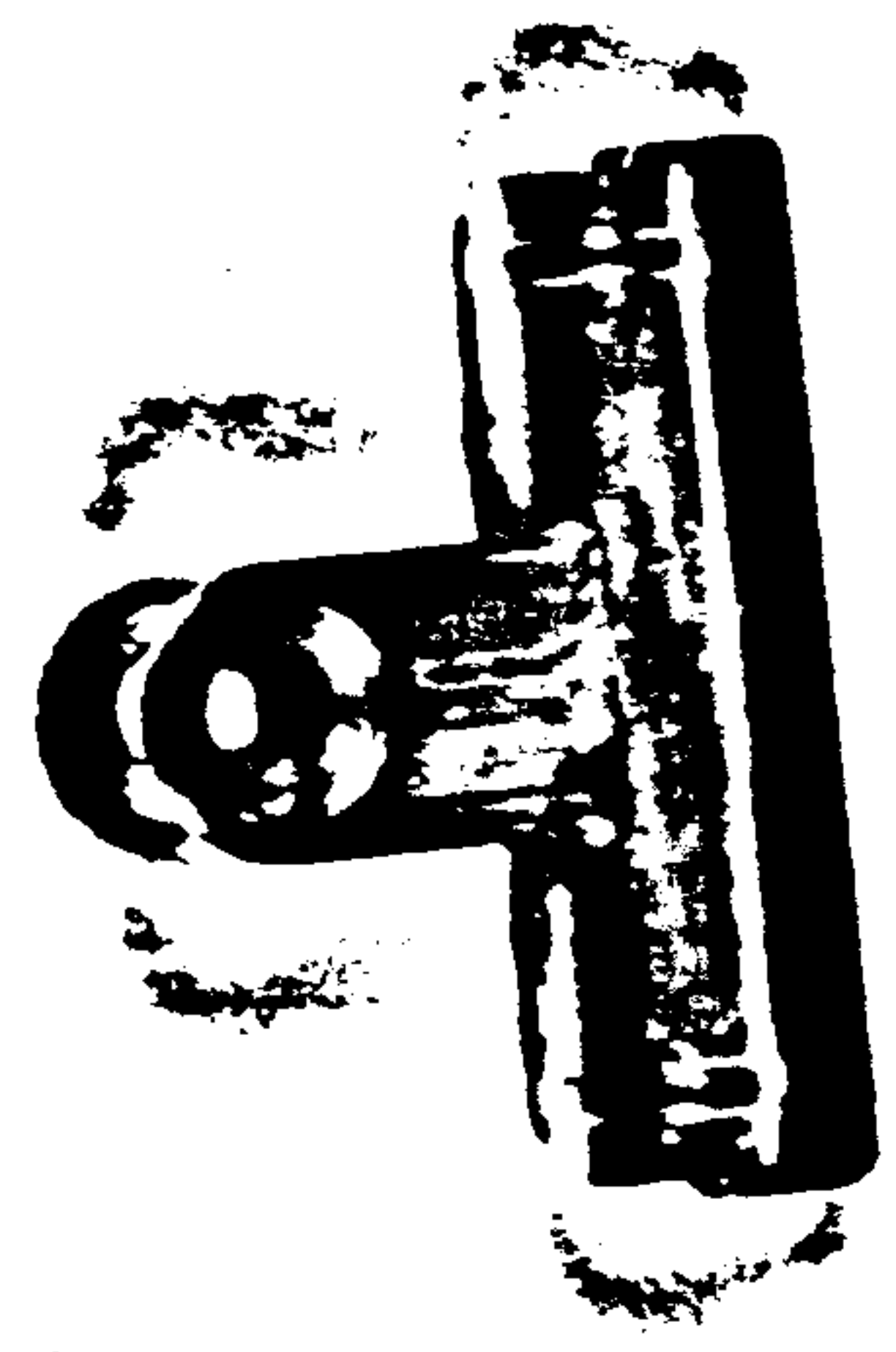
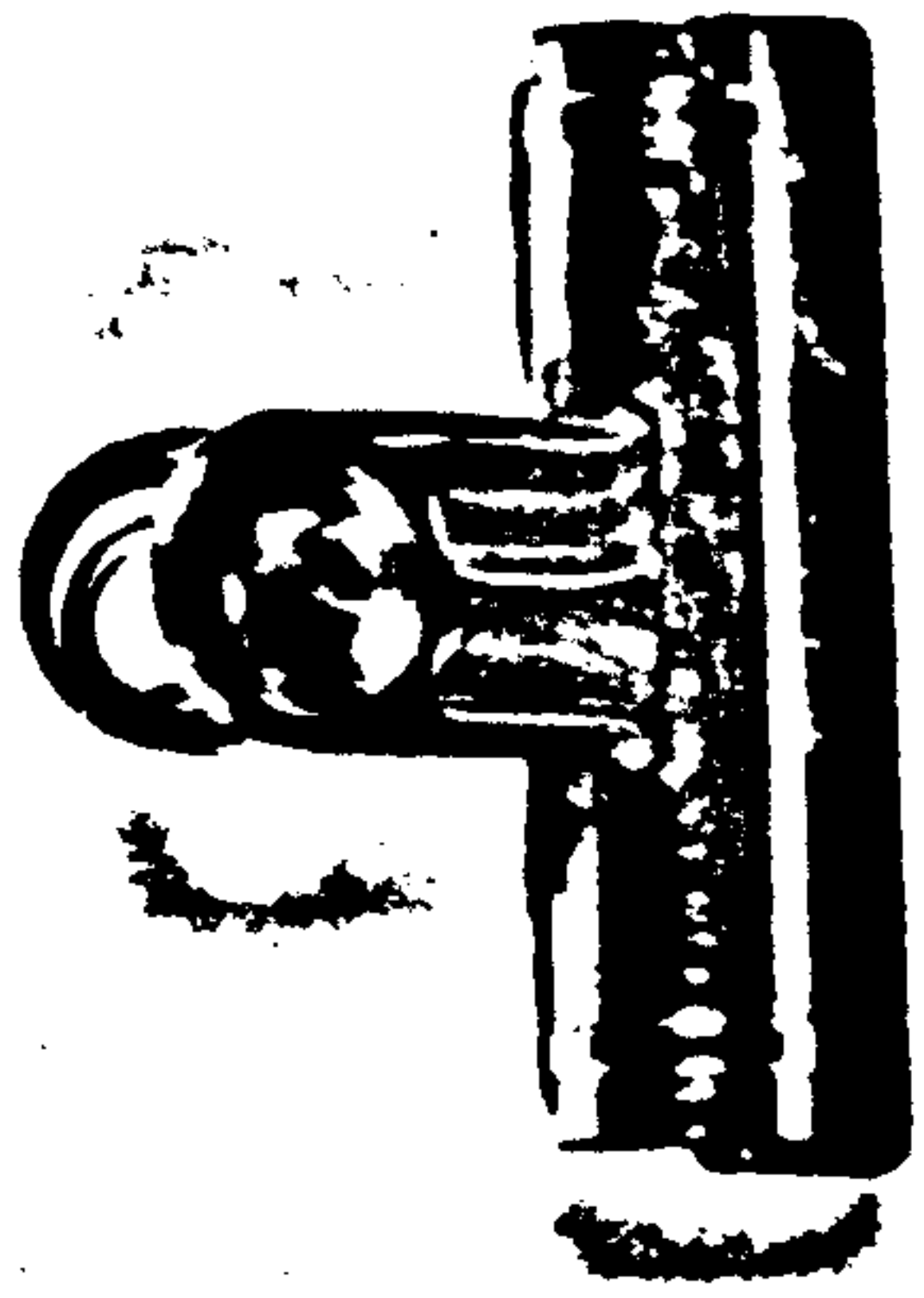
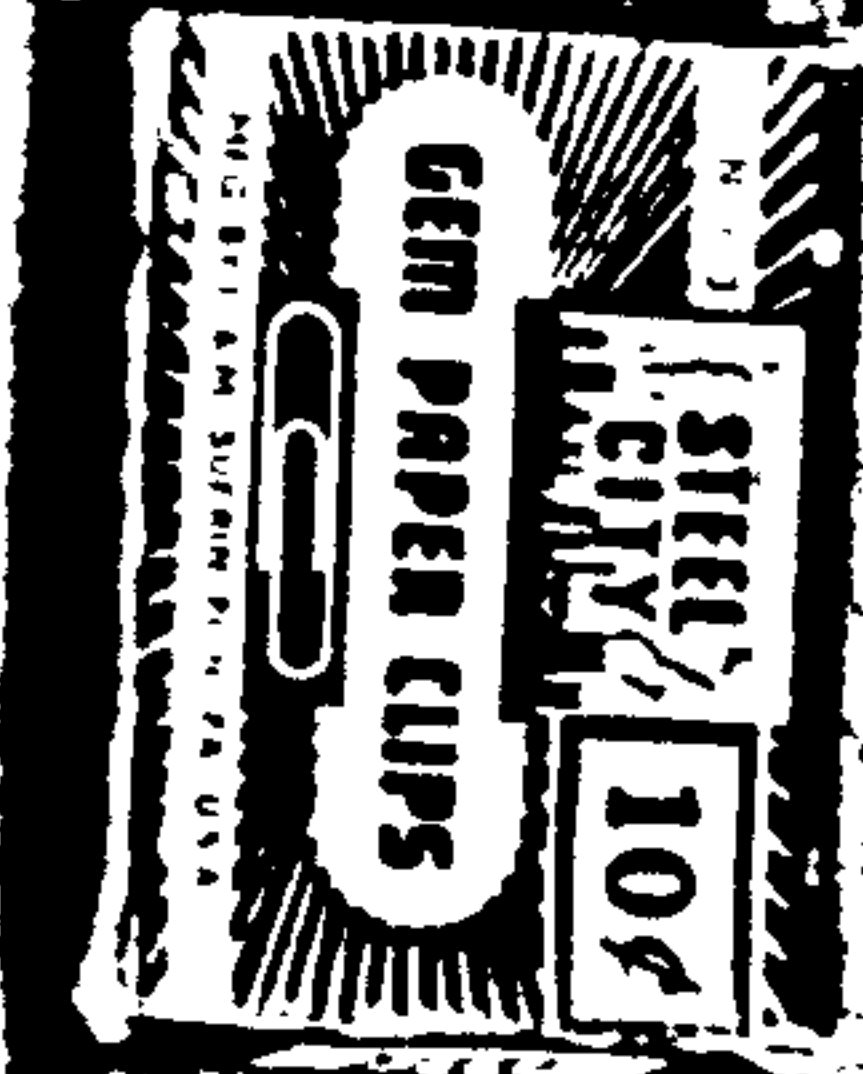


