NOV 07 2024 PM01:07

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

Date: 11/11/2024

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Flynn, Kylie	
E-Mail Address: knfgbb@umsl.edu	**Phone Number:** 217-440-1332

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Solverson, Arthur	143574 VMPR KH	1900 MN

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☑ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1985

State of Residence (upon entry into service):

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

Researcher Signature: Kylie

CIVILIAN SERVICE

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

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No '24 NOV 19 PM 1:09:56

CMRS Service Request Number: 2-302387441130

Attendant Signature:

CMRS Search Request Number(s): ~~CG 2-DW3D8CM~~

Remarks: Ordered by name; only 1 CG record in system by name 11/13/24 KH

SCREENING NOTES

- ☑ Reviewed and Nothing Removed KH
- ☐ Items Removed and User Informed
- Hold Requested: ☐ Yes ☐ No
- Total Requests:
- Screened Items:
- ☐ Additional charge outs and signatures on reverse side
- Time Out:
- Final Return:



SR# 2-30238744130

National Archives and Records Administration

NPRC

MPR Search Request



2-DW3D8CM

Priority: **High**

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

Non-Registry Block:

Registry Number: ***00000 041 050***

Facility & Floor/Level: ***STL1*** Module/Bay: ***5*** Row: ***2E***

Reg Veteran's Name: *SOLVERSON ARTHUR*

SR Veteran's Name: *SOLVERSON, ARTHUR*

SSN:

DOB: *01/01/1900*

POB: *MN*

SVN/SSN: *000143574*

Service Code: *CG*

Service Number:

SR Number: 2-30238744130

Search Section: 5

Record Charged to:

Name: Kevin Helenthal
Room#: 148
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: ABRUNSON

Initials: _____

Date: _____

Notes:



2-DW3D8CM

All Records Ordered for this Service Request:
2-DW3D8CM

Service Request Received in Center Date:		11/13/2024 00:00:00
Search Request Created By:	KHELENTHAL	11/13/2024 15:54:40
Search Request Printed By:	DRWOLF	11/14/2024 09:11:07

1. ADDRESS CODE	2. DATE	Veterans Administration	REQUEST FOR INFORMATION	3. VA FILE NUMBER
13	12-02-85			531 26 8768

4. DATA REQUESTED	5. TYPE OF REQUEST	6. TYPE OF CLAIM
SERVICE	SUPPLEMENTAL 10-03-85	DEATH

7. BRANCH OF SERVICE	8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under Which Served)
COAST GUARD CG	SOLVERSON, ARTHUR

FROM	9. NAME AND ADDRESS OF VA REQUESTING OFFICE	10. VA INSURANCE NO.	11. SOCIAL SECURITY NO.	12. DATE OF BIRTH	13. PLACE OF BIRTH	14. DATE OF DEATH	15. ORIGINATING UNIT
	VETERANS ADMINISTRATION (346) 915 2ND AVE. SEATTLE WA 98174		531-26-8768	03-12-00		08-08-8[illegible]	ADJUDICATION 2116

	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	06-01-20	06-01-51	HON			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

COMPLETE VERIFICATION OF SERVICE.
VERIFICATION OF ANY ADDITIONAL SERVICE.

JNC4

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

USN. 16A 2-20-19 to 17. 2-23-23 18 HON.
16B. 6-27-24 to 17. 6-[illegible]-51 18 Ret.

19. 143-574

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		1-14-86
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

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.

143-574

SOLVERSON, Arthur (NAME) ~~221-070~~ (SERVICE NUMBER) B.M.2c. (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 8 yrs graduate
(Number of years attended, graduated) (Grade)

(b) High School: 2 years
(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:

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

Arthur Solverson
Arthur Solverson
(SIGNATURE)

PAY AND PERSONNEL RECORD OF [redacted] Arthur Solverson

Date of current enlistment 1929-6-27. (Year) (Mo.) (Day)

Term of enlistment One year

Rate of pay $69.00

Date effective 6-23-28

Date effective	Rank or rating	INSURANCE			Register'd By—(Pay officer's initials)	ALLOTMENT			Register'd by—(Pay officer's initials)
		Amt. Mo. Amt. Mo.				Began	Amount	Stopped	
		Yr.	Age	Pr.					
6-27-29	Surf.								

Completes 12 years' service — YEAR 1932 — MONTH 6 — DAY 22

Completes ____ years' service

Completes ____ years' service

Completes ____ years' service

LEAVE ACCOUNT

Date	No. days	Bal.	Date	No. days	Bal.	Date	No. days	Bal.
6-27-29		40						
7-30-29	10	30						
9-31-29	30							

Treasury Department
U. S. Coast Guard

Form 2677
Ed. 10,000—July, 1923

GOVERNMENT PRINTING OFFICE

2—9237

TRANSFER OF PAY ACCOUNT

Transferred from—	Date of departure	~~Carried~~ Paid by me, up to and including—	Credit Balances		Debit Balances		Pay Officer's Signature	Date arrived at new unit
			Retained	Due and unpaid	Court sentence	Sundry		
Hdqrs Hv. Sta.	9-30-29	9-30-29					C. N. Gilpin Capt	

INSTRUCTIONS

1. All entries on this card should be made with pen and ink, or by typewriter.
2. Upon transfer of an officer or enlisted person, his pay and personnel card should be mailed to the next commanding officer. In the case of a person placed on detached duty, or waiting orders, his card should be turned over to him.
3. Never fold this card. In mailing protect it by cardboard.
4. When a person becomes separated from the service, file his pay and personnel record in "dead" file; upon desertion or retirement, mail it to Headquarters after completing all entries under "Transfer of Pay Account."

2—9237

DEPARTMENT
COAST GUARD
Form No. 2677A

MEMORANDUM RECORD OF Arthur Salvesen

Clothing Account

Date	Invoice	Amount	Deducted	Due
6-27-24		$100.00		
9-17-24	Voucher		6.32	93.68
10-16-24.	Voucher		39.69	53.99
10-16-24	"		14.50	39.49
1-21-25			13.75	25.74
3-25-25			25.74	0000
1-25	C.G.S 27		2.88	8-1925
4-24-29	" 479		4.44	4-1929

Miscellaneous Memoranda

4 yrs. 4 ds Navy Service.

Clothing Bounty

Purchased 4 Sheets and 2 pillowcases.

Purchased Blue Uniform.

Purchased Rain clothes.

" Clothing from C.G. Store.

" " Gas voucher.

Lod. 9-30-29, own Request, H.L. 9-18-29 (73.701).

Qualified as a good swimmer July 17, 1924, at Grays Harbor Station.

Vaccination-smallpox: 9-19-29.

Inoculation-Typhoid: 3-5-29.

2—9232

N. C. G.-2500 C
Revised 1938

RETIRED

JUN 1 1951

Service Record

SOLVERSON
(Surname)

Arthur (n)	143-574	NB (a)
(Christian names)	(Service No.)	(Citizenship)
Boatswain Mate Second	27 June, 1950	Three (3)
(Enlisted as)	(Date)	(Term of years)
CG GROUP NEAH BAY	Neah Bay, Washington	
(Ship or station)	(Place)	

16—9677-1

REPORT SYMBOL. (N) BB-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

3-13

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: SOLVERSON, Arthur
2. SERVICE NUMBER: 143-574
3. GRADE - RATE - RANK AND DATE OF APPOINTMENT: BM1 16 Mar. 1951
4. COMPONENT AND BRANCH OR CLASS: USCG(RET.)
5. QUALIFICATIONS
   - SPECIALTY NUMBER OR SYMBOL:
   - RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER:
6. EFFECTIVE DATE OF SEPARATION: DAY 1 MONTH June YEAR 1951
7. TYPE OF SEPARATION: * RETIREMENT
8. REASON AND AUTHORITY FOR SEPARATION: PE-1 8 May 1951 Headquarters Letter AUTH. 516717
9. PLACE OF SEPARATION: Noah Bay, Washington
10. DATE OF BIRTH: DAY 12 MONTH March YEAR 1900
11. PLACE OF BIRTH (City and State): Willmar, Minnesota
12. DESCRIPTION: SEX Male | RACE Caucasian | COLOR HAIR Brown | COLOR EYES Blue | HEIGHT 5'10 | WEIGHT 143

SELECTIVE SERVICE DATA

13. REGISTERED: YES | NO X | SELECTIVE SERVICE NUMBER
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)
15. INDUCTED: DAY | MONTH | YEAR
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES | NO X | COMPONENT AND BRANCH OR CLASS | COGNIZANT DISTRICT OR AREA COMMAND

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY
18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Surfman
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 27 MONTH June YEAR 1924 PLACE (City and State) Portland, Oregon
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): Litchfield Avenue, E. Willmar, Minnesota

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	-	-	-
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	30	10	27
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	-	-	-
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	30	10	27

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT
26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
Entitled to the following Medals; American Area, American Defense, World War 2 Victory, Good Conduct.

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Lighthouse Keeper
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST GRAD. COURSES SUCCESSFULLY COMPLETED | DATES (From—To) | MAJOR COURSE
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

INSURANCE AND PAY DATA

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

32. KIND OF INSURANCE (amount and premium due each month)
   - N. S. L. I.: ~~$2,000~~ ~~$2.54~~
   - U. S. G. L. I.: NONE
33. MONTH ALLOTMENT DISCONTINUED
34. MONTH NEXT PREMIUM DUE
35. TOTAL PAYMENT UPON SEPARATION: RETIREMENT(pay cont)
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER

AUTHENTICATION

38. REMARKS (Continue on reverse)
* Retired for 30 Years Service

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
NAME, GRADE AND TITLE (Typed)
O. C. Hinnen Lt. (jg) USCG

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)
COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC. | CLAIM NUMBER
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO
42. MAIN CIVILIAN OCCUPATION
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
44. UNITED STATES CITIZEN: [X] YES [ ] NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR | HIGH SCHOOL | COLLEGE | DEGREE(S) | MAJOR COURSE OR FIELD
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 6528 Earl Ave N W Seattle Washington — 6528 Earl Ave. N. W. Seattle, Washington
48. SIGNATURE OF PERSON BEING SEPARATED: Arthur Solverson

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

DD FORM-214

☆ G.P.O.: 1950-917007

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

2

VIA AIR MAIL

PE-1
8 May, 1951

AUTH: 516717

From: Commandant
To: SOLVERSON, Arthur (143-574)BM1, United States Coast Guard
Via: (1) Commander, Thirteenth Coast Guard District
(2) Commander, CG Group, Neah Bay, Washington

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty or more years service is hereby approved pursuant to the provisions of Title 14, United States Code, Section 354, and the date of 31 May, 1951, is fixed as the effective date of your retirement. Therefore, effective 31 May, 1951, you are detached from all duties previously assigned you. On 1 June, 1951, you will be placed on the inactive retired list of the Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (FA) in accordance with existing directives after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (FA) of your mailing address and you will thereafter notify the Commandant (FA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

6. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PH). Signatures of children, twelve years of age or under, will not be required.

CORRESPONDENCE:me-ae Ret 3-11

PE

W. W. KENNER
By direction

Incls (2)

- SOLVERSON -

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 11-5

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEAH BAY, WASHINGTON	Slip Point Light Station	Clallam Bay, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-525548	13-300555	31 May, 1951

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) 1700U, 31 May, 1951 - Retired from Slip Point LS, Clallam Bay, Washington. Home address upon retirement: 6528 Earl Ave, Northwest, Seattle, Wash.

DUTY CODE NO.
AUTH: H/Q ltr. 5/8/51; (PE-1); authorization #516717

R. H. WILSON, CBOSN
(Commanding)
Commanding Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

UNITED STATES COAST GUARD
Seattle 4, Washington

Address reply to
COMMANDER
13th CG District
618 Second Avenue

15 June 1951
MM/P20-2

From: Commander, 13th CG District
To: Commandant (PE-3)

Subj: Personnel records; forwarding of

1. The below-listed records are forwarded herewith:

NAME	SERVICE NO.	RATE	SR	HR	PA	OTHER
SOLVERSON, Arthur	143-574	BM1	X	X		

2. It is requested receipt of the above records be acknowledged by indorsement hereon.

C. D. EUBANKS
By direction

Ind-1

9 July, 1951

From: Commandant
To: Commander, 13th CG District

Receipt of the above-listed records is acknowledged this date.

B. A. SHAW,
By direction

p
6 Jure 1951
MM/P20-2

RECEIVED
JUN 6 1951
CG GROUP
Neah Bay, Wash.

MEMO TO GROUP NEAH BAY WASHINGTON

Subj: SOLVERSON, Arthur (143-574) BM1(Ret);
correction of records

Service record dated 6/27/50 is returned herewith for correction of the leave account. The leave record indicates a balance brought forward on 7/1/49 of 60 days and that he took 15 days leave from 7/1/49 to date of discharge 6/26/50. Therefore he earned 30 days during fiscal 1950 and the balance over 60 on date of discharge should be dropped. The current service record fails to show disposition of the 60 days due on discharge in accordance with paragraph 32 of CC 31-47, and paragraph 42(e) of CC 31-47. Further, subject man's leave record should be balanced as of 31 May, 1951 (Retirement date) showing a RETCR in the amount of 28 days leaving a balance due of 14 days unused leave for which he is entitled to cash settlement. Upon completion/correction of the leave record return service record to this office for further disposition.

(over)

C. D. EUBANKS, LTJG, USCG
Chief, Military Pers Section

NCG 2500
(Rev. June, 1942)

RE-ENLISTMENT CONTRACT AUTH: Art. 556 CG Regs.

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF SOLVERSON, Arthur (n) (Full name, surname to left); 143-574 (Service number); $227.85 (Pay per month)

Accepted for enlistment at CG GROUP NEAH BAY, WASHINGTON; BM2 (Rating in which enlisted)

Enlisted at CG GROUP NEAH BAY, WASHINGTON; 27 June, 1950 (Date of enlistment)

Transferred to Slip Point Light Station (Resumption of regular duties)

Occupation U.S.C.G. Citizenship * NB If naturalized, place and date of naturalization - Certificate No. - - - - - -

Date of birth 12 March, 1900 Place of birth Willmar, Minnesota

Home address (Street and number) Clallam Bay (Town) CLALLAM (County) Washington (State)

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

Clara Emily Solverson (Wife) (Relationship) Clallam Bay, Washington (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Reserve~~ } ~~18~~ 14 (Years) ~~03~~ 03 (Months) ~~25~~ 12 (Days)

First enlisted 6-27-24 (Date) at Seattle, Washington (Place) and was

last discharged 26 June, 1950 (Date) from CG GROUP NEAH BAY, WASHINGTON (Unit)

with HONORABLE (Character) discharge as Boatswain Mate Second (Rate) No.

Previous Navy service 04 (Years) 00 (Months) 04 (Days) Previous Marine Corps service - - - (Years) - - - (Months) - - - (Days)

Previous Army service - - - (Years) - - - (Months) - - - (Days) Age 50 years 3 months.

Height 5 feet 11½ inches. Weight 165 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color (a)

Personal characteristics marks, etc. TATTOO; Sailing vessel, left arm; 2 birds, chest

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, CDOSN of the United States Coast Guard, as follows:

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

Second: I oblige and subject myself to serve { THREE (3) years from 27 June, 1950 / during minority until - - - - - } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

Oath of Allegiance: I, Arthur Solverson, 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 Solverson
Arthur Solverson
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 27th day of June, A. D. 19 50

R. H. WILSON, CBOSN
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

R. H. WILSON, CBOSN

Commanding Officer, U. S. C. G., ~~Enlisting Officer~~.

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF SOLVERSON, Arthur (n) 143-574
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
CG GROUP NEAH BAY	MAY 31 '51	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.	CG GROUP NEAH BAY	6/27/50	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
SLIP POINT LS	BM2 to BM1(prov) Auth: HL 1-10-51 (PE-1)(MM) & C13CGD ltr 1-18-51 p MM/P-17-2	1/16/51	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.
SLIP POINT LS	BM1(prov) to BM1 Auth: HQ/L 3/5/51 and Art. 561(1) CG Regs.	3/16/51	R. H. WILSON, CBOSN CO, CG GRP NEAH BAY, WN

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		
SLIP POINT LIGHT STA	6/27/50	MAY 31 '51	OinC - Gen.LS	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF SOLVERSON, Arthur (n) 143-574
(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
6-30-50	BM2	LESS THAN ONE MONTH					CBOSN, CO GROUP
9-30-50	BM2	3.5	3.0	3.5	3.5	4.0	CBOSN, CO GROUP
12-31-50	BM2	3.6	3.1	3.5	3.6	4.0	CBOSN, CO GROUP
3-31-51	BM1	3.6	3.1	3.5	3.6	4.0	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.
MAY 31 '51	BM1	3.5	3.1	3.5	3.5	4.0	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.
AVERAGE	X X X X	3.55	3.08	3.5	3.55	4.0	R. H. WILSON, CBOSN CO, GROUP NEAH BAY, WN.

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	7-1-50	Issued Certificate of Appointment BM2
CG Group Neah Bay	3/29/51	Issued Certificate of Appointment BM1 — R. H. WILSON, CBOSN CO, CG GRP NEAH BAY

16—9676-2

CG 2500-C
(Rev. 4-49)

Sheet 2

RECORD OF SOLVERSON, Arthur (n) 143-574
(Full name, surname to the left) (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				
BBF 7-1-49										60	
				Total leave taken from 7-1-49 to date of discharge 6-26-50 - - - - - - - - - - - -					15	45	
DIS 6-26-50	11	26	30							60	R. H. WILSON, CBOSN CO CG GRP NEAH BAY
				Man elected to receive compensation in cash for 60 days accrued leave.							
REEN 6-27-50										00	R. H. WILSON, CBOSN CO CG GRP NEAH BAY
ANCR 6-30-50 -		04	01							01	R. H. WILSON, CBOSN
BBF 7-1-50										01	R. H. WILSON, CBOSN
				0830U	9-27-50	2400U	9-28-50	REG ACC	01	00	
				0001U	9-29-50	1600U	10-2-50	REG ADV	04	-04	R. H. WILSON, CBOSN
				0830U	12-18-50	1600U	12-28-50	REG ADV	10	-14	R. H. WILSON, CBOSN
RET 5-31-51	11	00	28							14	R. H. WILSON, CBOSN

PAID $143.22 FOR 14 DAYS "ACCRUED LEAVE"
IN ACCORDANCE WITH COMDT'S CIRCULAR 31-47

5/31/51 AT SEATTLE, WASHINGTON

BY _____

C. R. MATHEWSON, CPCLK, USCG
Authorized Certifying Officer

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To— (Inclusive dates)	Reason	Months	Days	Signature and Unit

16—9676-3

RECORD OF SOLVERSON, Arthur (n) 143-574
(Full name, surname to the left) (Service number)

10. TRIALS BY COURTS MARTIAL

Unit	REMARKS.—Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence.

11. DEDUCTIBLE TIME

(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)

Period From— To— (Inclusive dates)	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit
NO DEDUCTIBLE TIME WHILE ATTACHED.					R. H. WILSON, CBOSN COCG Group Neah Bay, Wn.

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

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

14. RETIREMENT

Unit	Date	Cause	Authority	Signature
CG Group Neah Bay, Wn	5/31/51	30 yrs service	H/Q ltr 5/8/51; PE1 Title 14 USC 354 516717	R. H. WIISON, CBOSN CO CG Grp Neah Bay

16—9676-3 U. S. GOVERNMENT PRINTING OFFICE

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 (13-525548) C. O. Order No. 141-51
(Name and type and number of activity (or unit))

To DISBURSING OFFICER: CG Personnel

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1951 (YEAR) From	To
143-574	SOLVERSON, Arthur (n)	Retired 1700U, 31 May, 1951 from Slip Point LS, Clallam Bay, Wn.	5/31	XX
		Stop subs @ $2.25 per day - - - -	5/31	XX
		Entitled to 14 days LV-QTRS-SUBS		
		Home address upon retirement: 6528 Earl Ave. NW, Seattle, Wash.		
		Auth: H/Q letter 5/8/51; (PE-1) authoriz tion # 516717		

(D. O. Symbol number)

R. H. WILSON, CBOSN
(Name and signature)

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

SOLVERSON, Arthur (n)	143-574	BM1
CG GROUP NEAH BAY, WASHINGTON	Slip Point Light Station	Clallam Bay, Wash.
13-525548	13-300555	31 May, 1951

1700U, 31 May, 1951 - Retired from Slip Point LS, Clallam Bay, Washington. Home address upon retirement: 6528 Earl Ave, Northwest, Seattle, Wash.

H/Q ltr. 5/8/51; (PE-1);
authorization #516717

R. H. WILSON, CBOSN
Commanding Officer

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
Solverson Arthur none	(143-574)	BM 2/c	☐ 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)*: Clara Emily Solverson

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Slip Point Light Station Clallam Bay, 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)*: Clara Emily Solverson

ADDRESS *(Number, street, city, zone, and State)*: Slip Point Light Station Clallam Bay, Washington

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
George Herbert Solverson	Clallam Bay Washington	no		x		17

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: deceased

ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Barbara Bernice Kelso

RELATIONSHIP: daughter

ADDRESS *(Number, street, city, zone, and State)*: 9010 Sylvan Place NW Seattle 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:

ADDRESS *(Number, street, city, zone, and State)*:

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Northwestrn National Life Ins Co	Minneapolis Minnesota	317120

(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: Clara Emily Solverson

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Clallam Bay Washington

RECEIVE EACH MONTH: 3/4 % OF MY PAY.

MILITARY ADDRESS: Slip Point Light Station U.S Coast Guard Clallam Bay Wash

DATE SIGNED: 8/7/50

SIGNATURE OF DESIGNATOR: Arthur Solverson Arthur Solverson

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

UNITED STATES COAST GUARD

Seattle,4, Washington

Address reply to
COMMANDER,
13th CG District (pmp)

p
18 January, 1951
MM/P17-2

From: Commander, 13th CG District
To: **Commanding Officer, Neah Bay Group**

Subj: Personnel; advancement in rating

1. In accordance with **HL1-10-51** (PE-**1**)(**MM**), and under the authority of Article 561(1) CG Regulations, the below-named men are advanced to the ratings indicated, effective **16 January, 1951** provided their conduct and performance of duty since date of examination are satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised.

SOLVERSON, Arthur (143-574) BM2 to BM1 (provisional)

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing the above authority for this action.

C. D. EUBANKS
By direction

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

Slip Neah Bay

UNITED STATES COAST GUARD

NAVCG-2779 (REV. 6-44)

UNIT	LOCATION	DATE
CG Group, Neah Bay (Slip Point Light Station).	Clallam Bay, Washington	12-18-50

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RATING
SALVERSON, Arthur (n)	(143-574)	BM2

TOTAL ACTIVE SERVICE 33 yrs 11 MONTHS

SERVICE SINCE LAST ADVANCEMENT OR REDUCTION IN RATING 9 yrs 6 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS six MONTHS)

	PROF. IN RATING	CONDUCT	AV
MINIMUM	3.5	4.0	3.5
AVERAGE	3.5	4.0	3.5

INSTITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)

None

RESULTS OF EXAMINATION

PRACTICAL FACTORS

PAR. OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
PERSONNEL MANUAL	
6-A-2 a (1) through (16)	3.4
6-A-5 a (1) through (18)	3.4

PROFESSIONAL SUBJECTS

PAR. OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
PERSONNEL MANUAL	
6-A-2 b (1) through (11)	3.3
6-A-5 b (1) through (15)	3.3

AVERAGE MARK 3.35

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ADVANCEMENT OR CHANGE TO THE RATING OF _____ AND {WAS / WAS NOT} FOUND QUALIFIED AS INDICATED ABOVE

Joseph Slovick, Jr., BMC (L)
(Signature and rank of member)

A. F. JENSEN, BOSN, USCG OinC
CG Group (Signature of commanding officer) Neah Bay

1. (APPROVED) (NOT APPROVED) ADVANCEMENT OR CHANGE (IS) (IS NOT) AUTHORIZED, OR—

TO: Commander, 13th Coast Guard District (p)

1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

A. F. JENSEN, BOSN, USCG OinC
CG Group (Signature of commanding officer) Neah Bay

IND. 2

UNIT _____ DATE _____

RETURNED (AUTHORIZED) (NOT AUTHORIZED) IN VIEW OF _____

_____ (Signature and title)

INSTRUCTIONS

1. This report, properly executed, shall be prepared in each case of examination for advancement or change to or in a petty officer rating, or recommendation therefor.

   (a) Marks, on a scale of 4.0, shall be assigned for each subject.

   (b) If required, stenographic notes, transcription of same, and text used in dictation shall be attached to the report of examination.

   (c) In the event that the unit to which the person is attached is also the unit authorized to effect the specific advancement or change in rating, the completed and signed report of examination shall be securely attached to Headquarters' copy of Form 2599 reporting the change.

   (d) In the event that the unit to which the person is attached is not authorized to effect the advancement or change in rating, the report of examination shall be forwarded, without letter of transmittal to the authorizing unit. The authorizing unit will indicate in space provided whether or not the advancement or change is authorized and will return the form to the forwarding unit. The form will then be attached to Headquarters' copy of Form 2599 reporting the change, if authorized. In the case of advancements specifically authorized by the Commandant, the form will be retained at Headquarters and therefore need not be attached to Form NAVCG 2599 reporting the change.

2. Examinations will be based upon the specific requirements for the specific rating desired, as indicated in current instructions, and not on other or additional duties performed.

16—40409-1 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 MEAN BAY, WASHINGTON (Unit)

SOLVERSON, Arthur (n) (Name in full—surname to the left) 27 June 1950 (Date)

343-534 (Service number) Boatswain Mate Second (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	6	20
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE (Character of discharge))	1950	6	26
Total time of last enlistment period			

NUMBER OF—

Years	Months	Days
03	00	07

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 SERVICE	Years	Months	Days
PREVIOUS SERVICE (USN-USCG, U.S. LIGHT-HOUSE SERVICE)	30	11	20
THIS ENLISTMENT	03	00	07
TOTAL CREDITABLE SERVICE FOR PAY PURPOSES	33	11	27

Total Absence (0 days)

Creditable time served during last enlistment period 03 00 07

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 27 June, 1950 (Rank) R. H. WILSON CDOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 June, 1950 CG GROUP MEAN BAY, WASHINGTON (Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of 3 years from this date.

R. H. Wilson

(Rank) R. H. WILSON CDOSN, U. S. C. G.
Commanding officer.

16—20908-1

REPORT OF CHANGE IN PERSONNEL

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

No. 21-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Neah Bay Lifeboat Station	Neah Bay, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
	13-133	27 June, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 6-27-50 - Reenlisted this date for three (3) years, Regular Enlistment, in the rating of Boatswain Mate Second
PAFE: CG GROUP NEAH BAY, WASHINGTON
PREV. CREED. SERVICE: (USN-US LIGHTHOUSE SERVICE-USCG) 33 years 11 months 27 days
LAST DISCHARGED: 26 June, 1950
MARITAL STATUS: Married

EXTRA COMPENSATION Auth: Art. 556, CG Regulations

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, CDOSN
(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

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. 131-50
(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—
143-574	SOLVERSON, Arthur (n)	Reenlisted this date for three years, Reg. Enl., in the rating of BM2 and resumed regular duties at Slip Point Light Sta. Quarters available, no subsistence, furnished. Auth: Art. 556 CG Regs.	6/27	X X
	PAFE: CG GROUP NEAH BAY, WASHINGTON			
	NOT ENTITIED TO INITIAL CCA			
	PREV. CRED. SERVICE (USN-US LIGHTHOUSE SERVICE-USCG)	33 years 11 months 07 days		
	LAST DISCHARGED (fmUSCG) 26 June, 1950			
	MARITIAL STATUS: Married			
	Entitled to reenlistment allowance in the amount of $150; Form 2511-A attached.			
		Entitled to subsistence allowance $2.25 per day. NO SUBS FURNISHED	6/27	X X

(D. O. Symbol number)

R. H. WILSON
(Name and signature)

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

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEAH BAY (Unit) — Neah Bay, Washington (Place)

27 June, 1950 (Date)

FROM: SOLVERSON, Arthur (n) (143-574) BM2

To: COMMANDANT (via CG. GROUP NEAH BAY)

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:

Clara Emily Solverson (Full name of wife; if not married, so state)	Clallam Bay, Washington (Address of wife)
George Herbert Solverson (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. W. M. Kelso (Full name of relative)	Daughter (Relationship)	9010 Sylvan Place, Seattle, Wash. (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 Solverson, Jr. (Full name of relative)	Son (Relationship)	29685 Bonfield St. Chicago, Ill. (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 June, 19 50

R. R. WILSON, CBOSN (Signature)

Commanding Officer (Rank or title)

Arthur Solverson (Signature)

Arthur Solverson

Boatswain Mate Second (Rank or rating)

16—25758-1

REPORT OF CHANGE IN PERSONNEL

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

No. 20-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Neah Bay Lifeboat Station	Neah Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO. 13-133	DATE 26 June, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 6-26-50 - Issued Honorable Discharge by reason of expiration of enlistment and seven (7) days authorized extension
PAFE: Seattle, Washington (RECRUITSTA 6-20-47)
POD: CG GROUP NEAH BAY, WASHINGTON
TOTAL CREDITABLE SERVICE: (USN-US LIGHTHOUSE SERVICE-USCG) 33 years 11 months 27 days
Auth: Art 589(1) & 991(5)(d) CG [illegible]

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, CBOSN
(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

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
SOLVESON, Arthur (n)	343-574	SK2c 6-47	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	June	50	Discharge.

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Article 1 509(1) & 591(5)(d), CG Regs.	CG CGOU, NEAH BAY, WASHINGTON

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
12	March	1900	Hibbing, Minnesota,	Male	Caucasian	Blond	Blue	71	190

SELECTIVE SERVICE DATA

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

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

SERVICE DATA

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

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: SK2c

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)
26	June	47	Seattle, Washington	CLALLAM BAY, WASHINGTON - Clallam County

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	02	03	04
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	03	00	07
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	19	08	16
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	25	11	27

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

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: Slip Point Light Station

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR 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
NSLI ($2.54)	NONE	TO CONTINUE IN FORCE	- - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$60.85	8.15	C. R. MATHESON, POLK, USCG, CO

AUTHENTICATION

38. REMARKS (Continue on reverse): RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Robert Lyon

NAME, GRADE AND TITLE (Typed): R. H. OLSEN, CBOM, USCG, Commanding Officer.

PERSONAL DATA

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

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
- - -	- -	- - - - -	- - - - -

44. UNITED STATES CITIZEN: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
X		Married	8	1	0	- - - - -	- - - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
Clallam Bay, Washington (Clallam County)	Arthur Solveson

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

DD FORM 1 JAN 50 214

ALL SERVICES: AFFIX TO SERVICE RECORD BOOK

TERMINATION OF SERVICE

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

NAME	SERVICE NO.	RATING
SOLVERSON, Arthur (n)	143-574	Boatswain Mate Second
UNIT	**LOCATION**	**DATE REPORTED**
CG GROUP NEAH BAY	Neah Bay, Washington	26 June, 1950
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.67	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

Pending issuance of new ID card

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Elect TA, Seattle, Washington, PAFE

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON
- [X] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [ ]
- [ ]

ADDRESS SUBSEQUENT TO DISCHARGE

Clallam Bay, Washington

SIGNATURE OF DISCHARGEE Arthur Solverson
Arthur Solverson

REMARKS

RECOMMENDED FOR REENLISTMENT

DISCHARGE

DATE	TYPE OF DISCHARGE
6-26-50	HONORABLE

REASON: Expiration of enlistment and 7 days authorized extension

AUTHORITY: Art. 589(1) & 591(5)(d), 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	07

REENLISTMENT RECOMMENDATION

[X] RECOMMENDED [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

R. H. Wilson
R. H. WILSON, CDR(N), USCG
COMMANDING OFFICER

3-630

UNITED STATES COAST GUARD
Slip Point Light Station



From: SOLVERSON, Arthur (n) (143-574) BM2, USCG
To: Commanding Officer, CG GROUP NEAH BAY, Washington

Subj: National Service Life Insurance

1. I certify that I have been informed of the benefits of NSLI and the procedure of application for Insurance.

2. I desire Nation Service Life Insurance and now have it in effect.

Arthur Solverson
Arthur Solverson

21 March, 1950

Ind-1 File: CG-521-73

From: Commander, 13th Coast Guard District (pmp)
To: OinC, CG Group, Neah Bay, Washington

Subj: Statement of creditable Service; forwarding of

1. Statement of creditable service has been received from Coast Guard Headquarters and is forwarded herewith.

2. If the Statement of creditable service indicates the man is entitled to increased longevity it is requested that the necessary forms, Form 510 and 2668, be prepared in accordance with Articles 102, 106, 109, 111, 127 and 181 (9) of Pay and Supply Instructions and forwarded to the Pay Office, Comdr., 13th CG District.

C.D. Eubanks

C.D. EUBANKS
By direction

RE: SOLVERSON, Arthur (143-574) BM2

...311 (Revised)
...by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 15 March, 1950

RECEIVED
MAR 17 1950
CGC, 13 D

From: Commandant.

To: Commander, CG Group, Neah Bay, Washington
Via: Commander, 13th CG District (pmp)
SUBJECT: SOLVERSON, Arthur (143-574) BM2, USCG

Statement of service of.

Reference: Letter dated 9 March, 1950 from Commander, 13th CG District

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—
11 YEARS	8 MONTHS	8 DAYS	LIGHTHOUSE PURPOSES	SERVICE CREDITABLE FOR PAY & RETIREMENT			
U.S.C.G.							
6-27-24	6-26-25 HD		None		None		None
6-27-25	6-26-26 HD		None		None		None
6-27-26	6-26-27 HD		None		None		None
6-27-27	6-26-28 HD		None		None		None
6-27-28	6-26-29 HD		None		None		None
6-27-29	9-30-29 SOD	NRR	None		None		None
6-20-41			None		None		None
Enl. ext. 3 yrs. from							
6-20-44	6-19-47 HD		None		None		None
6-20-47							
Now serving							

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

Incl
Copy of Navy statement dated 16 February, 1940

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

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. 94-50
(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—
143-574	SOLVERSON, Arthur	Entitled to an increase in pay under the Career Compensation Act of 1949. 11 years, 8 months, 8 days Lighthouse service creditable for pay & retirement purposes. Original Enlistment. .2-27-24 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharged, honorable.6-26-25 Re-enlisted. . . . . .6-27-25 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharge, honorable .6-26-26 Re-enlisted. . . . . .6-27-26 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharged, honorable.6-26-27 Re-enlisted. . . . . .6-27-27 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharged, honorable.6-26-28 Re-enlisted... . . . .6-27-29 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharged, honorable.9-30-29 BCD, NRR 6-20-41 Enl. ext. 3 yrs from 6-20-44 AWL. . . . . .None Sick, Misc. . . . . None NPDI . . . . . .None Discharged, honorable.6-20-47		

-1-

(D. O. Symbol number)

R. H. WILSON
(Name and signature)

Officer in Charge 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 - (23-123) C. O. Order No. 94-50
(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—
143-574	SOLVERSON, Arthur	Re-enlisted. . . . . .6-20-47 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Now serving Enlisted, USN. . . . . .2-20-19 AWL. . . . . .None Sick, Misc . . . . . .None NPDI . . . . . .None Discharged, honorable. .2-23-23 Total net creditable service for longevity pay, to and including this date. 30 yrs 05 months 12 days	10/11/49	X X

(D. O. Symbol number)

R. H. WILSON
(Name and signature)

Officer in Charge 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

9 March, 1950
pmp 73

From: Commander, 13th CG District
To: Commandant (PE-PR)

Call & advise then file

Subj: SOLVERSON, Arthur (143-574) BM2; correction of records

1. HQ statement of service in the case of subject man dated 19 December, 1949, appears to be incomplete inasmuch as it does not contain credit for Lighthouse Service.

