnie Hanson | ADDRESS<br>2204 I Street, Vancouver, Washington |
| 14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM<br>Hattie E. Deatherage | ADDRESS<br>Sparta, Kentucky |

| 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) | | Arthur W. Shaffer | Same as item 12 | Father |
| | | Minnie Hanson | Same as item 13 | Mother |
| | | | | |
| 17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT. | 100 % | Olive Mae Shaffer | Same as item 10 | Wife |
| | % | | | |
| 18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS. | PERCENT OF PAY EACH MO<br>85% | Olive Mae Shaffer | 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. |
|---|---|---|
| ACACIA MUTUAL LIFE INSURANCE COMPANY | 506-7 Woodlark Building<br>SW 9th & SW Alder Street<br>Portland 5, Oregon | 835-487 |

| 20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR | DATE SIGNED |
|---|---|
| U. S. COAST GUARD - Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 28 August 1959 |

| 21. SIGNATURE OF WITNESS | 22. SIGNATURE OF DESIGNATOR |
|---|---|
| W.W. WATKINS, CHBOSN, USCG | Arthur C. Shaffer |

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.

21. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | SIGNATURE

CIRCULAR A-54 — REPORT OF MEDICAL EXAMINATION

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| SHAFFER, Arthur Carl | BM1 | 219 - 282 |
| **4. HOME ADDRESS** (*Number, street or RFD, city or town, zone and State*) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| Cape Arago Light Station, Rt 2, Coos Bay, Ore. | Reenlistment | 7 AUG 1959 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN) | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|
| Male | Caucasian | 26 | Treasury Department | Cape Arago U.S. COAST GUARD Light Station |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 12-18-08 | Williamsville, Ill. | Olive Mae Shaffer, Wife, Cape Arago Light Station Rt 2, Coos Bay, Oregon |

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: Raymond M. McKeown, M. D., Coos Bay, Ore.

16. OTHER INFORMATION: Rel: Prot.

17. RATING OR SPECIALTY: Boatswain Mate — TIME IN THIS CAPACITY: TOTAL 26 — LAST SIX MONTHS DO

## CLINICAL EVALUATION

(*Check each item in appropriate column; enter "N. E." if not evaluated*)

| NORMAL | ABNORMAL | | NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)* |
|---|---|---|---|
| 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*) | see #59 |
| 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.*) | see #73 |
| 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*) | see #73 |
| X | | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | X | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | see examination of August 10, 1953 for tattoo marks |
| 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 | |

(*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: o.k.

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. N/R | | | 46. CHEST X-RAY (*Place, date, film number, result*) | 47. SEROLOGY (*Specify test used and result*) |
|---|---|---|---|---|
| ALBUMIN | SUGAR | MICROSCOPIC | | |
| 0 | 0 | n/n | N.D. | |
| 48. EKG: N.D. | 49. BLOOD TYPE AND RH FACTOR: "B" Rh Positive | | 50. OTHER TESTS | |

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. |
|---|---|---|---|---|---|
| 70½ " | 150 lbs. | brown | blue | | 98.4 |

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

| | | | | | |
|---|---|---|---|---|---|
| SITTING | SYS. 112 / DIAS. 68 | RECUMBENT | SYS. 110 / DIAS. 64 | STANDING (*3 min.*) | SYS. 114 / DIAS. 70 |

58. PULSE (*Arm at heart level*)

| SITTING | AFTER EXERCISE | 2 MIN. AFTER | RECUMBENT | AFTER STANDING 3 MIN. |
|---|---|---|---|---|
| 74 | 102 | 82 | 74 | 80 |

| 59. DISTANT VISION | | 60. REFRACTION | | 61. NEAR VISION | |
|---|---|---|---|---|---|
| RIGHT 20/ 30 | CORR. TO 20/ 20 | BY | S. CX | CORR. TO | BY |
| LEFT 20/ 40 | CORR. TO 20/ 20 | BY | S. CX | CORR. TO | BY |

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

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

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

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

Visual defects corrected by glasses

Varicose veins each leg, not disabling

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

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

~~None~~ same as #73

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

76. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR 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
Raymond H. McKeown, M. D. MOC

SIGNATURE Raymond H. McKeown, M.D.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

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

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
W. W. WATKINS, ~~CDR~~ BOSN, W-1, GRP CDR. (Act.)

SIGNATURE

NUMBER OF ATTACHED SHEETS: 3

U.S. GOVERNMENT PRINTING OFFICE : 1953—O-243413 16-62268-1

# TERMINATION OF SERVICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (SUPPLEMENT) (Rev. 6-48)

| NAME | SERVICE NO. | RATING |
|---|---|---|
| SHAFFER, Arthur Carl | 270-282 | BM1 |
| **UNIT** | **LOCATION** | **DATE REPORTED** |
| Cape Flattery Light Station | Neah Bay, Washington | 5-27-43 |
| **FINAL AVERAGE EFFICIENCY MARKS →** | **PROFICIENCY IN RATING** 3.79 | **CONDUCT** 4.0 |

DEDUCTIBLE TIME WHILE ATTACHED — [X] NONE — [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [ ] SURRENDERED — [X] NOT SURRENDERED (Explanation below)

## STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

To reenlist the following day

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Elect TA Port Angeles, Wash., PAFE

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [X] HONORABLE DISCHARGE BUTTON
- [X] SATISFACTORY SERVICE CARD NO. 191970
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [X] American Defense Service Medal
- [ ] World War II Victory Medal
- [X] Honorable Service Lapel Button

ADDRESS SUBSEQUENT TO DISCHARGE

Cape Flattery Light Station
Neah Bay, Washington

SIGNATURE OF DISCHARGEE

Arthur Carl Shaffer
Arthur Carl Shaffer

REMARKS

## DISCHARGE

| DATE | TYPE OF DISCHARGE |
|---|---|
| 3-26-43 | HONORABLE |

REASON

Expiration of enlistment and authorized extension of 13 days thereof.

AUTHORITY

Articles 509(1) & 591(5)(c) CG Regulations.

## MUSTERING OUT PAY

[ ] ENTITLED — [X] NOT ENTITLED

| AMOUNT PAID | VOUCHER NO. | CHECK NO. |
|---|---|---|
| | | |

## TRAVEL ALLOWANCE AND PAY

| PAID TA FROM | TO |
|---|---|
| | |

| TOTAL TA | TOTAL TA & PAY (In full to date of discharge) |
|---|---|
| | |

| CHECK NO. | NAME OF PAY OFFICER |
|---|---|
| | |

## CREDITABLE SERVICE THIS ENLISTMENT

| YEARS | MONTHS | DAYS |
|---|---|---|
| 03 | 00 | 13 12 |

## REENLISTMENT RECOMMENDATION

[X] RECOMMENDED — [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

R.E. Wilson
R.E. WILSON, BOSN, Officer in Charge

COMMANDING OFFICER

3-630

SPECIAL TEMPORARY ENLISTMENT CONTRACT REENLISTMENT

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
CG-2500 B (REV. 1-47)

INSTRUCTIONS

Under CITIZENSHIP, enter "NB" for Native Born; "NZ" for Naturalized; "NPI" for Native of Philippine Islands; "NPR" for Native of Puerto Rico.

m 8/19/49

RE ENLISTMENT DATA

AUTH: H/Q Dispatch 252020Z August, 1949 Article 556 CG Regulations

| NAME (Last, First, Middle) | SERVICE No. | RATING IN WHICH ENLISTED | PAY PER MONTH |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 168.75 |

ACCEPTED FOR ENLISTMENT AT: CG GROUP NEAH BAY, Washington

ENLISTED AT: Neah Bay, Washington

DATE OF ENLISTMENT: 27 August, 1949

TRANSFERRED TO: Resumned regular duties at Cape Flattery Light Station.

BIRTH AND CITIZENSHIP DATA

| DATE OF BIRTH | PLACE OF BIRTH | CITIZENSHIP |
|---|---|---|
| 18 December, 1908 | Williamsville, Illinois | NB |

IF NATURALIZED, COMPLETE THIS LINE — PLACE OF NATURALIZATION: - - - - ; DATE OF NATURALIZATION: - - - - - ; CERTIFICATE No.: - - - -

PERSONAL DATA

| AGE (Years and months) | HEIGHT (Feet and inches) | WEIGHT | SEX | EYES | HAIR | COMPLEXION |
|---|---|---|---|---|---|---|
| 40 yrs. 08 mos | 5 ft 10½ in. | 160 | Male | Blue | Brown | Ruddy |

COLOR: White

IDENTIFYING CHARACTERISTICS, MARKS, ETC.: Tatoos: lfa, wreath "Montana"; dagger, "Death before Dishonor"; rfa, heart; flag and eagle "USA".

OCCUPATION: Mariner

LEGAL HOME ADDRESS (Give street and number, city, county, and State): Route 4, Box 66B, Vancouver, Washington

CONGRESSIONAL DIST.:

MARRIED OR SINGLE: Married

NEXT OF KIN OR LEGAL GUARDIAN (Give relationship, name, and address): Olive Mae Shaffer, Cape Flattery Light Station, Neah Bay, Washington.

PREVIOUS MILITARY SERVICE

| | YRS. | MOS. | DAYS |
|---|---|---|---|
| COAST GUARD | 08 | 00 | 12 ~~13~~ |
| COAST GUARD RESERVE | NONE | | |
| NAVY | NONE | | |
| MARINE CORPS | NONE | | |
| ARMY | 04 ~~04~~ 02 | | 23 25 |

If Previous Service in Coast Guard or Coast Guard Reserve. Fill in the Items Below

| DATE FIRST ENLISTED | PLACE OF FIRST ENLISTMENT |
|---|---|
| 8-15-41 | C17CGD, Ketchican, Alaska |
| LAST DISCHARGE DATE | UNIT FROM WHICH DISCHARGED |
| 8-26-49 | CG GROUP NEAH BAY, Washington |
| DISCHARGE CERTIFICATE No. | CHARACTER OF DISCHARGE |
| Unnumbered | HONORABLE |
| RATING IN WHICH DISCHARGED | CONTINUOUS SERVICE CERTIFICATE No. |
| BM1 | - - - - - - - - None |

CONDITIONS OF CONTRACT

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 R.H. WILSON, BOSN 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 Four(4) years from 27 August, 19 49

unless sooner discharged by proper authority.

In the event of war or national emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not at present a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

16—45418-3

Fourth: I understand that I WILL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Arthur Carl Shaffer, 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.

Arthur Carl Shaffer
(Signature in own handwriting, surname to right)
Arthur Carl Shaffer

Subscribed and sworn to before me this 27th day of August, A. D. 1949

Helen C. Hodgson
(Commissioned notary public, or other officer authorized to administer oaths)

Notary Public
(Title)

Citizenship substantiated and contract perfected.

R. H. Wilson
R. H. WILSON

BOATSWAIN, U. S. C. G.
*Enlisting Officer.*

EXTENSION OF ENLISTMENT

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEAH BAY, Washington
(Unit)

Neah Bay, Washington
(Place)

27 August, 1949
(Date)

FROM: SHAFFER, Arthur C. (219-282) BM1

To: COMMANDANT (via Commander, 13th CG District(pmp))

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:

| | |
|---|---|
| Olive Mae Shaffer<br>(Full name of wife; if not married, so state) | Cape Flattery Light Station, Neah Bay, Wn.<br>(Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42)<br>(Full name of child; if none, so state) | Same as above<br>(Address of child) |
| Donna Mae Shaffer (born 8-23-45)<br>(Full name of child: if none, so state) | Same as above<br>(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:

| | | |
|---|---|---|
| Arthur Shaffer<br>(Full name of relative) | Father<br>(Relationship) | Rte 4, Box 66, Vancouver, Washington<br>(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:

| | | |
|---|---|---|
| Minnie Hanson<br>(Full name of relative) | Mother<br>(Relationship) | 1113 W. Sharp St., Spokane, Wash.<br>(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
27th day of August, 1949

Helen E. Hodgson
(Signature)
Notary Public
(Rank or title)

Arthur C. Shaffer
(Signature)
Arthur C. Shaffer

BM1-USCG
(Rank or rating)

16—25758-1

# REPORT OF MEDICAL EXAMINATION

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

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | | | 2. PLACE AND DATE OF EXAMINATION | |
|---|---|---|---|---|
| SHAFFER, Arthur C | | | CG Air Station, Port Angeles, Wash. 7/20/49 | |
| 3. DATE OF BIRTH | 4. AGE IN YEARS LAST BIRTHDAY | 5. IDENTIFICATION NO. | 6. PURPOSE OF EXAMINATION | |
| 12/18/08 | 40 | 219-282 | Reenlistment (permanent) | |
| 7. SERVICE, DEPARTMENT, OR AGENCY | | 8. COMPONENT AND BRANCH | 9. ORGANIZATION | 10. GRADE, RATING, OR POSITION |
| Treasury | | Light house | Cape Flattery Light | BM1 |
| 11. SEX | 12. RACE | 13. HOME ADDRESS (*Street, or RFD number, city, zone, State*) | | |
| Male | Wh -US | Rt 4 box 66b Vancouver, Wash. | | |
| 14. PLACE OF BIRTH | | 15. OTHER DATA | | |
| Williamsville, Ill. | | History essentially negative. | | |

16. RATING OR SPECIALTY Lighthouse Keeper (*Time in this capacity*) TOTAL 12 years LAST 6 MONTHS

| 17. MEASUREMENTS | | 18. BUILD (*Including frame and figure*) | | | | 19. TEMP. | 20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS |
|---|---|---|---|---|---|---|---|
| HEIGHT (*Shoeless*) | WEIGHT (*Stripped*) | MEDIUM | SLENDER | HEAVY | OBESE | | N. S. A. ☒ |
| 70 INS. | 145 LBS. | | X | | | 98.6 | |

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

22. HEAD, FACE, AND NECK—N. S. A. ☒

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

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒

B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)

RIGHT WV 15/15: SV 15/15

LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

| | 256 | 512 | 1024 | 2048 | 4096 | 8192 |
|---|---|---|---|---|---|---|
| RIGHT | | | | | | |
| LEFT | | | | | | |

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒

B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

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

| D. DISTANT VISION | E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE | F. NEAR VISION—(*At 14 inches*) |
|---|---|---|
| RIGHT 20/ 50 CORR. TO 20/ 20 BY pts. glasses | S. ○ CX | CORR. TO BY |
| LEFT 20/ 40 CORR. TO 20/ 30 BY pts. glasses | S. ○ CX | CORR. TO BY |

G. COLOR VISION—N. S. A. ☒ TEST USED Ishihara isochromatic

| H. HETEROPHORIA (*Specify distance*) | ES° | EX° | R. H. | L. H. | PRISM DIVERGENCE | PRISM CONVERGENCE |
|---|---|---|---|---|---|---|
| | | | | | | |

I. RED LENS—N. S. A. ☐

J. FIELD OF VISION—RIGHT—N. S. A. ☒ LEFT—N. S. A. ☒

K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☒ LEFT—N. S. A. ☒

M. ACCOMMODATION—RIGHT LEFT

N. NIGHT VISION TEST USED SCORE

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

| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UR | X | F | F | I | N | N | N | N | | N | N | F | N | N | F | F | X | UL |
| LR | F | O | O | O | F | ( | F | X | X | X | X | F | ) | F | N | F | O | X | LL |

yes MALOCCLUSION—N. S. A. ☒

yes PERIODONTOCLASIA—N. S. A. ☐

yes GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS

Insufficient sound teeth in occlusion,.

CLASS:

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

| | | | | | |
|---|---|---|---|---|---|
| SITTING: PULSE | 96 | B. P.: S. 126 | D. 62 | RECUMBENT: PULSE | B. P.: S. D. |
| STANDING (*3 min.*): PULSE | | B. P.: S. | D. | SITTING: PULSE AFTER EXERCISE 116 | : 2 MIN. AFTER 96 |

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)

Inspiration 35½

Expiration 32

Waist 30½

29. CHEST—N. S. A. ☒ X-RAY NOT DONE ☐

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☐ Few small varicosities, lower extremities. asymptomatic.

16—54662-1

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

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

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

36. VENEREAL DISEASE
NONE [X]

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

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

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

C. GAIT—N. S. A. [X]

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

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

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*
Blood Kahn 7/20/49
Negative

B. URINALYSIS: SP. GR. 1.022; ALBUMIN neg; SUGAR neg
MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED

D. OTHER LABORATORY EXAMINATIONS

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

25 D. Vision rt 20/50 corrected to 20/20 with patients glasses.
lt 20/40 corrected to 20/30 with patients glasses.
26 Insufficient sound teeth in occlusion.
27 Tachycardia. Probably situational.

Recommend waiver on eyes and teeth.

JUL 27 1949

CG (PE-C), Washington, D. C.
Medical Division

The findings of the certificate are approved.

By direction of the Surgeon General.

Paul M Stewart

CGHQTRS (PE-C) 25 Aug., 1949

To: CO, CG Group, Neah Bay, Wash.

Waiver granted. Reenlistment authorized Ste only

W C Capron
W. C. CAPRON
By direction

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

EXAMINEE (IS) OR (IS NOT) *(strike out one)* QUALIFIED FOR permanent enlistment

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS Recommend waiver on teeth and eyes.

| | |
|---|---|
| 44. SIGNATURE OF PHYSICIAN Dennis D. Davenport | NAME TYPED OR PRINTED Dennis D. Davenport, Sr Asst Surgeon(R) USPHS |
| 45. SIGNATURE OF PHYSICIAN | NAME TYPED OR PRINTED |
| 46. SIGNATURE OF DENTIST OR PHYSICIAN *(Indicate which)* L.H.Evans | NAME TYPED OR PRINTED L.H.Evans, Dental Surgeon, USPHSR |
| E OF REVIEWING OFFICER | NAME TYPED OR PRINTED DATE |

Waived 8/25/49

REFER TO ... 8/15/44 ... 8/15/44 ... 8/4/46 ... 8/15/46

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

UNITED STATES COAST GUARD

ADDRESS REPLY TO

REFER TO FILE

U. S. Coast Guard Air Station
Port Angeles, Washington
20 July, 1949

Please mail authorization for reenlistment to Coast Guard Group, Neah Bay, Washington.

Dennis D. Davenport

Dennis D. Davenport,
Senior Asst. Surgeon(R), USPHS
Medical Officer in Charge

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

# RE-ENLISTMENT CONTRACT U. S. COAST GUARD

| 1. SERVICE NO. | 2. NAME (Last) | (First) | (Middle) | 3. RATE ABBREV. | 4. YEARS EDUCATION |
|---|---|---|---|---|---|
| 219-282 | SHAFFER, | Arthur | Carl | BM1 | 10 |

| 5. PLACE OF BIRTH (City) | (State) | 6. DATE OF BIRTH DA. | MO. | YR. | 7. RELIGION | 8. CITIZENSHIP |
|---|---|---|---|---|---|---|
| Williamsville | Illinois | 18 | Dec. | 08 | Protestant | [X] NB [ ] NZ [ ] other (specify) |

| 9. MARITAL STATUS | 10. HOME ADDRESS (Street) | (City) | (County) | (State) |
|---|---|---|---|---|
| Married | Route #4, Box 2310, | Vancouver | Clark | Washington |

| 11. DATE OF OATH DA. | MO. | YR. | 12. | 13. ENLISTED FOR | 14. TEST SCORE | 15. PRIOR SERVICE |
|---|---|---|---|---|---|---|
| 27 | Aug | 53 | [ ] FIRST ENLISTMENT [X] REENLISTMENT | SIX (6) YRS. | | [X] YES [ ] NO |

| 16. ACCEPTED AT (City) | (State) | 17. ENLISTED AT (Unit) | (City) | (State) |
|---|---|---|---|---|
| Hammond, | Oregon | CG Group Pt Adams | Hammond, | Oregon |

| 18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State) | 19. SELECTIVE SERVICE REGISTRATION NO. |
|---|---|
| --- | --- |

| 20. DATE LAST ENL. DA. | MO. | YR. | 21. BRANCH OF SERVICE | 22. DATE LAST DISCHARGED DA. | MO. | YR. | 23. TYPE OF DISCHARGE | 24. PRIOR NET SERVICE FOR PAY PURPOSES |
|---|---|---|---|---|---|---|---|---|
| 27 | Aug | 49 | Coast Guard | 26 | Aug | 53 | Honorable | 20 YRS. 01 MOS. ~~10~~ 09 DAS. |

| 25. PRIOR ACTIVE DUTY | 26. DATE TRANSFERRED DA. | MO. | YR. | 27. TRANSFERRED TO | |
|---|---|---|---|---|---|
| 20 YRS. 1 MOS. | | | | Retained on board at North Head Light Sta. | [X] Active duty for [ ] Inactive duty |

28. DESCRIPTION

| SEX | RACE (See Instructions reverse side) | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT | COMPLEXION |
|---|---|---|---|---|---|---|
| Male | Caucasian | Brown | Blue | 71" | 155 | Ruddy |

29. MARKS AND SCARS TATTOO: Star both shoulders, Horse-shoe & wreath both upper arms; Knife & wreath rt lwr arm; Air Force Insig. back lwr lt arm; Heart & wreath back lower lt arm.

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with R.C. VAN HINE, CHBOSN of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 06 years from 27 August, 1953 / during minority until ____, 1____ } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Arthur Carl Shaffer do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Arthur Carl Shaffer
Arthur Carl Shaffer

Subscribed and sworn to before me this 27th day of August, A. D. 1953 Citizenship substantiated and contract perfected.

Signature and Grade R.C. VAN HINE, CHBOSN, USCG Official Title Cdr. CG Group Point Adams Hammond, Oregon

## READ CAREFULLY

### PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

## INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be sub-

therefor.

# 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 |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG |

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Olive Mae Shaffer — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: North Head Light Station, Ilwaco, Washington

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)* |
|---|---|
| Olive Mae Shaffer (37) | North Head Light Station, Ilwaco, Wash. |

| 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 |
|---|---|---|---|---|---|---|
| Kathryn Raye Shaffer | North Head Light Station Ilwaco, Washington | | X | | X | 11 |
| Donna Mae Shaffer | Same | | X | | X | 8 |

*(Continue on reverse side)*

| 8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)* | ADDRESS *(Number, street, city, zone, and State)* |
|---|---|
| Arthur William Shaffer (71) | Route 4, Box 2310 Vancouver, Washington |
| 9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)* | ADDRESS *(Number, street, city, zone, and State)* |
| Minnie Hanson (71) | Post Office Box 323 Vancouver, Washington |

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 |
|---|---|
| Arthur William Shaffer, Route 4, Box 2310, Vancouver, Wash | Father |

ADDRESS *(Number, street, city, zone, and State)*: Route 4, Box 2310, Vancouver, Washington

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 |
|---|---|
| Minnie Hanson | Mother |

ADDRESS *(Number, street, city, zone, and State)*: Post Office Box 323, Vancouver, Washington

## 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. |
|---|---|---|
| American National Insurance Co. | Galveston, Texas | 0515327 |

*(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 |
|---|---|
| Olive Mae Shaffer | Wife |
| ADDRESS *(Number, street, city, zone, and State)*: North Head Light Station, Ilwaco, Washington | RECEIVE EACH MONTH: 80 % OF MY PAY. |

| MILITARY ADDRESS | DATE SIGNED | SIGNATURE OF DESIGNATOR |
|---|---|---|
| North Head Light Station Ilwaco, Washington | 27 Aug. 1953 | Arthur C. Shaffer |

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

# LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

## INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i.e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to-----" describing the specific part of any conduct, membership or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

## PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

a. Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

b. Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

c. Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

d. Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or non-public character.

e. Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I CERTIFY, AS REGARDS THE STANDARDS OF CONDUCT, THAT:

1. I HAVE READ THE INSTRUCTIONS ON THE USE OF THIS FORM AND I UNDERSTAND THEM.

2. I HAVE READ THE PROVISIONS APPLYING TO THE STANDARDS OF CONDUCT AND I UNDERSTAND THEM.

3. IF I HAVE ENGAGED IN ANY SUCH CONDUCT, I HAVE SO INDICATED BY DESCRIBING IN THE STATEMENT BELOW THE NATURE THEREOF.

4. IF I HAVE NOT ENGAGED IN ANY SUCH CONDUCT, I HAVE SO INDICATED BY WRITING "NONE" OR "NONE TO MY KNOWLEDGE" IN THE STATEMENT BELOW.

5. I UNDERSTAND THAT IF WHAT I STATE BELOW IS FOUND TO BE INCORRECT, INCOMPLETE, OR MISLEADING IN ANY IMPORTANT PARTICULAR, I MAY BE SUBJECT TO PROSECUTION AND PUNISHMENT UNDER THE APPROPRIATE LAWS OF THE UNITED STATES.

6. I UNDERSTAND THE MEANING OF THE STATEMENTS MADE IN THE CERTIFICATIONS ABOVE.

STATEMENT AS TO CERTIFICATION OF CONDUCT *(Attach additional sheets if necessary for a full, detailed statement)*

None to my knowledge

| 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.)* |
|---|---|---|
| Arthur Carl Shaffer | 219-282 | Enlistment |
| STATION TO WHICH CERTIFICATION SUBMITTED | TYPED NAME AND GRADE OF WITNESSING OFFICER | |
| CG Group Pt Adams, Hammond, Oregon | R.C. VAN HINE, CHBOSN, USCG | |

DD FORM 1 APR 50 98 REPLACES NME FORM 98, 1 OCT 48, WHICH IS OBSOLETE.

RETURN COMPLETED FORMS TO Cdr. Group Pt Adams
U.S.Coast Guard
Hammond,Oregon

# REPORT OF MEDICAL EXAMINATION

| 1. FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| SHAFFER, Arthur Carl | BM1 | 219-282 |
| **4. HOME ADDRESS** (Number, street or RFD, city or town, zone and State) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| North Head Light Station,Ilwaco,Wash | Reenlistment | 10 Aug.1953 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE MILITARY | CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|---|
| Male | Caucasian | 20 | | Treasury Department | North Hd Lt Sta U.S.Coast Guard |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Dec.1908 | Williamsville, Ill | Olive Mae Shaffer, Wife, Ilwaco, Washington |

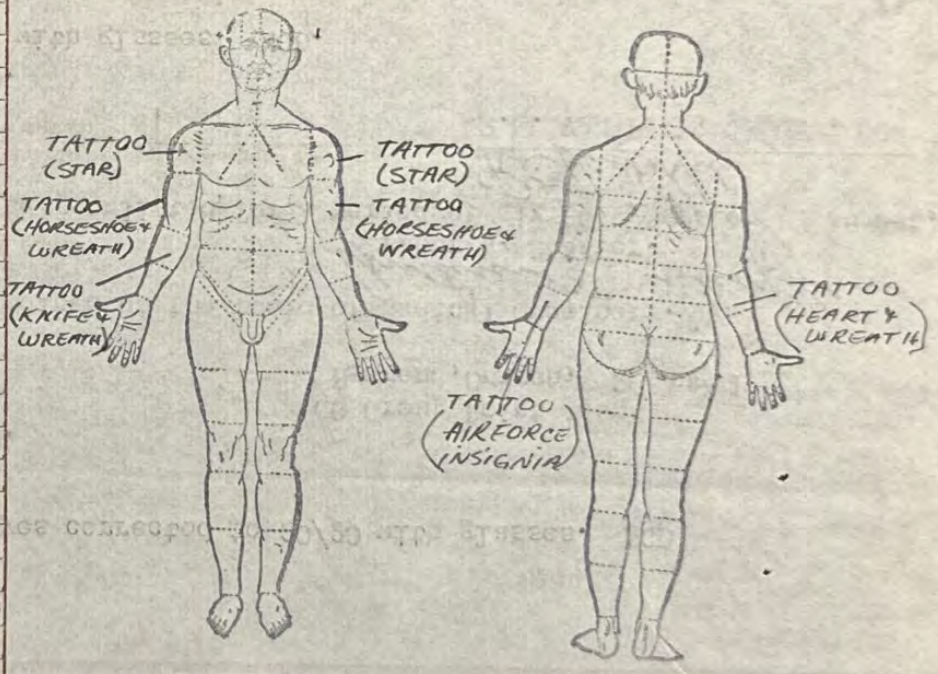
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| USNaval Sta.,Tongue Point,Astoria,Ore | Rel: Prot. |

17. RATING OR SPECIALTY: Boatswains Mate — TIME IN THIS CAPACITY: TOTAL 20 — LAST SIX MONTHS DO

## 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.)




(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 8).—Fixed bridge, brackets to include abutments
I.—Nonrestorable teeth  XXX.—Replaced by dentures

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: None.

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. 1.005 | | | 46. CHEST X-RAY (Place, date, film number, result) | 47. SEROLOGY (Specify test used and result) |
|---|---|---|---|---|
| ALBUMIN | SUGAR | MICROSCOPIC | # 1463 Negative 8-10-53 | Blood Kahn Negative 8-10-53 |
| Neg. | Neg. | Not done | | |
| 48. EKG | 49. BLOOD TYPE AND RH FACTOR | | 50. OTHER TESTS: Chest: 35 - 33 | |

## MEASUREMENTS AND OTHER FINDINGS

| 51. HEIGHT | 52. WEIGHT | 53. COLOR HAIR | 54. COLOR EYES | 55. BUILD (SLENDER / MEDIUM / HEAVY / OBESE) | 56. TEMP. |
|---|---|---|---|---|---|
| 71" | 155 | Brown | Blue | X | Normal |

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

| | SYS. | DIAS. |
|---|---|---|
| SITTING | 117 | 70 |
| RECUMBENT | 118 | 60 |
| STANDING (3 min.) | 118 | 76 |

58. PULSE (*Arm at heart level*)

| SITTING | AFTER EXERCISE | 2 MIN. AFTER | RECUMBENT | AFTER STANDING 3 MIN. |
|---|---|---|---|---|
| 76 | 106 | 86 | 74 | 88 |

| 59. DISTANT VISION | | 60. REFRACTION | 61. NEAR VISION |
|---|---|---|---|
| RIGHT 20/ ~~20~~ 30 | CORR. TO 20/ 20 | BY S. CX | CORR. TO BY |
| LEFT 20/ 40 | CORR. TO 20/ 20 | BY S CX | CORR. TO BY |

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

| 63. ACCOMMODATION | 64. COLOR VISION (*Test used and result*) | 65. DEPTH PERCEPTION (*Test used and score*) | 66. FIELD OF VISION | 67. NIGHT VISION (*Test used and score*) | 68. RED LENS | 69. INTRAOCULAR TENSION |
|---|---|---|---|---|---|---|
| RIGHT Normal LEFT Normal | AOC 1940 Rev. Normal | UNCORRECTED / CORRECTED | Normal | | | |

70. HEARING

RIGHT WV 15 /15 SV /15

LEFT WV 15 /15 SV /15

71. AUDIOMETER

| | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 8000 |
|---|---|---|---|---|---|---|---|
| RIGHT | | | | | | | |
| LEFT | | | | | | | |

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

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

59. Defective vision of both eyes corrected to 20/20 with glasses. NCD

**37. Small varicose veins. NCD.**

CG Group Point Adams
Hammond, Oregon, 26 Aug. 1953

I herewith agree with the findings of the board of medical examiners.
Arthur C. Shaffer
Arthur C. Shaffer.

Discharged 26 August, 1953, and reenlisted for a period of six (6) years on 27 August, 1953.
R.C. VanHine
R.C. VAN HINE, CHBOSN, CO

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

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

**37. Small varicose veins. NCD.**

59. Defective vision corrected with glasses. NCD.

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

Perform allthe dutyes of his rate at sea and on a foreign shore.

76. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

PHYSICAL CATEGORY

| A | B | C | E |
|---|---|---|---|
| | | | |

77. EXAMINEE (*Check*): [X] QUALIFIED FOR [ ] IS NOT

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

79. TYPED OR PRINTED NAME OF PHYSICIAN
R. D. BEASOM LTJG MC USNR
SIGNATURE R. D. Beasom MC

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST (*If applicable*) XXXXXXXXXXXXXX
L. W. THOMAS CDR DC USN
SIGNATURE L.W. Thomas

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

☆ U. S. GOVERNMENT PRINTING OFFICE: 16—02388-1

Form 2500B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1939

JAN 3 1941
CODED
NO. 4

# SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of SHAFFER, Arthur Carl (219-282) as Boatswain's Mate Second Class
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Air Station, Port Angeles, Wn. District, Thirteenth CG District
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Ediz Hook Sta 7-1-40

Accepted for enlistment at Port Angeles, Washington
(Place)

1. I, Arthur Carl Shaffer, this 15th day of August, 1946, desiring
(Full name)
to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ---

2. I was born in Williamsville, Illinois, on 18 December, 1908 Citizenship [b] NB

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

If intentions declared, place and date of declaration - -

Occupation or trade Asst. Keeper Home address Ediz Hook Light Station, Port Angeles, Wash.

Full name and address of the following: Olive Mae Shaffer, Ediz Hook Light Station, Port Angeles, Wn.
(Wife, if any)

Kathryn Raye Shaffer, age 4; Donna Mae Shaffer, age 1
(Children under 21 years of age. Specify ages of children)

Minnie Hanson, 1113 W. Sharp, Spokane, Washington Widowed? No
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

None
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have ... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(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 14 August, 1946 from ~~Cutter~~ Station CGAS, Port Angeles, Wash.
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A65736
(Kind of discharge)

9. I agree to and with the United States of America, represented by Commander F. G. Wild, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by Commander F. G. Wild, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Arthur Carl Shaffer who has hereunto signed his
(Name of person enlisting)

---

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

2—3476 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Arthur Carl Shaffer
Arthur Carl Shaffer
(Signature of enlisted person)
UNITED STATES OF AMERICA,
By F. G. WILD, Commander, USCG
(Signature and rank of enlisting officer)

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

F. G. WILD,
Commander, U. S. C. G., *Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, Arthur Carl Shaffer (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Arthur Carl Shaffer
Arthur Carl Shaffer
(Signature of enlisted person)

Subscribed and sworn to before me this 15th day of August, A. D. 1946

F. G. WILD, Commander, USCG
(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

Age 37 years 8 months. Height 5 feet 10 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion ruddy Color white Married Yes

Distinguishing marks Tatoos: lfa; wreath "Montana"; dagger "Death before Dishonor"; rfa heart; flag and eagle "U.S.A."

## 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.

UNITED STATES COAST GUARD

# STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG AIR STATION, Port Angeles, Washington
(Unit)

SHAFFER, Arthur Carl
(Name in full—surname to the left)

15 August, 1946
(Date)

219-282
(Service number)

Boatswain's Mate Second Class
(Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1941 | 8 | 15 |
| Enlistment extended (for 2 years from) | 1944 | 8 | 14 |
| Date of discharge (14 August, 1946 HONORABLE) (Character of discharge) | 1946 | 8 | 14 |

| | NUMBER OF— | | |
|---|---|---|---|
| | Years | Months | Days |
| Total time of last enlistment period | 5 | 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 | | |

| | | | |
|---|---|---|---|
| Total Absence (00 days) | 0 | 0 | 0 |
| Creditable time served during last enlistment period | 5 | 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.

J. W. MacINTOSH, JR.

Date 15 August, 1946

(Rank) Lieut. Commander, U. S. C. G.
Commanding officer.
By direction

## REENLISTMENT ~~OR EXTENSION OF ENLISTMENT~~

Date 15 August, 1946

CG AIR STATION, Port Angeles, Washington
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

J. W. MacINTOSH, JR.

(Rank) Lieut. Commander, U. S. C. G.
Commanding officer.
By direction

16—20008-1

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG AIR STATION, Port Angeles, Wash. (Unit) — Port Angeles, Washington (Place)

15 August, 1946 (Date)

CODED NO. 4

FROM: SHAFFER, Arthur C. (219-282) BM2c.

TO: COMMANDANT (via CO, CG AIR STATION, Port Angeles, Wn.

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:

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Ediz Hook Light Station, Port Angeles, Wn. (Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42) (Full name of child; if none, so state) | Same (Address of child) |
| Donna Mae Shaffer (Born 8-23-45) (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:

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | Route 4, Box 66, Vancouver, Wn. (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:

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 1113 W. Sharp, Spokane, Wash. (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 15th day of August, 19 46

J. W. MacINTOSH, Jr. (Signature)

By direction
(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer (Signature)

BM 2c.
(Rank or rating)

16—25758-1

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

# SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of SHAFFER, Arthur Carl (219-282) as Coxswain
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Station~~ GUARD ISLAND LIGHTSTATION District, Ketchikan, Alaska
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Ketchikan, Alaska
(Place)

1. I, Arthur Carl Shaffer (Full name), this 15th day of August, 19 41, 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 Williamsville, Illinois, on 18 December, 1908 Citizenship [b] NB

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

If intentions declared, place and date of declaration --

Occupation or trade Asst. Keeper Home address Ketchikan, Alaska

Full name and address of the following: Olive Mae Shaffer, Ketchikan, Alaska
(Wife, if any)

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

Minnie Hanson, 3104 W. 6th, Spokane, Washington 1113-W Sharp-Spokane Widowed? No
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

NONE
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have -- had previous service under the United States in the Coast Guard, ARMY Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

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

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

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

9. I agree to and with the United States of America, represented by Lt-Cmdr. Frank Tomkiel, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by Lt-Cmdr. Frank Tomkiel, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Arthur Carl Shaffer who has hereunto signed his
(Name of person enlisting)

---

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

2—3476 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Arthur Carl Shaffer

Arthur Carl Shaffer
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Frank Tomkiel, Lieut-Comdr., 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.

Frank Tomkiel

Frank Tomkiel
Lieut-Comdr., *U. S. C. G., Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, Arthur Carl Shaffer, 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.

Arthur Carl Shaffer

Arthur Carl Shaffer
(Signature of enlisted person)

Subscribed and sworn to before me this 15th day of August, A. D. 19 41

This enlistment effected pursuant to the act of August 5, 1939.

Frank Tomkiel

Frank Tomkiel, Lieut-Comdr., U.S.C.G.

By direction
(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

Age 32 years 8 months. Height 5 feet 10 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion ruddy Color white Married Yes

TATTOOS

Distinguishing marks Lfa wreath "Montana"; dagger "Death before Dishonor"; rfa heart; flag and eagle "U.S.A"

## 13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

.....where this enlistment is made.

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

# APPLICATION FOR ENLISTMENT

Position desired Coxswain

**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.**

Ketchikan, Alaska
(Place)

15 August, 1941
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 32 years 8 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 Arthur Carl Shaffer

Date of birth 18 December, 1908

Place of birth Williamsville, Illinois Citizenship NB

Home address Ketchikan, Alaska

Are you married? yes Number and relationship of persons dependent on you for support? one wife

Are you prepared to support your dependents on service pay? yes

Are your parents living? yes Are your parents dependent on you for support? no

Name and address of next of kin Olive Mae Shaffer, Ketchikan, Alaska

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— |
|---|---|---|---|---|---|
| Lighthouse Service | Ketchikan, Alaska | Lighthouse Service | 10-37 | 8-41 | Ass't Keeper |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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):

8 Years Grammar School, Great Falls, Montana

2½ Years High School, Great Falls, Montana.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? yes

If so, state which Army

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? - - - - - - - - Where? - - - - - - - - - - - - - - -

Were you accepted or rejected? - - - - - - - - If rejected, state why - - - - - - - - - - -

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

(Sign your full name here) Arthur C Shaffer

ARTHUR C SHAFFER

Accepted or rejected Accepted Cause of rejection

Date 15 August, 1941

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

Frank Tomkiel

FRANK TOMKIEL, Lieut. Comdr., U.S.C.G.

U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

| WHERE TREATED | DIAGNOSIS | BEGAN | ENDED | I. P. O. P. |
|---|---|---|---|---|
| RS KETCHIKAN | A.T. Inoc. B.T. | 3-30-42 | 3-30-42 | OP |
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NAME

SHAFFER, Arthur C.

SERVICE NO.

219-282

219-282 8 may 1951

Lafler, Arthur C.

24 August, 1953

B.M.)

Brown (Hair) eyes (Blue)

160 Lbs 18 december 1909 B

Capt Blanco 25





SHAFFER, Arthur C.
219-282
Height - 5ft 10 in.
Weight - 165 lbs.
Eyes - Blue
Birth - 12-18-08
Photo taken 8-15-41

From compensation of

# APPLICATION FOR ALLOTMENT

SHAFFER, Arthur Carl (2[illegible]282) BM1
USCG

PAYABLE TO

Monthly allotment in the amount of
EIGHT DOLLARS AND EIGHTY-FOUR CENTS ($ 8.84 ) Dollars.
(Words) (Figures)

Name TREAS. of the U.S.

Street and No.

Post office WASHINGTON 25, D.C. State

If payable to a bank, business institution, or individual, for credit of*—
Name Arthur Carl Shaffer

Reason for allotment NSLI PREMIUMS

First payment: Month MAY, 1951

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

Arthur Carl Shaffer

Arthur Carl Shaffer

Rank or rating BM1 U. S. C. G.

5 April, 1951

Approved, allotment granted.

B. L. HIGGINS, CBOSN, USCG

Commanding Officer, Coos Bay LBSta.

Commander, District.

Witnessed and registered 13 April, 1951

C. R. MATHERSON, PCLK, USCG

Pay officer, 13th CGD, SEATTLE

CMH

16—12642—1

INS EFF6/9/51 $7,000 Term $6.23
Add'l NSLI 3,000 " 2.61

## ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

R. L. EDMANDS, LTJG, USCG
Authorized Certifying Officer

Allotment Disbursing Officer.

mle

MAY 4 1951

2528-A

# ALLOTMENT STOPPAGE

om compensation of

SHAFFER; Arthur C. (219-[redacted] BM1.

Amount $ 62.00

PAYABLE TO

Name OLIVE M. SHAFFER

Street and No. Route 4 Box 66

Post office Vancouver State Washington

Stop allotment after payment

for the month of MAY, 1949 19____

for which checkage has been made.

REASON FOR STOPPAGE: No longer required.

REQUESTED BY ALLOTTER

Arthur C. Shaffer

(Signature of Allotter)

BM1.

Rank or rating

APPROVED: R H Wilson

R. H. WILSON, DOSR

Commanding CG GROUP NEAH BAY, Washington xx or

Commander xxxxxx District xxxxx

STOPPAGE REGISTERED, Date 6/1/49

R L EDMANDS LTJG USCG

13th U. S. C. G.

Pay Officer

DO NOT

WRITE IN THIS

SPACE

ACKNOWLEDGED BY HQ

DATE: JUL 8 1949

©

NAV. S. AND A. FORM 550

PE-PR-35

# MUSTERING OUT PAYMENT

| XZ 219-282 | SHAFFER, | Arthur | C. | BM1 U.S.Coast Guard |
|---|---|---|---|---|
| (File or service No.) | (Surname) | (First name) | (Initial) | (Rank or rating and branch of service) |

| 26 Aug, 1953 | CG Group Point Adams, Hammond, Ore | Over 60 days |
|---|---|---|
| (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:

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

R.C. VAN HINE, CHBOSN, Cdr. Grp Pt Adams
(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.* 1952

Have you served outside the continental limits of United States or in Alaska? 8-26-50 NO
(Enter Yes or No)

Arthur C. Shaffer
Arthur C. (Signature of applicant)

ENTITLED TO $200.00 LUMP SUM MOP

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

(Omit address if service is LESS than 60 days)

c/o CG Group Point Adams
(Number) (Street)

Hammond, Oregon (Lump sum payment)
(City) (Zone) (State)

## DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 423676 (Public voucher) _____ (Check number) 9-15-53 (Date)

C. M. McHENRY, PCLK, USCG Symbol 1302
(Type name and symbol No. of disbursing officer making initial payment)

Authorized Certifying Officer

## MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

DUPLICATE

2528B

# APPLICATION FOR SAVINGS BOND ALLOTMENT

2 20

From compensation of

SHAFFER, Arthur C.(219-282)BM1

53

PAYABLE TO

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month October, , 1953

Monthly allotment in the amount of

---- SIX and 25/100---------- ($6.25 ) Dollars
(Words) (Figures)

Reason for allotment: (Check one)

Bond a Month_____ Bond a Quarter X

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

Arthur C. Shaffer

Rank or rating BM1 U. S. C. G.

28 September, , 19 53
Approved, allotment granted.

R.C. VAN HINE, CHBOSN, Cdr.

Commanding Crp Pt Adams, Hammond, Ore

Commander_____ District.

Witnessed and registered 5 October , 19 53

Authorized Certifying Officer, C. M. McHENRY, PCLK, USCG
13th CG District

INSCRIPTION ON BOND (Leave blank)

ACKNOWLEDGMENT

FOR INFORMATION OF AUTHORIZED CERTIFYING OFFICER

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

A H W

TREASURY DEPARTMENT, U.S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ☆ G. P. O.: 1948 - 799449

rab

From compensation of

# APPLICATION FOR ALLOTMENT

CG GROUP NEAH BAY

RENEWAL

SHAFFER, Arthur C. (219-[redacted]01.

Monthly allotment in the amount of

EIGHT ($ 8.00 )

(Words) (Figures) Dollars.

PAYABLE TO

TREASURER OF THE UNITED STATES

Name [redacted]

Street and No.

Post office WASHINGTON D.C. State

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

Name

Reason for allotment NSLI

RECEIVED APR 10 1950 CGC, 13 D

First payment: Month MARCH, 1950 19

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

Arthur C Shaffer

Rank or rating BM1. U. S. C. G.

16 March, 1950

Approved, allotment granted.

R. H. WILSON, BOSN

~~Commanding~~ OIC, CG GROUP NEAH BAY

~~Commander~~, ~~District~~

Witnessed and registered 22 March, 1950

C. R. MATHEWSON, PCLK, USCG

AUTHORIZED CERTIFYING OFFICER

~~Pay officer~~ 13th CG District

16—12642—1

APR 4 1950

INSURANCE EFFECTIVE $3,000 4/1/50 $2.61

7,000 ? 5.39

## ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

RECEIVED APR 12 1950 CG GROUP Neah Bay, Wash.

J. L. EDMANDS, LTJG, USCG

Authorized Certifying Officer

Allotment Disbursing Officer

DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

FILED PE 84

TREASURY DEPARTMENT
U. S. COAST GUARD

# APPLICATION FOR BASIC ALLOWANCE FOR QUARTERS

CG-4170 (8-62)
Form approved by
Comptroller General, U.S.
19 December 1962

I. PURPOSE OF SUBMISSION: [XX] START [ ] ADD [ ] REDUCE [XX] TERMINATE

| II. A. SERVICE NUMBER | B. LAST NAME OF MEMBER | FIRST | MIDDLE | C. GRADE/RATE |
|---|---|---|---|---|
| 219-282 | SHAFFER, | Arthur | Carl | BM1 |

| D. UNIT AT WHICH THIS APPLICATION IS PREPARED | E. DATE PREPARED | F. DATE OF CURRENT ENL/APPT OR DATE REPORTING FOR ACDU (whichever is later) |
|---|---|---|
| Yaquina Bay Group, Newport, Oregon | 14 July 1964 | 28 August 1959 |

III.

| | A. ALLOWANCE CLAIMED FROM | B. ALLOWANCE STOPPAGE/REDUCTION DATE | REASON | C. NAME OF DEPENDENT (Include full given names) | D. COMPLETE ADDRESS | E. RELATIONSHIP |
|---|---|---|---|---|---|---|
| 1. | 7/31/64 | ~~8-1-64~~ 7/31/64 | RET | Olive Mae SHAFFER | P. O. Box 931 Roseburg, Oregon | W |
| 2. | " " | ~~8-1-64~~ 7/31/64 | RET | Kathryn Raye SHAFFER | P. O. Box 931 Roseburg, Oregon | LC |
| 3. | " " | ~~8-1-64~~ 7/31/64 | RET | Donna Mae SHAFFER | P. O. Box 931 Roseburg, Oregon | LC |

IV. MARITAL HISTORY

A. DATE AND PLACE OF PRESENT MARRIAGE: 4-21-37 Stevenson, Washington

B. HAVE YOU BEEN PREVIOUSLY MARRIED? [ ] YES [XX] NO

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

D. HAS YOUR WIFE BEEN MARRIED BEFORE? [ ] YES * [XX] NO

E. *IF YES, GIVE DATE AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE.

V. DEPENDENT CUSTODIAN *(Give following information for any dependent named in III above not living in household of member/wife)*

| A. NO. OF DEPENDENT | B. FULL NAME OF CUSTODIAN | C. ADDRESS | D. RELATIONSHIP |
|---|---|---|---|
| | | | |

VI. DEPENDENCY STATEMENT *(Complete for parents, step and adopted children, incapacitated legitimate children over 21 years of age.)*

| A. NO. OF DEPENDENT | B. MONTHLY AMOUNT OF MY CONTRIBUTION | C. MONTH AND YEAR SUPPORT COMMENCED | D. METHOD OF MY PAYMENT "Q" OR "D" ALLOT., OTHER (specify) | E. DEPENDENT'S INCOME FROM OTHER SOURCES | F. DEPENDENT'S MONTHLY LIVING EXPENSES |
|---|---|---|---|---|---|
| | | | | | |

VII. "Q" ALLOTMENT INFORMATION *(Indicate dependents on whose behalf allotment is made, using dependent numbers shown in III above.)*

| DEP NO. | A. START DATE | B. STOP DATE | C. AMOUNT | D. PAYEE | E. COMPLETE ADDRESS |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

3-13 FILE

6 AUG 1964

D.A. SECTION

VIII. IMPORTANT - NOTE: PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENT IN CONNECTION WITH CLAIMS: FINES OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH. ACT 25 JUNE 1948, 18 USC 287, 1001.