A-72



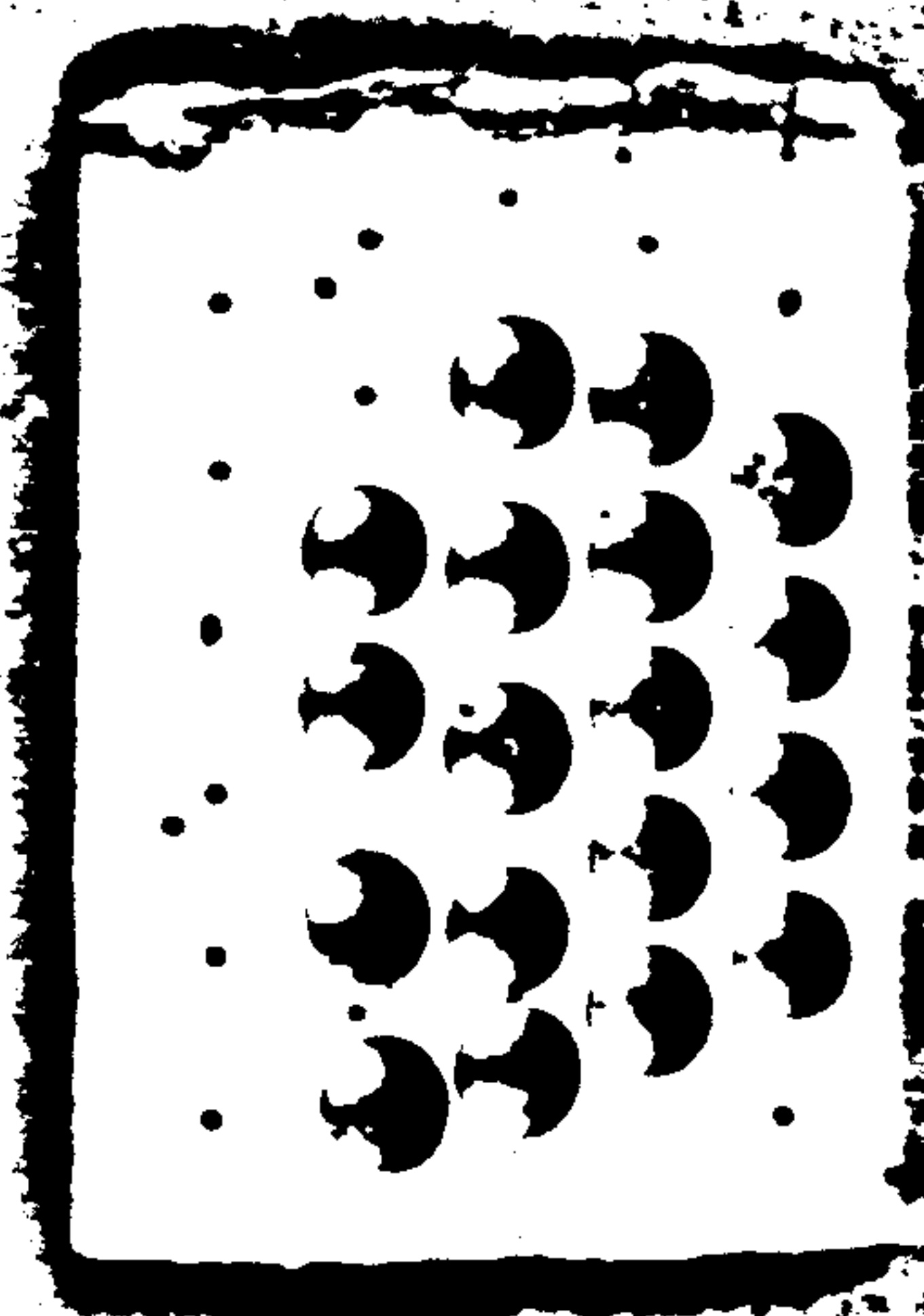


A-73





A-774











# KING OSCAR KIPPER RECIPES

## KIPPER FRICASSEE

1 can KIPPER SNACKS

1/2 cup butter, 1 cup flour, 1 cup milk, 1/2 cup small onion, 1-2 carrots, 1/4 celery root, 2 stalk parsley, 1/2 tsp grated nutmeg, 1/2 tsp pepper, 1/2 tsp salt.

Make a white sauce of butter, flour and milk. Boil vegetables in salted water until soft, cut into pieces, add to sauce together with kippers, sliced onion and finely chopped parsley. Add salt, pepper and nutmeg and bring to a boil. (serves 2)

## KIPPER HASH

1 can KIPPER SNACKS

3 boiled potatoes, 1/2 small onion, 1/2 tsp pepper, 1/2 tsp salt, 1/2 tsp grated nutmeg, 1/2 cup butter, 1/2 cup flour, 1 1/4 cup milk.

Make a white sauce of butter, flour and milk. Cut kippers, onion and potatoes into small pieces and mix into sauce. Add seasoning and bring to a boil. (serves 2)

## KIPPER OMELETTE

1 can KIPPER SNACKS

1-2 eggs, 3 tbsp milk, pinch of salt.

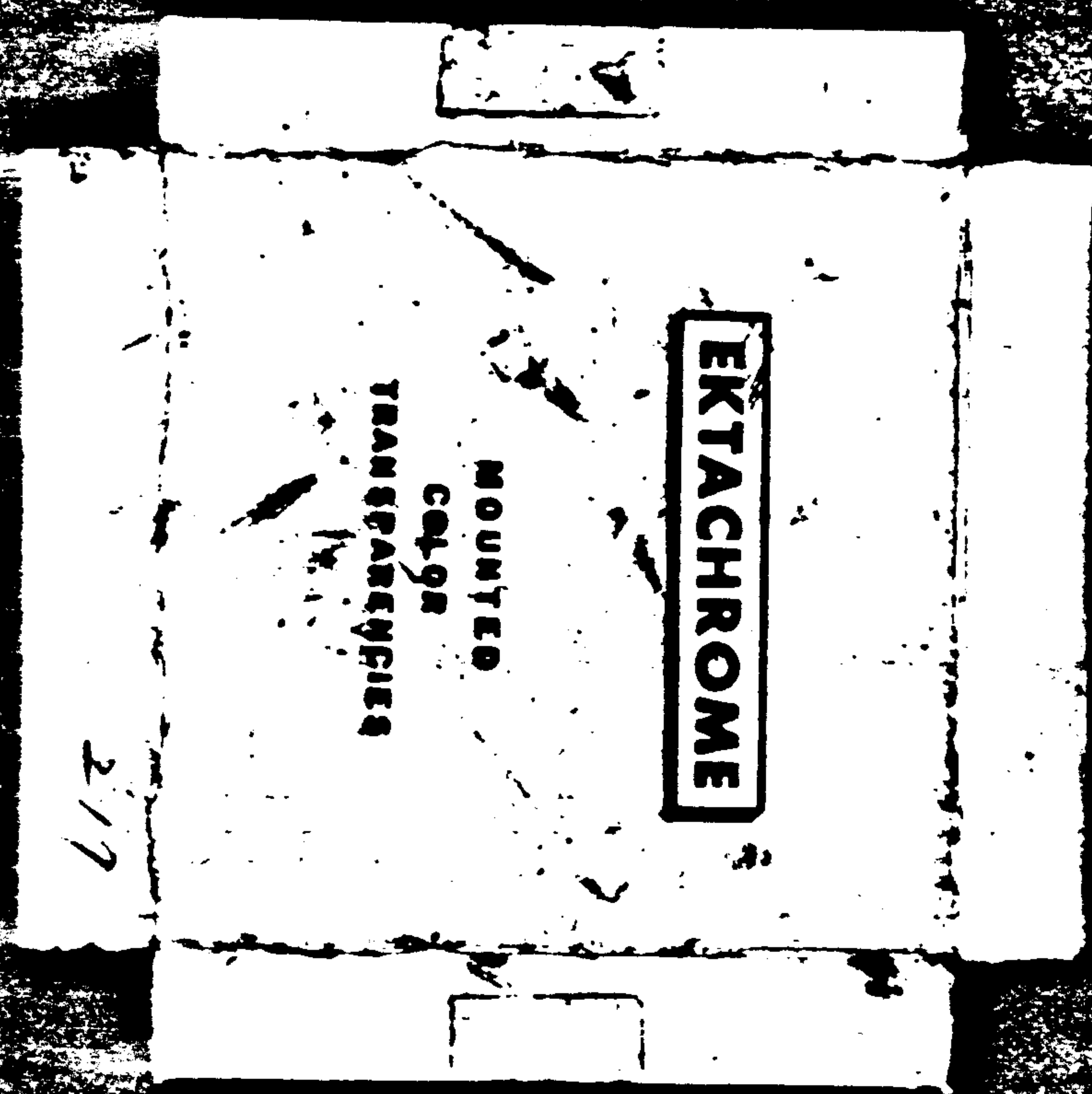
Beat eggs, milk and salt well together, add kippers and fry together slowly. (serves 2)



KING OSCAR BRAND



A-77





11

A-180



UV O K F A

W PQ L G B

XY R M H C

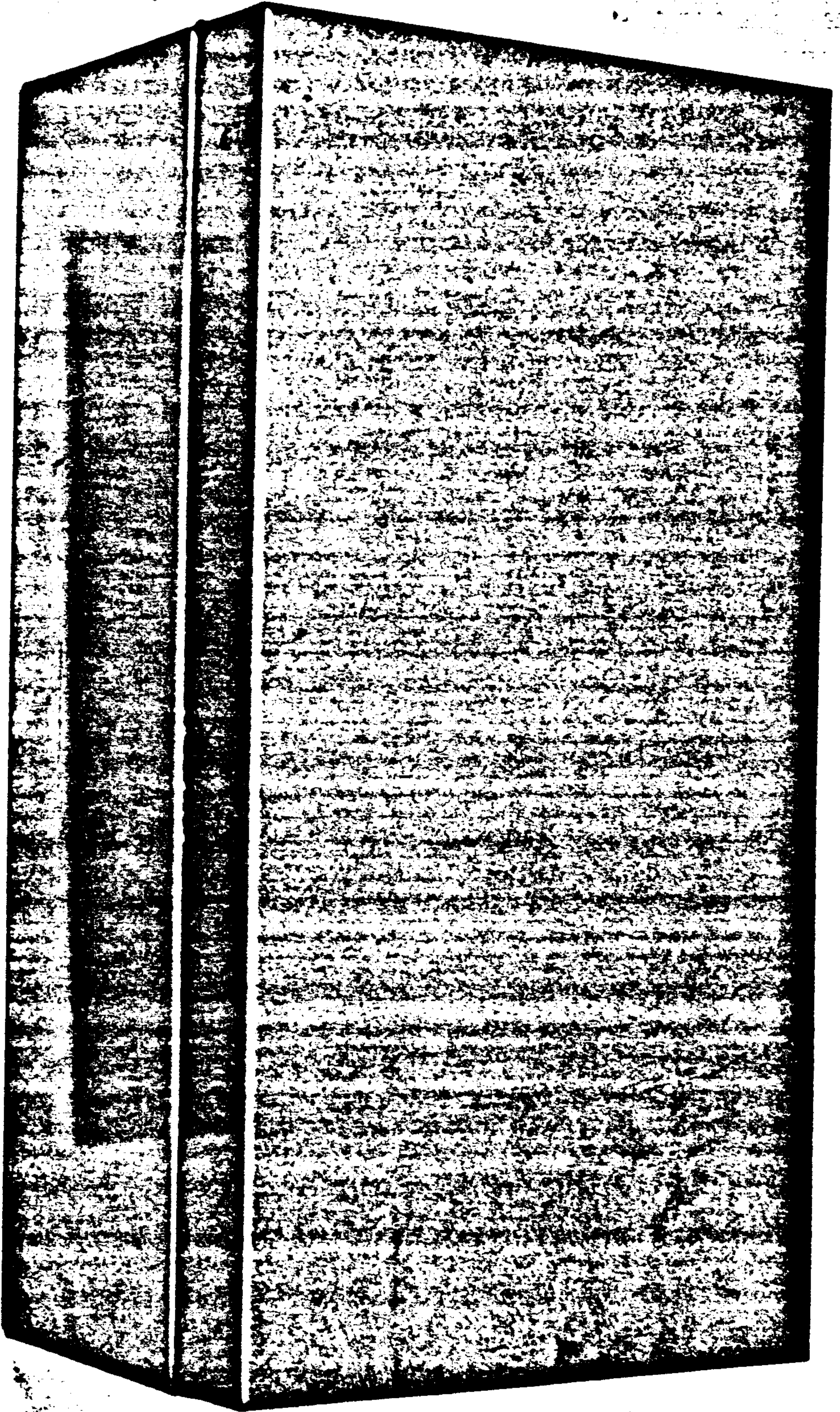
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T N J E