2. Treasury Department Form 2249 dated 20 June, 1941, and notorized Form NCG 2668 are forwarded herewith.

3. It is requested that records be rechecked and that a new statement of service be issued in this case.

C. D. EUBANKS
By direction

Incl:
1. DL Form 2249
2. Form 2668

CC:
CG Group, Neah Bay, Wash.

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 13 November, 1941.

SEATTLE DISTRICT
NOV
18
1941
U. S. COAST GUARD

From: Commandant.
To: Commanding Officer, MUKILTEO LIGHT STATION.

Subject: SOLVERSON, Arthur (143-574) B.M.2c.: Statement of service of.

Inclosure: (A) Copy of Navy statement dated 7 November, 1941.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 13 November, 1941.

Enlisted	Discharged	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
6-27-24	6-26-25 H D	None		None		None	
6-27-25	6-26-26 H D	None		None		None	
6-27-26	6-26-27 H D	None		None		None	
6-27-27	6-26-28 H D	None		None		None	
6-27-28	6-26-29 H D	None		None		None	
6-27-29	9-30-29 SOD NRR	None		None		None	
6-20-41 Now serving		None		None		None	

THIS COPY TO BE pasted on inside cover of continuous service certificate if one has been issued. If continuous service certificate has not been issued this copy will be affixed to next discharge issued man concerned after receipt hereof.

	Yrs.	Mos.	Days
Total C. G. service	5	7	28
Navy service	4	0	4
Other service			
Total	9	8	2

Completed 8 years service prior to re-enlistment 20 June, 1941.

By direction:

F. E. Allison

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Nav.-642

- EPC

November 7, 1941

From: The Chief of the Bureau of Navigation.

To: The Commandant, U.S.Coast Guard

SUBJECT: SOLVERSON, Arthur, 327-86-05, Ex-Seaman second class, USN
Statement of service of.

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

Enlisted	Discharged	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—
USN 4 yrs. 2-20-1919	Honorable 2-23-1923 E.E.	None		None		NPDI FWOP	None None

C.W.NIMITZ
Chief of Bureau

C.B.Hatch
By direction

(11, Unauthorized Records) C.O.

1941 -8 NOV 0357

Certified to be a true copy

B.A. Shaw

B. A. SHAW,
Chief, Personnel Records Section.

U.S. GOVERNMENT PRINTING OFFICE 16—12057

Yrs. prior to enl. 6-20-41

SOLVERSON, Arthur (143-574
(NAME) (SERVICE NUMBER)

MARITAL STATUS
NUMBER OF DEPENDENTS

Other creditable service—	YRS.	MOS.	DAYS	
US Navy	4	9	4	HD 2-23-23

Birth, date of March 12, 1900
Birth, place of Willmar, Minn,
Citizenship N

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Slip Pt. LS - Neah Bay HBS		BM2				
Slip Point LS (13)	6-26-50	BM2				HD-EE
Slip Point LS (13)	6-27-50	BM2				Reenlisted
Slip Point LS	1-16-51	BM1(P)				CR
Slip PT. LS	3-16-51	BM1				CR
Slip PT. LS	5-31-51	BM1	Retired			

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

COAST GUARD.
Form 9345.
REGISTER ENLISTED FORCE. ✓

143 574-

yrs prior to u.e.d. 6-20-41 SOLVERSON, Arthur

Other creditable service—	Yrs.	Mos.	Days.
U S NAVY	4	0	4 HD. 2-23-23.

Birth, date of, March 12, 1900.
Birth, place of, Willmar, Minn.
Citizenship, N.

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	MOS.	DAYS.	REMARKS. SPECIAL—TEMPORARY—
13th District.						
Supts Office	6-27-24	Surfman				Orig Enl.
Gray's Harbor Sta.	6-28-24	"				Tr.
GRAYS HARBOR STA.	6-26-26	Surfman				HD.
GRAYS HARBOR STA.	6-27-26	Surfman				Re. To REGULAR ✓ -416(3) Regs
GRAYS HARBOR (13)	9-30-29	Surfman	5	3	4	SOD. NRR. Own request. HL. 9-18-29.
LUKILTEO LIGHT STA.	(SD) 6-20-41	B.M.2c.				Auth F-2525-B, 5-31-41 Re THREE YEARS REGULAR
Slip Pt. Light Sta.	8-9-43	B.M.2c				Tr. (Clallam Bay, Wash.)
Neah Bay, Sta 13	1-1-44	BM2c				Reorganized Slip Point U.S. Sta
Neah Bay (13)	6-21-44	BM2c Perm				Enlisted - 2yrs. Slip Pt. Sta
Coms Off Seattle (13)	6-14-47	BM2C				Tr
Coms Off Seattle (13)	6-14-47	BM2C				HO Expiration Enl. Art 584-(1)
Rp Seattle (13)	6-20-47	BM2C				RE. 3 yr Reg Enlist.
Neah Bay Grp (13)	6-21-47	BM2C				Tr
NEAH BAY GROUP (13)	4-2-48	BM2				CR PC 36-47

NCG 2500
(Rev. June, 1942)

RE-ENLISTMENT CONTRACT AUTH: Art. 556 CG Regs.

PE-PR-39 JUL 18 1950

UNITED STATES { COAST GUARD / XXXXXXXXXXXXXXXX }

ENLISTMENT OF SOLVERSON, Arthur (a) (Full name, surname to left); 143-574 (Service number); $227.85 (Pay per month)

Accepted for enlistment at CG GROUP NEAH BAY, WASHINGTON; BM2 (Rating in which enlisted)

Enlisted at CG GROUP NEAH BAY, WASHINGTON; 27 June, 1950 (Date of enlistment)

Transferred to Slip Point Light Station (Resumption of regular duties)

Occupation U.S.C.G. Citizenship * NB If naturalized, place and date of naturalization - Certificate No. - - - - - -

Date of birth 12 March, 1900 Place of birth Willmar, Minnesota

Home address Clallam Bay (Street and number) CLALLAM (Town) Washington (County) (State)

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

Clara Emily Solverson (Wife) (Relationship) Clallam Bay, Washington (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / XXXXXX } 14 (Years) 3 (Months) 12 (Days) NQ. 18 03 25

First enlisted 6-27-24 (Date) at Seattle, Washington (Place) and was

last discharged 26 June, 1950 (Date) from CG GROUP NEAH BAY, WASHINGTON (Unit)

with HONORABLE (Character) discharge as Boatswain Mate Second (Rate) No. ____

Previous Navy service 04 (Years) 00 (Months) 04 (Days) Previous Marine Corps service - - - - - - - - - - - - (Years) (Months) (Days)

Previous Army service - - - - - - - - - - - - (Years) (Months) (Days) Age 50 years 3 months.

Height 5 feet 11½ inches. Weight 165 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color (a)

Personal characteristics ____ marks, etc. TATTOO; Sailing vessel, left arm; 2 birds, chest

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, CBOSN the United States Coast Guard, as follows:

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

Second: I oblige and subject myself to serve { THREE (3) years from 27 June, 1950 / during minority until - } unless sooner discharged by proper authority.

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

16—8420-2

Standard Form 88
Promulgated March 1948
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

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

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
SOLVERSON, Arthur (n)	U. S. Marine Hospital, Seattle, Wash. 6/6/50.

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
12 March, 1900	50	143-574	Re-enlistment, U. S. Coast Guard.

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
TREASURY DEPARTMENT	COAST GUARD	Slip Pt. Light Sta. Clallam Bay, Wash.	BM2. USCG.

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
Male.	White.	Slip Pt. Light Station, Clallam Bay, Washington

14. PLACE OF BIRTH	15. OTHER DATA
Willnar, Minn.	30 yrs. 5 months CG. Service.

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL 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. ☐
71½ INS.	190 LBS.			X		98°	Tatoo on chest & arm.

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. ☒
Tonsils absent.

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 10 /15: SV 30/30
LEFT WV 10 /15: SV 30/30

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. ☐
Pingueculae, O. U.

B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

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

D. DISTANT VISION
RIGHT 20/20 CORR. TO 20/ BY
LEFT 20/20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX

F. NEAR VISION—(*At 14 inches*)
2 cm. CORR. TO BY
Print CORR. TO BY

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

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
Normal cover test.

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.

Class 3 MALOCCLUSION—N. S. A. ☒
Mod. PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

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

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

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

SITTING: PULSE	72	B. P.: S.	140	D.	100	RECUMBENT: PULSE	72	B. P.: S.	134	D.	098
STANDING (3 min.): PULSE	80	B. P.: S.	136	D.	100	SITTING: PULSE AFTER EXERCISE	96	: 2 MIN. AFTER	76		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
39-41-36.

29. CHEST—N. S. A. X-RAY ☒ NOT DONE ☐
6/8/50-Neg.

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

16—54863-1

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 [X]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [ ] B. FEET—N. S. A. [ ]
Scar of explosatory of left knee.
C. GAIT—N. S. A. [ ]

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.)*

TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Kahn-Neg.	SP. GR. 1.022	Neg.	Neg.	WBC. 4,600 HEMO 15.2
	MICROSCOPIC			D. OTHER LABORATORY EXAMINATIONS

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

Pingueculae, O.U.
Presbyopia, without correction.
Hypertension -exogenous obesity.

6/23/50. Physical examination re-check this date.

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

EXAMINEE (IS) OR (~~IS NOT~~ *strike out one*) QUALIFIED FOR Re-enlistment, U. S. COAST GUARD.

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN John C. Hayward	NAME TYPED OR PRINTED JOHN C. HAYWARD, Asst. Surgeon, USPHS.
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN *(Indicate which)*	NAME TYPED OR PRINTED
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

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

DESIGN

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEAH BAY (Unit) — Neah Bay, Washington (Place)

27 June, 1950 (Date)

FROM: SOLVERSON, Arthur (n) (143-574) BM2

TO: COMMANDANT (via CO, GROUP NEAH BAY)

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:

Clara Emily Solverson (Full name of wife; if not married, so state)	Clallam Bay, Washington (Address of wife)
George Herbert Solverson (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. W. M. Kelso (Full name of relative)	Daughter (Relationship)	9010 Sylvan Place, Seattle, Wash. (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 Solverson, Jr. (Full name of relative)	Son (Relationship)	29685 Bonfield St. Chicago, Ill. (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 June, 1950

R. H. WILSON

R. H. WILSON, CBOSN
(Signature)

Commanding Officer
(Rank or title)

Arthur Solverson
Arthur Solverson
(Signature)

Boatswain Mate Second
(Rank or rating)

16—25758-1

...T OF CHANGE IN PERSONNEL

...SURY DEPARTMENT
...ed States Coast Guard
...-2599 (REV. 3-48)

No. 21-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Neah Bay Lifeboat Station	Neah Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
	13-133	27 June, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 6-27-50 - Reenlisted this date for three (3) years, Regular Enlistment, in the rating of Boatswain Mate Second
PAFF: CG GROUP NEAH BAY, WASHINGTON
PREV. CRED. SERVICE: (USN-US LIGHTHOUSE SERVICE-USCG) 33 years 11 months 27 days
LAST DISCHARGED: 26 June, 1950
MARITAL STATUS: Married EXTRA COMPENSATION Auth: Art. 556, CG Regulations

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, CBOSN
(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

...CHANGE IN PERSONNEL
...RY DEPARTMENT
... States Coast Guard
2599 (REV. 3-48)

No. 20-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEAH BAY	Neah Bay Lifeboat Station	Neah Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	13-133	26 June, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 6-26-50 - Issued Honorable Discharge by reason of expiration of enlistment and seven (7) days authorized extension
PAFE: Seattle, Washington (RECRUITSTA 6-20-47)
POD: CG GROUP NEAH BAY, WASHINGTON
TOTAL CREDITABLE SERVICE: (USN-US LIGHTHOUSE SERVICE-USCG) 33 years 11 months 27 days
Auth: Art 589(1) & 591(5)(d) CG Regs.

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, CBOSN
(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.-2500 C
Revised 1938

R-B

Service Record

SOLVERSON, Arthur
(Surname)

Arthur	143-574 ~~143-571~~	NB (A)
(Christian names)	(Service No.)	(Citizenship)

B2c	20 June, 1947	Three (3)
(Enlisted as)	(Date)	(Term of years)

Recruiting Station	Seattle, Washington
(Ship or station)	(Place)

16—9677-1

NOT ELIGIBLE FOR
MUSTERING OUT PAY

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

TERMINATION OF SERVICE

NAME	SERVICE NO.	RATING
SOLVERSON, Arthur (n)	143-574	Boatswain Mate Second
UNIT	**LOCATION**	**DATE REPORTED**
CG GROUP NEAH BAY	Neah Bay, Washington	26 June, 1950
	PROFICIENCY IN RATING	**CONDUCT**
FINAL AVERAGE EFFICIENCY MARKS →	3.67	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

Pending issuance of new ID card

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Elect TA, Seattle, Washington, PAFE

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON Prev. issued.
- [X] SEPARATION QUALIFICATION CARD DD 217-CG
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [ ]
- [ ]

ADDRESS SUBSEQUENT TO DISCHARGE

Clallam Bay, Washington

SIGNATURE OF DISCHARGEE Arthur Solverson
Arthur Solverson

REMARKS

RECOMMENDED FOR REENLISTMENT

Paid $572.70 for 60 days unused accrued leave in accordance with comdt's Curcular 31-47 7/12/50 at Seattle, Washington

C. R. Mathewson
C. R. MATHEWSON, PCLK, USCG

DISCHARGE

DATE	TYPE OF DISCHARGE
6-26-50	HONORABLE

REASON
Expiration of enlistment and 7 days authorized extension

AUTHORITY
Art. 589(1) & 591(5)(d), 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	Seattle, Washington
TOTAL TA	**TOTAL TA & PAY (In full to date of discharge)**
8.15	580.85
CHECK NO.	**NAME OF PAY OFFICER**
	C. R. MATHEWSON, PCLK, USCG

CREDITABLE SERVICE THIS ENLISTMENT

YEARS	MONTHS	DAYS
03	00	07

REENLISTMENT RECOMMENDATION

[X] RECOMMENDED [ ] NOT RECOMMENDED

PE-PR-35

Certified to be correct upon termination of service

R. H. Wilson
R. H. WILSON, CBOSN, USCG
COMMANDING OFFICER

3-630

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE } Art 556 CG Regs.

ENLISTMENT OF SOLVERSON, Arthur (n) (Full name, surname to left); 1/3-571 (Service number); $143.75 (Pay per month)

Accepted for enlistment at Seattle, Wash.; B2c (Rating in which enlisted)

Enlisted at Seattle, Wash.; 20 June 1947 (Date of enlistment)

Transferred to Slip Point Light Station, Clallam Bay, Washington

Occupation Coast Guard Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 3/12/1900 Place of birth Willmar, Minnesota

Home address ____ (Street and number) Clallam Bay (Town) Clallam, (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian (Wife)

Clara Emily Solverson (Relationship) Clallam Bay, Washington (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / Reserve } 15 (Years) 3 (Months) 8 (Days)

First enlisted 6/27/24 (Date) at Seattle, Washington (Place) and was last discharged 6/19/47 (Date) from C, 13th CGD (Unit)

with Honorable (Character) discharge as B2c (Rate) No. B162036

Previous Navy service 4 (Years) 0 (Months) 4 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 47 years 3 months.

Height 5 feet 11½ inches. Weight 165 pounds.

Eyes Blue Sex Male Hair Blonde Complexion Ruddy Color White

Personal characteristics ____ marks, etc. TATTOO: Sailing vessel, lift arm; 2 birds, chest.

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 M. A. JORDAN of the United States Coast Guard, as follows:

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

Second: I oblige and subject myself to serve { THREE (3) years from 20 June, 1947 / during minority until ____, 1____ } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

Oath of Allegiance: I, Arthur Solverson, 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 Solverson
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 20 day of June, A. D. 19 47

M. A. Jordan
(Commanding officer, notary public, or other officer qualified to administer oaths)

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13 th CGD
(Title)

Citizenship substantiated and contract perfected.

M. A. Jordan

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13 th CGD
S. C. G., Enlisting Officer.

EXTENSION OF ENLISTMENT CONTRACT

CG GROUP NEAH BAY (Unit) Neah Bay, Washington (Place) 19 June, 1950 (Date)

Enlistment extended until 26 June, 1950 by reason of

requiring inpatient hospital treatment

under authority of Art. 591(5)(d) CG Regulations

Arthur Solverson
(Signature of man)

R. H. WILSON, CBOSN, USCG
(Signature of commanding officer)

16—8420 3

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

13 October, 1950
File: pmp, 73

PE-PR-35
OCT 24 1950

From: Commander, 13th CG District
To: Commandant (PE-PR-35)

Subj: SOLVERSON, Arthur (143-574) BM2; correction and request for records

1. Reference is made to Headquarters letter (PE-PR-35 CG-73) dated 26 July, 1950, above subject, addressed to Comdr., CG Group, Neah Bay, Washington.

2. Copy of DD Form 214 dated 26 June, 1950 is inclosed. The reenlistment contract of the subject man has been corrected as required.

C. D. EUBANKS
By direction

Incl:
Copy 2 of DD Form 214

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED S[illegible]

DEPARTMENT: U. S. COAST GUARD

1. NAME—FIRST NAME—MIDDLE NAME: SOLVERSON, Arthur (n)
2. SERVICE NUMBER: 143-574
3. GRADE—RATE—RANK AND DATE OF APPOINTMENT: BM2/6-47
4. COMPONENT AND BRANCH OR CLASS: USCG

SEPARATION DATA

5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: - - - - ; RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER:
6. EFFECTIVE DATE OF SEPARATION: DAY 26 MONTH June YEAR 1950
7. TYPE OF SEPARATION: Discharged.
8. REASON AND AUTHORITY FOR SEPARATION: Article 589(1) & 591(5)(d), CG Regs.
9. PLACE OF SEPARATION: CG GROUP, Neah Bay, Washington
10. DATE OF BIRTH: DAY 12 MONTH March YEAR 1900
11. PLACE OF BIRTH (*City and State*): Willmar, Minnesota
12. DESCRIPTION: SEX Male; RACE Caucasian; COLOR HAIR Blond; COLOR EYES Blue; HEIGHT 71½; WEIGHT 190

SELECTIVE SERVICE DATA

13. REGISTERED: YES —; NO X; SELECTIVE SERVICE NUMBER - - - - -
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (*City, County, State*): - - - -
15. INDUCTED: DAY - MONTH - - - - YEAR -
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES —; NO X; COMPONENT AND BRANCH OR CLASS - - - - -
COGNIZANT DISTRICT OR AREA COMMAND: - - - - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY
18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM2c
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 20 MONTH June YEAR 47 PLACE (*City and State*) Seattle, Washington
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (*St., R.F.D., County, City and State*): (CLALLAM BAY), Washington (Clallam County)

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	11	03	04
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	03	00	07
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	19	08	16
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	33	11	27

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY - MONTH - YEAR - AMOUNT -
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: [illegible] Slip Point Light Station
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE
30. SERVICE SCHOOLS OR COURSES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED: NONE
DATES (*From-To*): - -
MAJOR COURSE: - -
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: 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. $2M ($2.54); U. S. G. L. I. NONE
33. MONTH ALLOTMENT DISCONTINUED: TO CONTINUE IN FORCE
34. MONTH NEXT PREMIUM DUE: - - - - -
35. TOTAL PAYMENT UPON SEPARATION: 580.85
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: 8.15
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: C. R. MATHEWSON, PCIK, USCG, ASO

AUTHENTICATION

38. REMARKS (*Continue on reverse*): RECOMMENDED FOR REENLISTMENT
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: W. W. Grubb
NAME, GRADE AND TITLE (*Typed*): W. W. GRUBB, CBOSN, USCG By Direc., C13CGD

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED 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: - - - - -
44. UNITED STATES CITIZEN: ☒ YES ☐ NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (*Years successfully completed*): GRAMMAR 8; HIGH SCHOOL 1; COLLEGE 0; DEGREE(S) - - - -; MAJOR COURSE OR FIELD - - - -
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., County, City and State*): Clallam Bay, Washington (Clallam, County)
48. SIGNATURE OF PERSON BEING SEPARATED: Arthur Solverson

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

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

13 October, 1950
File: pmp, 73

From: Commander, 13th CG District
To: Commandant (PE-PR-35)

Subj: SOLVERSON, Arthur (143-574) BM2; correction and request for records

1. Reference is made to Headquarters letter (PE-PR-35 CG-73) dated 26 July, 1950, above subject, addressed to Comdr., CG Group, Neah Bay, Washington.

2. Copy of DD Form 214 dated 26 June, 1950 is inclosed. The reenlistment contract of the subject man has been corrected as required.

C. D. EUBANKS
By direction

Incl:
Copy 2 of DD Form 214

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)

SOLVERSON, Arthur (n) — 27 June, 1950
(Name in full—surname to the left) — (Date)

143-574 — Boatswain Mate Second
(Service number) — (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1947	6	20			
Enlistment extended (for ____ years from)						
Date of discharge ←HONORABLE→ (Character of discharge)	1950	6	26			
Total time of last enlistment period				03	00	07

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 SERVICE	Years	Months	Days
PREVIOUS SERVICE (USN-USCG, U.S. LIGHT-HOUSE SERVICE)	30	11	20
THIS ENLISTMENT	03	00	07
TOTAL CREDITABLE SERVICE FOR PAY PURPOSES	33	11	27

Total Absence (0 days)

Creditable time served during last enlistment period				03	00	07

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 27 June, 1950 — (Rank) CBOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 27 June, 1950 — CG GROUP NEAH BAY, WASHINGTON
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of 3 years from this date.

Last paid reenl. allow. on 6-20-47.

PAID $ 150.00 REENLISTMENT ALLOWANCE ON
12 JUL 1950
AT SEATTLE, WASHINGTON
U. S. GOVERNMENT PRINTING OFFICE
BY C. R. MATHEWSON

R. H. WILSON

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

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF SOLVERSON, Arthur (n) 154-57 4 mg
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
0800 20 June, 1947 1300 20 June, 1947	Reported Recruiting Station, Seattle, Washington. Departed at Attached less than 48 hours. No marks assigned. No deductible time. No breach of discipline. (PB 81-45 Para (c).	M A Jordan Lt(jg)	SLIP POINT L.S.	6-21-47	R J Smith CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
SLIP POINT LS	CR fm BM2c to BM2 Auth: PC 36-47.	4-2-48	J. E. Kreughan Bos'n, CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Recruit Sta Seattle Wn	6/20/47	6/20/47 AL	Active	M A Jordan Lt(jg)

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF SOLVERSON, Arthur (n) 154-37[illegible]4

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

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
6/20/47	B2c	See 1st entry art 1 for this info				4.0	M Dorton Lt(jg)
6-30-47	B2c	3.6	3.4	3.4	3.4	4.0	P V Amrine Ch.Bos'n, CO
9-30-47	BM2c	3.6	3.4	3.4	3.4	4.0	J. E. Keoughan Bos'n, USCG
12-31-47	BM2c	3.6	3.5	3.4	3.5	4.0	J. E. Keoughan Bos'n, CO
3-31-48	BM2c	3.7	3.5	3.5	3.6	4.0	J. E. Keoughan Bos'n, CO
6-30-48	BM2	3.7	3.5	3.5	3.6	4.0	J. E. Keoughan Bos'n, CO
9-30-48	BM2	3.7	3.5	3.5	3.6	4.0	J. E. Keoughan, Bos'n, CO
12-31-48	BM2	3.7	3.5	3.5	3.6	4.0	J. E. Keoughan, BOSN, CO
3-31-49	BM2	3.7	3.5	3.5	3.6	4.0	[illegible] Bosn CO
6-30-49	BM2	3.7	3.5	3.5	3.6	4.0	L. Wilson BOSN OIC CG GRP NEAH BAY
9/30/49	BM2	3.7	3.5	3.5	3.6	4.0	L. Wilson R. H. WILSON, BOSN
12/31/49	BM2	3.7	3.5	3.5	3.7	4.0	L. Wilson OinC CG Group Neah Bay
6-27-50	BM2	3.7	3.5	3.5	3.7	4.0	L. Wilson CBOSN, CO
AVERAGE	X X X X	3.67	3.45	3.45	3.5	4.0	L. Wilson CBOSN, CO

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

NCG 2500-C
(Revised June 1942)

RECORD OF SOLVERSON, Arthur (n) 1l3-573
(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	
For this information see new leave sheet						

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
Recruit Sta Seattle	See First Entry Article 1 for this info				Lt(jg)
CG GROUP NEAH BAY	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT				CBOSN,CO

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 SOLVERSNO, Arthur (n) 143-571 4
(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 June, 1950 Place CG GROUP NEAH BAY

Discharged by reason of Expiration of Enlistment and authorized 7 days extension

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

Authority Art. 589(1) CG Regulations, Art. 591(5)(d) CG Regulations

Rating Boatswain Mate Second Monthly rate of pay 227.85

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:

Clallam Bay, Washington

.....

Has signified intention { to / ~~not to~~ } reenlist next day.

Creditable Coast Guard service during this enlistment Three (Years) 00 (Months) 07 (Days)

Completed 30 years' net service for pay purposes on 11 October, 1949

Total time lost and deducted for pay purposes thereafter to date of discharge None (Years) ..... (Months) ..... (Days)

26 June, 1950
(Date)

Certified correct upon termination of service.

R. H. WILSON, CBOSN
Commanding Officer.

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

RECORD OF SOLVERSON, Arthur (n) (Full name, surname to the left)

~~143-571~~ 4 ✓ MHD (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	
~~Smc~~ Balance on Reenlistment	~~9-1-46~~ 6-19-47	~~30~~ 30	5-20-47	6-20-47		20		30					M. J. Ford Lt(jg)
	6/20/47	~~45~~	- - -	- - -	- - -	- - -	- - -	~~45~~	- - -	- - -	- - -	- - -	
ANCR	6-30-47	25 ✓						~~46~~	45				
BBF	7-1-47	~~46~~ 45	5 mos 25	29				40 smcK					
			12/~~24~~/47	12/~~30~~/47	An	5 ✓		~~41~~					J. E. Keaughan BOS'N CO
			5-~~10~~-48 11	5-~~25~~-48 24	ACC	14 ✓		~~39~~	26				J. E. Keaughan Bos'n, CO
ANCR	6-30-48	30						~~57~~	56				J. E. Keaughan Bos'n, CO
BBF	7-1-48	~~57~~ ✓56 smcK						~~57~~	✓56 smcK				J. E. Keaughan Bos'n, CO
ANCR	6-30-49	30						60					NEAH BAY LIFEBOAT STA. BOSN OIC CG GRP NEAH BAY
BBF	7-1-49	60						60					BOSN OIC GRP
			12/23/49	1/6/50	REG-ACC	15 ✓		45					BOSN OIC GRP
EXP ENL	6-~~19~~ 26-50	30						60					CBOSN, CO GRP

JUL 18 1950

PE-PR-35

Paid $ 52.70 for 60 days LV-SUBS-QTRS in accordance with Comdt's Circular 31-47

12 JUL 1950 at Seattle, Washington

By C. R. Matheson

C. R. MATHESON, PCLK, USCG, ACO

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. 130-50
(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—
143-574	SOLVERSON, Arthur (n)	Issued HD for EE and 7 days authorized extension Auth: Arts. 589(1) & 591(5)(d) CG Regulations	X X	6/26
		POD: CG GROUP NEAH BAY, WASH.		
		Elect TA, Seattle, Washington PAFE	X X	6/26
		Not entitled to MDP (Previously paid for ex-CG Service)		
		Entitled to 60 days LV-SUBS-QRTS Auth: CC 31-47	X X	6/26
		MARITAL STATUS: Married		

(D. O. Symbol number)

R. H. WILSON
(Name and signature)

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

Form 2500-D

CERTIFICATION OF APPLICANT

Recruiting Office at Seattle, Wash.

Date 20 June, 1947

To: The Commandant, U.S. Coast Guard

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRUADULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of Three (3) years in the rating of B2c and that the pay of the rating in which I am enlisting is $ 143.75 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned is located.

[redacted]
Signature of Applicant

B2c 143-574

ATTEST:

M. A. JORDAN, Lt(jg) USCG
Name - Recruiting Officer - Rank

A F F I D A V I T

Redruiting Station, Seattle, Washington
(place)

I, Arthur Solverson, U.S. COAST GUARD BEING FIRST DULY SWORN, UPON OATH DEPOSE AND SAY THAT 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.

Arthur Solverson Solverson

B2c 143-571 4 mm
(rate) (service number)

Subscribed and sworn to
before me this

2 day of June, 1947

M. A. JORDAN, Lt(jg)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Station (Unit) — Seattle, Washington (Place)

20 June, 1947 (Date)

FROM: SOLVERSON, Arthur (143-574) B2c- USCG

TO: COMMANDANT (via Recruiting Officer, 13th CGD)

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)
Clara Emily Salverson	Clallam Bay, Washington
George Herbert Solverson	Clallam Bay, Washington
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. W.M. Kelso	Daughter	9010 Sylvan Place, Seattle, Wash.

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)
Arthur Solverson Jr.	Son	29685 Bonfeild St. Chicago, Ill.

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

20 day of June, 1947

M. A. JORDAN, Lt(jg)
(Signature)

Recruiting Officer
(Rank or title)

Arthur Solverson
(Signature)

B2c
(Rank or rating)

16—25758-1

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)

Recruiting Station, (Unit) Seattle, Washington

[redacted] (Name in full—surname to the left) 19 June, 1947 (Date)

[redacted] (Service number) Boatswain's Mate [illegible] (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	6	20			
Enlistment extended (for 3 years from)	1944	6	20			
Date of discharge (Honorable (Character of discharge))	1947	6	19			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

M. A. JORDAN

Date 19 June, 1947, 19—— (Rank) Lt (jg), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 June, 1947 Recruiting Station, Seattle, Washington (Unit and place)

I CERTIFY that the above-named man Reenlisted (Reenlisted or voluntarily extended his enlistment) for a period of three (3) years from this date.

M. A. JORDAN

(Rank) Lt(jg), U. S. C. G.
Commanding officer.

16—20908-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 610-47

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-571 4	B2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Recruiting Station		Seattle, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-001		20 June, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 20 June, 1947

TRANSFERRED TO: Slip Point Light Station, Clallam Bay, Wash.
FOR Assignment to duty.

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

20 June, 1947 - Reenlisted this date for a peridd of three (3) years, Regular Establishment, rating of B2c

Total Previous Service: CG 11 years 3 months 4 days
Navy 4 years 0 months 4 days.
Total 15 years 3 months 8 days.

Last Discharged: CG (19 June, 1947 with H.D. Cert. No. B162036

PAFE: Seattle, Washington

DUTY CODE NO. 39

AUTH: A"t 556 CG Regs.

M. A. JORDAN, Lt(jg)
(Commanding)
Recruiting Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ } Art 556 CG Regs.

CODED No. 14

ENLISTMENT OF SOLVERSON, Arthur (n) (Full name, surname to left); 574 (Service number); $143.75 (Pay per month)

Accepted for enlistment at Seattle, Wash.; B2c (Rating in which enlisted)

Enlisted at Seattle, Wash.; 20 June, 1947 (Date of enlistment)

Transferred to Slip Point Light Station, Clallam Bay, Washington

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 3/12/1900 Place of birth Willmar, Minnesota

Home address ____ (Street and number) Clallam Bay (Town) Clallam, (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian (Wife)

Clara Emily Solverson (Relationship) Clallam Bay, Washington (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / ~~Reserve~~ } 15 (Years) 3 (Months) 8 (Days)

First enlisted 6/27/24 (Date) at Seattle, Washington (Place) and was

last discharged 6/19/47 (Date) from C, 13th CGD (Unit)

with Honorable (Character) discharge as B2c (Rate) No. B162036

Previous Navy service 4 (Years) 0 (Months) 4 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 47 years 3 months.

Height 5 feet 11½ inches. Weight 165 pounds.

Eyes blue Sex Male Hair Blonde Complexion Ruddy Color White

Personal characteristics ____ marks, etc. TATTOO: Sailing vessel, left arm; 2 birds, chest.

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 M. A. JORDAN of the United States Coast Guard, as follows:

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

Second: I oblige and subject myself to serve { THREE (3) years from 20 June, 1947 / ~~XXXXXXXXXXXXXXXX~~ until ____, 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

Oath of Allegiance: I, Arthur Solverson, 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 Solverson
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 20 day of June, A. D. 19 47

M. A. Jordan
(Commanding officer, notary public, or other officer qualified to administer oaths)

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13th CGD
(Title)

Citizenship substantiated and contract perfected.

M. A. Jordan

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13th CGD
U. S. C. G., Enlisting Officer.

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

(Signature of man)

(Signature of commanding officer)

16—8420 2

Name ... SOLVERSON, Arthur
Service No. ... 113-57
B2C

IDENTIFICATION RECORD

(On reenlistment of a man in the Coast Guard this blank to be filled out and forwarded immediately to Coast Guard Headquarters.)

Name SOLVERSON, Arthur (n)

Service No. 143-571

Rate B2c

Reenlisted 20 June, 1947

At Seattle, Wash.

Date last discharged 19 June, 1947

Signature Arthur Solverson

Tip of finger this end



Rolled print of right index finger to be taken immediately after signature is written.

GPO 16—15987-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Station (Unit) — Seattle, Washington (Place)

20 June, 1947 (Date)

FROM: SOLVERSON, Arthur (143-574) B2c- USCG

To: COMMANDANT (via Recruiting Officer, 13th CGD)

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)
Clara Emily Solverson	Clallam Bay, Washington
George Herbert Solverson	Clallam Bay, Washington

CODED NO. 1

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)
Mrs. W.M. Kelso	Daughter	9010 Sylvan Place, Seattle, Wash.

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)
Arthur Solverson Jr.	Son	29685 Bonfeild St., Chicago, Ill.

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

29 day of June, 19 47

M. M. JORDAN, Lt(jg)
(Signature)

Recruiting Officer
(Rank or title)

Arthur Solverson
(Signature)

B2c
(Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Recruiting Station, (Unit) Seattle, Washington

[redacted] (Name in full, surname to the left) 19 June, 1947

574

(Service number) Boatswain's Mate (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	6	20			
Enlistment extended (for 3 years from)	1944	6	20			
Date of discharge (Honorable (Character of discharge))	1947	6	19			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

W. A. JORDAN

Date 19 June, 1947, 19— (Rank) Lt (jg), U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 June, 1947 Recruiting Station, Seattle, Washington (Unit and place)

I CERTIFY that the above-named man Reenlisted (Reenlisted or voluntarily extended his enlistment) for a period of three (3) years from this date.

W. A. JORDAN

(Rank) Lt(jg), U. S. C. G.

Commanding officer.

16—20908-1

Form 2500-S

CERTIFICATION OF APPLICANT

Recruiting Office at Seattle, Wash.

Date 20 June, 1947

To: The Commandant, U.S. Coast Guard

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of Three (3) years in the rating of B2c and that the pay of the rating in which I am enlisting is $ 143.75 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned is located.

Arthur [illegible]
Signature of Applicant

B2c 143-574

ATTEST:

M. E. JORDAN, Lt(jg) USCG
Name - Recruiting Officer - Rank

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

Seattle, Washington

File No. CG-702

From: Recruiting Officer, 13th CGD, 13ND
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

To: Finance Officer, DCGO, 13ND

SUBJECT: SOLVERSON, Arthur (n) (143-574-571) B2c - USCG

Statement of service of.

1. The following is a statement of the service of the above-named (man) (officer) for the purpose of computing pay, to and including XXXXXXXXXX 19 June, 1947

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—
6-27-24	6-26-25 HD	None		None		None	
6-27-25	6-26-26 HD	None		None		None	
6-27-26	6-26-27 HD	None		None		None	
6-27-27	6-26-28 HD	None		None		None	
6-27-28	6-26-29 HD	None		None		None	
6-27-29	9-30-29 SOD NRR	None		None		None	
6-20-41	6-20-44 Est'd	None		None		None	
	6-19-47 HD	None		None		None	

6-20-47 Reenl sted this date for a period of three (3) years, Rg Estb. rating of B2c.