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 in a pay status. I will immediately notify my ACO of any change in the dependency of the dependents listed above.

Arthur C. Shaffer — BM1

(Signature of service member) (Grade/Rate)

IX. THIS BLOCK FOR AUTHORIZED CERTIFYING OFFICER'S USE ONLY

REQUIRED ENTRIES HAVE BEEN MADE ON THE MEMBER'S PAY RECORD, AS CHECKED BELOW:

[ ] "Q" INFORMATION IN SECTION VII VERIFIED ACCURATE.

[XX] BAQ CREDIT ENTERED FOR ALL DEPENDENTS EXCEPT DEPENDENT(S) NUMBER None.

[ ] ELIGIBILITY QUESTIONABLE. REGISTERED "D" ALLOTMENT IN AMOUNT OF _____ PENDING DETERMINATION.

[XX] BAQ CREDIT TERMINATED AFTER 7/31/64.

[ ] BAQ CREDIT REDUCED AFTER _____. BAQ CREDITED FOR _____ DEPENDENTS BEGINNING _____.

GOVERNMENT QUARTERS TERMINATED 7/31/64.

W. H. Mattson

gl W. H. MATTSON, CHSPCK, W-4, USCG 26419

ACO SIGNATURE SYMBOL NUMBER

X. THIS BLOCK FOR HEADQUARTERS' USE ONLY

THE DEPENDENTS CLAIMED HEREON ARE CONSIDERED ELIGIBLE DEPENDENTS FOR ALL PURPOSES EXCEPT FOR NONE UNDER THE CCA OF 1949, AS AMENDED, FROM APPROVED DATES OF CLAIM EXCEPT FOR DEPENDENTS NUMBER 1, 2 & 3.

JUL 31 1964

D. S. MacKenzie J.K.

CHIEF, DEPENDENTS ALLOWANCE BRANCH

B

JUL 31 1964
JJM

DATE: _____

☐ (DIV) ☐ (ALLOT) _____

☐ APPROVED

☒ APPT/DIS/RELAD/RET/DD/CANC/PQ

☐ SPEC. PEND.

☐ PEND. _____ 60 DAYS EXPIRE

☐ ACDUTRACANC

☐ RET.TO.BR.CH

☐ RET.TO: _____

| | START | BAQ RATE | STOP |
|---|---|---|---|
| E-1,2,3 & | ☐ | 55.20 | ☐ |
| E-4(4 yrs or less | ☐ | 83.10 | ☐ |
| | ☐ | 105.00 | ☐ |
| E-(1-4)E5 | ☐ | 105.00 | ☐ |
| E-6 | ☐ | 110.10 | ☒ |
| E-7 | ☐ | 114.90 | ☐ |
| E-8 & E-9 | ☐ | 120.00 | ☐ |

LS

☐ CHANGE: DEPS/ALLOTS/BAQ RATE/ E RATE (DELETE ONE)

_____ _____

☐ TABBED PULL ON _____ FOR _____

☐ MEMO TO 6-7: WITHHOLD - RELEASE "Q" (DELETE ONE)

☐ LTR: (SEE OTHERSIDE - NOTES ATCHD - (DELETE ONE)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# Washington State Department of Health
VITAL STATISTICS
CERTIFICATE OF BIRTH

State File No. 1021
Registrar's No. 1033

**1. PLACE OF BIRTH:**
(a) County Clark
(b) City or town Vancouver (If outside city or town limits write RURAL)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

**2. USUAL RESIDENCE OF MOTHER:**
(a) State Washington
(b) County Clark
(c) City or town Vancouver - Rural (If outside city or town limits write RURAL)
(d) Street No. Rt. 4 - Box 66 (If rural give location)

3. Full name of child Donna Mae Shaffer

Sex: F | 6. Twin or triplet ..... | 7 If so—born 1st, 2d, or 3d ..... | 8 Number months of pregnancy .....

4. Date of birth 8-23-45 (Month) (Day) (Year)

**FATHER OF CHILD**
Full name Arthur L. Shaffer
Color or race W 11. Age at time of this birth 36 yrs.
Birthplace Ill. (City, town, or county) (State or foreign country)
(a) Usual occupation Coast Guard
(b) Industry or business .....
Residence .....
Mother's mailing address for registration notice: Same

**MOTHER OF CHILD**
15. Full maiden name Olive M. Hauge
16. Color or race W 17. Age at time of this birth 29 yrs.
18. Birthplace N. Dak. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....
21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

I hereby certify that I attended the birth of this child who was {born alive / stillborn} at the hour of 12:21 A. m. on 8-23-45 and that the information given was furnished by Mother, related to this child as .....

Date received by local registrar SEP 1 1945
Registrar's own signature L. P. Lehman
Date on which given name added ..... by ..... (Registrar)

Attendant's own signature J. H. Hansing
M. D., midwife, or other M.D. Date signed 8/25/45
Address Vancouver Wash.

VS—RI

THIS IS TO CERTIFY, That the foregoing is a true copy (photographic) of a record on file in the Public Health Statistics Sections, Washington State Department of Health, Seattle, Washington.

Irma R. Vaughn
Acting State Registrar

Official Seal

By Dalley L. Wood

Seattle, Wash. Feb. 18, 1946

54655

# APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

9,003,472 Dec 44

NAVPERS - 668

| SHIP OR STATION | DATE OF APPLICATION | DATE REPORTED FOR ACTIVE DUTY |
|---|---|---|
| CG Light Sta, New Dungeness, Sequim, Wn. | 20 Dec 1944 | 15 August, 1941 |

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

| NAME OF SERVICEMAN (LAST) (FIRST) (MIDDLE) | SERVICE NUMBER | RATING |
|---|---|---|
| Shaffer Arthur C. | (219-282) | BM1c |

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

| DO NOT USE THIS COL'N | PAYEE SEE NOTE (1) | NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES) | RELATIONSHIP | DATE OF BIRTH SEE NOTE (2) MO. | DATE OF BIRTH SEE NOTE (2) YR. | ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3) | AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4) |
|---|---|---|---|---|---|---|---|
| 1 | X | Olive Mae Shaffer c/o CG Light Station, New Dungeness, Sequim. Washington | wife | | | | |
| 2 | | Kathryn Rae Shaffer ~~Same address as above.~~ | daughter | Aug | '42 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

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

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

| DEPENDENT NO. | NAME OF PAYEE | ADDRESS OF PAYEE |
|---|---|---|
| | | |

| PLACE OF PRESENT MARRIAGE | DATE OF MARRIAGE | IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. |
|---|---|---|
| Stevenson, Washington | 21 Apr 1937 | ☐ 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 |
|---|---|
| | |

803953

**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 does not reside in gov't quarters, To take place of MAQ(W), cancelled as of now. | however Lightsta is her best mailing address. |

**Subscribed and sworn to before me**

this 20th day of December 1944

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

S. M. BAUGH (Signature) — Lieut., USCGR (Title) — Arthur C. Shaffer (Signature of Serviceman)

**DO NOT WRITE BELOW THIS LINE**

**ORIGINAL:** For Navy Personnel—Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel—Forward directly to Commandant, U.S. Marine Corps.
For Coast Guard Personnel—Forward to Commandant, U.S. Coast Guard, Via the disbursing officer carrying the man's pay account.

**DO NOT WRITE ON REVERSE SIDE OF THIS FORM**

# APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

NAVPERS - 668

SS 1,534,348

| SHIP OR STATION | DATE OF APPLICATION | DATE REPORTED FOR ACTIVE DUTY |
|---|---|---|
| Coast Guard Air Station, Port Angeles, Wash. | 2/27/46 | 8/15/41 |

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

| NAME OF SERVICEMAN (LAST) | (FIRST) | (MIDDLE) | SERVICE NUMBER | RATING |
|---|---|---|---|---|
| SHAFFER | Arthur | C. | 219-282 | BM1c |

**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 | Olive M. Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Wife | | | SA Aug 45 | |
| 2 | | Kathryn R. Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Daughter | 8 | '42 | Add Daughter | |
| 3 | | Supplemental Application | | | ORCh. | | |
| 4 | | Donna Mae Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Daughter | 8 | '45 | | |
| 5 | | NOTE: Chg of Add | | | | | |
| 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. |
|---|---|---|
| Stevenson, Washington | 4/21/37 | ☐ 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 |
|---|---|
| | |

9,003,428

**If divorced, you must submit a certified copy of the court order or decree with this application.**

| STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: | PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: |
|---|---|
| | |

**Subscribed and sworn to before me** this 28th day of February, 19 46

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

E. W. PHILLIPS
(Signature)

Lieut.Comdr., USCG
(Title)

Arthur C. Shaffer BM1c
(Signature of Serviceman)

**DO NOT WRITE BELOW THIS LINE**

**ORIGINAL:** For Navy Personnel—Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel—Forward directly to Commandant, U.S. Marine Corps.
For Coast Guard Personnel—Forward to Commandant, U.S. Coast Guard, Via the disbursing officer carrying the man's pay account.

**DO NOT WRITE ON REVERSE SIDE OF THIS FORM**

SEP 1942 RECEIVED KETCHIKAN DISTRICT ALASKA

SEATTLE DISTRICT AUG 25 1942 U.S. COAST GUARD

SW

907.578

Suppl. 907.578

# APPLICATION FOR FAMILY ALLOWANCE

GUARD ISLAND LIGHT STATION (Unit) — Ketchikan, Alaska (Place)

24 August, 1942 (Date)

OK

803,953

From: SHAFFER; Arthur C. (219-282) Cox.
To: Commandant (Via Captain of the Port, Portland, Ore.).

1. I hereby apply for family allowance for dependents as follows:

## CLASS "A" DEPENDENTS

| | | |
|---|---|---|
| Mrs. Olive Mae Shaffer (Full name of wife) | OK Married At: Stevenson, Wash. 4-21-37 | P.O. Box 127 Vancouver, Washington (Address) |
| (Full name of divorced wife) | | (Address) |
| Kathryn Raye Shaffer (Full name of child) | 8-23-42 (Date of birth) | Same as Above (Address) |
| (Full name of child) | (Date of birth) | (Address) |
| (Full name of child) | (Date of birth) | (Address) |

## CLASS "B" DEPENDENTS

| | | |
|---|---|---|
| (Full name of dependent) | (Relationship) | (Address) |
| (Full name of dependent) | (Relationship) | (Address) |
| (Full name of dependent) | (Relationship) | (Address) |
| (Full name of dependent) | (Relationship) | (Address) |

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

Arthur C. Shaffer (Signature) — Cox. Rating

Subscribed and sworn to before me this 24th day of August, 1942

M. L. Stewart, Lieutenant(jg) (Signature)

Acting, Captain of the Port. (Title)

This application has been recorded in the pay accounts of the applicant and sundry checkage will be made in the sum of $22.00 XXXXX beginning with the month of JUNE, 1942.

L. J. Armstrong, Lieut., U.S.C.G. (Name and rank)

Pay Officer.

Ord-Aug 15, 1941
Lem

UNITED STATES COAST GUARD

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

| GUARD ISLAND LIGHT STATION<br>DCGO, Seventeenth Naval District<br>UNIT | Ketchikan, Alaska<br>ADDRESS | 15 August, 1944<br>DATE |
|---|---|---|

| SHAFFER, Arthur C.<br>SURNAME, FIRST NAME, INITIAL | 219-282<br>SERVICE NUMBER | B.M.1c.<br>RATING |
|---|---|---|

has completed a continous period of three years' active service in the U. S. Coast Guard (~~Reserve~~) on 14 August, 1944, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon) (~~star~~) in lieu of issue of actual award at this time.

J. P. TOWEY, Lieut.(jg), USCGR
SIGNATURE AND RANK OF COMMANDING OFFICER
By direction

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

2-4

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

**INSTRUCTIONS**

*Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.*

## A. GENERAL DATA

| NAME (Last) | (First) | (Middle) |
|---|---|---|
| SHAFFER | Arthur | Carl |

| SERVICE NUMBER | RANK OR RATING | UNIT (If on active duty) |
|---|---|---|
| 219-282 | BM1-USCG | CAPE FLATTERY LIGHT STATION |

HOME ADDRESS (Give Number, Street, City, Zone No., and State)
Route 4, Box 66, Vancouver, Washington

INDICATE STATUS BY CHECK MARK

- [x] Active duty USCG, [redacted]
- [x] Discharged from USCG, [redacted]
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Disenrolled from USCGR (T)
- [ ] Retired from USCG or USCGR

## B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

**I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.**

- [x] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [x] World War II Victory Medal (No Clasp)

Arthur Carl Shaffer
Arthur Carl Shaffer
*(Signature)*

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

## C. RECEIPT FOR AWARDS

**I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.**

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

Arthur Carl Shaffer
Arthur Carl Shaffer
*(Recipient sign here)*

*(Do not sign unless awards are actually received)*

A-1164

3-285

Port Angeles, Washington

CO CG AIR STATION
CG-73

22 March, 1946

To: SHAFFER, Arthur C. (219-282) BM1c

Subj: Area Campaign Medals and/or Operation and Engagement Stars and Other Awards; authorization for

1. Your service record indicates that your service which would entitle you to Area Campaign Medals and/or Operation and Engagement Stars is as follows: Guard Island Light Station, Ketchikan, Alaska, 8/15/41 to 11/20/44; New Dungeness Light Station, Sequim, Washington from 12/21/45 to 3/22/46.

2. By reason of the above-listed service, you are entitled to the following awards:

American Defense Service Medal with star
American Area Campaign Medal
Asiatic-Pacific Area Campaign Medal

3. You are also entitled to wear the World War II Victory Medal for honorable service in the U. S. Coast Guard from 7 December, 1941 to the present date.

4. You are further entitled to wear the Coast Guard Good Conduct Medal for completing a continuous period of three years' active service with no mark in conduct of less than 4.0 from 8/15/41 to 8/14/44.

5. Until such time as the above medals are awarded you, you are authorized to wear the ribbon of each of the particular medals indicated.

W. I. SWANSTON

CC: HQ (PEA-E-80)

CERTIFIED TO BE A TRUE COPY

S. B. Godwin

S. B. GODWIN, Ens (WR)

Service Record Copy

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.



TO:

Date Prepared 15 August, 1941

Name: Shaffer, Arthur G.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

| | FROM | TO |
|---|---|---|
| Position<br>Grade<br>Salary | Keeper<br>Field (Range $1260-1620)<br>$1320 p.a. plus $240 p.a.Qtrs. | Coxswain<br>No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies. |
| Bureau or Div.<br>Organizational<br>Subdivisions | U. S. Coast Guard | U. S. Coast Guard |
| Headquarters<br>Post of Duty<br>Appropriation<br>Allotment | Ketchikan, Alaska<br>Guard Island Lt.Sta.,Alaska<br>Civilian Employees, C. G. | Ketchikan, Alaska<br>Guard Island Lt. Sta., Alas.<br>Pay and allowances, C. G. |

FIELD ☐ DEPRTMTL. ☐ — FIELD ☒ DEPRTMTL. ☐

EFFECTIVE *Remarks:* 15 August, 1941.

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

*Justification:*

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 12-18-1905

LEGAL RESIDENCE: Montana

SEX: M — RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-15

DATE OF OATH

DATE APPROVED BY THE SECRETARY: 9-15-41

BUREAU OR DIVISION PERSONNEL FILES

SEP 19 1941

Form 93

NOTICE OF RESIGNATION ~~AND DISMISSAL~~

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
U.S. Coast Guard
~~LIGHTHOUSE SERVICE~~

Commander,
OFFICE OF ~~SUPERINTENDENT OF LIGHTHOUSES~~, Ketchikan DISTRICT,

Commandant
~~COMMISSIONER OF LIGHTHOUSES~~:

Ketchikan, Alaska, 15 August, 1941

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

Name, Arthur C. Shaffer — Position, Assistant Keeper

Legal residence, Alaska — Station, Guard Islands Light Station, Alaska

Salary, $1320.00 per annum plus $240. valuation of quarters.

The acceptance of this resignation is recommended effective at the close of 14 August, 1941.

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

**Remarks:**

Employee is being inducted into the military service of the Coast Guard as Coxswain, effective 15 August, 1941

F. A. ZEUSLER

FRANK TOMKIEL
By direction

---

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

11—4623

SS-77

TREASURY DEPARTMENT
United States Coast Guard
Ketchikan District
(Bureau or Office)

RCVD AUG 28 1941

Ketchikan, Alaska, 15 Aug. 1941

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

Sir:

I hereby tender my resignation from the position indicated below effective at the close of 14 August, 1941.

Position 1st Assistant Keeper

Grade and salary $1320. per annum, plus $240. valuation of quarters.

Division Ketchikan, District

Station Guard Island Light Station, Alaska

Reason for resigning Induction into Coast Guard.

Arthur C Shaffer
(Signature)

---

Is above person unqualifiedly recommended for further Government employment? yes.

Recommend above resignation be accepted (with ) prejudice.
(~~without~~)

Superior's remarks

F. A. ZEUSLER
(Signature of superior)

FRANK TOMKIEL
By direction

---

Leave record during current calendar year:

Annual 6; sick 0; without pay 0

Sick leave taken during last year of employment 0

Number of occasions when such sick leave was taken 0

(Leave Clerk)

(PE-C)

20 April, 1948
CG-73

AIR MAIL

From: Commandant
To: Commander, 13th CG District (pmp)

Subj: Shaffer, Arthur C. (219-282) BM2
Giese, Julius M. (230-876) BM2; advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the above-named men are advanced to the rating of boatswain's mate, first class, effective 1 May, 1948, provided their conduct and performance of duty since 30 June, 1946, have been satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised.

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Article 561 (1), Regulations as the authority therefor.

W. C. CAPRON
By direction

CORRESPONDENCE: jhc
ret to 3-13

4/22/48

(& 97

SECOND REQUEST

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

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

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

| SHAFFER (Last name) | Arthur (First name) | Carl (Middle name or initial) | (Service serial number) |
|---|---|---|---|

Date referral mailed to the Coast Guard 4 Mar 1949

Date referral returned 22 July, 1949

John L. McCormick
(State Director)

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

Territorial Headquarters
Selective Service System
Box 2691
Juneau, Alaska

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

| Column 1 | | Column 2 | Column 3 |
|---|---|---|---|
| ☐ | 1 | Name | |
| ☒ | 2 | Service serial number | 219-282 |
| ☐ | 3 | Home address at entrance into service | |
| | 4 | Selective Service Local Board | x x x x x x x x x x x x x x x x |
| ☐ | 5 | Date of birth | 18 Dec 1908 |
| | 6 | Place of birth | x x x x x x x x x x x x x x x x |
| ☐ | 7 | Race | |
| | 8 | Sex | x x x x x x x x x x x x x x x x |
| | 9 | Registered | x x x x x x x x x x x x x x x x |
| | 10 | Other service in | x x x x x x x x x x x x x x x x |
| ☐ | 11 | Entered service by | Enl. ☐ Ind. ☐ Comm. ☐ |
| ☒ | 12 | Date of enlistment, induction, or commission | 15 August, 1941 |
| ☒ | 13 | Date of entry on active duty | ~~MAY 15 1941~~ 15 August, 1941 |
| ☒ | 14 | Date of release from active duty | Now serving |
| ☒ | 15 | Grade or rating at separation | BM2c |
| ☐ | 16 | Highest grade or rating held | |
| ☒ | 17 | Character or type of separation or discharge | Honorable |
| | 18 | Battles and campaigns | x x x x x x x x x x x x x x x x |
| | 19 | Decorations and citations | x x x x x x x x x x x x x x x x |
| ☐ | 20 | Foreign and/or sea service | Yes ☒ No ☐ Yrs. ____ Mos. ____ Days ____ |
| ☐ | 21 | Remarks | OCL prior to 1 November, 1945. |

GPO 16—54346-2

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

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

5-1

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

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP, Neah Bay, Washington | Cape Flattery Light Station | Neah Bay, Washington |
| **UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | | **DATE** |
| 13-133 | 13-131 | 27 May, 1948 |

TIME 2030
DATE 27 May, 1948

REPORTED FROM: CG GROUP, Port Angeles, Washington
FOR assignment to duty.

DUTY CODE NO. 30 AUTH: Coml3CGD/L(p) 5 May, 1948 (CG-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:

J. E. Keoughan
J.E.KEOUGHAN, Bos'n, USCG
(Commanding)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| 101 | | 13 | 2 | |
| II | XIV | XVII | XX | XXI |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| 272 | 45 | 3 | |
| XI | XIV | XV | XVIII |

| Records | |
|---|---|
| Posting | Coding |
| | CODED NO.10 |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-45)

No. 18

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG Air Station | | Port Angeles, Wash. |

| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. | DATE |
|---|---|---|
| 13-139 | | 4 May, 1948 |

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM BM2 TO BM1 EFFECTIVE 1 May, 1948

DUTY CODE NO. (02)
AUTH: HL 4-20-48 (PE-C) (CG-73) & Art 561(1) CG Regs

OTHER CHANGES (SPECIFY)

O.K.

DUTY CODE NO.
AUTH:

J. Natwig
J. NATWIG, By dir
Lieut. (Commanding)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| 101 | | 13 | 2 | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| 25 | 1 | 1 | 201 |

| Records | |
|---|---|
| Posting | Coding |
| | CODED NO. 10 |

| Machine Accounting |
|---|
| Punched |
| Verified |

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

219-282

OF LIGHTHOUSES
JUL 5 1939

STATEMENT OF PREVIOUS MILITARY SERVICE.

ARTHUR C. SHAFFER — ASSISTANT KEEPER, GUARD ISLAND L.H. — 16th LIGHTHOUSE DISTRICT.

(NAME - Print) — (GRADE) — UNIT AND DISTRICT TO WHICH ATTACHED

I HAVE HAD PREVIOUS MILITARY SERVICE UNDER THE UNITED STATES AS FOLLOWS:

| BRANCH OF SERVICE* | SERVICE NUMBER | ORIGINALLY ENLISTED | | LAST DISCHARGED | |
|---|---|---|---|---|---|
| | | DATE | PLACE | DATE | PLACE |
| ARMY | 6547368 | 1-23-33<br>1-23-36 | VANCOUVER WASH.<br>VANCOUVER WASH. | 1-22-36<br>4-17-37 | VANCOUVER, BKS. WASH.<br>VANCOUVER, BKS. WASH. |
| NAVY | | | | | |
| MARINE CORPS | | | | | |
| COAST GUARD | | | | | |
| COAST AND GEODETIC SURVEY | | | | | |

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

Arthur C. Shaffer
(SIGNATURE)

219-282

[redacted] 77 [redacted]

(incl. L.H. & Army 4 yrs.)

Name SHAFFER, Arthur C. Age 31 Total service 6 yrs. 6 mos.
(surname first)

Present station Guard Island Present civil grade Asst. Keeper Present pay 1320.
Allowances
(per annum)

Qualified ? Yes

Disqualified? (give reason)

Grade recommended by board Coxswain Pay and allowances

Grade determined by Hdqrs. Pay and allowances
(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

Juneau District.

Service and age based on approx. date of December 31, 1939.

CG-2888 (9-46)

TREASURY DEPARTMENT
U. S. COAST GUARD

# CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

## MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

SHAFFER, ARTHUR C. (Name—Surname to left) | BM2c (Rank or rating 31 Aug. 1946) | 219-282 (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 101 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) | OLIVE M. SHAFFER (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.

Arthur C. Shaffer
(Signature of claimant)

ARTHUR C. SHAFFER (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CGAS, Pt. Angeles, Washington, this 14th day of November, 1946

(SEAL)

J. W. MacIntosh, Jr.
J. W. MACINTOSH, JR. LtComdr. USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

F. C. Wild — CGAS, Pt. Angeles, Wash.

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

| 132.25 | | |
|---|---|---|
| (*Monthly pay (base and longevity)*) | (*Officer monthly rental allowance*) | (*Officer daily subsistence allowance*) |

H E Major jr E. Major 18-423

(*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

Shaffer, Arthur C. 3-14

FILE
E. P. H.

(PMM)
CG-73

7 Dec., 1945

To: Commanding Officer, CG Group, Port Angeles, Wash.

Subj: SHAFFER, Arthur C. (219-282) BM1c; good conduct award

In reply to your letter of 29 November, 1945, file CG-73, you are advised that there is a certificate on file in the subject-named man's records issued by his Commanding Officer at DCGO, 17ND (Guard Island Light House), indicating that he is authorized to wear the good conduct ribbon for his service ending 14 August, 1944.

W. HELVESTINE
By direction

U.S. COAST GUARD
MAIL SECTION (2)
MAILED DEC 10 1945

PAUL, HILTON
R.M.-2c.

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

GUARD ISLAND LIGHT STATION (Unit) — Guard Island, Alaska (Place)

1 October, 1944 (Date)

FROM: SHAFFER, Arthur C. (219-282) BM1c

RECORDED NO. 1

TO: COMMANDANT (via Dist. Coast Guard Officer)

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

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Route 4, Box 66, Vancouver, Washington (Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42) (Full name of child; if none, so state) | same as above (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |

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

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | Apt.968, Ogden Meadows, Vancouver, Wn. (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:

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 427 Cleveland Avenue, Spokane, Wash. (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 first day of October, 19 44

J. A. Hoage
J. A. HOAGE, Ensign, USCG
(Signature)

(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer
(Signature)

BM1c
(Rank or rating)

16—25758-1

(PEA-A)
CG-73
831

7 August, 1944

To: DCGO, 17th Naval District

Subj: SHAFFER, Arthur C. (219-282) BMlc; orders; transfer; travel

1. Transfer subject-named man to DCGO, 13th Naval District, Seattle, Washington, for assignment to duty.

2. Travel necessary to the execution of this order will be charged against HQ Sym. No. 061-20.

3. This order constitutes a permanent change of station from present permanent station to such permanent station as may be designated by DCGO, 13th Naval District.

E. ZOOLE
By direction

EC: DCGO, 13th NavDist

U. S. COAST GUARD
MAIL SECTION (2)
MAILED AUG 7 1944

JONES:acc

W9

ADDRESS REPLY TO:
DISTRICT COAST GUARD OFFICER
ALASKA SECTOR, THIRTEENTH NAVAL DISTRICT
KETCHIKAN, ALASKA, AND REFER TO FILE No. _____

1944 JUL 25 11:44

3-11 File 314

AUG 3 '44 AM

UNITED STATES COAST GUARD

OFFICE OF
DISTRICT COAST GUARD OFFICER
ALASKA SECTOR
17th ~~THIRTEENTH~~ NAVAL DISTRICT

RECEIVED PERSONNEL OFFICE

Address reply to

OIC GUARD ISLAND L/S

22 July, 1944

To: THE COMMANDANT (p)

Via: DCGO 17th. NavDist.

Subj: SHAFFER, Arthur C., (219-282) BM1c., Transfer; Request for

1. It is requested I be transferred to any Light Station in the 13th. Naval District where quarters are available at, or near by for my wife and family. Alki Point Light Station or West Point Light Station preferred.

2. Your attention is invited to my induction into the Coast Guard from the former Lighthouse Service on 15 August, 1941 and to my seven years off-shore duty at this Unit.

Arthur C. Shaffer
Arthur C. Shaffer, BM1c.
Officer-in-Charge

Ind-1
DCGO, 17th Naval District (p)
27 July, 1944

To: The Commandant (PEA)

Forwarded, approved. No disciplinary action is pending. Shaffer's last quarterly marks are as follows: Proficiency in Rating, 3.7; Seamanship, 3.5; Ability as Leader of Men, 3.7; Conduct, 4.0.

J. P. Towey
J. P. TOWEY
By direction

to DCGO
13th ND

HQ

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

(E)

# REPORT OF CHANGE IN PERSONNEL

| SHAFFER, | Arthur | C. | (219-282) | B.M.1c. |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| Guard Island Light Station | 5-23-19 Alaska | | 17 June, 1944 |
|---|---|---|---|
| (Major unit) | (Unit Item No. or vessel's assigned district) | (Place) | (Date) |

(Minor unit)

1 June, 1942: Entitled to 5% of base pay for longevity for more than three years creditable U. S. Army Service:
Enlisted 1-23-33, discharged 4-17-37 - - - - - - - - - 4 yrs. 2 mos. 25 das.
Enlisted in U. S. Coast Guard 8-15-41.

19 May, 1943: Entitled to total of 10% of base pay for longevity upon completion of total six years combined U. S. Army & U. S. Coast Guard creditable service:
Creditable U. S. Coast Guard service to date - - - - 1 yrs. 9 mos. 5 das.
AOL - - - - - - - - - - - - - - - - - - - - - - - - - NONE
AOM - - - - - - - - - - - - - - - - - - - - - - - - - NONE
NPDI - - - - - - - - - - - - - - - - - - - - - - - - - NONE

19 May, 1943: Total combined U. S. Army & U. S. Coast Guard service 6 yrs. 0 mos. 0 das.
Still serving.

30-F
DUTY CODE No.:
AUTHORITY:
P.B. 59-42

I. A. Hoage
I. A. HOAGE, Ensign, USCG
(Commanding)

Records and Assignment Officer
(Title)

---

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting | |
|---|---|
| Punched | |
| Verified | |

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

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

COD... NO. 7

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

GUARD ISLAND (Unit) — Ketchikan, Alaska (Place)

1 April, 1944 (Date)

FROM: SHAFFER, Arthur C. (219-282) B.M.1c.

TO: COMMANDANT (via DCGO, Ketchikan, Alaska, 13th ND)

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:

| | |
|---|---|
| Olive M. Shaffer (Full name of wife; if not married, so state) | P.O. Box 127, Vancouver, Washington (Address of wife) |
| Kathryn R. Shaffer (Full name of child; if none, so state) | S AM E (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |

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

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 3104-W. 6th, Spokane, Washington (Address of relative) |

Potential (State briefly wherein dependency exists)

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

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | 204½ 1st Ave.,S. Great Falls,Mont. (Address of relative) |

Potential (State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of April, 19 44

W. G. Dwyer (Signature)

W. G. DWYER, Lieutenant(jg)USCGR (Rank or title)

Arthur C. Shaffer (Signature)

B.M.1c. (Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

GUARD ISLAND (Unit) Ketchikan, Alaska. (Place)

1 October, 1943. (Date)

FROM: SHAFFER, Arthur C.(219-282)B.M.2c

To: COMMANDANT (via DGGO, Ketchikan, 13th N.D.)

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:

| | |
|---|---|
| Olive M. Shaffer (Full name of wife; if not married, so state) | P.O. Box 127, Vancouver, Washington. (Address of wife) |
| Kathryn R. Shaffer (Full name of child; if none, so state) | same (Address of child) |
| none (Full name of child; if none, so state) | (Address of child) |
| none (Full name of child; if none, so state) | (Address of child) |

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

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 3104 W. 6th, Spokane, Washington. (Address of relative) |

Potential
(State briefly wherein dependency exists)

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

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | 204½ 1st Ave.,S. Great Falls, Mont. (Address of relative) |

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of October, 19 43

W. G. Dwyer
W. G. DWYER,
(Signature)

Ensign, U.S.C.G.R.
(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer
(Signature)

B.M.2c
(Rank or rating)

16—25758-1

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

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

GUARD IS.

| SHAFFER, Arthur C. | 219-282 | Cox. | Lt. Sta. |
|---|---|---|---|
| (Name, surname first) | (Service number) | (Rank or rating) | (Unit) |

# FINAL MEDICAL CERTIFICATE

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

Place Ketchikan, Alaska, Date 3/30/42, 19

To: Office of District C. G. Officer,
Alaskan Sector, 13th Naval Dist.
(Coast Guard unit)
Ketchikan, Alaska
(Address)

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

| DIAGNOSIS (By nomenclature name and number) | DIAGNOSIS NUMBER | PERIOD OF TREATMENT FOR EACH CONDITION | |
|---|---|---|---|
| | | FROM | TO |
| Tetanus toxoid immunization | | 3/30/42 | 3/30/42 |
| Blood typing | | 3/30/42 | 3/30/42 |
| | | | |
| | | | |
| | | | |

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

**CONDUCT REPORT:**

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

R.W.CARR
P.A.SURG.(R)
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

...PARTMENT
...ST GUARD
...d March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

GUARD ISL.

| Arthur C. | 219-282 | Cox. | Lt. Sta. |
|---|---|---|---|
| (Name, surname first) | (Service number) | (Rank or rating) | (Unit) |

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

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

Place Ketchikan, Alaska, Date 30 March, 19 42

To: Medical Officer in Charge
U. S. Public Health Service
~~Ketchikan, Alaska~~

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Office of District C. G. Officer, ~~Alaskan Sector, 13th~~ Naval District.

Arthur C. Shaffer
(Signature of patient)
Arthur C. Shaffer

J. E. RICHEY
Lieutenant U. S. Coast Guard.

## RETURN MEDICAL CERTIFICATE

Place Ketchikan, Alaska, Date 3/30/42, 19

I CERTIFY that I have examined the above-named person and find him suffering from Tetanus toxoid immunization & Blood typing
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ..... days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Ketchikan Relief {*~~hospital~~ / *office} on 3/30/42, 19

R. W. CARR
~~P. A. SURG. (R)~~
U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

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

*Strike out words not applicable.

2—663

FILE
WHC

P-75
~~531~~
~~532~~

16 March, 1942.

From: Commandant.
To: Officer in Charge, Guard Island Light Station, Alaskan Sector, 13th Naval District.

Subject: SHAFFER, Arthur C., Cox.; transportation of dependent and household effects.

Reference: (a) Your letter, 26 February 1942 (75-531).

1. Authority is granted for the subject-named man to incur the expense for the travel of dependent and the transportation of household effects from Ketchikan, Alaska, to Vancouver, Washington, during the month of March, 1942.

2. Travel is chargeable to symbol 32. Vouchers and supporting papers in connection with the transportation of household effects should be forwarded to Headquarters without delay.

N. R. STILES,
By direction.

B & P
B/WW

RECEIVED
MAR 17 1942

U. S. COAST GUARD (6)
RECD MAR 13 1942

73-531

NAVY
~~TREASURY~~ DEPARTMENT
UNITED STATES COAST GUARD
KETCHIKAN, ALASKA

OFFICE OF COMMANDER
KETCHIKAN, DISTRICT

219-282

73
5-31
5

MAR 1942 RECEIVED DISTRICT

FILE WHC

8/15/41

**********
GUARD ISLAND LIGHT STATION. 26, FEBRUARY, 1942.

From: Officer In Charge, Guard Island Light Station.

To: Headquarters

Via: Senior Coast Guard Officer, Alaskan Sector, 13th. Naval District.

Subject: Evacuation of dependents.

Reference: SNOW 162131/36 (30, DECEMBER, 1941)
SNOW 201642 (DECEMBER, 1941)

1. Request transportation at Government expense for OLIVE MAE SHAFFER (wife) and fifteen hundred pounds HHE to Vancouver Washington, home of wife's mother.

Arthur C. Shaffer
ARTHUR C. SHAFFER, Cox.
GUARD ISLAND LIGHT STATION.
ALASKA

---

73-531 1st Indorsement

ALASKAN SECTOR,
13TH NAVAL DISTRCIT
Ketchikan, Alaska
4 March, 1942

From: Senior Coast Guard Officer, Alaskan Sector, Thirteenth Naval District.
To: Commandant.

1. Forwarded approved.

F. A. ZEUSLER

Evacuee
Dep. $35.00
H.H.E. $85.00

PR-73.

9 September, 1941.

From: Commandant.
To : The Adjutant General, War Department, Washington, D.C.

Subject: SHAFFER, Arthur Carl, ex-Private, U.S.Army; statement of service, request for.

1. It is requested that a statement of service in case of Shaffer, born 18 December, 1908, Williamsville, Illinois, be furnished this office. Please state whether or not any time was lost due to own misconduct, absence without official leave or for any other reason for which service is notcreditable.

By direction:

N. R. STILES,
Commander, U.S.Coast Guard,
Assistant Personnel Officer.

MAILED
SEP 10 1941

PR-73.

29 August, 1941.

From: Commandant.
To : The Adjutant General, War Department, Washington, D.C.

Subject: SHAFFER, Arthur Carl, ex-Private, U.S.Army; statement of service, request for.

1. It is requested that a statement of service in case of Shaffer, born 18 December, 1908, Williamsville, Illinois, be furnished this office. Please furnish two carbon copies and state whether or not any time was lost due to own misconduct, absence without official leave or for any other reason for which service is not creditable.

By direction:

N. R. STILES,
Commander, U.S.Coast Guard,
Assistant Personnel Officer.

MAILED
AUG 28 1941

Mr. Leadbetter

U. S. COAST GUARD (18)

RECD AUG 28 1941

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Ketchikan, Alaska

Arthur C. Shaffer has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter you immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Frank Tomkiel

FRANK TOMKIEL, Lieutenant Commander, U.S.C.G.
Recruiting Officer.

1. How long have you known the applicant. . . . . 4 Years
2. What is his general reputation in the community Good
3. Is he industrious?..... Yes
4. Is he trustworth?..... Yes
5. Is he married?..... Yes
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? Not to my knowledge,
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? U S Army
10. Are you related to the applicant? No

John W Leadbetter

John W Leadbetter
(signature)

Chief Boatswain U.S.C.G
(Street or box number)

Ketchikan Alaska
(City) (State).

FILE

W. P. S.

EDUCATIONAL AND SPECIAL QUALIFICATION

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.

| Shaffer, Arthur Carl | 219-282 | Coxwain |
|---|---|---|
| (NAME) | (SERVICE NUMBER) | (RATING, RANK or GRADE) |

EDUCATION:

(a) Grammar School: eight years
(Number of years attended, graduated) (Grade)

(b) High school: two and one half
(Number of years attended, grade completed or graduated

(c) College:

none
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

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

| | | | |
|---|---|---|---|
| Aviation Rigger | ( ) | Aviation Mechanic | ( ) |
| Accountant | ( ) | Bookkeeper | ( ) |
| Carpenter | ( ) | Dentist | ( ) |
| Draftsman | ( ) | Electrician (telephone) | ( ) |
| Electrician (general) | ( ) | Engineer, 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.

Truck driver
One year house painting
3 years 10 mos. assistant light house keeper

Use reverse side of this form when necessary.

Arthur C Shaffer
(SIGNATURE) ARTHUR C SHAFFER

REMARKS: Has defective vision each eye.

SHAFFER, Arthur C.

CERTIFICATE

I certify that I have personally made this physical examination and find that Arthur C. Shaffer

~~How physically examined~~ (Enlistment, appointment, promotion)

~~How physically examined to perform the duties of~~ (Rank)
(Use in case of promotion of commissioned officer or annual examination)

He is not physically qualified for Induction into C.G.

on account of Defective vision.

John B. Vander

John B. Vander
Asst Surgeon, U.S. Public Health Service.

1st INDORSEMENT

26 June, 1941
(Date)

Place Ketchikan, Alaska

From: Commander, Ketchikan District

To: Commandant.

1. Forwarded for action. Present status:

Asst. Keeper

F. A. ZEUSLER
Commanding—Dist. Comdr. ~~Off. in Chg.~~

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. Coast Guard, Washington. JUL 12 1941
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

STE
COX.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

12 July, 1941.
(Date)

From: Commandant.

To: Commander, Ketchikan District.

1.

Enl. authorized. S. T. E. Cox.

Insert this copy in health record.

By direction,

S. P. MEHLMAN.
Chief Personnel Section.

By direction.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

7-14-41
$ 0 7 mos. 1 mo.

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

# PHYSICAL EXAMINATION RECORD

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

Name SHAFFER, Arthur C. Service Number - - -
(Surname first)

Age: Years 32 Months 5 Color W

For: Induction into Coast Guard.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Coxswain. Regular enlist.

Place USS HAIDA, CG. Date 5-16-41

Personal Medical History T & A 1927, no illness nor injury in 3 years service.

Vision: R.E. 20/ 40 L.E. 20/ 40 Corrected: R.E. 20/ - L.E. 20/ -

Color blind? no Test used Ishihara

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

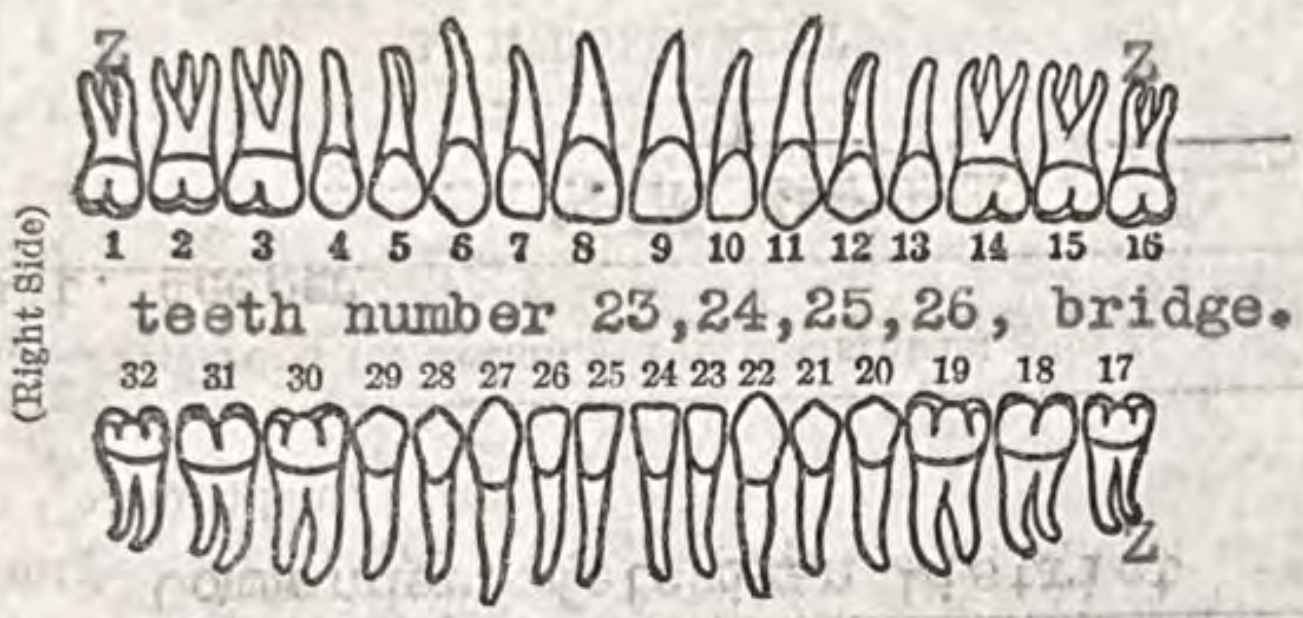
Eyes, eyelids, and reflexes normal

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

Head, face, and neck normal

Mouth, nose, and throat T&A 1927, otherwise normal.

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




Gums normal Temperature 36.8

Height 70 inches. Weight (stripped) 165 Lbs. Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 37 Expiration 34

Heart and blood vessels normal

Blood pressure: Systolic 130 Diastolic 80

Pulse before exercise 80, after exercise 120, after 2 min. 84

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions none

Urine: Albumin neg Sugar neg Sed. neg

Form 73

LAF:IGN

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL
Telegraphic Reply Requested.

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska (City), August 31 (Date), 1937

COMMISSIONER OF LIGHTHOUSES: ~~Probationary~~ TEMPORARY,

Action recommended, Temporary additional assistant keeper, period 8 months from 9-10-37 or date EOD

Name, Arthur C. Shaffer

Position, Keeper in Lighthouse Service

Location, ~~Temporary additional assistant keeper~~ Guard Island Lightstation

Effective, September 10, 1937 {~~the actual date of entrance on duty, or~~ as soon thereafter as he enters on duty.

Former position, New appointee

Location, - -

Legal residence, Montana

Proposed salary, 1260 p.a.

Proposed range, 1260-1620

Appropriation, Salaries, Keepers of Lighthouses

Former salary, - -

Former range, - -

Rank on eligible list, 1st for married men's station

Rating, Asst. Lighthouse Keeper

Percentage, 82.75

, Other eligibles considered: James A.R.Simmons 81. "C" Claude Mitchell 78.33 "C" Jos[illegible]alley, 81.00-P "C"

Identical with light number 867, regular keeper

Previous incumbent and his pay, New position

Services terminated,

Reason, See letter of this date requesting authority for the above temporary additional position

Members of family in Government service, None

Remarks:

Through the Manager, 11th Civil Service District, Seattle, Washington

Selection regular, subject to the action of the U. S. Civil Service Commission, Sept. 7, 1937

J C Lackore
Secretary, 11th Civil Service District.

McK

W. P. Reed
Superintendent

---

BUREAU OF LIGHTHOUSES
WASHINGTON

September 15, 1937

Submitted to the Secretary of Commerce, approved and recommending the authorization of a temporary additional position as indicated for not to exceed eight months from the date of entrance on duty of the incumbent. This temporary position is necessary in order to provide a regular complement for the operation of the station during the absence on leave without pay of the regular assistant keeper, Adolph C. Prasil.

W.P.Harman
Acting Commissioner of Lighthouses.

1 Strike out the clause which does not apply.

11—2314

Form A-30

Not To Be Accepted As Authority For Investigation Operations Unless Accompanied By Official Credentials

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

September 22, 1937.

Mr. Arthur C. Shaffer,

Through the Commissioner of Lighthouses.

Sir:

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

Keeper

in the Lighthouse Service

at a salary of Twelve Hundred and Sixty dollars per annum

effective upon entrance on duty and to continue for a period not to exceed eight months.

Nature of appointment: Probationary.

10/13/37

Civil Service authority: Manager, Eleventh Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully, EDW. J. GARDNER

16
C

Chief, Division of Personnel.

Appropriation (unit): Field.

Vice: New position.

Legal residence: Montana.

SEP 24 1937

September 24, 1937.

Superintendent of Lighthouses, Ketchikan, Alaska.

In further reference to the recommendation of your office for the temporary appointment of Arthur C. Shaffer as temporary keeper for about 8 months at Guard Island Light Station, Department approval of which has been forwarded separately this date, and your statement in radiogram of September 14 that Adolph C. Prasil, the regular incumbent, had been granted leave without pay for personal reasons not known to your office:

The Bureau has to advise that while Superintendents are authorized under the regulations to grant leave without pay, it is the general policy of the Service to ascertain the reasons necessitating such leave and also to have the reasonable assurance of the employee making the request that he will return to duty at the proper time. The Superintendent should satisfy himself that the reasons given are meritorious, it not being contemplated that extended leave without pay shall be granted for any and every request on personal grounds that may be made. Be guided accordingly in the future.

While your office recommended Mr. Shaffer for temporary appointment for 8 months, this has been changed to probationary but limited to not exceeding 8 months, inview of the fact that if appointed temporarily extensions would be required after three months. In the event report to the District Civil Service Manager is necessary in this connection, it is requested that it be made by your office.

For the Commissioner:

W.P.Harman
Administrative Assistant

HLM-EK

COMMISSIONER OF LIGHTHOUSES
DEPARTMENT OF COMMERCE
COMMERCE BRANCH 680

WASHINGTON D C SEP 21 6

GOVT USLHE LIGHTHOUSE SUPERINTENDENT KETCHIKAN ALASKA

~~THIS IS MY~~ APPOINTMENT ARTHUR C. SHAFFER APPROVED

KING

- - - - - -

To Dept. 9-15-37. Guard Island LS.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LAF:IGN

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

August 31, 1937

Commissioner of Lighthouses
Washington, D. C.

9/14/37 Rec'd 16th 1997E

SUBJECT: Request for temporary additional position of Assistant keeper at Guard Island Lightstation, Alaska.

1. It is requested that authority be obtained for a temporary additional position of assistant keeper at Guard Island Lightstation at $1260 P. A. (Range 1260-1620) for period about eight months from September 10, 1937 or date of entrance on duty of appointee.

apparently no addl expense

2. This request is made on account of the fact that Adolph C. Prasil, the regular assistant keeper, has been granted leave of absence without pay and it is necessary that a full complement be maintained at this two keeper station during absence of the regular assistant keeper.

3. Nomination of Arthur C. Shaffer, who has been selected from the Local Register of Eligibles, for the above temporary additional position, is inclosed herewith.

W. T. Olmsted

Superintendent

Incl:
Nomination

Ltd we have details of appointee acct accounting? Is it a pay? apr 9/13

SEP 11 11 52 AM '37
LIGHTHOUSES

Copy

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LAF:PW

Office of Superintendent
16th District
Ketchikan, Alaska

October 11, 1937

Manager
11th U. S. Civil Service District
450 Federal Office Build ng
Seattle, Washington

copy in file

Referring to Form 73 dated September 13, 1937, covering nomination of Willie M. Perryman to the Temporary Additional 2nd Assistant Keeper position at Cape Spencer Lightstation and Form 73 dated August 31, 1937 covering nomination of Arthur C. Shaffer to the Temporary Additional position of Assistant Keeper, Guard Island Lightstation, you are advised that both of the above nominations were changed by the Bureau of Lighthouses from Temporary to Probationary, and appointments issued accordingly.

Respectfully,

W. C. Dibrell
Superintendent

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA
HL:FT

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
OCT 23 11 31 AM '37

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

October 16,1937

Commissioner of Lighthouses
Washington, D. C.

SUBJECT: Oath of Office and Personal History of new appointee.
REFERENCE: Department letter, Sept. 22,1937.