A-19



A-80



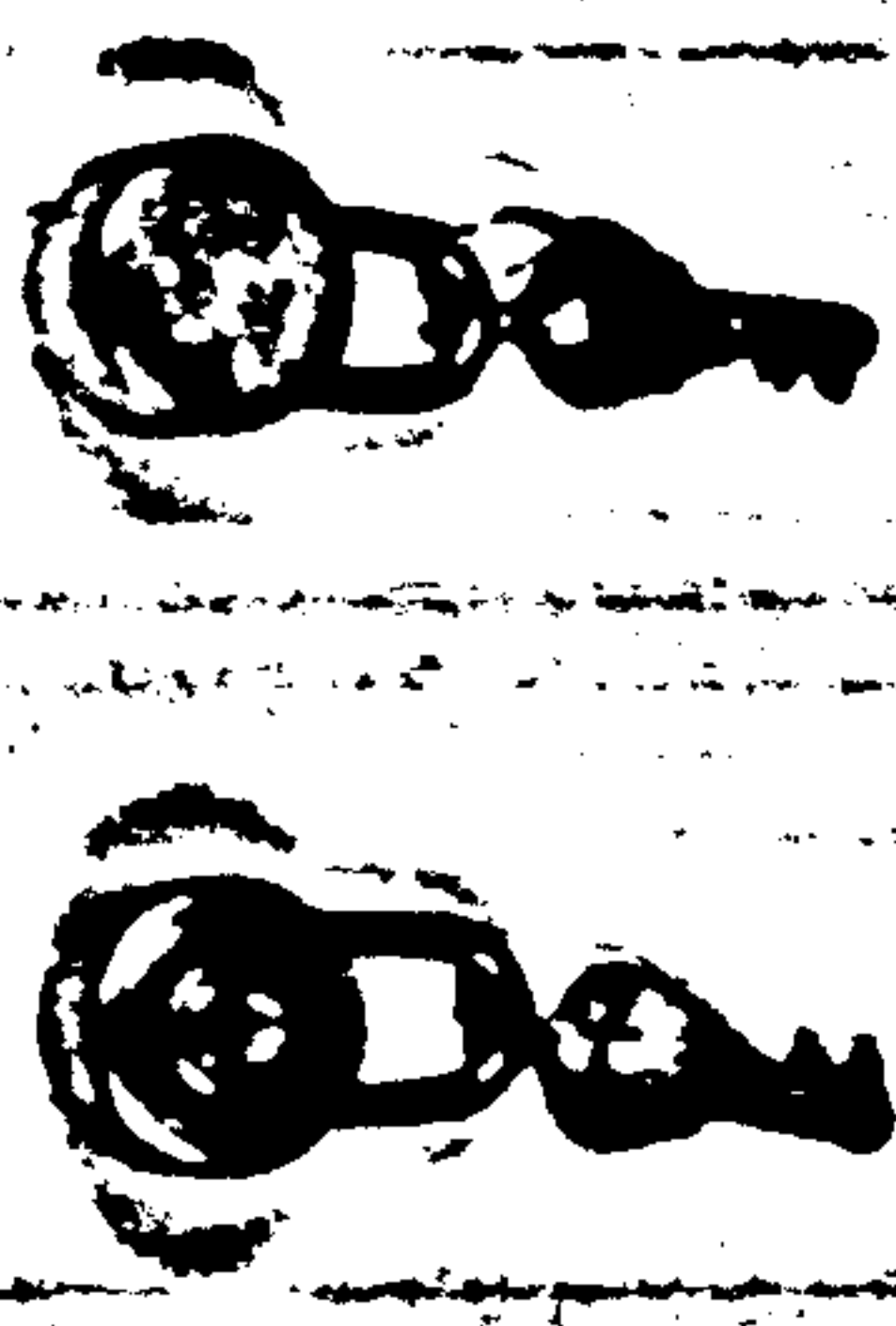


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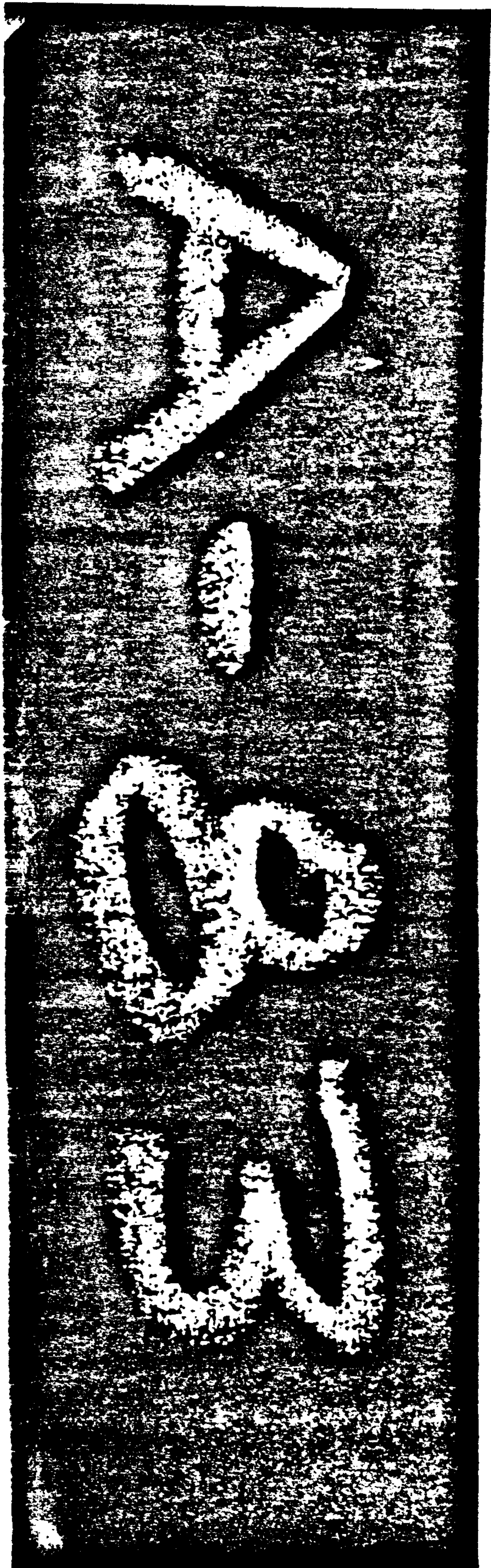


200-A





Fair Play for Cuba





**Fair Play for Cuba**



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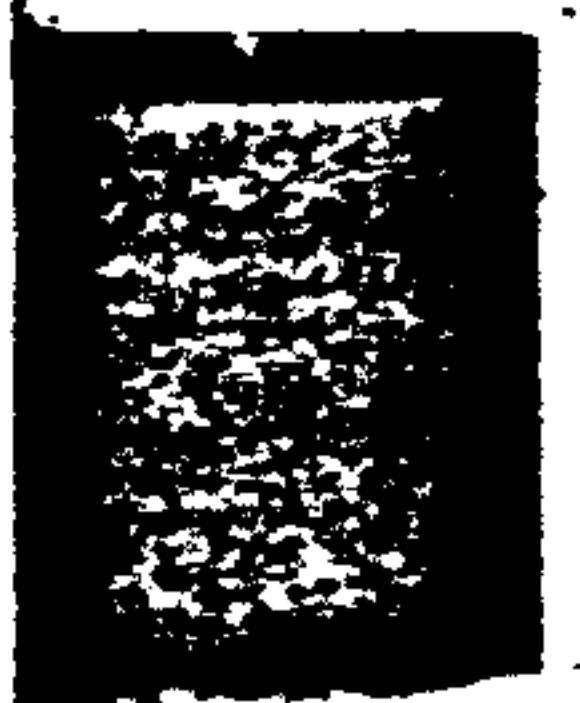


A-8-17





B1 THRU B3





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191



B





U.S. FORCES, JAPAN  
( 〇 〇 〇 〇 )  
IDENTIFICATION CARD  
( 〇 〇 〇 〇 〇 〇 )

OSWALD, LEE H. ( 〇 〇 〇 〇 )  
Grade ( 〇 〇 〇 ) 165 3230  
PVT  
Occupation ( 〇 〇 〇 〇 )  
MACB-1 MAG-11 1st MAW  
*Lee H. Oswald*  
FC- 〇 〇 〇 〇

(9)

FAIR PLAY FOR CUBA COMMITTEE  
NEW ORLEANS CHAPTER

Name L: H: OSWALD

Signature *Lee H. Oswald*  
JUN 15 1963 O J Hickell  
Issued Chapter President

(8)

SOCIAL SECURITY ACCOUNT NUMBER  
433-54-3937  
HAS BEEN ESTABLISHED FOR  
LEE HARVEY OSWALD  
SIGNATURE  
FOR SOCIAL SECURITY AND TAX PURPOSES - NOT FOR IDENTIFICATION

ITEM A

SELECTIVE SERVICE SYSTEM  
REGISTRATION CERTIFICATE

Lee Harvey OSWALD  
SELECTIVE SERVICE NO. 11A 391532  
3121 West 5th St.  
Fort Worth 7 Tarrant Tex.  
"Oct. 18, 1939" New Orleans, La.  
WAS ONLY REGISTERED ON THE 14 day of Sept. 59  
*Michael J. Bucy*

*Lee H. Oswald*

(6)

CERTIFICATE OF SERVICE  
ARMED FORCES OF THE UNITED STATES

THIS IS TO CERTIFY THAT  
LEE HARVEY OSWALD 165300  
PROBABLY SERVED ON ACTIVE DUTY IN THE  
United States Marine Corps

(4)

Lee Oswald, Mr. Lee Harvey  
A. Mrs. E. M. Elzabeth  
City Dallas  
Signature *L. H. Oswald*  
Address Same  
City  
School or Business Jagers-Chiles-Stoyal  
Name Jack L. Stoyal  
Home Address 1916 Stevens Forest Dr.  
Phone NHB-8997 Extension 12-7-65  
DALLAS PUBLIC LIBRARY OF  
(See Reverse Side)

(10)

(1)



COLOR OF EYES **Blue**      COLOR OF HAIR **Brn**  
 COMPLEXION **Med.**  
 HEIGHT **5** FT. **11** IN.      WEIGHT **150**

**TEXAS LOCAL BOARD NO. 114**  
**SELECTIVE SERVICE SYSTEM**  
**RM 267, 300 W. WALLEY ST.**  
**FORT WORTH 4, TEXAS**

(LOCAL BOARD STAMP)  
 THE LAW REQUIRES YOU TO HAVE THIS CERTIFICATE IN YOUR PERSONAL POSSESSION AT ALL TIMES FOR IDENTIFICATION AND TO VERIFY YOUR LOCAL BOARD OF SELECTIVE SERVICE.      GPO: 1953-O-281008

(6)

**PERIOD OF ACTIVE DUTY**  
 FROM **24 October 1956**  
 TO **11 September 1958**

NAME **Richard J. Reynolds**  
 GRADE **1st Lt. USAF**  
 BRANCH **USAF**

U.S. AIR FORCE  
U.S. AIR FORCE

(4)

**YOU WILL WANT TO KNOW**

1. This card may be used at any agency of the library system and must be presented when taking any materials out of the library. For each use it is charged for a temporary identification form if the borrower's card is not presented.
2. Each borrower is held responsible for all materials drawn on his card and for all charges accruing on the same.
3. Borrowers will please notify the library of any change of address.