NOW SERVING

	Yrs.	Mos.	Days
Coast Guard Service	11	4	4
Navy Service			
Other Service	4	0	4
Total - - - - - - - -	15	3	8

M. A. JORDAN, Lt(jg)
Recruiting Officer

Completed 15 years service 3/12/47

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

CODED
NO. 14
7-8-47

Solverson

PEA-F
65

Service Record

SOLVERSON
(Surname)

Arthur	143-574 ~~221-070~~	NB
(Christian names)	(Service No.)	(Citizenship)

B.M.2c.	20 June, 1941.	THREE
(Enlisted as)	(Date)	(Term of years)

MUKILTEO LIGHT STATION	Seattle, Washington
(Ship or station)	(Place)

16—9677

CERTIFIED FOR MUSTERING-OUT

PAY.....

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2800-C (SUPPLEMENT) (8-45)

NAME	SERVICE NUMBER	RATING
SOLVERSON, Arthur	143-574	BM2c
UNIT	**LOCATION**	**DATE REPORTED**
Office, Comdr. 13th CG District	Seattle, Washington	19 June, 1947
FINAL AVERAGE EFFICIENCY MARKS	**PROFICIENCY IN RATING**	**CONDUCT**
	3.63	4.0

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)

PAFE - - - - - - Seattle, Washington

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

CODED NO. 14

To re-enlist

Arthur Solverson
Arthur Solverson

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

143-574 (File or service No.) | SOLVERSON (Surname) | Arthur (First name) | (n) (Initial) | BM2c USCG (Rank or rating and branch of service)

19 June, 1947 (Date discharged or released from active duty) | Off. Comdr. 13th CG District, Seattle, Wn. (Activity from which discharged) | Honorable 60 Days (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

(Sign original only)

COMMANDING OFFICER'S CERTIFICATE:

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

F.W. DOHERTY, Lt. (jg) By direction
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

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

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

Arthur Solverson
Arthur Solverson
(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

To be paid lump sum of $300.00 in Accordance with Allev 360-45
(Number) (Street)

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 423 4582 (Public voucher) 42447 (Check number) JUN 20 1947 (Date)

H. E. MAJOR, CPC, USCG, 18-490
(Type name and symbol No. of disbursing officer making initial payment) Disbursing Officer

16—29939-1

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

F.W. Doherty
F.W. DOHERTY, Lt. (jg) By direction

(P)

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

SOLVERSON, Arthur (Name—Surname to left) | BM 2c (Rank or rating 31 Aug. 1946) | 143-574 (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 50 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) | Clara Emily Solverson (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 Solverson
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Clallam Bay, Wn
this 17 day of Dec 1946

(SEAL)

D. Patterson
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

Notary Public

(OVER)

16—49451-1

Oct.#0
Nov. #1

SOLVERSON, Arthur (143-574) BM2c

CG GROUP, Neah Bay, Washington SLIP POINT LIGHT STATION Clallam Bay, Washington

13-126 15 November, 1945

15 November, 1945

Rating as BM2c made permanent.

This man is deemed fully qualified for permanent rating as Boatswain's Mate, second class.

30

Alcoast 143 EINO JOUTSEN, Lt.(jg) USCG
OP.BASE, Neah Bay, Wn.

From compensation of

APPLICATION FOR ALLOTMENT

SOLVERSON, Arthur (143-574) E[redacted] CG GROUP, Neah Bay, Was[redacted]gton

Monthly allotment in the amount of
Six and 25/100 - - - - - - - - - - - - - - ($ 6.25) Dollars.
(Words) (Figures)

Number of months (Indefinite)
(Words) (Figures)

PAYABLE TO

Name: Treasurer of the United States
Address: Washington, D. C.
First payment: Month July, 1945
Last payment: Month _____, 194___

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay, as above.

Arthur Solverson

Rank or rating BM2c, U. S. C. G.

20 June, 1945

Approved, allotment granted.

Leo Joutsen

LEO JOUTSEN

Commanding Executive Officer

D.C.G.O. _____ *District.*

Witnessed and registered JUL 13 1945, 194___

Pay Officer, E. N. DOUGHTY, LIEUT., USCG.
DISBURSING OFFICER, ODCGO 13TH ND

SDA-55,058

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

(Over)

DO NOT FOLD -- MAIL FLAT

©

Delivery of War Bonds to addresses outside the Continental United States or to ships is temporarily suspended.

July 1945

It is requested that, beginning _____, monthly deductions of $ 25.00 ---
be made so that United States War Bonds of $ _____ denomination may be issued in the name of

Mr. Arthur Solverson

(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "c/o U. S. Coast Guard, Washington, D. C."

Slip Point Light Station, Clallam Bay Washington

(State your Address)

You may name either a co-owner or a beneficiary, but not both.

Co-owner ~~Mr.~~ Mrs. Clara Emily Solverson
~~Miss~~

(Given name, in full) (Middle name or initial) (Last name)

6516 - 18th Ave. N.E. Seattle, Washington

Address

Beneficiary Mr. Mrs. Miss

(Given name, in full) (Middle name or initial) (Last name)

Address

Either co-owner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

_____ Hold at Treasury Department ~~Hold at Federal Reserve Bank of~~

Mail bonds to me at U. S. Coast Guard - Slip Point Light Station - Clallam Bay, Washington

(Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser Arthur Solverson BM2c Slip Point Light Station, Clallam Bay, Wn.

Name Rank or Rating Station

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

SERVICE RECORD

RECORD OF SOLVERSON, Arthur (Full name, surname to the left) 143-574 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
CG Light St.Mukilteo	8-9-43	Lt.(jg)	CG Sta. Clallam Bay, Wn.	8-9-43	Ensign
CG Sta. Clallam Bay, Wn.	1 APR 1944	Lt(jg	Clallam Bay, Wn.	1 APR 1944	Lt(jg)
Quadran Point LBS	11-16-45	Lt.	SLIP PT. L.S.	11-16-45	Lt.
SLIP PT. L.S.	6-19-47	CO			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Slip Pt.Lt.Sta.	Rating of BM2c made permanent	11-15-45	AlCOAST 143-45. Lt

16—9676

TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF SOLVERSON, Arthur (Full name, surname to the left) 143-574 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or Special detail	Conduct	Signature
6-30-41	B.M.2c.	LESS	THAN	ONE	MONTH		4.0	Comdr.
9-30-41	B.M.2c.	3.5	-	3.3	3.0		4.0	Comdr.
12-31-41	B.M.2c.	3.5	-	3.3	3.0		4.0	Comdr.
6-30-42	B.M.2c	3.5	-	3.3	3.0		4.0	Lieut
9-30-42	B.M.2c	3.5	-	3.3	3.0		4.0	Lieut
12-31-42	B.M.2c	3.6	-	3.3	3.1		4.0	Ensign
3-31-43	B.M.2c	3.6	-	3.3	3.2		4.0	Ensign
6-30-43	B.M.2c	3.6	-	3.3	3.3		4.0	Ensign
8-9-43	B.M.2c	3.6		3.3	3.3		4.0	Lt.(jg
9-30-43	B.M.2c	3.6	-	3.3	3.3		4.0	Lt(jg)
12-31-43	B.M.2c.	3.6		3.3	3.3		4.0	Lt(jg)
3-31-44	B.M.2c.	3.6		3.3	3.3		4.0	Lt(jg)
6-30-44	BM2c	3.6		3.3	3.4		4.0	Lt(jg)
9-30-44	BM2c	3.6	3.5	3.3	3.5		4.0	Lt(jg)
12-31-44	BM2c	3.7	3.5	3.4	3.5		4.0	Lt(jg)
3-31-45	BM2c	3.7	3.5	3.4	3.5		4.0	Lt(jg)
6-30-45	BM2c	3.7	3.5	3.4	3.5		4.0	Lt(jg)
9-30-45	BM2c	3.7	3.6	3.4	3.6		4.0	Lt(jg)
12-31-45	BM2c	3.8	3.6	3.4	3.6		4.0	Lt.
3-31-46	BM2c	3.8	3.6	3.4	3.6		4.0	CO
6-30-46	BM2c	3.8	3.6	3.4	3.6		4.0	CO
9-30-46	BM2c	3.8	3.6	3.4	3.8		4.0	O-in-C
12-31-46	BM2c	3.6	3.4	3.3	3.4		4.0	O-in-C
3-31-47	BM2c	3.6	3.4	3.4	3.4		4.0	CO
6-19-47	BM2c	3.6	3.4	3.4	3.4		4.0	CO
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

RECORD OF SOLVERSON, Arthur (Full name, surname to the left)

143-574
~~221-070~~ (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
SLIP PT.L/S,Clallam Bay, Wash.	6-20-44	Entitled to wear good conduct ribbon in accordance with PB 86-44, having served 6-20-41 to 6-19-44 with no mark in conduct less than 4.0.	Lt(jg)
Slip Pt. Light S.	1-9-46	Entitled to wear World War II Victory Ribbon: ALNAV # 352	Lt.
Slip Pt.Light Sta. Clallam Bay, Wn.	1-9-46	Entitled to wear American Campaign Ribbon ALNAV # 351	Lt.

16—9676

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

RECORD OF SOLVERSON, Arthur
(Full name, surname to the left)

143-574
~~221-070~~
(Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
Mukilteo Lt.Stn	1st Yr.	6/20/41	CREDIT	30	---	Ch.Bos'n
Mukilteo Lt. Stn.	8-28-41	9-17-41	19	11	---	Ch.Bos'n.
Mukilteo Lt. Stn.	7-15-42	7-26-42	10	20	---	Lieut.
	6-20-43			30	---	Lt.(jg)
CG Sta. Clallam Bay, Wn.	9-1-43	9-12-43	10	20	---	Lt(jg)
CG BASE, Neah Bay	4-26-44	5-2-44	5	15	---	Lt(jg)
SLIP PT.L/S,Clallam Bay	Vol. Ext.Enl.3yrs.,etc.		6-20-44	30	30	Lt(jg)
SLIP PT.L/S,Clallam Bay	9-28-44	10-9-44	10	20	30	Lt(jg)
SLIP PT.L/S,Clallam Bay	4-3-45	4-11-45	5(2tt)	15	30	Lt(jg)
SLIP PT L/S, Clallam Bay	6-20-45 Credit			30	30	Lt.
SLIP Pt.Light Sta.	12-15-45	12-31-45	15(6 hrs.)	15	30	Lt.
SLIP PT. L/S, Clallam Bay	6-2-46	7-3-46ReL	30			OinC
	ATTENTION: New leave account record					

16—9676

RECORD OF SOLVERSON, Arthur 143-574 ~~221-070~~

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

10. ABSENT FROM DUTY

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

Unit	Months	Days	From—	To—	Remarks	Signature
CG Light StnMukilteo			NO DEDUCTIBLE TIME WHILE ATTACHED			P J Ellis Lieut(jg)
SLIP PT. L.S.			NO DEDUCTIBLE TIME WHILE ATTACHED			Ch.Bos'n

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
SLIP POINT L/S, Clallam Bay, Wn.	3 yrs.	Enlistment voluntarily extended for three (3) years and DOW but not to exceed six (6) months thereafter, effective 20 June, 1944, and otherwise entitled to an honorable discharge.	Elmo Fontaine Lt(jg)

12. ON DISCHARGE

Date _____, 19___ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

Is _____ recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF SOLVERSON, Arthur (Full name, surname to the left)

143-574 (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	
IC	9-1-46	50	(50 days credited to leave account in accordance Commandant's Circular 33-46)										
			5-20-47	6-20-47	Vacation	30	--						
ANCR	6-19-47	25						45					
BBF	6-19-47	45											

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

(1)-Ⓑ NAME (PRINT CLEARLY): SOLVERSON (LAST) Arthur (FIRST) "None" (MIDDLE)
SERVICE NUMBER: 143-574
HEIGHT: 5 ft 11½ in
WEIGHT: 141
RACE: W

(2) HOME ADDRESS: 6516 18th Ave. NW Seattle, Washington

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

(4)-Ⓡ DATE OF BIRTH: 12 March, 1900
HOW LONG IN U. S.: YEARS

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

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

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

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	x		Willmar, Minn		1914
HIGH SCHOOL	1			" "	General	
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS: 9

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: Seattle, Wn. DATE: June 1924

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
XXX				

(13)-Ⓣ MAIN OCCUPATION: Coast Guardsman — YEARS AT IT: 25 — WKLY. WAGE: $ ---
D. O. T. CODE: 3-68.40
JUST WHAT DID YOU DO? A Boatswain's Mate 2class in the Service. Came over from the Lighthouse Service.

LAST DATE OF EMPLOYMENT: Still employed
EMPLOYER (FIRM NAME): U. S. Coast Guard
ADDRESS OF EMPLOYER: Seattle, Wn.
DEPT., SHOP OR BRANCH: Coast Guard
KIND OF BUSINESS: Naval

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

1-19-45

TEST	SOCIAL STUDIES (15)-Ⓑ	ARITHMETIC (16)-Ⓑ	MECHANICAL APTITUDE (17)-Ⓑ				
GRADE —SCORE				50	39	37 41	55 55

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

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

NON-ENGLISH SPEAKING 3
ILLITERATE N

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
US Navy	4	S1c	'23				
---							

(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:

(23) NEXT OF KIN Wife

NAME Mrs. Clara E. Solverson

ADDRESS 6516 - 18th Ave. NW

CITY Seattle STATE Washington

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
8-9-43	CGLightSt, Mukilteo	BM2c	
8-9-43	CGSta. Clallam Bay	"	
4-1-44	CGSta. Clallam Bay	"	

(25)

DATE OF INTERVIEW 1-19-45 UNIT Neah Bay, Wn.

SIGNATURES

INTERVIEWER Martin J. Rozan

ENLISTED PERSON Arthur Solverson

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. 2,213,607

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in time of War or National Emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the War or National Emergency.

U. S. C. G. SLIP POINT LIGHT STATION (Unit)
Clallam Bay, Washington (Place)
20 June, 1944 (Date)

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

I, Arthur Solverson (Name of applicant), 143-574 (Service number), BM2c (Rating), having on 20 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of three year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is the United States being in a State of War.

Arthur Solverson
Arthur Solverson X
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 20th day of June A. D., 19 44

E. A. REUTERCRONA, Lieut.(jg) USCG - CO.
(Commanding officer or notary public)

U. S. C. G. SLIP POINT LIGHT STATION (Unit)
Clallam Bay, Washington (Place)
20 June, 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.

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

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)

SLIP POINT LIGHT STATION, Clallam Bay, Wash.
(Unit)

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

20 June, 1944
(Date)

243-574
(Service number)

Boatswain's Mate, second class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	6	20
Enlistment extended (for 3 years from)	1944	6	20
Date of discharge (_____) (Character of discharge)			

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

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

20 June, 1944 - Voluntarily agreed extension of enlistment for a period of three years and for such additional time as may be deemed necessary in the public interest, in time of war or National Emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the War or National Emergency.

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

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

L. A. SKOTHEIMER,

Date 20 June, 1944 (Rank) Lieut.(jg), U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 June, 1944 SLIP POINT LIGHT STATION, Clallam Bay, Wash.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended enlistment for a period of three years from this date.
(Reenlisted or voluntarily extended his enlistment)

L. A. SKOTHEIMER

(Rank) Lieut.(jg), U. S. C. G.

Commanding officer.

16—20908-1

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

REENLISTMENT of SOLVERSON, Arthur (Full name, surname to left) 143-574 221-070 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station Mukilteo Light Station, ____ District, Mukilteo, Washington (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Seattle, Washington (Place)

1. I, Arthur SOLVERSON (Full name), this 20th day of June, 19 41, 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: None

2. I was born in Willmar, Minnesota, on 12 March, 1900 Citizenship [a] NB

If naturalized, place and date of naturalization - - - - Certificate No. - - - -

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

Home address Mukilteo, Washington

Full name and address of the following: Clara Solverson, Mukilteo, Washington (Wife, if any)

Arthur Solverson, Jr., son (age 16 yrs)

Barbara Bernice Solverson, daughter (age 14 yrs) (Children under 21 years of age. Specify ages of children)

George Herbert Solverson, son (age 9 yrs). mother deceased Widowed? - - - - -
(Mother, if living)

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

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

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

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

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

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

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

8. I was last discharged from the U. S. Coast Guard on 30 September, 1929, from ~~Cutter~~ Station Grays Harbor St (Strike out one)
with Ordinary (Kind of discharge) discharge, herewith submitted, serial No. - - -

9. I agree to and with the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (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 unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Arthur SOLVERSON (Name of person enlisting) who has hereunto signed his

[a] 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.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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.

Arthur Solverson
Arthur Solverson
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. Van DeVENTER, Ch. Bos'n
(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.

A. Van DeVENTER,
Chief Boatswain U. S. C. G., Enlisting Officer.

---

11. OATH OF ALLEGIANCE

I, Arthur SOLVERSON (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 Solverson
Arthur Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of June, A. D. 19 41.

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

A. Van DeVENTER, Chief Bos'n
Enlisting Officer

A. Van DeVENTER, Chief Bos'n
A. Van DeVENTER,
Acting Personnel Officer,
(Comdg. officer, officer in charge of a unit, or notary public)
Seattle District.

---

12. DESCRIPTIVE LIST

Age 41 years 3 months. Height 5 feet 11½ inches. Weight 141 pounds. Eyes blue

Hair blond Complexion ruddy Color white Married yes

Distinguishing marks VSLA. TATOOS: sailing vessel, left arm; 2 birds, chest.

---

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.

16—8420

SLIP POINT LIGHT STATION
Clallam Bay, Washington
27 March, 1945

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

SOLVERSON, Arthur	143-574	BM2c
NAME	SERVICE NO.	RATING

has completed a continuous period of three years active service on 19 June, 1944, with no mark in conduct 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.

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

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1937

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MUKILTEO LIGHT STATION (Unit) — Mukilteo, Washington (Place)

20 June, 1941 (Date)

SOLVERSON, Arthur (~~321-070~~ 43-574) B.M.2c.

FROM: Commander, Seattle District

TO: COMMANDANT (via .....)

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:

Clara Solverson (Full name of wife; if not married, so state)	Mukilteo, Washington (Address of wife)
Arthur Solverson, Jr., son (age 16 yrs) (Full name of child; if none, so state)	"Same address" (Address of child)
Barbara Bernice Solverson, daughter (age 14) (Full name of child; if none, so state)	"Same address" (Address of child)
George Herbert Solverson, son (age 9 yrs) (Full name of child; if none, so state)	"Same address" (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:

None

(Full name of relative)	(Relationship)	(Address of relative)

(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:

None

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: A. Van DeVenter
A. Van DeVENTER
Chief Boatswain
Rank

SIGNED: Arthur Solverson
Arthur Solverson,
B.M.2c.
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500-A
U. S. Coast Guard

CODED
NO. 4

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in time of War or National Emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the War or National Emergency.

U. S. C. G. SLIP POINT LIGHT STATION (Unit)
Clallam Bay, Washington (Place)
20 June, 1944 (Date)

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

I, Arthur Solverson (Name of applicant), 143-574 (Service number), EM2c (Rating), having on 20 June, 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 three 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 the United States being in a State of War.

Arthur Solverson
Arthur Solverson ×
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 20th day of June A. D., 19 44

E. A. REUTERCRONA, Lieut.(jg) USCG - CO.
(Commanding officer or notary public)

U. S. C. G. SLIP POINT LIGHT STATION (Unit)
Clallam Bay, Washington (Place)
20 June, 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.

E. A. REUTERCRONA, Lieut.(jg) USCG
(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—21590-1 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF SOLVERSON, Arthur 143-574

3. Efficiency Marks

DATE	RATE	Pro. in Rating	Seamanship	Mechanical Ability	Ability as Leader Men	Conduct
6-30-41	BM2c	LESS THAN ONE MONTH				4.0
9-30-41	BM2c	3.5	-	3.3	3.0	4.0
12-31-41	BM2c	3.5	-	3.3	3.0	4.0
6-30-42	BM2c	3.5	-	3.3	3.0	4.0
9-30-42	BM2c	3.5	-	3.3	3.0	4.0
12-31-42	BM2c	3.6	-	3.3	3.1	4.0
3-31-43	BM2c	3.6	-	3.3	3.2	4.0
6-30-43	BM2c	3.6	-	3.3	3.3	4.0
8-9-43	BM2c	3.6	-	3.3	3.3	4.0
9-30-43	BM2c	3.6	-	3.3	3.3	4.0
12-31-43	BM2c	3.6	-	3.3	3.3	4.0
3-31-43	BM2c	3.6	-	3.3	3.3	4.0

CERTIFIED TO BE A TRUE COPY

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

-2511 A
pproved by
er General, U. S.
uary 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

SLIP POINT LIGHT STATION, Clallam Bay, Wash.
(Unit)

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

20 June, 1944
(Date)

143-574
(Service number)

Boatswain's Mate, second class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	6	20
Enlistment extended (for 3 years from)	1944	6	20
Date of discharge ( ) (Character of discharge)			
Total time of last enlistment period			

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

20 June, 1944 - Voluntarily agreed extension of enlistment for a period of three years and for such additional time as may be deemed necessary in the public interest, in time of war or National Emergency, declared by the President to exist, such additional time not to extend beyond six months after date of termination of the War or National Emergency.

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	3	0	0
Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period	3	0	0

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

E. A. REUTERCRONA,

Date 20 June, 1944 (Rank) Lieut.(jg), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 June, 1944 SLIP POINT LIGHT STATION, Clallam Bay, Wash.
(Unit and place)

I CERTIFY that the above-named man voluntarily extended enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of three years from this date.

E. A. REUTERCRONA

(Rank) Lieut.(jg), U. S. C. G.
Commanding officer.

16—20908-1

2599
ST GUARD
June 1943)

REPORT OF CHANGE IN PERSONNEL

SOLVERSON,	Arthur	- -	143-574	BM2c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Coast Guard Station	13-210	Neah Bay, Wash.	20 June, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

SLIP POINT LIGHT STATION
Clallam Bay, Wash. (13-210-03)
(Minor unit)

20 June, 1944: Voluntarily extended enlistment for three years and such additional time as may be deemed necessary, such additional time not to extend beyond six months after date of termination of War or National Emergency.

PAFE: Seattle, Wash. (R.O.)
Place of Extension: Clallam Bay, Wash. (SLIP PT.L/S)

ENTITLED TO MILEAGE.
ENTITLED TO REENLISTMENT ALLOWANCE.
ENTITLED TO GOOD CONDUCT MEDAL.

DUTY CODE No.: 30-D
AUTHORITY: Alcoast 83, 1941.
P&SI 271 (5)

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

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

U. S. COAST GUARD (18)
RECD AUG 26 1941

ENLISTMENT CONTRACT

143-574 Bw 9-8-41

B&P

REENLISTMENT of SOLVERSON, Arthur (Full name, surname to left) ~~281-070~~ (Service number) as B.M.2c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station Mukilteo Light Station, ____ District, Mukilteo, Washington (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Seattle, Washington (Place)

1. I, Arthur SOLVERSON (Full name), this 20th day of June, 19 41, 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: None

2. I was born in Willmar, Minnesota, on 12 March, 1900 Citizenship* NB

If naturalized, place and date of naturalization - - - - Certificate No. - - - -

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

Home address Mukilteo, Washington

Full name and address of the following: Clara Solverson, Mukilteo, Washington (Wife, if any)

Arthur Solverson, Jr., son (age 16 yrs)
(Children under 21 years of age. Specify ages of children)

Barbara Bernice Solverson, daughter (age 14 yrs)

George Herbert Solverson, son (age 9 yrs). mother deceased Widowed? - - - - -
(Mother, if living)

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

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

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

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

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

6. I have ____ 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 30 September, 1929, from ~~Cutter~~ Station Grays Harbor Str
(Strike out one)
with Ordinary discharge, herewith submitted, serial No. - - -
(Kind of discharge)

9. I agree to and with the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (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 unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Arthur SOLVERSON (Name of person enlisting) who has hereunto signed his

* 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.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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.

arthur Solverson
Arthur Solverson
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. Van DeVENTER, Ch. Bos'n
(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.

A. Van DeVENTER,
Chief Boatswain *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Arthur SOLVERSON (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 Solverson
Arthur Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of June, A. D. 19 41.

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

A. Van DeVENTER, Chief Bos'n
Enlisting Officer

A. Van DeVENTER, Chief Bos'n
Acting Personnel Officer,
(Comdg. officer, officer in charge of a unit, or notary public)
Seattle District.

X-P-Gn.

12. DESCRIPTIVE LIST

Age 41 years 3 months. Height 5 feet 11½ inches. Weight 141 pounds. Eyes blue

Hair blond Complexion ruddy Color white Married yes

Distinguishing marks VSLA. TATOOS: sailing vessel, left arm; 2 birds, chest.

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.

Position desired

16—8420

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 Boatswain's Mate, 2nd Class

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Seattle, Washington
(Place)

20 June, 1941.
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 41 years 3 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Arthur Solverson

Date of birth 12 March, 1900

Place of birth Wilmar, Minnesota Citizenship NB

Home address Mukilteo, Washington

Are you married? Yes Number and relationship of persons dependent on you for support? 4

wife and 3 children

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

Are your parents living? No Are your parents dependent on you for support? - - -

Name and address of next of kin Clara Solverson, wife - Mukilteo, Washington

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—	
U.S.Lighthouse Service	Seattle, Wash.	Dept.of Comm.	10/29	present	Keeper
George Lasvar	Mukilteo, Wash.	Boathouse			Character
John Petersen	" "	USLHS			Character

Do you drink intoxicating liquors? If so, to what extent? Occassional glass of beer.

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):

Grade School, graduate

High School, 2 years

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

If so, state which Navy and Coast Guard

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? Yes

When did you apply? Portland, Oregon Where? 27 June, 1924.

Were you accepted or rejected? Accepted 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.

Arthur Solverson

(Sign your full name here) Arthur Solverson

Accepted or rejected Accepted Cause of rejection - - - -

Date 20 June, 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.

A. Van DeVENTER, Chief Boatswain.
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

Certified Copy of Birth Register. 1911 Laws.

State of Minnesota, County of Kandiyohi, City of Willmar
(City, Village or Township)

No.	NAME OF CHILD	SEX	Single Twins Triplets	No. in Order of Birth	No. of Child of this Mother	Legitimate	TIME OF BIRTH			
							Month	Day	Year	Hour
2	Solverson, Arthur	M.	S.	-	8	Yes	Mar	12	1900	-

FATHER

NAME	AGE	COLOR	BIRTHPLACE	OCCUPATION
Ole Solverson	44	W.	Norway	Carpenter

MOTHER

FULL MAIDEN NAME	AGE	COLOR	BIRTHPLACE	OCCUPATION
Oline Jacobson	36	W.	Norway	Hwife

PHYSICIAN, MIDWIFE OR OTHER REPORTER

NAME	ADDRESS	DATE OF REPORT
Letty Solverson		6-26-41

REGISTRAR

NAME	ADDRESS	DATE OF FILING
Gerda C. Pierson Deputy State Registrar	St. Paul	6-28-41

STATE OF MINNESOTA, }
COUNTY OF KANDIYOHI, } *ss.*

IN DISTRICT COURT
TWELFTH JUDICIAL DISTRICT

I, A. A. C. Bloomquist, *Clerk of the District Court in and for said County and State, do hereby certify that the foregoing is a full and complete transcript of the entries appearing of record in the Register of Births now remaining in my said office relating to the birth of said* Arthur Solverson, *and of the whole thereof.*

WITNESS my hand and the seal of said Court hereto affixed at Willmar, Minn., this 5th *day of* August, *A. D. 19*41.

A. A. C. Bloomquist, *Clerk.*

By ....., *Deputy.*

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
SEATTLE DISTRICT

Seattle, Washington,
19 June, 1941.

From: Arthur Solverson, Assistant Keeper - Mukilteo Light Station.
To: Commandant.

Via: 1. Commander, Seattle District.

Subject: Resignation.

1. I hereby tender my resignation, effective at the close of 19 June, 1941, by reason of induction into the Coast Guard in the rating of boatswain's mate, second class, as of 20 June, 1941.

Arthur Solverson

Arthur Solverson.

- -

1st Indorsement

75

SEATTLE DISTRICT
Seattle, Washington,
20 June, 1941.

From: Commander, Seattle District.
To: Commandant.

1. Forwarded, approved.

A. Van DeVENTER,
By direction.

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, 550 Federal Office Bldg., Seattle, Washington
(Place)

20 June, 1941
(Date)

To Chief of Police, Everett, Washington

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Arthur Solverson
(Name of applicant)

41	5'11½"	141	White
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? ?

A. Van DeVENTER, Chief Boatswain
Recruiting Officer.

6-21-41
(Date)

To Recruiting Officer, _____

The above information is submitted from the records of this office.

L. D. Martin - Sgt
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. ----------

RIGHT HAND

16—974

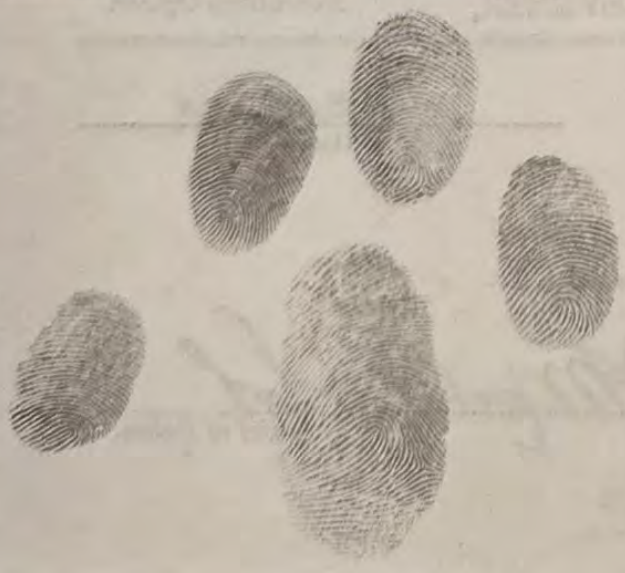
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

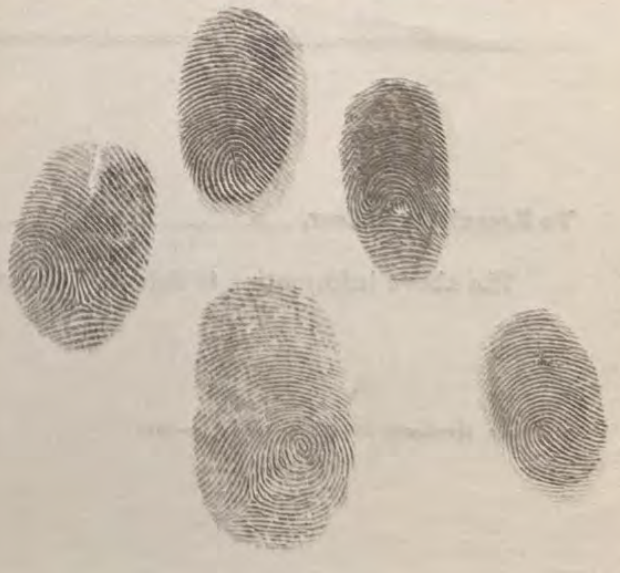
LEFT HAND

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 No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
RECD JUN 24 1941

REPORT OF CHANGE IN PERSONNEL

SOLVERSON	Arthur	- - -	- - -	Assistant Keeper
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

MUKILTEO LIGHT STATION	Mukilteo, Washington	19 June, 1941.
(Unit)	(Place)	(Date)

Tendered resignation, effective at the close of this date, 19 June, 1941, to accept enlistment as B.M.2c. in the Coast Guard on 20 June, 1941.

Position: Assistant Keeper, Mukilteo Light Station. Salary: $1320 per annum.

AUTHORITY: **Headquarters' letter, 19 April, 1941 (P-75).**

A. Van DeVenter
(Commanding) Ch. Bos'n
A. Van DeVENTER,
Acting Personnel Officer, Seattle Dist.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE



TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE
550 Federal Office Bldg.,
Seattle, Wash.

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

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

A. Van DeVENTER, Ch.Bos'n
Recruiting Officer

1. How long have you known the applicant?. . . . . About 5 years.
2. What is his general reputation in the community?. . . . . Very Good
3. Is he industrious? . . . . . Yes
4. Is he trustworthy? . . . . . Yes
5. Is he married? . . . . . Yes
6. What are his usual habits as regards to sticking to his job? Very Good.
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . no
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution?. . . no
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . . . not to my knowledge
10. Are you related to the applicant?. . . . . no.

John Petersen
(SIGNATURE)

(STREET or BOX NUMBER)

MUKILTEO LIGHT STATION, WASH.
(CITY) (STATE)



TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Seattle, Washington

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

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

A. Van DeVENTER, Ch.Bos'n
Recruiting Officer

1. How long have you known the applicant?. . . . . 3½ yrs
2. What is his general reputation in the community?. . . . . good
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . 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? . . . . Navy & Coast Guard
10. Are you related to the applicant?. . . . . no.

George Lorenz
(SIGNATURE)

84
(STREET or BOX NUMBER)

Mukilteo Wash.
(CITY) (STATE)

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MUKILTEO LIGHT STATION (Unit) — Mukilteo, Washington (Place)

143-574 Bu

20 June, 1941 (Date)

FROM: SOLVERSON, Arthur (~~221-070~~) B.M.2c.

TO: COMMANDANT (via Commander, Seattle 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:

(Full name of wife; if not married, so state)	(Address of wife)
Clara Solverson	Mukilteo, Washington
Arthur Solverson, Jr., son (age 16 yrs) (Full name of child; if none, so state)	"Same address" (Address of child)
Barbara Bernice Solverson, daughter (age 14) (Full name of child; if none, so state)	"Same address" (Address of child)
George Herbert Solverson, son (age 9 yrs) (Full name of child; if none, so state)	"Same address" (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)
None		

(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)
None		

(State briefly wherein dependency exists)

WITNESSED BY:

A. Van DeVenter
A. Van DeVENTER

Rank Chief Boatswain

SIGNED:

Arthur Solverson
Arthur Solverson,

Rank or Rating B.M.2c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

ENLISTMENT CONTRACT

[1] ~~RE~~ ENLISTMENT of SOLVERSON ARTHUR (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station ~~XXXXX~~ Grays Harbor, 13th District, Westport, Washington.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ARTHUR SOLVERSON (Full name), this 27th day of June, 1929, 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 Willmar, Minnesota, on March 12, 1900 Citizenship [2] Native born.
If naturalized, place and date of naturalization _____ Certificate number _____
If intentions declared, place and date of declaration _____
Occupation Surfman U.S.Coast Guard Home address Westport, Washington.
Full name and address of the following: Clarie Solverson, Westport, Washington. (Wife, if any)
Arthur Jr. and Barbara Bernice Solverson, Westport, Washington. (Children under 16 years of age)

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

5. 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.

6. I was last discharged from the U. S. Coast Guard on June 26, 1929, from ~~Cutter~~ Station Grays Harbor (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A 4599

7. I agree to and with the United States of America, represented by Hilman J. Persson (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 ONE YEAR 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 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 ONE YEAR, 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 Hilman J. Persson (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Arthur Solverson (Name of person enlisting) who has hereunto signed his 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.

Arthur Solverson
(Signature of enlisted person)
UNITED STATES OF AMERICA,
By Hilman J. Persson C.B.M.(L)
(Signature and rank of enlisting officer)

8. 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.

Hilman J. Persson
_____, *U. S. C. G., Enlisting Officer.*

C.B.M.(L)

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 27th day of June, A. D. 1929.

Hilman J. Persson,
Hilman J. Persson,
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 29 years 3 months. Height 5 feet 11 inches. Weight 145 pounds. Eyes blue

Hair blond. Complexion fair. Color white. Married yes.

Distinguishing marks Fan tattooed left forearm.