Referring to department letter of September 22, 1937, appointing Arthur C. Shaffer to the position of assistant keeper, Guard Island Lightstation at $1260. P.A. (range $1260-$1620. P.A.) herewith are Oath of Office and Personal History Statement in the case of this employee.

W. C. Shaffer
Superintendent.

Incl: Forms 6 & 8

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

# PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment 16th Lighthouse Dist Date August 30-37

1. Name in full (Mr., ~~Miss, or Mrs.~~) Shaffer (Surname) Arthur (Given name) Carl (Middle name)
2. Present address 706 (Number) Water St. (Street) Ketchikan (City) Alaska (State)
3. Legal (voting) residence Montana (State and Congressional District) Lewis & Clark (County) Augusta (City or town)
4. Where born Illinois (State or foreign country) W Alexandria (City or town) When born Dec 18-1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you One - age 21
8. A complete record of your past service for the United States Government other than military or naval:

| BRANCH OF SERVICE | PLACE OF EMPLOYMENT | POSITION | SALARY | DATE APPOINTED | | | DATE SEPARATED | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Month | Day | Year | Month | Day | Year |
| CCC U.S. Forest Serv. | Ward Lake | Truck Driver | $30- month | May | 17 | 37 | July | 12 | 37 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: No

| NAME | POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED | RELATIONSHIP |
|---|---|---|
| | Position<br>Department or office | |
| | Position<br>Department or office | |
| | Position<br>Department or office | |

10. Do you now hold any State or municipal office? If so, state below: No

(Title) (Location) (Date appointment expires)

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

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

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

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

| | | | |
|---|---|---|---|
| Enlisted | Jan 23-'33 | Discharged | Jan 22-'36 |
| Rank | Pvt | Rank | Pfc |
| Organization | 7th Inf | Organization | 7th Inf |

| | | | |
|---|---|---|---|
| Enlisted | Jan 23'36 | Discharged | Apr 17-37 |
| Rank | Pfc | Rank | Pfc |
| Organization | 7th Inf | Organization | 7th Inf |

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Truck Driver

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

| NAME AND ADDRESS OF EMPLOYER | POSITION AND CHARACTER OF WORK | LENGTH OF SERVICE |
|---|---|---|
| W. L Barnett Augusta Mont | Truck Driver | 1 yr 11 months |
| Pennington Land Co. Augusta Mont | Pump Station Operator | 2 yrs. |
| Elbert Eidkinson Portland Ore | House Painter | 13 months |
| | | |
| | | |
| | | |

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

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

16. In case of emergency, notify Arthur Shaffer Great Falls Hotel

Relationship Father Post office address Great Falls Montana

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

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

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

Ead Oct 13 1937
Guard Stata. SEE

COMMISSIONER OF LIGHTHOUSES
COMMERCE BRANCH 680

hlm/sec ROUTINE

WASHINGTON D C MAY 26 1938

GOVT USLES SUPERINTENDENT LIGHTHOUSES KETCHIKAN ALASKA

APPOINTMENT ARTHUR C SHAFFER GUARD ISLAND LIMITED TO EIGHT MONTHS FROM EOD OCTOBER THIRTEEN LAST IF TO BE CONTINUED IN SERVICE VICE ADOLPH C PRASIL RESIGNED SUBMIT FORM SEVENTY THREE A EFFECTIVE APRIL FIFTEEN TOGETHER WITH EXPLANATION RE DELAY

KING

CONFIRMATION

LIGHTHOUSES

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA

LAF:PW

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

JUN 6 [illegible]28 AM '38

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

May 24, 1938

Eleventh U. S. Service District
RECEIVED
MAY 31 1938
SEATTLE, WASH.

The Manager
11th U. S. Civil Service District
450 Federal Office Building
Seattle, Washington

Dear Sir:

Inclosed herewith is nomination covering probationary appointment of Arthur C. Shaffer to the position of Assistant Keeper, Guard Island Lightstation.

Mr. Shaffer was nominated for temporary appointment on Form 73 dated August 31, 1937, which was forwarded through your office, together with his service card, Declaration of Appointee, Medical Certificate, and Finger Prints. He is now recommended for probationary appointment in the regular assistant keeper position.

Yours very truly,

W. C. DIBRELL
Superintendent

Incl.
Nomination/

Form 73

LAF:PW

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL
Telegraphic Reply Requested.
LIGHTHOUSES
JUN 6 11 29 AM '38

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska (City), May 24 (Date), 1938

COMMISSIONER OF LIGHTHOUSES:

Removal Limitation

Action recommended, ~~Probationary~~

Legal residence, Montana

Name, Arthur C. Shaffer

Proposed salary, 1260 P. A.

Position, Keeper in the Lighthouse Service

Proposed range, 1260 - 1620

Location, Assistant Keeper, Guard Island Lightstation, Alaska

Appropriation, Salaries Keepers of Lighthouses

Effective, ~~May 28, 1938~~ April 15, 1938 Actual Date { [1] ~~the actual date of entrance on duty~~, or ~~as soon thereafter as he enters on duty.~~

Former position, Same.

Former salary, 1260. p.a.

Location, Probationary appointment for eight months in the Temporary Additional position of Ass't. Keeper, Guard Island.

Former range, 1260-1620.

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

Previous incumbent and his pay, Adolph C. Prasil (Lt.#867) Services to be terminated, close of April 14, 1938 or thereafter $1260. P.A.

Reason, Reference is made to Form 93 dated May 5, 1938 forwarding resignation from Mr. Prasil on Form SS-77.

Members of family in Government service, none.

Date of birth, December 18, 1908.

Remarks: Mr. Shaffer is occupying the Temporary additional position of assistant keeper at Guard Island Lightstation during absence of Mr. Prasil, the regular Ass't. Keeper on leave without pay.

Through The Manager
11th U. S. Civil Service District
Seattle, Washington

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

11th U. S. Civil Service District
Seattle, Wash. JUN 2 1938

Selection regular for probational appointment.

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

June 6, 1938

Submitted to the Secretary of Commerce, approved. Mr. Shaffer entered on duty, effective October 13, 1937, under probationary appointment, the temporary additional position, however, being limited to not exceeding eight months. The present nomination is submitted to vice him into the regular position previously occupied by Adolph C. Prasil. It is recommended that an appointment certificate be issued without limitation as to time and that authority for the temporary additional position which expired at the close of April 12, be extended to the close of April 14 for Mr. Shaffer's occupancy up to the date immediately preceding his entrance on duty in the regular position.. April 15, 1938.

District Inspector McK

Acting Commissioner of Lighthouses.

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

11—2314

Found this did not expire till June and therefore no need for extension

LIGHTHOUSES
JUN 28 2 12 PM '38

June 11, 1938.

Mr. Arthur C. Shaffer,
Through the Commissioner of Lighthouses.

Sir:

The Department, upon recommendation of the Commissioner of Lighthouses, has removed the temporary limitation on your appointment as keeper at $1260 per annum in the Lighthouse Service and has authorized your transfer to the position formerly occupied by Adolph C. Prasil, effective April 15, 1938.

A new appointment certificate will not be issued as a result of this action, nor will an oath of office be required.

By direction of the Secretary:

Respectfully,

[redacted]

Chief, Division of Personnel.

B

JUL - 6 1938

JUN 29 1938

June 6, 1938

Superintendent of Lighthouses
Ketchikan, Alaska

There is herewith returned your report on probationary appointee in the case of Arthur C. Shaffer, who entered on duty as keeper (assistant) at Guard Island Light Station on October 13, 1937. Mr. Shaffer was given a probationary appointment at that time but the position was limited to not exceeding eight months. In view of the fact that he is recommended for continuance in the service in line with your nomination of May 24, the probationary appointee report may be made at the end of the tenth month of service, the probationary period for keepers in Alaska being one year.

As Adolph C. Prasil resigned effective at the close of April 14, the Bureau has fixed the effective date of Shaffer's transfer to the regular position as April 15, 1938, subject to the approval of the Department.

Report on probationary appointee should be submitted to reach the Bureau in duplicate. Nominations and other personnel recommendations are to be submitted in triplicate in accordance with Bureau unnumbered circular letter dated September 3, 1937. It is noted that your nomination in the case of Mr. Shaffer was received in duplicate.

For the Commissioner:

W. P. Harman,
Administrative Assistant

hlm/see

S. C. Form No. 11

# Signal Corps, United States Army

Received at

War Department Message Center,
Room 3441, Munitions Building,
Washington, D. C.

3—9313 U. S. GOVERNMENT PRINTING OFFICE

195 WVY PF 14 COM DFR

KETCHIKAN ALS NFT MAY 26 1938

LIGHTHOUSE COMMISSIONER

WASHINGTON D C

6/6/38 wrote 16th

REURTEL MAY TWENTY SIXTH FORM SEVENTY THREE ARTHUR C SHAFFER

MAILED MAY TWENTY FOURTH

DIBRELL

901PM

COMMISSIONER OF LIGHTHOUSES
COMMERCE BRANCH 660

DISPATCH PLEASE SEND
BY SIGNAL CORPS WAR

ROUTINE

WASHINGTON D C JUN 2 1939

GOVT USLHS SUPERINTENDENT LIGHTHOUSES KETCHIKAN ALASKA

REMOVAL OF LIMITATION ON PROBATIONARY APPOINTMENT ARTHUR C SHAFFER APPROVED EFFECTIVE AS OF APRIL FIFTEEN

KING

COPY
6/6

CONFIRMATION

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

# REPORT ON PROBATIONARY APPOINTEE

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

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

COMMERCE
(Department)

16th LIGHTHOUSE DISTRICT (Bureau or office) KETCHIKAN ALASKA (Place and date)

To _____
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on Oct. 12, 1938., 192 .

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

Name Arthur C. Shaffer

Position Assistant Keeper

Salary $1260. P.A.

Appropriation Salaries, Keepers of Lighthouses

Station Guard Island Lightstation, Alaska.

Date of entrance on duty Oct. 13, 1937.

Remarks:

Ketchikan, Alaska, Aug. 15,1938.

For and in the absence of the Sup't.
Submitted: Harry Foley
Chief Clerk

/s/ C. Brown
(Signature of immediate superior)
Keeper

BUREAU OF LIGHTHOUSES - WASHINGTON D C September 9, 1938
(Head of bureau or office)

Submitted to the Secretary of Commerce for information.

For the Commissioner:

Chief of Personnel Division

s-e-e

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

LIGHTHOUSES
SEP 14 8 35 AM '38

August 29, 1938.

Superintendent of Lighthouses, Ketchikan, Alaska.

The Bureau in endeavoring to verify the service claimed by Arthur C. Shaffer, a keeper in your district, as a truck driver in the C.C.C.,U.S. Forest Service, Ward Lake, from May 17, 1937 to July 12, 1937, was advised that neither the Forest Service of the Department of Agriculture nor the C.C.C. of the War Department, is able to verify this service and it is requested that additional information be furnished the Bureau as to the state, place of employment, or any other pertinent information that may assist in verifying this service.

For the Commissioner:

R. J. Gross
Chief, Personnel Division.

E-K

---

HL:FT

Office of Supt. of Lighthouses, 16th District
Ketchikan, Alaska, Sept. 6,1938

Returned to the Bureau.

The service of Arthur C. Shaffer as stated above, has been verified by this office from the C. C. C. records in the office of the District Forester, U. S. Forest Service, Ketchikan, Alaska.

Mr. Shaffer was enrolled in the C. C.C. as truckdriver at Ward Lake, as stated on his personal history sheet from May 17, 1937 to July 12, 1937, at Ketchikan, Alaska.

For and in the absence of the Superintendent.

Harry Kopp
Chief Clerk.

Miss Hindley getting 9/14/38.

2801-216a
12/5/38

# REQUEST FOR SERVICE RECORD

CIVILIAN PERSONNEL DIV
JUN 27 1938
WAR DEPT.

Department of Commerce (1)
(Department or Establishment) LIGHTHOUSES

8/29 write 16th

JUL 30 November 1938
(Date)

U. S. CIVIL SERVICE COMMISSION
JUL 29 1938
DEPARTMENT OF COMMERCE
JAN 24 1938
CHIEF PERSONNEL

SERVICE RECORD AND RETIREMENT DIVISION
U.S. CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

U. S. CIVIL SERVICE COMMISSION
JUN 1 - 1938
RETIREMENT-CHIEF
U. S. CIVIL SERVICE COMMISSION
JAN 18 1938
RETIREMENT-CHIEF
U. S. CIVIL SERVICE COMMISSION
JAN 25 1938
RETIREMENT-CHIEF

Gentlemen:

It is requested that the complete official service record and retirement deductions by fiscal years be furnished for the following-named employee:

1. Name in full (Mr., ~~Mrs., or Miss~~) Shaffer (Surname) Arthur (First name) Carl (Middle name)
(Give name or names under which service was rendered)
2. Date of birth 12/18/09 Date appointed to this office 10/13/37
3. Service claimed as follows:

DEPARTMENT OF COMMERCE
JUL 28 1938
DIVISION OF PERSONNEL

| Department and Bureau | Place of Employment | Position | Salary | Date Appointed | | | Date Separated | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Month | Day | Year | Month | Day | Year |
| Agriculture-CCC-U.S.Forest Serv. | Ward Lake | Truck Driver | $30 pm | 5 | 17 | 37 | 7 | 12 | 37 |
| | Montana | | | | | | | | |
| | Please enter the name of the state and any other additional information that will enable us to locate the record. Agri. | | | | | | | | |
| | Mr. Bennett: The Forest Service reports that the town of Ward Lake does not appear on the map for Montana and the Post Office Dept. reports there is no such Post Office listed. Requests from the National Forests in that region indicate no record of the above service. It appears that the above service may be secured from War Dept. Civilian Conservation Corps. | | | | | | | | |
| War-CCC. | | | | | | | | | |

Agriculture

4. Military and Naval Record. If any, check (✓) to indicate branch and other information, also give dates of enlistment and discharge. Under organization give company, regiment, and branch of service, i. e., infantry, artillery, marines, vessel, etc.:

| None | Army | Navy | Marine Corps | Coast Guard | Pensioner | Veterans Bureau beneficiary |
|---|---|---|---|---|---|---|

World War ☐ War with Spain ☐ Other ☐

## MILITARY RECORD

| Organization | Date of Enlistment or Commission | Date of Honorable Discharge |
|---|---|---|
| (By Division): NO RECORD FOUND IN WAR DEPT. 7/18/38 H.D.K. | | |

Very respectfully,

EDW. J. GARDNER,

Chief, Division of Personnel
(Title of appointing officer)

CIVIL SERVICE COMMISSION
Form 2865—March 1933
U. S. GOVERNMENT PRINTING OFFICE: 1934 16—417

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

June 16, 1939

Mr. Arthur C. Shaffer

Through the Commissioner of Lighthouses.

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

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

By direction of the Secretary:

Respectfully,

OLIVER C. SHORT
Director of Personnel.

From: $1260

To: $1320

Service and grade:

Appropriation (unit): Field

16
C

JUL 15 1939

(COPY)

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

# PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment 16th Lighthouse District Date Aug. 30, 1937

1. Name in full (Mr., ~~Miss, or Mrs.~~) Shaffer (Surname) Arthur (Given name) Carl (Middle name)
2. Present address 706 (Number) Water (Street) Ketchikan (City) Alaska (State)
3. Legal (voting) residence Montana (State and Congressional District) Lewis & Clark (County) Auguste (City or town)
4. Where born Illinois (State or foreign country) Williamsville (City or town) When born Dec. 18, 1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you One Age 21
8. A complete record of your past service for the United States Government other than military or naval:

| BRANCH OF SERVICE | PLACE OF EMPLOYMENT | POSITION | SALARY | DATE APPOINTED | | | DATE SEPARATED | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Month | Day | Year | Month | Day | Year |
| C.C.C. U.S. Forest Service | Ward Lake | Truck Driver | $30.Mo. | May | 17 | 1937 | July | 12 | 1937 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: No

| NAME | POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED | RELATIONSHIP |
|---|---|---|
| | Position<br>Department or office | |
| | Position<br>Department or office | |
| | Position<br>Department or office | |

10. Do you now hold any State or municipal office? If so, state below:
No
(Title) (Location) (Date appointment expires)
11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?
(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)
12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

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

Enlisted Jan 22, 1933 Discharged Jan 22, 1936
Rank Pvt. Rank Pfc
Organization 7th Inf. Organization 7th Inf.

Enlisted Jan 23, 1936 Discharged Apr. 17, 1937
Rank Pfc Rank Pfc.
Organization 7th Inf. Organization 7th Inf.

(OVER)

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Truck Driver

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

| NAME AND ADDRESS OF EMPLOYER | POSITION AND CHARACTER OF WORK | LENGTH OF SERVICE |
|---|---|---|
| W. L. Barrett, August, Mont. | Truck Driver | One yr. 11 months |
| Henningsen Land Co., August, Mont. | Pump Sta. Operator | 2 yrs. |
| Elbert Adkison, Portland, Oregon | House Painter | 13 months. |
| | | |
| | | |
| | | |

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

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

16. In case of emergency, notify Arthur Shaffer, Great Falls Hotel

Relationship father Post office address Great Falls, Montana

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

/s/ Arthur C. Shaffer
(Name as usually written and which will be used as official signature)

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

Copy of this form not sent to the Department

DO NOT FOLD THIS FORM

*Classification No.* .....

## RIGHT HAND

16—9747

| 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



Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD
November 1939

U.S. COAST GUARD (10)
RECD SEP 15 1941

# REPORT OF POLICE RECORD

**Coast Guard Recruiting Station,** Ketchikan, Alaska
(Place)

15 August, 1941
(Date)

**To Chief of Police,** Great Falls, Montana

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.

Arthur Carl Shaffer
(Name of applicant)

| 32 years | 5 ft. 10 in. | 165 Inc | white |
|---|---|---|---|
| (Age) | (Height) | (Weight) | (Color) |

It is requested that you fill in the following from the records of your office:

Has the above-named man, from the records of your office, been in: (1) Reform school? No

(2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? married

Frank Tomkiel
FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
*Recruiting Officer.*

---

August 20th, 1941
(Date)

**To Recruiting Officer,** Ketchikan, Alaska

The above information is submitted from the records of this office.

Harold M. Mady
Harold M. Mady, *Chief of Police.*

U. S. GOVERNMENT PRINTING OFFICE 16—9747

| 1. ADDRESS CODE | 2. DATE | Veterans Administration | REQUEST FOR INFORMATION | 3. VA FILE NUMBER |
|---|---|---|---|---|
| 13 | 09-26-84 | | | 574 03 5058 |

| 4. DATA REQUESTED | 5. TYPE OF REQUEST | 6. TYPE OF CLAIM |
|---|---|---|
| SERVICE MEDICAL CLINICAL | ORIGINAL | BURIAL |

| 7. BRANCH OF SERVICE | 8. LAST NAME - FIRST NAME - MIDDLE INITIAL *(Under Which Served)* |
|---|---|
| COAST GUARD /PBZ | SHAFFER, ARTHUR, CARL |

| | 9. NAME AND ADDRESS OF VA REQUESTING OFFICE | 10. VA INSURANCE NO. | 11. SOCIAL SECURITY NO. |
|---|---|---|---|
| FROM | VETERANS ADMINISTRATION (348)<br>1220 SW THIRD AVE.<br>PORTLAND OR 97204 | | 574-03-5058 |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. DATE OF DEATH |
|---|---|---|
| 12-18-08 | | 07-30-84 |

15. ORIGINATING UNIT: ADJUDICATION 2112

| | 16. DATE ENTERED ACTIVE DUTY | 17. DATE SEPARATED FROM ACTIVE DUTY | 18. CHARACTER OF SEPARATION OR DISCHARGE | 19. SERVICE NO. | 20. LAST GRADE, RATE, RANK OR ORGANIZATION | 21. SEPARATION FORMS ON FILE |
|---|---|---|---|---|---|---|
| a | 08-28-59 | 07-31-64 | HON | 219282 | E-6 CAPE ARAGO LT STATION | NO |
| b | | | | | | |
| c | | | | | | |

| 22. SUBSEQUENT RESERVE OR RETIRED STATUS | 23. OBLIGATION TERMINAL DATE | 24. RETIRED STATUS |
|---|---|---|
| UNK | | |

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

29. ADDITIONAL INFORMATION

COPY OF ANY SEPARATION DOCUMENTS.
COMPLETE VERIFICATION OF SERVICE.
VERIFICATION OF ANY ADDITIONAL SERVICE.
COPY OF PHYSICAL EXAM AT INDUCTION.
COPY OF PHYSICAL EXAM AT DISCHARGE.

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

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

16) 8/15/41

Also had prior army service, Please resubmit separate 3101 with "Army" in block 7, for complete verification of service

| NO. OF ENCLOSURES | ORIG. | COPY | NO. ENCLS. (Cont.) | ORIG. | COPY | | DATE | SIGNATURE AND TITLE |
|---|---|---|---|---|---|---|---|---|
| HEALTH RECORDS | | | CLINICAL RECORDS | | | SERVICE INFORMATION | | |
| PHYSICAL EXAMINATIONS AT ENTRANCE | | | X-RAYS | | | | 10/12/84 | AE |
| | | | DENTAL RECORDS | | ✓ | | | |
| PHYSICAL EXAMINATIONS AT SEPARATION | | | MEDICAL RECORDS | | | MEDICAL RECORDS | | |
| | | | OTHER RECORDS | | | | | |

DATE: 10/12/84 SIGNATURE AND TITLE: L Rose

NCG 2529

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED

GUARD ISLAND LIGHT STATION — (Unit)

Guard Island, Alaska — (Place)

1 April, 1943 — (Date)

From: SHAFFER, Arthur C. (219-282) B.M.2c(Pro)

To: Commandant (via DCGO, Ketchikan, Alaska)

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:

Olive Mae Shaffer — ~~Ketchikan, Alaska~~ P.O. Box #127, Vancouver, Wash.
(Full name of wife; if not married, so state) (Address of wife)

~~None~~ Kathryn Raye Shaffer — P.O. Box #127, Vancouver, Wash.
(Full name of child, if none so state) (Address of child)

None
(Full name of child, if none so state) (Address of child)

None
(Full name of child, if none so state) (Address of child)

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

Minnie Hanson — MOTHER — 3104 W 6th, Spokane, Wash.
(Full name of relative) (Relationship) (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Arthur Shaffer — FATHER — 204½ 1st Ave., So., Great Falls, Mont.
(Full name of relative) (Relationship) (Address of relative)

Potential
(State briefly wherein dependency exists)

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

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

Arthur C. Shaffer
(Signature)

V. G. Ellis
(Signature)

B.M.2c.(Pro)
(Rank or rating)

Lieut(jg), USCGR
(Rank or Title)

NCC 2529

E

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED
NO. 3

GUARD ISLAND LIGHT STATION — Guard Island, Alaska
(Unit) (Place)

1 February, 1943
(Date)

From: SHAFFER, Arthur C. (219-282) B.M.2c(Pro)

To: Commandant (via District C. G. Officer, Ketchikan, 13th Naval District)

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

Olive Mae Shaffer — Ketchikan, Alaska
(Full name of wife; if not married, so state) (Address of wife)

NONE
(Full name of child, if none so state) (Address of child)

NONE
(Full name of child, if none so state) (Address of child)

NONE
(Full name of child, if none so state) (Address of child)

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

Minnie Hanson — MOTHER — 3104 W 6th, Spokane, Washington
(Full name of relative) (Relationship) (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Arthur Shaffer — FATHER — 204 1/2 1st Ave., So., Great Falls, Mont.
(Full name of relative) (Relationship) (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this
_____ day of _____, 19

V. G. ELLIS
(Signature)

Lieut(jg), U.S.C.G.R.
(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer
(Signature)

B.M.2c(Pro), USCG
(Rank or rating)

(PEA-R- )

CG-73-[illegible]

12 May, 1944.

To: The Adjutant General, War Department, Washington, D. C.

Subj: SHAFFER, Arthur Carl (219-282) B.M.1c., U.S.Coast Guard.
request for statement of service

1. It is requested that a statement of all service of record, with two carbon copies, be furnished Coast Guard Headquarters for this man, showing dates of acceptance and termination of commission, dates of enlistment and discharge, character of discharge, dates of active duty and inclusive dates of all periods of lost time. In the event of National Guard service of any sort, information is desired as to whether such service was under Federal recognition, the effective dates of such recognition and for enlisted service, whether it was in the active or inactive National Guard. As an aid in identifying this man the following information is furnished:

| | | |
|---|---|---|
| Enlisted: | 1-23-33 | 1-23-36 |
| Discharged: | 1-22-36 | 1-17-37 |
| Service Number: | 6-547-368 | |

Date and Place of Birth: December, 18, 1908, Williamsville, Ill.

2. The information requested herein is for longevity pay purposes.

By direction of the Commandant.

S. C. CRANDALL
Lieut. Comdr., U.S.C.G.
Assistant Chief
Enlisted Assignments Division

mch

3-14

UNITED STATES COAST GUARD

Ketchikan, Alaska

1944 MAY 10 PM 12 35

C.G. HEADQUARTERS
MAIL SECTION

Address reply to
DCGO, 17th ND (p)
Refer to file: 73

2 May, 1944

To: Commandant (P)

Subj: SHAFFER, Arthur C. (219-282) B.M.1c.; request for statement of creditable service

It is requested that a statement of creditable service be furnished on subject-named man for army service. SHAFFER states that he enlisted 23 January, 1933 and was discharged 22 January, 1936, reenlisted 23 January, 1936 and was discharged 17 April, 1937. His service number was ASN 6547368 and he served his two enlistments with Headquarters Co. 7th U.S. Infantry, Vancouver Barracks, Washington where he was also enlisted and discharged.

J. P. Towey

J. P. TOWEY
By direction



DISC - 1964 CG 1212389 3-13 FILE PE-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303A (Rev. 11-60)

# RECOMMENDATION FOR ADVANCEMENT OR CHANGE IN RATE

INSTRUCTIONS

**ITEMS 1 through 5, and ITEM 7.** Self-explanatory.

**ITEM 6 - TOTAL MONTHS OF SEA DUTY.** Complete in accordance with Article 5-C-19, Personnel Manual.

**ITEM 8 - DATE SCORE COMPUTED TO.** For E-7 use date given in Personnel Instruction which announces examination. For E-5 and E-6 use date eligibility lists are established. Refer to Article 5-C-32, Personnel Manual.

**ITEM 9 - EXAMINATION SCORE.** Headquarters will enter score for E-7. For E-5 and E-6 enter score attained in the examination subjects and listed as FINAL AVERAGE MARK on Form CG-3303B.

**ITEM 10 - PERFORMANCE MARKS** *(Both P and L marks).* For E-7 compute the average marks for the preceding TWO YEARS. For E-6 compute the average marks for the preceding ONE YEAR. For E-5 compute the average marks for the preceding SIX MONTHS.

**ITEM 11 - ACTIVE SERVICE.** Include all active duty in the armed forces and their reserve components. No credit shall be given for any periods of active duty for training except for those periods of active training duty of six months duration. For personnel who were assigned to an organized reserve unit of the Coast Guard, refer to Article 5-C-9, Personnel Manual.

**ITEM 12 - TIME IN GRADE** *(CG or Navy)* Navy time in grade shall be supported by documentary evidence showing inclusive dates.

**ITEM 13 - AWARDS.** Refer to Article 5-C-22, Personnel Manual.

**ITEM 14** - Will be entered at Headquarters for E-7.

| 1. NAME *(Last, first, middle initial)* | 2. UNIT | 3. SERVICE NUMBER | 4. PRESENT RATE |
|---|---|---|---|
| SHAFFER, Arthur C. | Cape Arago Light Station, Coos Bay, Oregon | 219-282 | BM1 |

| 5. I REQUEST TO BE EXAMINED FOR: *(Check and complete)* | | 6. TOTAL MONTHS OF SEA DUTY | 7 ORIGINAL RECOMMENDATION FOR THIS RATE |
|---|---|---|---|
| | ADVANCEMENT TO: BMCP | | |
| | CHANGE IN RATE TO: | | |
| DATE: 7 May 1964 | SIGNATURE OF APPLICANT: Arthur C. Shaffer ARTHUR C. SHAFFER | *See X Remarks | [X] YES [ ] NO |

| | | | | FACTOR | CREDIT | MAXIMUM |
|---|---|---|---|---|---|---|
| 8. DATE SCORE COMPUTED TO: | | 31 December 1964 | | | | |
| 9. EXAMINATION SCORE | | | | x 20 | | 80 |
| 10. PERFORMANCE MARKS | a. PROFICIENCY | 3.65 | | x 10 | 36.50 | 40 |
| | b. LEADERSHIP | 3.65 | | x 10 | 36.50 | 40 |
| 11. ACTIVE SERVICE *(To nearest month)* | | 376 | MOS | ÷ 6 | 40.00 | 40 |
| 12. SERVICE IN GRADE *(To nearest month)* | | 196 | MOS | ÷ 2 | 40.00 | 40 |
| 13. LIST AWARDS AND DATE RECEIVED: Coast Guard Good Conduct Medal 8-14-44; Coast Guard Good Conduct Awards 8-26-53; 8-26-56; 8-26-59; 8-26-62 | | | | | 10.00 | 10 |
| 14. TOTAL SCORE | | | | | 163.00 | 250 |

Post Graduate 163.0

| 15. I HAVE REVIEWED AND TAKE NO EXCEPTION TO THE ENTRIES IN ITEMS 1 THROUGH 14 OF THIS FORM | CANDIDATE'S SIGNATURE: Arthur C. Shaffer ARTHUR C. SHAFFER |
|---|---|
| 16. FROM: COMMANDING ~~OFFICER~~ Yaquina Bay Group<br>TO: Commandant (PE) | VIA (1) Commander, 13th CG District (p)<br>(2) |

I CERTIFY that all the above information is correct and has been obtained from the service record; that the candidate has successfully completed all practical factors and examination subjects for this advancement or change in rate as evidenced on Form CG-3303B; that the candidate meets the requirements for advancement and/or change in rate.

Correspondence or training course for this change of rate has been completed. *(Check box)*

[ ] YES [X] NO *(Explain under remarks)*

| DATE | SIGNATURE |
|---|---|
| 8 May 1964 | F. H. Steinheiser F. H. STEINHEISER |

17. FIRST ENDORSEMENT *(Check appropriate box)*

FROM: Commander, Yaquina Bay Group TO: Commander, 13th CG District (p)

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED *(State reasons)*

| DATE | SIGNATURE |
|---|---|
| 8 May 1964 | F. H. Steinheiser F. H. STEINHEISER |

18. SECOND ENDORSEMENT *(Check appropriate box)*

FROM: COMMANDER, Thirteenth CG DISTRICT TO: Commandant (PE)

[ ] RETURNED [ ] AUTHORIZED [ ] NOT AUTHORIZED *(Comment under remarks)*
[X] FORWARDED [X] APPROVED [ ] DISAPPROVED *(Comment under remarks)*

| DATE | SIGNATURE *(By direction)* |
|---|---|
| 31 JUL 1964 | H. E. Stanley H. E. STANLEY |

REMARKS *(Indicate by number the item to which explanation applies. Continue on reverse)*

*Item #6: Man has no sea duty, has three (03) years overseas duty 1941 - 1944 at Guard Island Light Station, Ketchikan, Alaska. Request sea duty requirement be waived as man is former U.S. Light House Service. His Service Record indicates outstanding service throughout his career. F. H. Steinheiser (See reverse of form)

PREVIOUS EDITIONS ARE OBSOLETE

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—588971

Item #16: Coast Guard Institute Course BMC has been applied for and will be completed prior to 1 October 1964.

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

Item No. 18: SHAFFER is eligible for participation in the forthcoming CPO examination, providing applicable CGI Course for BMC is completed prior to CPO examination.

H. E. STANLEY
By direction

3-13
FILE
PE-1 28 April

CAPTAIN WAYNE L. GOFF
Commandant (O)
U. S. Coast Guard
1300 E. Street NW
Washington, D. C.

Dear CAPTAIN GOFF:

As Executive Officer of Yaquina Bay Group, Newport, Oregon I am attempting to obtain an unprecedented advancement to permanent CPO for SHAFFER, Arthur C. (219-282) BM1,USCG, presently Officer in Charge, Cape Arago Light Station, Coos Bay, Oregon. SHAFFER just recently extended his enlistment for one year and is at present serving on his 31st year. He is ex-Lighthouse, and has always been assigned as such. Therefore through no fault of his own, he has been unable to obtain the required sea duty for advancement to CPO. I am attempting to obtain the advancement for reasons of moral, as well as giving a just reward to a deserving man, who has given 31 years devoted to the service.

I recently inspected SHAFFER's station and found it maintained in an immaculate condition, even to the most minute detail, "such as re-painting station vehicle's hubcaps and re-outlining the Chevrolet emblem on same, etc.." All this at no expense to large items. No place could I find one single descrepancy. His military and personal deportment is beyond reproach.

Admiral SCHMIDTMAN, Commander, Thirteenth Coast Guard District, recently visited the station and stated in the station log "This is the most outstanding station it has been my pleasure to visit. All hands are to be highly commended".

The Commander, Yaquina Bay Group has written an official letter via the chain of command giving all the pertinent facts and requesting SHAFFER be advarced to CPO. I am referring to Commander, Yaquina Bay Group letter dated 24 April 1964, file 1430 to Commandant (PE).

Anything that can be done by on SHAFFER's behalf will be greatly appreciated by all concerned. I realize this is asking a great deal, and it is unprecedented, but requirments for many less undeserving men have been waivered. ET's, SK's etc..

My regards to you and family, I remain,

Sincerely

J. E. SPARKS, CHBOSN

WW Div. M 101a Form ltr. Statement of Service 28 July 41 (3000)

73

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

IN REPLY REFER TO WR sgs 5/2

August 30, 1941

TO; The Commandant,
U. S. Coast Guard,
Treasury Department,
Washington, D. C.

U. S. COAST GUARD (8)
REC'D SEP 3 1941

In connection with your request, the following information is furnished:

The official records show

| | |
|---|---|
| Name | Arthur C. Shaffer |
| Army Serial Number: | 6,547,368 |
| Date and Place of Enlistment: | January 23, 1933, at Vancouver Barracks, Wash. |
| Date and Place of Birth: | December 18, 1908, in Williamsville, Illinois. |
| Rank: | Private, 1st class |
| Organization: | Headquarters Company, 7th Infantry |
| Service Overseas: | None |
| Date of Discharge: | January 22, 1936 |
| Character of Discharge: | Honorable, expiration term of service |

He reenlisted January 23, 1936, and was honorably discharged April 17, 1937, by purchase, a private, 1st class, Headquarters Company, 7th Infantry.

No record found of any time lost due to own misconduct, absence without official leave or for any other reason for which service is not creditable.

4-2-25 J.H.P.

E. S. Adams,
Major General,
The Adjutant General.

1 Incl.
(Request returned)

DPRB Form #131 8May44 (8000)

WAR DEPARTMENT
The Adjutant General's Office
Demobilized Personnel Records Branch
High Point, N. C.

Sub-Sec: SOS 288
Initials: meb

STATEMENT OF SERVICE FOR LONGEVITY PAY
IN CASE OF

DATE: 19 May 1944

| Name | Army Serial Number | Date of Birth |
|---|---|---|
| Shaffer, Arthur C. | 6,547,368 | 18 December 1908 |

To

- ☐ The Chief of Naval Personnel, Navy Department, Washington, D. C.
- ☒ The Commandant, U. S. Coast Guard (2 carbon copies), Washington, D. C.
- ☐ The Commandant, U. S. Marine Corps, Washington, D. C.
- ☐

## ENLISTED SERVICE

| Enlistment Date | Discharge (Date, Cause & Type of) | Discharge (Character at) | Grade and Organization | Time Lost Act April 27, 1914 AW 107 | Retained in Service Period and Reason |
|---|---|---|---|---|---|
| 23 Jan 1933 | 22 Jan 1936 Honorable ETS | Exc. | Private 1/cl, Hdqr. Co., 7th Infantry | None. | None. |
| 23 Jan 1936 | 17 Apr 1937 Honorable Purchase | Exc. | Private 1/cl. Hdqr. Co., 7th Infantry | None. | None. |

## COMMISSIONED SERVICE

| Commissioned (Rank & Arm) | Accepted | Entered On Active Duty | Termination Date Manner & Character | Active Duty For Training Purposes |
|---|---|---|---|---|
| None. | 4-2-25 mcd | | | |

1 Inclosure
Communication

This office has only the records of active Federal Service of National Guard. Record of State Service is kept by the State Adjutant General (including 15 day training period.)

Jonathan D. Hawkins
JONATHAN D. HAWKINS
Lieutenant Colonel, AGD,
Chief of Branch.

No. 4813

# Certificate of Marriage

STATE OF WASHINGTON } SS.
COUNTY OF SKAMANIA

**This is to Certify,** that the undersigned, a Minister of the Gospel by authority of a License, bearing date the 21st day of April A.D. 1937 and issued by the Auditor of the County of SKAMANIA, State of Washington, did on the 21st day of April A.D. 1937 at Stevenson in the County and State aforesaid join in lawful wedlock Arthur C. Shaffer of the County of Wolf Creek, in the State of Montana and Aline Hauge, of the County of Wolf Creek in the State of Montana, with their mutual consent.

Witness my hand, this 21st day of April A.D. 1937

James O Bullock

IN PRESENCE OF

Nicholas N. Dragneff

Lallene Dragneff

SIGNATURES OF CONTRACTING PARTIES

Arthur C Shaffer

Aline Hauge

FORM 1281-B

NAVCG-9731

Date: 15 December 1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

| SHAFFER, Arthur C. (219-282) | BM1 | 13th CGD |
|---|---|---|
| Name | Rating | Unit |
| Class A | $22.00 | Began: Dec. 1944<br>Ter. Sept. 1949 |
| Disbursing Officer | Monthly Checkage | Month of First Entitlement |

88 Lump sum checkage FA 10-49 thru 12-49 $300.

S. K. FRICK
Chief, FA Section

1920 rwl

New S.R.-

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

# PERMANENT MOTOR VEHICLE OPERATOR'S RE[CORD]

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

2. DATE OF BIRTH: 12-12-1908

| TESTED FOR— | QUALIFYING SCORE | DATE LAST TESTED | RESULTS | NAME OF EXAMINER |
|---|---|---|---|---|
| 3. COLOR PERCEPTION | CAN DISTINGUISH RED, YELLOW, AND GREEN | | [X] SATISFACTORY [ ] UNSATISFACTORY | |
| 4. HEARING | HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET | | LEFT / RIGHT / [ ] WITH [X] WITHOUT HEARING AID | |
| 5. VISION | 20/30 REQUIRED | | LEFT / RIGHT / BOTH / [ ] WITH [X] WITHOUT GLASSES | |
| 6. FIELD OF VISION | 75° EACH SIDE OF FOCUS LINE REQUIRED | 5 Jun 53 | AVERAGE OF ____ TRIALS: 97 degrees | B.E.Haglund |
| 7. DEPTH PERCEPTION | | " | AVERAGE OF ____ TRIALS: Satisfactory | " |
| 8. REACTION | ____ SECONDS OR ____ FEET | " | AVERAGE OF ____ TRIALS: ____ SEC./FT. | " |
| 9. ROAD TEST | | " | NUMBER OF ERRORS: | " |
| 10. WRITTEN EXAMINATION | | " | ____ % | " |
| 11. ORAL EXAMINATION | | | ____ % | |
| 12. OTHER TESTS | | " | Obs course | " |

13. **PRIOR DRIVING EXPERIENCE**

| SIZE AND TYPE VEHICLE | YEARS | MILEAGE | NUMBER ACCIDENTS | CAUSE AND CONSEQUENCE OF EACH ACCIDENT |
|---|---|---|---|---|
| Passenger, private | 25 | 10,000 yr | 0 | None |
| Trucks, Coast Guard | 3 | 3,000 yr | 0 | None |

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

15. QUALIFIED ON BASIS OF:
- [X] TESTS
- [ ] PREVIOUS MILEAGE AND STATEMENT

16. QUALIFIED AS:
- [ ] INCIDENTAL OPERATOR
- [ ] CHAUFFEUR

17. RESTRICTIONS:
- [ ] MUST WEAR GLASSES
- [ ] OTHER (*Describe*)

18. **PERMITS ISSUED**

| PERMIT NO. | DATE ISSUED | EXP. DATE | UNIT ASSIGNED | SIGNATURE AND DUTY TITLE OF ISSUING OFFICER |
|---|---|---|---|---|
| 13 B 440 | 6-5-53 | 6-30-53 | North Head Light Station | B.E.Haglund, Ass't Issuing Officer |
| 13-207885-53 | 1 Jul 53 | 30 Jun 55 | " | B.E.Haglund |
| 13-150000-1136 | 2-17-55 | 2-16-57 | NORTH HEAD LIGHT STA. | Paul A. Berg Asst. Issuing Officer |
| 13-57095 | 2-18-57 | 2-17-59 | CAPE ARGO LS | R.A. FURNESS, SAFTY ENGINEER SEATTLE, WASH. |
| 13-59117 | 2-17-59 | 2-16-62 | Cape Argo LS | R.A.Furness, Safety Engr.CGD13 |
| 13-62094 | 2-9-62 | 2-8-65 | CAPE ARAGO LS | R.A.Furness, Safety Engr. CGD13 |

NAME: (*Last—First—Middle*) SHAFFER, Arthur C.

SERVICE NO. 219-282



16—66900-1

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION
Cape Arago Light Station, Coos Bay, Oregon  Yaquina Bay Group, Newport, Oregon

31 July 1964: Retirement after 30 years active Federal service, effective 1 August 1964.
AUTHORITY: Commandant (PE-1) ltr 1812 dated 1 July 1964.
CODE: 231
Completed 31 years, 00 months, and 13 days active Federal service.
No deductible time.
NOT entitled to MOP, MOP Act of 1957.
Issued DD 217-CG, DD 214, and CG 3887.
Final average of performance marks: P-3.75; L-3.73; C-4.0.
Destroyed AFID Card #0058851.

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

31 July 1964: I have been advised that my dependents are not entitled to receive medical care in civilian medical facilities at government expense upon my retirement. I certify that I do not have dependents receiving medical care in civilian facilities at the date of my retirement.

Arthur C. Shaffer

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

Cape Arago Light Station, Coos Bay, Oregon — YAQUINA BAY GROUP NEWPORT, OREGON

7 January 1964 - Reenlistment interview conducted this date in accordance with Article 12-B--30 Personnel Manual. Member intends to extend enlistment for one (01) year. Member is recommended for reenlistment.

F. H. STEINHEISER,CHBOSN,W-3,USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION: Cape Arago Light Station, Coos Bay, Oregon — YAQUINA BAY GROUP NEWPORT, OREGON

28 August 1963 - Extended original enlistment this date for a period of one (01) year. Otherwise man would have been eligible for an honorable discharge on 27 August 1963. Enlistment with one (01) year extension now expires 27 August 1964.

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION: Cape Arago Light Station, Coos Bay, Oregon — YAQUINA BAY GROUP NEWPORT, OREGON

16 August 1963 - Voluntarily extended original enlistment for a period of one (01) year this date. Expiration of obligated service is 27 August 1964 in lieu of 27 August 1963. Reason for extension: Man's own request.

F. H. Steinheiser

F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

Cape Arago Light Station, Coos Bay, Oregon — YAQUINA BAY GROUP NEWPORT, OREGON

26 April 1960 - Issued Good Conduct Award (2nd subsequent) for period 27 August 1956 to 26 August 1959. Receipt for award in left side of S/R.

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, USCG
Group Commander

28 Feb 1961 - Recommended for proficiency pay for BM1-P1.

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, USCG
Commander, Yaquina Bay Group

31 May 1962 - Recommended for proficiency pay for BM1-P1.

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, USCG
Commander, Yaquina Bay Group

24 September 1962: Issued Good Conduct Award (3rd subsequent) for period 27 August 1959 to 26 August 1962. Receipt for award in left side of Service Record.

F. H. Steinheiser
F. H. STEINHEISER, CHBOSN, W-3, USCG
Commander, Yaquina Bay Group

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |



16—66780-2

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

## ADMINISTRATIVE REMARKS

| SHIP OR STATION | Cape Arago Light Station<br>Coos Bay, Oregon | YAQUINA BAY GROUP<br>NEWPORT, OREGON |
|---|---|---|

28 August 1959 - Reenlisted this date in Regular Enlistment for a period of four (4) years in the rating of BM1. Advancement to BM1 authorized 1 May 1948.

W. W. WATKINS, CHBOSN, W-1, USCG
Group Commander (Acting)

28 August 1959 - I hereby certify that I elect to receive payment of reenlistment bonus under Section 207, Career Compensation Act of 1949, as amended.

Arthur Carl Shaffer

28 August 1959 - 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, Act of 5 March, 1950, have been carefully explained this date, as directed by Act 137 of the Code.

28 August 1959 - CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES AS set forth in Commandant's Instruction No. 2-56 with enclosures has been carefully explained this date.

W. W. WATKINS, CHBOSN, W-1, USCG
Group Commander (Acting)

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 10-58)

# LEAVE RECORD

| DATE | CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD | DAYS | AUTHENTICATED BY |
|---|---|---|---|
| 28 August 1963 | Sixty | 60 | F. H. STEINHEISER, CHBOSN, W-3 |

| 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 |
|---|---|---|---|---|---|---|---|---|
| 28 AUG 63 | Extended original enlistment this date for 01 year. Elected to carry 60 days unused leave forward at time of extension. | | | | | | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| | | | | | | | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 13 SEP 63 | 17 SEP 63 | 05 | A | | | 55 | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| 16 FEB 64 | 25 FEB 64 | 10 | A | | | 45 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 16 MAY 64 | 06 JUN 64 | 22 | A | H. E. STANLEY, LT USCG CHMILPERBR, O'CCGD13 | 23 | 23 | YAQUINA BAY GROUP NEWPORT, OREGON | J. E. SPARKS, CHBOSN, W-2 |
| | | | | ANCR 30 JUN 64 | 25½ 30 | 48½ 53 | YAQUINA BAY GROUP NEWPORT, OREGON | J. E. SPARKS, CHBOSN, W-2 |
| | | | | FINAL CREDIT 31 JUL 64 | 02½ 55½ | 51 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |

RECAPITULATION: Enlisted for FOUR (04) years on 28 AUG 59
Extended enlistment for ONE (01) year on 28 AUG 63
Total leave credited: 153 days
Total leave taken: 73 days
Total time served: 04 years, 11 months, and 03 days
Entitled to and elects to receive cash compensation for FIFTY-SIX (~~56~~ 51) days remaining to leave account on retirement.

H. E. STANLEY, LT USCG
CHMILPERBR, O'CCGD13

YAQUINA BAY GROUP
NEWPORT, OREGON
F. H. STEINHEISER, CHBOSN, W-3

51 days L. L.

## DEDUCTIBLE TIME (Inclusive dates)

| PERIOD (Inclusive dates) FROM | TO | REASON (AOL, AOM, etc.) | TIME LOST BASIC PAY AND LEAVE MONTHS | DAYS | EXTENSION OF ENLISTMENT DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Paid $660.45 for -51- days accrued leave in accordance with Armed Forces leave Act of 9 August 1946 (60 Stat. 964) as amended (37 USC 33), O'CCGD13(F), Seattle, ~~Wash.~~

W. H. MATTSON, CHSPCK, W-4, USCG
AUTHORIZED CERTIFYING OFFICER

NORMAL DATE OF EXPIRATION OF ENLISTMENT and extension of 01 year - 27 August 1964

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

9/R

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303A (Rev. 11-60)

# RECOMMENDATION FOR ADVANCEMENT OR CHANGE IN RATE

## INSTRUCTIONS

**ITEMS 1 through 5, and ITEM 7.** Self-explanatory.

**ITEM 6 - TOTAL MONTHS OF SEA DUTY.** Complete in accordance with Article 5-C-19, Personnel Manual.

**ITEM 8 - DATE SCORE COMPUTED TO.** For E-7 use date given in Personnel Instruction which announces examination. For E-5 and E-6 use date eligibility lists are established. Refer to Article 5-C-32, Personnel Manual.

**ITEM 9 - EXAMINATION SCORE.** Headquarters will enter score for E-7. For E-5 and E-6 enter score attained in the examination subjects and listed as FINAL AVERAGE MARK on Form CG-3303B.

**ITEM 10 - PERFORMANCE MARKS** *(Both P and L marks).* For E-7 compute the average marks for the preceding TWO YEARS. For E-6 compute the average marks for the preceding ONE YEAR. For E-5 compute the average marks for the preceding SIX MONTHS.

**ITEM 11 - ACTIVE SERVICE.** Include all active duty in the armed forces and their reserve components. No credit shall be given for any periods of active duty for training except for those periods of active training duty of six months duration. For personnel who were assigned to an organized reserve unit of the Coast Guard, refer to Article 5-C-9, Personnel Manual.

**ITEM 12 - TIME IN GRADE** *(CG or Navy)* Navy time in grade shall be supported by documentary evidence showing inclusive dates.