**THE BORROWER IS ADVISED NOT TO LEND HIS CARD TO ANYONE.**

ADDRESS (SEE 1)  
 ADDRESS (SEE 1)  
**18 October 1939**  
 SERVICE (SEE 2)  
**00646**  
**8 May 1958**  
 GRADE (SEE 3)  
**Adjutant**

(9)

(Blank area for stamp or signature)

(8)

**KEEP this card. SIGN it immediately. SHOW it to your employer. Mention the number in all letters about your account. If you lose this card apply for a duplicate, not a new number.**  
 Once a year you can get a statement of wages credited to your account. Get a form for this purpose from any Social Security Administration District Office.  
 If you change your name notify the nearest Social Security Administration District Office immediately.  
**TELL YOUR FAMILY TO NOTIFY THE NEAREST SOCIAL SECURITY OFFICE IN THE EVENT OF YOUR DEATH. IT IS ADVISABLE TO GET IN TOUCH WITH A SOCIAL SECURITY OFFICE WHEN YOU REACH RETIREMENT AGE OR IF YOU BECOME SEVERELY DISABLED.**  
 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 SOCIAL SECURITY ADMINISTRATION

ITEM A

B1

(10)

(11)



*Lee Oswald*

**N 4, 271, 617**

7 Dec 1962

**OSWALD, Lee H**

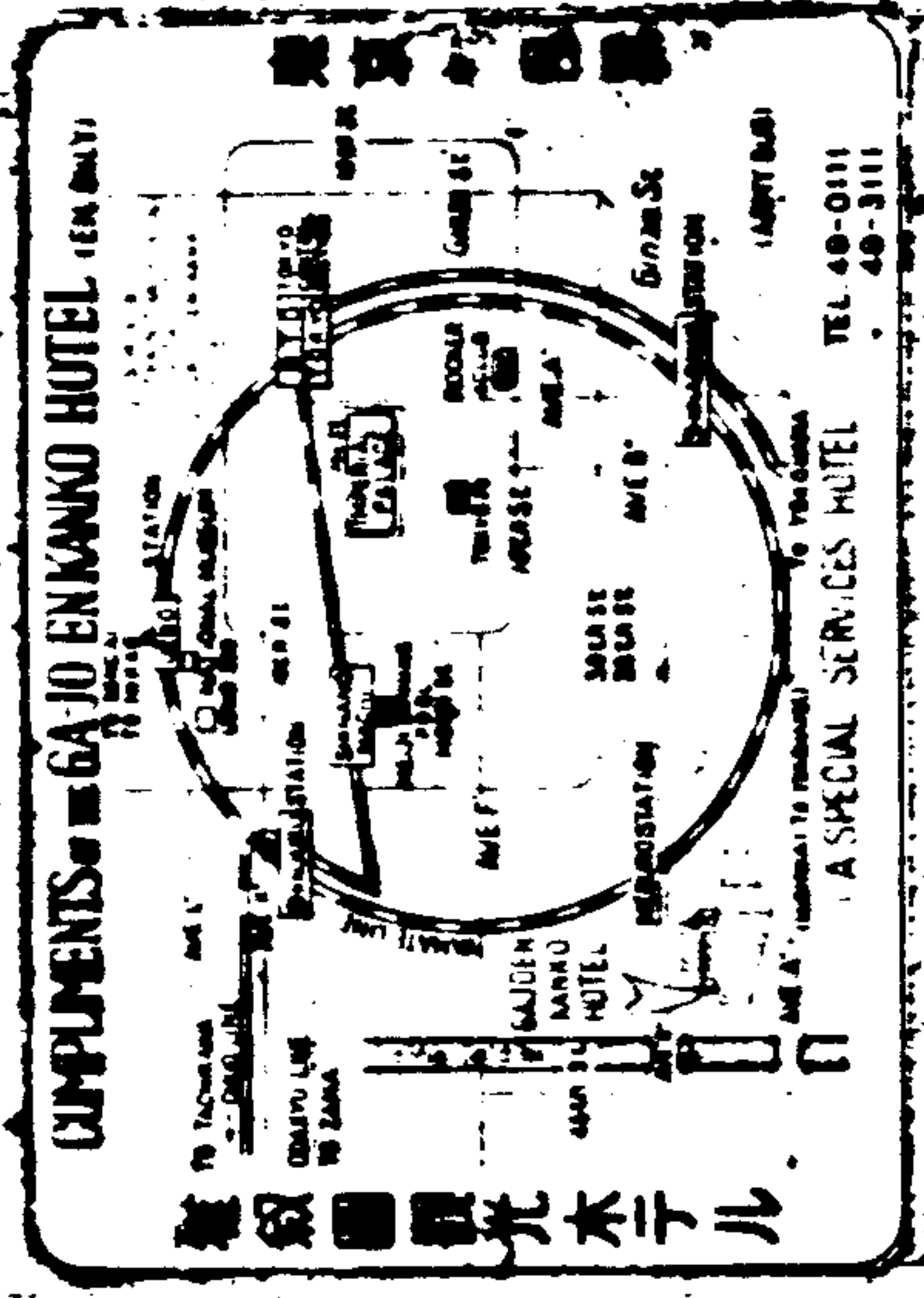
Greensboro 910 45

18003

MC E-2

ICR/INACT 1653230

(3)



(7)

**SELECTIVE SERVICE SYSTEM NOTICE OF CLASSIFICATION**

Approval not required

**Lee Harvey OSWALD**

Selective Service No. **11 111 39 532**

has been classified in Class **IV-A** (Usual)

by vote of  Local Board  Appeal Board

**FEB 2 1960**

*(Signature)*

The law requires you, subject to heavy penalty for failure, to carry this notice, in addition to your Registration Certificate, in your pocket at all times—no excuses. It is your responsibility to inform your commanding officer upon entering the armed forces. The law requires you to notify your local board in writing (1) of every change in your address, physical condition, and occupational, marital, family, dependency, and military status, and (2) of any other fact which might change your classification.

**FOR ADVICE, SEE YOUR GOVERNMENT-APPEAL AGENT**

(2)

*ITEM A*

131







COMMITTEE FOR THE CUBAN CONSTITUTION  
100 BROADWAY NEW YORK 5, N.Y. 10005

LEE H. OSWALD

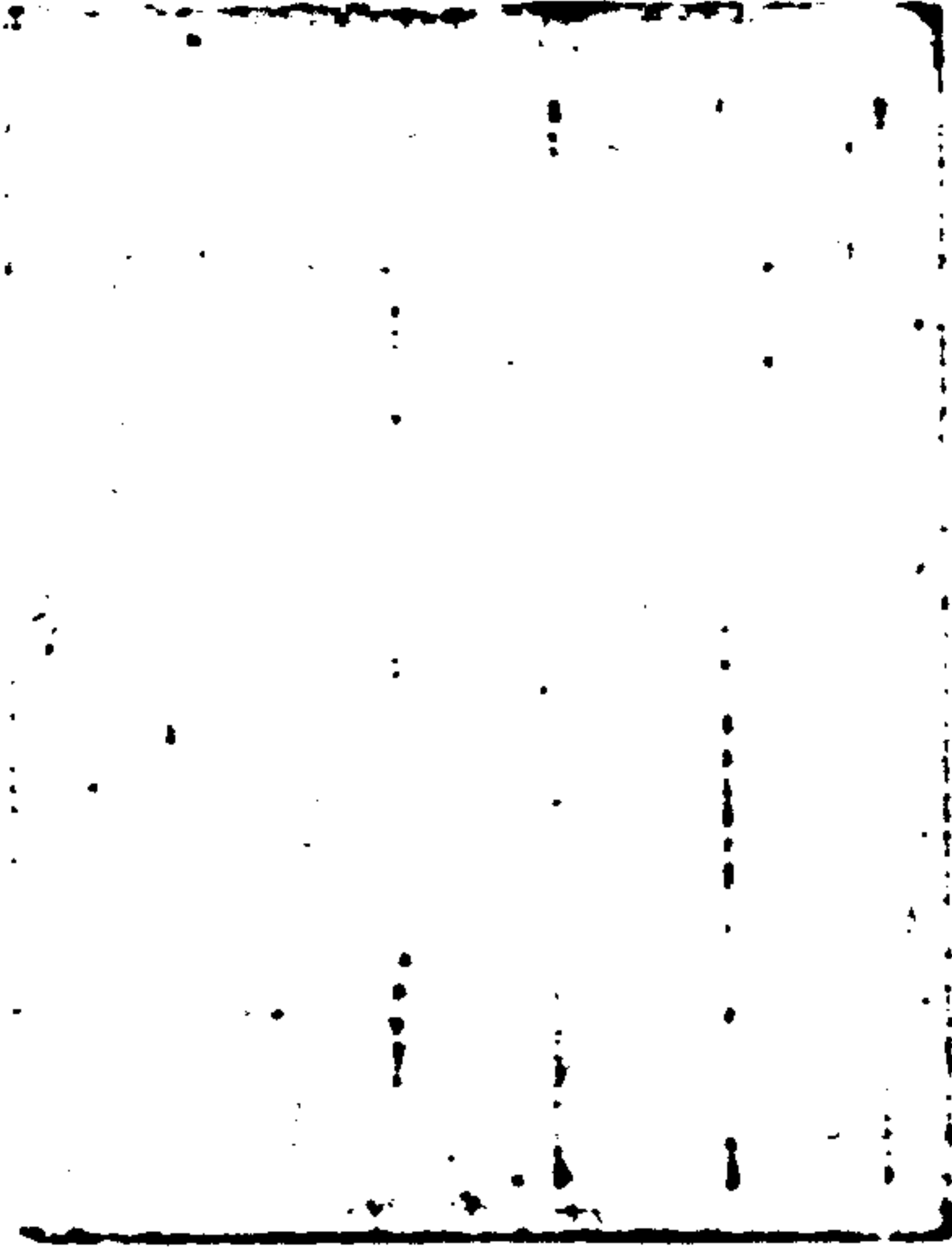
*Lee H. Oswald*  
SIGNATURE

5-28-63

(5)

B1





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(11) (12)



(13) (14)