Date

Record of

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	~~Obedience~~ Conduct	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30,1929	3.5	4	4	2.5	Yes.	Grays Harbor Sta.	H. J. Persson
Sept.30,1929	3.5	4	4	2.5	Yes.	Grays Harbor Sta.	H. J. Persson
Health during current enlistment 4.0							
Averages	3.5	4	4	2.5	Yes	Grays Harbor Sta.	H. J. Persson

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 17, 1924. Grays Harbor Station.
(Date and place)

2—13678

Ship or station

RECORD OF

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Grays Harbor Station,	6-26-25	Issued Honorable Discharge Button.

2—13678

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Grays Harbor Station	6-27-29		40	L. A. Fitzpatrick
Grays Harbor Station	7-1929	10	30	L. A. Fitzpatrick
Grays Harbor Station,	9-30-29	30		L. A. Fitzpatrick

WITHOUT PAY

2—13673

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date September 30, 1929. Place Westport, Washington. Serial No. None

Kind of discharge special order Authority for H/L, 18 September, 1929, (73-701).

Discharged on account of own request, based upon desire to accept position with Light-House Service

Is not recommended for reenlistment, (If "not," so state.) Rating best qualified to fill Dupl. except upon specific authority from Headquarters.

15. ON DESERTION

....., 192 ....
(Date) (Unit) (Place)

2—13678

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service?_____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs. Mos. Days.
Headquarters letter	H/L 10-22-24. (Date)	9--0--4 ✓
Discharged	9-30-29. (Date)	
Enlisted	6-27-29. (Date)	
(2) Total service, current enlistment	Yrs. Mos. Days 0--3--4 ✓	

	Yrs. Mos. days.
A. W. O. L.	None
Sick misconduct	None
N. P. D. I.	None
A. L. W. P.	None
Other absence for which no pay accrued	None
(3) Total deductions	None
(4) Net service, current enlistment (basis for enlistment allowance)	0--3--4 ✓ (2-3)
Total service to date of discharge (basis for longevity)	9--3--8 ✓ (1+4)

2—13678

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Washington Date 30 September, 1929.

Solverson, Arthur — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson was discharged at 3:00p.m. 30 September, 1929, with a special order discharge by reason of his own request, based upon desire to accept position with Light-House Service. Not recommended for reenlistment except upon specific authority from Headquarters.

Reimbursed the Government the enlistment allowance paid on last enlistment, in the amount of $25.00.

Disciplinary action: None.

Authority: Headquarters' letter, 18 September, 1929, (73-701).

Hilman J. Persson.
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Grays Harbor
COAST GUARD STATION

Westport, Washington.
(POST OFFICE ADDRESS)

13th.
DISTRICT

30 September, 1929.

I, Arthur Solverson, Surfman U. S. Coast Guard, hereby certify that I know of no physical defects from which I am suffering at this time.

Arthur Solverson
Surfman.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. Grays Harbor
THIRTEENTH DISTRICT

Westport, Washington.
September 30, 1929.

From: Officer in Charge, Grays Harbor Station.
To: Medical Officer Public Health Service.

Subject: Physical Examination.

Reference: (a) Article 434 (1) Regulations.

1. It is requested that the bearer, Surfman Arthur Solverson be physically examined before being discharged from the Coast Guard. This examination should be as complete as may be necessary to determine whether or not the man has any disease or physical condition likely to result in physical disability, or death. The report of the findings should be set forth on 1st. indorsement below. The report shall state the nature of such disease or condition, if found, together with a statement of your opinion as to whether or not it was incurred as incident to service.

Hilman J. Persson

----------Hilman J.Persson----------

1st. Indorsement.
Aberdeen, Washington.
September 30, 1929.

1. I hereby certify that on this 30th. day of September, 1929 I have examined Surfman Arthur Solverson and find that he is physically sound.

~~or~~

~~Is not physically sound for the following reasons:~~

J. A. Kimm

A.A.Surgeon, Public Health Service.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

RE-ENLISTMENT of SOLVERSON, ARTHUR as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Grays Harbor 13th District, Westport, Washington.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ARTHUR SOLVERSON, this 27th day of June, 1928, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Willmar, Minnesota, on March 12, 1900. Citizenship[2] Native born.
If naturalized, place and date of naturalization ..... Certificate number .....
If intentions declared, place and date of declaration .....
Occupation Surfman U.S. Coast Guard Home address Westport, Washington.
Full name and address of the following: Clarie Solverson, Westport, Washington.
(Wife, if any)
Arthur Jr. and Barbara Bernice Solverson, Westport, Washington.
(Children under 18 years of age)
.....
Olena Solverson, Litchfield Avenue, East Willmar, Minn. 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 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~~ officer is correctly described by me.

5. 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.

6. I was last discharged from the U. S. Coast Guard on June 26, 1928, from ~~Cutter~~ Station Grays Harbor
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A4553.
(Honorable, etc.)

7. I agree to and with the United States of America, represented by Hilman J. Persson, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, 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 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 Hilman J. Persson United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Arthur Solverson who has hereunto signed his
(Name of person enlisting)
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.

Arthur Solverson
(Signature of enlisted person)
UNITED STATES OF AMERICA,
By Hilman J. Persson C.B.M.(L).
(Signature and rank of enlisting officer)

8. 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.

Hilman J. Persson
C.B.M.(L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 27th day of June, A. D. 1928.

Hilman J. Persson
Hilman J. Persson,
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

REENLISTMENT

Age 28 years 3 months. Height 5 feet 11 inches. Weight 145 pounds. Eyes blue.

Hair blond. Complexion fair. Color white. Married yes.

Distinguishing marks Fan tattooed left forearm.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

---, *U. S. P. H. S.*

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

..... Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

1925 February 18 (Date last vaccinated against smallpox)

1925. March 5, 1929. (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF SOLVERSON, ARTHUR

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	~~Obedience~~ Conduct	Ability as leader of men	Recommended for good-conduct medal	~~Vessel or~~ station	Signature of commanding officer or officer in charge of a unit
June 30,1928	3.33	4	4	2.5	Yes.	Grays Harbor	H. J. Persson
Sept.30,1928	3.00	4	3	2.5	Yes.	Grays Harbor	H. J. Persson
Dec. 31,1928	3.50	4	4	2.5	Yes.	Grays Harbor	H. J. Persson
Mar. 31,1929	3.50	4	4	2.5	Yes.	Grays Harbor	H. J. Persson
June 26,1929	3.50	4	4	2.5	Yes.	Grays Harbor	H. J. Persson
Health during current enlistment				4.0			
Averages	3.36	4	3.80	2.5	Yes	Grays Harbor	H. J. Persson

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 17,1924, Grays Harbor Station, Westport, Wash.

(Date and place)

2—13678

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Grays Harbor Station,	6-26-25	Issued Honorable Discharge Button.

2—13678

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Grays Harbor Station	6-27-28.		40	O. B. Hickland
Grays Harbor Station	9-30-28.	25	15	O. B. Hickland
Grays Harbor Station	6-26-29.	15		O. B. Hickland

WITHOUT PAY

2—13678

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 26, 1929. Place Westport, Washington Serial No. A4599.
Kind of discharge Honorable Authority for Article 428 (a) Regulations.
Discharged on account of expiration of enlistment (regular).
Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192 (Cause) (Authority)

17. ON DEATH

(Date), 192 (Place) (Cause) (Place of burial or disposition of remains)

(Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs. Mos. Days.
Headquarters letter	H/L. 10-22-24. (Date)	8- 0- 4 ✓
Discharged	6-26-29. ✓ (Date)	
Enlisted	6- 27- 28. ✓ (Date)	

	Yrs. Mos. Days	Yrs. Mos. days.
(2) Total service, current enlistment	1--0--0 ✓	
A. W. O. L.		None
Sick misconduct		None
N. P. D. I.		None
A. L. W. P.		None
Other absence for which no pay accrued		None
(3) Total deductions		None
(4) Net service, current enlistment (basis for enlistment allowance)	1--0--0 (2–3)	
Total service to date of discharge (basis for longevity)	9--0--4 ✓ (1+4)	

2—13678

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 27, 1928.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Reenlisted the above named man at 1:00a.m. June 27, 1928, as Surfman, regular.

Disciplinary action: None.

Authority: Article 322 (a) Regs.

Hilman J. Persson, (Signature)

Officer in Charge. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Grays Harbor Station. (Unit.) Westport, Washington. (Place.)

June 27, 1928. (Date.)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Commander 13th 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 follows:

Clarie Solverson, (Full name of wife; if not married, so state.)	Westport, Washington. (Address of wife.)
Arthur Solverson, Jr. (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
Barbara Bernice Solverson, (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

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

(Full name of relative.) (Relationship.) (Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.) (Relationship.) (Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY:

Hilman J. Persson
Hilman J. Persson,
Rank, Officer in Charge.

SIGNED:

Arthur Solverson
Arthur Solverson
Rank or rating, Surfman.

2—10348

GOVERNMENT PRINTING OFFICE

FILE
W. G. K.

HONORABLE DISCHARGE,
UNITED STATES COAST GUARD

SERIES A.

A4599

U.S. Grays Harbor Station
(Name of vessel or station.)

Arthur Solverson,
(Name of enlisted man.)

June 27, 1928
(Date of enlistment.)

Surfman
(Rating at date of discharge.)

June 26, 1929
(Date of discharge.)

Westport, Wash.,
(Place of discharge.)

Surfman
(Rating best qualified to fill.)

June 26, 1925. { H.D. Button delivered. } Yes.
(Yes or no.)

Westport, Wash.,
(Home address.)

Pay per month at discharge, - - $ 69.00

Re. 6-27-29. Pd. in full on pay roll at end of month.
Paid in full at discharge,

C. A. Gilpin
Commanding Officer.

DISTRICT COMMANDER

Note.—Stubs to be forwarded, as bound, to Headquarters when the discharges in the book have been issued.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

U.S. COAST GUARD
REC'D JUL 5 1928
ANS'D By

[1] RE ENLISTMENT of SOLVERSON ARTHUR as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Grays Harbor, 13th District, Westport, Washington.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ARTHUR SOLVERSON (Full name), this 27th day of June, 192 7 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 Willmar, Minnesota, on March 12, 1900 Citizenship [2] Native born
If naturalized, place and date of naturalization _____ Certificate number _____
If intentions declared, place and date of declaration _____
Occupation Surfman U.S. Coast Guard Home address Westport, Washington.
Full name and address of the following: Clarie Solverson, Westport, Washington. (Wife, if any)
Arthur Solverson, Jr. Westport, Washington. (Children under 18 years of age)
Olena Solverson, Litchfield Avenue, East Willmar, Minn. (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 have _____ (If "not" so state) had previous service under the United States in the Coast Guard, ~~Army~~ Navy, ~~Marine Corps, Revenue-Cutter Service, or Life-Saving Service~~, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. 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.

6. I was last discharged from the U. S. Coast Guard on June 26, 19 27, from ~~Cutter~~ Station Grays Harbor (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. 46833.

7. I agree to and with the United States of America, represented by Hilman J. Persson (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 ONE YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, 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 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 Hilman J. Persson (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the ARTHUR SOLVERSON (Name of person enlisting) who has hereunto signed his 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.

Arthur Solverson
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Hilman J. Persson C.B.M.(L)
Hilman J. Persson
(Signature and rank of enlisting officer)

8. 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.

Hilman J. Persson
Hilman J. Persson, C.B.M.(L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 27th day of June, A. D. 1937.

Hilman J. Persson,
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

REENLISTMENT.

Age 27 years 3 months. Height 5 feet 11 inches. Weight 145 pounds. Eyes blue.

Hair blond. Complexion Fair. Color white. Married Yes.

Distinguishing marks Fan tattooed left forearm.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

---

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF SOLVERSON ARTHUR.
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6/30/27.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson.
9/30/27.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson.
12/31/27.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson.
3/31/28.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson.
6/26/28.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson.
Health during current enlistment	3.5.	do.					H. J. Persson
Averages	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 17, 1924, Grays Harbor Station, Westport, Wash.
(Date and place)

2—13678

RECORD OF SOLVERSON ARTHUR.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Grays Hbr. Sta.	6-26-25	Issued Hd. Button.

2—13678

RECORD OF SOLVERSON ARTHUR
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Grays Harbor Station	6-27-27		25	C. N. Lippincott
Grays Harbor Station	10-1-27		10	C. N. Lippincott
Grays Harbor Station	4-1-28	13	22	C. N. Lippincott
Grays Harbor Station	5-25-28	5	17	C. N. Lippincott
Grays Harbor station	6-26-28	17		C. N. Lippincott

WITHOUT PAY

RECORD OF SOLVERSON ARTHUR.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 26, 1928. Place Westport, Washington. Serial No. A 4553

Kind of discharge Honorable Authority for Article 428 (a) Regulations.

Discharged on account of expiration of full term of enlistment.

Is ____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

15. ON DESERTION

____, 192 ____ ____
(Date) (Unit) (Place)

2—13678

RECORD OF SOLVERSON ARTHUR.
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial)

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	H/L. 10-22-24. (Date)	7	0	4
Discharged	6-26-28. (Date)			
Enlisted	6-27-27. (Date)			
(2) Total service, current enlistment		1	0	0

	Yrs.	Mos.	days.
A. W. O. L.	none		
Sick misconduct	"		
N. P. D. I.	"		
A. L. W. P.	"		
Other absence for which no pay accrued	"		
(3) Total deductions	none		
(4) Net service, current enlistment (basis for enlistment allowance) (2–3)	1	0	0
Total service to date of discharge (basis for longevity) (1+4)	8	0	4

2—13673

Aberdeen, Washington.

June 25, 1928.

This is to certify that on this 25th day of June, 1928, I have examined ARTHUR SOLVERSON, Surfman UNITED STATES COAST GUARD and find that he is physically sound for reenlistment in the COAST GUARD.

J. B. Kinne

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Grays Harbor Station. (Unit.) Westport, Washington. (Place.)

June 27, 1927. (Date.)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Commander 13th 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 follows:

Clarie Solverson. (Full name of wife; if not married, so state.)	Westport, Washington. (Address of wife.)
Arthur Solverson, Jr. (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

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

None. (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY:

Wilman J. Persson

Wilman J. Persson.

Rank, Officer in Charge.

SIGNED:

Arthur Solverson

Rank or rating, Surfman.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 27, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson was reenlisted at 12:05a.m. June 27, 1927.

Disciplinary action:

Authority: Article 326 (a) Regulations.

Hilman J. Persson (Signature)

Officer in Charge. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date March 18, 1928.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson left the station at 1:00p.m. March 18, 1928, on 15 days leave of absence, with pay.

Disciplinary action:

Authority: His application for leave, granted by the District Commander.

Hilman J. Persson
Hilman J. Persson, (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit ~~Grays Harbor~~ Station. Place ~~Westport, Wash.~~ Date ~~April 1~~, 1928.

~~Solverson, Arthur~~ (Surname, first name, and middle initial) ~~Surfman,~~ (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 13 days leave of absence at 6:00a.m. April 1, 1928.

Disciplinary action:

Authority:

Hilman J. Persson
~~Hilman J. Persson,~~ (Signature)

~~Officer in Charge.~~ (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date May 20, 1928.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

The above man left the station at 1:00 p.m. May 20, 1928, on five (5) days leave of absence, with pay.

Disciplinary action: None.

Authority: Leave granted by the District Commander.

Hilman J. Persson
Hilman J. Persson, (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date May 26, 192 8.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 5 days leave of absence at 11:00a.m. May 26,1928.

Disciplinary action:

Authority:

Lars Bjelland
Lars Bjelland (Signature)

Officer in Charge. (Title acting.)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 26, 192 8.

Solverson, Arthur — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

The above man was Honorably discharged at 11:00p.m. June 26, 1928, on account of expiration of enlistment.

Discharge No. A4553.

Disciplinary action: None.

Authority: Article 428 (a) Regulations.

Hilman J. Persson
Hilman J. Persson,
(Signature)

Officer in Charge.
(Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 28 1928
ANSD

U. S. COAST GUARD
RECD JUL 5 1928

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 26, 1928.

Solverson, Arthur — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

The above man was Honorably discharged at 11:00p.m. June 26, 1928, on account of expiration of enlistment.

Discharge No. A-4553.

Disciplinary action: None.

Authority: Article 428 (a) Regulations.

Hilman J. Persson
Hilman J. Persson,
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

MHP

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1] ~~RE~~ ENLISTMENT of SOLVERSON, ARTHUR as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Station~~ Grays Harbor, 13th District, Westport, Washington.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ARTHUR SOLVERSON, this 27th day of June, 1926, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Willmar, Minnesota, on March 12, 1900. Citizenship [2] Native born

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

If intentions declared, place and date of declaration _____

Occupation Surfman, U.S. Coast Guard Home address Westport, Washington.

Full name and address of the following: Clarie Solverson, Westport, Washington.
(Wife, if any)
Arthur Solverson Jr. Westport, Washington.
(Children under 18 years of age)

Olena Solverson, Litchfield Avenue, East Willmar, Minn. 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 have _____ had previous service under the United States in the Coast Guard, ~~Army~~, Navy, ~~Marine Corps, Revenue-Cutter~~
(If "not" so state)
~~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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on June 26, 1926 from ~~Station~~ Grays Harbor
(Strike out one)
with Honorable discharge, herewith submitted, serial No. _____
(Kind of discharge)

7. I agree to and with the United States of America, represented by Hilman J. Persson, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, 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 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 Hilman J. Persson United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Arthur Solverson who has hereunto signed his
(Name of person enlisting)
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.

Arthur Solverson
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Hilman J. Persson C.B.M.(L).
(Signature and rank of enlisting officer)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD

8. 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.

Hilman J. Persson
C.B.M.(L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 27th day of June, A. D. 1926.

Hilman J. Persson
Hilman J. Persson
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 26 years 3 months. Height 5 feet 11 inches. Weight 138 pounds. Eyes Blue

Hair Blond Complexion Fair Color white Married Yes

Distinguishing marks Tattooed left forearm.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. [illegible]
Asst Surgeon, U. S. P. H. S.

---

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF SOLVERSON, ARTHUR

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
9/30/26.	3.33	4	4	2.5	No	Grays Harbor Sta.	H. J. Persson
12/31/26.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson
3/31/27.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson
6/26/27.	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson
		Health during current Enl. 4.0.					
Averages	3.33	4	4	2.5	No.	Grays Harbor Sta.	H. J. Persson

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 17, 1924, Grays Harbor Station, Westport, Wn.

(Date and place)

2—13378

RECORD OF SOLVERSON, ARTHUR.
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Grays Harbor Station	6-27-26		25	L. N. Bilpincott
Grays Harbor Station	11-7-26	8	17	L. N. Bilpincott
Grays Harbor Station	4-1-27	10	7	L. N. Bilpincott
Grays Harbor Station	5-7-27	5	2	L. N. Bilpincott
Grays Harbor Station	6-15-27	2	0	L. N. Bilpincott

WITHOUT PAY

2—13678

RECORD OF SOLVERSON, ARTHUR
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 26, 1927. Place Westport, Washington Serial No. 46833

Kind of discharge Honorable Authority for Article 413 (a) Regulations.

Discharged on account of expiration of full term of enlistment.

Is ____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

15. ON DESERTION

____, 192 ____ ____
(Date) (Unit) (Place)

2—13678

RECORD OF SOLVERSON ARTHUR.
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter October 22, 1924 (Date)		6	0	4 ✓
Discharged 6--26--27. (Date)				
Enlisted 6--27--26. (Date)				
(2) Total service, current enlistment	Yrs. Mos. Days: 1 0 0 ✓			
A. W. O. L.	Yrs. Mos. days: None.			
Sick misconduct	"			
N. P. D. I.	"			
A. L. W. P.	"			
Other absence for which no pay accrued	"			
(3) Total deductions	None			
(4) Net service, current enlistment (basis for enlistment allowance) (2–3)		1	0	0 ✓
Total service to date of discharge (basis for longevity) (1+4)		7	0	4 ✓

2—13678

Aberdeen, Wash.

June 27, 1927.

I certify, that on this 27th day of June, 1927, I have examined Surfman Arthur Solverson, United States Coast Guard, and find-

(a) That he is physically sound;

Or-

~~(b) That he is not physically sound for the following reasons:~~

Grays Harbor Coast Guard Station, Thirteenth District,
Westport, Washington, June 26, 1927.

I,Surfman Arthur Solverson, United States Coast Guard,do hereby certify that I know of no physical defects from which I am suffering.

Arthur Solverson
Surfman.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Grays Harbor Station (Unit.) Westport, Washington. (Place.)

June 27, 1926. (Date)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Supt. 13th 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 follows:

Clarie Solverson (Full name of wife; if not married, so state.)	Westport, Wash. (Address of wife.)
Arthur Solverson Jr. (Full name of child; if none, so state.)	Westport, Wash. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

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

No dependents. (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: Hitman J. Persson

Rank, Officer in Charge.

SIGNED: Arthur Solverson

Rank or rating, Surfman.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 27, 1926.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Reenlisted (Regular Enlistment) June 27, 1926.

Authority: Article 326 Regulations and Circular No.43.

Hilman J. Persson (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date November 7, 1926.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Left the station at 6:00a.m. November 7, 1926, on 8 days leave of absence, with pay.

Authority: His application for leave granted by Commander Thirteenth District November 1, 1926.

Hilman J. Persson (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—15272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date November 16, 1926.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 8 days leave of absence at 6:00a.m. November 16, 1926.

Authority:

Hilman J. Persson (Signature)

officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date April 1, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

The above named-man left the station at 6:00a.m. April 1, 1927, on 10 day's leave of absence, with pay.

Authority: His application for leave granted by Commander 13th District.

Hilman J. Persson (Signature)

Officer in Charge. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date April 12, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 10 days' leave of absence, with pay, at 6:00a.m. April 12, 1927.

Authority:

Hilman J. Persson (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays harbor Station. Place Westport, Wash. Date May 6, 1927.

Solverson Arthur — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson left the station at 4:00a.m. May 6, 1927, on 7 day's leave of absence, with pay, granted by the District Commander.

Disciplinary action:

Authority: Article 527 Regulations.

Hilman J. Persson
Hilman J. Persson,
(Signature)

Officer in Charge.
(Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date May 12, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 5 day's leave of absence at 6:00a.m. May 12, 1927.

Disciplinary action:

Authority:

Hilman J. Persson
Hilman J. Persson, (Signature)

Officer in Charge. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 14, 1927.

Solverson Arthur — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson left the station at 1:00p.m. June 14, 1927, on two (2) day's leave of absence granted by the District Commander.

Authority: Article 527 Regulations.

Hilman J. Persson,
(Signature)

Officer in Charge.
(Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Wash. Date June 17, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson returned from 2 day's leave of absence at 6:00a.m. June 17, 1927.

Disciplinary action:

Authority: His application for leave granted by The District Commander.

Hilman J. Persson
Hilman J. Persson. (Signature)

Officer in Charge. (Title)

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CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station Place Westport, Wash. Date June 27, 1927.

Solverson Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson was honorably discharged, on account of expiration of enlistment, at 12:55p.m. June 26, 1927,
Discharge No. 46833

Disciplinary action:

Authority: Article 413 (a) Regulations.

Hilman J. Persson
Hilman J. Persson,
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D JUL 6 1926 By

[1] RE ENLISTMENT of SOLVERSON, ARTHUR as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Grays Harbor, 13th District, Westport, Washington.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ARTHUR SOLVERSON (Full name), this 27th day of June, 1926, 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 Willmar, Minnesota, on March 12, 1900. Citizenship [2] Native born
If naturalized, place and date of naturalization ____ Certificate number ____
If intentions declared, place and date of declaration ____
Occupation Surfman, U.S. Coast Guard Home address Westport, Washington.
Full name and address of the following: Clarie Solverson, Westport, Washington. (Wife, if any)
Arthur Solverson Jr. Westport, Washington. (Children under 18 years of age)
Olena Solverson, Litchfield Avenue, East Willmar, Minn. 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 have ____ had previous service under the United States in the Coast Guard, ~~Army~~, Navy, ~~Marine Corps, Revenue-Cutter Service, Life-Saving Service~~ (If "not" so state) 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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on June 26, 1926, from ~~Cutter~~ Station Grays Harbor (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. 39047.

7. I agree to and with the United States of America, represented by Hilman J. Persson (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 ONE YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, 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 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 Hilman J. Persson (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Arthur Solverson (Name of person enlisting) who has hereunto signed his 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.

Arthur Solverson
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Hilman J. Persson C.B.M.(L).
(Signature and rank of enlisting officer)

8. 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.

Hilman J. Persson
C.B.M.(L), U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person)

Subscribed and sworn to before me this 27th day of June, A. D. 1926.

Hilman J. Persson,
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 16 years 3 months. Height 5 feet 11 inches. Weight 138 pounds. Eyes blue

Hair blond. Complexion fair. Color white. Married No

Distinguishing marks Tan tattooed on left forearm

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. Rhine
Asst Surgeon, U. S. P. H. S.

---

1 Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

U. S. COAST GUARD
OFFICE OF SUPT.
JUN 29 1926
THIRTEENTH DISTRICT

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Grays Harbor Station (Unit.) Westport, Washington. (Place.)

June 27, 1926. (Date)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Supt. 13th 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 follows:

Clarie Solverson (Full name of wife; if not married, so state.)	Westport, Wash. (Address of wife.)
Arthur Solverson Jr. (Full name of child; if none, so state.)	Westport, Wash. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

ORIGINAL

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:

No dependents. (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: Wilman J. Persson

Rank, Officer in Charge.

SIGNED: Arthur Solverson

Rank or rating, Surfman.

Coast Guard - Q 1 3 4 5 8

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD,
Form 2500 B.—Ed. 40,000—March, 1924.

Issued honorable discharge button 6/26/25.

U.S. COAST GUARD
RECD
ANS'D JUL 6 1926

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

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."

[1] RE ENLISTMENT of SOLVERSON, ARTHUR (Full name, surname to left.) Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Grays Harbor, 13th District, Westport, Washington. (Place where enlistment is made.)

(Draw line through designation not applying.)

1. I, ARTHUR SOLVERSON (Full name.), this 27th day of June, 1925, 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 Willmar, Minnesota, on March 12, 1900. Citizenship [2] Native born

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

If intentions declared, place and date of declaration ____

Occupation or trade Surfman Home address Westport, Washington.

Full name and address of the following: Clarie Solverson Westport, Wash. (Wife, if any.)

(Children under 18 years of age.)

Olena Solverson, Litchfield Avenue, East Willmar, Minn. (Mother, if living.) Widowed? No.

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

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

4. (a) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(b) I am a ____ (Rating or rank.) in the Naval Reserve Force, Class ____, enrolled ____ (Place of enrollment.), ____ (Date of enrollment.)

5. I was last discharged from the U. S. Coast Guard on June 26, 1925, from ~~Cutter~~ Station Grays Harbor (Strike out one.) with Honorable (Kind of discharge.) discharge, herewith submitted, serial No. 32681

6. I agree to and with the United States of America, represented by Hilman J. persson (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 ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions 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, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, 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 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 Hilman J. persson (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said ARTHUR SOLVERSON (Name of person enlisting.), who has hereunto signed his 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 Solverson (Signature of enlisted person.)

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 29 1926
THIRTEENTH DISTRICT

UNITED STATES OF AMERICA

By Hilman J. Persson C.B.M.(L), U. S. C. G. (Signature and rank of enlisting officer.)

7. 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.

Hilman J. Persson

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

[1] In cases of reenlistment prefix "Re."

[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

8. OATH OF ALLEGIANCE.

I, ARTHUR SOLVERSON (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 Solverson
(Signature of enlisted person.)

Subscribed and sworn to before me this 27th day of June, A. D. 1925.

Hilman J. Persons,
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

REENLISTMENT.

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 25 years 3 months. Height, 5 feet 10 inches. Weight, 140 pounds. Eyes, Blue Hair, L. brown
Complexion, fair Color, white Married, yes Distinguishing marks, None.

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

_____
(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard $\frac{1A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

_____
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

1925. (Date last vaccinated against smallpox.); 1925. (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letters not applicable.

[2] During current enlistment.

NAME ARTHUR SOLVERSON

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
9/30/25	3	4	3.5	2	No.	Grays Harbor	H. J. Persson
12/31/25	3.33	4	4	2.5	~~Yes.~~ No.	Grays Harbor	H. J. Persson
3/31/26	3.33	4	4	2.5	~~Yes.~~ "	Grays Harbor	H. J. Persson
6/26/26	3.33	4	4	2.5	~~Yes.~~ "	Grays Harbor	H. J. Persson
Averages	3.25	4	3.87	2.37	No.	Grays Harbor	H. J. Persson

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer July 17, 1924, Grays Harbor Station. (Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, or stenography, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date June 26, 1926. Place Westport, Washington Serial No. 39047

Kind of discharge Honorable, authority of Art. 413(a) Reg.

Discharged on account of expiration of enlistment. (Special Temporary).

Is ____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

21. ON DESERTION.

____, 192 ____
(Date.) (Place.)

22. ON DEATH.

____, 192 ____ ____ ____
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

____ ____
(Disposition of effects.)

Was death incident to service? ____

Certified to be correct upon termination of service June 26, 1926.

Hilman J. Persson
[1] Hilman J. Persson,
Officer in Charge.

Approved:

John Kelly
Commanding Officer.—District Superintendent.[2]

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(b) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(d) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

Issued Honorable Discharge button June 26, 1925.

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

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."

[1] ENLISTMENT of SOLVERSON, ARTHUR as Surfman
(Full name, surname to left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Office, 13th District, Portland, Oregon.
(Draw line through designation not applying.) (Place where enlistment is made.)

1. I, ARTHUR SOLVERSON (Full name.), this 27th day of June, 192 4, 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 Willmar, Minnesota, on March 12, 1900. Citizenship [2] Native born

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

If intentions declared, place and date of declaration ____

Occupation or trade Sailor Home address Litchfield Ave. E., Willmar, Minn.

Full name and address of the following:

(Wife, if any.)

(Children under 18 years of age.)

Olena Solverson, Litchfield Avenue, East, Willmar, Minnesota. Widowed? No
(Mother, if living.)

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

3. 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.)

4. (a) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(b) I am a ____ in the Naval Reserve Force, Class ____, enrolled ____, ____
(Rating or rank.) (Place of enrollment.) (Date of enrollment.)

5. 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.)

6. I agree to and with the United States of America, represented by John Kelly, 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 ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions 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, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, 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 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 John Kelly, United States Coast Guard, does
(Name of enlisting officer.)
hereby covenant and agree to and with the said ARTHUR SOLVERSON, who has hereunto signed his name, that he
(Name of person enlisting.)
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.

PAY AND ALLOTMENT COAST GUARD
OFFICE OF SUPERINTENDENT
U. S. COAST GUARD JUN 30 1925
POSTED
THIRTEENTH DISTRICT

Arthur Solverson
(Signature of enlisted person.)

UNITED STATES OF AMERICA,

By John Kelly, Dist. Supt., U. S. C. G.
(Signature and rank of enlisting officer.)

7. 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.

BY ____
DATE 7-7-25

John Kelly
District Superintendent, U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

8. OATH OF ALLEGIANCE.

I, ARTHUR SOLVERSON, do solemnly swear (or affirm) that I will bear true faith and allegiance to (Full name.)
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 Solverson
(Signature of enlisted person.)

Subscribed and sworn to before me this 27th day of June, A. D. 192 4.

John Kelly,
District Superintendent.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.)
in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192 _____ (Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____ (Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 24 years 3 months. Height, 5 feet 10 inches. Weight, 143½ pounds. Eyes, Blue Hair, L. brown
Complexion, Fair Color, W Married, No Distinguishing marks, None

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

E. A. Crain
MD
(Rank of examining medical officer.)

(*b*) ~~He has the following minor physical disqualifications under standard $\frac{1A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year.~~

_____
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

Feb 1925. (Date last vaccinated against smallpox.); Feb, 1925. (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out [illegible] not applicable.

[2] During cur[illegible] listment.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 5,000—Sept., 1921

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT.

(To be prepared in accordance with General Order No. 47.)

Name ARTHUR SOLVERSON Serial number 3278605

Rate or grade at time of discharge Seaman, 2d class

Service from which discharged U.S.Navy Organization (If discharged from Army.)

Kind of discharge Honorable

Organization in which enlisted U. S. Navy

Enlisted or enrolled (place) Minneapolis, Minn., (date) Feb. 20, 1919.

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Norfolk, Virginia, (date) Feb. 23, 1923.

Federal service under this discharge 4 years 0 months 4 days.

Previous service None years months days.

Certified to be a correct excerpt from the latest discharge from the U. S. Navy

presented to me this day by Arthur Solverson

Date June 27, 1924.

John Kelly

John Kelly,
District Supt.
Enlisting Officer.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army.)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge years months days.

Previous service years months days.

Certified to be a correct excerpt from the latest discharge from the

presented to me this day by

Date

Enlisting Officer.

2—10682

NAME ARTHUR SOLVERSON

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
~~Vessel or station.~~	Date.	~~Vessel or station.~~	Date.
Office, Supt. 13th Dist.	6-27-24	Grays Harbor	6-28-24

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
9/30/24	2.83	4	4	2	No	Grays Harbor	H. J. Persson
12/31/24	2.66	4	3	2	No	Grays Harbor	H. J. Persson
3/31/25	2.90	4	3.5	2	No	Grays Harbor	H. J. Persson
6/26/25	3	4	3.5	2	No	Grays Harbor	H. J. Persson
	Health during current Enlistment 3.8						
Averages	2.85	4	3.5	2	No	Grays Harbor	

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer July 17, 1924, Grays Harbor Station.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, or stenography, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date June 26, 1925. Place Westport, Wash. Serial No. 32681

Kind of discharge Honorable, authority of Article 413(a) Regulations.

Discharged on account of Expiration of full term of enlistment.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

21. ON DESERTION.

_____, 192 _____
(Date.) (Place.)

22. ON DEATH.

_____, 192 _____ _____ _____
(Date.) (Place.) (Cause.) (Place of burial

_____ _____
or disposition of remains.) (Disposition of effects.)

Was death incident to service? _____

Certified to be correct upon termination of service June 26, 1925.

H. J. Persson
Officer in Charge.[1]

Approved:

B. A. Parker
~~Commanding Officer~~ District Superintendent.[2]

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(b) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(d) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF
THE SUPERINTENDENT
THIRTEENTH DISTRICT

PORTLAND, OREG.

U. S COAST GUARD
REC'D JUL 7 1924 By
ANS'D

June 27, 1924.

From: Superintendent, Thirteenth District.
To: Commandant.

Subject: Arthur Solverson, Surfman, Grays Harbor Station; Navy Service.

Reference: (a) Enlistment papers above-named man.
(b) Article 31 (3) Pay Regulations.

1. Referring to Abstract of Discharge of Surfman Arthur Solverson, showing four years and four days service in the U. S. Navy, it is requested that his navy service be verified in order that he may be given credit for same.

John Kelly.

John Kelly.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2502—Ed. 10,000—March, 1923.



U. S. COAST GUARD
REC'D JUL 7 1924 By
ANS'D

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD.

Relief Station #312 (Cutter, relief station, or other place where examination was held.) June 27-1924 (Date.)

STATEMENT OF APPLICANT.

Name Arthur Folverson Age 24 years 3 months.

Examined for Fireman (State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer.)

Character of examination (state whether for Standard "A" or "B") Original

Nativity Minn. Married or single Single

Have you ever had any of the following diseases?

Spells of unconsciousness No

Convulsions No

Gonorrhea Yes

Sore on penis No

Have you ever raised or spat up blood? No

When were you last treated by a physician, and for what ailment? 1922 - Gonorrhoea -

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

No

Have you ever had any disease (inherited or acquired) which you have not mentioned to the examining physician? Except disease of childhood No

If so, explain in detail ✓

Have you ever served a previous enlistment in the Coast Guard? No

If so, for what were you discharged? ✓

Have you ever been convicted of a felony, or imprisoned, under a sentence of a court, in a reformatory, jail, or penitentiary? If so, give a full statement: No

Do you have headaches? If so, how often? No

2—3350

Are you willing to be vaccinated against smallpox and typhoid fever? Yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Arthur Solverson
(Signature of applicant.)