**ITEM 13 - AWARDS.** Refer to Article 5-C-22, Personnel Manual.

**ITEM 14 - Will be entered at Headquarters for E-7.**

| 1. NAME *(Last, first, middle initial)* | 2. UNIT | 3. SERVICE NUMBER | 4. PRESENT RATE |
|---|---|---|---|
| SHAFFER, Arthur C. | Cape Arago Light Station, Coos Bay, Oregon | 219-282 | BM1 |

| 5. I REQUEST TO BE EXAMINED FOR: *(Check and complete)* | | 6. TOTAL MONTHS OF SEA DUTY | 7. ORIGINAL RECOMMENDATION FOR THIS RATE |
|---|---|---|---|
| | ADVANCEMENT TO: BMCP | *See Remarks | ☒ YES ☐ NO |
| DATE: 7 May 1964 | SIGNATURE OF APPLICANT: Arthur C. Shaffer ARTHUR C. SHAFFER | | |

| | | | FACTOR | CREDIT | MAXIMUM |
|---|---|---|---|---|---|
| 8. DATE SCORE COMPUTED TO: | 31 December 1964 | | | | |
| 9. EXAMINATION SCORE | | | x 20 | | 80 |
| 10. PERFORMANCE MARKS | a. PROFICIENCY | 3.65 | x 10 | 36.50 | 40 |
| | b. LEADERSHIP | 3.65 | x 10 | 36.50 | 40 |
| 11. ACTIVE SERVICE *(To nearest month)* | | 376 MOS | ÷ 6 | 40.00 | 40 |
| 12. SERVICE IN GRADE *(To nearest month)* | | 196 MOS | ÷ 2 | 40.00 | 40 |
| 13. LIST AWARDS AND DATE RECEIVED | Coast Guard Good Conduct Medal 8-14-44; Coast Guard Good Conduct Awards 8-26-53; 8-26-56; 8-26-59; 8-26-62 | | | 10.00 | 10 |
| 14. TOTAL SCORE | | | | 163.00 | 250 |

| | |
|---|---|
| 15. I HAVE REVIEWED AND TAKE NO EXCEPTION TO THE ENTRIES IN ITEMS 1 THROUGH 14 OF THIS FORM. | CANDIDATE'S SIGNATURE: Arthur C. Shaffer ARTHUR C. SHAFFER |
| 16. FROM: COMMANDING OFFICER ~~OF~~ Yaquina Bay Group<br>TO: Commandant (PE) | VIA (1) Commander, 13th CG District (p)<br>(2) |

I CERTIFY that all the above information is correct and has been obtained from the service record; that the candidate has successfully completed all practical factors and examination subjects for this advancement or change in rate as evidenced on Form CG-3303B; that the candidate meets the requirements for advancement and/or change in rate.

Correspondence or training course for this change of rate has been completed. *(Check box)*

☐ YES ☒ NO *(Explain under remarks)*

| DATE | SIGNATURE |
|---|---|
| 8 May 1964 | F. H. Steinheiser F. H. STEINHEISER |

17. FIRST ENDORSEMENT *(Check appropriate box)*

FROM: Commander, Yaquina Bay Group TO: Commander, 13th CG District (p)

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED *(State reasons)*

| DATE | SIGNATURE |
|---|---|
| 8 May 1964 | F. H. Steinheiser F. H. STEINHEISER |

18. SECOND ENDORSEMENT *(Check appropriate box)*

FROM: COMMANDER, DISTRICT TO:

☐ RETURNED ☐ AUTHORIZED ☐ NOT AUTHORIZED *(Comment under remarks)*
☐ FORWARDED ☐ APPROVED ☐ DISAPPROVED *(Comment under remarks)*

| DATE | SIGNATURE *(By direction)* |
|---|---|
| | |

REMARKS *(Indicate by number the item to which explanation applies. Continue on reverse)*

*Item #6: Man has no sea duty, has three (03) years overseas duty 1941 - 1944 at Guard Island Light Station, Ketchikan, Alaska. Request sea duty requirement be waived as man is former U.S. Light House Service. His Service Record indicates outstanding service throughout his career. F. H. Steinheiser F.H.STEINHEISER (See reverse of form)

PREVIOUS EDITIONS ARE OBSOLETE

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—588971

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[X] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0700 | 5/15/64 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 6/16/64 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0830 | 6/07/64 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 22 |

** These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |

ON COMPLETED NET SERVICE OF

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ | PER DAY |
|---|---|---|---|
| | | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ | PER DAY |
|---|---|---|---|
| | | AT $ | PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| J. E. SPARKS | CHBOSN, W-2, XO, Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER, | E Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1963-672236

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0600 | 2/15/64 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 2/26/64 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 2/26/64 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 10 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY |
|---|---|---|
| | | AT $ PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| F. H. STEINHEISER | CHBOSN, W-3, CDR, Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959 — J - 492832

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0700 | 9-12-63 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 9-18-63 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 9-18-63 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 05 |

** These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| ON COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY / AT $ PER MO. |
|---|---|---|
| | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| John E. Williams<br>JOHN E. WILLIAMS | CHBOSN, W-2, XO, Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959—501019

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0830 | 6-08-63 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 6-19-63 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0730 | 6-19-63 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 10 |

* *These items to be completed in connection with leave to visit the United States only*

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY | AT $ PER MO. |
|---|---|---|---|
| | | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

[ ] INTEMPERATE USE OF DRUGS

[ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

[ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| J. E. Williams<br>JOHN E. WILLIAMS | CHBOSN, W-2, XO, Yaquina Bay | Group |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959—501019

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0600 | 11-17-62 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 11-28-62 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 11-28-62 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 10 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| ON COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY | AT $ PER MO. |
|---|---|---|---|
| | | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| F. H. STEINHEISER | CHBOSN, W-3, CDR, Yaquina Bay | Group |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | C. | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959—501019

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

☐ WITH LEAVE

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

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

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

☐ S&FD pay to be checked, leave within the United States

☐ S&FD pay not to be checked, leave outside United States

☐ WITHOUT LEAVE not excused as unavoidable

☐ COMMUTED RATIONS or BAS, if any, are to be checked

☐ OVER LIBERTY not excused as unavoidable

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | | |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | | |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | | |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | |

* *These items to be completed in connection with leave to visit the United States only*

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| BM1 | BM1-P1 | 31 March 1962 |

AUTHORITY Comdt. Pers. Instr. 31-61 — DATE AUTH. REC'D 20 SEP 61

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |

ON _____ COMPLETED NET SERVICE OF

## 4. COMMUTED RATIONS

FROM *(Date)* _____ TO *(Date)* _____

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ _____ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ _____ PER DAY |
|---|---|---|
| | | AT $ _____ PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| John E. Williams<br>JOHN E. WILLIAMS | CHBOSN, W-2, XO, Yaquina Bay | Group |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959 — J - 492832

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

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

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0630 | 6-6-62 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 6-17-62 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 6-17-62 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 10 |

* *These items to be completed in connection with leave to visit the United States only*

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| ON COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY |
|---|---|---|
| | | AT $ PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| John E. Williams<br>JOHN E. WILLIAMS | CHBOSN,W-2,XO,Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME (Last) | (First) | (Middle) | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959 — J - 492832

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 1330 | 9-22-61 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 9-28-61 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0630 | 9-27-61 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 04 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY / AT $ PER MO. |
|---|---|---|
| | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

[ ] INTEMPERATE USE OF DRUGS

[ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

[ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| John E. Williams<br>John E. WILLIAMS | CHBOSN,W-2, XO,Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1-P1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-458948

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

☐ WITH LEAVE

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

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

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

☐ S&FD pay to be checked, leave within the United States

☐ S&FD pay not to be checked, leave outside United States

☐ WITHOUT LEAVE not excused as unavoidable

☐ COMMUTED RATIONS or BAS, if any, are to be checked

☐ OVER LIBERTY not excused as unavoidable

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | | |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | | |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | | |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | |

* *These items to be completed in connection with leave to visit the United States only*

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| BM1-P1 | BM1 | 1 April 1961 |

AUTHORITY CCGD13(p) ltr P17-2/MM of 3-24-61 | DATE AUTH. REC'D 3-25-61

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON COMPLETED NET SERVICE OF

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY |
|---|---|---|
| | | AT $ PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

This proficiency payment is for one year unless sooner terminated.

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| W. W. WATKINS | CHBOSN, W-2, XO, Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1-P1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959 — J - 492832

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0005 | 3-22-61 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 4-2-61 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0815 | 3-31-61 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 08 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY |
|---|---|---|
| | | AT $ PER MO. |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| W. W. WATKINS W W Watkins | CHBOSN, W-2, XO, Yaquina Bay Group | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1959 — J - 492832

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

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

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0700 | 11-25-59 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 12-1-59 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 11-30-59 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 04 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| COMPLETED NET SERVICE OF | | | |

ON

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY / AT $ PER MO. |
|---|---|---|
| | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ (*Date of Admission*) to _____ (*Date of Discharge*)

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| W. W. WATKINS | BOSN, W-1, XO Yaquina Bay Grp | |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-458948

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

# LEAVE RECORD

| DATE | CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD | DAYS | AUTHENTICATED |
|---|---|---|---|
| 28 August 1959 | ZERO | 00 | W. W. WATKINS, CHBOSN, W-1, USCG |

| LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR. | TO DAY—MO.—YR. | NO. DAYS | KIND | CREDITED DATE DAY—MO.—YR. | CREDITED DAYS | BAL-ANCE DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|---|
| Paid $697.00 for 60 days accrued LV in accordance with Art. 7-A-75 Pers. Manual on 9/4/59 at Seattle, Washington. R. R. HEYING, CHIEF, W-3, USCG AUTHORIZED CERTIFYING OFFICER | | | | | | | | |
| 26 Nov 59 | 29 Nov 59 | 04 | A | | | -04 | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, BOSN, W-1, USCG |
| | | | | ANCR 30 JUN 60 | 25½ | 21½ | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, CHBOSN, W-2, USCG |
| 23 Mar 61 | ~~29~~ Mar 61 | ~~07~~ | AIEM | | | 13½ | YAQUINA BAY GROUP NEWPORT, OREGON | W. W. WATKINS, CHBOSN, W-2, USCG |
| | | | | ANCR 30 Jun 61 | 30 | 43½ | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 23 Sep 61 | ~~24~~ Sep 61 | 04 | A | | | 39½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| 7 Jun 62 | 16 Jun 62 | 10 | A | | | 29½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| | | | | ANCR 30 Jun 62 | 30 | 59½ | YAQUINA BAY GROUP NEWPORT, OREGON | E. S. KLOCK, CHBOSN, W-4, USCG |
| 18 Nov 62 | 27 Nov 62 | 10 | A | | | 49½ | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 09 JUN 63 | 18 JUN 63 | 10 | A | | | 39½ | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| | | | | ANCR 30 JUN 63 | 30 | 60 | YAQUINA BAY GROUP NEWPORT, OREGON | JOHN E. WILLIAMS, CHBOSN, W-2, USCG |
| CR (Expiration of enlistment) | | | | 27 AUG 63 | 05 | 65 | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |
| 28 AUG 63 | Extended original enlistment for a period of 01 year. Elects to carry over unused 60 days leave. | | | | | | YAQUINA BAY GROUP NEWPORT, OREGON | F. H. STEINHEISER, CHBOSN, W-3 |

## DEDUCTIBLE TIME (Inclusive dates)

| PERIOD (Inclusive dates) FROM | TO | REASON (AOL, AOM, etc.) | TIME LOST BASIC PAY AND LEAVE MONTHS | DAYS | EXTENSION OF ENLISTMENT DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NORMAL DATE OF EXPIRATION OF ENLISTMENT 27 August 1963

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

LEAVE RECORD — EDITION OF 4-52 MAY BE USED — PAGE 5

1

GPO 820974

PE-1
1812
1 July 1964

TOMD: 65000/99200085X

From: Commandant
To: SHAFFER, Arthur C. (219-382) ENL, USCG
Via: ~~Commander, Thirteenth Coast Guard District~~ (p)

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty or more years of service is hereby approved, pursuant to the provisions of Title 14, United States Code, Section 354, and 1 August 1964 is the effective date of your retirement. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement you will immediately notify the COMMANDANT (PP-4) of your mailing address and you will thereafter notify the COMMANDANT (PP-4) of any change in that address.

3. Travel necessary to the execution hereof is required in the public interests and is authorized, chargeable against Appropriation 20X0201, Headquarters Allotment 99-20.03, Accounting Code 72690. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time, and date of receipt. You shall be physically examined for retirement as soon as practicable but not later than 20 July 1964. If you are not physically qualified, the COMMANDANT (PE) will be advised by message and prompt action shall be taken in accordance with enclosure (1). Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the nearest Authorized Certifying Officer for settlement. (The Authorized Certifying Officer is the Disbursing Officer located at all district offices and major units who is authorized to reimburse you for your travel.)

5. On behalf of the COMMANDANT I wish to express appreciation for your long and faithful service, and take this occasion to wish you long life and happiness in retirement.

B. F. CLARK
By direction

Encl: (1) Info relative to retirement
(2) CG-396
(3) CG-4171 & ltr

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3681A (5-56)

# REPORT OF REENLISTMENT INTERVIEW

REPORT CONTROL SYMBOL
PE-1028

| NAME | SERVICE NO. | RATE | DATE OF BIRTH |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 18 December 1908 |

| DATE DUE FOR DISCHARGE | YEARS OF SERVICE | MARRIED | NUMBER OF DEPENDENTS |
|---|---|---|---|
| 27 August 1964 | 4 5 6 7 8 9 10 11 12 13 14 15 16 — 31 | [X] YES [ ] NO | 1 2 3 4 5 6 7 8 9 — X |

## SECTION I INITIAL INTERVIEW

| DATE | SHIP OR STATION | REENL. INTENT | EXTEND | UNDECIDED |
|---|---|---|---|---|
| 7 January 64 | Cape Arago Light Station | [X] YES [ ] NO | [ ] YES [ ] NO | |

HIS REASONS FOR REENLISTING OR NOT REENLISTING

Extend for one (01) year.
~~Reenlist for two (02) years.~~

(a) Proposed pay raise pending 1 October 1964.

(b) Liquidate Student loans of dependents.

IF NOT REENLISTING, WHAT ARE HIS REAL REASONS

FURTHER ACTION RECOMMENDED

| | NONE | | RE-INTERVIEW BY ME | | CONGRATULATORY INTERVIEW | | FOLLOW UP INTERVIEW BY CO OR XO |
|---|---|---|---|---|---|---|---|
| X | | | | | | | |

SIGNATURE AND RATE OF INTERVIEWER Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1

## SECTION II FOLLOW UP INTERVIEWS

(A) FIRST: ANALYSIS AND ACTION TAKEN

SHAFFER to retire 1 August 1964 after 30 years active Federal Service.

| DATE | SIGNATURE AND GRADE/RATE OF INTERVIEWER |
|---|---|
| 31 July 1964 | F. H. STEINHEISER, CHBOSN, W-3, USCG |

(B) SECOND: ANALYSIS AND ACTION TAKEN

| DATE | SIGNATURE AND GRADE/RATE OF INTERVIEWER |
|---|---|
| | |

## SECTION III CONGRATULATORY INTERVIEW

| DATE | SIGNATURE, GRADE, AND TITLE OF INTERVIEWER |
|---|---|
| DATE | SIGNATURE, GRADE, AND TITLE OF INTERVIEWER |

## SECTION IV FINAL ACTION BY SHIP OR STATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | REENLISTED | | EXTENDED | | DISCHARGED | | TRANSFERRED TO RESERVE |

ADDRESS GIVEN ON SEPARATION *(Permanent home)* RETIRED

P. O. Box 931, Roseburg, Oregon

*Number Street* *City* *State*

FORM FORWARDED TO

☐ COMMANDANT (PE) ☒ COMMANDER, 13th COAST GUARD DISTRICT (p)

## SECTION V ACTION BY RECRUITER

METHOD OF CONTACT ☐ IN PERSON ☐ BY LETTER DATE ATTEMPTED

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | TALKED TO HIM | | LETTER REPLY | | UNABLE TO LOCATE | | NO REPLY TO LETTER |

COMMENTS ON CONTACT

STATUS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | REENLISTED | | MEMBER CG RESERVE | | MEMBER OTHER SERVICE RESERVE | | CIVILIAN |

| SIGNATURE AND RATE OF RECRUITER | PLACE | DATE FORWARDED |
|---|---|---|
| | | |

## SECTION VI INSTRUCTIONS

1. Complete original only - May be in longhand - For all expirations of enlistment.
2. Initial interviewer fill out Section I and Section II(A) if reinterview is held.
3. CO or XO complete Section II(A) or (B) and Section III when applicable.
4. CO or XO fill out Section IV and forward to Commandant(PE) for reenlistments. Otherwise forward to appropriate District Commander(p).
5. District Commander(p) send to recruiter nearest to home address given.
6. Recruiter forward completed form to Commandant(PE).

GPO 870440

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (Rev. 9-59)

# SECURITY TERMINATION STATEMENT

| NAME (Last) | (First) | (Middle) | RANK/RATE/GRADE |
|---|---|---|---|
| SHAFFER, | Arthur | Carl | BM1 |

| UNIT | | SERVICE NUMBER |
|---|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | Yaquina Bay Group<br>Newport, Oregon | 219-282 |

REFERENCES (a) Department of the Navy Security Manual for Classified Information. *(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard Use.)*

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment *(duty)* any documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret or Confidential, to which I obtained access during my employment *(duty)*, in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret or Confidential, of which I have gained knowledge during my employment *(duty)*, except as may be hereafter authorized in writing by the Commandant of the Coast Guard.

***(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)***

I have been informed and am aware that 18 U. S. Code 792-798, 1958 edition, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the Department of the Navy Security Manual for Classified Information ***(OPNAV Instruction 5510.1) (Effective edition, as amended for Coast Guard use.)*** I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1001, 1958 edition. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

| SIGNATURE OF WITNESS | SIGNATURE (First, middle and last name) |
|---|---|
| F. H. STEINHEISER | Arthur Carl Shaffer |
| TITLE<br>CHBOSN, W-3, USCG<br>Commander, Yaquina Bay Group | DATE<br>31 July 1964 |

PREVIOUS EDITIONS ARE OBSOLETE

SERVICE RECORD

Officer in Charge
Cape Arago Light Station
Route 2
Coos Bay, Oregon

1812
8 June 1964

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Commandant (PE)
Via: (1) Commander, Yaquina Bay Group
(2) Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

Ref: (a) Article 12-C-3-(b) 7, CG Personnel Manual

1. I request retirement on the first day of August 1964 or as soon thereafter as possible.

2. I completed thirty (3Ø) years of active service on 16 July 1963.

ARTHUR C. SHAFFER

1812
9 June 1964

FIRST ENDORSEMENT

From: Commander, Yaquina Bay Group, Newport, Oregon
To: Commandant (PE)
Via: Commander, Thirteenth Coast Guard District (p)

Subj: Thirty year enlisted retirement; request for

1. Forwarded, approved.

F. H. STEINHEISER

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

# APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

## PART I - TO BE COMPLETED BY APPLICANT *(Print or type)*

| NAME *(Last, first, middle initial)* | GRADE OR RATE | | | SERVICE NUMBER |
|---|---|---|---|---|
| SHAFFER, Arthur C. | BM1 | USCG | X | 219-282 |
| | | USCGR | | |

| DUTY ASSIGNMENT *(Ship, Station, etc.)* | MAILING ADDRESS *(If not on active duty)* | 35 MM PHOTO ATTACHED | X |
|---|---|---|---|
| CAPE ARAGO LIGHT STATION | Post Office Box 931<br>ROSEBURG, OREGON | PHOTO BEING MADE BY ISSUING ACTIVITY | |

REASON FOR REQUESTING CARD *(Check appropriate box)*

- ☐ INITIAL ISSUE
- ☒ RETIRED WITH PAY
- ☐ CHANGE IN GRADE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ REPLACE MUTILATED CARD
- ☐ PRESENT CARD EXPIRED
- ☐ RELEASED TO INACTIVE DUTY
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD *(Explain on reverse)*
- ☐ OTHER *(Specify)*

| DATE OF BIRTH | WEIGHT | HEIGHT | COLOR HAIR | COLOR EYES | BLOOD TYPE |
|---|---|---|---|---|---|
| 18 DEC 1908 | 156 | 71" | Brown | Blue | B-Pos. |

| DATE OF APPLICATION | SIGNATURE OF APPLICANT |
|---|---|
| 17 JULY 1964 | Arthur C. Shaffer |

## PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

| TYPE OF DD 2CG TO BE ISSUED | RETIRED CARD ONLY | EXPIRATION DATE | SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER |
|---|---|---|---|
| ☐ ACTIVE ☐ RESERVE<br>☒ RETIRED | ☒ MEDICARE AUTHORIZED<br>☐ MEDICARE NOT AUTHORIZED | INDEFINITE | F. H. STEINHEISER, CHBOSN, W-3 Commander<br>YAQUINA BAY GROUP<br>NEWPORT, OREGON |

## PART III - TO BE COMPLETED BY ISSUING OFFICER

| CARD NO ISSUED | DATE OF ISSUE | SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER |
|---|---|---|
| 11092 | 1 AUG 64 | F. H. STEINHEISER, CHBOSN, W-3 Commander<br>YAQUINA BAY GROUP<br>NEWPORT, OREGON |

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 899538

PD DE YB
R 262130Z
FM CGGRU YAQUINA BAY
TO COTP PORTLAND
BT
UNCLAS
A. DELIVER FOLLOWING TO
1. SHAFFER, ARTHUR C. BM1 (219-282) USCG CARE/ OF MISS DONNA SHAFFER
ROOM 327 GOOD SAMARITAN HOSPITAL PORTLAND OREGON.
2. GRANTED 15 DAYS EXTENSION OF LEAVE TO EXPIRE PRIOR 0900 16
JUNE 1964 AT CAPE ARAGO LIGHT SAT STATION COOS BAY OREGON.
BT

TOD PD 2137Z BA/HS

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | ROUTE 2, COOS BAY, OREGON | 6 May 1964 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | - - - - - - - - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| (15) | 15 May 1964 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: c/o Lloyd Hughes, Fort Shaw, Montana

DRIVE SAFELY

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: Arthur C. Shaffer
ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 6 May 1964

| Date current leave accounting period began | Balance brought forward beginning of present accounting period |
|---|---|
| 1 July 1963 | (60) |
| Number days' leave used during current accounting period: (15) | Date of expiration of current enlistment: 27 August 1964 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 7 May 1964

☒ Returned, GRANTED 15 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

J. E. Sparks
J. E. SPARKS, CHBOSN, W-2, XO, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 15 May 1964

Departed at 0700, this date. This leave expires before 0900, 31 May 1964

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 7 June 1964

Reported at 0830, this date, having used (22) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

SERVICE
RECORD

Commander
Yaquina Bay Group
P.O. Box 1287
Newport, Oregon

1430
24 April 1964

From: Commander, Yaquina Bay Group, Newport, Oregon
To: Commandant (PE)
Via: Commander, Thirteenth Coast Guard District (p)

Subj: SHAFFER, Arthur C. (219-282) BM1, USCG; consideration for CPO

Ref: (a) Article 5-C-19 Personnel Manual

1. Subject man is presently serving in his thirty-first (31) year of government service, having over four (04) years of U. S. Army service, nearly four (04) years in the U. S. Lighthouse service and continuous service in the U. S. Coast Guard since 1941.

2. Present available records at this command indicate an average in proficiency and leadership marks since 1953 of 3.79 and 3.78 respectively with no record of any disciplinary action and conduct of 4.0.

3. Records also indicate an evaluation of OUTSTANDING in operational evaluation by Western Inspector of Cape Arago Light Station in 1960 and EXCELLENT in 1963. SHAFFER has been Officer in Charge at Cape Arago Light Station since 1957.

4. Cape Arago Light Station's Inspection Book is filled with outstanding evaluations by visitors of high rank. The station is always in a high state of readiness to perform its operational mission.

5. SHAFFER does not meet the requirements for promotion to CPO, lacking sea duty time as required by reference (a). However he served three (03) years at an overseas station during the period 1941 to 1944 at Guard Island Light Station, Ketchikan, Alaska.

6. Based on the above and other available records, it is earnestly recommended that SHAFFER be considered for advancement to CPO prior to retirement, with requirements for examination waived.

7. This advancement for long and faithful and honorable service would be considered in the best interests of the Coast Guard, both in honoring such services and as an incentative to morale.

F. H. STEINHEISER

YAQUINA BAY GROUP

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4222 (2-63)

# ALLOTMENT ACTION REQUEST

ALLOTMENT PURPOSE CODE
- B - Bond
- D - Dependency
- G - USGLI
- H - Mortgage Payment
- I - Comm. L.I.
- L - Loan Payment
- M - Navy Mutual Aid
- N - NSLI
- Q - Required Dependency
- S - Multi-purpose
- T - Indebtedness to U.S.
- U - RSFPP
- X - Dues

INSTRUCTIONS

1. Use a separate form for each action. Use allotment purpose codes given at right. Prepare by typewriter.
2. To start an allotment, fill in Sections I, II and IV.
3. To stop an allotment, fill in Sections I, III and IV.
4. To change any amount to the same payee, fill in Sections I, II, III, and IV, considering the previous amount as a "stop" and the new amount as a "start."
5. The ACO will complete Section V. DO NOT FILL IN SHADED AREAS OF THE FORM.

## I. IDENTIFICATION OF ALLOTTER

| SERVICE NUMBER | NAME (Last, first and middle initial) | GRADE/RATE |
|---|---|---|
| 219-282 | SHAFFER, Arthur C. | EM1 |

CHANGE

START

## II. ALLOTMENT START INFORMATION

TO BE PAID TO

NAME: Acacia Mutual Life Insurance Company

TO THE ACCOUNT OF: Arthur C. Shaffer — ACCOUNT NO.: #835487-0

ADDRESS: 51 Louisiana Avenue N.W.

CITY AND STATE: Washington, D.C. 20001

| PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|
| I | 2 | 1964 | $13.84 |

BATCH NO. ____ BLANKET ROLL CODE ( )

| OTHER THAN N & G | N & G |
|---|---|
| ALLOTMENT NO. | TRANSACTION LETTER |
| RETROACTIVE AMT. | REGISTER NUMBER |
| AUDIT CYCLE | REASON |
| SPLIT CYCLE | NO. MOS. RETROACTIVE |
| | RETROACTIVE AMT. |

START BOND

BOND TO BE MADE OUT AS SHOWN BELOW

| PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|
| B | | | |

NAME OF OWNER

MAILING ADDRESS (If bond is not to be mailed, put "SAFEKEEPING")

NAME OF CO-OWNER ☐ / BENEFICIARY ☐

BATCH NUMBER:

| MONTHLY | QUARTERLY | DENOMINATION |
|---|---|---|
| | | |

STOP

## III. ALLOTMENT STOP INFORMATION (Including bonds)

| PURPOSE CODE | STOP ALLOTMENT AFTER MONTH | STOP ALLOTMENT AFTER YEAR | AMOUNT MONTHLY | DATE ALLOTMENT STARTED MONTH | DATE ALLOTMENT STARTED YEAR | PAYEE |
|---|---|---|---|---|---|---|
| I | 1 | 1964 | $13.50 | 10 | 1963 | Acacia Mutual Life Insurance Co. |

REASON FOR STOPPING THIS ALLOTMENT

| | |
|---|---|
| X | REQUEST OF ALLOTTER |
| | DISCHARGED, RELAD |
| | RETIRED |
| | ABSENTEE, DESERTER |
| | DEATH OF ALLOTTER |
| | OTHER, SPECIFY: |

BATCH NO. ____ BLANKET ROLL CODE ( )

OTHER THAN N & G ALLOTMENTS

ALLOTMENT NUMBER

N & G ALLOTMENTS

TRANSACTION LETTER

REGISTER NUMBER

REASON

NUMBER MONTHS RETROACTIVE

RETROACTIVE AMOUNT $

## IV. SIGNATURE OF ALLOTTER

I request that allotment action as stated above be taken.

Arthur C. Shaffer — 219-282

ARTHUR C. SHAFFER (NAME) — (WRITTEN SERVICE NUMBER)

| DATE SIGNED | DUTY STATION |
|---|---|
| 1-14-64 | Cape Arago L/S |

## V. CERTIFICATION OF AUTHORIZED CERTIFYING OFFICER

I CERTIFY that the prescribed entries have been made on the pay record of the allotter.

[illegible] — 2419

NAME — SYMBOL NUMBER

| DATE ALLOTMENT REGISTERED | LOCATION OF ACO |
|---|---|
| 1/21/64 | 01CCGD13(f) |

ACO'S CHECKLIST

- ☐ AMOUNTS AGREE WITH PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS/BONDS TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ ALL NECESSARY SIGNATURES

☆ U.S. GOVERNMENT PRINTING OFFICE: 1963—682682

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4222 (2-63)

# ALLOTMENT ACTION REQUEST

ALLOTMENT PURPOSE CODE
- B - Bond
- D - Dependency
- G - USGLI
- H - Mortgage Payment
- I - Comm. L.I.
- L - Loan Payment
- M - Navy Mutual Aid
- N - NSLI
- Q - Required Dependency
- S - Multi-purpose
- T - Indebtedness to U.S.
- U - RSFPP
- X - Dues

INSTRUCTIONS
1. Use a separate form for each action. Use allotment purpose codes given at right. Prepare by typewriter.
2. To start an allotment, fill in Sections I, II and IV.
3. To stop an allotment, fill in Sections I, III and IV.
4. To change any amount to the same payee, fill in Sections I, II, III, and IV, considering the previous amount as a "stop" and the new amount as a "start."
5. The ACO will complete Section V. DO NOT FILL IN SHADED AREAS OF THE FORM.

## I. IDENTIFICATION OF ALLOTTER

| SERVICE NUMBER | NAME (Last, first and middle initial) | GRADE/RATE |
|---|---|---|
| 219-282 | SHAFFER, Arthur C. | BM1 |

CHANGE

START

## II. ALLOTMENT START INFORMATION

TO BE PAID TO

NAME: Military Benefit Association

TO THE ACCOUNT OF: Arthur C. Shaffer — ACCOUNT NO.: 3-216

ADDRESS: Ninth Floor, Warner Building
13th & "E" Streets, N. W.

CITY AND STATE: Washington, D. C. 20004

| PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|
| I | 12 | 64 | $13.75 |

BATCH NO. — BLANKET ROLL CODE ( )

OTHER THAN N & G: ALLOTMENT NO. — RETROACTIVE AMT. — AUDIT CYCLE

N & G: TRANSACTION LETTER — REGISTER NUMBER — REASON — NO. MOS. RETROACTIVE — RETROACTIVE AMT.

SPLIT CYCLE

START BOND

BOND TO BE MADE OUT AS SHOWN BELOW

| PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|
| B | | | |

NAME OF OWNER

MAILING ADDRESS (*If bond is not to be mailed, put "SAFEKEEPING"*)

BATCH NUMBER:

| MONTHLY | QUARTERLY | DENOMINATION |
|---|---|---|
| | | |

NAME OF CO-OWNER ☐ / BENEFICIARY ☐

STOP

## III. ALLOTMENT STOP INFORMATION (*Including bonds*)

| PURPOSE CODE | STOP ALLOTMENT AFTER MONTH | STOP ALLOTMENT AFTER YEAR | AMOUNT MONTHLY | DATE ALLOTMENT STARTED MONTH | DATE ALLOTMENT STARTED YEAR | PAYEE |
|---|---|---|---|---|---|---|
| I | 12 ~~1/64~~ | ~~63~~ | $9.00 | 3 | 61 | Armed Forces Enlisted Personnel Benefit Association |

REASON FOR STOPPING THIS ALLOTMENT

| | |
|---|---|
| X | REQUEST OF ALLOTTER |
| | DISCHARGED, RELAD |
| | RETIRED |
| | ABSENTEE, DESERTER |
| | DEATH OF ALLOTTER |
| | OTHER, SPECIFY: |

BATCH NO. — BLANKET ROLL CODE ( )

OTHER THAN N & G ALLOTMENTS: ALLOTMENT NUMBER

N & G ALLOTMENTS: TRANSACTION LETTER — REGISTER NUMBER — REASON — NUMBER MONTHS RETROACTIVE — RETROACTIVE AMOUNT $

## IV. SIGNATURE OF ALLOTTER

I request that allotment action as stated above be taken.

Arthur C. Shaffer 219-282
ARTHUR C. SHAFFER (NAME) — (WRITTEN SERVICE NUMBER)

DATE SIGNED: 31 DEC 1963

DUTY STATION: Cape Arago Light Station
Coos Bay, Oregon

## V. CERTIFICATION OF AUTHORIZED CERTIFYING OFFICER

I CERTIFY that the prescribed entries have been made on the pay record of the allotter.

W. H. WATSON, CHIEF, Wk., USCG 2619
NAME — SYMBOL NUMBER

DATE ALLOTMENT REGISTERED: 1/21/64

LOCATION OF ACO: 0*CGGD13(f)

ACO'S CHECKLIST

- ☐ AMOUNTS AGREE WITH PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS/BONDS TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ ALL NECESSARY SIGNATURES

☆ U.S. GOVERNMENT PRINTING OFFICE: 1963—682682

YAQUINA BAY GROUP

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4222 (2-63)

# ALLOTMENT ACTION REQUEST

ALLOTMENT PURPOSE CODE
- B - Bond
- D - Dependency
- G - USGLI
- H - Mortgage Payment
- I - Comm. L.I.
- L - Loan Payment
- M - Navy Mutual Aid
- N - NSLI
- Q - Required Dependency
- S - Multi-purpose
- T - Indebtedness to U.S.
- U - RSFPP
- X - Dues

INSTRUCTIONS

1. Use a separate form for each action. Use allotment purpose codes given at right. Prepare by typewriter.
2. To start an allotment, fill in Sections I, II and IV.
3. To stop an allotment, fill in Sections I, III and IV.
4. To change any amount to the same payee, fill in Sections I, II, III, and IV, considering the previous amount as a "stop" and the new amount as a "start."
5. The ACO will complete Section V. DO NOT FILL IN SHADED AREAS OF THE FORM.

## I. IDENTIFICATION OF ALLOTTER

| SERVICE NUMBER | NAME (Last, first and middle initial) | GRADE/RATE |
|---|---|---|
| 219-282 | SHAFFER, Arthur C. | BM1 |

CHANGE

## START

### II. ALLOTMENT START INFORMATION

| TO BE PAID TO | PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|---|
| NAME: Acacia Mutual Life Insurance Company | I | 10 | 1963 | $13.50 |

| TO THE ACCOUNT OF | ACCOUNT NO. |
|---|---|
| Arthur C. Shaffer | 4835487 |

ADDRESS: 51 Louisana Avenue N.W.

CITY AND STATE: Washington, D.C.

| BATCH NO. | BLANKET ROLL CODE ( ) |
|---|---|
| OTHER THAN N & G | N & G |
| ALLOTMENT NO. | TRANSACTION LETTER |
| RETROACTIVE AMT. | REGISTER NUMBER |
| AUDIT CYCLE | REASON |
| SPLIT CYCLE | NO. MOS. RETROACTIVE |
| | RETROACTIVE AMT. |

## START BOND

BOND TO BE MADE OUT AS SHOWN BELOW

| PURPOSE CODE | BEGIN DEDUCTION MONTH | BEGIN DEDUCTION YEAR | AMOUNT MONTHLY |
|---|---|---|---|
| B | | | |

NAME OF OWNER

MAILING ADDRESS (*If bond is not to be mailed, put "SAFEKEEPING"*)

BATCH NUMBER:

| MONTHLY | QUARTERLY | DENOMINATION |
|---|---|---|
| | | |

NAME OF CO-OWNER ☐ / BENEFICIARY ☐

## STOP

### III. ALLOTMENT STOP INFORMATION (*Including bonds*)

| PURPOSE CODE | STOP ALLOTMENT AFTER MONTH | STOP ALLOTMENT AFTER YEAR | AMOUNT MONTHLY | DATE ALLOTMENT STARTED MONTH | DATE ALLOTMENT STARTED YEAR |
|---|---|---|---|---|---|
| | | | | | |

PAYEE

REASON FOR STOPPING THIS ALLOTMENT

- ☐ REQUEST OF ALLOTTER
- ☐ DISCHARGED, RELAD
- ☐ RETIRED
- ☐ ABSENTEE, DESERTER
- ☐ DEATH OF ALLOTTER
- ☐ OTHER, SPECIFY:

BATCH NO. BLANKET ROLL CODE ( )

OTHER THAN N & G ALLOTMENTS

ALLOTMENT NUMBER

N & G ALLOTMENTS

TRANSACTION LETTER

REGISTER NUMBER

REASON

NUMBER MONTHS RETROACTIVE

RETROACTIVE AMOUNT $

### IV. SIGNATURE OF ALLOTTER

I request that allotment action as stated above be taken.

| NAME | WRITTEN SERVICE NUMBER | DATE SIGNED | DUTY STATION |
|---|---|---|---|
| Arthur C. Shaffer | 219-282 | 9-19-63 | CAPE ARAGO L/S |

### V. CERTIFICATION OF AUTHORIZED CERTIFYING OFFICER

I CERTIFY that the prescribed entries have been made on the pay record of the allotter.

| NAME | SYMBOL NUMBER | DATE ALLOTMENT REGISTERED | LOCATION OF ACO |
|---|---|---|---|
| W. H. MATTSON, CHSPCK, W-4, USCG | 26419 | 9/25/63 | 01C13COD Seattle |

ACO'S CHECKLIST

- ☐ AMOUNTS AGREE WITH PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS/BONDS TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ ALL NECESSARY SIGNATURES

☆ U.S. GOVERNMENT PRINTING OFFICE: 1963—682682

SERVICE RECORD

UNITED STATES COAST GUARD

REPLY REFER TO:
COMMANDER
13th COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

P15
Ser. No. 269

OCT 15 1963

From: Commander, Thirteenth Coast Guard District
To: SHAFFER, Arthur C. (219-282) BM1, USCG
Officer in Charge, Cape Arago Light Station
Via: Commander, Yaquina Bay Group

Subj: EXCELLENT Operational Readiness Evaluation; acknowledgement of

Ref: (a) Western Inspector's Report A23 of 27 Sept 1963

1. It is noted with pleasure that your unit has received an evaluation of EXCELLENT in Operational Readiness by the Western Inspector during his recent visit.

2. The District Commander takes pleasure in extending to you and the men under your supervision his appreciation for a JOB WELL DONE in maintaining your unit at such a high standard.

3. It is a pleasure for me to acknowledge fine reports, such as this. I am confident that all personnel attached to your unit will strive to maintain this high degree of operational readiness in the future.

R. D. SCHMIDTMAN

---

P15
16 October 1963

FIRST ENDORSEMENT

From: Commander, Yaquina Bay Group, Newport, Oregon
TO: Officer in Charge, Cape Arago Light Station

1. Forwarded, with pleasure.

F. H. STEINHEISER

Copy to:
SHAFFER, BM1
MICHAEL, EM2
ZOKER, EM3
BRANDT, SN

SERVICE RECORD

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P. O. Box 1287
Newport, Oregon

P17-2/MM
31 May 1962

From: Commander, Yaquina Bay Group
To: Commander, Thirteenth Coast Guard District (p)

Subj: SHAFFER, Arthur C. (219-282) BM1, USCG ; recommendation for proficiency pay

Ref: (a) Personnel Instruction No. 31-61

1. It is recommended that subject man be considered for proficiency pay. He meets all the eligibility requirements of reference (a).

2. To support this recommendation, the following information is certified to be correct:

a. Rate ..... BM1

b. Date of expiration of enlistment or active duty ..... 27 August 1963

c. Date last advanced to present basic rate (not proficiency pay advancement) ..... 1 May 1948

d. Months of active duty since last advancement in basic rate, computed to end of current quarter ..... 167

e. Has completed CG Institute Correspondence course:
(1) For present rate ..... No
(2) For next higher rate ..... No

f. Recommendation has been submitted for advancement to next higher rate ..... No
(1) Complete if applicable:
Date submitted .....
On effective eligibility list for advancement? .....

g. Abstract of marks (page 6, Service Record) for the past twelve months:

| Date | P | L | C |
|---|---|---|---|
| 31 Jul 1961 | 3.8 | 3.7 | 4.0 |
| 31 Jan 1962 | 3.6 | 3.7 | 4.0 |

3. For Critical Ratings (Paragraph 4. b. of reference (a).

a. Number of petty officers in critical ratings attached .....

b. Number of petty officers currently drawing or being recommended for proficiency pay (combined total) .....

c. Of the men currently drawing or being recommended for proficiency pay, I consider this man, in order of proficiency to be No. _____

d. Remarks (Limit to 50 words or less)

4. For Non-Critical Ratings (Paragraph 5 of reference (a)).

a. Number of petty officers in non-critical ratings attached -- 60

b. Number of petty officers in non-critical ratings being recommended for proficiency pay or drawing pro-pay - - - - - 9

c. Of the number of petty officers in non-critical ratings attached, I consider this man in order of proficiency to be No. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - 5

d. Remarks (Limit to 50 words or less)

5. This recommendation is for:

_____ annual renewal

X original consideration 1 year pro-pay previously awarded from 4-1-61 through 3-31-62.

_____ (other) (specify)

E. S. KLOCK

(Signature of Commanding Officer)

NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

# VOUCHER FOR REIMBURSEMENT FOR TRAVEL
## (MILITARY PERSONNEL/DEPENDENTS)

D. O. VOUCHER NO.

BUREAU VOUCHER NO. BU. SCH. # 13-0023 63

DEPARTMENT, BUREAU OR ESTABLISHMENT
TREASURY DEPARTMENT * COAST GUARD

PAID BY

PAYEE (Name) | (Rank or rate) | (File or Service No.)
Arthur C. Shaffer | BM1 | 219-282

MAILING ADDRESS
Cape Arago L/S
Rt. 2, Coos Bay, Ore.

OFFICIAL DUTY STATION
Same

TAD ORDER NO.
T-G-63553/132000625

| | ITEMS REIMBURSABLE | AMOUNT |
|---|---|---|
| MEMBER'S TRAVEL | A. MILEAGE _____ miles at _____<br>B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: _____ miles at _____<br>C. PER DIEM:<br>AS PER NAVCOMPT FORM 2021 attached<br>D. MISC. EXPENSES | $7.50 |
| DEPENDENTS' TRAVEL | A. _____ person(s) _____ miles at _____<br>B. person(s) miles at | |
| DISLOCATION ALLOWANCE | PAYEE | |
| TRAILER ALLOWANCE | A. _____ miles at _____<br>B. miles at | |
| OTHER (Specify type) | | |

| VOUCHER DEDUCTIONS | | | | |
|---|---|---|---|---|
| | Applied to travel advance | | TOTAL AMOUNT OF CLAIM | $7.50 |
| | Other | | TOTAL VOUCHER DEDUCTIONS | |
| | | | NET AMOUNT TO TRAVELER | $7.50 |

CERTIFIED CORRECT AND PROPER FOR PAYMENT | DATE | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

ACCOUNTING CLASSIFICATION

| Appropriation Symbol and Subhead | Object Class | Expenditure Account | Chargeable Activity | Bureau Control or Subauth'n Activity | Bureau Control No. | Sub-auth'n No. | Identification No. | Amount |
|---|---|---|---|---|---|---|---|---|
| 20X0721 * OE * CG * | G-63553/132000625 * 510900 * 2112 | | | | | | | $7.50 |
| | | | | | | | | |
| | | | | | | | | |

PAID BY CHECK (Number) | (Date of check) | PAID IN CASH (Amount) | (Date paid) | SIGNATURE OF PAYEE (Required for cash payment only)

# TRAVEL CLAIM

(MILEAGE AND/OR PER DIEM)

NAVCOMPT FORM 2021 (5-58)
Form approved by Comptroller General, U. S. March 24, 1958

NOTE: *All entries to be made by the claimant in his own handwriting.*

| FIRST NAME, MIDDLE INITIAL, LAST | RANK OR RATING | FILE OR SERVICE NO. | SERVICE |
|---|---|---|---|
| ARTHUR C. SHAFFER | BM1 | 219-282 | U.S.C.G. |
| **DUTY STATION** Cape Arago Light Station Rt 2, Coos Bay, Oregon | **ADDRESS TO WHICH CHECK TO BE MAILED** Same as duty station | | **LOCAL PHONE NO.** 888-3266 |

I HEREBY SUBMIT claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under orders issued by Commander Yaquina Bay Group Newport, Oregon file or orders number G-63553/132000625 dated 8 June 1962

| PREVIOUS PAYMENTS RECEIVED UNDER THESE ORDERS | AMOUNT (Enter None If Applicable) | VOUCHER NO. | DATE OF PAYMENT | SYMBOL NO. | ADVANCES (Amount received) |
|---|---|---|---|---|---|
| | None | NAME OF PAYING OFFICER | | | $ |

ITINERARY

CODES

| MODE OF TRAVEL — FIRST LETTER | | MODE OF TRAVEL — SECOND LETTER | | REASON FOR DELAY | |
|---|---|---|---|---|---|
| 1. Transportation Request | T | 5. Rail | R | 1. Remain Overnight | RON |
| 2. Government Transportation | G | 6. Plane | P | 2. Temporary Duty | TDY |
| 3. Commercial *(own expense)* | C | 7. Bus | B | 3. Awaiting Transportation | A/T |
| 4. Private Conveyance | P | 8. Vessel | V | | |
| | | 9. Auto | A | | |

| PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY | DEPARTED 1962 DATE | DEPARTED HOUR | ARRIVED 1962 DATE | ARRIVED HOUR | TRAVEL OR DELAY CODE | QUARTERS AVAILABLE OR UTILIZED | DATES AND NUMBER OF MEALS UTILIZED OR AVAILABLE INCLUDING BOX LUNCHES (i. e., 7/12(2)–7/13(3)) | AMOUNT DUE *(For use by paying office only)* |
|---|---|---|---|---|---|---|---|---|
| FROM Coos Bay, Oregon TO Newport, Oregon | 6/18 | 0400 | 6/18 | 0730 | GA | No | 6/18(1) | |
| AT Yaquina Bay Lifeboat Station | | | | | TDY | | | |
| FROM Newport, Oregon TO Coos Bay, Oregon | 6/18 | 1515 | 6/18 | 1845 | GA | No | NONE | $7.50 |
| AT Cape Arago Light Station - Duty Completed | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |

*NOTE: When travel involves periods of temporary duty and/or delay as described in JTR Par. 4451-3 or 4, certificates of availability and/or utilization of government quarters and mess must be attached to this claim.*

ORIGINAL

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-SMI-SM (Rev. 7-55)

# U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.: G-63553/132000625

AUTHORITY: CCGD13 ltr L20 dated 7 June 1962

DATE: 8 June 1962

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 |
|---|---|
| Cape Arago Light Station | Coos Bay, Oregon |

| TO (Name) | SERVICE NO. | RATE |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

PROCEED AND REPORT TO

| | DESTINATION | STATION | NATURE OF DUTY (Temporary, Permanent, Training, etc.) | APPROX. NO. OF DAYS |
|---|---|---|---|---|
| a. INTERMEDIATE | | Yaquina Bay Lifeboat Station, Newport, Ore. | TAD-In connection with indoctrination in MILSTRIP data | 01 |
| b. INTERMEDIATE | | | | |
| c. ULTIMATE | | Cape Arago Light Station Coos Bay, Oregon | RESREDGDU - PERMANENT | IND |

X — UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION — FROM

TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

| SERVICE | | HEALTH | | PAY | | PERSONNEL DATA CARD |
|---|---|---|---|---|---|---|

b. DISPOSITION OF RECORDS NOT ATTACHED

Checked Subs/Com Rats for the period from 6/18 to 6/18

Bromley
(Signature)

2. AUTHORIZED TIME EN ROUTE

| TOTAL DAYS AUTHORIZED | LEAVE | PROCEED TIME | COMPENSATORY ABSENCE | TRAVEL TIME |
|---|---|---|---|---|
| 00 | 00 | 00 | 00 | Only necessary travel time. |

| REPORT NOT LATER THAN | | ADDRESS ON LEAVE |
|---|---|---|
| TIME | DATE | |
| 0730U | 18 June 1962 | |

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. — CHARGEABLE AGAINST TRAVEL ALLOTMENT — SYMBOL

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. 8080A09-40(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

| | GOVERNMENT VESSEL | | GOVERNMENT VEHICLE | | GOVERNMENT AIRCRAFT | CLASS PRIORITY CERTIFIED |
|---|---|---|---|---|---|---|
| X | | X | | | | |

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.)

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) E. S. Klock
E. S. KLOCK, CWO4, Commander, Yaquina Bay Group

6. DELIVERED AND DEPARTED

| TIME | DATE | SIGNATURE (Grade or rate and title) |
|---|---|---|
| 0400 | 18 June 1962 | Arthur C. Shaffer, BM1, USCG |

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: Arthur C. Shaffer — ARTHUR C. SHAFFER

EDITION OF 5-55 IS OBSOLETE.

ORIGINAL

STAMP CLASSIFICATION IF ANY

100

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. | Yaquina Bay LBS<br>Newport, Oregon | 0730U | 6-18-62 | 1515<br>~~0915~~ | 6-18-62 | GILES M. VANDERHOOF, BMCP<br>Officer in Charge | No | Yes |
| b. | | | | | | | | |

9. **REPORTING — ULTIMATE DESTINATION**

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

| STATION | HOUR | DATE REPORTED |
|---|---|---|
| Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 1845 | 18 June 1962 |

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)

ARTHUR C. SHAFFER, BM1 OinC

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.