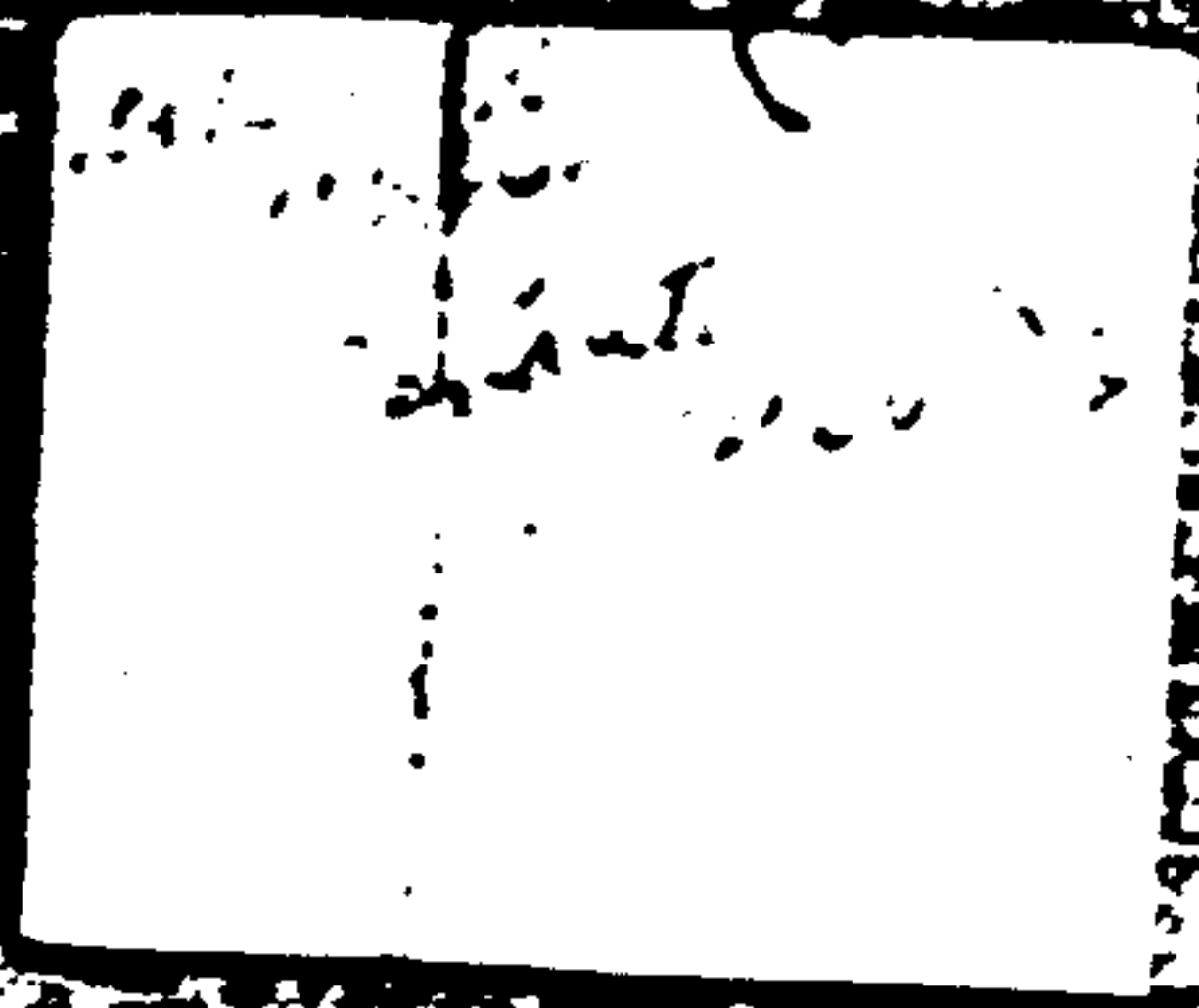


(15) (16)

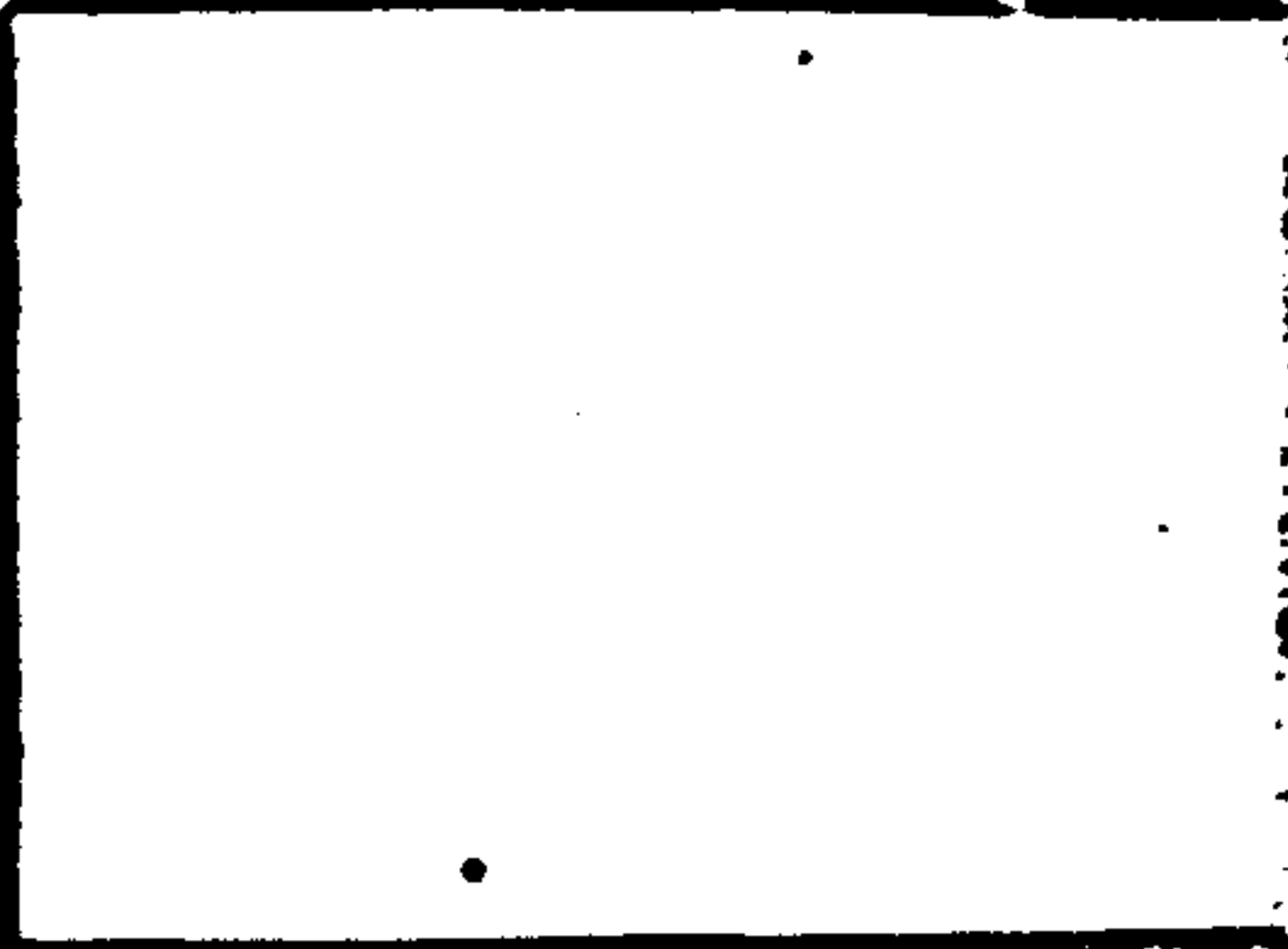
~~FRONT~~

B1

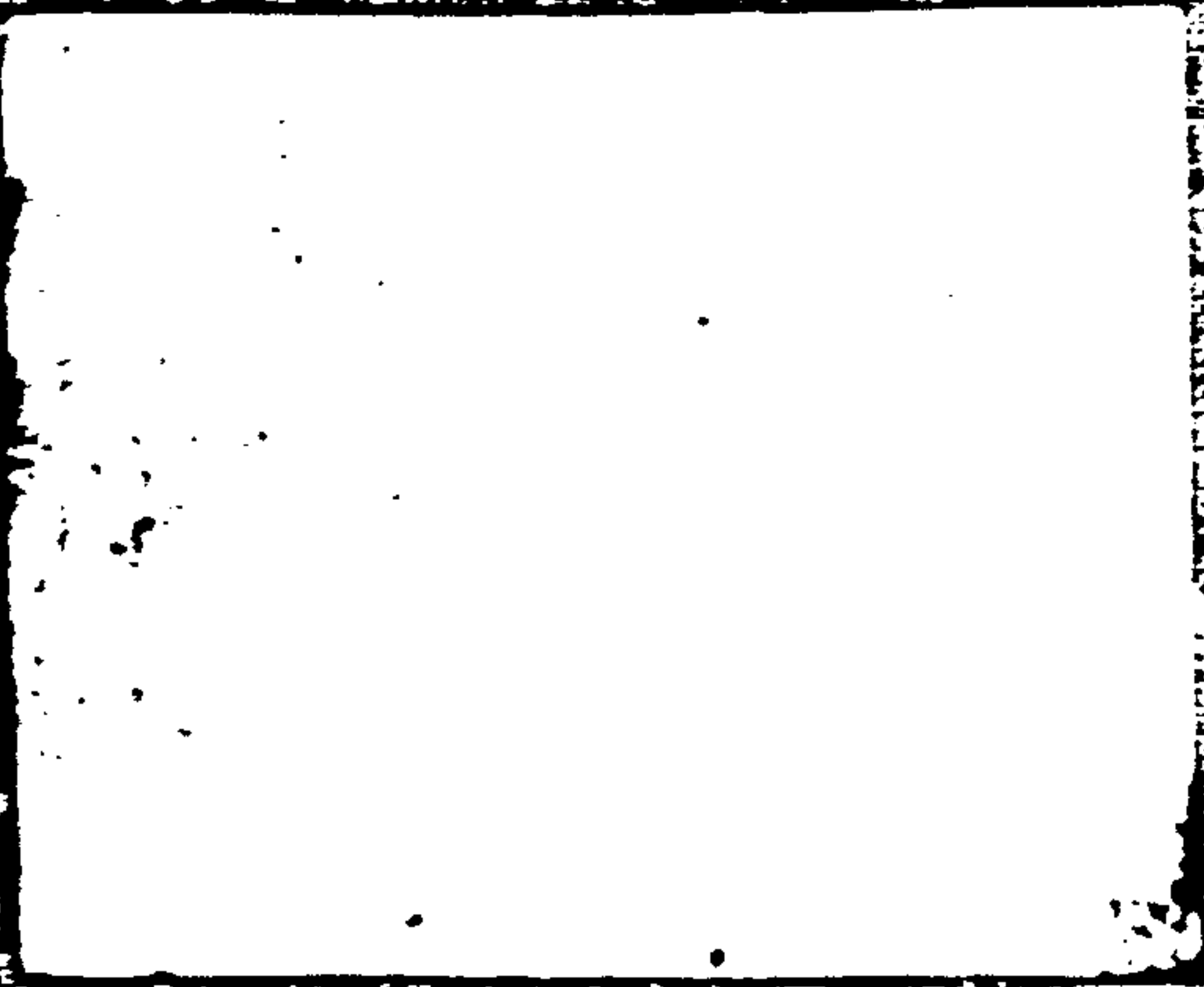




(11C)



(11D)



(11E)

Form A

B1



EMBASSY USSR  
1609 20th ST, NW,  
WASHINGTON, D.C.  
OSWALD PLYHUTEMO

Removed from  
OSWALD'S WALLET  
OR

Bf (12)

0112



THE WORKER  
23 W. 26th ST.  
NEW YORK 10, N.Y.

THE WORKER  
BOX 28 MADISON  
SQ. STATION  
NEW YORK 10, N.Y.