WITNESS TO SIGNATURE:

E. A. Weir

A.A., *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION.

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail:

Height (without shoes) 5 feet 10 inches. Weight, stripped, 143½ pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? ✓ Is he under weight? Yes, slightly

General appearance: Normal

Complexion: Fair

Skin: Diseases No

Scars (give exact location, condition, and cause) None

Is there any weakness of abdominal wall, resulting from scar? ✓

Distinguishing marks None

Hair: Color Light brown Thick Yes Thin ✓ Bald ✓

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Describe abnormalities, if any) Normal

Face: (Describe abnormalities, if any) Normal

2—3850

Eyes: (Describe abnormalities, if any) Normal

Eyelids: (Describe abnormalities, if any) Normal

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ✓; left eye, ✓

Is applicant color blind? No

Were eyes tested with lantern, woolen skeins, or both? Lantern

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease No Condition of drums Normal

Hearing: Can applicant hear conversational speech 30 feet, with right ear Yes, left ear Yes

Can applicant hear whispered speech 15 feet, with right ear Yes, left ear Yes

Nose: Deflection of septum No Polypi No

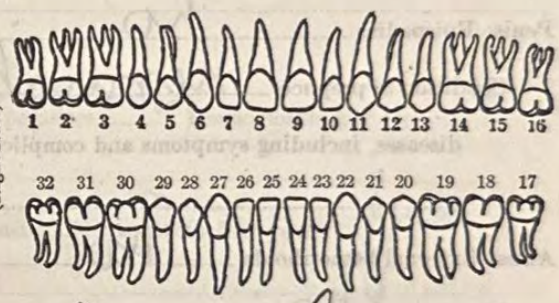
Chronic nasal catarrh No

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridgework.)

✓

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

✓



Does applicant wear a plate? No

Palate: Cleft, No Perforated, No Other conditions Normal

Fauces: Condition of tonsils Normal Does condition of tonsils interfere with speech or swallowing? No

Pharynx Normal Is applicant a mouth-breather? No

Neck: Goiter No Other conditions Normal

Chest: Inspection Normal Respiratory rate 20

Measurement—Inspiration 37 inches. Expiration 32 inches. Pulse rate 64

Lungs, palpation Normal

Percussion Normal

Auscultation Normal

Heart, palpation Normal

Percussion Normal

Auscultation Normal

2—3850

Heart, blood pressure: Systolic ✓ Diastolic ✓

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise normal

Abdomen: Circumference at umbilicus 28 Tenderness no

Other abnormalities no

Liver, percussion normal Palpation normal

Spleen, percussion normal Palpation normal

Inguinal rings (large or small) small Hernia no

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions normal Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no evidence of venereal disease.

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions normal

Spine: Tenderness no Curvature no

Reflexes: Patellar normal Pupillary—Reaction to light normal

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures normal

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock-knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) none

Other conditions, including evidence of old fractures, dislocations, and contractures normal

2—3850

Muscles: Muscular development Normal

Coordination of muscular movements Normal

Muscles: Romberg Negative Joint movements Normal

Defects of gait No Agility Normal

Habit spasms No Chorea No

Urine (chemical examination of urine should always be made):

Color Straw Sp. gr 1010

Albumen No Sugar No

Shreds No

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells ✓ Blood cells ✓

Pus cells ✓ Casts

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm ✓ White corpuscles per c. mm ✓ Malarial parasites ✓ Hæmoglobin, per cent ✓

Other conditions Normal

Temperature 98.6 Has applicant been successfully vaccinated against smallpox within four years? Yes

Against typhoid fever within four years? Yes

Has the applicant aphasia? No

Do you consider the applicant mentally sound? Yes

Does the applicant stammer? No

Is there any evidence of excessive use of tobacco or alcohol? No

Is there any evidence of drug addiction? No

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction ✓

2—3350

CERTIFICATE.

To be used in case of Standard "A" examination.

I certify on honor that I have carefully examined Arthur Johnson at the request of Dist. Supt., U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~*That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

E. A. Cook
Asst. Surgeon, U. S. Public Health Service.

CERTIFICATE.

To be used in case of Standard "B" examination.

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*That he is physically sound.
*That he is not fit for duty for the following reasons:
*That he is not physically sound, but is fit for duty; his physical defects are:
*That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state.)

Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, ...
(Date.)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant.

.....
(Title.)

* Strike out the statement not applicable.

2—3850

11 July, 1951
PE-3, MM

From: Commandant
To: Commander, 13th CG District

Subj: SOLVERSON, Arthur (143-574) BM1 Retired; designation of permanent home of selection upon retirement; request for.

Referring to your letter 19 June, 1951, you are informed that letter designating subject man's home of selection upon retirement can not be located at Headquarters.

B. A. SHAW,
By direction

SMITH:ml;return to 3-13

~~To: Miss Basketball~~
Ent. Personnel -
Perhaps you have a copy of the letter to which they refer. There is no record of this man in Voucher Subsection.
Irene Schuler
We do not have it - IS -

f
19 June, 1951
L20

tion of permanent
or

It is requested that this office be furnished with a certified copy of letter designating subject mans home of selection upon retirement.

Garland Sponburgh
GARLAND SPONBURGH
By direction

6/20/51
Not in S&A
Not in jacket

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

f
19 June, 1951
L20

From: Commander, 13th CG District
To: Commandant (FA)

Subj: SOLVERSON, Arthur (143-574)BM1(Ret); designation of permanent home of selection upon retirement, request for

It is requested that this office be furnished with a certified copy of letter designating subject mans home of selection upon retirement.

Garland Sponburgh
GARLAND SPONBURGH
By direction

6/27/51
Not in SR
Not in jacket

TO: MARK APPROPRIATE ADDRESS ON REVERSE OF THIS SHEET

VERIFICATION OF MILITARY RETIRED PAY STATUS
(Required Under Provisions of Civil Service Retirement Act)

CIVIL SERVICE COMMISSION REQUEST RCP:D3:ab

NAME OF INDIVIDUAL (Last, First, Middle)	DATE OF BIRTH	CLAIM NO.	DATE OF REQUEST
SOLVERSON, ARTHUR	3/12/00	CSA 852 159	6/19/64

BRANCH OF SERVICE	SERIAL NO.	INCLUSIVE DATES OF MILITARY SERVICE	RATING OR GRADE	ORGANIZATION AT DISCHARGE
US COAST GUARD	143 574	6/27/24 to 5/31/51	BM/1	REGULAR COAST GUARD

☐ The individual named above died on _____. His survivors have applied for Civil Service Survivor Annuity. Please verify his retired pay status.

☒ The individual named above has applied for Civil Service Retirement Annuity. Please verify his retired pay status.

REMARKS

SIGNATURE OF U.S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock
Andrew E. Ruddock, Director
Bureau of Retirement and Insurance

ADMINISTERING OFFICE CERTIFICATION

INSTRUCTIONS: Please verify the retired pay status of the individual named above by marking whichever item below is appropriate. **IF YOU MARK ITEM 5 or 7, RETAIN THE ATTACHED COPY AND, IF THE INDIVIDUAL'S STATUS REGARDING MILITARY RETIREMENT LATER CHANGES, COMPLETE THE APPROPRIATE ITEMS AND RETURN.**

ITEM 1 ☐ Individual had not been awarded retired pay on the date of his death.

ITEM 2 ☐ Individual had been awarded retired pay on the date of his death.

ITEM 3 ☐ Individual had been awarded retired pay but on date of death had total waiver thereof in effect.

ITEM 4 ☐ Individual has not been awarded retired pay. Based on present record and law he cannot qualify for an award in the future.

ITEM 5 ☐ Individual has not been awarded retired pay and we cannot determine his eligibility for an award in the future. We have retained copy of this form or noted our files (or have made provision to) and will notify you of any change in individual's retired pay status.

(See INSTRUCTIONS above)

ITEM 6 ☐ Individual has not been awarded retired pay but appears to be entitled to an award.

ITEM 7 ☐ Individual has been awarded retired pay but has totally waived his right thereto effective on _____. We have retained copy of this form and will notify you of any change in individual's retired pay status.

(See INSTRUCTIONS above)

ITEM 8 ✓ Individual has been awarded retired pay effective June 1, 1951

NATURE OF AWARD

☐ Reserve Retainer Pay
☒ Age and/or Service Retirement
☐ Chapter 67, Title 10, U. S. Code (Formerly Title III, P. L. 810)
☐ Disability
Incurred in enemy combat or caused by an instrumentality of war in line of duty during a period of war as defined in Chapter 11, Title 38, U. S. Code?

☐ Yes ☐ No

☐ Unknown. Contact office shown in Remarks.

ITEM 9 ☐ We have no record of the individual. Suggest you contact office shown in remarks as information may be there.

REMARKS

CERTIFIED BY - SIGNATURE - TITLE - DEPARTMENT
6NMRF6-JJ18

DATE
JUL 7 1964

RETURN COMPLETED ORIGINAL OF THIS FORM TO

United States Civil Service Commission
Bureau of Retirement and Insurance
Claims Division
Washington, D. C. 20415

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME SOLVERSON (Surname) Arthur (First) (n) (Initial)

SERVICE NUMBER 143-574 RANK OR RATE BM1

RETIREMENT DATE 6-1-51 REASON FOR RETIREMENT 30 years service retirement

HAS INDIVIDUAL EVER HELD A RANK OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? YES ☐ NO ☒

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

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MOS.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MOS.	DAYS
COAST GUARD	15	2	15	15	2	15
LIGHTHOUSE	11	8	8	11	8	8
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY	4	0	4	4	0	4
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	30	10	27	30	10	27

SIGNATURE: B. A. SHAW

DATE 5-28-51

Return to 3-13

id

B 7211 TREASURY-CGHQ-WASH.,D.C.

SOLVERSON, Arthur (Name) | 143-574 (Service No.) | BM1(P) (Rating)

ACTIVE MILITARY SERVICE AS OF ~~30 JUNE,~~ 31 May 1951

THIRTY-YEAR-SERVICE RETIREMENT	YEARS	MONTHS	DAYS	
COAST GUARD	15	~~3~~ 2	15	✓
NAVY	4	0	4	✓
ARMY				
AIR FORCE				
MARINE CORPS				
LIGHTHOUSE (RETIREMENT)	11	8	8	✓
TOTAL	30	~~11~~ 10	27	✓

UNAUTHORIZED ABSENCES.

FROM	TO	NO. DAYS	NATURE OF ABSENCE
0	0	0	0

adjp
51-5-31
00-3-12
51-2-19

3/12/51
M/2

Computed by G. G. Berry 3-12-51
Checked by ~~RI~~

(Revised)
Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 15 March, 1950

From: Commandant.

To: Commander, CG Group, Neah Bay, Washington
Via: Commander, 13th CG District (pmp)
SUBJECT: SOLVERSON, Arthur (143-574) BM2, USCG

Statement of service of.

Reference: Letter dated 9 March, 1950 from Commander, 13th CG District

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—
11 YEARS	8 MONTHS	8 DAYS	LIGHTHOUSE PURPOSES	SERVICE CREDITABLE FOR PAY & RETIREMENT			
U.S.C.G.							
6-27-24	6-26-25 HD		None		None		None
6-27-25	6-26-26 HD		None		None		None
6-27-26	6-26-27 HD		None		None		None
6-27-27	6-26-28 HD		None		None		None
6-27-28	6-26-29 HD		None		None		None
6-27-29	9-30-29 SOD	NRR	None		None		None
6-20-41			None		None		None
Enl. ext. 3 yrs. from 6-20-44	6-19-47 HD		None		None		None
6-20-47							
Now serving							

MAR 20 1950

B. A. SHAW
By direction

Incl
Copy of Navy statement dated 16 February, 1940

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

Return to 3-13
TJT;ft

3-15-50

...ed)
...oller General, U. S.
... 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-12)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

19 December, 1949

From: Commandant.

To: Commanding Officer, CG Group Neah Bay, Washington
Via: Commander, 13th CG District (pmp)
SUBJECT: SOLVERSON, Arthur (143-574) BM2; USCG
Ref: (a) Your ltr. dtd. 21 September, 1949
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—
6-27-24	6-26-25 HD	None		None		None	
6-27-25	6-26-26 HD	None		None		None	
6-27-26	6-26-27 HD	None		None		None	
6-27-27	6-26-28 HD	None		None		None	
6-27-28	6-26-29 HD	None		None		None	
6-27-29	9-30-29 SOD NRR	None		None		None	
6-20-41		None		None		None	
Enl. ext. 3	yrs. from						
6-20-44	6-19-47 HD	None		None		None	
6-20-47		None		None		None	
Now serving							

B. A. SHAW
By direction

Incl:
Copy Navy statement dtd. 7 November, 1941

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

Return to 3-13
TJT:ng

12/20/49 ng

RTMENT
ST GUARD
Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR-73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 13 November, 1941.

From: Commandant.
To: Commanding Officer, MUKILTEO LIGHT STATION.

Subject: SOLVERSON, Arthur (143-574) B.M.2c.: Statement of service of.

Inclosure: (A) Copy of Navy statement dated 7 November, 1941.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 13 November, 1941.

Enlisted	Discharged	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
6-27-24	6-26-25 H D	None		None		None	
6-27-25	6-26-26 H D	None		None		None	
6-27-26	6-26-27 H D	None		None		None	
6-27-27	6-26-28 H D	None		None		None	
6-27-28	6-26-29 H D	None		None		None	
6-27-29	9-30-29 SOD NRR	None		None		None	
6-20-41		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	5	7	28
Navy service	4	0	4
Other service			
Total	9	8	2

Completed 8 years service prior to re-enlistment 20 June, 1941.

By direction:

RECEIVED
NOV 14 1941

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Encls N.A.S. Bar.

In reply address not the signer of this letter, but Bureau of Navigation, Navy Department, Washington, D. C.

Refer to No. Nav.-642 -MAE

NAVY DEPARTMENT

BUREAU OF NAVIGATION

WASHINGTON, D. C.

February 16, 1940.

U. S. COAST GUARD

REC'D FEB 17 1940

From: The Chief of the Bureau of Navigation.

To: The Commandant, U.S. Coast Guard

SUBJECT: SOLVERSON, Arthur, #327-86-05, Ex-Sea.2c, USN

Statement of service of.

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

Enlisted	Discharged	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
Born: March 12, 1900, at Willmar, Minn.							
USN 2-20-1919, (4 yrs.)	2-23-1923, Honorable,	None EE.		None		NPDI FWOP	None None

C.W. NIMITZ,
Chief of Bureau.

C.B. Hatch,
By direction.

4—6215 GOVERNMENT PRINTING OFFICE

4-0-4 JHP

not the signer of
Bureau of Navigation,
rtment, Washington, D. C.
er to No. Nav.-642 - EPC

NAVY DEPARTMENT

BUREAU OF NAVIGATION

WASHINGTON, D. C.

November 7, 1941

From: The Chief of the Bureau of Navigation.

To: The Commandant, U.S.Coast Guard

SUBJECT: SOLVERSON, Arthur, 327-86-05, Ex-Seaman second class, USN

Statement of service of.

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

Enlisted	Discharged	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—
USN 4 yrs. 2-20-1919	Honorable 2-23-1923 E.E.	None		None		NPDI FWOP	None None

C.W.NIMITZ
Chief of Bureau

C.B.Hatch
By direction

RECD NOV 8 - 1941

U. S. GOVERNMENT PRINTING OFFICE 16—12957

4-0-4 JHP

October 22, 1924.

From: Commandant.
To : Superintendent, Thirteenth District.

Subject: Record of Service.

1. The records at Headquarters show that Arthur Solverson ~~Arthur Solverson~~, ~~Surfman~~, has had previous creditable service under the United States up to and including ~~prior to June 27, 1924~~, as follows:

	Yrs.	Mos.	Days.
Revenue-Cutter Service and Coast Guard (all service)..			
Life-Saving Service and Coast Guard (all service.....			
Navy (enlisted service).....	4	0	4
Naval Reserve Force (active enlisted service in Federal service).....			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art.31 (3) Pay and Supply Instructions.....	4	0	4
Navy (commissioned or warrant service).....			
Naval Reserve Force (active commissioned or warrant service in Federal service).....			
Army (all Service).....			
Marine Corps (all Service).....			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YRS. SERVICE, provided in Article 281 (1) Regulations.....	4	0	4
Coast and Geodetic Survey (all Service).....			
Public Health Service (all Service).....			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Article 23 (2) Pay and Supply Instructions.....			

Copy to P. & A.

By Direction.
C. P. CLARK,

U. S. COAST GUARD (15)
REC'D OCT 31 1941

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
SEATTLE DISTRICT

Seattle, Washington,
27 October, 1941.

From: Commander, Seattle District.
To: Commandant.

Subject: SOLVERSON, Arthur (143-574) B.M.2c.; statement of service.

1. It is requested a statement of service be furnished this office confirming subject-named man's previous Coast Guard and Navy service.

A. Van DeVENTER,
By direction.

RECEIVED
SEP 23 1949

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CG GROUP NEAH BAY,
Washington
REFER TO FILE

MAIL ROOM (oc) DISTRICT

21 September, 1949
File: 73

U. S. COAST GUARD HDQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED OCT 3 1949 (6)

From: Officer in Charge, CG Group Neah Bay, Washington
To: COMMANDANT (PE)
Via: Commander, 13th. Coast Guard District (pmp)

Subj: SOLVERSON, Arthur (n) (143-574) BM2; statement of service; request for

It is requested that Headquarters furnish this unit a copy of subject named man's statement of service.

R. H. WILSON

Ind-1

26 September, 1949
pmp 73

From: Commander, 13th CG District
To: Commandant (PE-PR)

Forwarded.

C. D. EUBANKS
By direction

VIA AIR MAIL

PE-1
8 May, 1951

AUTH: 516717

From: Commandant
To: SOLVERSON, Arthur (143-574)SN1, United States Coast Guard
Via: (1) Commander, Thirteenth Coast Guard District
(2) Commander, CG Group, Neah Bay, Washington

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty or more years service is hereby approved pursuant to the provisions of Title 14, United States Code, Section 354, and the date of 31 May, 1951, is fixed as the effective date of your retirement. Therefore, effective 31 May, 1951, you are detached from all duties previously assigned you. On 1 June, 1951, you will be placed on the inactive retired list of the Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (FA) in accordance with existing directives after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (FA) of your mailing address and you will thereafter notify the Commandant (FA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

6. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PM). Signatures of children, twelve years of age or under, will not be required.

CORRESPONDENCE:me-ae Ret 3-11
mailed 5-9-51 ae

PE

W. W. KENNER
By direction

Incls (2)

THIRTY-YEAR SERVICE RETIREMENT TO BE
EFFECTIVE 1 JUNE, 1951

SOLVERSON, Arthur (143-574)BM1

DATE:	5-31-51	
AGE:	51 Yrs. 2 Mos. 19 Das.	
SERVICE:	15 Yrs. 2 Mos. 15 Das.	CG
	4 Yrs. 0 Mos. 4 Das.	USNAVY
	11 Yrs. 8 Mos. 8 Das.	Lighthouse

ae
arm
WSR

8 May, 1951
APPROVED

B. H. BRALLIER, Captain, USCG
Chief, Enlisted Personnel Division

B

VIA AIR MAIL

PE-1
14 March, 1951

From: Commandant
To: Commander, CG Group, Neah Bay, Washington
Via: Commander, 13th Coast Guard District

Subj: SOLVERSON, Arthur (143-574)BM1; retirement, information concerning

1. Reference is made to letter from the above-named man dated 27 February, 1951, file P19-2, requesting retirement by reason of having completed 30 or more years of service.

2. Advise SOLVERSON that he now has 30 years, 8 months and 13 days creditable service towards retirement as of current date. Therefore he may now specifically designate a month prior to 1 June for retirement should he so desire. Otherwise, he may anticipate retirement on 1 June, 1951.

F. V. HELMER
By direction

CORRESPONDENCE:me-ae Ret 3-11

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Officer in Charge,
Slip Point Light Station,
Clallam Bay, Washington

27 February, 1951
P19-2

RECEIVED
FEB 28 1951
13th COAST GUARD DISTRICT
MAIL ROOM (oc)

From: SOLVERSON, Arthur (n) (143-574) BM1
To: COMMANDANT (PMM)
Via: (1) Commanding Officer, CG Group Neah Bay, Washington
(2) Commander, 13th. Coast Guard District (p)

Subj: Retirement; request for

Having completed more than thirty (30) years service for credit towards retirement, it is requested that I be considered, by the Selection Board, for retirement on or about 1 June, 1951.

Arthur Solverson
Arthur Solverson

28 February, 1951

Ind-1
CG GROUP NEAH BAY,
Neah Bay, Washington

From: Commanding Officer, CG Group Neah Bay
To: COMMANDANT (PMM)
Via: Commander, 13th. Coast Guard District (p)

Forwarded, approved and recommended.

R. H. WILSON

Ind-2

p
1 March, 1951
P19-2

From: Commander, 13th CG District
To: Commandant(PE)

Forwarded.

C. D. EUBANKS
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 47-3

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
SOLVERSON, Arthur (n)	143-574	BM1

REPORTING UNIT	LOCATION	DATE
CG GROUP NEAH BAY (13-525548)	Neah Bay, Washington	29 March, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
SLIP POINT LIGHT STATION	Clallam Bay, Washington	13-300555

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH: OK Eff

CHANGED IN ~~GRADE~~ {RATING} FROM BM1(provisional) TO BM1 EFFECTIVE 16 March, 1951 with seniority in rating from 16 January, 1951.

AUTH: HQ/L 3/5/51 and Article 561(1) CG Regulations.

OTHER CHANGES (SPECIFY)

R. H. WILSON, CBOSN, Commanding Officer
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	DE-PR-33	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Slip Point Light Sta.	Clallam Bay, Washington	15 March 1951

FROM (REQUESTER):	TO	VIA:
SOLVERSON ARTHUR(143-574)BM1	Commander 13th CG District	CG CO Group, Neah Bay Wn.

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
5ADV.		on or about 23 March 1951	15		26 June 1953

REASON FOR REQUEST:

~~XXX~~ REG ADV Earned Some busines to attend to

My address on leave will be: % William Kelso 9010 Sylvan Place NW Seattle Wn.

I will immediately inform my commanding officer of any change in address while on leave.

Arthur Solverson
Arthur Solverson
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Slip Point Light Sta. ACC Date: 15 March 1951
Leave record indicates balance of No days' ~~annual~~ and 8 ADV-EARNED days' ~~Reenlistment Leave~~ due.
Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (Reasons)~~
Returned ☐ ~~GRANTED~~ ☐ ~~NOT GRANTED (Reasons)~~

Arthur Solverson
Arthur Solverson O in C
~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

Ind.-2 Unit: CG GROUP NEAH BAY, Washington Date: 16 March, 1951
Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (Reasons)~~
Returned ☐ ~~GRANTED~~ ☐ ~~NOT GRANTED (Reasons)~~

R. H. WILSON, CBOSN
~~CHIEF PETTY OFFICER~~ COMMANDING OFFICER.

Ind.-3 CCGD13(p) ~~COAST GUARD HEADQUARTERS, Washington, D. C.~~ Date: 20 March, 1951
Returned ☒ GRANTED ☐ NOT GRANTED.

C. D. EUBANKS By direction
COMMANDANT.

Ind.-4 Unit: SLIP POINT LS, Clallam Bay, Wash. Date: 23 March, 1951
Departed at 0830 this date. This leave of absence will expire before 0900 29 March, 1951, at this unit and is subject to the special instructions indicated on reverse hereof.

Arthur Solverson
Arthur Solverson
O in C.
~~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: Slip Point Light Station Date: 28 March 1951
Reported at 1400 this date, having taken 5 days' leave and ..... days' TT.

Arthur Solverson O in C
~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

16—40220-3

[OVER]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 14-1

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
SOLVERSON, Arthur (n)	143-574	BM2
REPORTING UNIT (13-525548)	LOCATION	DATE
CG GROUP NEAH BAY, Washington	Neah Bay, Washington	24 January, 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
SLIP POINT LIGHT STATION (13-300555)	Clallam Bay, Washington	13-300555

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM BM2 TO BM1 (provisional) EFFECTIVE 16 January, 1951

AUTH: HL 1-10-51 (PE-1)(MM) and C13CGD ltr 18 January, 1951 p MM/P17-2

OTHER CHANGES (SPECIFY)

OK.

R. H. WILSON, CBOSN, Commanding Officer
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-40	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

RECEIVED
DEC 11 1950
13th COAST GUARD DISTRICT
SEATTLE, WASH.

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
Slip Point LS	Clallam Bay, Washington	8 December 1950

FROM (REQUESTER): BM 2 SOLVERSON ARTHUR(143-574) TO: Commander, 13th CG District(p) VIA: CO, GROUP NEAH BAY, Wn.

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
10		18 December, 1950	5		26 June, 1953

REASON FOR REQUEST:
To obtain false teeth

My address on leave will be: % W M Kelso 9010 Sylvan Place NW, Seattle, Wn.
I will immediately inform my commanding officer of any change in address while on leave.

Arthur Solverson
Arthur Solverson
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP NEAH BAY, WASH. Date: 8 December, 1950
Leave record indicates balance of 8 ADV-EARNED days' annual and - - - - - - - - days' Reenlistment Leave due.
Forwarded [X] APPROVED [ ] NOT APPROVED (because)
Returned [X] GRANTED [ ] NOT GRANTED (because)
Fred H. Gold
Fred H. Gold, BM1(L), USCG
Officer in Charge, Acting

Ind.-2 Unit: CCGD13(p) Date: 12 Dec., 1950
Forwarded [ ] APPROVED [ ] NOT APPROVED (because)
Returned [X] 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: Slip Point LS, Clallam Bay, Wn Date: 28 December, 1950
Departed at 0830 18 Dec. 1950 this date. This leave of absence will expire before 0800 29 Dec. 1950, at Slip Point LS and is subject to the special instructions indicated on reverse hereof. Reported back on duty 1600 28 Dec. 1950
Arthur Solverson Officer in Charge
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: Slip Point Light Station Date: 28 December, 1950
Reported at 1600 this date, having taken 10 days' leave and - - - days' TT.
R. H. WILSON, CBOSN, USCG
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
FROM (REQUESTER) SLIP POINT LS	TO Clallam Bay, Washington	VIA 23 September, 1950
SOLVERSON, Arthur(1h3-57h)BM2	CO, CG GROUP NEAH BAY, Wn.	

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
1ACC-1ADV	No	27 September, 1950	NO	NONE	26 June, 1953

REASON FOR REQUEST: ACC-ADV, ADV-Earned. To obtain dental treatment

My address on leave will be: c/o William Kelso, 9010 Sylvan Place NW, Seattle, Washington

I will immediately inform my commanding officer of any change in address while on leave.

Arthur Solverson (Signature of applicant)
Arthur Solverson

INDORSEMENTS

Ind.-1 Unit: CG GROUP NEAH BAY, Washington Date: 23 September, 1950

Leave record indicates balance of 01 ACC 07 Earned days' annual and NO days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. H. WILSON, 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: SLIP POINT LS, Clallam Bay, Wn. Date: 27 September, 1950

Departed at 0830 this date. This leave of absence will expire before 0900

3 October, 1950, at Slip Point LS and is subject to the special instructions indicated on reverse hereof.

Arthur Solverson
Arthur Solverson, Officer in Charge
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, WASH. Date: 2 October, 1950

Reported at 1600, Slip Point LS, Clallam Bay, Wn this date, having taken 5 days' leave and - - - days' TT.

R. H. WILSON, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Solverson Arthur none	(143-574)	BM 2/c	☐ 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)*: Clara Emily Solverson

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Slip Point Light Station Clallam Bay, 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)*: Clara Emily Solverson age 52

ADDRESS *(Number, street, city, zone, and State)*: Slip Point Light Station Clallam Bay, Washington

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
George Herbert Solverson	Clallam Bay Washington	no		x		17

(Continue on reverse side)

8. NAME OF FATHER (or *male guardian*) *(First name, middle name, last name)*: deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER (or *female guardian*) *(First name, middle name, last name)*: deceased

ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Barbara Bernice Kelso

RELATIONSHIP: daughter

ADDRESS *(Number, street, city, zone, and State)*: 9010 Sylvan Place NW Seattle 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:

ADDRESS *(Number, street, city, zone, and State)*:

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Northwestrn National Life Ins Co	Minneapolis Minnesota	317120

(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: Clara Emily Solverson

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Clallam Bay Washington

RECEIVE EACH MONTH: 3/4 % OF MY PAY.

MILITARY ADDRESS: Slip Point Light Station
U.S Coast Guard
Clallam Bay Wash

DATE SIGNED: 8/7/50

SIGNATURE OF DESIGNATOR: Arthur Solverson
Arthur Solverson

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

26 July, 1950
PE-PR-35, CC-73

From: Commandant
To: Commander, CG Group, Neah Bay, Wash.
Via: Commander, 18th CG District (pmp)

Subj: SOLVERSON, Arthur (143-574) BM2; correction and request for records

1. The reenlistment contract of subject man who was discharged and reenlisted on 26 and 27 June, 1950, respectively, shows previous Navy Service included in previous CG Service. This entry has been corrected to read 14 years, 3 mos. and 12 days. It is requested that your records be corrected accordingly.

2. Form DD 214 required by PC 64-49 was not received with the records of SOLVERSON. It is requested that this form be forwarded to the Commandant.

B. A. SHAW
By direction

JM
A.O.L.D.

McKENNA:amw; return to 3-13

REPORT OF CHANGE IN PERSONNEL

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

No. 9-7

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-133	13-135	11 July, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

0800, 10 July, 1950 - Departed U. S. Marine Hospital, Seattle, Washington for TREAT.

Auth: Art. 3002(1) CG Regs.

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(L) (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

...RSONNEL ...rd

No. 11-7

...ST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
...ERSON, Arthur (n)	143-574	BM2
...OR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-525548	13-300555	13 July, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

PE-PR-39

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
1600, 12 July, 1950 - Returned to duty from U. S. Marine Hospital, Seattle, Wash. TREAT completed.

Auth: Art.3002(1) CG Regs.

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(L) (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

NCG-2522

40

FOLLOW INSTRUCTIONS ON BACK

SOLVERSON, Arthur (Name, surname first) | 143-574 (Service number) | BM2 (Rank or rating) | SLIP PT. LIGHT STATION. Clallam Bay, (Unit) Washington

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

FINAL MEDICAL CERTIFICATE

Place USMH. Seattle, Washington Date 7 July, 1950.

FILE
T. LeB

To: Commanding Officer (Coast Guard unit)
USCG LB. Station
Neah Bay, Washington (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Examination only.	y00-002	6-22-50.	6-23-50.

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

CONDUCT REPORT:

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

D. W. McNAUGHTON,
Surgeon, ~~USPHS~~. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 17-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-133	13-135	26 June, 1950

TIME
DATE
REPORTED FROM:
FOR

PE-PR-39

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
1600, 24 June, 1950 - Returned to duty from U. S. Marine Hospital, Seattle, Washington, TREAT completed.

Auth: Art. 3002(1) CG Regs.

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, CBOSN
(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—40355-8 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Pt. reported without medical papers.

SOLVERSON, Arthur	143-574	BM2	CG. GROUP, NEAH BAY, WSH.
(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 RESERVE
(Enlistment status)

Place USMH. Seattle, Washington, Date 22 June, 1950.

FILED
I. L. & B.

To: Medical Officer In Charge
U. S. Marine Hospital
Seattle, Washington

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

X Arthur Solverson
(Signature of patient)
Arthur Solverson, BM2

Henry T. Hutchins, HMC.
U. S. Coast Guard.
CG. Representative, USMH. Seattle, Wn.

RETURN MEDICAL CERTIFICATE

Place USMH. Seattle, Wash., Date 22 June, 1950.

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

R.O. Hypertension. 400-530.
(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 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USMH. Seattle, Wash. {*hospital / *office} on 1120, 22 June, 1950.

John C. Hayward
JOHN C. HAYWARD,
Asst. Surgeon, USPHS.
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

REP[illegible] CHANGE IN PERSONNEL

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

No. 10-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	(143-574)	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-133	13-135	21 June, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

0800, 21 June, 1950 - Departed for inpatient treatment U. S. Marine Hospital, Seattle, Washington

Auth: C13CGD/D 200020Z (June 50) 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, CBOSN
(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. 9-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-133	13-135	19 June, 1950

TIME
DATE
REPORTED FROM:
FOR

WITH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
19 June, 1950 - EEXT until completion of inpatient treatment, U. S. Marine Hospital, Seattle, Washington

Auth: Art 591(5)(d) CG Regs.

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, CBOSN
(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. 6-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-133	13-135	9 June, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
1600 - 8 June, 1950 - Returned from U. S. Marine Hospital, Seattle, Washington
TAD in connection with physical examination completed.

Auth: C13CGD/L 5-25-50, file pmp-73,551

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, CBOSN
(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. 3-6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEAH BAY	Slip Point Light Station	Clallam Bay, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-133	13-135	5 June, 1950

TIME
DATE
REPORTED FROM:
FOR

PE-PR-32

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

0800, 5 June, 1950 - Departed for U. S. Marine Hospital, Seattle, Washington for physical examination for reenlistment.

Auth: C13CGD/L 5-25-50, file 73-551

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, CBOSN
(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

3-13
File

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
NEW WORLD LIFE BLDG.
SEATTLE 4, WASHINGTON

30 March, 1950
FILE: fd-521

APR 4 1950

From: Commander, 13th Coast Guard District
To: Commandant (FA-PR)

Subj: Transcript of pay record; request for.

It is requested that a transcript of the pay record of SOLVERSON, Arthur (143-574) BM2, closed to 12/31/48, 6/30/49, 12/31/49, 6/30/48 and 12/31/47 be forwarded to this office for use in adjustment of longevity.

M. NORDAL
By direction

Photostats mailed FA-PR. 4-7-50

12/31/47-6/30/49

Budget Bureau No. 76-R157.
Approval expires 10-31-49.

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 none Solverson

2. INSURANCE FILE NO. N-1-555-418
FN -
FH -

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
U. S. Light Station Clallam Bay, Washington

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO. 143-574

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-1-555-418 in the amount of $ 2000, 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*)
$2000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

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*)
monthly

B. Check one
XX ☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: Jan. 1950

AMOUNT OF ALLOTMENT: $ 2.54

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
Clara Emily Solverson (contingent) Clallam Bay Wash.	Wife	2000	1
Arthur Solverson Jr. 2968 S Loomis Street Chicago Ill	Son	2000	1

12. MAIL POLICY TO (*Name and address*)
Arthur Solverson Clallam Bay Wash

13. WITNESSED BY (*See Instruction 7*)
Raymond W Nelson

16. ADDRESS OF WITNESS
Clallam Bay Washington

14. SIGNED AT (*Address*)
Clallam Bay Wash

15. DATE
Jan 17-50

17. SIGNATURE OF APPLICANT (*Do not print*)
Arthur Solverson

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

MJM File 3-13 73

UNITED STATES COAST GUARD

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

3 January 1950
FILE: PMM 73

From: Commandant
To:
Via: SOLVERSON, Arthur (143-574) BM2, USCG
~~Commander, Neah Bay Group c/o Neah Bay Lifeboat Station,~~
Neah Bay, Washington

Subj: National Service Life Insurance, Policy No. N 1 555 418
Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $2000 level term National Service Life Insurance issued under policy number N 1 555 418 will expire on 31 January 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 $1.78 per month for premiums on National Service Life Insurance as follows:

$1.78 - $2000 term insurance N 1 555 418 effective 1 February 1942.