Reimbursement Voucher for Travel Performed Between Coos Bay, Ore and Newport, Ore
For a Distance of ——— Miles at $——— Per
Mile and Per Diem in the Amount of $7.50
and Other in the Amount of $——— in the Total
Amount of $7.50 for Travel Performed on
6/18 to 6/18 Certified
for Payment on 7/3 in the Accounts of
J. F. Cannon, CDO, Symbol Number 5347.
BU. SCH. #13-0-023-63 7662
Voucher Number Date

W. H. MATTSON, CHSPCK, W-4, USCG
AUTHORIZED CERTIFYING OFFICER

U.S. GOVERNMENT PRINTING OFFICE : 1957 O - 412346

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, COOS BAY, Oregon | 29 May 1962 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | = = = |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| TEN (10) | 6 June 1962 | [X] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT |

ADDRESS ON LEAVE WILL BE 3804 N.E. 44th Street, Vancouver Washington

DRIVE SAFELY

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 Arthur C. Shaffer
ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 29 May 1962

| | |
|---|---|
| Date current leave accounting period began 1 July 1961 | Balance brought forward beginning of present accounting period 43-1/2 |
| Number days' leave used during current accounting period (04) | Date of expiration of current enlistment 27 August 1963 |

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 4 June 1962

[X] Returned, GRANTED 10 days.
- [ ] ADVANCE
- [X] ACCRUED

REGULAR Leave. (Reason for leave)

[ ] Returned, NOT GRANTED, because

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, CDR, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: CAPE ARAGO LIGHT STATION Date 6 June 1962

Departed at 0630, this date. This leave expires before 0900, on 17 June 1962

at CAPE ARAGO LIGHT STATION and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: CAPE ARAGO LIGHT STATION Date 17 June 1962

Reported at 0700, this date, having used TEN (10) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

SERVICE RECORD

# UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P. O. Box 1287
Newport, Oregon

P15
25 September 1962

From: Commander, Yaquina Bay Group
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Good Conduct Award

1. It is a pleasure to present you with a Good Conduct Award for your three year period of meritorious enlisted service in the United States Coast Guard ending 26 August 1962 while attached to Cape Arago Light Station, Coos Bay, Oregon.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

F. H. Steinheiser
F. H. STEINHEISER

RECEIVED
SEP 28 1962
GROUP YAQUINA BAY
NEWPORT, OREGON

Copy to:
Service Record
File

P15
26 September 1962

FIRST ENDORSEMENT

From: SHAFFER, Arthur C. (219-282) BM1, USCG

To: Commander, Yaquina Bay Group

1. Receipt of the above award is hereby acknowledged.

Arthur C. Shaffer
Arthur C. SHAFFER

SERVICE RECORD

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P. O. Box 1287
Newport, Oregon

P17-2/MM
30 August 1962

From: Commander, Yaquina Bay Group
To: Commander, Thirteenth Coast Guard District (p)

Subj: SHAFFER, Arthur C. (219-282) BM1, USCG ; recommendation for proficiency pay

Ref: (a) Personnel Instruction No. 31-61

1. It is recommended that subject man be considered for proficiency pay. He meets all the eligibility requirements of reference (a).

2. To support this recommendation, the following information is certified to be correct:

a. Rate ~~BM1~~
b. Date of expiration of enlistment or active duty ~~8-27-63~~
c. Date last advanced to present basic rate (not proficiency pay advancement) ~~5-1-48~~
d. Months of active duty since last advancement in basic rate, computed to end of current quarter ~~170~~
e. Has completed CG Institute Correspondence course:
(1) For present rate ~~No~~
(2) For next higher rate ~~No~~
f. Recommendation has been submitted for advancement to next higher rate ~~No~~
(1) Complete if applicable:
Date submitted
On effective eligibility list for advancement?
g. Abstract of marks (page 6, Service Record) for the past twelve months:

| Date | P | L | C |
|---|---|---|---|
| 31 Jan 1962 | 3.6 | 3.7 | 4.0 |
| 31 Jul 1962 | 3.6 | 3.6 | 4.0 |

3. For Critical Ratings (Paragraph 4. b. of reference (a).

a. Number of petty officers in critical ratings attached
b. Number of petty officers currently drawing or being recommended for proficiency pay (combined total)

Commander, Yaquina Bay Group ltr P17-2/MM (Proficiency Pay Recommendation) of 30 August 1962 Continued

c. Of the men currently drawing or being recommended for proficiency pay, I consider this man, in order of proficiency to be No. - - - - - - - - - - - - - - - - - - - - - - - - ________

d. Remarks (Limit to 50 words or less)

4. For Non-Critical Ratings (Paragraph 5 of reference (a)).

a. Number of petty officers in non-critical ratings attached - - 61

b. Number of petty officers in non-critical ratings being recommended for proficiency pay - or drawing pro-pay - - - - - XXXX 14

c. Of the number of petty officers in non-critical ratings attached, I consider this man in order of proficiency to be No. - - - - - - - - - - - - - - - - - - - - - - - - - - - 9

d. Remarks (Limit to 50 words or less)

5. This recommendation is for:

________ annual renewal

________ original consideration

___X___ (other) (specify) 1 year pro-pay previously awarded from 4-1-61 through 3-31-62.

E. S. KLOCK

(Signature of Commanding Officer)

NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

# VOUCHER FOR REIMBURSEMENT FOR TRAVEL
## (MILITARY PERSONNEL/DEPENDENTS)

D. O. VOUCHER NO.

BUREAU VOUCHER NO.

DEPARTMENT, BUREAU OR ESTABLISHMENT
TREASURY DEPARTMENT * COAST GUARD

PAID BY

PAYEE (Name) | (Rank or rate) | (File or Service No.)
ARTHUR C. SHAFFER | EM1 | 219-282

MAILING ADDRESS
CAPE ARAGO LIGHT STATION, COOS BAY, OREGON

OFFICIAL DUTY STATION
SAME

TAD ORDER NO.
T-E-62640/132000235

| | ITEMS REIMBURSABLE | AMOUNT |
|---|---|---|
| MEMBER'S TRAVEL | A. MILEAGE ____ miles at ____ | |
| | B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: 438 miles at .05 | $21.90 |
| | C. PER DIEM: AS PER NAVCOMPT FORM 2021 ATTACHED | $10.00 |
| | D. MISC. EXPENSES | |
| DEPENDENTS' TRAVEL | A. ____ person(s) ____ miles at ____ | |
| | B. person(s) miles at | |
| DISLOCATION ALLOWANCE | | |
| TRAILER ALLOWANCE | A. ____ miles at ____ | |
| | B. miles at | |
| OTHER (Specify type) | | |

| VOUCHER DEDUCTIONS | | | | |
|---|---|---|---|---|
| | Applied to travel advance | | TOTAL AMOUNT OF CLAIM | $31.90 |
| | Other | | TOTAL VOUCHER DEDUCTIONS | |
| | | | NET AMOUNT TO TRAVELER | $31.90 |

CERTIFIED CORRECT AND PROPER FOR PAYMENT | DATE | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

ACCOUNTING CLASSIFICATION

| Appropriation Symbol and Subhead | Object Class | Expenditure Account | Chargeable Activity | Bureau Control or Subauth'n Activity | Bureau Control No. | Sub-auth'n No. | Identification No. | Amount |
|---|---|---|---|---|---|---|---|---|
| 20X0201 OE CG * | | E-62640/132000235 * | 71903 * | 2112 | | | | $31.90 |
| | | | | | | | | |
| | | | | | | | | |

PAID BY CHECK (Number) | (Date of check) | PAID IN CASH (Amount) | (Date paid) | SIGNATURE OF PAYEE (Required for cash payment only)

# TRAVEL CLAIM

(MILEAGE AND/OR PER DIEM)

NAVCOMPT FORM 2021 (5-58)
Form approved by Comptroller General, U. S. March 24, 1958

NOTE: *All entries to be made by the claimant in his own handwriting.*

| FIRST NAME, MIDDLE INITIAL, LAST | RANK OR RATING | FILE OR SERVICE NO. | SERVICE |
|---|---|---|---|
| ARTHUR C. SHAFFER | BM1 | 219 - 282 | USCG |
| **DUTY STATION** Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | **ADDRESS TO WHICH CHECK TO BE MAILED**<br>"Same as duty station" | | **LOCAL PHONE NO.**<br>888-3266 |

I HEREBY SUBMIT claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under orders issued by Commander, Yaquina Bay Group Newport, Oregon file or orders number 6264Ø/132ØØØ235 dated 8 February 1963

| PREVIOUS PAYMENTS RECEIVED UNDER THESE ORDERS | AMOUNT (Enter None If Applicable) | VOUCHER NO. | DATE OF PAYMENT | SYMBOL NO. | ADVANCES (Amount received) |
|---|---|---|---|---|---|
| | NONE | NAME OF PAYING OFFICER | | | $ |

**ITINERARY**

**CODES**

**MODE OF TRAVEL**

| FIRST LETTER | | SECOND LETTER | |
|---|---|---|---|
| 1. Transportation Request | T | 5. Rail | R |
| 2. Government Transportation | G | 6. Plane | P |
| 3. Commercial *(own expense)* | C | 7. Bus | B |
| 4. Private Conveyance | P | 8. Vessel | V |
| | | 9. Auto | A |

**REASON FOR DELAY**

| | |
|---|---|
| 1. Remain Overnight | RON |
| 2. Temporary Duty | TDY |
| 3. Awaiting Transportation | A/T |

| PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY | DEPARTED 1963 DATE | DEPARTED HOUR | ARRIVED 1963 DATE | ARRIVED HOUR | TRAVEL OR DELAY CODE | QUARTERS AVAILABLE OR UTILIZED | DATES AND NUMBER OF MEALS UTILIZED OR AVAILABLE INCLUDING BOX LUNCHES (i. e., 7/12(2)-7/13(3)) | AMOUNT DUE (For use by paying office only) |
|---|---|---|---|---|---|---|---|---|
| FROM Coos Bay, Oregon TO Portland, Oregon | 2/17 | 1500 | 2/18 | 0745 | PA | NO | NONE 219 | $4.00 |
| AT 337th USAF Hospital | | | | | TDY RON | | | |
| FROM Portland, Oregon TO Coos Bay, Oregon | 2/18 | 0900 | 2/18 | 1730 | PA | NO | NONE 219 | $6.00 |
| AT Cape Arago Light Station - TDY Completed | | | | | | | | $10.00 |
| FROM TO | | | | | | | 438 miles @ .05 | $21.90 |
| AT | | | | | | | TOTAL | $31.90 |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |
| FROM TO | | | | | | | | |
| AT | | | | | | | | |

NOTE: *When travel involves periods of temporary duty and/or delay as described in JTR Par. 4451-3 or 4, certificates of availability and/or utilization of government quarters and mess must be attached to this claim.*

STAMP CLASSIFICATION IF ANY

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (Rev. 7-53)

# U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.
E-62640/132000235
Est Amt: $40.00

AUTHORITY
COGD13 Personnel Instruction No. 6-62

DATE
8 February 1963

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 |
|---|---|
| Cape Arago Light Station | Coos Bay, Oregon |

| TO (Name) | SERVICE NO. | RATE |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | EM1 |

PROCEED AND REPORT TO

| DESTINATION | STATION | NATURE OF DUTY (Temporary, Permanent, Training, etc.) | APPROX. NO. OF DAYS |
|---|---|---|---|
| a. INTERMEDIATE | 337th USAF Hospital, Portland International Airport, Portland, Oregon | TAD-Eye Examination | 01 |
| b. INTERMEDIATE | | | |
| c. ULTIMATE | Cape Arago Light Station<br>Coos Bay, Oregon | RESREGDU - PERMANENT | IND |

X UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM

TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

| SERVICE | X | HEALTH | | PAY | | PERSONNEL DATA CARD |
|---|---|---|---|---|---|---|

b. DISPOSITION OF RECORDS NOT ATTACHED

2. AUTHORIZED TIME EN ROUTE

| TOTAL DAYS AUTHORIZED | LEAVE | PROCEED TIME | COMPENSATORY ABSENCE | TRAVEL TIME |
|---|---|---|---|---|
| 00 | 00 | 00 | 00 | Only necessary travel time. |

REPORT NOT LATER THAN

| TIME | DATE |
|---|---|
| 0800 | 18 February 1963 |

ADDRESS ON LEAVE

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. | CHARGEABLE AGAINST TRAVEL ALLOTMENT | SYMBOL

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.

X 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.)

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) F. H. Steinheiser
F. H. STEINHEISER, CHBOSN, W-3, CDR, Yaquina Bay Group

6. DELIVERED AND DEPARTED

| TIME | DATE | SIGNATURE (Grade or rate and title) |
|---|---|---|
| 1500 | 17 February 63 | Arthur C. Shaffer<br>ARTHUR C. SHAFFER, EM1, OIC |

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 Arthur C. Shaffer
ARTHUR C. SHAFFER

ORIGINAL

EDITION OF 6-53 IS OBSOLETE.

STAMP CLASSIFICATION IF ANY

8. **INTERMEDIATE REPORTINGS**

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

| | STATION | REPORTED TIME | REPORTED DATE | DEPARTED TIME | DEPARTED DATE | AUTHENTICATING SIGNATURE, GRADE AND TITLE | QTRS. | SUBS. |
|---|---|---|---|---|---|---|---|---|
| a. | 337th USAF Hosp. Portland, Oregon | 0745 | 18 Feb 63 | 0900 | 18 Feb 63 | Dr Elmer E Fraser | 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 |
|---|---|---|
| Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 1730 | 18 February 1963 |

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) Arthur C. Shaffer

ARTHUR C. SHAFFER, BM1 OinC

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.

Reimbursement Voucher for Travel Performed Between Coos Bay Ore and Portland Ore For a Distance of 438 Miles at $.05 Per Mile and Per Diem in the Amount of $10.00 and Other in the Amount of $ ——— in the Total Amount of $31.90 for Travel Performed on 2/17 to 2/18 Certified for Payment on 2/26/63 in the Accounts of J. F. Cannon, CDO, Symbol Number 5347.

BU. SCH. #13-1902-63
Voucher Number Date

W. H. Mattson
W. H. MATTSON, CHSPCK, W-4, USCG
AUTHORIZED CERTIFYING OFFICER



U.S. GOVERNMENT PRINTING OFFICE : 1957 O - 412346

SERVICE RECORD

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
13th CG District
Seattle, Washington

P
P16-3/MM
26 FEB 1963

From: Commander, Thirteenth Coast Guard District
To: SHAFFER, Arthur C. (219-282) BM1, USCG
Via: Commander, CG Group Yaquina Bay, Newport, Oregon

Subj: Officer-in-Charge; designation of; non-judicial punishment; authority to impose

Ref: (a) Chapter 7, Part 3, Coast Guard Regulations
(b) Section 0101, Coast Guard Supplement, Manual for Courts-Martial

1. Under the authority of reference (a), you are hereby designated as Officer-in-Charge, Cape Arago Light Station, Coos Bay, Oregon.

2. Your unit shall be organized as outlined in Coast Guard Regulations, other pertinent directives and orders of your Commanding Officer.

3. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

4. In accordance with the provisions of references (a) and (b), you are hereby authorized to impose non-judicial punishment under Article 15, UCMJ upon enlisted men under your charge who are guilty of minor infractions of discipline. Punishment imposed must be reported to the Commanding Officer, and recorded on FORM NAVPERS 2696, Report of Disposition of Offense(s), and the service record of the individual. Serious offenses are to be reported to the Commanding Officer in accordance with Article 7-3-4(A) of reference (a). You are authorized to impose one or more of the following non-judicial punishments:

a. Restriction to certain specified limits, with or without suspension from duty, for not more than 14 consecutive days;

b. Extra duties for not more than 14 consecutive days, and not to exceed two hours per day, holidays included, Sundays excluded; provided, that no such punishment which tends to degrade the grade (rate) of the person on whom the punishment is imposed or which tends to be detrimental to discipline and morale may be imposed on petty officers;

c. Forfeiture of not more than 3 days pay expressed in dollars.

5. Extra duties and restriction shall not be combined to run consecutively. They may be combined to run concurrently to a maximum period of 14 days.

6. The designation and authority outlined above is automatically cancelled upon your transfer and at any other time your superiors in the chain of command shall so direct.

P. V. COLMAR

Copy to:
COMDT (PE)
CCGD13(o)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, COOS BAY, OREGON | 8 November 1962 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | = = = |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| TEN (10) | 17 November 1962 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 3804 N.E. 44th Street, Vancouver, Washington

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT: Arthur C. Shaffer
ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 8 November 1962

| | |
|---|---|
| Date current leave accounting period began: 1 July 1962 | Balance brought forward beginning of present accounting period: 59½ |
| Number days' leave used during current accounting period: (ØØØ) | Date of expiration of current enlistment: 27 August 1963 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 9 November 1962

☒ Returned, GRANTED 10 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE R E G U L A R Leave.
(Reason for leave)
☒ ACCRUED

John E Williams
JOHN E. WILLIAMS, CHBOSN, W-2, XO, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 17 November 1962

Departed at 0600, this date. This leave expires before 0900, 28 November 1962

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 28 November 1962

Reported at 0700, this date, having used TEN (1Ø) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

# ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

YAQUINA BAY GROUP
P.O. Box 1287
NEWPORT, OREGON

Cape Arago Light Station
Coos Bay, Oregon

D. O. WILL NOT FILL IN
RECEIVED
DATE AND BLOCK NO.

| FILE/SERVICE NO. | NAME OF GRANTOR (Last) | (First) | (Initial) | RANK/RATE | COMPUTED BY | REVIEWED BY |
|---|---|---|---|---|---|---|
| 219-282 | SHAFFER | Arthur | C. | BM1 | | |

NEW ALLOTMENTS

| No. | PURPOSE | MONTH FIRST PAY | MOS. | EXPIRES | AMOUNT | NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE | BPC / CC | B P | ACT. CODE | FT | P # | NO. MOS. | RETRO AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | I | 3/61 | IND | | 9.00 | Armed Forces Enlisted Personnel Benefit Association Warner Building Washington 4, D.C. | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | B | B | | | | NAME OF OWNER | | | | | | | |

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date.

DATE

DISCONTINUANCES

| No. | PURPOSE | STOP AFTER | MONTH FIRST PAY | AMOUNT | NAME OF ALLOTTEE | REAS. CODE | HOLD CARD INFORMATION | BPC / CC | BP | ACT. CODE | DATE LAST PAYMENT | P # | F T | MOS. OVPD. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | |

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

B-6.25 | I-9.00

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

| | |
|---|---|
| 1. GRANTOR'S REQUEST | 7. GCM PRISONER |
| 2. NEW ALLOT. REG. | 8. CHANGE TO NSI OR GI |
| 3. DISC., R.I.D. | 10. WAIVER OF PREMIUM |
| 4. TRAN. F. R., RET. | 12. CHANGE IN INS. PLAN |
| 5. ABSENTEE, DESERTER | |
| 6. DEATH OF GRANTOR | |

SHIP OR STATION AT WHICH PREPARED

O'C13CGD, SEATTLE, WN.

**POWER OF ATTORNEY** (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

| PREPARED BY (Initials) | SIGNATURE OF DISBURSING OFFICER | SYMBOL NO. | DATE | SIGNATURE OF SERVICE MEMBER | FILE/SERV. NO. (Write in) |
|---|---|---|---|---|---|
| wab | D.R. HEYTING, CHSPCK, W-4, USCG | 25724 | 2/27/61 | Arthur C. Shaffer | |

RECEIVED FEB 14 1961 YAQUINA BAY GROUP NEWPORT, OREGON

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P.O. Box 1287
Newport, Oregon

P17
28 February 1961

From: Commander, Yaquina Bay Group, Newport, Oregon
To: Commander, Thirteenth Coast Guard District (p)

Subj: SHAFFER, Arthur C.(219-282)BM1,USCG ; recommendation for proficiency pay

Ref: (a) Personnel Instruction No. 4-61

1. It is recommended that subject man be considered for proficiency pay. He meets all the eligibility requirements of reference (a).

2. To support this recommen ation, the following information is certified to be correct:

a. Rate ..... BM1
b. Date of expiration of enlistment or active duty ..... 27 August 1963
c. Date last advanced to present rate (not proficiency pay advancement) ..... 1 May 1948
d. Months of active duty since last advancement in basic rate, computed to end of current quarter ..... 155
e. Has completed CG Institute Correspondence course:
(1) For present rate ..... No
(2) For next higher rate ..... No
f. Recommendation has been submitted for advancement to next higher rate ..... No
(1) Complete if applicable:
Date submitted .....
On effective eligibility list for advancement? No
f. Abstract of marks (Page 6, Service Record) for the past twelve months:

| DATE | | P | L | C |
|---|---|---|---|---|
| 31 Jul 1960 | BM1 | 3.9 | 3.9 | 4.0 |
| 31 Jan 1961 | BM1 | 3.9 | 3.8 | 4.0 |

3. For Critical Ratings NA

a. Number of petty officers in critical ratings attached .....
b. Number of petty officers currently drawing or being recommended for proficiency pay (combined total) .....
c. Of the men currently drawing or being recommended for proficiency pay, I consider this man, in order of proficiency to be No. .....

4. For Non-Critical Ratings (Paragraph 5 of reference (a)).

a. Number of petty officers in non-critical ratings attached ..... 57

b. Number of petty officers in non-critical ratings being recommended for proficiency pay ..... 2

c. Of the number of petty officers in non-critical ratings attached, I consider this man, in order of proficiency to be No. ..... 1

d. Remarks

This recommendation is made as recognition for long excellence in the operation and maintenance of Cape Arago Light Station.

5. This recommendation is for:

_____ annual renewal

__X__ original consideration

_____ (other)(specify)

E. S. KLOCK

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

# CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

| FROM | TO |
|---|---|
| Commander<br>Yaquina Bay Group<br>P.O. Box 1287<br>Newport, Oregon | COMMANDANT (P) |

| NAME (Last - First - Middle Initial) | GRADE OR RATE | SERVICE NO. |
|---|---|---|
| SHAFFER, Arthur C. | BM1 | 219-282 |

| DATE OF BIRTH | PLACE OF BIRTH |
|---|---|
| 18 December 1908 | Williamsville, Illinois |

**CLEARANCE DATA**

*(In all cases of cryptographic clearances the category will be indicated as Top Secret)*

| DATE CLEARANCE GRANTED | TYPE OF CLEARANCE | | | | | | CATEGORY | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | INTERIM | | FINAL | | CRYPTOGRAPHIC | | CONFIDENTIAL | | SECRET | | TOP SECRET |
| 28 June 1960 | | | X | | | | X | | | | | |

| KIND OF INVESTIGATION *(Background, NAC plus 10 years, etc.)* | RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC. |
|---|---|
| National Agency Check | No derogatory information disclosed on return of original of OPNAV Form 5520.1 from COMDT(OIN) |

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties.

| COPIES TO | AFFIX SEAL TO ORIGINAL AND ALL COPIES |
|---|---|
| Local military personnel record<br>District Intelligence Officer<br>SHAFFER, BM1<br>File | |

| DATE | SIGNATURE *(Sign original and all copies)* |
|---|---|
| 28 June 1960 | E. S. Klock<br>E. S. KLOCK, CHBOSN, W-4, USCG |

GPO 952092

SR

A23
7 July 1960

FIRST ENDORSEMENT on CCCD13(o) ltr A23 of 28 June 1960

From: Commander, Yaquina Bay Group, Newport, Oregon
To: SHAFFER, Arthur C. (219-282) BM1, USCG - Officer in Charge,
Cape Arago Light Station

1. Forwarded with pleasure.

2. You, your crew and families are all deserving in part of the credit for such an exceptional grading by Western Inspectors.

W. W. WATKINS
By direction

SR

A23
28 JUN 1960

From: Commander, Thirteenth Coast Guard District
To : SHAFFER, A. C. (219-282) BM1, USCG,
Officer-in-Charge, Cape Arago Light Station
Via : Commander, Group Yaquina Bay

Subj: OUTSTANDING Operational Readiness; acknowledgement of

Ref : (a) Western Inspector's Report A23 dtd 23 June 1960

1. It is noted with pleasure that your unit received evaluations of OUTSTANDING for operational readiness, materiel and administration. In addition, an evaluation of VERY GOOD was assigned to personnel.

2. The District Commander takes pleasure in acknowledging this superior report. You and your men should take pride in this achievement, and strive to maintain this high standard of operational readiness.

3. A copy of this letter is being placed in your personnel file.

ALLEN WINBECK

Copy to:
Subject man's service jacket

CERTIFIED TO BE A TRUE COPY
E. S. Klock
E. S. KLOCK, CHBOSN, W-4, USCG

INVESTIGATION REQUEST FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM 5520-1 (REV. 3-58)

See: Chapter 15, DEPARTMENT of the NAVY SECURITY MANUAL for CLASSIFIED INFORMATION OPNAV INST. 5510.1 (Effective edition)

**A**

FROM: Commander, Group Yaquina Bay
Newport, Oregon

TO: COMMANDANT (OIN)
Washington 25, D. C.

REFER TO FILE: A8-7

DATE: 25 March 1960

| SUBJECT (Name - last, first, middle) | DATE OF BIRTH | PLACE OF BIRTH |
|---|---|---|
| SHAFFER, Arthur Carl | 12/18/08 | Williamsville, Ill. |
| | RANK, RATE, OR GRADE: BM1 | SERIAL OR FILE NO.: 219-282 |

ENCLOSURE(S)
☐ ONE SET OPNAV FORM 5510-397, NAC ☐ ONE OPNAV FORM 5510-2 FBI FINGERPRINT CARD ☐ ONE/FOUR DD- FORM 398, STATEMENT OF PERSONNEL HISTORY

Subject of the investigation will require access to classified material and information up to and including (check classification needed) ☒ CONFIDENTIAL ☐ SECRET ☐ TOP SECRET ☐ CRYPTOGRAPHIC

REQUESTED INVESTIGATION ☒ NAC ☒ BACKGROUND

DOES SUBJECT CLAIM PREVIOUS CLEARANCE(S)? (Specify - Type, Basis, Activity and Date) ☒ NO ☐ YES

☐ Subject will be a member of a board or committee responsible for adjudicating Personnel Security Cases.

AUTHORIZED BY: E. S. Klock (Signature) E. S. KLOCK CHBOSN W-4 (Rank) Group Commander (Title)

**B** REQUIRED NOTICE BY RECEIVING COMMAND (Forward a copy, with "B" filled in to investigative adee noted in "A" above)

The Subject of this request has been transferred to this command. It is certified that the investigation requested above is necessary. Forward the results of this investigation to—

(Signature) (Title) (Date)

COMPLETE MAILING ADDRESS

**C** NOTICE OF CANCELLATION (Forward to Cognizant Intelligence Office)

It is requested that this BACKGROUND investigation be cancelled. Subject: (NAC's once initiated will not be cancelled)

☐ RELEASED FROM ACTIVE DUTY ☐ DISCHARGED ☐ RESIGNED ☐ TRANSFERRED

☐ NO LONGER NEEDS CLEARANCE

**D** NOTICE OF COMPLETION

Upon completion of the investigation requested in Section "A" above, the Intelligence Office will properly stamp and validate this form.

The detailed reports of investigation may be examined in the reporting office.

NO NATIONAL AGENCY CHECK COMPLETED.
REVIEW OF OIN AND PERSONNEL FILES
REVEALED NO DEROGATORY INFORMATION.
(Date) STAMP MAY 17 1960
(Signed) R. C. Phillips

INSTRUCTIONS:

1. Forward original and first copy to Cognizant I.O.
2. Retain two (2) copies (less enclosures) for personnel file jacket and possible use in making notification under "B" or "C" Sections above. On receipt of this form with "D" Section completed, this copy will be filed in the personnel file jacket for future record purposes and ALL other copies destroyed.
3. Be sure that ALL copies are legible.
4. This form will not be used for interim reports which will be made by the reporting office when appropriate.

MAY 17 1960

C-25751

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-56)

# CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

| FROM | TO |
|---|---|
| Commander<br>Yaquina Bay Group<br>P.O. Box 1287<br>Newport, Oregon | COMMANDANT (P) |

| NAME (Last - First - Middle Initial) | GRADE OR RATE | SERVICE NO. |
|---|---|---|
| SHAFFER, Arthur C. | BM1 | 219-282 |

| DATE OF BIRTH | PLACE OF BIRTH |
|---|---|
| 18 Dec 1908 | Williamsville, Illinois |

**CLEARANCE DATA**

*(In all cases of cryptographic clearances the category will be indicated as Top Secret)*

| DATE CLEARANCE GRANTED | TYPE OF CLEARANCE | | | | | | CATEGORY | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 May 1960 | X | INTERIM | | FINAL | | CRYPTOGRAPHIC | X | CONFIDENTIAL | | SECRET | | TOP SECRET |

| KIND OF INVESTIGATION (Background, NAC plus 10 years, etc.) | RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC. |
|---|---|
| National Agency Check requested. | Pending return from Commandant (OIN) |

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties.

| COPIES TO | AFFIX SEAL TO ORIGINAL AND ALL COPIES |
|---|---|
| Local military personnel record<br>District Intelligence Officer<br>SHAFFER, BM1<br>File | |

| DATE | SIGNATURE (Sign original and all copies) |
|---|---|
| 12 May 1960 | E. S. Klock<br>E. S. KLOCK, CHBOSN, W-4, USCG |

GPO 952092

CG-3317 (5-54) (5-55)

# UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P. O. Box 1287
Newport, Oregon

P15/MW
26 April 1960

From: Commander, Yaquina Bay Group, Newport, Oregon
To: SHAFFER, Arthur Carl (219-282) BM1, USCG

Subj: Good Conduct Award; second subsequent award

1. It is a pleasure to present you with a Good Conduct Award for your three year period of meritorious enlisted service in the United States Coast Guard ending 26 August 1959 while attached to the Cape Arago Light Station, Coos Bay, Oregon.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

E. S. Klock
E. S. KLOCK

Copy to:
COMDT (PE)
Service Record
File

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

P15/MW
27 April 1960

FIRST ENDORSEMENT

From: SHAFFER, Arthur Carl (219-282) BM1, USCG
To: Commander, Yaquina Bay Group, Newport, Oregon

1. Receipt of the above award is hereby acknowledged.

Arthur C. Shaffer
ARTHUR C. SHAFFER

INVESTIGATION REQUEST FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM 5520-1 (REV. 3-58)

See: Chapter 5, DEPARTMENT of the NAVY SECURITY MANUAL for CLASSIFIED INFORMATION OPNAV INST. 5510.1 (Effective edition)

**A**

FROM: Commander, Group Yaquina Bay
Newport, Oregon

TO: COMMANDANT (OIN)
Washington 25, D. C.

REFER TO FILE: A8-7

DATE: 25 March 1960

| DATE OF BIRTH | PLACE OF BIRTH |
|---|---|
| 12/18/08 | Williamsville, Ill. |

SUBJECT (Name - last, first, middle): SHAFFER, Arthur Carl

| RANK, RATE, OR GRADE | SERIAL OR FILE NO. |
|---|---|
| BM1 | 219-282 |

ENCLOSURE(S)
☐ ONE SET OPNAV FORM 5510-397. NAC ☐ ONE OPNAV FORM 5510-2 FBI FINGERPRINT CARD ☐ ONE/FOUR DD- FORM 398, STATEMENT OF PERSONNEL HISTORY

Subject of the investigation will require access to classified material and information up to and including (check classification needed): ☒ CONFIDENTIAL ☐ SECRET ☐ TOP SECRET ☐ CRYPTOGRAPHIC

REQUESTED INVESTIGATION: ☐ NAC ☒ BACKGROUND

DOES SUBJECT CLAIM PREVIOUS CLEARANCE(S)? (Specify - Type, Basis, Activity and Date): ☒ NO ☐ YES

☐ Subject will be a member of a board or committee responsible for adjudicating Personnel Security Cases.

AUTHORIZED BY:

E. S. KLOCK (Signature) CHBOSN W-4 (Rank) Group Commander (Title)

**B** REQUIRED NOTICE BY RECEIVING COMMAND (Forward a copy, with "B" filled in to investigative adee noted in "A" above)

The Subject of this request has been transferred to this command. It is certified that the investigation requested above is necessary. Forward the results of this investigation to—

(Signature) (Title) (Date)

COMPLETE MAILING ADDRESS

**C** NOTICE OF CANCELLATION (Forward to Cognizant Intelligence Office)

It is requested that this BACKGROUND investigation be cancelled. Subject: (NAC's once initiated will not be cancelled)

☐ RELEASED FROM ACTIVE DUTY ☐ DISCHARGED ☐ RESIGNED ☐ TRANSFERRED

☐ NO LONGER NEEDS CLEARANCE

**D** NOTICE OF COMPLETION

Upon completion of the investigation requested in Section "A" above, the Intelligence Office will properly stamp and validate this form.

The detailed reports of investigation may be examined in the reporting office.

STAMP

INSTRUCTIONS:

1. Forward original and first copy to Cognizant I.O.
2. Retain two (2) copies (less enclosures) for personnel file jacket and possible use in making notification under "B" or "C" Sections above. On receipt of this form with "D" Section completed, this copy will be filed in the personnel file jacket for future record purposes and ALL other copies destroyed.
3. Be sure that ALL copies are legible.
4. This form will not be used for interim reports which will be made by the reporting office when appropriate.

C-25751

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, Coos Bay, Oregon | 18 November 1959 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO GROUP YAQUINA BAY Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| FIVE (5) | 25 November, 1959 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 3804 N.E. 44th Street, Vancouver, Washington

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT: Arthur C. Shaffer

End.-1 Unit: Cape Arago Light Station Date 18 November 1959

Date current leave accounting period began 28 August 1959

Balance brought forward beginning of present accounting period NONE (00)

Number days' leave used during current accounting period NONE (00)

Date of expiration of current enlistment 27 August 1963

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 19 November 1959

☒ Returned, GRANTED 05 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, Group Commander
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 25 November 1959

Departed at 0700, this date. This leave expires before 0900, 1 December 1959

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 30 November 1959

Reported at 0700, this date, having used FOUR (4) days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

(Over)

I, SHAFFER, Arthur Carl, (219-282)BM1, USCG, having reenlisted in the regular Coast Guard on 28 August 1959 for a period of four (4) years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Arthur Carl Shaffer

It has been determined from the records available at this unit , that this is the second reenlistment or extension of enlistment, in the case of subject named man, for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has 26 years 01 month and 10 days of active federal service to date of this reenlistment or extension of enlistment, as distinguished from creditable service for basic pay; that he has received previous payments of reenlistment bonuses on the dates and in the amount as indicated below:

| DATE OF ENTITLEMENT | AMOUNT OF ENTITLEMENT |
|---|---|
| 27 August 1953 | $360.00 |

E. S. KLOCK,CHBOSN,W-4,USCG
COMMANDER, YAQUINA BAY GROUP
NEWPORT, OREGON

COPY

COPY

MILITARY PAY ORDER COPY-3R

MILITARY PAY ORDER NO. 84-60

ORGANIZATION AND STATION
YAQUINA BAY GROUP
NEWPORT, OREGON

COPY

DATE
28 August 1959

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 1959 FROM— | TO— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | | | |

COPY

| SYMBOL NO. (Entered by D. O.) | TYPED NAME AND GRADE OF CERTIFYING OFFICER | SIGNATURE OF CERTIFYING OFFICER |
|---|---|---|
| | E. S. KLOCK, CHBOSN, W-4, USCG | |

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

UNITED STATES COAST GUARD

GROUP YAQUINA BAY (NEWPORT)

28 August 1959
(date)

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, Act of 5 March, 1950, have been carefully explained to me this date, as directed by Act 137 of the Code.

EXPLAINED BY: W. W. WATKINS, ~~CHBOSN~~, W-1, USCG

Arthur C. Shaffer
(Signature)

BM1
(rate)

CG-2317 (SM) (2-58)

SR

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group Yaquina Bay
P. O. Box 1287
Newport, Oregon

N1
23 March 1959

From: Commander, CG Group Yaquina Bay, Newport, Oregon
To: Officer in Charge, Cape Arago Light Station

Subj: Range Officer; designation as

Ref: (a) CCGD13 ltr N1 dtd 24 February 1959
(b) Chapter 13, Sec. 7-13-59 & Sec. 9-13-71, U. S. Navy Landing Party Manual

1. Having been examined by this office in rules covered by U. S. Navy Landing Party Manual you are hereby deemed qualified and designated a Range Officer capable of conducting small arms training and practice on the applicable range nearest your unit.

2. The responsible Officer in Charge is hereby directed to examine and qualify in writing such additional petty officers as may be necessary for the conduct and safety in conducting small arms training and practice. Under no circumstances will target practice be conducted without the presence of a qualified Range Officer.

A. F. JENSEN
Acting

CERTIFIED TO BE A TRUE COPY

A. F. JENSEN, CHBOSN, W-3, USCG

SERVICE RECORD

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13th Coast Guard District
618 Second Avenue
Seattle 4, Washington

p
1 June 1959
A3

From: Commander, Thirteenth Coast Guard District
To: **SHAFFER, Arthur C. (219-282) BM1, USCG - Cape Arago LTSta.**
Via: Commander, Group Yaquina Bay (Newport)

Subj: Officer in Charge; designation as

1. Under the authority of Section 7-3-1A, Coast Guard Regulations, you are hereby designated as Officer in Charge, **Cape Arago Light Station, Coos Bay, Oregon.**

2. Your unit shall be organized as outlined in Coast Guard Regulations, other pertinent directives and orders of your Commanding Officer. The publication, "Aids to Navigation Manual (CG-222)," shall be followed to the fullest extent possible.

3. In accordance with Sections 7-3-3 and 7-3-4, Coast Guard Regulations, you are directed to refer all breaches of discipline within your cognizance to your Group Commander.

4. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

5. This designation is automatically cancelled upon your transfer and at any other time your superiors in the chain of command shall so direct.

J. J. McCLELLAND
By direction

Copy to:
Comdt (PE)
C13CGD(o)

24 July 1958
F15/MM

Commander
Group Yaquina Bay (Newport)
Newport, Oregon

From: Commander, Group Yaquina Bay (Newport)
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Authorization to wear Bronze Star on Good Conduct Medal; issuance of

1. It is a pleasure to award to you this authorization to wear a Bronze Star on your Good Conduct Medal for the three (03) year period of meritorious service in the United States Coast Guard ending 26 August 1956, while attached to North Head Light Station, Ilwaco, Washington.

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during this three year period.

R.C. VAN HINE

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

24 July 1958
F15/MM

FIRST ENDORSEMENT

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Commander, Group Yaquina Bay (Newport)

Subj: Authorization to wear Bronze Star on Good Conduct Medal; receipt of

1. Receipt of the above authorization is herewith acknowledged.

Arthur C. Shaffer

Copy to:
HQ(PS)
SR
File

SR

Group Yaquina Bay,
Newport, Oregon.

8 August, 1957
A8-7/4

From: Cdr. Group Yaquina Bay
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Authority to handle and/or have access to classified material

Ref: (a) Navy Security Manual, Art. 1506.3 (a)(1)

1. You are hereby authorized to have access to and/or handle classified material and information up to and including CONFIDENTIAL, authorized for your command, based on the clearance indicated in reference (a)

2. This authorization may be terminated at the Commanding Officer's discretion and is automatically cancelled upon detachment from this command.

R.C. VAN HINE

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

FIRST ENDORSEMENT ON Cdr. Group Yaquina Bay ltr dtd 8 August, 1957, File: A8-7/4

10 August, 1957

From: SHAFFER, Arthur C. (219-282) BM1, USCG.
To: Cdr. Group Yaquina Bay

1. Receipt of the above authorization is acknowledged.

ARTHUR C. SHAFFER

Cape Arago Light Sta.,
Coos Bay, Oregon.

10 August, 1957
A8-7/4

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Cdr. Group Yaquina Bay

Subj: Security Clearance; Certification concerning

Ref: (a) Personnel Instruction No. 2-57
(b) OPNAV INST. 5510.1A USN Security Manual, as amended for CG use

1. In accordance with paragraph 5, of reference (a), I certify that I have read and understand chapters 3,4,6 and 8, of reference (b).

Arthur C. Shaffer
ARTHUR C. SHAFFER

FROM: SHAFFER, Arthur C. BM1 (219-282)

Name Rank Serial Number

TO: The Commanding Officer Grays Harbor Group, Hoquiam, Washington

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.

Arthur C. Shaffer

Arthur C. Shaffer

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.



North Head

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3490 (10-53)

# ELECTION OF OPTIONS UNDER THE UNIFORMED SERVICE CONTINGENCY OPTION ACT OF 1953

DATE: 23 April,1954

| LAST NAME | FIRST NAME | MIDDLE NAME | SERVICE NUMBER | GRADE OR RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |

| PERMANENT ADDRESS | STATUS | DATE OF BIRTH | YEARS SERVICE FOR PAY PURPOSES |
|---|---|---|---|
| Route #4, Box 2310, Vancouver, Wash | [X] ACTIVE [ ] INACTIVE [ ] RETIRED | 12-18-08 | 20 years<br>IF RETIRED, DATE OF RETIREMENT |

*CHECK APPROPRIATE SQUARES*

A. [ ] I DO *NOT* DESIRE TO ELECT ANY OF THE OPTIONS UNDER PUBLIC LAW 239. *(See Note 1 on reverse of form)*

B. I HEREBY ELECT THE FOLLOWING OPTION OR OPTIONS: *(See Note 2 on reverse of form)*

| OPTION | 1/8 | 1/4 | 1/2 | |
|---|---|---|---|---|
| 1 | | | X | OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW. *(See Note 3 on reverse of form)* |
| 2 | | | | OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY SURVIVING CHILDREN. *(See Note 4 on reverse of form)* |
| 3 | | | | OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW *AND* SURVIVING CHILDREN. *(See Note 5 on reverse of form)* |
| 4 | [X] NO FURTHER DEDUCTIONS SHALL BE MADE FROM MY RETIRED PAY COMMENCING WITH THE FIRST DAY OF THE MONTH FOLLOWING THE DATE ON WHICH THERE IS LEFT NO BENEFICIARY ELIGIBLE TO RECEIVE THE ANNUITY SELECTED. I WISH TO COMBINE THIS OPTION WITH OPTION NUMBER 1. *(See Note 6 on reverse of form)* | | | |

C. *IMPORTANT:* IF EITHER OPTION 1 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:

| FULL NAME OF SPOUSE | DATE OF BIRTH OF SPOUSE |
|---|---|
| Olive Mae Shaffer | 19 May,1916 |
| PLACE OF MARRIAGE *(City, County, State)* | DATE OF MARRIAGE |
| Stevenson, Skamania County, Washington | 21 April,1937 |

HAVE YOU BEEN MARRIED PREVIOUSLY? [ ] YES [X] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

| DATE DISSOLVED | PLACE OF DISSOLUTION | METHOD OF DISSOLUTION |
|---|---|---|
| | | |

HAS YOUR SPOUSE BEEN MARRIED PREVIOUSLY? [ ] YES [X] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

| DATE DISSOLVED | PLACE OF DISSOLUTION | METHOD OF DISSOLUTION |
|---|---|---|
| | | |

D. *IMPORTANT:* IF EITHER OPTION 2 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:
*(If child is step-child or adopted child, so indicate in remarks column)*

| NAME OF EACH ELIGIBLE CHILD | DATE OF BIRTH | REMARKS |
|---|---|---|
| | | |

I UNDERSTAND THAT IF I HAVE AN OPTION IN EFFECT DURING ANY PERIOD WHEN I AM NOT RECEIVING RETIRED PAY FROM THE COAST GUARD I WILL BE REQUIRED TO DEPOSIT WITH THE TREASURER OF THE UNITED STATES THE AMOUNT OF MONEY THAT WOULD HAVE BEEN WITHHELD FROM MY RETIRED PAY WERE I RECEIVING SUCH PAY. I REALIZE THAT A FAILURE TO MAKE ANY SUCH DEPOSIT WILL MAKE ME LIABLE FOR THE AMOUNT OF SUCH REQUIRED DEPOSIT, AND I HEREBY CONSENT TO THE DEDUCTION, FROM ANY COMPENSATION SUBSEQUENTLY DUE TO ME FROM THE COAST GUARD, OF AN AMOUNT SUFFICIENT TO PAY ANY SUCH ARREARS, PLUS COMPOUND INTEREST. I HAVE CAREFULLY READ THE COMPLETED FORM, AND I CERTIFY THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Arthur Carl Shaffer
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 23rd DAY OF April, ,1954.

R. C. VanHine
R.C. VAN HINE, CHDOSN, Cdr, Grp Pt Adams
SIGNATURE AND TITLE OF ATTESTING OFFICER OR NOTARY PUBLIC *(Note 7)*

SR

CG Grp Pt Adams
Hammond,Oregon

18 November,1953
P15/MM

From: Cdr. Group Point Adams
To: SHAFFER, Arthur C.(219-282) BM1, USCG

Subj: Good Conduct Award

1. It is a pleasure to award to you this Good Conduct Medal for the period of meritorious enlisted service in the United States Coast Guard, for the period ending 26 August,1953, while attached to the CG Group Point Adams, and attached to North Head Light Station,Ilwaco, Washington.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during this three (3) year period.

R.C. Van Hine
R.C. VAN HINE

CC: Service Record
HQ(PMM)
File

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

FIRST ENDORSEMENT ON Cdr Grp Pt Adams ltr 18 Nov.1953,File: P15/MM

21 November,1953

From: SHAFFER, Arthur C.(219-282) BM1,USCG
To: Cdr. Group Point Adams

Subj: Good Conduct Award; Receipt of

1. Receipt of the above Award is acknowledged.

Arthur C. Shaffer
Arthur C. Shaffer

P
14 October 1953

From: Commander, 13th CG District
To: Commander, CG Group Point Adams, Hammond, Oregon

Subj: SHAFFER, Arthur C. (219-282) BM1, USCG; correction of records

Ref: H/L PE-3, MM dtd 8 October 1953

1. In accordance with reference (a), you are directed to correct Block #24 of subject man's service record contract copy to 20 Yrs. 01 Mos. 09 Das. in lieu of 20 Yrs. 01 Mos. 10 Das.

2. Corrected page 1 of Form DD 214 is forwarded herewith for delivery to SHAFFER. Corrected copy, page 8, of Form DD 214 and corrected copy of Form CG 2511-A are forwarded herewith for insertion in SHAFFER's service record.

M. A. JORDAN
By direction

Encl: (1) Corrected page 1 of Form DD 214
(2) Corrected page 8 of Form DD 214
(3) Corrected copy of Form CG 2511-A

New SR-

UNITED STATES COAST GUARD

Grp Pt Adams
Hammond, Oregon

Sixes, Oregon

28 August, 1953
P15/MM

15 February, 1951
DATE

From: Cdr. Group Point Adams
To: Commandant (PE)
Via: Commander, 13th CG District (p)

Subj: SHAFFER, Arthur C.(219-282) BM1; Good Conduct awards entitled to; request for

1. It is requested that this unit be advised as to what good conduct awards subject man is entitled: Following is a transcript of subject man's efficiency marks for the enlistment which he completed on 26 August, 1953. 29 ael -

| DATE | PRORATE | SEAMSHP | MECHABIL | ALOM | CONDUCT |
|---|---|---|---|---|---|
| 9-30-49 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 |
| 12-31-49 | 3.8 | 3.7 | 3.5 | 3.7 | 4.0 |
| 3-31-50 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 6-30-50 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 9-30-50 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 12-31-50 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 3-31-51 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 6-30-51 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 9-30-51 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 12-31-51 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 3-31-52 | 3.8 | 3.6 | 3.7 | 3.7 | 4.0 |
| 6-30-52 | 3.8 | 3.6 | 3.5 | 3.7 | 4.0 |
| 9-30-52 | 3.8 | | | 3.7 | 4.0 |
| 12-31-52 | 3.8 | | | 3.7 | 4.0 |
| 3-31-53 | 3.8 | | | 3.8 | 4.0 |
| 6-30-52 | 3.8 | | | 3.8 | 4.0 |
| 8-26-53 | 3.8 | | | 3.8 | 4.0 |

CERTIFIED TO BE A TRUE COPY R.C. VAN HINE

R.C. Van Hine

R.C. VAN HINE, CHBOSN, USCG

UNITED STATES COAST GUARD

Sixes, Oregon

15 February, 1951
DATE

AFFIDAVIT

NATIONAL SERVICE LIFE INSURANCE

I, ARTHUR C. SHAFFER DO HEREBY ACKNOWLEDGE THAT I HAVE BEEN FULLY INFORMED OF THE ADVANTAGES OF NATIONAL SERVICE LIFE INSURANCE, AND AT THIS TIME I ~~DO~~ / DO NOT DESIRE TO MAKE APPLICATION FOR INSURANCE.

Arthur C. Shaffer
ARTHUR C. SHAFFER
SIGNATURE

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

# REPORT OF CHANGE IN PAY STATUS

| SHAFFER | Arthur | C. | 219-282 | BM1 |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| Cape Flattery Light Station | Neah Bay, Washington | 1 November, 1949 |
|---|---|---|
| (Unit) | (Place) | (Date) |

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

17 July, 1949 - Completed sixteen (16) year period of net service as indicated by the following statement of service.

Re-enlisted, USCG, 3 yrs, STE. . . . . .8/15/46
AWL. . . . . .None
Sick, Misc. . . . . None
NPDI. . . . . None
Discharged, Honorable, EEXT. . . . . 8/26/49

Current service
Re-enlisted, 4 yrs, STE. . . . . .8/27/49
AWL. . . . . .None
Sick, Misc. . . . . .None
NPDI. . . . . None
Now serving

AUTHORITY:

R. H. WILSON, BOSN
(Commanding)

Officer in Charge
(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 1943 O 534889

16 - 1949
6
1955
6
Ex

UNITED STATES COAST GUARD

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

23 September, 1949
FILE: PE-PR-35, CG-73

From: Commandant
To: Commander, CG Group, Neah Bay, Wash.
Via: Commander, 13th CG District (pmp)

Subj: SHAFFER, Arthur C. (219-482) BM1; correction of records

Headquarters copy of the enlistment contract of subject man who was re-enlisted on 27 August, 1949 has been corrected to show his Army service as 4 years, 2 months and 25 days. It is requested that your records be corrected accordingly.