Removed from  
Oswald's wallet  
Q

B-1 (12)





← B1(10)

(11)



← B1(4)

(12)



← B1(5)

(13)

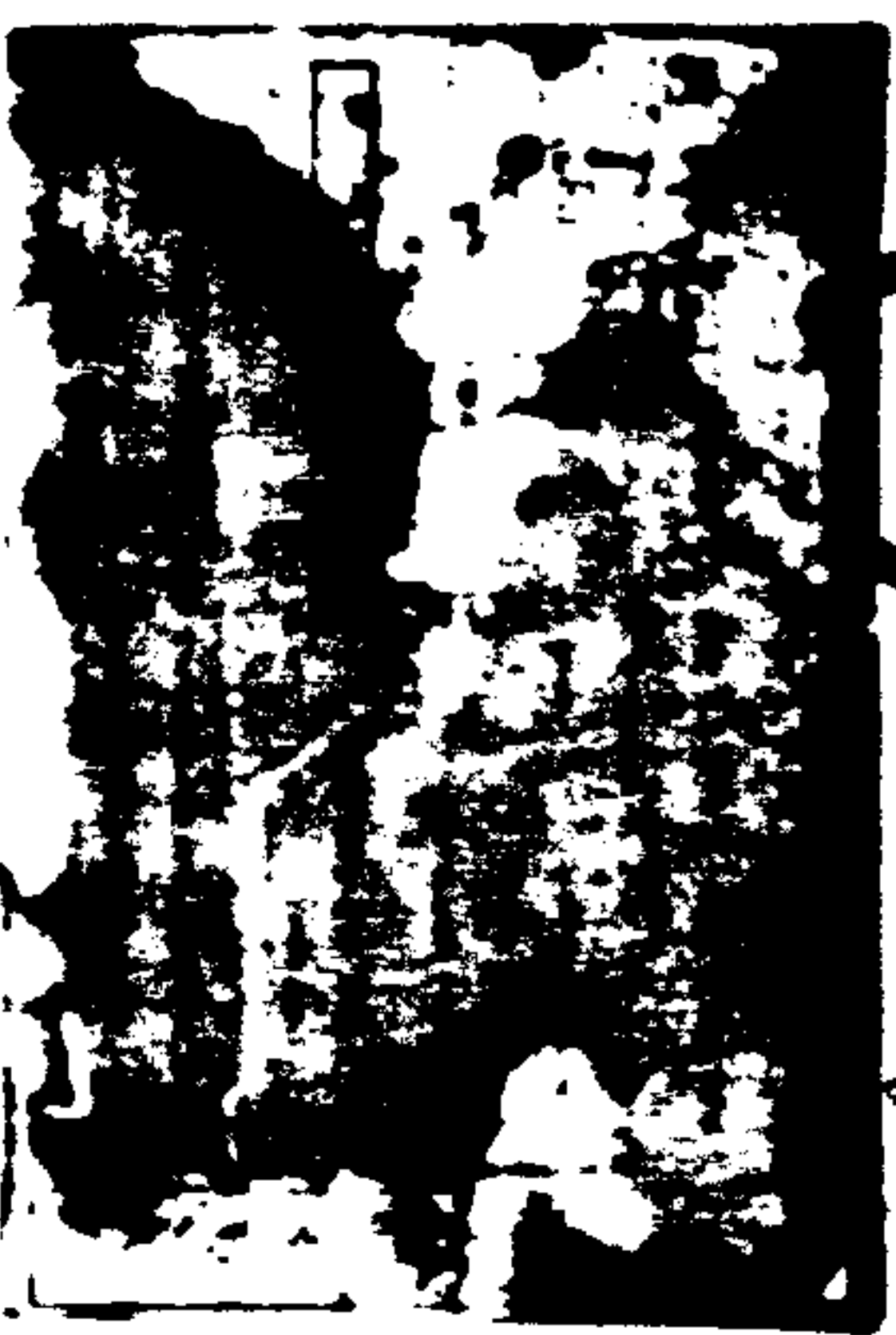


(14) ↑ B1(1)



← B1(5)

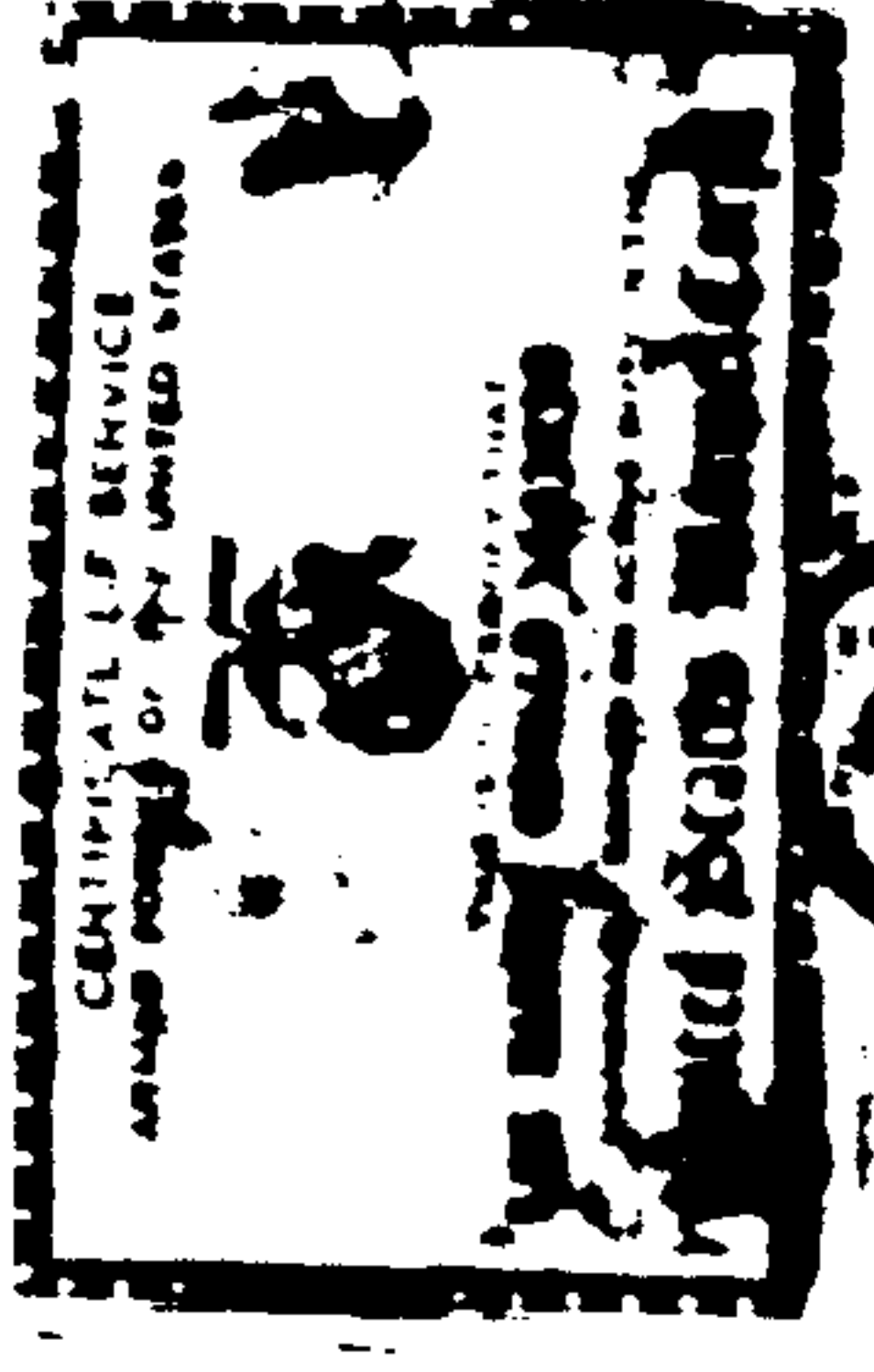
(15)



↑ B1(6)

(16)

D



← B1(4)

(17)



← B1(3)

(18)