If insurance is renewed, the new allotment should be $2.54. Your authorized certifying officer should be instructed to discontinue the $1.78 allotment with the month of last payment December 1949 and to establish the new allotment, reflecting the increased premium, effective with the month of first payment January 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 VA-9-358

R. M. WEST
By direction

JAN 5 1950

MJM:pm 2-4

...MINISTRATION
...nce Form 350

U. S. COAST GUARD (22)
REC'D FEB 10 1942 FILE
M.J.S

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, 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: — Last name: Solverson

2. HOME ADDRESS: Number, Street or rural route: U.S. Light Sta. — County, city, town, or post office: Mukilteo — State: Washington

3. I WAS BORN AT: City, town, or post office: Willmar — State: Minn. — Day of month: 12 — Month: March — Year: 1900 — Age nearest birthday: 42

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: June, 20, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: BM2c — Organization, regiment, station, ship, etc.: U.S.C.G. Mukilteo LS

6. SERIAL NUMBER: 147-574

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") U.S.C.G. 1929

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: $ $2000

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$1.78	$1.78	$1.78	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No. IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ ____ POLICY NO. ____
(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)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Clara Emma Solverson	Wife	$2000	Mukilteo, Washington
CONTINGENT	Arthur Jr. Barbara & George	Children		Mukilteo, Washington

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1 day of February, 1942. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO—
Clara Emma Solverson (wife) (Name) (Please print or type) — Mukilteo, Washington (Address)

15. (A) I WILL AUTHORIZE AN {Allotment of Pay / ~~Authorization for Deduction from Pay~~} effective February 1942, to cover the monthly premium of $1.78 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $1.78 to cover the first Monthly premium of $2000 on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Mukilteo Washington ON THE 12 DAY OF January, 1942

WITNESSED BY: J. Petersen, J. Kuyper.

INFORMATION AS TO SERVICE CERTIFIED BY:

A. VAN DE VENTER, Personnel Officer.
(Rank and organization. See reverse side, Paragraph 6)

Arthur Solverson
(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—18411

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

4-1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, ARTHUR (n)	143-574	BM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, NEAH BAY, WASHINGTON	SLIP POINT LIGHT STATION	CLALLAM BAY, WASHINGTON

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
13-133	13-135	2 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ (RATING) FROM BM2C TO BM 2 EFFECTIVE 2 April, 1948

DUTY CODE NO. 30 AUTH: PERSONNEL CIRCULAR NO. 36-47

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
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA 24	NOTED

Machine Accounting
Punched
Verified

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

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

SEP 17 1947

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

00287

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)
SOLVERSON	ARTHUR	(IV)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
143-574	BM 4c	Slip Point Light

HOME ADDRESS (Give Number, Street, City, Zone No., and State)

INDICATE STATUS BY CHECK MARK

- [X] Active duty USCG, ~~USCGR, or USPHS~~
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [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 Solverson
(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 Solverson
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

TO:

MARK APPROPRIATE ADDRESS ON REVERSE OF THIS SHEET.

VERIFICATION OF U. S. MILITARY SERVICE

(Required under provisions of Civil Service Retirement Act.)

FILE NUMBER: RCP:DS:ab CSA 852 159

DATE: JUNE 19, 1964

. . . IDENTIFICATION OF INDIVIDUAL AND SERVICE REPORTED . . .

LAST NAME–FIRST NAME–MIDDLE INITIAL	DATE OF BIRTH
SOLVERSON, ARTHUR ✓	3/12/00 ✓

BRANCH OF SERVICE	SERIAL NUMBER	INCLUSIVE DATES OF SERVICE	RATING OR GRADE	ORGANIZATION AT DISCHARGE
US NAVY ✓	B 47 218	2/3/19 to 2/23/23	SM 2/C ✓	REGULAR NAVY
US COAST GUARD ✓	278 605 143 574	6/27/24 to 5/31/51	BM/1 ✓	REGULAR COAST GUARD

PLEASE FURNISH IF CHECKED: (*Space provided below*)

☐ CHANGES IN RATING OR GRADE FOR SERVICE AFTER JULY 31, 1920.

☐ CHANGES IN ORGANIZATION, CAMP, SHIP, STATION, ETC., AFTER JULY 31, 1920.

NOTE: EITHER OR BOTH OF ABOVE BOXES TO BE CHECKED ONLY WHEN ABSOLUTELY NECESSARY TO ADJUDICATE CLAIM.

SIGNATURE OF U. S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock

ANDREW E. RUDDOCK, DIRECTOR
BUREAU OF RETIREMENT AND INSURANCE

REPLY: RECORDS ON FILE IN THIS OFFICE SHOW THE FOLLOWING CONCERNING THE INDIVIDUAL NAMED HEREIN --

LAST NAME–FIRST NAME–MIDDLE INITIAL

DATE: JUL 2, 1964

ACTIVE SERVICE
(*If Reservist or National Guardsman, give only periods of active Federal service*)

DATES OF ENTRY	DATES OF SEPARATION	TYPE OF SEPARATION
NAVY		
2-20-19	2-23-23	HON
USCG		
6-27-24	6-26-25	HON
6-27-25	6-26-26	HON
6-27-26	6-26-27	HON
6-27-27	6-26-28	HON
6-27-28	6-26-29	HON
6-27-29	9-30-29	SPECIAL ORDER
6-20-41	6-19-47	HON
6-20-47	6-26-50	HON
6-27-50	5-31-51	HON RET

PRIOR LIGHTHOUSE SERVICE: 11 YEARS, 8 MONTHS, 8 DAYS

FURNISH DETAILS CONCERNING ANY "TIME LOST" UNDER "REMARKS".

SERIAL NUMBER: NAVY 327-86-05 USCG 143574

LAST RATING OR GRADE

CHANGES IN RATING OR GRADE AND DATE (*only for service after July 31, 1920, and if checked above.*)

SIGNATURE–TITLE–DEPARTMENT

LNMRFW/M. Patton

REMARKS: NO TIME LOST

RETURN TO:

United States Civil Service Commission
Bureau of Retirement and Insurance
Washington, D. C. 20415

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—704-708

(PE-PR-65)
CG-73

23 July, 1947

From: Commandant (PE-PR-65)
To: Commanding Officer, Neah Bay, Group

Via: Commander, 13th CG District

Subj: SOLVERSON, Arthur (143-574) BM2c; correction of records

1. The enlistment contract dated 20 June, 1947 pertaining to subject man has been corrected to show his service number as (143-574) instead of (143-571).

2. It is requested that your records be corrected accordingly.

M. K. HUTCHINSON
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED JUL 23 1947

SM:llw-McKenna-return to 3-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 52

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, Arthur	143-574	BM2c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Comdr. 13th CG District		Seattle, Wn.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
13-001		23 June, 1947

TIME 0800
DATE 6-19-47
REPORTED FROM: CG GROUP, Neah Bay for discharge & reenlistment
FOR in regular establishment

DUTY CODE NO.
AUTH: Art. 589(1) Regs.

TIME 1200
DATE 6-19-47
TRANSFERRED TO: CG Recruiting Station, Seattle, Wn.
FOR reenlistment in regular establishment

AUTH: Art. 556 Regs.

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Issued HD Cert. No. B162036 for EE.

1400, 19 June, 1947: Rptd fm CG Recruiting Station, Seattle, Wn. FFT CG Group, Neah Bay for resumption of regular duty.

1415, 19 June, 1947: Tr CG Group, Neah Bay, Wn., FFT Slip Point, LBS for resumption of regular duty.

DUTY CODE NO.
AUTH:

B. K. COOK
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched CODED NO.
Verified

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

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

#6-2

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, Neah Bay, Washington	Slip Point Light Station	Clallam Bay, Washington

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
13-133	13-135	22 June, 1947

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)

1600
21 June, 1947

Reported from Recruiting Officer, 13th Coast Guard District after reenlistment for assignment to duty.

DUTY CODE NO. 30

Recruiting Officer, 13th CGD/L, 20 June, 1947,
AUTH: CG-702

R. J. SMITH, Ch. Bos'n
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 610-47

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	574 143-571	B2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Recruiting Station		Seattle, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-001		20 June, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1300
DATE 20 June, 1947
TRANSFERRED TO: Slip Point Light Station, Clallam Bay, Wash.
FOR Assignment to duty.

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

20 June, 1947 - Reenlisted this date for a peridd of three (3) years, Regular Establishment, rating of B2c

Total Previous Service: CG 11 years 3 months 4 days
Navy 4 years 0 months 4 days.
Total 15 years 3 months 8 days.

Last Discharged: CG (19 June, 1947 with H.D. Cert. No. B162036

PAFE: Seattle, Washington

DUTY CODE NO.
39
AUTH:
A"t 556 CG Regs.

M. A. JORDAN, Lt(jg)
(Commanding)
Recruiting Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO. 1

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

#6-1

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SOLVERSON, Arthur (n)	143-574	B.M.2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, Neah Bay, Washington	Slip Point Light Station	Clallam Bay, Wash.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE
13-133	13-135	19 June, 1947

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)

0900
18 June, 1947 — Departed for Commander, 13th Coast Guard District for the purpose of discharge and reenlistment.

PEA-E
62

District

CO, GROUP, Neah Bay/L, 18 June, 1947, CG-73-531; &/TONO 136519

DUTY CODE NO. 30 — AUTH:

R. J. SMITH, Ch. Bos'n (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

CG–2888 (9–46)

3-13
file

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

SOLVERSON, Arthur (Name—Surname to left) | BM 2c (Rank or rating 31 Aug. 1946) | 143-574 (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 50 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) | Clara Emily Solverson (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 Solverson
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Lelaccam Baylor this 17 day of Dec 1946

(SEAL)

J. McKpatrick
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

Notary Public

(OVER)

16—49451-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Oct. #0
Nov. #1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SOLVERSON, Arthur	(143-574)	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Neah Bay, Washington	SLIP POINT LIGHT STATION	Clallam Bay, Washington

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
13-126	15 November, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

15 November, 1945

Rating as BM2c made permanent.

This man is ddemed fully qualified for permanent rating as Boatswain's Mate, second class.

DUTY CODE NO. 30
AUTH: Alcoast 143

ELNO JOURSEN, Lt.(jg) USCG
(Commanding) OP. BASE, Neah Bay, Wn.

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

PEA-E 49

Machine Accounting
Punched _____
Verified _____

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

FORWARDED PEA-E-22

SLIP POINT LIGHT STATION
Clallam Bay, Washington
27 March, 1945

Fil
E O H

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

SOLVERSON, Arthur	143-574	BM2c
NA ME	SERVICE NO.	RATING

has completed a continuous period of three years active service on 19 June, 1944, with no mark in conduct 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.

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

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

CODED NO. 17

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Coast Guard Station (Unit) — Clallam Bay, Washington (Place)

9 August, 1943 (Date)

FROM: SOLVERSON, Arthur, (143-574) B.M.2c

TO: COMMANDANT (via DCGO, Seattle, 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:

Clara E. Solverson (Full name of wife; if not married, so state)	Mukilteo, Washington (Address of wife)
George Herbert Solverson (Full name of child; if none, so state)	Mukilteo, Washington (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

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 tenth day of August, 1943

W. R. Turner
W. R. TURNER, Ensign
(Signature)

Commanding Officer, Acting
(Rank or title)

Arthur Solverson
Arthur Solverson
(Signature)

B.M.2c
(Rank or rating)

16—25758-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SOLVERSON, Arthur | 143-574 | B. M. 2c | DCGO, Seattle,
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

FILE CM

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, Seattle, Wash., Date 6 July 1943., 19

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Colles Fracture of right wrist	2X13-4169	5-6-43	7-6-43
Depressed fracture of external Condyl left tibia	23714-4169	5-6-43	7-6-43
Aspiration of left knee.	092-163	5-7-43	7-6-43
Reduction of colles fracture, right.	231-81	5-7-43	7-6-43
Plaster dressing right arm.	081-82	5-7-43	7-6-43
Open reduction, left tibia.	237-541	5-19-43	7-6-43
Plaster dressing, left leg.	092-82	5-19-43	7-6-43

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
It is advised that he be given two weeks leave and then light duty. He will ~~probably be unable to perform regular duties for about 6 weeks time.~~ He is to return weekly for observation. /s/ H. D. Fishburn. Surgeon.

CONDUCT REPORT:

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

Buell S. Bindschedler
BUELL S. BINDSCHEDLER.
P. A. Surgeon ---------- *U. S. Public Health Service.*
16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

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

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SOLVERSON, Arthur	143-574	B. M. 2c	DCGO, Seattle,
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place _____, Date _____, 19

To: _____

_____

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 _____

_____ _____
(Signature of patient)

_____ *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Place USMH, Seattle, Washington, Date 6 May 1943, 19

I CERTIFY that I have examined the above-named person and find him suffering from
2X13-4169 Colles Fracture of right wrist
23714-4169 Depressed fracture of external condyl left Tibia
(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 ~~Indef~~ days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital, Seattle, Washington {*hospital / *~~office~~} on 6 May 1943, 19 at 1725

Buell S. Bindschedler
BUELL S. BINDSCHEDLER
P. A. Surgeon *U. S. Public Health Service.*

W.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE CM

SOLVERSON, Arthur (Name, surname first) | 143-574 (Service number) | B. M. 2/c (Rank or rating) | MUKILTEO L. S. (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Wash., Date 15 November 1942., 19

To: _____

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 _____

Arthur Solverson (Signature of patient)

J. Petersen.
Keeper U. S. Coast Guard.

SEATTLE DISTRICT NOV 23 1942 U. S. COAST GUARD

RETURN MEDICAL CERTIFICATE

Place Seattle, Wash., Date 15 November 1942., 19

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

4079 Fracture of clavicle, left.
(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 15-20 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital. Seattle, Wash. {*hospital / *~~office~~} on 15 November 1942., 19 at 2200

H. P. Altman

emb.

H. P. ALTMAN. U. S. Public Health Service.
A. Surgeon.

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

Arthur Solverson (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

FOLLOW INSTRUCTIONS ON BACK

Solverson, Arthur	147-574	B.M. 2c	Mukilteo Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Everett, Washington, Date October 25, 19 41

To: Mukilteo Light Station
(Coast Guard unit)

Mukilteo, Washington
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Contusion of left chest	4038	Oct. 25,	Oct. 31, 1941

NOV 13 1941
RECEIVED IN OFFICE

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

CONDUCT REPORT:

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

James S. Purdy
James S. Purdy
A. A. S. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

...522
...DEPARTMENT
... COAST GUARD
...evised March 1988

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (15)
REC'D NOV 7 1941

Solverson, Arthur (Name, surname first) | 147-574 (Service number) | B.M. 2c (Rank or rating) | Mukilteo Ligth Station (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Everett, Washington, Date October 25, 1941

To: Medical Officer in Charge
Everett, Washington

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

Arthur Solverson
Arthur Solverson
(Signature of patient)

J. Petersen. Keeper.
MUKILTEO LIGHT STATION, WASH. U. S. Coast Guard.

NOV 3 1941 COAST GUARD

RETURN MEDICAL CERTIFICATE

Place Everett, Washington, Date October 25, 1941

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

Contusion of left chest 4038
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at

Relief Station {*hospital / *office} on October 25, 1941

James S. Purdy
James S. Purdy
A. A. S. 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

PR7-73

pef

16 September, 1941.

From: Commandant.
To: Commanding Officer, Mukilteo Light Station (Seattle District).

Subject: SOLVERSON, Arthur - (143-574) B.M.2c. - correction of records.

Reference: (a) Enlistment contract.

1. Since Arthur Solverson has had previous service in the Coast Guard, Headquarters has corrected reference (a) to show his service number to be 143-574. It is requested that your records be corrected accordingly.

F. E. ALLISON,
By direction.

MAILED
SEP 17 1941

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

143-674

FOLLOW INSTRUCTIONS ON BACK

SOLVERSON, Arthur	221-070	B.M.2c.	Mukilteo Light Stn
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Everett, Washington, Date July 8, 1941

To: Lighthouse Station
(Coast Guard unit)
Mukilteo, Wash.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Typhoid and Paratyphoid Prophylaxis and Smallpox Vaccination		June 24	July 8, 1941

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

CONDUCT REPORT:

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

James S. Purdy
James S. Purdy
A. A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19__, has been
(Diagnosis)
transferred this date _____, 19__, to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—683

n 2522
Y DEPARTMENT
S. Coast Guard
Revised March 1938

FOR: TYPHOID INOCULATIONS & SMALLPOX VACCINATION

FOLLOW INSTRUCTIONS ON BACK

SOLVERSON, Arthur	221-070	B.M.2c.	Mukilteo Light Stn
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place Seattle, Washington, Date 20 June, 1941.

U. S. COAST GUARD (15)
REC'D JUL 14 1941

To: Medical Officer in Charge,
U.S.Public Health Relief Station,
~~Everett, Washington.~~

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to 550 Federal Office Bldg., Seattle, Wash.

Arthur Solverson
Arthur Solverson
(Signature of patient)

A. Van DeVenter
A. Van DeVENTER, Personnel Officer
Chief Bos'n U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Everett, Washington., Date July 8, 1941

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

(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 Everett, Washington Relief Station {*~~hospital~~ / *office} on _____, 19

James S. Purdy
James S. Purdy
A. A. Surgeon U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

73-531

rjm

FILE
P.E.Ag

Seattle, Washington,
20 June, 1941.

U. S. COAST GUARD
RECD JUN 24 1941

From: Commander, Seattle District.
To: SOLVERSON, Arthur (221-070) B.M.2c.

Subject: Orders; travel.

1. Having been inducted into the Coast Guard, this date, you are directed to proceed to Makilto, Washington, and report to the keeper for resumption of your regular station and duties.

2. Travel under this order may be performed by privately owned conveyance, if so desired. In this connection attention is invited to the provisions of Article 248 (2), Pay and Supply Instructions.

3. The expense incident to the travel herein authorized is chargeable to Seattle District travel allotment, Symbol No. 17-20 (Travel Order No. 924-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

4. The public interests require this travel. Allowances for subsistence and quarters, as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

5. Delivered and departed at 1500, this date.

A. Van DeVENTER,
By direction.

Copy to:
Headquarters
Pay Office
Supply Office.

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: 20 June, 1941

Name: Selverson, Arthur

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1260-1620) $1320 p.a. plus $240 p.a. Cvs.	Boatswain's Mate, 2c. Pay $993.60 Subsistence 438.00 $1431.60
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Seattle, Wash. Mukilteo Lt. Sta., Wash. Civilian Employees, C. G.	Seattle, Wash. Mukilteo Lt. Sta., Wash. Pay and allowances, C. G.

EFFECTIVE: 20 June, 1941 — FIELD ☐ DEPRTMTL. ☐ — FIELD ☒ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 3-12-1920

LEGAL RESIDENCE: Wash.

SEX: M — RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

SUBJECT TO RETIREMENT ACT?
6-20-16

DATE OF OATH

N. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

DATE APPROVED BY THE SECRETARY
SEP 11 1941

BUREAU SUSPENSE AND FILE COPY

Form 93

NOTICE OF RESIGNATION OR DEATH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES,~~ Commander, Seattle 17th DISTRICT.

Commandant:
~~COMMISSIONER OF LIGHTHOUSES~~:

Seattle, Washington, 19 June , 1941.

Herewith is transmitted the resignation in duplicate of the following-named employee:

Name, Arthur Solverson Position, Assistant Keeper

Legal residence, Washington Station, Mukilteo Light Station

Salary, 1320 per annum

The acceptance of this resignation without prejudice is recommended effective at the close of 19 June, 1941

This employee has not taken leave in excess of the accrued rate.

Remarks: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

To accept enlistment in the Coast Guard as boatswain's mate, second class, as of 20 June, 1941.

A. Van DeVENTER, Chief Boatswain,
~~Superintendent of Lighthouses~~
Acting Personnel Officer.

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce,

11—4623

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 20 June, 1941

Name: Halvorson, Arthur

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 2c.
Grade	Field (Range $1260-1620)	Pay $993.60
Salary	$1320 p.a. plus $240 p.a. Qtrs.	Subsistence 438.00
		$1431.60
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Seattle, Wash.	Seattle, Wash.
Post of Duty	Mukilteo Lt. Sta., Wash.	Mukilteo Lt. Sta., Wash.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

EFFECTIVE 20 June, 1941. FIELD ☒ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 3-12-1900

LEGAL RESIDENCE: Wash.

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 6-20-18

DATE OF OATH

DATE APPROVED BY THE SECRETARY: 9-19-41

BUREAU OR DIVISION PERSONNEL FILES

SEP 19 1941

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

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

REPORT OF CHANGE IN PERSONNEL

143-574

SOLVERSON (Last) Arthur (Middle initial) ~~221-070~~ (Rank) P.M.2c.

Mukilteo Light Station (Place) Mukilteo, Wash. (Date) 20 June, 1941.

10-1039

1100, 20 June, 1941:
Reenlisted this date as boatswain's mate, second class, regular enlistment, for three years. Not entitled to clothing bounty. PAFE, Seattle, Washington.

Former position: Assistant Keeper, Mukilteo Light Station. Annual salary: $1320. Creditable service to and including 19 June, 1941, for retirement under the Lighthouse Service Retirement Act: 11 years, 8 months.

Prevous Coast Guard and Navy service not verified.

AUTHORITY:

Headquarters' letter,
19 April, 1941 (P-75).

A. Van DeVENTER, (Commanding) Ch.Bos'n

Acting Personnel Officer, (Rank) Seattle Dist.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

75-531

rjm

Seattle, Washington,
18 June, 1941.

From: Commander, Seattle District.
To: Mr. Arthur Solverson, Keeper - MUKILTEO LIGHT STATION.

Subject: Orders; travel.

1. Effective 20 June, 1941, proceed to Seattle, Washington, and report to the Commander, Seattle District, not later than 0900 on that date, on official business of the Coast Guard. Upon completion of this duty you will be issued further orders.

2. The expense incident to the travel herein authorized will be charged to Seattle District travel allotment, Symbol No. 17-20 (Travel Order No. 909-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

3. In lieu of actual expense for subsistence, and all fees and tips, a per diem of $3.50 is authorized, subject to the provisions of Personnel Bulletin 32-40.

4. Travel by your own automobile at the rate of four cents per mile is authorized if more economical and advantageous to the Government than travel by commercial carrier. In the event privately owned conveyance is used, a statement certifying that such travel is more economical and advantageous than travel by common carrier must be attached to the voucher.

5. The public interests require this travel.

F. C. HINGSBURG,
Chief of Staff.

Copy to:
Headquarters
Pay Office
Supply Office.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 1

TO:

Date Prepared January 10, 1941

Name: Solverson, Arthur

From: U. S. Coast Guard

Bureau No: 269

Promotion

	FROM	TO
Position Grade Salary	Field (Range $1260-1620) $1260 p.a.,plus $240 p.a.,Ctrs.	Keeper Field (Range $1260-1620) $1320 p.a.,plus $240 p.a.,Ctrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment Field or Deptl.		Seattle, Wash., Mukilteo Light Station,Wash. Civilian Employees, C.G. Field

EFFECTIVE
Remarks:
January 16, 1941

Justification:

No increase in pay since September 14, 1934.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX | RACE

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT?
Lighthouse Act

DATE OF OATH

1/9/41

BUREAU OR DIVISION PERSONNEL FILES

FEB 7 1941

1-1941

STATEMENT OF PREVIOUS MILITARY SERVICE.

Arthur Solverson (NAME - Print) | Ass't. Keeper (GRADE) | Mukilteo Light Station, 17th Lighthouse District (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					
NAVY *		2/20/19		2/23/23	Hampton Roads
MARINE CORPS					
COAST GUARD *		6/27/24		6/26/28	Grays Harbor
COAST AND GEODETIC SURVEY					

Coast Guard Service is wrong. Discharged last day of September 1929 also was a substitute from about 1st of November 1923 to March 1924.

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

CM. 5-3-4

Navy 4-0-4 Enl.

Arthur Solverson (SIGNATURE)
asst Keeper

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 U.S. Coast Guard Lighthouse Date Mar 2 1940

1. Name in full (Mr., ~~Miss~~, or ~~Mrs.~~) Solverson (Surname) Arthur (Given name) — (Middle name)
2. Present address — (Number) — (Street) Mukilteo (City) Washington (State)
3. Legal (voting) residence Washington No 2 (State and Congressional District) Snohomish (County) Mukilteo (City or town)
4. Where born Minnesota (State or foreign country) Willmar (City or town) When born Mar. 12 1900 (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	

7. Number and ages of dependents domiciled with you Wife and three children 43-14-12-6
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

None

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

None

10. Do you now hold any State or municipal office? If so, state below:

— (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 2/20/19 Discharged 2/23/29
~~Rank~~ Seaman Rank —
Organization Navy Organization —

Enlisted 6/25/24 Discharged 9/30/29
~~Rank~~ Surfsman Rank —
Organization Coast Guard Organization —

[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.) None

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
	Just small odd jobs entered service when I was 18 years old.	

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 Mrs Clara Solverson

Relationship Wife Post office address Mukilteo Wash.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Arthur Solverson

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

This form not sent to Department.

March 19, 1938.

Postal card Mar.17,from Employees' Compensation Commission, requesting further report injury Arthur Solverson.

Referred to Superintendent of Lighthouses, Portland, Oregon, with request that report be submitted to the U. S. Employees' Compensation Commission as requested.

For the Commissioner:

W. P. Harman
Administrative Assistant

E-K

Form 73a

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Seventeenth DISTRICT,

Portland, Oregon, January 18, 1938

COMMISSIONER OF LIGHTHOUSES:

The following-named employee has been transferred as indicated, and entered upon duty at his new station on December 1, 1937

Name, Arthur Solverson

Position, Assistant Keeper

From Cape Meares Light Station

To Mukilteo Light Station

Salary and range, $1260 ($1260-$1620) per annum, plus qr.val.$240 per annum.

Salary and range, $1260 ($1260-$1620) per annum, plus qr.val.$240 p.a.

Previous incumbent and pay, Vivian R. Corrie, (Lt#389 $1380 p.a., plus qr.val. at $240 p.a.

Services terminated, close of October 31, 1937

Reason, transferred and promoted to the position of Keeper, New Dungeness Light Station.

For and in the absence of the Superintendent:

C. F. GANONG
Assistant Superintendent of Lighthouses

, 19

The above-referred-to transfer became effective beginning with December 1, 1937

BUREAU OF LIGHTHOUSES
WASHINGTON

January 24, 1938

Submitted to the Secretary of Commerce for his information.

By direction of the Commissioner:

W. P. Harman
Administrative Assistant
Chief of Personnel Division

11—4598 U. S. GOVERNMENT PRINTING OFFICE: 1931

D-82

DEPARTMENT OF COMMERCE
Lighthouse Service

Office of Superintendent
District SEVENTEENTH

CAK/GG

Date November 19, 1934

CHANGE IN STATUS OF EMPLOYEE

Name: Arthur Solverson

Nature of action Transfer

Effective Date Sept. 11, 1934

	FROM	TO
Position	Keeper (2d Asst.)	Keeper (Asst.)
Pay	$1200.00 per annum	$1260.00 per annum
Station	Grays Harbor Light Station	Cape Meares Light Station

Remarks:
This change is reported in accordance with Department letter

dated August 31, 1934.

R. R. TINKHAM
Superintendent of Lighthouses

Bureau of Lighthouses
Washington

NOV 27 1934

Submitted to Secretary of Commerce for his information

For the Commissioner,

Chief, Personnel Division

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

1934 SEP 10 PM 10:11

August 31, 1934.

Mr. Arthur Solverson,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective September 1, 1934, or as soon thereafter as you enter on duty (change in station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1200 per annum.

To: $1260 per annum.

Service and grade:

Appropriation (unit): Field.

17
G

SEP 10 1934

GOVERNMENT PRINTING OFFICE 11—9051

CAK:ER

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 17th DISTRICT.

1934 AUG 20 AM 11:52

Portland, Oregon (City), August 14, 1934 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and increase in pay

Name, Arthur Solverson

Position, Assistant Keeper

Location, Cape Meares Light Station

Effective, September 1, 1934

Former position, Second Assistant Keeper

Location, Grays Harbor Light Station

Legal residence, Washington

Proposed salary, $1260. per A.

Proposed range, $1260-1620
$240 quarters

Appropriation, Salaries, Keepers of Lighthouses

[1] ~~the actual date of entrance on duty, or~~ as soon thereafter as he enters on duty.

Former salary, $1200. per A.

Former range, $1200-1560
$240 quarters

Rank on eligible list, Rating, Percentage, , Other eligibles considered:

Previous incumbent and his pay, Albert H. Johnson (Lt. #367) Services to be terminated, September 1, 1934, or as soon thereafter as transfer can be effected.

Reason, Recommended for transfer to position of Assistant Keeper at Umpqua River Light Station

Members of family in Government service, None

#2479

Date of birth, March 12, 1900

Remarks: See Form #73 of this date, recommending the transfer of Arthur H. Johnson to Umpqua River Light Station.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19

Original Signed by Superintendent

R. R. TINKHAM
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

August 27, 1934

Submitted to the Secretary of Commerce, approved. Request for authority for the promotion involved is contained in the accompanying schedule of replacements to fill vacant positions.

Hbn

AWR

Acting Commissioner of Lighthouses

[1] Strike out the clause which does not apply.

11—2314

Form 73a

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

1933 JUN 19 AM 11:41

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 17th DISTRICT,

Portland, Oregon, June 16, 1933

COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on July 1, 1933, or as soon thereafter as practicable.

Name, Arthur Solverson — Position, Keeper (2d Asst.).

From Cape Meares Light Station, Ore. — To Grays Harbor Light Station, Wn.

Salary and range, $1200.00 A. $1200-1560 — Salary and range, $1200.00 A. $1200-1560

Previous incumbent and pay, C. Mykol, $1200.00 A. (LT #381) #381

Services terminated, June 30, 1933, or as soon thereafter as he enters on duty. — Reason, Recommended for transfer to 1st Asst. Keeper, Cape Blanco Light Station.

Travel order herewith.

this pos(vacat) disc 6/30

R. R. TINKHAM
Superintendent of Lighthouses.

, 19

The above-referred-to transfer became effective beginning with 8-11-33

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 29 1933

Submitted to the Secretary of Commerce for his information.

Submitted to Secretary of Commerce for his information.

~~Acting Commissioner of Lighthouses.~~

11—4598 U. S. GOVERNMENT PRINTING OFFICE: 1930

For the Commissioner,

Chief, Personnel Division

CAK:ABL

Incl.

May 20, 1931

Commissioner of Lighthouses
Washington, D.C.

1. There is returned herewith Notice of Change in Compensation, Station and duties in the case of Arthur Solverson from Cape Flattery to Heceta Head Light Station, for cancellation.

For and in the absence of the Superintendent
E. C. MERRILL
Asst. Supt. 17th Lighthouse District

- -

HLM Bureau of Lighthouses
Washington May 26, 1931

Submitted to the Secretary of Commerce for cancellation, attention being invited to the Superintendent's recommendation by radiogram indorsed to the Department by the Bureau under date of Marcy 16, in which provision was made for the transfer of Mr. Solverson to Cape Meares at $1200 per annum, instead of to Heceta Head as previously recommended.

For the Commissioner:

Incls.

Chief of Personnel Division.

ABL

LIGHTHOUSES

1931 MAY 6 PM 12. 00

May 2, 1931

Commissioner of Lighthouses
Washington, D.C.

1. Referring to letter of April 29, 1931, regarding date effective for transfers of keepers in this District, you are advised that the date April 28, 1931 in the case of A. Solverson, 2nd Ass't., Cape Meares, was given in error. Kindly correct your records to read April 29, 1931.

For and in the absence of the Superintendent

E.C.Merrill, Assistant Superintendent

Bureau of Lighthouses, Washington

Submitted to Secretary of Commerce for his information
For the Commissioner:

Chief, Personnel Division.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
Form 56a

[redacted]

RADIOGRAM

U. S. L. H. S. [redacted] Dist.

Airways
Surveys
Constrn.
Radio A
Commun.
Contracts
Clerical
Admr. Offcr.
Air Engr.
Chief Engr.

3/16/31 copy to dept
2 H M

3 WSG 38 PORTLAND

MAR 14 1931

L H C WASHINGTON

REQUEST NOMINATION MARCH FOURTH TRANSFER ARTHUR SOLVERSON TO HECETA HEAD SECOND ASSISTANT ELEVEN FORTY PER ANNUM BE AMENDED TO PROVIDE HIS TRANSFER INSTEAD TO SECOND ASSISTANT KEEPER CAPE MEARES TWELVE HUNDRED PER ANNUM 110514

TINKHAM

418PM

(COPY)

RADIOGRAM

3 WSG 38 PORTLAND
L H C WASHINGTON

MARCH 14, 1931

REQUEST NOMINATION MARCH FOURTH TRANSFER ARTHUR SOLVERSON TO HECETA HEAD SECOND ASSISTANT ELEVEN FORTY PER ANNUM BE AMENDED TO PROVIDE HIS TRANSFER INSTEAD TO SECOND ASSISTANT KEEPER CAPE MEARES TWELVE HUNDRED PER ANNUM 110514 418 PM

TINKHAM

KJ. #368

- -

Bureau of Lighthouses, Washington, D. C.,
March 16, 1931.

Submitted to the Secretary of Commerce with recommendation that the nomination of Mr. Solverson be amended as requested by the Superintendent.

W. P. HARMAN
Acting Commissioner of Lighthouses.

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 17th DISTRICT.

LIGHTHOUSES 1931 MAR 9 PM 12:07

Portland Oregon (City), March 4 1931 (Date), 19....

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and decrease in pay. Legal residence, Washington

Name, Arthur Solverson

Proposed salary, ~~$1140~~ 1200 per annum

Position, Second Assistant Keeper

Proposed range, ~~$1140-$1500~~ 1200-1560 per annum

Location, ~~Heceta Head Light Station~~ Cape Meares

Appropriation, Salaries, Keepers of Lighthouses

Effective, 7 of March, 1931

{ ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Third Assistant Keeper

Former salary, $1320 per annum

Location, Cape Flattery Light Station

Former range, $1320-~~1740~~ 1680 per annum

Rank on eligible list, - Rating, - Percentage, - , Other eligibles considered: -

~~(Lt.#384)~~ 1368 to be

Previous incumbent and his pay, ~~C.F.Walters,~~ $1260PA Services terminated, March 7, 1931 or as soon thereafter as practicable

Reason, Transferred to Coquille River Light Station.

Members of family in Government service, None

Date of birth, March 12, 1900

Remarks: This transfer is agreeable to this employee and is not in violation of Section II of Civil Service Rule I relative to political or religious opinions or affiliations.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19.....

ORIGINAL SIGNED BY SUPERINTENDENT

R.R.Tinkham
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

March 10, 1931

Submitted to the Secretary of Commerce, approved, attention being invited to the Superintendent's statement under remarks above to the effect that the proposed transfer is agreeable to Mr. Solverson.

Acting Commissioner of Lighthouses.

1 Strike out the clause which does not apply.

11—2314

CAK:ABL

(COPY - LRF)

July 23, 1930

Commissioner of Lighthouses,
Washington, D. C.

1. Referring to Appointment Division Notices of change of stations and compensation, dated June 6, 1930, the Bureau is advised that the following named employees entered on duty on June 13, 1930:

Name	Designation	Light Station
Roy Jacobsen	Additional Keeper	
Ed. Laschinger, 2d	2nd Assistant Keeper,	Destruction Island
Jens O. Pedersen	1st Assistant Deeper,	Cape Meares
Teofil Milkowski,	2nd Assistant Keeper,	Cape Blanco
Arthur Solverson	2nd Assistant Keeper,	Cape Flattery
Charles D. Whitney,	2nd Assistant Keeper,	Grays Harbor
George H. Wheeler,	1st Assistant Keeper,	Tillamook Rock
John B. Bray,	Assistant Keeper,	Desdemona Sands

For and in the absence of the Superintendent.

C. A. Knight, Chief Clerk.

CAK:ABL
Form 73

LIGHTHOUSES
1930 JUN 4 PM 12 12

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 17th DISTRICT,

Portland, Oregon (City) May 28, 1930 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and decrease in pay

Name, Arthur Solverson

Position, Keeper, Assistant, Second,

Location, Cape Flattery Light Station

Effective, June 15, 1930

[1] ~~the actual date of entrance on duty~~, or
as soon thereafter as he enters on duty.