B. A. Shaw

B. A. SHAW
By direction

Ind-1

12 October, 1949
pmp 73

From: Commander, 13th CG District
To: OinC, CG Group, Neah Bay, Washington

Forwarded.

C. D. Eubanks

C. D. EUBANKS
By direction

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY No. .....

# REPORT OF CHANGE IN PAY STATUS

SCHAFFER (Surname) Arthur (First name) C. (Middle initial) 219-282 (Service No.) BM1 (Rank or rating)

Cape Flattery Light Station (Unit) Neah Bay, Washington (Place) 20 July, 1943 (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

17 July, 1943 - Completed fifteen (15) years of net service and is entitled credit with additional 5% increase in pay on the following statement of service.

| | |
|---|---|
| Original Enlistment USCG..3.yrs.STE | 8-15-41 |
| Enl. Ext. 2 yrs | 8-14-44 |
| AWL | NONE |
| Sick, Misc | NONE |
| NPDI | NONE |
| Discharge, HONORABLE | 8-15-46 |
| Current service: | |
| Reenlisted three (3) years STE | 8-15-46 |

AUTHORITY: Now serving.
Art. 111(1) PRSI

R. H. WILSON (Commanding)

(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 1943 O 534889

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT (f)
NEW WORLD LIFE BLDG.
SEATTLE 4, WASHINGTON

FILE CO-522

From: Commander, 13th Coast Guard District
To: Commanding Officer, Neah Bay Lifeboat Station, Neah Bay, Wash.

Subj: Longevity increases; request for forms to credit pay record

Ref: (a) Arts. 102, 106, 109, 111 and 127, Pay & Supply Instructions, U.S. Coast Guard.
(b) Art. 181 (9)(XXIX) and (XXX), Pay & Supply Instructions.

1. References (a) and (b) indicate procedure in preparing forms for crediting pay records with longevity increases. Commanding Officers are required to furnish the necessary forms, i.e., Forms 510, 2511 and/or 2668 to substantiate the credit to individuals account.

2. The forms outlined in paragraph 1 have not been received on the following personnel and it is requested that they be furnished at the earliest opportunity:-

| SERVICE NO. | NAME | RANK OR RATE | DATE INCREASE DUE |
|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | BM1 | 5/19/49 |

15 yrs - 7-17-48
19
16 - 51
18 - 53
20 - 55
22 -

JAMES MORRISON,
By direction.

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

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




7 Dec., 1945

To: Commanding Officer, CG Group, Port Angeles, Wash.

Subj: SHAFFER, Arthur C. (219-282) BM1c; good conduct award

In reply to your letter of 29 November, 1945, file CG-73, you are advised that there is a certificate on file in the subject-named man's records issued by his Commanding Officer at DCGO, 17ND (Guard Island Light House), indicating that he is authorized to wear the good conduct ribbon for his service ending 14 August, 1944.

W. HELVESTINE
By direction

# APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

NAVPERS - 615

| SHIP OR STATION | DATE OF APPLICATION | DATE REPORTED FOR ACTIVE DUTY |
|---|---|---|
| Coast Guard Air Station, Port Angeles, Wash. | 2/27/46 | 8/15/41 |

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

| NAME OF SERVICEMAN (LAST) | (FIRST) | (MIDDLE) | SERVICE NUMBER | RATING |
|---|---|---|---|---|
| SHAFFER | Arthur | C. | 219-282 | BM1c |

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 | Olive M. Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Wife | | | | |
| 2 | | Kathryn R. Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Daughter | 8 | '42 | | |
| 3 | | Supplemental Application | | | | | |
| 4 | | Donna Mae Shaffer<br>Rt. 4, Box 66<br>Vancouver, Washington | Daughter | 8 | '45 | | |
| 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. |
|---|---|---|
| Stevenson, Washington | 4/21/37 | ☐ YES ☐ NO |

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

| NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE | ADDRESS OF DIVORCED WIFE OR WIVES |
|---|---|
| | |

If divorced, you must submit a certified copy of the court order or decree with this application.

| STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: | PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: |
|---|---|
| | |

CERTIFICATE OF DISBURSING OFFICER

28th February 46

Supplemental - checkage continued on CG GROUP, Port Angeles, Wash. payroll, accounts of W. C. CARBER, SDA, 55199.

ACTIVITY ODCGO 13ND

DATE 5 March, 1946

I HAVE THIS DAY NOTED IN THE APPLICANT'S PAY ACCOUNT (219-282 Pay Number) A MONTHLY FAMILY ALLOWANCE

OF $22 (Strike Out One) XX EFFECTIVE December (Month) 194 4

W. C. CARBER, SDA 55199
By R. J. GISSBERG, Deputy
(Signature of Disbursing Officer) Sign Third Copy Only — Pink

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

Service Record Copy

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

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

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

## ADMINISTRATIVE REMARKS

| SHIP OR STATION | Cape Arago Light Station<br>Coos Bay, Oregon | YAQUINA BAY GROUP<br>NEWPORT, OREGON |
|---|---|---|

28 August 1959 - Reenlisted this date in Regular Enlistment for a period of four (4) years in the rating of BM1. Advancement to BM1 authorized 1 May 1948.

W. W. WATKINS, CHBOSN, W-1, USCG
Group Commander (Acting)

28 August 1959 - I hereby certify that I elect to receive payment of reenlistment bonus under Section 207, Career Compensation Act of 1949, as amended.

Arthur Carl Shaffer

28 August 1959 - 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, Act of 5 March, 1950, have been carefully explained this date, as directed by Act 137 of the Code.

28 August 1959 - CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES AS set forth in Commandant's Instruction No. 2-56 with enclosures has been carefully explained this date.

W. W. WATKINS, CHBOSN, W-1, USCG
Group Commander (Acting)

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

# LEAVE RECORD

| DATE | CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD | DAYS | AUTHENTICATED BY |
|---|---|---|---|
| 3 September 1958 | | 60 | R.C. VAN HINE, CHBOSN, W-3, USCG |

| 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 |
|---|---|---|---|---|---|---|---|---|
| 22 AUG 58 | 30 AUG 58 | 09 | A | | | 51 | Group Yaquina Bay (Newport) | R.C. VAN HINE, CHBOSN, W3, CO |
| 28 NOV 58 | 30 NOV 58 | 03 | A | | | 48 | Group Yaquina Bay (Newport) | A.E. JENSEN, CHBOSN, W2, CO Act. |
| 10 JUN 59 | 19 JUN 59 | 10 | A | | | 38 | Group Yaquina Bay (Newport) | E.S. KLOCK, CHBOSN, W3, CO |
| | | | | "ANCR" 30 JUN 59 | 30 | 60 | Yaquina Bay Group (Newport) | E.S. KLOCK, CHBOSN, W4, CO |
| | | | | DISCHARGED ~~26~~ AUG 59 | | 60 | Yaquina Bay Group (Newport) | E.S. KLOCK, CHBOSN, W4, CO |
| | | | | E.M. 27 | | | | |

Paid $697.00 for 60 days accrued LV
in accordance with Art. 7-A-75 Pers. Manual
on 9/4/59 at Seattle, Washington.

B. B. HEYTING, CHSPCK, W-3, USCG
AUTHORIZED CERTIFYING OFFICER

PE-PR-35

## DEDUCTIBLE TIME (Inclusive dates)

| PERIOD (Inclusive dates) FROM | TO | REASON (AOL, AOM, etc.) | TIME LOST BASIC PAY AND LEAVE MONTHS | DAYS | EXTENSION OF ENLISTMENT DAYS | SHIP OR STATION | SIGNATURE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NORMAL DATE OF EXPIRATION OF ENLISTMENT 26 August 1959

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

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

# LEAVE RECORD

New SR

DATE: 27 Aug. 1953 — Credit brought forward from previous record 00 DAYS

AUTHENTICATED BY R.C. VanHine
R.C. VAN HINE, CHBOSN, Cdr.

| 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 |
|---|---|---|---|---|---|---|---|---|
| 27 Aug. 1953 | Reenlisted for six (6) years | | | | 00 | 00 | Group Pt Adams | R.C. VAN HINE, CHBOSN, Cdr. |
| | | | | | | | Paid $606.22 for 60 days LV-SUBS QTRS in accordance with Comdt's Circular 31-47 | |
| | | | | | | | 26 August 1953 at Seattle, Washington | |
| | | | | | | | By C. M. McHENRY, PCLK, USCG Authoriz'd Certifying Officer | |
| | | | | | | 25½ | Grp Ft Adams | Grp |
| | | | | 6-30-54 | 25 | 25 | Hammond, Ore | R.C. VAN HINE CHBOSN, Cdr. |
| 1100 14 Aug 54 | 2200 24 Aug 54 | 10 | A | | | 15½ 15 | Hoquiam Group Westport, Wn. | CO B.L. HIGGINS, CHBOSN, Grp Cdr |
| | | | | 30 JUN 55 | 30 | 45½ 45 | GROUP GRAYS HARBOR | B. L. HIGGINS, CHBOSN, USC |
| 1400 8-25-55 | 2045 8-30-55 | 05 | X | | | 40½ 40 | GROUP GRAYS HARBOR | B. L. HIGGINS, BOSN-3, USC |
| | | | | 30 JUNE'56 | 30 | 60½ 60 | GRAYS HBR GRP Hoquiam, Wash. | R.F. RITTENHOUSE, CHBOSN, W-3 |
| 0600 8-20-56 | 2245 8-30-56 | 10 | A | | | 50½ 50 | GRAYS HBR GRP Hoquiam, Wash. | R.F. RITTENHOUSE, CHBOSN, W-3 |
| 2-20-57 | No leave taken since date of last entry and leave rations credited are not in excess of leave taken | | | | | | GROUP GRAYS HARBOR | R.F. RITTENHOUSE, CHBOSN, W-3 |
| 5 MAR 57 | 8 MAR 57 | 04 | A | | | 46½ | Group Yaquina Bay (Newport) | CO R.C. VAN HINE, CHBOSN, W-3 |
| 15 JUN 57 | 17 JUN 57 | 03 | A | | | 43½ | Group Yaquina Bay (Newport) | CO R.C. VAN HINE, CHBOSN, W-3 |
| | | | | "ANCR" 30 JUN 57 | 30 | 60 | Group Yaquina Bay (Newport) | CO R.C. VAN HINE, CHBOSN, W-3 |
| 17 AUG 1957 | 26 AUG 57 | 10 | A | | | 50 | Group Yaquina Bay (Newport) | CO R.C. VAN HINE, CHBOSN, W-3 |
| | | | | "ANCR" 30 JUN 58 | 30 | 60 | Group Yaquina Bay (Newport) | CO R.C. VAN HINE, CHBOSN, W-3 |

## DEDUCTIBLE TIME (Inclusive Dates)

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

NAME (Last) SHAFFER, (First) Arthur (Middle) Carl — SERVICE NO. 219-282

LEAVE RECORD — 16—66741-1 — PAGE 5 — 1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

- ☐ WITH LEAVE
- ☒ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ S&FD pay to be checked, leave within the United States
- ☐ S&FD pay not to be checked, leave outside United States
- ☐ WITHOUT LEAVE not excused as unavoidable
- ☒ COMMUTED RATIONS or BAS, if any, are to be checked
- ☐ OVER LIBERTY not excused as unavoidable

*Credit leave rations and/or check pay in accordance with the Comptroller's Manual*

| | HOUR | DATE |
|---|---|---|
| DEPARTURE | 0600 | 6-9-59 |
| ARRIVED U. S.* | | |
| LEAVE OR LIBERTY EXPIRED | 0900 | 6-20-59 |
| DEPARTED U. S.* | | |
| RETURNED TO COAST GUARD JURISDICTION | 0700 | 6-20-59 |
| NUMBER DAYS CHARGED TO LEAVE RECORD | | 10 |

* *These items to be completed in connection with leave to visit the United States only*

## 2. CHANGE RATE

| TO | FROM | EFFECTIVE DATE |
|---|---|---|
| | | |

| AUTHORITY | DATE AUTH. REC'D |
|---|---|
| | |

## 3. CHANGE IN SERVICE FOR PAY PURPOSES

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

| | YEARS | MOS. | DAYS |
|---|---|---|---|
| * OTHER SERVICE | | | |
| COAST GUARD SERVICE | | | |
| ON COMPLETED NET SERVICE OF | | | |

## 4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

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

## 5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

| FROM *(Hour & Date)* | TO *(Hour & Date)* | AT $ PER DAY |
|---|---|---|
| | | |

## 6. QUARTERS ALLOWANCE *(No Government Quarters available)*

| FROM | TO | AT $ PER DAY / AT $ PER MO. |
|---|---|---|
| | | |

## 7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

## 8. MISCELLANEOUS PAY ORDERS

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

| SIGNATURE | GRADE AND TITLE | C. O. ORDER NO. |
|---|---|---|
| E. S. Klock<br>E. S. KLOCK | CHBOSN, W-4, GRP. COMMANDER | 476-59 |

| SHIP OR STATION | SERVICE NUMBER OF A. C. O. |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | |

| NAME *(Last)* | *(First)* | *(Middle)* | SERVICE NUMBER | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 | BM1 |



☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-458948

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

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

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

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

NUMBER DAYS CHARGED TO LEAVE RECORD _____

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

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

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

**3. CHANGE IN SERVICE FOR PAY PURPOSES:**

| | YEARS | MONTHS | DAYS |
|---|---|---|---|
| OTHER SERVICE* | | | |
| 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 0800, 20 February 1957 (*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:**

20 February 1957 - Transferred 0800 from North Head Light Station, Ilwaco, Washington to Cape Arago Light Station, ~~Coos Bay~~ CHARLESTON R.F.D., Oregon FASDU.
Authority: TONO 51492/13201x-57

~~Government Quarters terminated this date~~

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. |
|---|---|---|---|
| | R. F. RINTENHOUSE, CHBOSN, W-3 | CDR, Grays Harbor Group | 423-57 |

SHIP OR STATION: GRAYS HARBOR GROUP (North Head Light Station)

NAME OF A. C. O.

| NAME (Last) | (First) | (Middle) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |

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 | 0600 | 8-20-56 |
| LEAVE OR LIBERTY EXPIRED | 0900 | 8-31-56 |
| RETURNED TO COAST GUARD JURISDICTION | 2245 | 8-30-56 |

NUMBER DAYS CHARGED TO LEAVE RECORD Ten (10)

*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 ONE (01) ONLY (*Number*)

SIGNATURE R. F. Rittenhouse

R. F. RITTENHOUSE, CHBOSN, W-3, USCG

GRADE AND TITLE COMMANDER
GRAYS HARBOR GROUP

C. O. ORDER NO. 171-57

SHIP OR STATION
GRAYS HARBOR GROUP (North Head Light Station)

NAME OF A. C. O.

| NAME (*Last*) | (*First*) | (*Middle*) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | C. | 219-282 | BM1 |

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 | 1400 | 25 Aug 1955 |
| LEAVE OR LIBERTY EXPIRED | 0900 | 31 Aug 1955 |
| RETURNED TO COAST GUARD JURISDICTION | 2045 | 30 Aug 1955 |

NUMBER DAYS CHARGED TO LEAVE RECORD (5)

*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 B. L. HIGGINS | GRADE AND TITLE BOSN-3, USCG | C. O. ORDER NO. 166-56 |
|---|---|---|---|
| SHIP OR STATION GROUP GRAYS HARBOR (North Head Light Station) | | NAME OF A. C. O. | |

| NAME (*Last*) | (*First*) | (*Middle*) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER | Arthur | C. | 219-282 | BM1 |

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

# INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

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

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

NUMBER DAYS CHARGED TO LEAVE RECORD _____

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

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

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

3. CHANGE IN SERVICE FOR PAY PURPOSES:

ON 16 July, 1955 (*Date*) COMPLETED

| | YEARS | MONTHS | DAYS |
|---|---|---|---|
| * OTHER SERVICE* | 08 | 00 | 27 |
| COAST GUARD SERVICE | 13 | 11 | 03 |
| NET SERVICE OF | 22 | 00 | 00 |

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

* US Army 5 Yrs 02 mos 25 dys LHouse 3 yrs 10 mos 02 dys

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 Three (03) ONLY (*Number*)

SIGNATURE B. L. HIGGINS, BOSN-3, USCG

GRADE AND TITLE Commander Grays Harbor Group

C. O. ORDER NO. 53-56

SHIP OR STATION GRAYS HARBOR GROUP (North Head Light Station)

NAME OF A. C. O.

| NAME (*Last*) | (*First*) | (*Middle*) | SERVICE NO. | RATE |
|---|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 | BM1 |

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION Cape Arago Light Station, Coos Bay, Oregon — YAQUINA BAY GROUP, NEWPORT, OREGON

26 August 1959 - Enlistment expiration date extended one (1) day for administrative purposes and convinence of the government.

W. W. WATKINS, CHBOSN, W-1, USCG
GROUP COMMANDER(ACTING)

27 August 1959 - Completed (6) six years, zero months, and one day Active Military Service this enlistment. Deductible time zero days.
RECOMMENDED FOR REENLISTMENT
Issued Honorable Discharge Certificate, DD Form 256 CG, and Certificate of Service, DD Form 217 CG.
NOT entitled to MOP.
AFID Card No. 163809 being retained by man pending issuance of new card.

W. W. WATKINS, CHBOSN, W-1, USCG
GROUP COMMANDER (ACTING)

## 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION
Cape Arago Light Station, Coos Bay, Oregon — Newport, Oregon
CG GROUP YAQUINA BAY (NEWPORT)

25 February 1957 - Reported 1930U this date to Cape Arago Light Station, Coos Bay, Oregon for assignment to duty from North Head Light Station, Ilwaco, Washington. Permanent change of station.

R.C. VAN HINE, CHBOSN, W-3
Group Commander

24 July 1958 - Issued authorization to wear a Bronze Star on Good Conduct Medal this date, for three year period from 27 August 1953 to 26 August 1956, while attached to North Head Light Station, Ilwaco, Washington.

R.C. VAN HINE, CHBOSN, W-3
Group Commander

5 August 1959- Interviewed for reenlistment this date. Will reenlist.

E. S. KLOCK, CHBOSN, W-4, USCG
GROUP COMMANDER

~~2~~ August 1959
26 August 1959 - ~~Completed (6) six years, zero months, and one day Active Military Service this enlistment. Deductible time zero days.~~
RECOMMENDED FOR REENLISTMENT
~~Issued Honable Discharge DD Form 256 CG and Certificate of Service DD Form 217 CG.~~
~~NOT entitled to MOP.~~
~~AFID Card No. being retained by man pending issuance of new card.~~

W. W. WATKINS, CHBOSN, W1
Group Commander (Acting)

### 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. |
|---|---|---|---|
| SHAFFER | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS — PAGE 7 — 3

16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

GRAYS HARBOR GROUP (North Head Light Station, Ilwaco, Washington)

4-1-56
DATE

"CODE OF CONDUCT EXPLAINED."

R. F. Rittenhouse

R. F. RITTENHOUSE, CHBOSN, W-3, USCG

11-9-56 (Date) Articles 2, 3, 7 through 15, 25, 31, 87, 88, 55, 77 through 134, and 137 through 139 of the Uniform Code of Military Justice were explained this date in compliance with Art. 187, UCMJ.

11-9-56 (Date) Training and Instruction in the Code of Conduct for Members of the Armed Forces of the United States completed this date in accordance with Commandant's Instruction No. 2-56.

R. F. Rittenhouse

R. F. RITTENHOUSE, CHBOSN, W-3, USCG
COMMANDER, Grays Harbor Group

20February 1957 - Transferred 0800 this date from North Head Light Station, Ilwaco, Washington to Cape Arago Light Station, ~~Coos Bay~~, Oregon FASDU. Authority: TONO 51492/13201X-57

CHARLESTON R4.R.

R. F. Rittenhouse

R. F. RITTENHOUSE, CHBOSN, W-3, USCG
COMMANDER, Grays Harbor Group

## RECORD OF TRANSFER

| DATE TRANSFERRED | AUTHORITY | | |
|---|---|---|---|
| 20February 1957 | TONO 51492/13201X-57 | | |
| **RATE** | **DATE OF RATE** | **SIGNATURE** | **GRADE AND TITLE** |
| BM1 | 5-1-48 | R. F. Rittenhouse | R. F. RITTENHOUSE, CHBOSN, W-3, Commander, Grays Harbor Group |

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

## RECORD OF RECEIPT

| REPORTED AT (Ultimate destination) | DATE REPORTED | SIGNATURE (Grade and title) | |
|---|---|---|---|
| Cape Arago LTSta. | 2-25-57 | R.C. VAN HINE, CHBOSN, W-3, Cdr. Grp Yaquina Bay | Newport, Oregon |

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER, | Arthur | Carl | 279-282 |

ADMINISTRATIVE REMARKS



16—66780-2

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

North Head Light Station. (CG GROUP POINT ADAMS,HAMMOND,OREGON)

27 August,1953
Reenlisted this date for a term of six (6) years.

R.C. Van Hine
R.C. VAN HINE,CHBOSN,Cdr.

18 November,1953
CG Group Point Adams,Hammond,Oregon

Awarded Good Conduct Medal for the three year period ending 26 August,1953.

R.C. Van Hine
R.C. VAN HINE,CHBOSN

30 June,
~~July~~,1954,
CG Group Pt Adams, Hammond,Oregon

Administratively transferred from Group Pt Adams to Group Grays Harbor.

R.C. Van Hine
R.C. VAN HINE, CHBOSN

## RECORD OF TRANSFER

| DATE TRANSFERRED | AUTHORITY | | |
|---|---|---|---|
| 30 June,1954 | C13CGD dispatch 282200Z(June) | | |
| **RATE** | **DATE OF RATE** | **SIGNATURE** | **GRADE AND TITLE** |
| BM1 | 5-1-48 | R.C. Van Hine<br>R.C. VAN HINE, CHBOSN | CHBOSN, Group Cdr. |

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

## RECORD OF RECEIPT

| REPORTED AT (Ultimate destination) | DATE REPORTED | SIGNATURE (Grade and title) |
|---|---|---|
| GROUP, Grays Harbor | 7-1-54 | B. L. HIGGINS, CHBOSN, USCG, Commander. |

| NAME (Last) | (First) | (Middle) | SERVICE NO. |
|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER
Grays Harbor Group
Hoquiam, Washington

15 November, 1955
P17-2/MM

From: Commander, Grays Harbor Group
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Forthcoming Chief Petty Officer examinations in your specialty.

Ref: (a) Personnel Instructions No. 51-55

1. You are advised as to the forthcoming CPO examination in your specialty as explained in reference (a).

2. You are directed to acknowledge by endorsement hereon that you are familiar with the porvisions as explained in reference (a).

R. F. RITTENHOUSE, CHBOSN, W-3, USCG

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

FIRST ENDORSEMENT to GROUP ltr dtd 15 Nov. 1955 file P17-2/MM

19 November, 1955

From: Officer-in-Charge, North Head Light Station
To: Commander, Grays Harbor Group

1. Provisions as explained in reference (a) acknowledged.

Arthur C. Shaffer, BM1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

ORDER NO. 51492/13201X-57
Unit 925040
Obj Code 0211
Est Amt. $20.00
Dph Tvl 60.00
DIA 96.90

p
5 February 1957
P16-4/MM

From: Commander, THIRTEENTH Coast Guard District
To: SHAFFER, Arthur C. (219-282) BM1, USCG
Via: Commander, CG Group, Grays Harbor

Subj: Orders; transfer, travel

1. You are hereby directed to proceed and report on or before 25 February 1957, to Cape Arago Light Station, Coos Bay, Oregon, for assignment to duty as Officer in Charge.

2. Travel necessary to the execution hereof is required by the public interests, and is authorized chargeable as indicated above.

3. Travel allowances are as prescribed in JTR. Travel via all modes is authorized.

4. Health Record will be carried on transfer. Remainder of records will be forwarded to the CG Group, Yaquina Bay, Newport, Oregon.

5. This order constitutes a permanent change of station from Ilwaco, Washington to Coos Bay, Oregon.

6. If travel is performed, voucher will be submitted to reach the Commander, 13th CG District by the 10th of the following month, otherwise the funds set aside may be cancelled.

7. Forward a copy of these orders with all endorsements thereto to the Commander, 13th CG District (p) and (f).

8. Upon detachment, the responsible reporting unit for the PAS will be the Commander, Group Yaquina Bay.

Reinbursement Voucher for travel of dependents
from Ilwaco, Wash.
to Coos Bay, Ore.
in the amount of $40.50 for a distance
of 270 miles at the rate of $.15
per mile certified for payment on 4/4/57

ELMER WINBECK
By direction

3479
APR 5 1957

H. M. COOPER, CHSPCK, W3, USCG
Authorized Certifying Officer

FUNDS AVAILABLE
FEB 6 1957
RR

Copy to:
COMYAQUINABAYGROUP
Cape Arago LTSTA
Acctg.
Pay
File

I certify that A.C. Shaffer is entitled to mileage allow in the amt of $16.20 from Ilwaco, Wn. to Coos Bay, Ore., 270 miles @.06 per mile and that allow has been credited on military pay record of the member indicated herein.
Com Rats (PRO) $ 4 for period 3/21-24/57 and LV RATS $ 4

H. M. COOPER, CHSPCK, W3, USCG
Authorized Certifying Officer

FIRST ENDORSEMENT on CCGD13(p) ltr dtd 5 February 1957, file P16-4/MM

8 February 1957
P16-4/MM

From: Commander, Grays Harbor Group
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Orders; transfer, travel

1. Forwarded. One (1) day travel and four (4) days proceed authorized.

R. F. RITTENHOUSE

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

SECOND ENDORSEMENT on CCGD13(p) ltr dtd 5 February 1957, file P16-4/MM

20 February, 1957
P16-4/MM

From: Officer-in-Charge, North Head Light Station
To: SHAFFER, Arthur C. (219-282) BM1, USCG

1. In accordance with basic orders, you are directed to proceed and report to Officer-in-Charge, Cape Arago Light Station, Coos Bay, Oregon.

2. Delivered and departed 0800 this date and place.

3. You are hereby handed your H/R for safe deliverance.

Boyd J. Davis

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

THIRD ENDORSEMENT on CCGD13(p) ltr dtd 5 February 1957, file P16-4/MM

25 February 1957
P16-4/MM

From: Officer in Charge, Cape Arago Light Station
To: SHAFFER, Arthur C. (219-282) BM1, USCG

1. You arrived and reported for duty at 1930 this date and place.

2 Travel performed via privately [redacted] owned conveyance.

JOSEPH A. HARRIS

...2-53)
...oved by Comptroller General U. S.
(March 20, 1930)

# CERTIFICATE OF DEPENDENCY

NOTE: SUBMIT IN DUPLICATE. To accompany applications for Transportation Requests and Vouchers for Reimbursement of Transportation of Dependent Children.

DATE: 12 March 1957

**DEPENDENT CHILDREN**

| LAST NAME | FIRST NAME | MIDDLE NAME | AGE | DATE OF BIRTH |
|---|---|---|---|---|
| SHAFFER | Kathryn | Raye | 14 | 23 August 1942 |
| SHAFFER | Donna | Mae | 11 | 23 August 1945 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify that the above is/(are) my legitimate (Legitimate, step, adopted) child/(children) and is/(are) member(s) of my household; that said child/(children) is/(are) not possessed of property or income adequate for its/(their) support and education; that it/is/(they are) not the beneficiary/(benificiaries) either directly or through others of any trust or estate entitling it/(them) to income adequate for its/(their) support and education; that said child/(children) is/(are) in fact now and at all times solely dependent on me; that in all respects I maintain the child/(children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; (*) and that evidence of the child's/(children's) dependency upon me and my maintenance of it/(them) has been filed with my pay accounts and is hereby made a part hereof.

Arthur C. Shaffer
Arthur C. Shaffer
(Signature)

BM1
(Grade or Rate)

(*)In the case of officers drawing rental and subsistence allowances with dependents, including a wife, this clause is not applicable.

PREVIOUS EDITIONS OF THIS FORM MAY BE USED.

GPO 910693

12 March 1957
(Date)

1. SHAFFER, Arthur C. (219-282) BM1, USCG

Attached to: Cape Arago Light Station, Coos Bay, Oregon

Request payment of dislocation allowance based upon actual travel with the intent to establish a bona fide residence in connection with my permanent change of station by the persons listed below who were my dependents on the effective date of applicable orders or other authority.

| NAME | RELATIONSHIP | BIRTH DATES OF CHILDREN |
|---|---|---|
| Olive Mae Shaffer | Wife | |
| Kathryn Raye Shaffer | Daughter | 23 August 1942 |
| Donna Mae Shaffer | Daughter | 23 August 1945 |

| Location of dependents (on date of receipt of or/authority) (Address - city and state | Date of departure |
|---|---|
| North Head Light Station, Ilwaco, Washington | 3-6-57 |

| Designated destination of dependents - (Address - city and state) | Date of Arrival |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | 3-8-57 |

This is the FIRST claim for dislocation allowance based on a permanent change of station during fiscal year 57.

I, CERTIFY that this statement is correct and just in all respects and that payment therfor has not been received. No prior claim has been presented by me for the dislocation allowance claimed herein.

Arthur C. Shaffer

Arthur C. Shaffer

SECOND ENDORSEMENT

2 April 1957
(Date)

TONO 51492/13201X-57

O'C13CGD, Seattle, Wn.

Certified for payment of dislocation allowance in the amount of $ 96.90 on Military Pay Record opened 1 January 1957, in the accounts of J.F. CANNON, CDO, Div. of Disb., Treasury Department, Symbol No. 1382.

H. M. COOPER, CHSPCK, W3, USCG
Authorized certifying Officer

SR

# MILITARY PAY ORDER

MILITARY PAY ORDER NO. 305-57

ORGANIZATION AND STATION: CG GROUP YAQUINA BAY, Newport, Oregon

DATE: 19 March,1957

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 1957 FROM— | YEAR 1957 TO— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | TRAVEL ALLOWANCES as listed. | 2-20 | 2-25 |
| | | Departed North Head Light Station,Ilwaco,Wash., 0800-20 Feb.1957. | PO | 2-20 |
| | | Granted 4 da pt and 1 da tt enroute. | XX | XX |
| | | Reported 1930-25 Feb.1957, to Cape Arago Light Sta., Charleston,Oregon, for ASDU. | 2-25 | PO |
| | ENTITLED TO: | Mileage from Ilwaco,Wash., to Charleston,Oregon. | XX | XX |
| | | Pro Rats, 4 days for pt. | | |
| | | Dislocation allowance. (Forms attached.) | | |
| | | Travel of dependents. (Certificate of dependency and SF-1012 attached.) | | |

| SYMBOL NO. (Entered by D. O.) | TYPED NAME AND GRADE OF CERTIFYING OFFICER | SIGNATURE OF CERTIFYING OFFICER |
|---|---|---|
| | R.C. VAN HINE, CWBOSN,W-3, Group Cdr. | R C Van Hine |

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

ORDER NO. 51492/13201X-57
Unit 925040
Obj Code 0211
Est Amt. $20.00
Dph Tvl 60.00
DLA 96.90

p
5 February 1957
P16-4/MM

From: Commander, THIRTEENTH Coast Guard District
To: SHAFFER, Arthur C. (219-282) BM1, USCG
Via: Commander, CG Group, Grays Harbor

Subj: Orders; transfer, travel

1. You are hereby directed to proceed and report on or before 25 February 1957, to Cape Arago Light Station, Coos Bay, Oregon, for assignment to duty as Officer in Charge.

2. Travel necessary to the execution hereof is required by the public interests, and is authorized chargeable as indicated above.

3. Travel allowances are as prescribed in JTR. Travel via all modes is authorized.

4. Health Record will be carried on transfer. Remainder of records will be forwarded to the CG Group, Yaquina Bay, Newport, Oregon.

5. This order constitutes a permanent change of station from Ilwaco, Washington to Coos Bay, Oregon.

6. If travel is performed, voucher will be submitted to reach the Commander, 13th CG District by the 10th of the following month, otherwise the funds set aside may be cancelled.

7. Forward a copy of these orders with all endorsements thereto to the Commander, 13th CG District (p) and (f).

8. Upon detachment, the responsible reporting unit for the PAS will be the Commander, Group Yaquina Bay.

ELMER WINBECK
By direction

Copy to:
COMYAQUINABAYGROUP
Cape Arago LTSta.
Acctg.
Pay
File

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

NORTH HEAD LIGHT STATION, ILWACO, WASHINGTON

6 October,1952: Arrived and reported at North Head Light Station and assigned OinC duties.

R.C. VAN HINE, CBOSN

CG Group Point Adams,Hammond,Oregon
26 August,1953.

Issued honorable discharge expiration of enlistment. To Reenlist within 24 hours.
Recommended for reenlistment
Quarterly Marks end of enlistment PIR 3.8 AIOM 3.8 Conduct 4.0

R.C. VAN HINE,CHBOSN,Cdr.

## 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. |
|---|---|---|---|
| SHAFFER, | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-1

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

## ADMINISTRATIVE REMARKS

SHIP OR STATION

Cape Blanco Light Station, Sixes, Oregon

1 October, 1952: Transferred to North Head Light Station, Ilwaco, Washington for assignment to duty as Officer-inCharge of North Head Light Station.

B. L. HIGGINS, CBOSN, USCG
Commander Group, Coos Bay

6 October,1952: Arrived and reported for ASDU 1800 this date at North Head Light Station, Ilwaco, Washington. Assigned as OinC

R.C. VAN HINE, CBOSN,USCG
Cdr. CG Group Pt Adams

## RECORD OF TRANSFER

| DATE TRANSFERRED | AUTHORITY | | |
|---|---|---|---|
| 1 Ocotber, 1952 | CCGD13/L 9-10-52 p MM/P16-4 | | |
| **RATE** | **DATE OF RATE** | **SIGNATURE** | **GRADE AND TITLE** |
| BM1 | 10-15-43 | B. L. HIGGINS | CBOSN, USCG |

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

## RECORD OF RECEIPT

| REPORTED AT (Ultimate destination) | DATE REPORTED | SIGNATURE (Grade and title) | |
|---|---|---|---|
| 1800U North Head ITST | A 10-6-52 | R.C. VAN HINE, CBOSN, Cdr. CG Grp Pt Adams | |
| **NAME (Last)** | **(First)** | **(Middle)** | **SERVICE NO.** |
| SHAFFER, | Arthur | Carl | 219-282 |

ADMINISTRATIVE REMARKS



16—66780-1

RECORD OF SHAFFER, Arthur C. 219-282
(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 | |
| CG GROUP NEAH BAY | See new leave sheet | | for this | information | | R. H. WILSON, BOSN<br>OinC CG Group Neah Bay |

## 9. ABSENCE FROM DUTY WITHOUT PAY

| Ship or station | Number of days | From— | To— | Remarks | Signature |
|---|---|---|---|---|---|
| CG GROUP NEAH BAY | | NO UNAUTHORIZED ABSENCE | | WHILE ATTACHED | R. H. WILSON, CBOSN<br>CG GROUP NEAH BAY, WN. |

## 10. TRIALS BY COURTS MARTIAL

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

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

# PAY RECORD ORDER

CG GROUP NEAH BAY, WASHINGTON - (13-133) C. O. Order No. 125-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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— |
|---|---|---|---|---|
| 273-347 | MAIO, Paul E. | LV-RATS 1 June, 1950 to 11 June, 1950. Not AOL. Compensatory leave (liberty) not included in period LV-RATS claimed. Permanently assigned Destruction Island Light Station. Quarters furnished no subsistence, entitled to $2.25 per day subsistence allowance<br>Auth: C13CGD/L 4-27-50, file CG-521 | 6/1 | 6/11 |
| 219-282 | SHAFFER, Arthur C. | LV-RATS, 1630, 2 June, 1950 to 0845, 16 June, 1950, not AOL Compensatory leave (liberty) not included in period LV-RATS claimed. Permanently assigned Cape FlatteryLight Station. Quarters furnished, no subsistence, entitled to $2.25 per day subsistence allowance.<br>Auth: C13CGD/L 4-27-50, file CG-521 | 6/3 | 6/15 |

R. H. WILSON
(Name and signature)

(D. O. Symbol number)

Commanding 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

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

# PAY RECORD ORDER

CG GROUP NEAH BAY, Washington (13-133) C. O. Order No. 6-50(a)

(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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 * | 1948 (YEAR) From— | To— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | Completed 15 years net service and is entitled to 5% increase in pay<br><br>Art. 111(1) P&SI | 7-17-48 | xxxx |

49 = 16
51 = 18
2
20
53 - 22
55 - 24
57 -

7-17-48

(D. O. Symbol number)

R. H. WILSON, BOSN, CinC

(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

NAVCG 2702-A
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

# VOUCHER FOR INCREASED ALLOWANCES

27 August, 1953
*(Date)

SHAFFER, (Surname) Arthur (First name) C. (Initial)

BM1 (Rank) North Head Light Sta., Ilwaco, Wash. (Ship or station) Enlisted man /xxxx

1. I CERTIFY that I am entitled to the increased rental and subsistence allowances provided for an officer with dependents by reason of the dependency of the below-named person. (Show data for one dependent only.)

Lawful wife Olive (First name) Mae (Middle name) Shaffer (Surname) 4-21-37 (Date of marriage)

North Head Light Station, Ilwaco, Washington (Address)

Legitimate child (under 21) (First name) (Initial) (Surname)

(Address) (Date of birth)

Certificate required by chapter II, P. & S. I., attached hereto.

Adopted child (under 21) (First name) (Initial) (Surname)

(Address) (Date of birth)

Mother Father (First name) (Initial) (Surname)

(Address)

(Effective date Comptroller General determination of dependency) (Number and date Comptroller General decision)

I CERTIFY that I have contributed to the support of my (mother) (father) during the period since (date of last voucher) an average of $ per month in cash or its equivalent, without any consideration in return, which contribution represents (her) (his) chief source of support, and each and every statement set forth in the affidavit (Std. Form 1037) dated attached hereto, is true and correct and so remains at this time except as noted on the reverse hereof.

2. I FURTHER CERTIFY that my dependents are not (Insert are or are not) in occupancy of public quarters without charge (except for brief visits in quarters assigned to another officer).

3. There has been no change in the above-stated dependency since *10-6-52 (Date of last voucher), except

*Date quarters assigned and/or reported to sta.

(Material change, e. g., divorce, death, child becoming of age, etc.)

(Date)

4. I will immediately notify my disbursing officer of any changes in the above-stated dependency.

Arthur C. Shaffer
(Signature and rank)

(D. O. symbol number)

*—1/1 or 7/1 except for first or change voucher.

U. S. GOVERNMENT PRINTING OFFICE 16—37013-2

UNITED STATES COAST GUARD

Address reply to:
Commander, 13th CG District
618 Second Avenue
Seattle 4, Washington

p

A3 November 1954

From: Commander, 13th CG District
To:
Via: CHOPTSR, Art ur C. (219-202) BM2, USCG
Commander, CO GROUP, Grays Harbor, Washington
Subj: Officer in Charge; designation as

1. Under authority of Article 29-1-5(C), Aids to Navigation Manual, you are hereby designated as Officer in Charge, North Head Light Station.

2. Your unit shall be organized as outlined in Chapter 29, Aids to Navigation Manual, other pertinent regulations and orders of your Group Commander.

3. In accordance with Commandant's Circular No. 25-51, you are directed to refer all breaches of discipline within your cognizance to your Group Commander.

4. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

W. H. BUXTON
By direction

CC:
Comdt (PE)
C13CGD (o)

Commander
Grays Harbor Group

31 August, 1954
A8-7

From: Commander, Grays Harbor Group
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Authority to handle classified matter and information

Ref: (a) Article 0905, U.S.NAV 5510.1, as amended.

1. In accordance with the authority contained in reference (a), you are hereby authorized to handle and/or have access to classified matter and information up to and including CONFIDENTIAL authorized this command.

2. This authorization may be terminated at the Group Commander's discretion, and is automatically cancelled upon detachment from this command.

B. L. HIGGINS

Copies to:
O'CCGD13(d)
O'CCGD13(siu)
SR

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| NORTH HEAD LIGHT STATION | Ilwaco, Washington | 9 August, 1954 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | Commander, Grays Harbor Group Westport, Washington | |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| 10 | On or about 14 August, 1954 | [XX] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT |

ADDRESS ON LEAVE WILL BE 4310 N.E. Bloom Ave., Vancouver, Washington

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).

Arthur C. Shaffer
SIGNATURE OF APPLICANT

Ind.-1 Unit: North Head Light Station Date 9 August 1954

Date current leave accounting period began 1 July, 1954

Balance brought forward beginning of present accounting period Twenty Five (25) Days

Number days' leave used during current accounting period None

Date of expiration of current enlistment 26 August, 1954

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: GRAYS HARBOR GROUP Date 10 August 1954

[X] Returned, GRANTED Ten (10) days.

[ ] ADVANCE Regular Leave.
(Reason for leave)

[ ] Returned, NOT GRANTED, because [X] ACCRUED

B. L. HIGGINS, CHBOSN, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: North Head Light Station Date 14 August, 1954

Departed at 1100u, this date. This leave expires before 0900u, 25 August, 1954

at North Head Light Station, Ilwaco, Wn. and is subject to the instructions on the reverse hereof.

John G. Post, EN2(P) OinC (act)
(Signature, rank, and title)

Ind.-5 Unit: North Head Light Station Date 24 August, 1954

Reported at 2200u, this date, having used 10 days' leave.

John G. Post, EN2(P) OinC (act)
(Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| NORTH HEAD LIGHT STATION | Ilwaco, Washington | 22 August, 1955 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO. GRAYS HARBOR GROUP HOQUIAM, Washington | |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| 5 | On or about 25 August 1955 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE 4310 N.E. Bloom Ave., Vancouver, Washington

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: Arthur C. Shaffer

End.-1 Unit: North Head Light Station — Date 22 August, 1955

Date current leave accounting period began 1 July, 1955

Balance brought forward beginning of present accounting period Forty Five (45)

Number days' leave used during current accounting period None

Date of expiration of current enlistment 26 August, 1959

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: — Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP GRAYS HARBOR — Date 23 August, 1955

☒ Returned, GRANTED 5 days.

☐ ADVANCE Regular Leave. (Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

B. L. HIGGINS, BOSN-3, USCG, CDR GRU GRAYS HBR
(Signature, grade, and title)

End.-4 Unit: NORTH HEAD LIGHT STATION — Date 25 August, 1955

Departed at 1400, this date. This leave expires before 0900, 31 August, 1955

at NORTH HEAD LIGHT STATION and is subject to the instructions on the reverse hereof.

Wallace D. Gill
Wallace D. Gill, EN3 OinC (act)
(Signature, grade, and title)

End.-5 Unit: NORTH HEAD LIGHT STATION — Date 30 August, 1955

Reported at 2045, this date, having used five (5) days' leave.

Wallace D. Gill
Wallace D. Gill, EN3 (act)
(Signature, grade, and title)

16—40220-4

(Over)

FIRST

12 March 1957
(Date)

1. SHAFFER, Arthur C. (219-282) BM1, USCG

Attached to: Cape Arago Light Station, Coos Bay, Oregon

Request payment of dislocation allowance based upon actual travel with the intent to establish a bona fide residence in connection with my permanent change of station by the persons listed below who were my dependents on the effective date of applicable orders or other authority.

| NAME | RELATIONSHIP | BIRTH DATES OF CHILDREN |
|---|---|---|
| Olive Mae Shaffer | Wife | |
| Kathryn Raye Shaffer | Daughter | 23 August 1942 |
| Donna Mae Shaffer | Daughter | 23 August 1945 |

| Location of dependents (on date of receipt of or/authority) (Address - city and state | Date of departure |
|---|---|
| North Head Light Station, Ilwaco, Washington | 3-6-57 |

| Designated destination of dependents - (Address - city and state) | Date of Arrival |
|---|---|
| Cape Arago Light Station, Coos Bay, Oregon | 3-8-57 |

This is the FIRST claim for dislocation allowance based on a permanent change of station during fiscal year 57.

I, CERTIFY that this statement is correct and just in all respects and that payment therfor has not been received. No prior claim has been presented by me for the dislocation allowance claimed herein.

Arthur C. Shaffer

---

ENDORSEMENT

(Date)

Certified for payment of dislocation allowance in the amount of $ _____ on Military Pay Record opened _____, in the accounts of J.F. CANNON, CDO, Div. of Disb., Treasury Department, Symbol No. 1382.

Authorized certifying Officer

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| NORTH HEAD LIGHT STATION | Ilwaco, Washington | 15 August, 1956 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| 219-282 SHAFFER, Arthur C. BM1 | CO GRAYS HARBOR GROUP HOQUIAM, Washington | |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: ☒ REGULAR ☐ EMERGENCY | ☐ REENLISTMENT ☐ RECRUIT |
|---|---|---|---|
| 10 | On or about 20 August, 1956 | | |

ADDRESS ON LEAVE WILL BE 4310 N.E. Bloom Ave. Vancouver, Washington

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).

Arthur C. Shaffer

SIGNATURE OF APPLICANT — Arthur C. Shaffer, BM1

Ind.-1 Unit: North Head Light Station Date 15 August, 1956

| Date current leave accounting period began | Balance brought forward beginning of present accounting period |
|---|---|
| 1 July, 1956 | 60 days |
| Number days' leave used during current accounting period: None | Date of expiration of current enlistment: 26 August, 1959 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer

Arthur C. Shaffer, BM1 OinC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: GRAYS HARBOR GROUP Date 16 August 1956

☒ Returned, GRANTED Ten (10) days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE Regular Leave.
(Reason for leave)
☒ ACCRUED

R. W. DOWELL, CHBOSN, W-3, USCG,
(Signature, rank, and title)
COMMANDER, GRAYS HARBOR GROUP, By direction

Ind.-4 Unit: North Head Light Station Date 20 August, 1956

Departed at 0600, this date. This leave expires before 0900, 31 August, 1956

at North Head Light Station and is subject to the instructions on the reverse hereof.

Wallace D. Gill

Wallace D. Gill, EN2 OinC (act)
(Signature, rank, and title)

Ind.-5 Unit: North Head Light Station Date 30 August, 1956

Reported at 2245, this date, having used Ten (10) days' leave.

Wallace D. Gill

Wallace D. Gill, EN2 OinC (act)
(Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Route 2 Coos Bay, Oregon | 28 February, 1957 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| 219-282<br>SHAFFER, Arthur C. BM1 | CO USCG GROUP YAQUINA BAY<br>Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| Four (4) | 4 March, 1957 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE North Head Light Station, Ilwaco, Washington

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).

Arthur C. Shaffer
SIGNATURE OF APPLICANT

End.-1 Unit: Cape Arago Light Station Date 28 February, 1957

| | |
|---|---|
| Date current leave accounting period began 1 July 1956 | Balance brought forward beginning of present accounting period 60 |
| Number days' leave used during current accounting period 10 | Date of expiration of current enlistment 26 August, 1959 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP YAQUINA BAY (NEWPORT) Date 4 March 1957

☒ Returned, GRANTED 4 days.

☐ ADVANCE Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

R.C. VAN HINE, CHBOSN, W-3, Group Commander
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 4 March 1957

Departed at 0900U, this date. This leave expires before 0900U, 9 March 1957

at Cape Arago LTSta., Coos Bay, Oregon and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1, Officer in Charge
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 8 March, 1957

Reported at 1600, this date, having used 4 days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

16—40220-4

(Over)

# MILITARY PAY ORDER

MILITARY PAY ORDER NO.