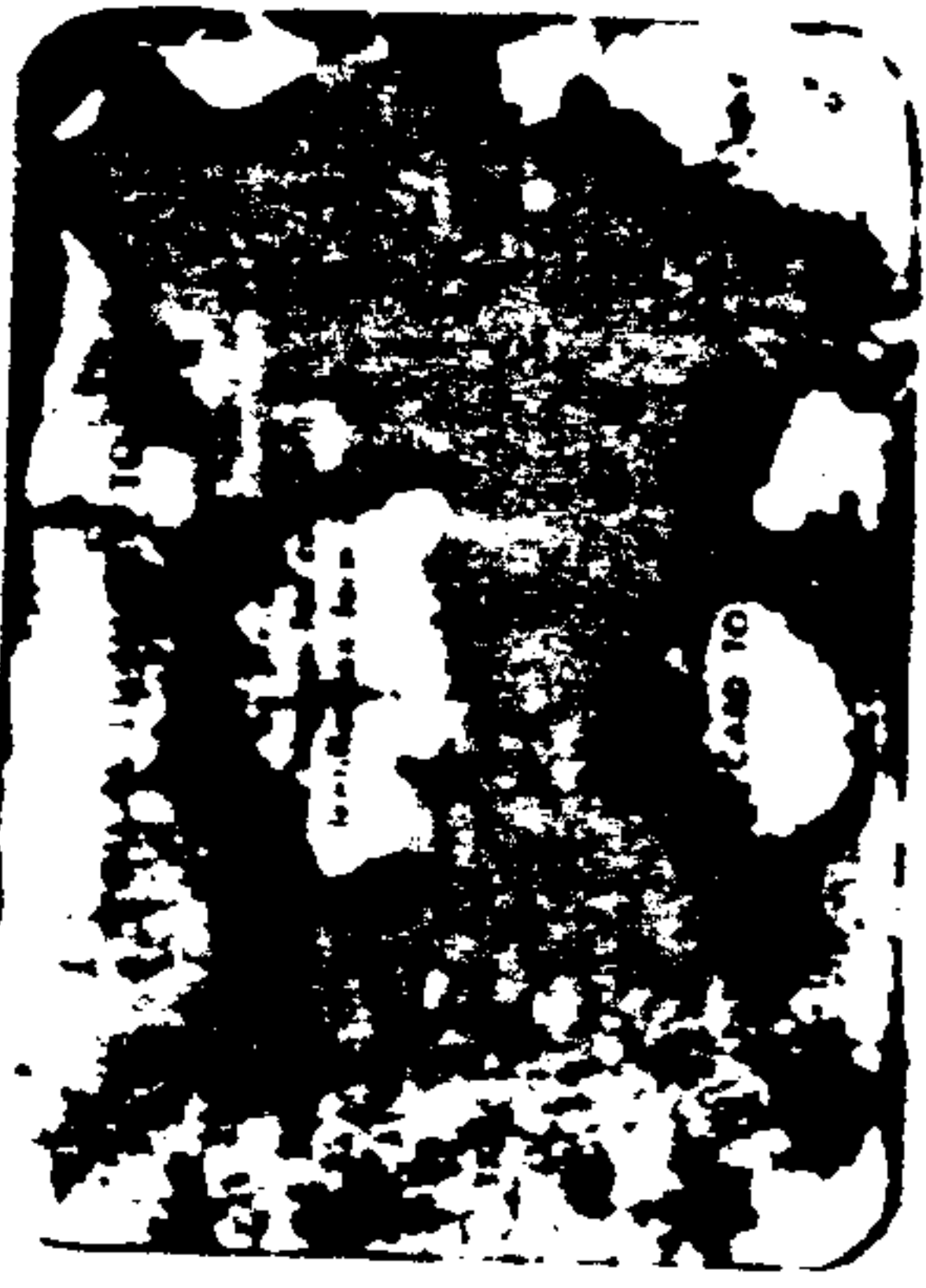


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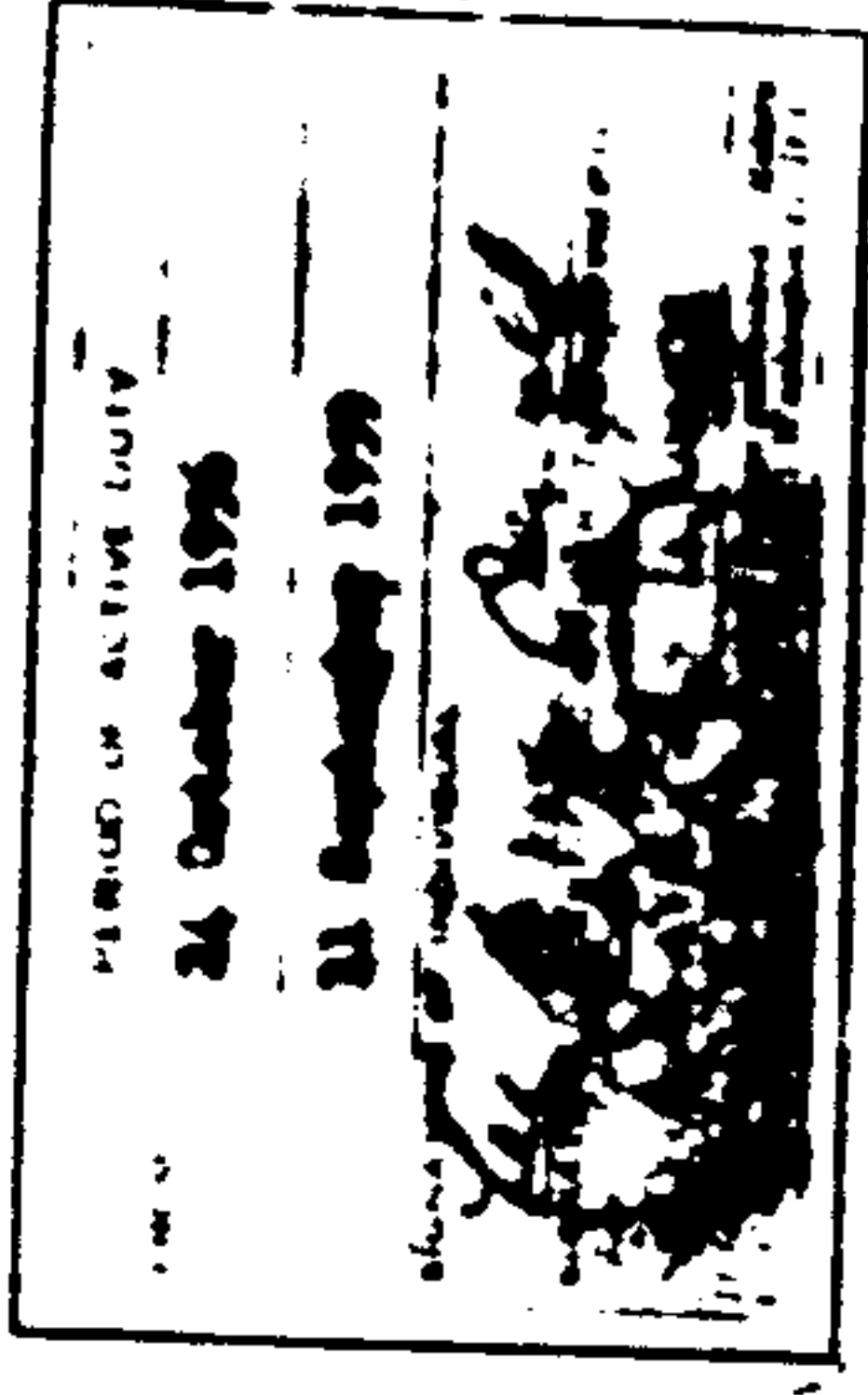
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B1





← B1(10)



← B1(4)



← B1(9)



← B1(2)

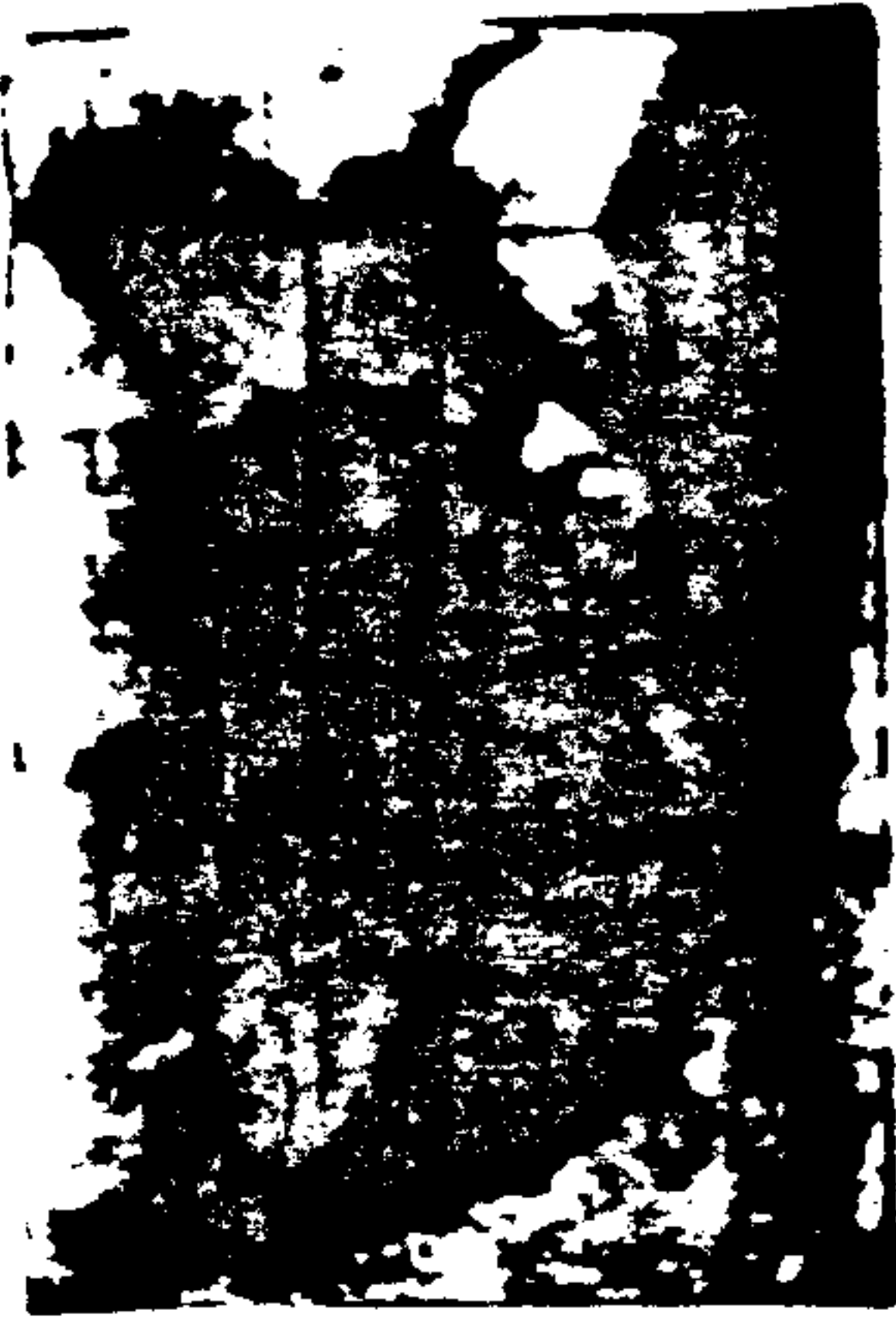
B1(3) →



B1(5) →



B1(4) →



B1(6) →



B1(8) →

D

B1





U



F

B1(11)



The work  
23 W. 26th St.  
NEW YORK 10, N.Y.

THE WORKER  
BOX 28 MADISON  
Sq. STATION  
NEW YORK 10, N.Y.

G



EMBASSY, USSR  
1609 DECATUR ST. N.W.  
WASHINGTON, D.C.  
DANSWER PLY NY 10010



**FAIR PLAY FOR CUBA COMMITTEE  
NEW ORLEANS CHAPTER**

**L. H. OSWALD**

**Name**

*L. H. Oswald*

**Signature**

**JUN 15 1963** *A. J. Hiddell*

**Issued**

**Chapter President**

*IS-1(8)*

*Q-07*



president?

B1



F (2)



(1)

B1(1) →



FORM No. 2  
(Rev. 3-22-59)  
Approved and mandated

**SELECTIVE SERVICE SYSTEM  
REGISTRATION CERTIFICATE**

THIS IS TO CERTIFY THAT IN ACCORDANCE WITH THE SELECTIVE SERVICE LAW

**Lee Harvey OSWALD**

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

SELECTIVE SERVICE NO. **44 114 39 5324**

RESIDENCE AT REGISTRATION **3124 West 5th St.**

**Fort Worth 7 Tarrant Tex.**


(CITY AND STATE IN U.S.A.)

**Oct. 18, 1939** (DATE OF BIRTH) **New Orleans, La.** (PLACE OF BIRTH)

THIS INDIVIDUAL WAS DAILY REGISTERED ON THE **14** DAY OF **Sept.** 19**59**

*Lee Harvey Oswald* (SIGNATURE OF INDIVIDUAL REGISTERED)

**CERTIFICATE OF SERVICE**  
ARMED FORCES OF THE UNITED STATES



THIS IS TO CERTIFY THAT  
**LEE HARVEY OSWALD 145324**  
REGULARLY SERVED ON ACTIVE DUTY IN THE  
**United States Marine Corps**

DD FORM 27 50c 1 JUN 58

**Lee Oswald, Mr. Lee Harvey**

**4307 E. Elzabeth**

**City Dallas**

*Lee H Oswald*

Address **SARS**

City **-**

School or Business **MEGERS-CHILES-STOVAK**

Name **Jack L. Brown**

Home Address **1916 Stevens Forest Dr.**

Phone **WH8-8997** Extn. **12-7-65**

**DALLAS PUBLIC LIBRARY** CP  
(See Reverse Side)

EE

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A(9)  
B(9)  
A(8)  
B(8)  
A(10)  
B(10)

U.S. FORCE, JAPAN  
(日米軍)  
IDENTIFICATION CARD  
(身元証明書)

OSWALD, LEE H.

UNIT (部隊) 1ST  
TYPE 1653238

GRADE (階級) 1ST LT  
MAGS-3 MAG-11 1st MAJ

*Lee H. Oswald*

FAIR PLAY FOR CUBA COMMITTEE  
NEW ORLEANS CHAPTER

L. H. OSWALD

Name *Lee H. Oswald*

Signature  
JUN 15 1963 *P. J. Hidell*

Issued Chapter President

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

HAS BEEN ESTABLISHED FOR  
LEE HARVEY OSWALD

SIGNATURE

FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION

Item # A

B1



COLOR OF EYES Blue COLOR OF HAIR Brown  
COMPLEXION Med.  
HEIGHT 5 FT. 11 IN. WEIGHT 150

TEXAS LOCAL BOARD NO. 114  
SELECTIVE SERVICE SYSTEM  
Rm 2227, 300 W. VICKERY ST.  
FORT WORTH 4, TEXAS

(LOCAL BOARD STAMP)

THE LAW REQUIRES YOU TO HAVE THIS CERTIFICATE IN YOUR PERSONAL POSSESSION  
AT ALL TIMES FOR IDENTIFICATION AND TO NOTIFY YOUR LOCAL BOARD OF ANY  
CHANGE OF ADDRESS.