Former position, Fourth Assistant Keeper

Location, Tillamook Rock Light Station

Legal residence, Washington

Proposed salary, $1320 P.A.

Proposed range, $1320-1620 P A

Appropriation, Salaries, Keepers.

Former salary, $1560 P A

Former range, $1560-$1860 P A

Perhaps 3d asst. see next nom

Rank on eligible list, - Rating, - Percentage, - (2), Other eligibles considered: -

365

Previous incumbent, Charles D. Whitney - (LT. #364) Services terminated, to be on or about June 15, 1930

Reason, Transferred to 2d Assistant Keeper, Grays Harbor Light Station

Members of family in Government service, -

Date of birth, March 12, 1900

Remarks: transfer is being effected at Solverson's request and is not in violation of Section 2 of Civil Service Rule 1, relative to political or religious opinions or affiliations.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19

ORIGINAL SIGNED BY SUPERINTENDENT

R.R.Tinkham
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

JUN 5 - 1930

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses

[1] Strike out the clause which does not apply.

11—2314

Form 73 CAK:JDM

LIGHTHOUSES
1929 OCT 21 AM 11 41

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 17th DISTRICT,

Portland, Oreg., (City) October 16 (Date), 1929

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Probationary Appointment — Legal residence, Washington

Name, Arthur Solverson — Proposed salary, $1560 per annum

Position, Keeper, 4th Assistant — Proposed range, $1560-$1860 per annum

Location, Tillamook Rock Light Station — Appropriation, Salaries, Keepers of Lighthouses

Effective, October 11, 1929 — [1] the actual date of entrance on duty, or ~~as soon thereafter as he enters on duty.~~

Former position, — Former salary,

Location, — Former range,

Rank on eligible list, No. 3 Rating, - Percentage, 91.6, Other eligibles considered:

Albert T. Germond and Archie G. Cameron

Previous incumbent, Geo. H. Wheeler (LT #413) Services terminated, October 1, 1929

Reason, Promoted 3rd Assistant Keeper, Tillamook Rock Light Station

Members of family in Government service, None

Date of birth, March 12, 1900.

Remarks: Nomination delayed pending receipt of certificate of medical examination required. Necessary to have appointee go on duty prior to approval by Department account urgent need of Keeper at station and to avoid an extra trip of the tender to the station to transport him.

Selection regular, subject to the action of the U. S. Civil Service Commission, OCT 17 1929, 19

Selection regular for Probational Appointment

Secretary, 11th Civil Service District.

Robert Warnock
Superintendent of Lighthouses

cak

BUREAU OF LIGHTHOUSES
WASHINGTON

October 21, 1929.

Submitted to the Secretary of Commerce, approved. It is certified that the assignment of this appointee to duty before receipt of Department authority was necessary in the interest of safeguarding life and property. Attention is invited to the Supt's statements under "remarks" as to the delay in submitting this nomination.

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

73

~~STATEMENT REQUESTED~~

~~4 OCT 1929~~

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD OCT 2- 1929
ANSD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Grays Harbor
COAST GUARD STATION

Westport, Washington.
(POST OFFICE ADDRESS)

13th.
DISTRICT

U. S. COAST GUARD
REC'D
ANS'D OCT 8 1929

October 1, 1929.

From: Officer in Charge, Grays Harbor Station.
To: Commander, Thirteenth District.

Subject: Arthur Solverson, surfman, discharge of, enlistment allowance.

References: (a) Your letter, 24 September, 1929, (73).
(b) Article 35 (3) Pay and Supply Instructions.

Inclosure: 1. Money Order in the sum of $25.00, payable to the Pay and Allotment Officer, U.S. Coast Guard.

1. As required by reference (b) Surfman Arthur Solverson is hereby returning the enlistment allowance paid him on last enlistment before being discharged at his own request from the Coast Guard.

Hilman J. Persson.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 3 October, 1929.

From: Commander, Thirteenth District.
To: Commandant.

OCT 9 1929

PAY AND ALLOTMENT COAST GUARD AM RECD

Reference: (a) Headquarters' letter, 18 September, 1929, (73-701).

1. Forwarded.

2. The above-named man was discharged, under authority of reference (a), 30 September, 1929.

DEPOSITED
Date Oct. 16, 1929
Deposit No. 23
Item No.
Appropriation Misc. Receipts
Account Mt. Wells. Oct. 1929.
MO# 41452 #25 00

C. A. Lippincott.

Clerk

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D OCT. 5 1929
ANS'D By

U. S. COAST GUARD
THIRTEENTH DIST...
RECD OCT 2- 1929
ANSD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Grays Harbor Station. Place Westport, Washington Date 30 September, 1929.

Solverson, Arthur (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Surfman Arthur Solverson was discharged at 3:00p.m. 30 September, 1929, with a special order discharge by reason of his own request, based upon desire to accept position with Light-House Service. Not recommended for reenlistment except upon specific authority from Headquarters.

Reimbursed the Government the enlistment allowance paid on last enlistment, in the amount of $25.00.

OCT - 8 29

COAST GUARD PAY AND ALLOTMENT

RECD

Disciplinary action: None.

Authority: Headquarters' letter, 18 September, 1929, (73-701).

Hilman J. Persson
Hilman J. Persson, (Signature)

Officer in Charge. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

~~73~~

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF
THE DISTRICT COMMANDER
THIRTEENTH DISTRICT

PORTLAND, OREG.

23 September, 1929.

U.S. COAST GUARD
MEDICAL SECTION
REC'D SEP 30 1929
ANS'D

U.S. COAST GUARD
REC'D SEP 28 1929
ANS'D

From: Commander, Thirteenth District.
To: Commandant.

Subject: Surfman Arthur Solverson, Grays Harbor Station; vaccination.

Reference: (a) Headquarters' letter, 12 September, 1929, (PR-73-701).

Inclosure: (1) Form No. 2522.

1. In compliance with reference(a) Form 2522, covering smallpox vaccination of above-named man is forwarded herewith.

C. A. Lippincott.

C. A. Lippincott.

...DEPARTMENT
...COAST GUARD
...part)—Jan., 1928

U. S. COAST GUARD
REC'D SEP 28 1929

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Aberdeen, ~~Westport~~, Washington, Date September 19, 1929.

To the { *OFFICER IN CHARGE, Grays Harbor Station.
*~~COMMANDING OFFICER~~,

Westport, Washington.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
MEDICAL SECTION
SEP 30 1929

The following patient on Sept 19, 1929, was returned to the Coast Guard fit for duty. He has ~~not been~~ fit for duty at any time while undergoing treatment.

~~THIRD DISTRICT~~

RECD SEP 21 1929

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
ANSD Arthur Solverson	Grays Harbor Station.	Small pox vaccination	Sept. 19, 1929.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J. A. Kumm
Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*~~I CERTIFY~~ that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was ~~not~~ practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or ~~relief station of the Public Health Service for the following reasons~~:

Left his duty 1:30 {~~A.M.~~ p. m.} September 19, 1929.

Returned to duty 5:00 {~~A.M.~~ p. m.} September 19, 1929.

Gilman J. Persson

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded September 23, 1929.

C. A. Gilpin

*Strike out words not applicable ~~*Division Commander~~ ~~*District Superintendent~~ District Commander

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ..., Date ..., 192

The following patient was this date transferred to the U. S. Marine Hospital No. ...

..., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

... Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Ed. 25,000—Revised Jan., 1928

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD SEP 21 1929
ANSD

U. S. COAST GUARD
REC'D SEP 28 1929

Arthur Solverson (Name) | Surfman (Rank or rating) | Grays Harbor Station. (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Westport, Washington, Date September 19, 1929.

To The Public Health Surgeon,
Aberdeen, Washington.

MEDICAL SECTION
REC'D SEP 30 1929

SIR:

You are requested to examine the above-named {*officer / Regular *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Hilman J. Persson
Hilman J. Persson, C.B.M.(L)., U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Arthur Solverson Age 29 yrs. 5 Mo.

Height 71" Nativity U.S.white Color of hair blond Eyes blue.

RETURN MEDICAL CERTIFICATE

Place Aberdeen, Wash., Date Sept. 19, 1929

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

Saml1 pox vaccination

(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately ..... days {*office / *hospital} treatment. He was admitted to ..... hospital on ....., 192

(This line to be used by Public Health Service officer only)

J. C. Thurmond
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

WHC TREASURY DEPARTMENT 73-701

UNITED STATES COAST GUARD

18 September 1929

COAST GUARD STATION

13th.

DISTRICT

From: Commandant.
To: Commander, Thirteenth District.

Subject: SOLVERSON, Arthur - surfman - Grays Harbor Station, discharge of.

Reference:(A) Subject's request 22 August, 1929.

1. At such time as subject named man has made the necessary reimbursement to the Government as is necessary in the premises you are authorized to discharge him with a special order discharge by reason of his own request. Report discharge on Form 2599.

2. The following notations will be placed on the discharge of subject man:

(a) Request for discharge based upon desire to accept position with Light-House Service.
(b) Not recommended for reenlistment except upon specific authority from Headquarters.

F. C. BILLARD

GEO. R. WILCOX
Chief, Personnel Section

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Grays Harbor
COAST GUARD STATION

Westport Washington
(POST OFFICE ADDRESS)

13th.
DISTRICT

August 22nd, 1929

From: Arthur Solverson, Grays Harbor Station.
To: Commandant (via Officer in Charge, Grays Harbor Station

U. S. COAST GUARD
REC'D SEP 3 1929 By
ANS HC9/28

Subject: Discharge.

1. I request discharge for the following reasons; first I think I will better myself financially, reason for said discharge is that I have received notice of appointment for 3rd assistant Lighthouse Keeper at Tillamook Rock and if discharge can be secured it will be possible to accept position which I would very much like to secure.

2. This said position is only temporary and then I will be transferred to mainland where myself and family will be better fixed then now, as salary will be larger and free quarters and etc., are granted.

Arthur Solverson.
Arthur Solverson.

1st Indorsement.
Grays Harbor Station, Thirteenth District.
Westport, Washington. August 22, 1929.

From: Officer in Charge, Grays Harbor Station.
To: Commander, Thirteenth District.

1. Forwarded, recommended.

Hilman J. Persson
Hilman J. Persson

2nd Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 28 August, 1929.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, approved.

2. The Superintendent, Seventeenth Lighthouse District, Portland, Oregon, states that subject man will be given an appointment as assistant Lighthouse Keeper is he is discharged from the Coast Guard.

3. The above-named man has a good conduct record during current enlistment.

C. A. Lippincott
C. A. Lippincott.

PR-73-701.

12 September, 1929.

From: Commandant.
To: Commander, Thirteenth District.

Subject: Surfman Arthur Solverson - vaccination.
~~(Greys Harbor Station).~~

Reference: (a) Your memorandum, dated 28 June, 1929.

1. Attention is invited to reference (a), to which no reply has been received. You are requested to advise Headquarters what action has been taken in regard to having the above-named man vaccinated against smallpox.

F. C. BILLARD.

C. H. JONES,
Assistant Chief,
Personnel Section.

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD AUG 28 1929
ANSD

Grays Harbor Westport Washington

13th. August 22nd 9

From: Arthur Solverson, Grays Harbor Station.
To: Commandant (via Officer in Charge, Grays Harbor Station

Subject: Discharge.

1. I request discharge for the following reasons; first I think I will better myself financially, reason for said discharge is that I have received notice of appointment for 3rd assistant Lighthouse Keeper at Tillamook Rock and if discharge can be secured it will be possible to accept position which I would very much like to secure.

2. This said position is only temporary and then I will be transferred to mainland where myself and family will be better fixed then now, as salary will be larger and free quarters and etc., are granted.

Arthur Solverson.

1st Indorsement.
Grays Harbor Station, Thirteenth District.
Westport, Washington. August 22, 1929.

From: Officer in Charge, Grays Harbor Station.
To: Commander, Thirteenth District.

1. Forwarded, recommended.

Hilman J. Persson

2nd Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 28 August, 1929.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, approved.

2. The Superintendent, Seventeenth Lighthouse District, Portland, Oregon, states that subject man will be given an appointment as assistant Lighthouse Keeper is he is discharged from the Coast Guard.

3. The above-named man has a good conduct record during current enlistment.

C. A. Lippincott.

PA16-73

17 July, 1929.

From: Commandant.

To: Commander, Thirteenth District.

Subject: Surf. Arthur Solverson; enlistment allowance.

References: (a) Your indorsement, 28 June, 1929 of letter, Officer-in-Charge, Grays Harbor Station, 27 June, 1929 (73-521).
(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $25.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

E. L. Hutchison,
By direction.

Kmk.

U.S. COAST GUARD
REC'D JUL 3 1929
ANS'D
STATEMENT REQUESTED
JUL 3 1929
73 FILE W.S.R.
Aug. 7/17/29 PA16-73

U.S. COAST GUARD
THIRTEENTH DISTRICT
REC'D JUN 28 1929
ANSD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Grays Harbor
COAST GUARD STATION

13th.
DISTRICT

Westport, Washington.
(POST OFFICE ADDRESS)

June 27, 1929.

JUL 3 29

From: Officer in Charge, Grays Harbor Station.
To: Commander, Thirteenth District.

Subject: Reenlistment allowance; Surfman Arthur Solverson.

Reference: (a) Headquarters' letter, 8 November, 1928, (PA17-521).

1. Surfman Arthur Solverson enlisted as Surfman June 27, 1928, this man was honorably discharged June 26, 1929, and reenlisted this date. No time was lost due to any reason whatsoever during prior enlistment. It is requested that Headquarters furnish an enlistment allowance statement in order that the allowance entiteled to in this case may be paid.

Hilman J. Persson,

----------Hilman J. Persson----------

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 28 June, 1929.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, approved.

O.S. Wicklund,
Acting.

PA16-#25.

MEMORANDUM TO PAY & ALLOTMENT SECTION

5 July, 1929, 192

Name Arthur SOLVERSON

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-27-28	Reg.	One	Surf.	Grays Harbor Station, 13th Distr. Westport, Wash.

DEDUCTIBLE TIME				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-26-29	Grays Harbor Station, 13th District	Surf.	1	0	0

Re-enlisted 27 June, 1929, Grays Harbor Station, Thirteenth District, Westport, Washington, for one year, in the rating of Surfman.

S. R. MORGAN,
In charge of Personnel Record Section.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 192
(2d part)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD MAR 8- 1929
ANSD

U. S. COAST GUARD
RECD MAR 13 1929
ANSD

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Aberdeen, Washington, Date Mar. 5, 1929

To the { *Officer in Charge, / *~~Commanding Officer~~,

U. S. COAST GUARD
MEDICAL SECTION
RECD MAR 13 1929
ANSD

FILED
W. W. K.

Grays Harbor Station, Westport, Wash.
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Arthur Solverson	Grays Harbor Station	Typhoid anti inoculation	~~Feb. 18/29~~

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J. A. Wanne
A. A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 11:00a.m. Feb. 18, 1929.
Returned to duty 5:00p.m. Feb. 18, 1929.
Left his duty 12:00 Noon. {a.m. / p. m.} Feb. 26, 1929.
Returned to duty 4:30 {a.m. / p. m.} Feb. 26, 1929.
Left his duty 1:00p.m. March 5, 1929.
Returned to duty 6:00 March 5, 1929.

Edward J. Persson
*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge

Forwarded MAR 8 1929, 192

C. A. Gilpinwell
*~~Division Commander~~ *~~District Superintendent~~ District Commander

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

U.S. COAST GUARD
RECD FEB 26 1929 By

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 1924

FILE
W.W.

Arthur Solverson (Name) | Surfman (Rank or rating) | Grays Harbor Station. (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD FEB 20 1929
ANSD

Place Westport, Washington, Date February 18, 1929.

To The Public Health Surgeon,
Aberdeen, Washington.

U. S. COAST GUARD
MEDICAL SECTION
REC'D FEB 26 1929 By
ANSD

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Hilman J. Persson

Hilman J. Persson, Officer in Charge, U. S. C. G. S.
(Name and rank of officer signing request)

Signature of applicant Arthur Solverson Age 29 years

Height 5ft. 11 in. Nativity U.S. white Color of hair Blond Eyes Blue.

RETURN MEDICAL CERTIFICATE

Place Aberdeen, Wash., Date Feb. 18, 1929

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

Anti inoculation typhoid
(Write plainly)

which is ~~*not~~ communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *~~not~~ now fit for duty. He will require approximately 20 days' *office *~~hospital treatment~~.

*He was this day sent to _____ hospital.
(This line to be used by Public Health Service Officer only)

J. R. Kinnie 6/4/29

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

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? _____ Is he able to travel now? _____

Alone? _____ How many attendants should accompany him? _____

Remarks: _____

Strike out words not applicable

2—663

_____
(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

B-1458 U.S. COAST GUARD

REC'D JUL 5 1928

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 28 1928
ANSD

H.L.P.
A.L.S.

Grays Harbor Station. (Unit.) Westport, Washington. (Place.)

June 27, 1928. (Date.)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Commander 13th 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 follows:

Clarie Solverson, (Full name of wife; if not married, so state.)	Westport, Washington. (Address of wife.)
Arthur Solverson, Jr. (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
Barbara Bernice Solverson, (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

ORIGINAL

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:

None (Full name of relative.)	(Relationship.)	(Address of relative.)

(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:

None (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

U.S. Coast Guard - G 12458.

WITNESSED BY:

Hilman J. Persson
Hilman J. Persson,
Rank, Officer in Charge.

SIGNED:

Arthur Solverson
Arthur Solverson
Rank or rating, Surfman.

2—10348 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924
(2d part)

U. S. COAST GUARD

THIRTEENTH DISTRICT
RECD JAN 16 1928
ANSD

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Aberdeen Wash., Date Jan 11, 1928

To the { *Officer in Charge, / *~~Commanding Officer~~,

Grays Harbor Station, Westport, Wash.
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Arthur Solverson	Grays Harbor Station,	Acute Indegestion	1/11/28.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

J. H. Hynes
Acg, *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I ~~CERTIFY~~ that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was ~~not~~ practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or ~~relief~~ station of the Public ~~Health Service for the following reasons:~~

Left his duty 1:00 {~~a. m.~~ / p. m.} January 11, 1928.

Returned to duty 5:00 {~~a. m.~~ / p. m.} January 11, 1928.

Lars Bjelland
~~*Commanding Officer~~ ~~*District Superintendent~~ Acting *Officer in Charge

Forwarded JAN 16 1928, 192

C. A. Gilkinson
*Strike out words not applicable ~~*Division Commander~~ ~~*District Superintendent~~ District Commander

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____,

____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

____, *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 192[illegible]
(2d part)

FILE G.P.O.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Aberdeen, Wash., Date August 5, 1927.

To the { *Officer in Charge, / *~~Commanding Officer~~,

Grays Harbor Station, Westport, Wash.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
RECD
ANS'D AUG 15 1927
BY

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Arthur Solverson	Grays Harbor Station.	Gastritis	Aug. 5, 1927.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

J. D. Kinnear

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

FINAL COAST GUARD CERTIFICATE

*I CERTIFY ~~that the~~ physician who rendered the treatment is a reputable practicing physician in good standing, and that it was ~~not~~ practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or ~~relief station of the Public Health Service for the following reasons:~~.

Left his duty 12:30 {~~a. m.~~ / p. m.} August 5, 1927.

Returned to duty 5:00 {~~a. m.~~ / p. m.} August 5, 1927.

Gilman J. Persson

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded AUG 10 1927, 192

B. R. Poor
for District Commander

*Strike out words not applicable

~~*Division Commander~~ ~~*District Superintendent~~

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ..., Date ..., 192

The following patient was this date transferred to the U. S. Marine Hospital No. ..., ..., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

..., *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

GOVERNMENT PRINTING OFFICE

U. S. COAST GUARD
THIRTEENTH DISTRICT
REC'D JUN 29 1927
ANSD

U. S. COAST GUARD
REC'D JUL 5 19[redacted] By
ANS'D

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—[illegible]-1924.

FILE
B28.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

G-12458

Grays Harbor Station. (Unit.) Westport, Washington. (Place.)

June 27, 1927. (Date.)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (via Commander 13th 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 follows:

Clarie Solverson. (Full name of wife; if not married, so state.)	Westport, Washington. (Address of wife.)
Arthur Solverson, Jr. (Full name of child; if none, so state.)	Westport, Washington. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

ORIGINAL

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:

None. (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: Hilman J. Persson
Hilman J. Persson,
Rank, Officer in Charge.

SIGNED: Arthur Solverson
Rank or rating, Surfman.

2—10348

GOVERNMENT PRINTING OFFICE

U.S. Coast Guard - G. 12458.

File MKP

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD MAY 27 1927
ANSD

Aberdeen, Washington. May 25, 1927.

I certify that Surfman Arthur Solverson is not now underweight and that he is in good physical condition at this time. He weighes 146 lbs.

U.S. Public Health Surgeon.

73

U.S. COAST GUARD
THIRTEENTH DISTRICT
MAY 27 1927

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D JUN 1 1927
ANS'D
By

Grays Harbor
COAST GUARD STATION

Westport, Washington.
(POST-OFFICE ADDRESS)

13th
DISTRICT

May 26, 1927.

From: Officer in Charge, Grays Harbor Station.
To: Commander, Thirteenth District.

Subject: Physical examination; Surf. Arthur Solverson.

Reference: (a) Headquarters' Letter August 5, 1926 (73).

Inclosure: (1) Certificate from The Public Health Surgeon, as to Surf. Solverson's weight.

1. On June 27, 1926, Surfman Arthur Solverson reenlisted in a regular enlistment at this station. The physical examination of the above man was disapproved of on account Surfman Solverson was underweight. This disability has now been corrected and the man is in good physical condition.

Hilman J. Persson

Hilman J. Persson.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, May 27, 1927.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, with the request that authority be granted to reenlist the above named man.

C. A. Lippincott

C. A. Lippincott.

August 5, 1926.

Commander,
Thirteenth District
Portland, Oregon

SUBJECTS: RECORD OF PHYSICAL EXAMINATION
Surfman Arthur Solverson

SIR:

THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE, UPON REVIEWING THE RECORD OF THE PHYSICAL EXAMINATION IN THE CASE Arthur Solverson WHO ENLISTED AS Surfman IN THE COAST GUARD June 27, 1926, HAS DISAPPROVED THE FINDING OF THE MEDICAL EXAMINER FOR THE FOLLOWING REASONS:

"Underweight"

YOU WILL BE GOVERNED IN THIS CASE BY THE PROVISIONS OF ARTICLE 416 (3) (4) OF THE REGULATIONS.

BY DIRECTION OF THE COMMANDANT:

RESPECTFULLY,

C. P. CLARK,
ACTING CHIEF, DIVISION OF OPERATIONS.

AUG 2 1926

U. S. PUBLIC HEALTH SERVICE, WASHINGTON ..... (Date)

RESPECTFULLY RETURNED to the Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is not approved.*

By direction of the Surgeon General.

Underweight

C

By direction of the Surgeon General

J. M. Gillespie.
Surgeon, U. S. P. H. S.

13th

(Title)

* State reason if finding is "not approved."

GOVERNMENT PRINTING OFFICE 2—3850

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502.—Ed. 30,000—Feb., 1924.

Grays Harbor Station

U. S. COAST GUARD
REC'D JUL 8 1926

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Aberdeen Wn — June 25/1926.
(Cutter, relief station, or other place where examination was held) (Date)

STATEMENT OF APPLICANT

Name Arthur Solverson. Age 26 years 3. months.

Examined for Coast Guard. Surfman
(State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer)

Character of examination (state whether for Standard "A" or "B") A

Nativity Wilmer, Minn. Married or single married.

Have you ever had any of the following diseases?

Spells of unconsciousness no

Convulsions no

Gonorrhea Yes.

Sore on penis No

Have you ever raised or spat up blood? no

When were you last treated by a physician, and for what ailment? Nov 1922.
Gonorrhoea

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.
no

Have you ever had any disease (inherited or acquired) which you have not mentioned to the examining physician? no

If so, explain in detail —

Have you ever served a previous enlistment in the Coast Guard? Yes

If so, for what were you discharged? Termination of Service

Have you ever been convicted of a felony, or imprisoned, under a sentence of court, in a reformatory, jail, or penitentiary? If so, give a full statement no

Do you have headaches? If so, how often? no

Have you ever been rejected, on account of physical reasons, for enlistment in the Coast Guard or other military service?

If so, state cause: no

Have you ever been discharged from the Coast Guard or other military service for physical disability? no If so, state circumstances and nature of disability —

2—3850

-1925 -1925

Are you willing to be vaccinated against smallpox and typhoid fever? Yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes.

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Arthur Solverson
(Signature of applicant)

WITNESS TO SIGNATURE:

J B Rine.
A A.
, *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Height (without shoes) 5 feet 11 inches. Weight, stripped, 138 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? ____ Is he under weight? Yes

General appearance: Strong

Complexion: Fair

Skin: Diseases No

Scars (give exact location, condition, and cause) none.

Is there any weakness of abdominal wall, resulting from scar? No

Distinguishing marks Scars tattooed left forearm.

Hair: Color Blond Thick Yes Thin — Bald no

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Describe abnormalities, if any) normal

Face: (Describe abnormalities, if any) normal

Eyes: (Describe abnormalities, if any) normal.

Eyelids: (Describe abnormalities, if any) normal.

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, —; left eye, —

Is applicant color blind? no

Were eyes tested with lantern, woolen skeins, or both? woolen skeins

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease no Condition of drums normal

Hearing: Can applicant hear conversational speech 30 feet, with right ear yes, left ear yes.

Can applicant hear whispered speech 15 feet, with right ear yes, left ear yes.

Nose: Deflection of septum no Polypi none

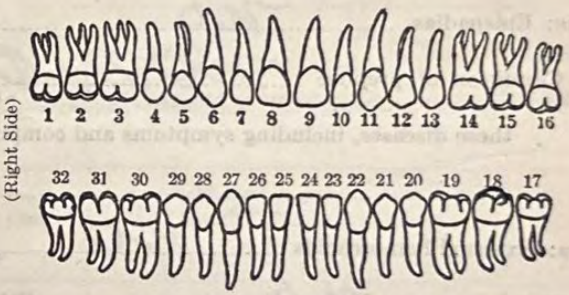
Chronic nasal catarrh no

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridge work.)

none.

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

none



Does applicant wear a plate? no

Palate: Cleft no Perforated no Other conditions none.

Fauces: Condition of tonsils absent Does condition of tonsils interfere with speech or swallowing? none

Pharynx normal. Is applicant a mouth-breather? no

Neck: Goiter none Other conditions —

Chest: Inspection normal. Respiratory rate 18

Measurement—Inspiration 37½ inches. Expiration 33½ inches.

Lungs, palpation normal.

Percussion normal.

Auscultation normal.

Heart, palpation normal.

Percussion normal

Auscultation no abnormal sounds.

2—3850

Pulse rate 72

Temperature 98.4°

Heart, blood pressure: Systolic — Diastolic —

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise normal.

Abdomen: Circumference at umbilicus 26. Tenderness none.

Other abnormalities —

Liver, percussion normal. Palpation normal.

Spleen, percussion normal. Palpation not palpable.

Inguinal rings (large or small) small. Hernia none.

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with ocomotion? no Hydrocele no

Testicles: Induration none Atrophy no

Other conditions none Undescended no.

Penis: Epispadias no Hypospadias no

Condition of prepuce normal. Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) none.

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions none.

Spine: Tenderness no Curvature no

Reflexes: Patellar normal. Pupillary—Reaction to light yes.

Upper extremity: Missing fingers none. Other conditions, including evidence of old fractures, dislocations, and contractures no

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) no

Other conditions, including evidence of old fractures, dislocations, and contractures none.

2—3850

Muscles: Muscular development Good.

Coordination of muscular movements Good.

Muscles: Romberg no Joint movements normal.

Defects of gait no Agility Good.

Habit spasms no Chorea no

Urine (chemical examination of urine should always be made):

Color amber. Sp. gr 1026

Albumen no Sugar no

Shreds none

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells — Blood cells —

Pus cells — Casts —

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm..... White corpuscles per c. mm..... Malarial parasites..... Hæmoglobin, per cent .....

Other conditions .....

Has applicant been successfully vaccinated against smallpox within four years? yes

Against typhoid fever within four years? yes.

Has the applicant aphasia? no

Do you consider the applicant mentally sound? yes.

Does the applicant stammer? no

Is there any evidence of excessive use of tobacco or alcohol? no

Is there any evidence of drug addiction? no

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction Not made.

2—3850

CERTIFICATE

To be used in case of Standard "A" examination

I certify on honor that I have carefully examined Arthur Solverson at the request of H. J. Persson, Chief Engr., U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~* That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

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

CERTIFICATE

To be used in case of Standard "B" examination

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* That he is physically sound.
* That he is not fit for duty for the following reasons:
* That he is not physically sound, but is fit for duty; his physical defects are:
* That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state)

Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, JUL 7 1926
(Date)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant.

C. P. Clark
Assistant Chief, Division of Operations
(Title)

* Strike out the statement not applicable.

2—3850

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

(READ AND FOLLOW INSTRUCTIONS ON BACK)

FILE
C. P. O.

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
SEP 23 1925
THIRTEENTH DISTRICT

U S COAST GUARD
RECD SEP 28 1925

Grays Harbor {*Cutter. / *Station,} 13th District.

Westport, Wash. (Place.)

September 13, 1925., 192

To The Public Health Surgeon,
Aberdeen,
Wash.

Sir:

You are hereby requested to examine Arthur Solverson, {*an officer / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

A. J. Culverson,
Officer in Charge.
(Title of officer signing request.)

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET-ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Arthur Solverson

Rate Surfman,

Nativity U.S.white; age, 25 years; height, 5 feet 10 inches; color of eyes, blue; color of hair L.brown; distinguishing marks None.

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

(Place.)
Aberdeen, Wash., 192

I certify that I have examined Sept. 13 and find that he is now suffering from Arthur Solverson, which is 25 communicable to others. In my professional opinion he is Wound incised left Hand in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 15 days; that his present disability is incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment Sept. 13 5, 192

J. B. Munn
*Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Arthur Solverson {*~~was discharged from hospital~~ / *received last office treatment} at 3:00 {a. m. / p. m.} Sept. 18, 1925; that he is now fit for duty, ~~and that he was not fit for duty at any time while undergoing treatment.~~

J. B. Munn
*Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

Surfman Arthur Sorenson was absent on leave when last treatment was given

.....
*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty .....{a. m.}{p. m.}....., 192

Returned to duty .....{a. m.}{p. m.}....., 192

H. J. Persson
*~~Commanding Officer.~~ *~~District Supt.~~ *Officer in Charge.

Forwarded SEP 23 1925, 192

John Kelly
*~~Division Commander.~~ *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

(R[illegible] AND FOLLOW INSTRUCTIONS O[illegible] C[illegible]

U.S. COAST GUARD
RECD JUN 3 1925

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
MAY 29 1925
THIRTEENTH DISTRICT

FILE

Grays Harbor Station {*Cutter. XXXXX}, Thirteenth District.

Westport, Wash. (Place.)

May 18, 192 5.

To The Public Health Surgeon,
Aberdeen,
Wash.

Sir:

You are hereby requested to examine Arthur Solverson, {*an officer XXXXXed person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

H. J. Persson,
Officer commanding station.
Officer in Charge.

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Arthur Solverson

Rate ~~Arthur Solverson~~ Surfman.

Nativity U.S. White; age, 25 years; height, 5 feet 10 inches; color of eyes, Blue; color of hair L.brown; distinguishing marks None.

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Aberdeen Wash. (Place.)

May 18th. 5, 192

I certify that I have examined Ar thur Solverson and find that he is now suffering from Gastritis(chronic), which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital *office} treatment for a period of probably not to exceed 10 days; that his present disability is - incident to service, and is not the result of his own vicious habits, and that he is now {*fit *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment ....., 192

May 18th. 1925

J. B. Kinne
A.A. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Arthur Solverson {*was furnished from hospital *received last office treatment} at 11 {a. m. p. m.}

May 27th, 192 5, that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

A.A. *Surgeon U. S. P. H. S. *Attending Physician.

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

Left his duty 9:30a.m. May 18, 1925.
Returned to duty 3:30p.m. May 18, 1925.

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty 9:30 {a. m.} XXXX May 27, 1925.

Returned to duty 5:00 XXXX {p. m.} May 27, 1925.

Lars Bjelland
~~*Commanding Officer. *District Supt.~~ *Officer in Charge.
asst.

Forwarded MAY 29 1925, 192

John Kelly
~~*Division Commander.~~ *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2529—Revised Oct., 1923

U S ... GUARD
REC'D APR 27 1925
ANS'D

4/12458

U.S.C.G. PAY AND ALLOTMENT OFFICE
APR 27 1925
RECD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
APR 22 1925
THIRTEENTH DISTRICT

Grays Harbor Station, (Unit.) Westport, Wash. (Place.)

April 20, 1925. (Date.)

FROM: Surfman Arthur Solverson.

TO: COMMANDANT (Via Supt. 13th 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 follows:

Clarie Solverson (Full name of wife; if not married, so state.)	Westport, Wash. (Address of wife.)
None. (Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

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

No dependents. (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

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

(Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: H. J. Torsson

Rank, Officer in Charge.

SIGNED: Arthur Solverson

Rank or rate, Surfman.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

[redacted] AND FOLLOW INSTRUCTIONS ON [redacted]

FILED
S. P. S.

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

U. S. COAST GUARD
REC'D JAN 31 1925
A.S.'D

Grays Harbor {*Station, 13th District.

Westport, Wash.
(Place.)

January 21, 1925.

To The Public Health Surgeon,
Aberdeen, Wash.

Sir:

You are hereby requested to examine Arthur Solverson, {*an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

W. J. Pierson
Officer in Charge.
(Title of officer signing request.)

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Arthur Solverson

Rate Surfman

Nativity Native born; age, 24 years; height, 5 feet 10 inches; color of eyes, blue; color of hair L.brown; distinguishing marks none.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JAN 28 1925
THIRTEENTH DISTRICT

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Aberdeen, Wash.
(Place.)
Jan. 21, 1925

I certify that I have examined Arthur Solverson and find that he is now suffering from typhoid vaccination, which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 1½ days; that his present disability is not incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

~~I further~~ certify that:

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*~~Admitted to hos~~pital ....., 192

*Furnished first office treatment Jan. 21, 1925

J. B. Kinne
A.A. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that ..... {*was discharged from hospital / *received last office treatment} at ..... {a. m. / p. m.}

....., 192 ; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

..... *Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

.....

.....

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty 1:00 {~~a. m.~~ / p. m.} January 21, 1925.

Returned to duty 7:00 {~~a. m.~~ / p. m.} January 21, 1925.

H. J. Persons

*~~Commanding Officer~~ *~~District Supt.~~ *Officer in Charge.

JAN 26 1925

Forwarded ....., 192

John Kelly

*~~Division Commander.~~ *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

.....

Left his duty 1:00p.m. Jan. 21, 1925.
Returned to duty 7:00p.m. Jan. 21, 1925.

.....
*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty 1:00 {~~p. m.~~} Jan. 28, 192 5.

Returned to duty 6:30 {~~p. m.~~} Jan. 28, 192 5.

Left his duty February 5, 1925. at 1:00p.m.
Returned to duty February 5, 1925 at 6:30p.m.

H. J. Persson
*~~Commanding Officer.~~ *~~District Supt.~~ *Officer in Charge.

Forwarded FEB 9 1925, 192

J. Shirley
*~~Division Commander.~~ *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

[redacted] AND FOLLOW INSTRUCTIONS ON [redacted]

FILED
E.P.C.

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
FEB 7 1925
THIRTEENTH DISTRICT

U. S. COAST GUARD
REC'D FEB 14 1925
ANC.
By

Grays Harbor {*Cutter. / *Station} 13th District.