ORGANIZATION AND STATION

North Head Light Station, Ilwaco, Washington

DATE

15 March 1957

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

| SERVICE NO. | LAST NAME—FIRST NAME—MIDDLE INITIAL | REASON FOR CHANGE | YEAR | |
|---|---|---|---|---|
| | | | FROM— | TO— |
| 219-282 | SHAFFER, Arthur C. | Terminated Government Quarters 6 March 1957. | 3-6 | |

NO ENTRIES BELOW THIS LINE

| SYMBOL NO. (Entered by D. O.) | TYPED NAME AND GRADE OF CERTIFYING OFFICER | SIGNATURE OF CERTIFYING OFFICER |
|---|---|---|
| | R. F. RITTENHOUSE, CHBOSN, USN-3 | R. F. Rittenhouse |

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE: 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

SR

# MILITARY PAY ORDER

MILITARY PAY ORDER NO. 296-57

ORGANIZATION AND STATION: CG GROUP YAQUINA BAY, Newport, Oregon

DATE: 11 March, 1957

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 1957 FROM— | YEAR 1957 TO— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | ASSIGNED TO Government Qtrs at Cape Arago Light Station, Charleston, Oregon, on 8 Mar. 1957.<br><br>SHAFFER had previously been living in Govt owned quarters at North Head Light Station, Ilwaco, Washington, and moved from one into the other. | 3-8 | FO |

| SYMBOL NO. (Entered by D. O.) | TYPED NAME AND GRADE OF CERTIFYING OFFICER | SIGNATURE OF CERTIFYING OFFICER |
|---|---|---|
| | R.C. VAN NINE, GIBSON, W-3, Group Cdr. | R C Van Nine |

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

RECORD OF SHAFFER, Arthur C. 219-282
(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 | |
| BBF | 7-1-49 | 60 | | | | | | 60 | - - - | - - - | - - - | - - - | R H Wilson |
| | | | Total leave taken from 7-1-48 to date of discharge | | | 2 | | | | | | | |
| REEN | 8-2[illegible]-49 | 60 | | | | | | 60 | | | | | R H Wilson<br>R. H. WILSON, BOSN<br>OinC CG Group Neah Bay |
| | | | 12/5/49 | 12/15/49 | REGACC | 11 | | 49 | | | | | R. H. WILSON, BOSN<br>OinC CG Group Neah Bay |
| | | | 6-3-50 | 6-15-50 | REGACC | 13 | | 36 | | | | | CBOSN, CO |
| ANCR | 6-30-50 | 30 | | | | | | 66 | | | | | |
| BBF | 7-1-50 | | | | | | | 60 | | | | | R. H. WILSON, CBOSN<br>CO, GROUP NEAH BAY, WN<br>CBOSN, CO |
| | | | SEE NEW LEAVE SHEET FOR THIS INFORMATION | | | | | | | | | | |

Elected to carry leave to new account on reenlistment
(Authority: Paragraph 42(e), the CO 31-47)

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEAH BAY, Washington (Unit) — Neah Bay, Washington (Place)

27 August, 1949 (Date)

FROM: SHAFFER, Arthur C. (219-282) BM1

TO: COMMANDANT (via Commander, 13th CG District(pmp))

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

| (Full name of wife; if not married, so state) | (Address of wife) |
|---|---|
| Olive Mae Shaffer | Cape Flattery Light Station, Neah Bay, Wn. |
| Kathryn Raye Shaffer (born 8-23-42) | Same as above |
| Donna Mae Shaffer (born 8-23-45) | Same as above |
| | |

(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) |
|---|---|---|
| Arthur Shaffer | Father | Rte 4, Box 66, Vancouver, Washington |

Potential
(State briefly wherein dependency exists)

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

| (Full name of relative) | (Relationship) | (Address of relative) |
|---|---|---|
| Minnie Hanson | Mother | 1113 W. Sharp St., Spokane, Wash. |

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

27th day of August, 1949

Helen E. Hodgson
(Signature)

Notary Public
(Rank or title)

Arthur C. Shaffer
Arthur C. Shaffer (Signature)

BM1-USCG
(Rank or rating)

16—25758-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

# PAY RECORD ORDER

CG GROUP NEAH BAY, Washington (13-133) C. O. Order No. 17-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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 * | 1949 (YEAR) From— | To— |
|---|---|---|---|---|
| 219-282 | SHAFFER, Arthur C. | Reenlisted this date for four (4) years, STE, and resumed regular duties at Cape Flattery Light Station. Qtrs available No subsistence furnished | 8/27 | x x x |
| | BAFE: Neah Bay, Washington<br>NOT ENTITLED TO INITIAL CCA | | | |
| | PREVIOUS CREDITABLE SERVICE: | (USCG-Armey) 16 years 01 months 10 days | | |
| | LAST DISCHARGED: (fm USCG) 26 | August, 1949. | | |
| | MARITAL STATUS: Married | | | |
| | Entitled to reenlistment allowance in the amount of $150.00 Form 2511-A attached | | 8/27 | x x x |
| | | Entitled to subsistence allowance $1.50 per day. NO SUBS. FURNISHED | 8/27 | x x x |

R. H. Wilson

R.H. WILSON, BOSN, Officer in Charge
(Name and signature)

(D. O. Symbol number)

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

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

# PAY RECORD ORDER

CG GROUP NEAH BAY, Washington (13-133) C. O. Order No. 16-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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 * | 1949 (YEAR) From— | To— |
|---|---|---|---|---|---|---|
| 219-282 | SHAFFER | Arthur | C. | Issued Honorable Discharge this date by reason of expiration of enlistment and authorized extension of 13 days thereof, Auth: Art. 589(1)&591(5)(c) CG Regs | xxx | 8/26 |
| | | | | POB: Neah Bay, Washington | | |
| | | | | Elect TA Port Angeles, Washington PAFE | x x x | 8/26 |
| | | | | Not entitled to MOP (previously paid for ex-CG service) | x x x | 8/26 |
| | | | | Elects to carry leave to new account on reenlistment | x x x | 8/26 |
| | | | | MARITAL STATUS: Married | | |

(D. O. Symbol number)

R. H. WILSON, BOSN, Officer in Charge.
(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

Mr. Levy

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Ketchikan, Alaska

Arthur C. Shaffer has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter you immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Frank Tomkiel

FRANK TOMKIEL, Lieutenant Commander, U.S.C.G.
Recruiting Officer.

1. How long have you known the applicant. . . . . 4 years
2. What is his general reputation in the community good
3. Is he industrious?.... yes
4. Is he trustworth?..... yes
5. Is he married?..... yes
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? unknown
10. Are you related to the applicant? no

Harry Levy
(signature)

Ketchikan
(Street or box number)

(City) (State).

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

KETCHIKAN DISTRICT OFFICE (Unit) — Ketchikan, Alaska (Place)

15 August, 1941 (Date)

FROM: SHAFFER, Arthur C. (219-282) Coxwain

TO: COMMANDANT (via Commander, Ketchikan 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:

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Ketchikan, Alaska (Address of wife) |
| None (Full name of child; if none, so state) | (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |
| None (Full name of child; if none, so state) | (Address of child) |

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

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | mother (Relationship) | 3104 W 6th, Spokane, Washington (Address of relative) |

Potential
(State briefly wherein dependency exists)

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

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | father (Relationship) | 204½ 1st Ave. So., Great Falls, Mont. (Address of relative) |

Potential
(State briefly wherein dependency exists)

WITNESSED BY: Frank Tomkiel
FRANK TOMKIEL
Rank Lieutenant Commander, U.S.C.G.

SIGNED: Arthur C. Shaffer
Arthur C. Shaffer
~~Rank or~~ Rating Coxwain

2—10348 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

Address reply to:
COMMANDER,
13th CG District
618 2nd Avenue
Seattle 4, Washington

p
P16-3/MM
10 January 1962

From: Commander, 13th CG District
To: SHAFFER, Arthur C. (219-282) BM1-P1, USCG
Via: Commander, CG Group Yaquina Bay, Newport, Oregon

Subj: Officer-in-Charge; designation as

1. Under authority of Section 7-3-1A, Coast Guard Regulations, you are hereby designated as Officer-in-Charge, Cape Arago Light Station.

2. Your unit shall be organized as outlined in Coast Guard Regulations, other pertinent directives and orders of your Commanding Officer.

3. In accordance with Sections 7-3-3, and 7-3-4, Coast Guard Regulations, you are directed to refer all breaches of discipline within your cognizance to your Commanding Officer.

4. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

5. This designation is automatically cancelled upon your transfer and at any other time your superiors in the chain of command shall so direct.

P. V. COLMAR

Copy to:
COMDT (PE)
CCGD13(o)

FILED
PE-80

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
13th CG District
Seattle, Washington

P
P16-3/MM
26 FEB 1963

From: Commander, Thirteenth Coast Guard District
To: SHAFFER, Arthur C. (219-282) EM1, USCG
Via: Commander, CG Group Yaquina Bay, Newport, Oregon

Subj: Officer-in-Charge; designation of; non-judicial punishment; authority to impose

Ref: (a) Chapter 7, Part 3, Coast Guard Regulations
(b) Section 0101, Coast Guard Supplement, Manual for Courts-Martial

1. Under the authority of reference (a), you are hereby designated as Officer-in-Charge, Cape Arago Light Station, Coos Bay, Oregon.

2. Your unit shall be organized as outlined in Coast Guard Regulations, other pertinent directives and orders of your Commanding Officer.

3. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

4. In accordance with the provisions of references (a) and (b), you are hereby authorized to impose non-judicial punishment under Article 15, UCMJ upon enlisted men under your charge who are guilty of minor infractions of discipline. Punishment imposed must be reported to the Commanding Officer, and recorded on FORM NAVPERS 2696, Report of Disposition of Offense(s), and the service record of the individual. Serious offenses are to be reported to the Commanding Officer in accordance with Article 7-3-4(A) of reference (a). You are authorized to impose one or more of the following non-judicial punishments:

a. Restriction to certain specified limits, with or without suspension from duty, for not more than 14 consecutive days;

b. Extra duties for not more than 14 consecutive days, and not to exceed two hours per day, holidays included, Sundays excluded; provided, that no such punishment which tends to degrade the grade (rate) of the person on whom the punishment is imposed or which tends to be detrimental to discipline and morale may be imposed on petty officers;

c. Forfeiture of not more than 3 days pay expressed in dollars.

FILED PE-80

5. Extra duties and restriction shall not be combined to run consecutively. They may be combined to run concurrently to a maximum period of 14 days.

6. The designation and authority outlined above is automatically cancelled upon your transfer and at any other time your superiors in the chain of command shall so direct.

P. V. COLMAR

Copy to:
COMDT (PE)
CCGD13(o)

CG-2317 (BM) (3-58)

FE-PR-33

313

FILE
EPH

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
Yaquina Bay Group
P. O. Box 1287
Newport, Oregon

P15/MK
26 April 1960

From: Commander, Yaquina Bay Group, Newport, Oregon
To: SHAFFER, Arthur Carl (219-282) BM1, USCG

Subj: Good Conduct Award; second subsequent award

1. It is a pleasure to present you with a Good Conduct Award for your three year period of meritorious enlisted service in the United States Coast Guard ending 26 August 1959 while attached to the Cape Arago Light Station, Coos Bay, Oregon.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

E. S. KLOCK

Copy to:
COMDT (PE)
Service Record
File

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

P15/MK
27 April 1960

FIRST ENDORSEMENT

From: SHAFFER, Arthur Carl (219-282) BM1, USCG
To: Commander, Yaquina Bay Group, Newport, Oregon

1. Receipt of the above award is hereby acknowledged.

Arthur C. Shaffer
ARTHUR C. SHAFFER

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13th Coast Guard District
618 Second Avenue
Seattle 4, Washington

p
1 June 1959
A3

From: Commander, Thirteenth Coast Guard District
To: **SHAFFER, Arthur C. (219-282) BM1, USCG - Cape Arago LTSta.**
Via: Commander, Group Yaquina Bay (Newport)

Subj: Officer in Charge; designation as

1. Under the authority of Section 7-3-1A, Coast Guard Regulations, you are hereby designated as Officer in Charge, **Cape Arago Light Station, Coos Bay, Oregon.**

2. Your unit shall be organized as outlined in Coast Guard Regulations, other pertinent directives and orders of your Commanding Officer. The publication, "Aids to Navigation Manual (CG-222)," shall be followed to the fullest extent possible.

3. In accordance with Sections 7-3-3 and 7-3-4, Coast Guard Regulations, you are directed to refer all breaches of discipline within your cognizance to your Group Commander.

4. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

5. This designation is automatically cancelled upon your transfer and at any other time your superiors in the chain of command shall so direct.

J. J. McCLELLAND
By direction

Copy to:
Comdt (PE)
C13CGD(o)

1959 JUN 5 11 06
PEA-A

PE-71 3-11

FILE
EPM

24 July 1958
P15/MM

Commander
Group Yaquina Bay (Newport)
Newport, Oregon

From: Commander, Group Yaquina Bay (Newport)
To: SHAFFER, Arthur C. (219-282) BM1, USCG

Subj: Authorization to wear Bronze Star on Good Conduct Medal; issuance of

1. It is a pleasure to award to you this authorization to wear a Bronze Star on your Good Conduct Medal for the three (03) year period of meritorious service in the United States Coast Guard ending 26 August 1956, while attached to North Head Light Station, Ilwaco, Washington.

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during this three year period.

R.C. VAN HINE

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

24 July 1958
P15/MM

FIRST ENDORSEMENT

From: SHAFFER, Arthur C. (219-282) BM1, USCG
To: Commander, Group Yaquina Bay (Newport)

Subj: Authorization to wear Bronze Star on Good Conduct Medal; receipt of

1. Receipt of the above authorization is herewith acknowledged.

Arthur C. Shaffer

Copy to:
HQ(PS)
SR
File

File 3-13

File
WPA

P
31 January, 1957
P15/12M

From: Commander, 13th CG District
To: SHAFFER, Arthur C. (219-282) BM1, USCG - OinC, NORTH HEAD L/S
Via: Commander, CG Group Grays Harbor

Subj: Letter of Appreciation

Ref: (a) Western Inspector's Report dtd 27 December 1956 A23

1. In reference (a), the Western Inspector reported that, on his recent inspection, he found the material condition of your unit, as to both buildings and grounds, to be outstanding.

2. The District Commander notes this report with pleasure and appreciation. It is most gratifying to learn of such outstanding devotion to duty as displayed by you. It is realized that considerable time over and above that normally considered working hours, has been spent by you and your family in maintaining the condition of the buildings and grounds in such an excellent manner. The outstanding maintenance of the grounds have had a propitious effect on public relations and reflects creditably on your dedication to duty.

3. A copy of this letter will be forwarded to Headquarters for inclusion in your official record.

I. E. ESKRIDGE

Copy to:
Comdt (PE)

1957 FEB 11 15 11
PEA-A

UNITED STATES COAST GUARD

3-13 FILE

Address reply to:
Commander, 13th CG District
618 Second Avenue
Seattle 4, Washington

12 November 1954

From: Commander, 13th CG District
To:
Via: SHAFFER, Arthur C. (219-282) BM1, USCG
Commander, CG GROUP, Grays Harbor, Washington
Subj: Officer in Charge; designation as

1. Under authority of Article 29-1-5(C), Aids to Navigation Manual, you are hereby designated as Officer in Charge, North Head Light Station.

2. Your unit shall be organized as outlined in Chapter 29, Aids to Navigation Manual, other pertinent regulations and orders of your Group Commander.

3. In accordance with Commandant's Circular No. 25-51, you are directed to refer all breaches of discipline within your cognizance to your Group Commander.

4. You are not authorized to grant leave to personnel attached to your unit. Each request will be referred to your superior in command.

W. H. BUXTON
By direction

CC:
Comdt (PE)
C13CGD (o)

FILE
EPH

CG Grp Pt Adams
Hammond,Oregon

18 November,1953
P15/MM

From: Cdr. Group Point Adams
To: SHAFFER, Arthur C.(219-282) BM1, USCG

Subj: Good Conduct Award

1. It is a pleasure to award to you this Good Conduct Medal for the period of meritorious enlisted service in the United States Coast Guard, for the period ending 26 August,1953, while attached to the CG Group Point Adams, and attached to North Head Light Station,Ilwaco, Washington.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during this three (3) year period.

R.C. VAN HINE

CC: Service Record
HQ(PMM)
File

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

FIRST ENDORSEMENT ON Cdr Grp Pt Adams ltr 18 Nov.1953,File: P15/MM

21 November,1953

From: SHAFFER, Arthur C.(219-282) BM1,USCG
To: Cdr. Group Point Adams

Subj: Good Conduct Award; Receipt of

PE-64

1. Receipt of the above Award is acknowledged.

Arthur C. Shaffer

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

P
14 October 1953
FILE:

From: Commander, 13th CG District
To: Commandant (PE-3)

Subj: Service Records; correction of

Ref: (a) H/L PE-3, MM dtd 6 October 1953
(b) H/L PE-3, MM dtd 8 October 1953

1. The records for the below named men have been corrected in accordance with references (a) & (b) and are returned as enclosures herewith:

WALLIMAN, Andrew J. (279-998) SN, USCG
SHAFFER, Arthur C. (219-282) BM1, USCG

2. Forms NAV S & A 550 requested are not forwarded herewith since they were forwarded 6 October 1953 by Commander, 13th CG District (f). Headquarters is advised that in the future they will be forwarded more promptly.

M. A. JORDAN
By direction

Encl: (1) SR dtd 9-11-53
(2) SR dtd 8-26-53

PE-3
8 October 1953
MM

From: Commandant
To: Commander, CG Group Point Adams, Hammond, Ore.
Via: Commander, Thirteenth CG District (p)

Subj: SHAFFER, Arthur C. (219-282)BM1; correction of records

1. The enclosed service record of subject man, who was discharged 26 August, 1953 at your unit, is returned for correction of forms CG 3301, 2511-A and DD-214.

2. Forms CG 3301 and 2511-A indicate that SHAFFER, completed 20 years, 01 month and 10 days total creditable service for pay purposes and DD-214 20 years, 00 months and 37 days. HQ records indicate he completed 20 years, 1 month and 09 days creditable service for pay purposes and for Enlistment Allowance.

3. Form Nav S & A 550 for subject man was not received with his service record.

4. It is requested that Forms 3301, DD-214 and 2511-A be corrected as noted and the enclosure and Form 550 be returned to the Commandant (PE-3).

B. A. SHAW
By direction

PE-64
mailed 10-9

Encl. (1) S/R dated 8/26/53

S. MCKENNA:mow return to 3-13

FILE

2528B

# APPLICATION FOR SAVINGS BOND ALLOTMENT

From compensation of

SHAFFER, Arthur C.(219-282)EM1

Monthly allotment in the amount of

---- SIX and 25/100--------- (Words) ($6.25 (Figures)) Dollars

PAYABLE TO

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month October, , 1953

Reason for allotment: (Check one)

Bond a Month_____ Bond a Quarter X

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

Arthur C. Shaffer

Rank or rating EM1 U. S. C. G.

28 September, , 19 53

Approved, allotment granted.

R.C. VAN HINE, CHBOSN, Cdr.

Commanding Grp Pt Adams, Hammond, Ore

Commander_____ District.

Witnessed and registered 5 October, 19 53

Authorized Certifying Officer, C. M. McHENRY, PCLK, USCG 13th CG District

INSCRIPTION ON BOND (Leave blank)

ACKNOWLEDGMENT

FOR INFORMATION OF AUTHORIZED CERTIFYING OFFICER

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

AHW

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ☆ G. P. O.: 1948 - 799449

PE-64

PE-63

UNITED STATES COAST GUARD

7-31-13 file

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

AIR MAIL
PS
6 March 1952
FILE: L-13

From: Commandant
To: Commander, 13th CG District (p)
Via:

Subj: SHAFFER, Arthur C. (219-282)BM1,USCG; National Service Life Insurance, Waiver of Premiums, Allotment Adjustment, completion of

The inclosed forms executed by the above named man are returned for the reasons as indicated. It is requested that the necessary corrections be made and the forms resubmitted to Commandant (PMM).

( ) Signature of witness.
( ) Signature of examining physician.
( ) Signature of applicant, Part I, VA Form 9-350a.
( ) Signature of applicant, Part II, VA Form 9-350a.
( ) Date of application.
( ) Date of physical examination.
( ) Applicant has been in service over 120 days, VA Form 9-350a is required.
( ) Allotment for $_____ in effect. The allotments should be combined. (See Art. 260(5)(a) P&SI. Forward stoppage form for allotment now in effect and Form 2528 for increased amount.
( ) Remittance for two months premiums required for reinstatement not tendered.
( ) Form 2528-A for $_____ not submitted for allotment now in effect. Form 2528 being held at Headquarters pending receipt of 2528-A.
( ) Form 2528 has not been completed in accordance with Art. 260(4)(e) P&SI. Correct and resubmit Form 2528 to Commandant (PMM).
( ) Form VA9-350, VA9-350a, not dated, signed and witnessed.
( ) Month and year of first payment on Form 2528.
( ) Amount given in words does not agree with that shown in figures. Correct amount of premium is $_____.
(X) Form No. CG-2528-A returned for completion of items as indicated.
( ) Signature of allotter.
( ) Signature of approving officer.
(X) Signature of authorized certifying officer.
( ) Form 2528 not completed in accordance with Art. 256 (4) P&SI. Remittance of $_____ required, to place premium payments on an advanced paying basis.
( ) Form 2528 in amount of $_____ received. VA Form 9-350, 9-350a, not received. Advise if insurance was previously approved or if forms were sent Veterans Administration direct.

** Returned for proper registration, Corrected Allotment Stoppage in the amount of $8.84 effective with month of last payment August 1951. Return to Commandant (PS).

B. V. BALL
By direction

Incl: Form CG-2528-A
Cc: STa- 6-7 Attn : Mrs. Hunger

MAR 6 1952

MJM:ceb rm 2107 2-4

B 9119 TREASURY-CGHQ-WASH.,D.C.

FILE 3-13

Eff. 4-1-50 / 6-9-51

VETERANS ADMINISTRATION

# STATEMENT OF ALLOTMENT DIFFERENCES

FILE NO. (FN, FV, FH, and FK)
FV1426 43 10

POLICY NO(S). (N, V, H, or K)
~~FV1426 43 10~~
V1647 39 91

**TO**

- ☐ Insurance Deposits Division, Office of Chief of Finance, Department of Army
- ☐ Allotment Officer, Department of the Navy
- ☐ Marine Corps Allotment Officer, Department of the Navy
- ☑ Coast Guard Allotment Officer, Treasury Department

**FROM**

- ☑ National Service Life Accounts Division
- ☐ U. S. Government Life Accounts Division

The following information has been reported by your Department.

TYPE OF NOTICE RECEIVED (*Check*)
☐ NEW ALLOTMENT ☑ DISCONTINUED ALLOTMENT

| NAME (*Last name, first name, middle initial*) | RANK | SERVICE SERIAL NO. | CLASS | AMOUNT | EFFECTIVE DATE MONTH | EFFECTIVE DATE YEAR |
|---|---|---|---|---|---|---|
| Shaffer, Arthur C. | | 219 282 | N | 8.84 | 9 | '51 |

According to Veterans Administration records, the following adjustments should be made by your Department.

| NAME (*Last name, first name, middle initial*) | RANK | SERVICE SERIAL NO. | CLASS | AMOUNT | EFFECTIVE DATE MONTH | EFFECTIVE DATE YEAR |
|---|---|---|---|---|---|---|
| | | | | | 8 | '51 |

REMARKS (*Use reverse if additional space required*)

SECTION 622 WAIVER

DATE PREPARED: 12/6/51

PREPARED BY (*Signature and title*): E. Coon

VA FORM 9-1588 SEP 1949 SUPERSEDES VA FORM 1588; 9-1588a, APR 1949; 9-1588b, OCT 1946; AND 9-1588c, MAY 1946, WHICH WILL NOT BE USED.

16—59971-1 U. S. GOVERNMENT PRINTING OFFICE

Commander,
Coos Bay Group,
Charleston, Oregon

13 September, 1951
GV/L13

From: SHAFFER, Arthur C. (219-282) BM1
To: Veterans Administration, Washington 25, D. C.
Via: (1) Commander, Coos Bay Group, Charleston, Oregon
(2) Authorized Certifying Officer, Thirteenth CG District
(3) Commandant (PMM)

Subj: Waiver of premiums for term insurance

1. I do hereby apply for a waiver under the provisions of Section 622, of the National Service Life Insurance Act, as amended, of premiums falling due on the following Life Insurance policy Nos. V-1647-39-91, V-1426-43-10.

AMOUNT OF INSURANCE: $10,000.00 AMOUNT OF PREMIUM: $8.84

DATE OF BIRTH: 18 December, 1908 DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 27 August, 1949.

2. I understand that the period of waiver will expire 120 days after the date of my separation from active service and that all premiums falling due more than 120 days after that date must be timely paid to the Veterans Administration, in order to continue the insurance in force. I further understand that I must inform the Veterans Administration of any change of beneficiary of settlement option on this policy.

Arthur C. Shaffer

Arthur C. Shaffer
Route 4, Box 2310
Vancouver, Washington

Ind-1
Coos Bay Group

15 September, 1951

From: Commander, Coos Bay Group, Charleston, Oregon
To: Veterans Administration, Washington 25, D. C.
Via: (1) Authorized Certifying Officer, Thirteenth CG District
(2) Commandant (PMM)

1. I witness the signature of the applicant on the date shown above and certify the above service information and that the applicant has been in continuous active service for a period of 31 days or more.

2. Forwarded.

/s/ B. L. Higgins

B. L. HIGGINS

OinC Cape Blanco LS ltr to
Commandant

4 August 1950
604

OPERATIONS
AIDS TO NAVIGATION DIV.

From: Commander, 13th CG District
To: Commandant

Subj: Inspection of Station upon assuming command; Report on

Forwarded.

E. J. SUYDAM
By direction

Take under
Shaffer, Arthur C (219-28-2).

ADDRESS REPLY TO

AUG 4 - 1950

REFER TO FILE

13th COAST GUARD DISTRICT
MAIL ROOM (oc)

Ind-1
Cape Blanco Light Station
Sixes, Oregon

1 August, 1950

1. Attached report of inspection and inventory verified and approved. Assumed duties as Officer in Charge of Cape Blanco Light Station, on 1 August, 1950.

Arthur C. Shaffer

Arthur C. Shaffer

Ind-2
CG Group, Coos Bay
Charleston, Oregon

2 August, 1950

From: Commander, CG Group, Coos Bay
~~Xxx~~ ~~Xxxxxxxxxxxxxxxxxxxxxxxxxxxx~~
To: Commandant, U. S. Coast Guard (O)
Via: Commander, 13th CG District (o)

Forwarded:

B. L. Higgins

B. L. HIGGINS

ADDRESS REPLY TO

Sixes, Oregon

Cape Blanco Light Station

31 July,1950

REFER TO FILE

CG~~68~~

From; Anderson,Albert G. Keeper, OinC
To; Commandant, U.S. Coast Guard (O)

Via; (1) Shaffer,Arthur C. (219-282) BM1
(2) CO,CG Group,Coos Bay, Charleston, Oregon
(3) Commander, 13th CG District (O)

Subj; Inspection of Station upon assuming command,Report on

Ref; (a) Article 7-1-25, CG Regulations

1. In accordance with Ref. (a), a thorough inspection of Cape Blanco Light Station was Made with Shaffer, Arthur C. BM1 and complied to as follows

1. The Light Tower, Main Station Bldgs. and grounds were found in good condition

2. All Aids to navigation, such as Light Beacon, Radio Beacon and special equipment were tested and found in good working order.

3. All items of Public Property were checked and found to agree with the Record of Public Property.

4. Emergency Light Beacon and fire dills were held and Equipment operated in good order.

5. Locations of utilities and systems were pointedout.

6. All keys were turned to the new command also the combination to the safe.

7. All NRP, were turned over to the new Command and a signed receipt received.

8. All unexecuted orders were turned over.

Albert G. Anderson

Albert G. Anderson

UNITED STATES COAST GUARD

FILE

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

20 February 1950
FILE: PMM 73

From: Commandant
To: SHAFFER, Arthur Carl (219-282) BM1, USCG
Via: (1) Commander, Thirteenth Coast Guard District (pmp)
(2) Commander, Neah Bay Group

Subj: National Service Life Insurance, Policy No. N-2 690 379
Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $3,000 level term National Service Life Insurance issued under policy number N-2 690 379 will expire on 31 March, 1950. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $7.61 per month for premiums on National Service Life Insurance as follows:

$2.22 - $3,000 term insurance N-2 690 379 effective 1 April, 1942
$5.39 - $7,000 additional term insurance

If insurance is renewed, the new allotment should be $8.00. Your authorized certifying officer should be instructed to discontinue the $7.61 allotment with the month of last payment February, 1950 and to establish the new allotment, reflecting the increased premium, effective with the month of first payment March, 1950.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528A) should be forwarded to the Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

Incls.
1. VA ltr FL9-355
2. Form VA9-1658
3. Form VA9-358
MJM:erb return to room 2002

R. M. WEST
By direction

FEB 20 1950

mjm.

Form approved
BUDGET BUREAU NO. 76-R002.42

FILE
M.J.S.

# APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Arthur; Middle: Carl; Last name: ~~Schffer~~ Shaffer

2. HOME ADDRESS: Number, Street or rural route — County, city, town, or post office: Ketchikan; State: Alaska

3. I WAS BORN AT — City, town, or post office: Williamsville, ; State: Illinois; Day of month: 18; Month: December; Year: 1908; Age nearest birthday: ~~25~~ 34

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 15 August 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating.: B.M.2c (Pro); Organization, regiment, station, ship, etc.: U.S.C.G.

6. SERIAL NUMBER: 219-282

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") : None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 7,000.00

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ 3,000.00 POLICY No. unknown
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

| 11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated) | Relationship | Amount of insurance to be paid to each beneficiary | Post-office address (Number and street, city, town, or post office and State) |
|---|---|---|---|
| PRINCIPAL: Olive Mae Shaffer | wife | $7,000 | P.O. Box 127, Vancouver, Wn. |
| CONTINGENT: Kathryn Raye Shaffer | daughter | $7,000 | " " " " " " |

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Olive M. Shaffer (Full name) P.O. Box 127, Vancouver, Washington. (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 9 day of June 19 43 and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $_____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

| A. BY ALLOTMENT OF PAY MONTHLY | B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION | | | |
|---|---|---|---|---|
| | Monthly | Quarterly | Semiannually | Annually |
| $ 4.69 ✓ | $ | $ | $ | $ |

SIGNED AT Ketchikan, Alaska ON THE 9 DAY OF June 19 43

WITNESSED BY: _____

INFORMATION AS TO SERVICE CERTIFIED BY: _____

/s/ V.G. Ellism Lieut. USCGR
(Rank and organization. See reverse side, paragraph 4.)

/s/ Arthur C. Shaffer
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

## DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

23 September, 1949
PE-PR-35, CG-73

From: Commandant
To: Commander, CG Group, Neah Bay, Wash.
Via: Commander, 13th CG District (pmp)

Subj: SHAFFER, Arthur C. (219-482) BM1; correction of records

Headquarters copy of the enlistment contract of subject man who was re-enlisted on 27 August, 1949 has been corrected to show his Army service as 4 years, 2 months and 25 days. It is requested that your records be corrected accordingly.

B. A. SHAW
By direction

McKenna:vs:Ret.3-13

Jm.
L.O.P.

COPY

UNITED STATES COAST GUARD

Address Reply to
Commander
13th Coast Guard District
New World Life Bldg.
Seattle 4, Washington

8 August 1949
File: CG-82L.

From: Commander 13th Coast Guard District
To: Commandant(PA-PX)

Subj: Statement of Pay Accounts, Request for

1. For the purpose of crediting and checking various enlisted personnel it is requested that a statement of pay account for the periods indicated be furnished this unit.

| | | | |
|---|---|---|---|
| 279-093 | DOUSSET, William | Base Pay and Longevity | 7/1/48 to 12/31/48 |
| 205-030 | HUGGINS, Henry T. | Base Pay and Longevity | 7/1/48 to 12/31/48 |
| 279-251 | INLAN, James,A.,Jr. | Base Pay and Longevity | 7/1/48 to 12/31/48 |
| 229-113 | LAURSEN, Lawlem (n) | Base Pay and Longevity | 1/1/48 to 12/31/48 |
| 260-445 | SIKES, Harold G | Lump Sum Paid | 1/1/49 to 6/30/49 |
| 277-316 | SMITH, James T. | Base Pay and Longevity | 1/1/48 to 12/31/48 |
| 219-262 | SHAFFER, Arthur G | Base Pay and Longevity | 7/1/48 to 12/31/48 |
| 265-731 | PATTERSON, Burton C. | Base Pay and Longevity | 7/1/47 to 12/31/48 |
| 110-728 | WALKER, Guy C. | Base Pay and Longevity | 7/1/48 to 12/31/48 |
| 279-408 | WEIR, Lucien,V. | Base Pay and Longevity | 7/1/48 to 12/31/48 |

/s/ M. MARSHAL
M. MARSHAL
By direction

Form 9626
TREASURY DEPARTMENT

# U. S. COAST GUARD

OFFICIAL DISPATCH

**TRANSMIT**

3-13

DATE 25 AUGUST 1949

FROM

**COMMANDANT (PE-C)**

File

| | |
|---|---|
| | SECRET |
| | CONFIDENTIAL |
| | RESTRICTED |
| | URGENT |
| | PRIORITY |
| XXXX | ROUTINE |
| | DEFERRED |
| | MAILGRAM |
| | ACKNOWLEDGE |

TO (FOR ACTION)

CCGD THIRTEEN

TO (FOR INFORMATION)

| | |
|---|---|
| | URGENT |
| | PRIORITY |
| XXXXX | ROUTINE |
| | DEFERRED |
| | MAILGRAM |
| | ACKNOWLEDGE |

CO CG GROUP NEAH BAY WASH

MAIL TO

TELEPHONE TO

MESSENGER TO

1949 AUG 26 10 14

PEA-A

OUTGOING HEADING

252Ø2Ø

TEXT

UR 240050Z X WAIVER GRANTED X REENLISTMENT AUTHORIZED STE ONLY SHAFFER ARTHUR C 219 DASH 282 BM1 X FORM 88 BEING FORWARDED CG GROUP NEAH BAY WASH THIS DATE

reference

p to pe x forms 2525 baker for reenl of shaffer arthur c 219 292 bm1 fwd to hq by co cg group neah bay wash on 14 july 1949 x enl exp 14 aug 1949 x request advise by dispatch if reenl auth

W. C. CAPRON, Capt., USCG
Chief, Enl. Pers. Div.

TOD 252Ø2Ø NTX 487 YA

OPERATOR'S RECORD Return to 3-11 ORR

OFFICE OF ORIGIN: Correspondence Section

INITIALS OF RELEASING OFFICER:

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23739

DE BWKJ 7

FROM: RNM 240050Z
FM CCGD THIRTEEN

ACTION: TO BEPJC/COMDT COGARD

INFORM: INFO ZEN/COGARD GROUP NEAH BAY WASH

GRNC

waiver granted auth recd 8/6

3-11

TEXT

P TO PE X FORMS 2525 BAKER FOR REENL OF SHAFFER ARTHUR
C 219 282 BM1 FWD TO HQ BY CO CG GROUP NEAH BAY WASH ON 14 JILY 1949
X ENL EXP 14 AUG 1949 X REQUEST ADVISE BY DISPATCH IF REENL AUTH

CFN 2525 219 282 BM1 14 1949 14 1949

24/0050Z AUG BWKJ

PEA-X

1949 AUG 24 09 09

Reenlistment not authorized any status X Form 88 mailed to C.G. Group, Neah Bay, Wash.

AMAL 1949

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

16 August 1949
File: PA-PR 73

From: Commandant
To: Commander, 13th. Coast Guard District (fp)
Via:

Subj: SHAFFER, Arthur C. (219-282)BM1., USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to ~~31 December 1948~~
(b) Letter 8 August 1949, File CG-521

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction
W. H. ROBERTS

| Credits: Description of item | 1948 From | 1948 To | Period Mos. | Period Days | Monthly or daily rate | Credits | Start Symbol | Stop Symbol |
|---|---|---|---|---|---|---|---|---|
| BM1 (9) 5/19/46 | 7/1 | 12/31 | 6 | 00 | 155.25 | 931.50 | R.L.Edmands | CF |

| Charges: Description of item | Charges & Checkages | Start Symbol | Stop Symbol |
|---|---|---|---|
| None Pertinent | | | |

*Other pertinent information or remarks:*

Closed to 31 December 1948 - R. L. EDMANDS

JE Digges
8-16-49
B 907

cwb

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1c |

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

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 22 November, 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

TIME 2130

DATE 11-20-44

TRANSFERRED TO: DCGO, 13ND

FOR Assignment to duty.
Granted 25 days leave enroute.

AUTH: HL 8-7-44(CG-73-531)(PEA-A)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: T. A. HOAGE

T. A. HOAGE, Ensign, R & A Officer
(Commanding)

POSTING REQUIRED

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| JJ | 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

js

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

219

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1c |

| MAJOR UNIT ~~XXXX~~ | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG Unit 258 (17) | | 17ND |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 21 November, 1944

TIME: 1930
DATE: 11-18-44

REPORTED FROM: CG Unit 273
FOR: Assignment to duty

DUTY CODE No. 18-F AUTH: DCGO/L 11-17-44(73-701-531)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

I. A. Hoage

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

EXAMINED BY

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| 201 | 2 | 17 | 4 | 18 |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| PEA-E 12 | CODED NO. 12 |

| Machine Accounting | |
|---|---|
| Punched | OPERATOR No. 76 |
| Verified | |

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

OPERATOR No. 19

js

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

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1c |

| MAJOR UNIT XXXX | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG Unit 273 | | 17ND |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 21 November, 1944

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1830
DATE 11-18-44

TRANSFERRED TO: CG Unit 258
FOR Assignment to duty

AUTH: DCGO/L 11-17-44(73-701-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

J. A. Hoage
I. A. HOAGE, Ensign, R & A Officer
(Commanding)

NO POSTING REQUIRED

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

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

# REPORT OF CHANGE IN PERSONNEL

60

| SHAFFER | Arthur | C. | 219-282 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| CG GROUP<br>NEW DUNGENESS LIGHT STATION | 13-133 | Port Angeles, Wash. | 4 December, 1945 |
|---|---|---|---|
| (Major unit) | (Unit Item No. or vessel's assigned district) | (Place) | (Date) |

(Minor unit)

Rating of Boatswain Mate Second Class, which was held on 31 July, 1943, is hereby made permanent. This man is deemed fully qualified for the rating of Boatswain Mate Second Class.

DUTY CODE No.: 30D
AUTHORITY: Alcoast 143(1945)

J. W. MacIntosh Jr.
(Commanding)
J. W. MacINTOSH, Jr. Comdr. USCG
Executive Officer
(Title)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

| Records | |
|---|---|
| Posting | Coding |
| | |

4-E 49

| Machine Accounting |
|---|
| Punched |
| Verified |

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

217

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

159

# REPORT OF CHANGE IN PERSONNEL

| SHAFFER | Arthur | C. | 219-282 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

CG GROUP Port Angeles group
NEW DUNGENESS LIGHT STATION (13-133) Sequim, Washington 21 December, 1944
(Unit) (Place) (Date)
( Minor assist )

2.78

1800 - 21 December, 1944: Reported on transfer from DCGO, 17ND, having previously reported to DCGO, 13ND at 1415 - 24 November, 1944.

Granted 25 days' leave enroute.

30 D
AUTHORITY: HL 8-7-44 (PEA-A)
(CG-73-531).

(Commanding) Lieut. (R)
B. P. PEARSON
By direction
(Title)

| DATE | R P | EXP-ENL | PAY GRADE | NEXT PAY PER. | DIST. | FOR DOM. | DUTY |
|---|---|---|---|---|---|---|---|
| 201 | | | 2 | | 13 | 2 | 30 |
| II | III | X | XIV | XV | XVII | XX | XXI |

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| LAW | PERSONNEL RECORDS | | |
|---|---|---|---|
| | STATISTICS | CORRESPONDENCE | RECORDS |
| | | | PEA-E 99 |

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—20504-1

OPERATOR No. 17

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

# REPORT OF CHANGE IN PERSONNEL

| SHAFFER | Arthur | C. | 219-282 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

OFFICE, DCGO
13th Naval District
(Major unit)

13-001
(Unit Item No. or vessel's assigned district)

Seattle, Wn.
(Place)

21 December, 1944
(Date)

(Minor unit)

1100-20 December, 1944: Reported from DCGO, 17th Naval District, Ketchikan, Alaska.

Granted twenty-five (25) days leave enroute.

1300-20 December, 1944: Departed for CG GROUP, Port Angeles, Washington for assignment to duty at New Dungeness Light Station, Sequim, Washington.

Granted no leave enroute.

DUTY CODE No.: 18
AUTHORITY: HL 8-7-44(73-531)(PEA-A)

M K Kempter Lt(jg)
(Commanding)
M. K. KEMPTER
By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

| Records | |
|---|---|
| Posting | Coding |
| NO POSTING REQUIRED | |

| Machine Accounting |
|---|
| Punched |
| Verified |

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

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

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| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM2c. |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG AIR STATION | | Port Angeles, Wash. |

| UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT | DATE |
|---|---|
| 13-128 | 15 August, 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)

1000 - 15 August, 1946: Reenlisted for a period of three (3) years on a Special Temporary Enlistment.

PAFE: Port Angeles, Washington (CG Air Station)

Entitled to Reenlistment Allowance of $100.00

DUTY CODE NO. 30-D
AUTH: Art. 552 & 553 Regs.
HQ ind on ~~2525-B~~
~~Art. 235(1) P&SI~~
PB-103-44

J. W. MacIntosh Jr.
J. W. MacINTOSH, JR.
(Commanding) By direction

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

RECEIVED 61

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM2c. |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG AIR STATION | | Port Angeles, Wash. |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 13-128

DATE: 14 August, 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)

1400 - 14 August, 1946: Issued "Honorable Discharge" No. A65736 by reason of expiration of full term 3 year enlistment and voluntary extension thereof. To reenlist in Special Temporary Enlistment following day.

PAFE: Ketchikan, Alaska
POE: Ketchikan, Alaska
POB: Port Angeles, Washington

Entitled to Mileage
Entitled to MOP

Creditable Service: 5 yrs. 0 mo. 0 days.

DUTY CODE NO. 30-D

AUTH: Alcoast 144-45
ART 589(1) ~~Regs.~~
Art 138 (1) P&SI

J. W. MacIntosh Jr.

J. W. MacINTOSH, JR.
(Commanding) By direction

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 93

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER Arthur C. | 219-282 | BM1c |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP EDIE HOOK LIGHT STATION | | Port Angeles, Wash. |

| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. | DATE |
|---|---|---|
| 13-128 | | 26 April, 1946 |

TIME 1115 REPORTED FROM: CG AIR STATION, Port Angeles, Washington

DATE 26 April, 1946 FOR assignment to duty

DUTY CODE NO. 30D AUTH: Comdr., 13th C.G.D. (pra) ltr 4-24-46, file CG-73-701

TIME TRANSFERRED TO:

DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: W. CURWEN, JR., Lieut USCGR - 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 |
| | |

PEA-E 49

MACHINE ACCOUNTING

Punched _____

Verified _____

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

Port Angeles, Washington

CO CG AIR STATION
CG-73

22 March, 1946

To: SHAFFER, Arthur C. (219-282) BMlc

Subj: Area Campaign Medals and/or Operation and Engagement Stars and Other Awards; authorization for

1. Your service record indicates that your service which would entitle you to Area Campaign Medals and/or Operation and Engagement Stars is as follows: Guard Island Light Station, Ketchikan, Alaska, 8/15/41 to 11/20/44; New Dungeness Light Station, Sequim, Washington from 12/21/45 to 3/22/46.

2. By reason of the above-listed service, you are entitled to the following awards:

American Defense Service Medal with star
American Area Campaign Medal
Asiatic-Pacific Area Campaign Medal

3. You are also entitled to wear the World War II Victory Medal for honorable service in the U. S. Coast Guard from 7 December, 1941 to the present date.

4. You are further entitled to wear the Coast Guard Good Conduct Medal for completing a continuous period of three years' active service with no mark in conduct of less than 4.0 from 8/15/41 to 8/14/44.

5. Until such time as the above medals are awarded you, you are authorized to wear the ribbon of each of the particular medals indicated.

W. I. SWANSTON

CC: HQ (PEA-E-80)

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

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GRDUP (Unit) — PortAngeles, Washington (Place)

19 March, 1946 (Date)

FROM: SHAFFER, Arthur Carl (219-282), BMlc

To: COMMANDANT (via Commanding Officer)

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

| | |
|---|---|
| Olive Mae Shaffer (Full name of wife; if not married, so state) | Route 4, Box 66 Vancouver, Washington (Address of wife) |
| Kathryn Raye Shaffer (born 8-23-42) (Full name of child; if none, so state) | Same (Address of child) |
| Donna Mae Shaffer (Born 8-23-45) (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:

| | | |
|---|---|---|
| Arthur Shaffer (Full name of relative) | Father (Relationship) | Apt. 968, Ogden Meadows, Vancouver, Washington (Address of relative) |

Potential
(State briefly wherein dependency exists)

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

| | | |
|---|---|---|
| Minnie Hanson (Full name of relative) | Mother (Relationship) | 427 Cleveland Avenue, Spokane, Washington (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 19th day of MARCH, 19 46

S. B. Godwin
S. B. GODWIN, Ens (WR) (Signature)

By direction
(Rank or title)

Arthur Carl Shaffer
(Signature)

BMlc - USCG
(Rank or rating)

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

8-22

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP NEAH BAY, Washington | Cape Flattery Light Station | Neah Bay, Washington |

| UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT | | DATE |
|---|---|---|
| 13-133 | 13-135 | 27 August, 1949 |

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

27 August, 1949 - Reenlisted this date for four (4) years, STE, in the rating of Boatswain's Mate First, and resumned regular duties at this unit.

PREVIOUSLY CREDITABLE SERVICE: (USCG*ARMY) 16 years, 01 month, 10 days.
LAST DISCHARGE: (fm USCG) 26 August, 1949
MARITAL STATUS: Married.
PAFE: Neah Bay, Washington

Auth: HQ/D 252020Z August, 1949
Art. 556, CG Regulations.

DUTY CODE NO.
AUTH:

R. H. WILSON, BOSN, Officer in Chg.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |
| II | XIV | XVII | XX | XXI |

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

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 8-21

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur G. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP NEAH BAY, Washington | Cape Flattery Light Station | Neah Bay, Wash. |
| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. 13-135 | DATE 26 August, 1949 |

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 26 August-1949- Issued HONORABLE DISCHARGE this date by reason of expiration of enlistment and authorized extension of 13 days thereof.
PAFS: Port Angeles, Washington
POD: Neah Bay, Washington
TOTAL CREDITABLE SERVICE: 16 yrs. 01 mo 10 days

EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

AUTHORITY: Arts. 589(1)&591(5)(c), CG REGS.

R.H. WILSON, BOSN, Officer in Charge
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 8-12

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP NEAH BAY, Wash. | Cape Flattery Light Station | Neah Bay, Wash. |
| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. | DATE |
| | 13-135 | 14 August, 1949 |

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
14 August, 1949 - Enlistment extended for such period as required pending reciept of form 88 and authorization for reenlistment from Headquarters.
(Art. 591 (5)(c) CG Regulations)(Art.553(1)(3) CG Regulations)

EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

R. H. WILSON, BOSN, CinC
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

# REPORT OF CHANGE IN PERSONNEL

**TREASURY DEPARTMENT**
**United States Coast Guard**
CG-2599 (REV. 3-48)

No. 7-15

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| CG GROUP, COOS BAY | Cape Blanco Light Station | Sixes, Oregon |
| **MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM NO.** | **DATE** |
| | 13-34100 032 | 25 July, 1950 |

TIME 2030
DATE 24 July, 1950

REPORTED FROM: Cape Flattery Light Station, Neah Bay, Washington
FOR ASDU Cape Blanco Light Station

AUTH: C13th CG District ltr. 22 June, 1950 File-73,531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

## EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

B.I. HIGGINS, CBOSN, USCG
(Commanding.)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

### ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

### RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | FE-PR-34 | |

### OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

# REPORT OF CHANGE IN PERSONNEL

**TREASURY DEPARTMENT**
**United States Coast Guard**
CG-2599 (REV. 3-48)

No. 7-6

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 219-282 | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| CG GROUP, COOS BAY | | Charleston, Oregon |
| **MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM NO.** | **DATE** |
| 13-525083 | | 15 July, 1950 |

TIME 1330U
DATE 14 July, 1950

REPORTED FROM: CG Group, Neah Bay, Neah Bay, Oregon
FOR Temporary Duty.