Westport, Wash. (Place.)

January 20, 192 5.

To The Public Health Surgeon,
Aberdeen,
Wash.

Sir:

You are hereby requested to examine Arthur Solverson, {*an officer / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

E. J. Persson
(Title of officer signing this request.)
Officer in Charge.

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET-ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Arthur Solverson

Rate Surfman

Nativity Native born; age, 24 years; height, 5 feet 10 inches; color of eyes, blue; color of hair L. brown; distinguishing marks None.

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Aberdeen Wn (Place.) Jan 20, 192 5

I certify that I have examined Arthur Solverson and find that he is now suffering from Acute Gastritis, which is not communicable to others. In my professional opinion he is — in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 7 days; that his present disability is — incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) ~~The above-named person is now able to bear transportation without injury, in the care of~~ {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) ~~The above-named person is not now able to bear transportation under any arrangement or condition~~ to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment Jan 20, 192 5

J. B. Kinnie
Asst. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Arthur Solverson {*was discharged from hospital / *received last office treatment} at 2:00 {a. m. / p. m.} Feb. 5, 192 5; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

J. B. Kinnie
Asst. *Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

.....

.....

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty 1:30 {a. m. / p. m.} January 20, 1925.

Returned to duty 4:30 {a. m. / p. m.} January 20, 1925.

H. J. Persons

*Commanding Officer. *District Supt. *Officer in Charge.

Forwarded FEB 9 1925, 192

John Seely

*Division Commander. *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

[redacted]D AND FOLLOW INSTRUCTIONS ON [redacted]

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

FILE
C. P. O.

U.S. COAST GUARD
REC'D JAN 27 1925

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JAN 22 1925

By Grays Harbor {*Cutter. *Station} Xxxx 13th District.

Westport, Wash., January 20, 1925.

To THIRTEENTH DISTRICT
The Public Health Surgeon,
Aberdeen,
Wash.

Sir:

You are hereby requested to examine Arthur Solverson, {*~~an officer~~ *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

H. J. Pearson
{*Commanding officer *Officer in charge.}
Officer in Charge.

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET-ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Arthur Solverson

Rate Surfman

Nativity Native born; age, 24 years; height, 5 feet 10 inches; color of eyes, blue; color of hair L. brown; distinguishing marks None.

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Aberdeen Wn
(Place.)
Jan 20, 1925

I certify that I have examined Arthur Solverson and find that he is now suffering from Acute Gastritis, which is not communicable to others. In my professional opinion he is — in need of medical treatment; that he will require {*hospital *office} treatment for a period of probably not to exceed 7 days; that his present disability is — incident to service, and is not the result of his own vicious habits, and that he is now {*fit *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) ~~The above-named person is now able to bear transportation without injury, in the care of {*one *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.~~

(c) ~~The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.~~

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment Jan 20, 1925

J. B. Kinnie
*Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that ..... {*was discharged from hospital *received last office treatment} at ..... {a. m. p. m.}, 192 ; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

*Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: ~~[illegible]~~

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty 1:00 {p. m.} Jany. 20, 192 5.

Returned to duty 5:00 {p. m.} Jany. 20, 192 5.

H. J. Persson

*~~Commanding Officer.~~ ~~*District Supt.~~ *Officer in Charge.

Forwarded JAN 22 1925, 192

John Kelly

*Division Commander. *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

77

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUL 19 1924
THIRTEENTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

FILE
P. G. H

STATION No. Grays Harbor.
THIRTEENTH DISTRICT

Westport, Wash.

July 17, 1924.

U. S. COAST GUARD
REC'D
ANS'D
JUL 24 1924

From: Officer in Charge, Grays Harbor Station.
To: Superintendent Thirteenth District.

Subject: Swimming, Surfman Arthur Solverson.

1. Surfman Arthur Solverson qualified as a good swimmer at this Station July 17, 1924.

H. J. Persson.

73

1st Indorsement.
Office of Superintendent, Thirteenth District.
Portland, Oregon, July 19, 1924.

From: Superintendent, Thirteenth District.
To: Commandant.

1. Forwarded, for record and file.

B. R. Proper,
For District Superintendent.

July 24, 1924

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2503.—Ed. Sept., 21—15,000.

U. S. COAST GUARD REC'D JUL 7 1924

U. S. COAST GUARD ANS'D

By U. S. COAST GUARD OFFICE OF SUPERINTEND. JUL 1 1924 THIRTEENTH DISTRICT

UNITED STATES COAST GUARD

REPORT OF TRANSFER

Authority: Headquarters' Letter, May 6, 1924 (701-531).

RATE.	NAME.	FROM—	TO—
Surfman	Arthur Solverson	Office 13th District	Grays Harbor Station, Westport, Washington.

Hour and date of departure 4 p.m., June 27th, 1924.

PAY ACCOUNT

Debit and credit balances transferred on Form 2677 are explained as follows:

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED TO PAY ROLL BY DATE

The following, marked (X), are transmitted herewith:

- ___ Copy C enlistment contract. 4/3.
- X Form 2677.
- X Form 2677A.
- ___ Form 2A
- ___ Form 2528 and acknowledgment.
- ___ Form 2528A and acknowledgment.
- X Form 2529.
- ___ HL dated ___
- ___ HL dated ___

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED TO PAY ROLL BY DATE 7-28-24

John Kelly
(Signature of officer in charge of unit From which transferred.)

Coast Guard Station Grays Harbor.

Hour and date of reporting 11:00a.m. June 28, 1924.

Above listed papers received.

W. J. Persson
Officer in Charge.
(Signature of officer in charge of unit TO which transferred.)

(SEE INSTRUCTIONS ON BACK.)

2—3371

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES

File
3-13

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

Manager Sidney Laurens fo Date 5/6/64

FROM: Social Security Administration
230 Fairview Ave. N.
Seattle, Washington 98109
The 1101 Building
414 - 11th St., N.W.
Washington 25, D. C.

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Solverson, Arthur	3/12/00		531-26-8768

BRANCH OF SERVICE	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
Coast Guard	1924	6/1/51	Clallam Bay, Wash.
RATE OR RANK: BM 2C			
SERIAL NO.: 143-574			

Part II [X] . . . Part III [X] below to be completed by the service department

REMARKS:

53833

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE
20 June 1941

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE
1 June 1951

3. CHARACTER OF SEPARATION(S) * *(If Bad Conduct,* INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL)
Retired - Honorable
*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

4. *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?
☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ RE-ENLISTED ☐ COMMISSIONED

a. ☐ DESERTION.
b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only).*
c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.
d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.
e. ☐ NONE OF THE ABOVE.

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

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

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☒ Yes	☐ No
If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).		
(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	☐ Yes	☒ No
If answer is "Yes," answer (b) and (c).		
(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	☒ Yes	☐ No
(c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957?	☒ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☐ Yes	☒ No

REMARKS BY CERTIFYING AGENCY: Retired: 1 June 1951 - 30 years service - Auth: Title 14, USC, Section 354 - Retired pay based on years of service - Gross retired pay per month $240.90 (PL 88-132).

☐ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD
DATE: 13 May 1964

SIGNATURE: M. J. MAYER
RANK OR TITLE: Chief, Survivors Benefits Branch
Personnel Services Division
By direction of the Commandant

Form OA-C654
(2-61)

file 3-13

UNITED STATES COAST GUARD

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

P3-1
L-13
28 December 1959

From: Commandant
To: SOLVERSON, Arthur (143-574) BM1, USCG, Retired
6528 Earl Avenue, Seattle, Washington

Subj: National Service Life Insurance, Expiration of Term Period
Policy Number V 1418 90 04

Ref: (a) VA Form 9-452-14b, countersigned

1. The Veterans Administration has notified this office that the term period of your $2,000 National Service Life Insurance issued under policy number V 1418 90 04 will expire on 31 January 1960.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$.54	allotment discontinued with month of last payment	December 1959
$.20	allotment established with month of first payment	January 1960

3. NAV S&A Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form 9-452-14b should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452-14b
(2) NAV S&A Form 545
(3) Envelope
(4) VA Form 9-5856

JLJackson:jlj 28 Dec 1959

file 3-13

UNITED STATES COAST GUARD

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

AIRMAIL
PS
3 January 1955
L 13

From: Commandant
To: SOLVERSON, Arthur (143-574) BM1, USCG, Retired
6528 Earl Avenue, Seattle, Washington

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1418 90 04

Ref: (a) VA Form 9-4457, countersigned 26 November 1954

1. There is herewith forwarded from the Veterans Administration Form 9-4457, National Service Life Insurance Renewal Endorsement, regarding the expiration of the term period of the $2,000 National Service Life Insurance issued to you under policy number V 1418 90 04. The term period will expire on 31 January 1955. 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 of insurance.

2. Your attention is called to the fact that it will not be necessary for you to submit an application for renewal to this office. Public Law 148, 83d Congress provides for the automatic renewal of the term period of all National Service Life Insurance and United States Government Life Insurance that expires on or after 23 July, 1953 provided that the policy is in force at the end of the term period.

3. There is in effect at the present time an allotment of your pay in the amount of $2.54 per month for premiums on National Service Life Insurance as follows:

$2.54 - $2,000 Level Term Insurance V 1418 50 97 ren. effective 1 February 1950

If the insurance is renewed, a new allotment in the amount of $3.54 should be established with the month of first payment January 1955 and the present allotment of $2.54 should be discontinued with the month of last payment December 1954 to confirm the administrative change authorized by Headquarters.

4. The necessary Allotment Authorization, Nav S&A Form 545, should be forwarded to Commandant (PS).

5. Advise Commandant (PS) of action that will be taken by you in connection with your National Service Life Insurance.

1-3-55

Encl:
(1) VA Form 9-4457
(2) NavS&A Form 545 (adm)
(3) NavS&A Form 545
(4) VA Form 9-358(4)

B. V. BALL
By direction

MJM:reb

mjm.

PAY ADJUSTMENT VOUCHER
TREAS. DEPT., U.S.COAST GUARD
CG-10104 (1-47)

3272 Date: 10 May, 1948

File or Service No.	Surname	First Name	Middle Initial
143-574	SOLVERSON	Arthur	

Designation	Pay Group Number
BM2	85

TO:

~~Commanding Officer~~ or Commander of 13th CG District

Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station.

If the above-named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER

You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☒) in the pay account of the above-named individual. Your entry in the pay account should show:

Amount	Appropriation	Period
$1.00	2081200.200	7/1 - 12/31/47

Name of Accountable Officer

DISPOSITION: File original with your returns. File triplicate in the individual's service record, and return signed duplicate to Commandant (FA-PR), Coast Guard Headquarters, Washington 25, D. C.

Mail to → Reason

Correct computation of Item 30 (Total charges and checkages) is - - - - $1,108.30
Amount entered under Item 30 - $1,107.30
Underchecked - - - $ 1.00

Discrepancy occurred on pay record closed to 31 December, 1947.

W. H. ROBERTS
By direction

PE-64

Carp

*The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-PR) with a brief statement of the reason for failure to make the adjustment.

Ship or station	Date
Office, Comdr. 13th C.G. District, Seattle, Wash	5/17/48

Adjustment has been made as requested and copy has been returned.

Name and Signature - Officer Making Adjustment

R. L. EDMANDS, ACO, CPC, USCG

Authorized Certifying Officer

A-5723

3-13
FILE

PE-3
9 October 1952
(143-574)

Mr. Arthur Solverson
6528 Earl Avenue, N. W.
Seattle 7, Washington

Dear Sir:

Reference is made to your application for Mustering-Out Payment under Veterans' Readjustment Assistance Act of 1952.

You are advised that this Act does not authorize payment of MOP to personnel transferred or returned to the retired list with retired pay, retirement pay, retainer pay or equivalent pay, unless such personnel are retired for physical disability subsequent to 1 July 1950.

Very truly yours,

B. A. SHAW
Chief, Processing and Records Section
Enlisted Personnel Division, Sta 3-13
By direction of the Commandant

Encls:
(1) Original DD-214
(2) Application for MOP

Mailed
13 OCT 1952
dyd

A.O'DONNELL:ef-return to 3-13

UNITED STATES COAST GUARD

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

18 February, 1952
FILE: PE-3,MM

From: Commandant
To: BM1 Arthur Solverson, (143-574) USCG, Retired, 6528 Earl Ave.,N.W. Seattle 7, Washington.

Subj: Retired Identification Card No. 06777.

1. Your Retired Identification Card No. 06777 is forwarded herewith.

2. It is requested that you acknowledge receipt therefor by signing indorsement provided below.

3. A self-addressed envelope is inclosed for your convenience.

B. A. SHAW,
By direction

Incl:
ID Card No. 06777.
Self-addressed envelope.

Ind: 1

To: Commandant.

Receipt of Retired Identification Card No. 06777 is acknowledged.

Arthur Solverson
(Signature).

FILE 06777.

B.A.S.

FROM:
TO: Commandant

JUN 11 1951

Subject: Armed Forces Identification Card, application for

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

Solverson Arthur (N) ~~143594~~ Ret USCG (Ret)

LAST NAME FIRST NAME MIDDLE NAME SERVICE NUMBER GRADE

Date of Birth 3-12-00 Weight 162 lbs Height 5 ft 11½ inches

Color Hair Gray Color Eyes Blue Blood Type A.

(Optional)

HOME ADDRESS:
6528 Earl Avenue
Northwest
Seattle
Washington

Arthur Solverson
SIGNATURE

GPO DSO 3-257

Retired

I.D. Card No. _____

Ser. No. _____ Date Jan 14-1952

Name SOLVERSON ARTHUR
(Last) (First) (Middle)

Date of expiration of enlistment Retired June 1951

Rank or Rate Retired USCG

Color Hair Gray Eyes Blue

Weight 162 Date of Birth Mar 12 1902 Blood Type A

Ship or Station 6528 East Green Ave 7
Seattle Wash

IDENTIFICATION ENVELOPE 13ND-2142-A

Navy-DPPO 13ND Bremerton, Wash. (E4)1

FILE
B.A.S.

18 February, 1952
PE-3,MM

From: Commandant
To: BM1 Arthur Solverson, (143-574) USCG, Retired, 6528 Earl Ave.,N.W.
Seattle 7, Washington.

Subj: Retired Identification Card No. 06777.

1. Your Retired Identification Card No. 06777 is forwarded herewith.

2. It is requested that you acknowledge receipt therefor by signing indorsement provided below.

3. A self-addressed envelope is inclosed for your convenience.

mailed
2-18-52.

B. A. SHAW,
By direction

Incl:
ID Card No. 06777.
Self-addressed envelope.

Ind: 1

To: Commandant.

Receipt of Retired Identification Card No. 06777 is acknowledged.

_____
(Signature).

SHAW:eb;return to 3-13

UNITED STATES COAST GUARD
Washington 25, D. C.

29 January, 1952

From: Commandant
To: BM1 Arthur Solverson (143-574), USCG, Retired, 6528 Earl Ave.,N.W. Seattle 7, Washington.
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 06777 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

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

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: Arthur Solverson
To: Commandant

Card returned for validating and completion.

Arthur Solverson
Signature

IND-2

From: Commandant
To: BM1 Arthur Solverson, USCG, Retired.

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.) Elsewhere possessed a Retired I. D. Card previously

By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: Arthur Solverson
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).

Arthur Solverson
Signature

GPO DSO 3-258

UNITED STATES COAST GUARD

Address Reply To:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D. C.

PMI
21 June 1951
File:
P19

From: Commandant
To: Arthur Solberson (143-574) BM1 USCG(RET.)
6528 Earl Avenue
Seattle, Washington
Subj: DD Form 214 and Form DD-217 CG; forwarding of

1. DD Form 214, Report of Separation from the Armed Forces of the United States, is being prepared for you, and the preliminary papers necessary for its completion are forwarded herewith. You are requested to fill in the spaces checked on the rough form, sign your name in Item #48 of the smooth fanfold, and return all copies in the inclosed envelope. Upon receipt, DD Form 214 will be completed and the original, seventh, and eighth copies forwarded to you for your permanent possession.

2. Form DD-217 CG is also inclosed. You are requested to sign and forward it to this Section. The Form will be returned to you after it has been certified and laminated. **Your signature should be placed on the back of Form DD 217 CG in space provided therefor.**

O. C. HIMDH
By direction

Completed & mailed Back July 10, 1951

Incls.
As noted

ALLOWANCES AUTHORIZATION

OR DISCONTINUE
s. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO. 841776

C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 964,741 (Number ↑)
		SERVICE NO. 143-574	SERVICEMAN'S NAME (Last, first, middle) SOLVERSON, Arthur	RATE BM2 / PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	X X X	88	P	11-43	Clara E. Solverson,	Wife			A					
X X X				11-49	6516 Eighteenth Avenue, Northwest Seattle, Washington									X X X
	X X X				George H. Solverson,	Son	3-33		A					
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X

DISCONTINUANCE

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

REMARKS

FA Amount $80.00 Lump sum checkage FA 10-49 thru 11-49 $160.00

Entitlement ceased 9-49

ITEM SUSPENDED
CHECKAGE (LL)
LAST MONTH CHECKAGE
COMPUTED BY
EDITED BY
REVIEWED BY

DATE mlh 2 December 1949

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

BUPERS COPY

S & A 66

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION #: 964,741

SOLVERSON	Arthur	- -	(143-574)	B.M.2c.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Clara E. Solverson, 6516 Eighteenth Avenue Northwest, Seattle, Washington.	Wife		
A		1	George H. Solverson, Same.	Son	3	33

22.00

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE. None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE. None

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

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION.

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

DATE 24 November, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

BUREAU OF PERSONNEL COPY

NAVCG-9731

Date: 2 December 1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

SOLVERSON, Arthur	143-574 BM2	13th CGD
Name	Rating	Unit

Class A $22.00 Began: November 1943
Ter: September 1949

Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 thru 11-49 $160.00

S. K. FRICK
Chief, FA Section

mlh 1920

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

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

SOLVERSON, ARTHUR	143-574	BM2
(NAME)	(SERVICE NO.)	(RATING)

TO: Chief, Military Morale Division, C. G. Headquarters, Washington 25, DC

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

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

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

9/30/49
DATE OF CHANGE IN STATUS

"88 - Career Compensation Act of 1949".
NATURE OF CHANGE IN STATUS

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

C. R. MATHEWSON, PACLK, USCG A.C.O. 1382
(Signature of Disbursing Officer) (Symbol No.)

COAST GUARD PAY AND DISBURSING OFFICE

Purp.	Stop After	Mfirst P.	Gov't. Cont.	FA AMT.	Name of allottee
FA-A	11/49	11/43	$58.00	$80.00	Clara E. Solverson Lump sum checkage FA-10/49 thru 11/49 $160.00. Ent. ceased 9/49.

CG Headquarters

Washington 25, D. C.

2 December 1949
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: NOVEMBER1949

Govt. Cont. $58.00

Chief, Military Morale Division

NAVCG 2533
U. S. COAST GUARD
October 1937

w/ Mrs Taylor

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

FILE
T. LeB

ret 6/1/51
as BM1
143,574

6528 East Ave N. W
(Unit) Home
Seattle Washington
(Place)
31 May, 1951

Upon being retired from active duty on 31 May, 1951, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Clara Emily Adkerson Wife	

I hereby certify that the above signatures were signed in my presence this 31 May, 1951

(Signature of certifying officer and title)
Chief Bosn

Arthur Adkerson
(Signature of retired person)

143-5741 BM1
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 7 June, 1951

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

By direction,

T. LE BLANC
Lt. Commander, USCG
(Rank)

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

EXAMINATION OF ENLISTED PERSONNEL
UNITED STATES COAST GUARD

RECEIVED
DEC 19 1950
13th COAST GUARD DISTRICT
MAIL ROOM (oc)

NAVCG-2779 (REV. 6-44)

UNIT	LOCATION	DATE
CG Group, Neah Bay (Slip Point Light Station).	Clallam Bay, Washington	12-18-50

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RATING
SALVERSON, Arthur (n)	(143-574)	BM2

TOTAL ACTIVE SERVICE 33 yrs 11 MONTHS
SERVICE SINCE LAST ADVANCEMENT OR REDUCTION IN RATING 9 yrs 6 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS six MONTHS)

	PROF. IN RATING	CONDUCT	ALM
MINIMUM	3.5	4.0	3.5
AVERAGE	3.5	4.0	3.5

INSTITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)
None

RESULTS OF EXAMINATION

PRACTICAL FACTORS — PAR. OF PERS. BULLETIN NO. 76-44		PROFESSIONAL SUBJECTS — PAR. OF PERS. BULLETIN NO. 76-44	
SUBJECT OR SUB-PARAGRAPH NO.	MARK	SUBJECT OR SUB-PARAGRAPH NO.	MARK
PERSONNEL MANUAL		PERSONNEL MANUAL	
6-A-2 a (1) through (16)	3.4	6-A-2 b (1) through (11)	3.3
6-A-5 a (1) through (18)	3.4	6-A-5 b (1) through (15)	3.3

AVERAGE MARK 3.35

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ADVANCEMENT OR CHANGE TO THE RATING OF _____ AND {WAS / WAS NOT} FOUND QUALIFIED AS INDICATED ABOVE

Joseph Slovick, Jr., BMC (L) — (Signature and rank of member)

A. F. JENSEN, BOSN, USCG OinC — CG Group — (Signature of commanding officer) Neah Bay

1. (APPROVED) (NOT APPROVED) ADVANCEMENT OR CHANGE (IS) (IS NOT) AUTHORIZED, OR—
TO: Commander, 13th Coast Guard District (p)
1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

A. F. JENSEN, BOSN, USCG OinC — CG Group — (Signature of commanding officer) Neah Bay

IND. 2 From: Comdr., 13th CGD(p)
To: Commandant (PE-1)
UNIT
DATE 20 December 1950

Forwarded, approved.

C. D. EUBANKS (Signature and title)
By direction

INSTRUCTIONS

1. This report, properly executed, shall be prepared in each case of examination for advancement or change to or in a petty officer rating, or recommendation therefor.
   (a) Marks, on a scale of 4.0, shall be assigned for each subject.
   (b) If required, stenographic notes, transcription of same, and text used in dictation shall be attached to the report of examination.
   (c) In the event that the unit to which the person is attached is also the unit authorized to effect the specific advancement or change in rating, the completed and signed report of examination shall be securely attached to Headquarters' copy of Form 2599 reporting the change.
   (d) In the event that the unit to which the person is attached is not authorized to effect the advancement or change in rating, the report of examination shall be forwarded, without letter of transmittal to the authorizing unit. The authorizing unit will indicate in space provided whether or not the advancement or change is authorized and will return the form to the forwarding unit. The form will then be attached to Headquarters' copy of Form 2599 reporting the change, if authorized. In the case of advancements specifically authorized by the Commandant, the form will be retained at Headquarters and therefore need not be attached to Form NAVCG 2599 reporting the change.
2. Examinations will be based upon the specific requirements for the specific rating desired, as indicated in current instructions, and not on other or additional duties performed.

16—40409-1 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

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

PE-1 [illegible]

FILE: 10 January, 1951

From: Commandant
To: Commander, 13th CG District (p)

Subj: Personnel; advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the below-named men are advanced to the ratings indicated, effective 16 January, 1951, provided their conduct and performance of duty since date of examination have been satisfactory. If advancements are not justified, the Commandant (PE) will be immediately advised.

[illegible], Gene (274-166) MM3 to MM2 (provisional)
FARRELL, Charles L. (279-560) EM3 to EM2 (provisional)
GOUGH, Richard G. (257-741) MM3 to MM2 (provisional)
LESSLEY, Buell C. (276-418) YN2 to YN1 (provisional)
MYERS, Richard H. (276-768) SK3 to SK2 (provisional)
~~RAIVESON, Arthur (143-574) EM2 to EM1 (provisional)~~
WISEMAN, John R. (279-877) EM3 to EM2 (provisional)
YATES, Glen O. (266-743) MM3 to MM2 (provisional)

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Article 561 (1), CG Regulations as the authority therefor.

50
4-1-1
41-6-19
9-6-A2

E. H. BUELLER
By direction

CORRESP; jhujem ret to 3-11

B 7000 TREASURY-CGHQ-WASH.,D.

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

1770
16 August 1985

Mr. George Solverson
6528 Earl Avenue NW
Seattle, WA 98117

Dear Mr. Solverson:

Information has been received at Coast Guard Headquarters of the death of your father, BM1 Arthur SOLVERSON, USCG, Retired. I wish to extend to you and your family my sincere sympathy in your loss.

The enclosed forms are forwarded to aid you in filing for burial benefits and a headstone or marker to which there may be entitlement.

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

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

In the event you have in your possession any uncashed retired pay checks, these should be returned to Coast Guard Headquarters for inclusion with the final retired pay due. Any other uncashed Government checks should be returned to the issuing agency.

A pre-addressed envelope is enclosed for your convenience.

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. 40-1330
(3) Form No. SF-1174
(4) Envelope

EMWHITEHEAD:EMW

16 August 1985

Cond 8/16/85

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

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 9 September 1985

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
SOLVERSON, Arthur	143 574	BM1, Retired	531 26 8768

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

ESTAB'D DATE OF DEATH: 8 August 1985

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
George N Solverson 536-28-6464	SON	

4. Is designation of beneficiary for unpaid compensation on file with service? Yes (Yes or No)

5. Are you named beneficiary? Yes (Yes or No)

6. Name, rank or rating, service number, and social security number of decedent: BM1 Arthur Solverson 531-24-8768

7. Date of death: 8-8-85

8. Name of service

9. Decedent's domicile

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? _____

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
George R. Solverson	100%	son	6528 Earl Avenue NW Seattle, WA 98117

☐ **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
(3) Funeral Bill

TYPED NAME AND TITLE OF APPROVING AUTHORITY	SIGNATURE
R. R. HARBER Chief, Retired Military Affairs Branch	

(continued on other side)

Standard Form 1174
June 1972

PREVIOUS EDITIONS MAY BE USED

KNW 9/9/85

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased 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
George N Solverson 536-28-6464	SON	
		4. Is designation of beneficiary for unpaid compensation on file with service? yes (Yes or No)
		5. Are you named beneficiary? yes (Yes or No)
6. Name, rank or rating, service number, and social security number of decedent BM1 Arthur Solverson 531-24-8768	7. Date of death 8-8-85	8. Name of service
		9. Decedent's domicile

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? _____

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

(Continued on other side)

Standard Form 1174
June 1972
4 GAO 26.1

Part D

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

I/we have been duly appointed _____ of the estate of the deceased, as evi-
(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 George H Sohlenz 8-27-85 X _____ _____
(Signature of claimant) (Date) (Signature of claimant) (Date)

6528 Earl Ave NW _____
(Street address) (Street address)

Seattle Wa 98117 _____
(City, State, and ZIP code) (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

(TWO WITNESSES)

We certify that we are well acquainted with the above _____ *and that*
(Name(s) of claimant(s))

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

X Jonny A. Scott X Bill M Chan
(Signature of witness) (Signature of witness)

_____ _____
(Street address) (Street address)

_____ _____
(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

SEATTLE/KING COUNTY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL STATISTICS SECTION
DIVISION OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

6738 — LOCAL FILE NUMBER

146-8 — STATE FILE NUMBER

DECEDENT

1 NAME FIRST, MIDDLE, LAST	2 SEX	3 DEATH DATE (MO DAY YR)
ARTHUR SOLVERSON	Male	Aug. 8, 1985

4 RACE (WHITE, BLACK, AM IND, ETC) (SPECIFY)	5 AGE - LAST BIRTH DAY (YRS)	6 UNDER 1 YEAR: MOS / DAYS	7 UNDER 1 DAY: HOURS / MINS	8 BIRTHDATE (MO DAY YR)	9 COUNTY OF DEATH
White	85			Mar. 12, 1900	King

10 CITY, TOWN OR LOCATION OF DEATH	11 PLACE OF DEATH (☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0 ☐HOME 2 ☐IN TRANSPORT 3 ☐EMERG RM/OUT PTN 4 ☐HOSP 5 ☐NUR HOME 1 ☐OTHER PLACE	12 RECEIVED EMERGENCY CARE? AMBULANCE, FIRE/TR, PARAMED?
Seattle	6528 Earl Ave. N.W.	No (YES/NO)

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)	14 CITIZEN OF WHAT COUNTRY	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16 SPOUSE (IF WIFE GIVE MAIDEN NAME)	17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)
Minnesota	U.S.A.	Widowed	Clara A. Miller	Yes

18 SOCIAL SECURITY NO	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20 KIND OF BUSINESS OR INDUSTRY
531-26-8768	U.S. Coast Guard-Retired	U.S. Military Service

21 RESIDENCE - NUMBER AND STREET	22 CITY/TOWN OR LOCATION	23 INSIDE CITY LIMITS? (YES/NO)	24 COUNTY	25 STATE
6528 Earl Ave. N.W.	Seattle	Yes	King	Washington

PARENTS

26 FATHER - NAME FIRST, MIDDLE, LAST	27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST
u	u

DISPOSITION

28 INFORMANT - NAME	29 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP)
George Solverson	6528 Earl Ave. N.W., Seattle, Washington 98117

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY/CREMATORY - NAME	33 LOCATION - CITY/TOWN, STATE
Burial	Aug. 10, 1985	Pacific Lutheran Cemetery	Seattle, Washington

34 FUNERAL DIRECTOR SIGNATURE	35 NAME OF FACILITY	36 ADDRESS OF FACILITY
X Janet L. Bedier	Wiggen & Sons Mortuary, Inc.	2003 N.W. 57, Seattle, Wa. 98107

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X [signature] M.D.

38 DATE SIGNED (MO DAY YR): August 8, 1985

39 HOUR OF DEATH (24 HRS): ? A.M.

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)
Michael J. Lippman, M.D., 10501 Meridian No., Seattle, Washington 98133

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C).)

(A) Cerebral Arrest — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(B) Hypertensive — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(C) — INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY? (YES/NO): No

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): NJA 2010-85

51 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY)	52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURED

55 INJURY AT WORK? (YES/NO)	56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)	57 LOCATION - STREET OR RFD NO, CITY/TOWN, STATE

58 REGISTRAR SIGNATURE
X Thomas M. Swarts

59 DATE RECEIVED (MO DAY YR): AUG 13 1985

I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

R. M. T. Williams

By [signature]

Seattle, Wash. AUG 14 1985

DSHS 9-641A (5/85)

Not a certified copy unless raised seal of the Health Department and original countersignature appear hereon.

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

SEATTLE-KING COUNTY

DEPARTMENT OF PUBLIC HEALTH

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER [illegible] — STATE FILE NUMBER

1 DECEASED—NAME (FIRST / MIDDLE / LAST)	Clara E. Solverson	2 SEX	Female	3 DATE OF DEATH (MONTH, DAY, YEAR)	9-1-71
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	White	5a AGE—LAST BIRTHDAY (YEARS)	73	5b UNDER 1 YEAR (MOS. / DAYS)	5c UNDER 1 DAY (HOURS / MIN.)
6 DATE OF BIRTH (MONTH, DAY, YEAR)	12-2-1907	7a COUNTY OF DEATH	King		
7b CITY, TOWN, OR LOCATION OF DEATH	Seattle	7c INSIDE CITY LIMITS (SPECIFY YES OR NO)	No	7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	Pinehurst Park Royal
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Germany	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Arthur				
12 SOCIAL SECURITY NUMBER	533-24-1731	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Housewife	13b KIND OF BUSINESS OR INDUSTRY	
14a RESIDENCE—STATE	Wash.	14b COUNTY	King	14c CITY, TOWN, OR LOCATION	Seattle
14d INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	14e STREET AND NUMBER	6528 Earl N.W.		
15 FATHER—NAME (FIRST / MIDDLE / LAST)	No. Record	16 MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)	No Record		
17a INFORMANT—NAME	Arthur Solverson	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	6528 Earl Ave. N.W.		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE (a)	Brain Tumor (Glioblastoma)	6 Months
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		

O.K. GALE E. WILSON, M.D. COUNTY MEDICAL EXAMINER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): No — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b DATE OF INJURY (MONTH, DAY, YEAR)	20c HOUR	M.	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e INJURY AT WORK (SPECIFY YES OR NO)	20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	7 12 71	21b TO (MONTH, DAY, YEAR)	9 1 71	21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	8 30 71
21d I DID NOT VIEW THE BODY AFTER DEATH.	Did Not	21e DEATH OCCURRED (HOUR)	11:45 M.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
22a CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH M.		22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH / DAY / YEAR / HOUR)	M.

23a CERTIFIER—NAME (TYPE OR PRINT)	John R. Irwin, MD	23b SIGNATURE	John R. Irwin MD	DEGREE OR TITLE	23c DATE SIGNED (MONTH, DAY, YEAR) 9/2/71
23d MAILING ADDRESS—CERTIFIER	818 NE 145th	STREET OR R.F.D. NO.	Seattle	CITY OR TOWN	Woodinville STATE Wash.

24a BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial	24b CEMETERY OR CREMATORY—NAME	Pacific Lutheran	24c LOCATION (CITY OR TOWN / STATE)	Seattle, Washington
24d DATE (MONTH, DAY, YEAR)	9-4-71	25a FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Wittelstedt Mortuary Seattle, Washington 98107		
25b FUNERAL DIRECTOR—SIGNATURE	Clifton B. Johnson	26a REGISTRAR—SIGNATURE	S.P. Lehman M.D.	26b DATE RECEIVED BY LOCAL REGISTRAR	SEP 2 [illegible]

I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

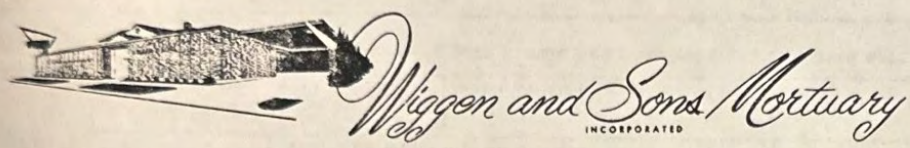
S. P. Lehman, M.D.
Seattle-King County Registrar

By T. J. Hurley

SEP 7 1971

Seattle, Wash.

CSS 13 20 7



Wiggen and Sons Mortuary
INCORPORATED

2003 N. W. 57TH STREET • SU 2-4700 • SEATTLE, WASHINGTON 98107

Seattle, Washington, August 16, 19 85

George Solverson

6528 Earl Ave. N.W.

Seattle, Wa. 98117

69-127

To Services Rendered ARTHUR SOLVERSON Aug. 10, 1985

Professional Services Funeral Director/Staff	$	395.00
Embalming and Preparation		195.00
Facilities & Equipment		395.00
Automotive Equipment		190.00
Casket		645.00
Washington State Sales Tax		50.96
Clergy Honorarium		50.00
Newspaper Notice		38.00
Certified Copies of Death (4)		24.00
Total		$1,982.96
8/15/85 Rec'd from George Solverson		-1,982.96
Balance		-0-

PAID
AUG 15 1985
WIGGEN & SONS MORTUARY

Received Payment

By Edward F. Wiggen

1% per month interest on outstanding balance after 60 days. Annual percentage rate 12%.

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

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: FINAL	DATE PREPARED: 24 SEPT 1985

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

SOLVERSON, Arthur (n) 143 574 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 8 August 1985
Place: Seattle, WA
Cause: Cardiac arrest

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

12 March 1900 Willmar, MN

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

NOT APPLICABLE

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

531 26 8768 E-6 over 26 years service $1405.20 per month

6. DUTY STATUS

RETIRED: 1 June 1951 30 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mr. George H. Solverson, son, 6528 Earl Avenue, NW, Seattle, WA 98117 (1)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

CCGD THIRTEEN Seattle, WA - 12 August 1985

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

NOT REGISTERED 27 June 1924 - Portland, OR - USCG

11. PRIOR SERVICE DATA ☒ YES ☐ NO

U. S. Navy #327 86 05

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 Chief, Retired Military Affairs Branch

DD FORM 1 MAR 80 1300

jlj

HH 4/25/85