PE-PR-39

AUTH: Ind-3 of C13thCGD/L - 22 June, 1950; p 73, 531

TIME 1400U
DATE 14 July, 1950

TRANSFERRED TO: Cape Blanco Light Station, Sixes, Oregon
FOR Assignment to duty,
Granted (10) days Authorized Leave enroute
EDA - 24 July, 1950

AUTH: Ind-4 of C13thCGD/L - 22 June, 1950; p 73,531

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

AUTH:

OTHER CHANGES (SPECIFY)

## EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

CC: Cape Blanco Light Station

B. L. HIGGINS, CBOSN., USCG
(Commanding.)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

### ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

### RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

### OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 7-7

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SHAFFER, Arthur C. | 215-282 | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| CG GROUP NEAH BAY | Cape Flattery Light Station | Neah Bay, Wash. |
| **MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM NO.** | **DATE** |
| 13-133 | 13-131 | 10 July, 1950 |

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1030
DATE 8 July, 1950

TRANSFERRED TO: Cape Blanco Light Station , EDA 7/14/50
FOR ASDU

AUTH: C13CGD/L 6-22-50, file p 73, 531

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

AUTH:

OTHER CHANGES (SPECIFY)

## EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

Fred H. Gold, BM1(D) (Acting)
(Commanding.)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

### ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

### RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

### OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA, SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4113 (1-62)

# RECORD OF EMERGENCY DATA

*(See instructions on reverse before making entries)*

| 1. NAME OF DESIGNATOR (Last, first, middle) | 2. PRESENT SERVICE NO. | 3. GRADE/RATE | 4. DATE OF BIRTH | 5. RELIGION |
|---|---|---|---|---|
| SHAFFER, Arthur Carl | 219 - 282 | BM1 | 12-18-08 | Prot. |

| 6. SELECTIVE SERVICE BOARD (Enter number and location and date of first entry into Armed Services) | 7. PRIOR MILITARY SERVICE (Check) | 8. FORMER SERVICE NUMBERS | 9. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| General Delivery<br>Augusta, LEWIS & CLARK, Montana<br>23 January 1933 | [X] YES [ ] NO | US Army 654-7368 | 574 - 03 - 5058 |

*(Indicate by "X" in block opposite name, person(s) listed below who are NOT to be notified due to ill health. See instructions for explanation)*

| | | | | | | |
|---|---|---|---|---|---|---|
| 10. | WIFE OR HUSBAND (If none, or deceased, so state)<br>SHAFFER, Olive Mae | ADDRESS<br>Cape Arago Light Station, Rt 2, Coos Bay, Oregon | | | | |
| 11. | NAMES OF CHILDREN (Will be notified if no spouse survives or if children of other than present spouse) | ADDRESS | MARRIED | SINGLE | SEX | DATE OF BIRTH |
| | SHAFFER, Kathryn Raye | " Same as 10" | | X | F | 8-23-42 |
| | SHAFFER, Donna Mae | " Same as 10" | | X | F | 8-23-45 |
| 12. | FATHER<br>SHAFFER, Arthur W. | ADDRESS<br>3804 N.E. 44th St. Vancouver, Washington | | | | |
| 13. | MOTHER<br>DECEASED | ADDRESS | | | | |
| 14. | ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM<br>DEATHERAGE, Hattie E. | ADDRESS<br>Sparta, Kentucky | | | | RELATIONSHIP<br>Aunt |
| 15. | ALL PERSONS RECEIVING MORE THAN 50% OF THEIR SUPPORT FROM ME (Other than wife or children under 21)<br>None | ADDRESS<br>NA | | | | DATE OF BIRTH / RELATIONSHIP<br>NA / NA |

## DESIGNATIONS

| | | | | |
|---|---|---|---|---|
| 16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN) (Name parents or brothers or sisters only and indicate principal and contingent beneficiary) (10 USC, Section 1475-1480) | | NAME<br>SHAFFER, Arthur W. | ADDRESS<br>"Same as 12" | RELATIONSHIP<br>Father |
| 17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCE (10 USC, Section 2771) (Percent of shares must total 100%) | 100 % | NAME<br>SHAFFER, Olive Mae | ADDRESS<br>"Same as 10" | RELATIONSHIP<br>Wife |
| | % | NAME | ADDRESS | RELATIONSHIP |
| 18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS | PERCENT OF PAY EACH MO.<br>85 | NAME<br>SHAFFER, Olive Mae | ADDRESS<br>"Same as 10" | RELATIONSHIP<br>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 NUMBER |
|---|---|---|
| Acacia Mutual Life Ins. Co. | S.W. 9th Ave. & Alder St, Portland 5, Oregon | 835-487 |
| Armed Forces Enlisted Personnel Benefit Association | 13th & E Streets N.W. Washington 4, D.C. | 3-129 |

| 20. RETIRED SERVICEMAN'S FAMILY PROTECTION PLAN (Check and complete) | | | DATE WITNESSED AND FORWARDED TO COMMANDANT | OPTION | ANNUITY |
|---|---|---|---|---|---|
| | YES | [ ] ELECTED [ ] CHANGED [ ] REVOKED | | | |
| | [X] NO | | | | |

| SIGNATURE OF DESIGNATOR | DATE SIGNED | SIGNATURE AND TITLE OF WITNESS |
|---|---|---|
| Arthur C. Shaffer<br>ARTHUR C. SHAFFER | 19 July 1963 | Robert L. Zoner FNEN<br>ROBERT L. ZONER, FNEN |

REPLACES DD FORM 93-1 WHICH IS OBSOLETE

# 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 |
|---|---|---|---|---|
| SHAFFER Arthur Carl | 219-282 | BM1 | 12-18-08 | Protestant |

| 6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE | 7. PRIOR MIL. SERVICE | 8. FORMER SERVICE NO. |
|---|---|---|
| General Delivery<br>Augusta Montana | [X] Yes [ ] No<br>8-27-53 (DATE LAST ENTRY) | U.S. Army 654-7368<br>9. SOCIAL SECURITY NO.<br>574 - 03 - 5058 |

| FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state) | ADDRESS |
|---|---|
| 10. WIFE OR HUSBAND (If none, so state)<br>Olive Mae Shaffer | Cape Arago Light Station, Rt 2, Coos Bay, Oregon |

| 11. NAME OF CHILDREN (If none, so state. If step or adopted, so state) | ADDRESS | MARRIED YES | MARRIED NO | SEX | DATE OF BIRTH |
|---|---|---|---|---|---|
| Kathryn, Raye, Shaffer | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | | X | F | 8-23-42 |
| Donna, Mae, Shaffer | " " | | X | F | 8-23-45 |

| | |
|---|---|
| 12. FATHER<br>Arthur W. Shaffer | ADDRESS<br>3804 N.E. Vancouver, Washington |
| 13. MOTHER<br>Minnie Hanson | ADDRESS<br>2204 -I- Street, Vancouver, Washington |
| 14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM<br>Hattie E. Deatherage | ADDRESS<br>Sparta, Kentucky |

| 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). | | ARTHUR W. SHAFFER | 3804 N.E. 44<br>Vancouver, Washington | Father |
| | | MINNIE HANSON | 2204 I Street<br>Vancouver, Washington | Mother |
| | | | | |
| 17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT. | 100 % | Olive Mae Shaffer | Rt 2, Cape Arago Lt. Sta.<br>Coos Bay, Oregon | Wife |
| | % | | | |
| 18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS. | PERCENT OF PAY EACH MO. 85 | Olive Mae Shaffer | Rt 2, Cape Arago Lt. Sta.<br>Coos Bay, Oregon | 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. |
|---|---|---|
| ACACIA MUTUAL LIFE INSURANCE COMPANY | 506-7 Woodlark Building<br>S.W. 9th Ave. & S.W. Alder Street<br>Portland 5, Oregon | 835-487 |

| 20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR | DATE SIGNED |
|---|---|
| U.S. COAST GUARD - Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 10-25-57 |

| 21. SIGNATURE OF WITNESS | 22. SIGNATURE OF DESIGNATOR |
|---|---|
| R.C. VAN HINE, CHBOSN, W-3, USCG | Arthur C. Shaffer<br>Arthur C. Shaffer |

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 |
|---|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | 12-18-08 | Protestant |

| 6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE | 7. PRIOR MIL. SERVICE | 8. FORMER SERVICE NO. |
|---|---|---|
| General Delevery<br>Augusta, Montana | [X] Yes [ ] No<br>8-27-53<br>(DATE LAST ENTRY) | U.S. ARMY 654-7368 |
| | | 9. SOCIAL SECURITY NO. 574 - 03 - 5058 |

| FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state) | ADDRESS | MARRIED YES | MARRIED NO | SEX | DATE OF BIRTH |
|---|---|---|---|---|---|
| 10. WIFE OR HUSBAND (If none, so state)<br>OLIVE MAE SHAFFER | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | | | | |
| 11. NAME OF CHILDREN (If none, so state. If step or adopted, so state) | ADDRESS | | | | |
| KATHRYN RAYE SHAFFER | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | | X | F | 8-23-42 |
| DONNA MAE SHAFFER | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | | X | F | 8-23-45 |
| 12. FATHER<br>ARTHUR W. SHAFFER | ADDRESS<br>3804 N.E. Vancouver, Washington | | | | |
| 13. MOTHER<br>DECEASED | ADDRESS | | | | |
| 14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM<br>HATTIE E. DESTHERAGE | ADDRESS<br>Sparta, Kentucky | | | | |

| 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). | | ARTHUR W. SHAFFER | 3804 N.E. 44<br>Vancouver, Washington | Father |
| | | NONE | | |
| | | | | |
| 17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT. | 100 % | OLIVE MAE SHAFFER | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | Wife |
| | % | | | |
| 18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS. | PERCENT OF PAY EACH MO. 85 | OLIVE MAE SHAFFER | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | 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. |
|---|---|---|
| ACACIA MUTUAL LIFE INSURANCE COMPANY | S.W. 9th Avenue & S.W. Alder Street<br>Portland 5, Oregon | 835-487 |
| Armed Forces enlisted personnel Benefit Assoc. | 13th & E Streets N.W.<br>Washington 4, D.C. | Unknown |

| 20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR | DATE SIGNED |
|---|---|
| U.S. COAST GUARD- Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 9-14-61 |

| 21. SIGNATURE OF WITNESS | 22. SIGNATURE OF DESIGNATOR |
|---|---|
| E. S. KLOCK, CHBOSN, W-4, USCG<br>COMMANDER, YAQUINA BAY GROUP<br>NEWPORT, OREGON | Arthur C. Shaffer<br>Arthur C. Shaffer |

FILED
PE-80

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 |
|---|---|---|---|---|
| SHAFFER Arthur Carl | 219-282 | BM1 | 12-18-08 | Protestant |

| 6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE | 7. PRIOR MIL. SERVICE | 8. FORMER SERVICE NO. |
|---|---|---|
| General Delivery<br>Augusta Montana | [X] YES [ ] NO<br>8-27-53 (DATE LAST ENTRY) | U.S. Army 654-7368 |
| | | 9. SOCIAL SECURITY NO.<br>574 - 03 - 5058 |

| FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state) | ADDRESS |
|---|---|
| 10. WIFE OR HUSBAND (If none, so state)<br>Olive Mae Shaffer | Cape Arago Light Station, Rt 2, Coos Bay, Oregon |

| 11. NAME OF CHILDREN (If none, so state. If step or adopted, so state) | ADDRESS | MARRIED YES | MARRIED NO | SEX | DATE OF BIRTH |
|---|---|---|---|---|---|
| Kathryn, Raye, Shaffer | Cape Arago Light Station<br>Rt 2, Coos Bay, Oregon | | X | F | 8-23-42 |
| Donna, Mae, Shaffer | " " | | X | F | 8-23-45 |

| | |
|---|---|
| 12. FATHER<br>Arthur W. Shaffer | ADDRESS<br>3804 N.E. Vancouver, Washington |
| 13. MOTHER<br>Minnie Hanson | ADDRESS<br>2204 -I- Street, Vancouver, Washington |
| 14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM<br>Hattie E. Deatherage | ADDRESS<br>Sparta, Kentucky |

| 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). | | ARTHUR W. SHAFFER | 3804 N.E. 44<br>Vancouver, Washington | Father |
| | | MINNIE HANSON | 2204 I Street<br>Vancouver, Washington | Mother |
| | | | | |
| 17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT. | 100 % | Olive Mae Shaffer | Rt 2, Cape Arago Lt. Sta.<br>Coos Bay, Oregon | Wife |
| | % | | | |
| 18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS. | PERCENT OF PAY EACH MO. 85 | Olive Mae Shaffer | Rt 2, Cape Arago Lt. Sta.<br>Coos Bay, Oregon | 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. |
|---|---|---|
| ACACIA MUTUAL LIFE INSURANCE COMPANY | 506-7 Woodlark Building<br>S.W. 9th Ave. & S.W. Alder Street<br>Portland 5, Oregon | 835-487 |

PE-61

| 20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR | DATE SIGNED |
|---|---|
| U.S. COAST GUARD - Cape Arago Light Station, Rt 2, Coos Bay, Oregon | 10-25-57 |

| 21. SIGNATURE OF WITNESS | 22. SIGNATURE OF DESIGNATOR |
|---|---|
| R.C. VAN HINE, CHBOSN, W-3, USCG | Arthur C. Shaffer<br>Arthur C. Shaffer |

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 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 |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG |

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)* Olive Mae Shaffer — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, and State)*: North Head Light Station, Ilwaco, Washington

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)* |
|---|---|
| Olive Mae Shaffer 36 (36) | North Head Light Station, Ilwaco, Wash. |

| 7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME | ADDRESS *(Number, street, city, and State)* | MARRIED OR SINGLE | SEX | AGE |
|---|---|---|---|---|
| Kathryn Raye Shaffer | North Head Light Station Ilwaco, Washington | single | female | 10 |
| Donna Mae Shaffer | North Head Light Station Ilwaco, Washington | single | female | 7 |

*(Continue on reverse side)*

| 8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)* | ADDRESS *(Number, street, city, and State)* |
|---|---|
| Arthur William Shaffer 70 (70) | Route 4 Box 2310 Vancouver, Washington |

| 9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)* | ADDRESS *(Number, street, city, and State)* |
|---|---|
| Minnie Hanson 70 (70) | Post Office Box 323 Vancouver, Washington |

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: Arthur William Shaffer — Route 4 Box 2310 Vancouver, Washington — RELATIONSHIP: father

ADDRESS *(Number, street, city, and State)*:

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: Minnie Hanson — RELATIONSHIP: mother

ADDRESS *(Number, street, city, and State)*: Post Office Box 323, Vancouver, Washington

## 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. |
|---|---|---|
| American National Insurance Co. | Galveston Texas *(Continue on reverse side)* | 0515327 |

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: Olive Mae Shaffer — RELATIONSHIP: wife

ADDRESS *(Number, street, city, and State)*: North Head Light Station, Ilwaco, Washington — RECEIVE EACH MONTH: 80 % OF MY PAY

| MILITARY ADDRESS | DATE SIGNED | SIGNATURE OF DESIGNATOR |
|---|---|---|
| North Head Light Station<br>U.S. Coast Guard<br>Ilwaco, Washington | 21 January 1953 | Arthur Carl Shaffer<br>Arthur Carl Shaffer |

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50; NME FORM 93 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601 PAGES 7 AND 8; AND NCG 2529, WHICH ARE OBSOLETE.

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

# APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN
## NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED
FILE

*NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.*

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)
ARTHUR CARL SHAFFER

2. INSURANCE FILE NO.
FN –
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
CAPE BLANCO LIGHT STATION, SIXES, OREGON

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.
219-282

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N# 12 571 055 in the amount of $ 7,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)
$ 7,000

8. AMOUNT REMITTED WITH THIS APPLICATION

| | |
|---|---|
| INSURANCE PREMIUM | $ 6.23 |
| TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*) | $ |
| TOTAL | $ 6.23 |

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☒ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☒ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE
May, 1951

AMOUNT OF ALLOTMENT
2.61 FN# 12 571 055
6.23
$ 8.84 total

*ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT*

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

*VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.*

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

| COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*) | RELATIONSHIP | AMOUNT | OPTION |
|---|---|---|---|
| OLIVE MAE SHAFFER (principal)<br>CAPE BLANCO LIGHT STATION, SIXES, OREGON | wife | $7,000 | 1 |
| KATHRYN RAYE SHAFFER (contingent)<br>Cape Blanco Light Station, Sixes, Oregon | daughter | $3,500 | 2 (60) |
| DONNA MAE SHAFFER (contingent)<br>Cape Blanco Light Station, Sixes, Oregon | daughter | $3,500 | 2 (60) |
| | | | |
| | | | |

12. MAIL POLICY TO (*Name and address*)
Cape Blanco Light Station, Sixes, Oregon

13. WITNESSED BY (*See Instruction 7*)
Boyden B. Bonnicksen

14. SIGNED AT (*Address*)
Cape Blanco Light Station

15. DATE
4/3/51

16. ADDRESS OF WITNESS
Cape Blanco Loran TS, Sixes, Oregon

17. SIGNATURE OF APPLICANT (*Do not print*)
Arthur Carl Shaffer

*PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.*

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-2

3-13 File

UNITED STATES COAST GUARD

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

PMM
23 March 1951

LL3

From: Commandant
To: SHAFFER, Arthur Carl (219-282) BM1, USCG
Via: (1) Commander 13th U.S. Coast Guard District (p)
(2) Commander U.S. Coast Guard Group, Coos Bay

Subj: National Service Life Insurance, Policy No. N# 12 571 055;
Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $7,000. level term National Service Life Insurance issued under policy number N# 12 571 055 will expire on 8 June 1951. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $8.00 per month for premiums on National Service Life Insurance as follows:

$5.39-$7,000. Level term Insurance N# 12 571 055 Effective 9 June 1943.
$2.62
(Correct premium $5.25)
$2.61-$3,000. Level term Ins. FN# 12 571 055 Renewed Eff. 1 April 1950.

If insurance is renewed, the new allotment should be $8.84. Your authorized certifying officer should be instructed to discontinue the $8.00 allotment with the month of last payment April, 1951 and to establish the new allotment, reflecting the increased premium, effective with the month of first payment May, 1951 to conform with administrative change authorized by Headquarters.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528A) should be forwarded to the Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

Incls.
1. VA ltr FL9-355
2. Form VA9-1658 and 9-358
3. Form CG 2528 and 2528-A (adm)

MAR 26 1951

B.M. CHISWELL
By direction

MJM: ce NE2 mjm.

# 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 |
|---|---|---|---|
| SHAFFER, Arthur Carl | 219-282 | BM1 | ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG |

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Arthur Shaffer — RELATIONSHIP *(If friend, so state)*: Father

ADDRESS *(Number, street, city, zone, and State)*: Route 4 Box 2310, Vancouver, Washington

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)*: Olive Mae Shaffer

ADDRESS *(Number, street, city, zone, and State)*: Cape Blanco Light Station, Sixes, Oregon

| 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 |
|---|---|---|---|---|---|---|
| Kathryn Raye Shaffer | Cape Blanco Light Station, Sixes, Oregon | | x | | x | 8 |
| Donna Mae Shaffer | Cape Blanco Light Station, Sixes, Oregon | | x | | x | 5 |

*(Continue on reverse side)*

8. NAME OF FATHER *(or male guardian)* *(First name, middle name, last name)*: Arthur Shaffer

ADDRESS *(Number, street, city, zone, and State)*: Route 4 Box 2310, Vancouver, Washington

9. NAME OF MOTHER *(or female guardian)* *(First name, middle name, last name)*: Minnie Hanson

ADDRESS *(Number, street, city, zone, and State)*: 3708 Q Street, Vancouver, Washington

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: Arthur Shaffer — RELATIONSHIP: Father

ADDRESS *(Number, street, city, zone, and State)*: Route 4 Box 2310, Vancouver, Washington

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: Minnie Hanson — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: 3708 Q Street, Vancouver, Washington

## 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. |
|---|---|---|
| American National Insurance Company | Galveston, Texas | 515327 |

*(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: Olive Mae Shaffer — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Route 4 Box 2310, Vancouver, Washington — RECEIVE EACH MONTH: 75 % OF MY PAY.

| MILITARY ADDRESS | DATE SIGNED | SIGNATURE OF DESIGNATOR |
|---|---|---|
| Cape Blanco Light Station, Sixes, Oregon | 20 November, 1950 | Arthur Carl Shaffer |

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

Budget Bureau No. 76-R157.
Approval expires 10-31-49.

FILE

# APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

NATIONAL SERVICE LIFE INSURANCE

*NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.*

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)
ARTHUR CARL SHAFFER

2. INSURANCE FILE NO.
FN – H-2690379 ~~H-12571055~~
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
CAPE FLATTERY LIGHT STATION
NEAH BAY, WASHINGTON

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ XX COAST GUARD

5. SERVICE SERIAL NO.
219-282

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N-2 690 379 in the amount of $ 3,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction I*)
$ 3,000

8. AMOUNT REMITTED WITH THIS APPLICATION

| | |
|---|---|
| INSURANCE PREMIUM | $ ~~2.61~~ |
| TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*) | $ |
| TOTAL | $ ~~2.61~~ |

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. Check one
☒ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE
MARCH 1950

AMOUNT OF ALLOTMENT
2.61-Term Ins.
5.39-add. T. Ins.
$ 8.00

*ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT*

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

*VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.*

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

| COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*) | RELATIONSHIP | AMOUNT | OPTION |
|---|---|---|---|
| 1. (principal) CLIVE MAE SHAFFER Route 4 Box 2310 Vancouver, Washington | WIFE | $10,000 | 1 (in one sum) |
| 2. (principal) KATHRYN FAYE SHAFFER Route 4 Box 2310 Vancouver, Wash. | DAUGHTER | $10,000 | 2 |
| 3. (principal) DONNA MAE SHAFFER Route 4 Box 2310 Vancouver, Wash. | DAUGHTER | $10,000 | 2 ~~(120)~~ |
| | | | ~~(120)~~ |

(Beneficiary 2 & 3 to share equally unless one should survive the other)

12. MAIL POLICY TO (*Name and address*)
Arthur C. Shaffer, Cape Flattery Light Station, Neah Bay, Washington

13. WITNESSED BY (*See Instruction 7*)
James E. Obyl

14. SIGNED AT (*Address*)
Cape Flattery Light Station
Neah Bay, Washington

15. DATE
3-9-50

16. ADDRESS OF WITNESS
5214 N 16 Seattle Washn

17. SIGNATURE OF APPLICANT (*Do not print*)
Arthur C. Shaffer

*PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.*

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-1

FILE

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

DEC 30 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: 9FBAA

Commanding Officer of
Arthur C. Shaffer
SN-219282
Coast guard

File Number N 2690 379
Insurance Number N 2690 379
Amount of Insurance $ 3,000
Date of Expiration 3-31-50
Monthly Renewal Premium $ 2.61
Current Monthly Premium $ 222

The current term period for the National Service life insurance described above which was previously issued to the above named insured will expire and protection thereunder will cease on the date shown above. Under existing law he is permitted, before expiration, to apply for conversion to a permanent plan of insurance or for renewal of this term insurance for a period of five years at the premium rate for his then attained age. Renewed insurance will become effective on the day immediately following the date of expiration of the present insurance.

To renew this insurance for the five year period, it is necessary that he complete and sign the enclosed VA Form 9-1658, Application for Renewal, and before the expiration date of his current insurance, which is shown above, place it in military or naval channels through the officer responsible for insurance activities within his unit of organization for direct transmittal to the Veterans Administration, Washington 25, D. C. He should authorize a new allotment in the amount of the monthly renewal premium shown above. It is also necessary that the premiums due for the remainder of the current term period be paid; therefore, his present allotment should continue in force for the period required to accomplish this purpose.

Should he desire to convert his present term insurance, rather than renew it for five years, full information on the permanent plans of insurance available and premium rates may be obtained from military or naval sources, or from any Veterans Administration office.

Very truly yours,

J. B. Powers

E. C. PETTY
Chief, National Service
Life Accounts Division

Encl:
VA Form 9-1658

FL 9-355
Dec 1948

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

# APPLICATION FOR LEAVE OF ABSENCE
**UNITED STATES COAST GUARD**
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| Cape Blanco Light Station | Sixes, Oregon | 31 May, 1951 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | CO, CG GROUP, COOS BAY | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 19 | -- | 0800, 6 June, 1951 | | | 26 August, 1953 |

REASON FOR REQUEST: Recreation

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
Arthur C. Shaffer
(Signature of applicant)

## INDORSEMENTS

Ind.-1 Unit: Coos Bay Group, Charleston, Oregon Date: 1 June, 1951

Leave record indicates balance of (46 acc) days' annual and - - - - - - - - days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☒ NOT GRANTED (because)

B. L. Higgins
B. L. HIGGINS, CBOSN, USCG
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: Cape Blanco LS, Sixes, Oregon Date: 6 June, 1951

Departed at 0800 this date. This leave of absence will expire before 0900, 25 June, 1951, at Cape Blanco LT, Sixes, Oregon and is subject to the special instructions indicated on reverse hereof.

B. L. Higgins
B. L. HIGGINS, CBOSN, USCG
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: Cape Blanco Light Station Date: 25 June, 1951

Reported at 0745 this date, having taken 19 days' leave and --- days' TT.

B. L. Higgins
B. L. HIGGINS, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

# APPLICATION FOR LEAVE OF ABSENCE

**UNITED STATES COAST GUARD**
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE BLANCO LIGHT STATION | Sixes, Oregon | 22 December, 1950 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | CO, CG Group, Coos Bay | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 5 | - | 0800 26 December, 1950 | | | 26 August, 1953 |

REASON FOR REQUEST:

Recreation

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
Arthur C. Shaffer
(Signature of applicant)

## INDORSEMENTS

Ind.-1 Unit: CG GROUP, COOS BAY, CHARLESTON, ORE. Date: 22December, 1950
Leave record indicates balance of 50 on 7/24/50 days' annual and 0000 days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☒ NOT APPROVED (because)
Returned ☐ GRANTED ☒ NOT GRANTED (because)

B. L. HIGGINS, CBOSN, USCG
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: LTS., Cape Blanco Date: 28 December, 1950
Departed at 0900 this date. This leave of absence will expire before 0900 3 January, 1950, at Cape Blanco Light Station and is subject to the special instructions indicated on reverse hereof.

Boyden B. Bonnicksen
Boyden B. Bonnicksen, ETC
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: LTS., Cape Blanco Date: 1 January, 1951
Reported at this unit at 1945U this date, having taken 3 days' leave and 0 days' TT.

Boyden B. Bonnicksen
Boyden B. Bonnicksen, ETC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, COOS BAY, Oregon | 6 February 1964 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | - - - - - - - - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| (1Ø) | 15 February 1964 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 38Ø4 N.E. 44th Street, Vancouver, Washington

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT: Arthur C. Shaffer
ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 6 February 1964

| Date current leave accounting period began | Balance brought forward beginning of present accounting period |
|---|---|
| 1 July 1963 | (6Ø) |
| **Number days' leave used during current accounting period** | **Date of expiration of current enlistment** |
| (Ø5) | 27 August 1964 |

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 7 February 1964

☒ Returned, GRANTED 10 days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

F H Steinheiser
F. H. STEINHEISER, CHBOSN, W-3, CDR, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 15 February 1964

Departed at Ø6ØØ, this date. This leave expires before Ø9ØØ, 26 February 1964

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 26 February 1964

Reported at Ø7ØØ, this date, having used (1Ø) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, COOS BAY, OREGON | 31 May 1963 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | = = = |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| TEN (1Ø) | 8 June 1963 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 3804 N.E. 44th Street, Vancouver, Washington

DRIVE SAFELY

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: Arthur C. Shaffer
ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 31 May 1963

| Date current leave accounting period began | Balance brought forward beginning of present accounting period |
|---|---|
| 1 July 1962 | 59-1/2 |
| Number days' leave used during current accounting period | Date of expiration of current enlistment |
| (1Ø) | 27 August 1963 |

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 3 June 1963

☒ Returned, GRANTED 10 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

John E. Williams
JOHN E. WILLIAMS, CHBOSN, W-2, XO, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 8 June 1963

Departed at Ø83Ø, this date. This leave expires before Ø9ØØ, 19 June 1963

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 19 June 1963

Reported at Ø73Ø, this date, having used TEN (1Ø) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, COOS BAY, Oregon | 6 September 1963 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | COMMANDER, YAQUINA BAY GROUP | = = = = = = = = |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| 5 | 12 September, 1963 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 3804 N.E. 44th Street, Vancouver, Washington

DRIVE SAFELY

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).

Arthur C. Shaffer
SIGNATURE OF APPLICANT — ARTHUR C. SHAFFER,

End.-1 Unit: CAPE ARAGO LIGHT STATION Date 6 September 1963

| | |
|---|---|
| Date current leave accounting period began 1 July 1963 | Balance brought forward beginning of present accounting period (60) |
| Number days' leave used during current accounting period (00) | Date of expiration of current enlistment 27 August 1963 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 9 September 1963

☒ Returned, GRANTED 05 days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

John E. Williams
JOHN E. WILLIAMS, CHBOSN, W-2, XO, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 12 September 1963

Departed at 0700T, this date. This leave expires before 0900T, 18 September 1963

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 18 September 1963

Reported at 0700T, this date, having used (05) days' leave.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| Cape Arago Light Station | Coos Bay, Oregon | 12 September 1961 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1-P1 | COMMANDER, YAQUINA BAY GROUP | = = = |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| FIVE (5) | 22 September 1961 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE 3804 N.E. 44th Street, Vancouver Washington

To Be Checked By Officers Only
☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

Arthur C. Shaffer
SIGNATURE OF APPLICANT — Arthur C. Shaffer, BM1-P1

End.-1 Unit: Cape Arago Light Station Date 12 September 1961

| | |
|---|---|
| Date current leave accounting period began 1 July 1961 | Balance brought forward beginning of present accounting period 43½ |
| Number days' leave used during current accounting period (00) | Date of expiration of current enlistment 27 August 1963 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
Arthur C. Shaffer, BM1-P1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 14 September 1961

☒ Returned, GRANTED 05 days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, Commander, Yaquina Bay Group
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 22 September 1961

Departed at 1330, this date. This leave expires before 0900, 28 September 1961

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
Arthur C. Shaffer, BM1-P1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 27 September 1961

Reported at 0630, this date, having used FOUR (4) days' leave.

Arthur C. Shaffer
Arthur C. Shaffer, BM1-P1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| Cape Arago Light Station | Coos Bay, Oregon | 21 March 1961 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282)BM1 | Commander, Yaquina Bay Group | |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| (10) | 22 March 1961 | ☐ REGULAR ☐ REENLISTMENT ☒ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE 3804 NE 44th, Vancouver, Wash.

DRIVE SAFELY

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).

Arthur C. Shaffer
SIGNATURE OF APPLICANT ARTHUR C. SHAFFER

End.-1 Unit: Cape Arago Light Station Date 21 March 1961

| | |
|---|---|
| Date current leave accounting period began 1 July 1960 | Balance brought forward beginning of present accounting period (21½) |
| Number days' leave used during current accounting period (00) | Date of expiration of current enlistment 27 August 1963 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1, OIC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Yaquina Bay Group, Newport, Ore. Date 21 March 1961

☒ Returned, GRANTED (10) days.
☐ ADVANCE Emergency Leave.
(Reason for leave)
☐ Returned, NOT GRANTED, because
☒ ACCRUED

E. S. Klock
E. S. KLOCK, CHBOSN, W-4, USCG, GROUP CDR.
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 22 March 1961

Departed at 0005U, this date. This leave expires before 0900U, 2 April 1961

at Cape Arago LS, Coos Bay, Oregon and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer
ARTHUR C. SHAFFER, BM1, OIC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 31 March 1961

Reported at 0815, this date, having used Eight (8) days' leave.

Arthur C. Shaffer
Arthur C. Shaffer, BM1 (OinC)
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, Coos Bay, Oregon | 3 June 1959 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219 - 282 BM1 | CO GROUP YAQUINA BAY<br>Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| TEN (10) | 0600 on 9 June 1959 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE: 4408 N.E. 39th Ave. Vancouver, Washington

DRIVE SAFELY

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: Arthur C. Shaffer

End.-1 Unit: Cape Arago Light Station Date 3 June 1959

| | |
|---|---|
| Date current leave accounting period began 1 July 1958 | Balance brought forward beginning of present accounting period 60 |
| Number days' leave used during current accounting period TWELVE (12) | Date of expiration of current enlistment 26 August 1959 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP YAQUINA BAY (NEWPORT) Date 4 June 1959

☒ Returned, GRANTED (10) days. ☐ ADVANCE ☒ ACCRUED Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

A.F. JENSEN, CHBOSN, W3, GRP.CDR.(ACT.)
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 9 June 1959

Departed at 0600, this date. This leave expires before 0900, 20 June 1959

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 20 June, 1959

Reported at 0700, this date, having used TEN (10) days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, Coos Bay, Oregon | 18 November, 1958 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO GROUP YAQUINA BAY Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| FIVE (5) | 0600 on 27 November, 1958 | [X] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT |

ADDRESS ON LEAVE WILL BE: 4408 N.E. 39th Ave. Vancouver, Washington

To Be Checked By Officers Only
- [ ] I am not a member of any court or board.
- [ ] I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT: Arthur C. Shaffer

End.-1 Unit: Cape Arago Light Station Date 18 November, 1958

Date current leave accounting period began: 1 July, 1958

Balance brought forward beginning of present accounting period: 60

Number days' leave used during current accounting period: NINE (9)

Date of expiration of current enlistment: 26 August, 1959

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP YAQUINA BAY (NEWPORT) Date 19 November 1958

[X] Returned, GRANTED 5 days.

[ ] ADVANCE Regular Leave.
(Reason for leave)
[X] ACCRUED

[ ] Returned, NOT GRANTED, because

A.F. JENSEN, CHBOSN, W-2, Grp. Cdr. (Act)
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 27 November, 1958

Departed at 0600, this date. This leave expires before 0900, 3 December, 1958

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 1 December, 1958

Reported at 0730, this date, having used Three (3) days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, Coos Bay, Oregon | 15 August, 1958 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO USCG GROUP YAQUINA BAY Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| TEN (10) | 0600 on 21 August, 1958 | [XX] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT |

ADDRESS ON LEAVE WILL BE 4408 N.E. Bloom Ave. Vancouver, Washington

To Be Checked By Officers Only
- [ ] I am not a member of any court or board.
- [ ] I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT: Arthur C. Shaffer

End.-1 Unit: Cape Arago Light Station Date 15 August, 1958

| | |
|---|---|
| Date current leave accounting period began 1 July, 1958 | Balance brought forward beginning of present accounting period 60 |
| Number days' leave used during current accounting period NONE | Date of expiration of current enlistment 26 August, 1959 |

[XX] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP YAQUINA BAY (NEWPORT) Date 18 August 1958

[XX] Returned, GRANTED -10- days.

[ ] Returned, NOT GRANTED, because

[ ] ADVANCE Regular Leave.
[X] ACCRUED (Reason for leave)

R.C. VAN HINE, CHBOSN, W-3, Group Commander
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 21 August, 1958

Departed at 0600, this date. This leave expires before 0900, on 1 September, 1958

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 31 August, 1958

Reported at 0730, this date, having used NINE (9) days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Rt 2, Coos Bay, Oregon | 10 August, 1957 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C 219-282 BM1 | CO USCG GROUP YAQUINA BAY Newport, Oregon | - - - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| Ten (10) | 0600U on 16 August, 1957 | ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE 4310 N.E. Bloom Ave. Vancouver, Washington

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 Arthur C. Shaffer

End.-1 Unit: Cape Arago Light Station Date 10 August, 1957

| | |
|---|---|
| Date current leave accounting period began 1 July, 1957 | Balance brought forward beginning of present accounting period 60 |
| Number days' leave used during current accounting period none | Date of expiration of current enlistment 26 August, 1959 |

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: GROUP YAQUINA BAY (NEWPORT) Date 13 August 1957

☒ Returned, GRANTED -10- days.

☐ ADVANCE Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

R.C. VAN HINE, CHBOSN, W-3, Group Commander
(Signature, grade, and title)

End.-4 Unit: ~~North Head Light Station~~ Cape Arago Light Station Date 16 August, 1957

Departed at 0600U, this date. This leave expires before 0900, On 27 August, 1957

at Cape Arago Light Station and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 27 August, 1957

Reported at 0100U, this date, having used 10 days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

16—40220-4

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

# APPLICATION FOR LEAVE OF ABSENCE

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE ARAGO LIGHT STATION | Route 2, Coos Bay, Oregon | 10 June, 1957 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO USCG GROUP YAQUINA BAY Newport, Oregon | - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NUMBER OF DAYS | TO DEPART | REASON: |
|---|---|---|
| Four (4) | 0800 on 14 June, 1957 | ☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT |

ADDRESS ON LEAVE WILL BE 4310 N.E. Bloom Ave. Vancouver, Washington

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).

Arthur C. Shaffer
SIGNATURE OF APPLICANT

End.-1 Unit: Cape Arago Light Station Date 10 June, 1957

| | |
|---|---|
| Date current leave accounting period began 1 July, 1956 | Balance brought forward beginning of present accounting period 60 |
| Number days' leave used during current accounting period 14 | Date of expiration of current enlistment 26 August, 1959 |

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP YAQUINA BAY (NEWPORT) Date 12 June 1957

☒ Returned, GRANTED -04- days.

☐ ADVANCE Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

R.C. VAN HINE, CHBOSN, W-3, GRP. COMMANDER
(Signature, grade, and title)

End.-4 Unit: Cape Arago Light Station Date 14 June, 1957

Departed at 1300, this date. This leave expires before 0900, 19 June, 1957

at Cape Arago LTSta, Coos Bay, Oregon and is subject to the instructions on the reverse hereof.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

End.-5 Unit: Cape Arago Light Station Date 18 June, 1957

Reported at 0030, this date, having used 3 days' leave.

Arthur C. Shaffer, BM1 OinC
(Signature, grade, and title)

16—40220-4

(Over)

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE FLATTERY LIGHT STATION | NEAH BAY, WASHINGTON | 19 May, 1950 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | COMMANDER, 13th. CG DIST. (pmp) | COMMANDING OFFICER CG GROUP NEAH BAY, WASHINGTON |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 13 | | 2 June, 1950 | | | 26 August, 1953 |

REASON FOR REQUEST:

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
Arthur C. Shaffer
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP NEAH BAY Date: 22 May,1950

Leave record indicates balance of 49 ACC days' annual and 0 days' Reenlistment Leave due.

Forwarded ~~APPROVED NOT APPROVED (because)~~

Returned ☒ GRANTED ~~NOT GRANTED (because)~~

R. H. WILSON, CBOSN
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: CG GROUP NEAH BAY Date: 2 June, 1950

Departed at 1630 this date. This leave of absence will expire before 0900 16 June, 1950, at Neah Bay Lifeboat Station and is subject to the special instructions indicated on reverse hereof.

R. H. WILSON, CBOSN
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: CG GROUP NEAH BAY Date: 16 June, 1950

Reported at 0845 this date, having taken 13ACC days' leave and 0 days' TT.

R. H. WILSON, CBOSN
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.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE BLANCO LIGHT STATION | Sixes, Oregon | 4 June, 1952 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CO CG GROUP, COOS BAY | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 12 | --- | 0800u 12 June, 1952 | | 2 | 26 August, 1953 |

REASON FOR REQUEST:

Recreation

My address on leave will be: Route 4 Box 2310 VANCOUVER, WASHINGTON

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
(Signature of applicant)

## INDORSEMENTS

Ind.-1 Unit: Coos Bay Group, Charleston, Ore. Date: 4 June, 1952

Leave record indicates balance of 40 days' annual and 00 days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

B. L. HIGGINS, CBOSN, USCG
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: Cape Blanco Light Station Date: 12 June, 1952

Departed at 0810, 12 June, 1952 this date. This leave of absence will expire before 0900, June 25, 1952, at Cape Blanco Light Station and is subject to the special instructions indicated on reverse hereof.

Thermon C Kidner ET1 O-in-C
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ Date: ~~XXXXXXXXXXXX~~

Granted ..... days extension of leave to expire before noon, .....

Authority:

Signature and rank Title

Ind.-6 Unit: Cape Blanco Light Station Date: 25 June, 1952

Reported at Cape Blanco Light Station 0745 this date, having taken 12 days' leave and 0 days' TT.

Thermon C Kidner ET1 O-in-C
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

# APPLICATION FOR LEAVE OF ABSENCE

**UNITED STATES COAST GUARD**
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE BLANCO LIGHT STATION | Sixes, Oregon | 11 March, 1952 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | CO, CG GROUP, COOS BAY | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 7 | -- | 0700u 15 March, 1952 | | | 26 August, 1953 |

REASON FOR REQUEST:

Recreation

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
(Signature of applicant)

## INDORSEMENTS

Ind.-1 Unit: Coos Bay Group, Charleston, Ore. Date: 11 March, 1952

Leave record indicates balance of 47 days' annual and XX days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

B. L. HIGGINS, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Coos Bay Group, Charleston, Ore. Date: 12 March, 1952

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

B. L. HIGGINS, CBOSN, USCG
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: LS, Cape Blanco Date: 15, March 1952

Departed at 0700 U this date. This leave of absence will expire before 0900U 23, March 1952, at LS, Cape Blanco and is subject to the special instructions indicated on reverse hereof.

Joseph H. McKenna ETC
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: LS, Cape Blanco Date: 22, March 1952

Reported at 2230 this date, having taken 7 days' leave and 0 days' TT.

Joseph H. McKenna ETC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

APPLICATION FOR LEAVE OF ABS[illegible]
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| Cape Blanco Light Station | Sixes, Oregon | 15 August, 1951 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | CO CG GROUP, COOS BAY Charleston, Oregon | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 10 | | 0800 24 August, 1951 | None | None | 26 August, 1953 |

REASON FOR REQUEST:

Recreation

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer

Arthur C. Shaffer, BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Commander, Coos Bay Group Date: 21 August, 1951

Leave record indicates balance of 57 days' annual and 60 days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

B. L. HIGGINS, CBOSN, USCG
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: Cape Blanco Light Station Date: 24 August, 1951

Departed at 0930U, 24 August, 1951 this date. This leave of absence will expire before 0900U, 4 September, 1951 Cape Blanco Light Station and is subject to the special instructions indicated on reverse hereof.

Joseph H. McKenna, ETC
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: Cape Blanco Light Station Date: 3 September, 1951

Reported at 1840U this date, having taken 10 days' leave and -- days' TT.

Joseph H. McKenna, ETC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

# APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| NORTH HEAD LIGHT STATION | ILWACO, WASHINGTON | 25 May, 1953 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. 219-282 BM1 | CDR CG GROUP POINT ADAMS | - - - - |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | COMMENCING | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 20 | -- | 0600 8 June, 1953 | | | 26 August, 1953 |

REASON FOR REQUEST:

Annual recreation

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
Arthur C. Shaffer
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Group Point Adams, Hammond, Ore Date: 27 May, 1953

Leave record indicates balance of 52 days ACC days' annual and --- days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R.C. Van Hine
R.C. VAN HINE, CHBOSN, Cdr.
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: North Head Light Station Date: 8 June, 1953

Departed at 0930 this date. This leave of absence will expire before 0900 29 June, 1953, at North Head Light Station and is subject to the special instructions indicated on reverse hereof.

Richard B. Ramsey
Richard B. Ramsey, EN3(P)
(act) 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: Date: 28 June, 1953

Reported at 2030 this date, having taken 20 days' leave and -- days' TT.

Richard B. Ramsey
Richard B. Ramsey, EN3(P)
(act) COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[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.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE BLANCO LIGHT STATION | Sixes, Oregon | 19 August, 1952 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | CO CG GROUP, COOS BAY | |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 7 | | 0900u 25 August, 1952 | 00 | 00 | 26 August, 1953 |

REASON FOR REQUEST: Annual Leave

My address on leave will be: Route 4 Box 2310 Vancouver Washington (Phone Vancouver 35588)

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: COOS BAY GROUP, CHARLESTON, ORE. Date: 21 August, 1952

Leave record indicates balance of 58 days' annual and 00 days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

B. L. HIGGINS, CBOSN, USCG, CO
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: Cape Blanco Light Station Date: 25 August, 1952

Departed at 1000u this date. This leave of absence will expire before 0900 2 September, 1952, at Cape Blanco Light Station and is subject to the special instructions indicated on reverse hereof.

Aaron Miller, ET1
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: Cape Blanco Light Station Date: 1 September, 1952

Reported at 0730u this date, having taken 6 days' leave and — days' TT.

Aaron Miller, ET1
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-8

[OVER]

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

RECEIVED
MAY 23 1950

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE FLATTERY LIGHT STATION | NEAH BAY, WASHINGTON | 19 May, 1950 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | COMMANDER, 13th. CG DIST. (pmp) | COMMANDING OFFICER CG GROUP NEAH BAY, WASHINGTON |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | NO. OF DAYS LEAVE DURING FISCAL YEAR | NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 13 | | 2 June, 1950 | | | 26 August, 1953 |

REASON FOR REQUEST:

My address on leave will be: Route 4 Box 2310 Vancouver, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP NEAH BAY Date: 22 May, 1950

Leave record indicates balance of 49 ACC days' annual and 0 days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. H. WILSON, CBOSN
COMMANDING

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: CG GROUP NEAH BAY Date: 2 June, 1950

Departed at 1630 this date. This leave of absence will expire before 0900 16 June, 1950, at Neah Bay Lifeboat Station and is subject to the special instructions indicated on reverse hereof.

R. H. WILSON, CBOSN
COMMANDING

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, .....

Authority:

Signature and rank Title

Ind.-6 Unit: CG GROUP NEAH BAY Date: 16 June, 1950

Reported at 0845 this date, having taken 13ACC days' leave and 0 days' TT.

0845

R. H. WILSON, CBOSN
COMMANDING

SERVICE RECORD COPY

16—40220-3

[OVER]

APPLICATION FOR LEAVE OF ABSEN
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

RECEIVED
NOV 22 1949
13th COAST GUARD DISTRICT
MAIL ROOM (oc)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| CAPE FLATTERY LIGHT STATION | NEAH BAY, WASHINGTON | 18 November, 1949 |

| FROM (REQUESTER): | TO | VIA: |
|---|---|---|
| SHAFFER, Arthur C. (219-282) BM1 | Commander, 13th. CG Dist.(p) | CO CG GROUP NEAH BAY, WASHINGTON |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | TO DEPART | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 13 | | 2 December, 1949 | none | | 26 August, 1953 |

REASON FOR REQUEST:

My address on leave will be: Route 4 Box 2310 Vancouver, Washington Phone 7437R2

I will immediately inform my commanding officer of any change in address while on leave.

Arthur C. Shaffer
Arthur C. Shaffer, BM1.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: GROUP, NEAH BAY Date: 21 November, 1949

Leave record indicates balance of 60 ACC days' annud and No days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ ~~NOT APPROVED~~ (because)

Returned ☒ ~~GRANTED~~ ☐ ~~NOT GRANTED~~ (because)

R. H. WILSON
COMMANDING ~~OFFICER~~

Ind.-2 Unit: CCGD13(pmp) Date: 23 Nov., 1949

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

By direction
C. D. EUBANKS
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group, Neah Bay, Washington Date: 4 December, 1949

Departed at 1300 ~~2299~~, 12 December, 1949, at this unit ~~this date. This leave of absence will expire before~~ and is subject to the special instructions indicated on reverse hereof.

Fred H. Gold, BM1(L)
O:inC, Act. COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, .....

Authority:

Signature and rank Title

-6 Unit: Date: 12/16/49 ACC

ed at 0845 - 16 Dec this date, having taken 11 days' leave and ..... ~~days' TP.~~

45-
11 days

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

[OVER]

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

# LEAVE RECORD

DATE: 7-1-52 Credit brought forward from previous record 58 DAYS

AUTHENTICATED BY B. L. HIGGINS, CBOSN, USCG

| 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 |
|---|---|---|---|---|---|---|---|---|
| 26-8-52 | 31-8-52 | 06 | A | | | 52 | Cape Blanco LS | B. L. HIGGINS, CBOSN, USCG |
| 8 June, 1953 | 28 June, 1953 | 20 | A | | | 32 | Grp Pt Adams | R.C. VAN HINE, CHBOSN, Cdr. |
| | | | | 1 July, '53 | 30 | 60 | Grp Pt Adams | R.C. VAN HINE, CHBOSN, CO |
| | | | | DISCH 26 Aug. '53 | 05 | 60 | Grp Pt Adams | R.C. VAN HINE, CHBOSN, Cdr |
| | Elects cash settlement for un-used leave. | | | | | | | R.C. VAN HINE, CHBOSN, Cdr |

Paid $ 606.22 for 60 days LV-SUBS. QTRS
in accordance with Comdt's Circular 31-47

26 August 1953 at Seattle, Washington

C. M. McHenry

By C. M. McHENRY, PCLA, USCG
Authorized Certifying Officer

PR-35

## DEDUCTIBLE TIME (Inclusive Dates)

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

NAME (Last) SHAFFER (First) Arthur (Middle) Carl SERVICE NO. 219-282

CG 2500-C
(Rev. 4-49)

RECORD OF SHAFFER, Arthur Carl (Full name, surname to the left) 219-282 (Service number)

## 8. LEAVE RECORD

| ACCRUED LEAVE | | | | LEAVE TAKEN | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Reason and Date | Creditable service for leave purposes | | Number of days earned | Departed | | Returned | | Type and reason | Number of days | Balance due | SIGNATURE AND UNIT |
| | Months | Days | | Hour | Date | Hour | Date | | | | |
| | | | | | | | | | | | CG GROUP NEAH BAY |
| ANCR 6-30-50 | 12 | | 30 | | | | | | | 66 | CBOSN,CO |
| BBF 7-1-50 | | | | | | | | | | 60 | CBOSN,CO |
| | | | | 1330 | 7/14/50 | 2030 | 7/24/50 | Reg ACC | 10 | 50 | CBOSN,CO |
| | | | | 0900 | 12/27/50 | 1945 | 1/1/51 | REG ACC | 4 | 46 | CBOSN,CO |
| | | | | 0800 | 6/6/51 | 0745 | 6/25/51 | REG-ACC | 19 | 27 | CBOSN,CO |
| ANCR 6-30-51 | 12 | 00 | 30 | | | | | | | 57 | CBOSN,CO |
| 7-1-51 | | | 57 | | | | | | | 57 | CBOSN,CO |
| | | | | 0930 | 8/24/51 | 1840 | 9/3/51 | REG-ACC | 10 | 47 | CBOSN,CO |
| | | | | 0700 | 3/15/52 | 2230 | 3/22/52 | REG-ACC | 7 | 40 | CBOSN,CO |
| | | | | 0810 | 6/12/52 | 0745 | 6/25/52 | REG-ACC | 12 | 28 | CBOSN,CO |
| ANCR 6-30-52 | 12 | 00 | 30 | | | | | | | 58 | CBOSN,CO |
| BBF 7-1-52 | | | 58 | | | | | | | 58 | CBOSN,CO |

## 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 |
|---|---|---|---|---|---|
| | | | | | |



16—9676-3