070:100-0-201000

PERIOD OF ACTIVE DUTY

FROM 24 October 1956

TO 21 September 1958

SIGNATURE OF INDIVIDUAL

*Lee James Royal*  
SIGNATURE OF CERTIFYING OFFICER (Typed name and grade)  
A. A. Aiken Lt. JMCB

If found true to name, Postmaster: Postage guaranteed. Return  
to Commanding Officer, Selective Service (Civil Dept.), Washington 25, D. C.

YOU WILL WANT TO KNOW

1. This card may be used at any agency of the library system and must be presented when taking any materials out of the library. Ten cents will be charged for a temporary identification form if the borrower's card is not presented.
2. Each borrower is held responsible for all materials drawn on his card and for all charges accruing on the same.
3. Borrowers will please notify the library of any change of address.

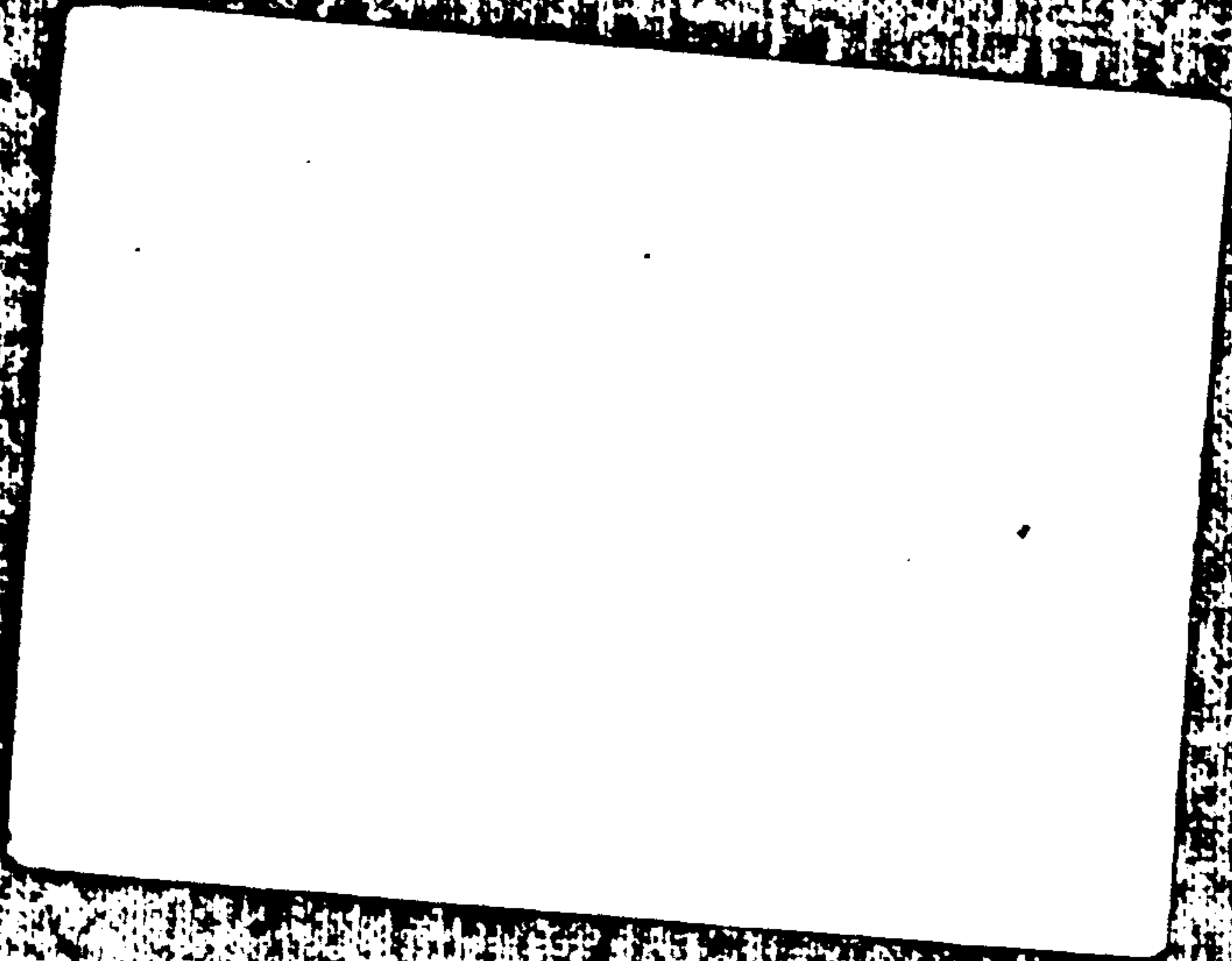
THE BORROWER IS ADVISED NOT TO LEND HIS  
CARD TO ANYONE.



A (9) →  
B (9) →

Number ( )
Name of Member ( )
18 October 1939
Member Card No. ( )
00626
Date of Issuance ( )
8 May 1958
Signature of Issuing Officer ( )
R. E. Lewis Adjutant

A (8) →  
B (8) →



A (1) →  
B (1) →

Item # A

B

Form OA-702.1 Rev. (11-61)

KEEP this card. SIGN it immediately. SHOW it to your employer. Mention the number in all letters about your account. If you lose this card apply for a duplicate, not a new number.

Once a year you can get a statement of wages credited to your account. Get a form for this purpose from any Social Security Administration District Office.

If you change your name notify the nearest Social Security Administration District Office immediately.

TELL YOUR FAMILY TO NOTIFY THE NEAREST SOCIAL SECURITY OFFICE IN THE EVENT OF YOUR DEATH. IT IS ADVISABLE TO GET IN TOUCH WITH A SOCIAL SECURITY OFFICE WHEN YOU REACH RETIREMENT AGE OR IF YOU BECOME SEVERELY DISABLED.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION




ITEM # A

B1



**N 4, 271, 617**



**7 Dec 1962**

**OSWALD, Lee H**

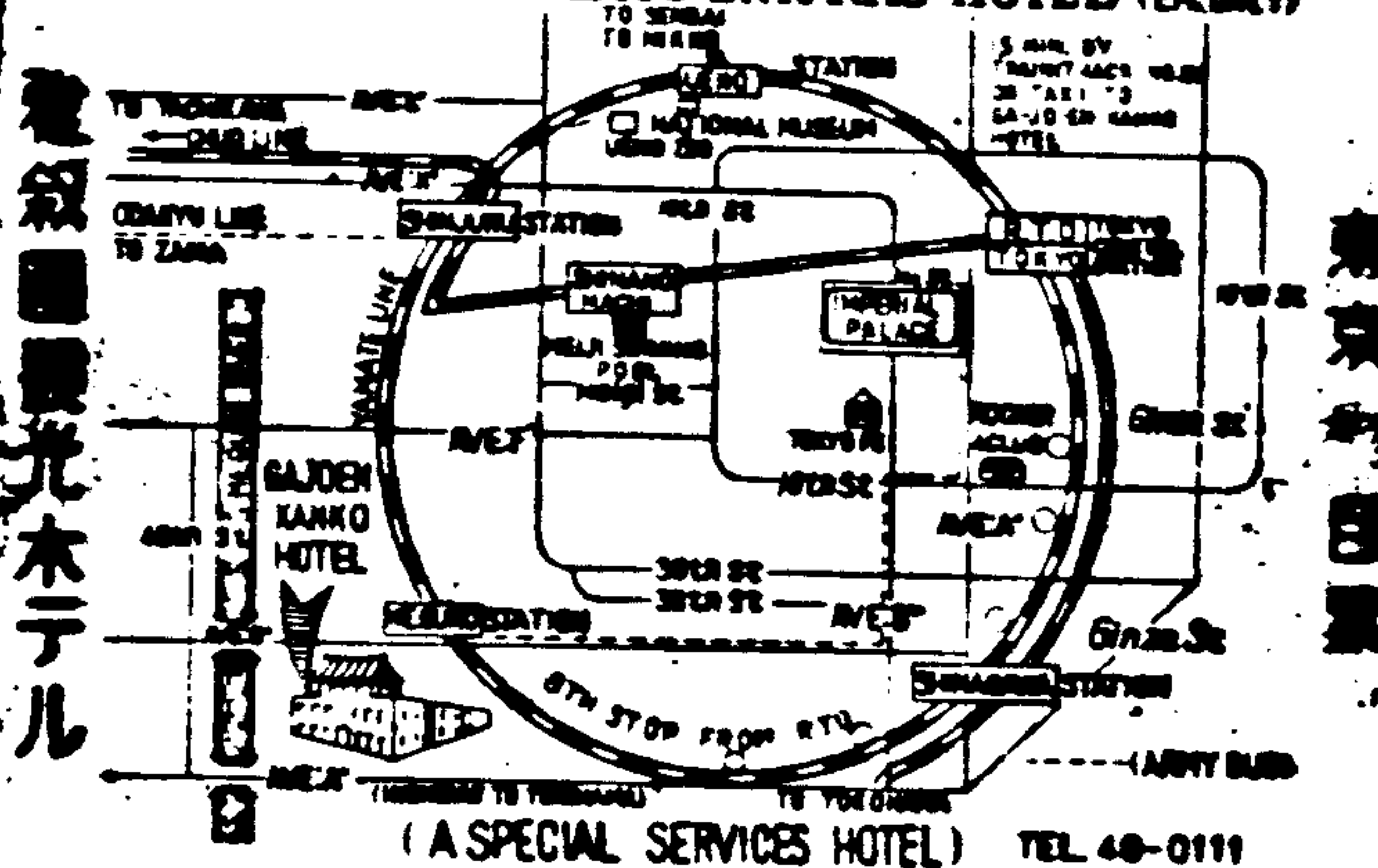
**GREENBOW 710 445**

**18 Oct 62**

**CR/INACT 1653230**

*Handwritten: AG (1), BIC (1), AG (1), BIC (1)*

**COMPLIMENTS OF THE GAJO-ENKANKO HOTEL (ENJOY)**



**GAJOEN KANKO HOTEL**

**(A SPECIAL SERVICES HOTEL) TEL 48-0111 48-3111**

*Vertical text on left: 光木ホテル (Mitsuki Hotel)*

*Vertical text on right: 東京 (Tokyo)*

**SELECTIVE SERVICE SYSTEM NOTICE OF CLASSIFICATION** Approval not required

**Lee Harvey OSWALD**

(First name) (Middle name) (Last name)

Selective Service No. **11 111 39 532** has

been classified in Class **IV-A** (Until

19\_\_\_\_) by  Local Board  Appeal Board

by vote of \_\_\_\_\_ to \_\_\_\_\_

**FEB 2 1960** 19\_\_\_\_

(Date of mailing) (Month or date of hearing)

*Handwritten signature: Lee Harvey Oswald*

The law requires you, subject to heavy penalty for violation, to carry this notice, in addition to your Registration Certificate, on your person at all times—to exhibit it upon request to authorized officials—to surrender it to your commanding officer upon entering the armed forces.

The law requires you to notify your local board in writing (1) of every change in your address, physical condition, and occupational, marital, family, dependency, and military status, and (2) of any other fact which might change your classification.

**FOR ADVICE, SEE YOUR GOVERNMENT APPEAL AGENT**

*Handwritten: AG (1), BIC (1)*



ITEM # A

AL  
BK

A  
BK

AL  
BK



A (3)  
B (3)

118sp59

H&S, MCAS, EL TORO  
SANTA ANA, CALIFORNIA

*A.G.*

A.G. AYERS JR., Lt. Col., USMCR

WARNING: USE OF THIS AUTHORIZATION BY OTHER THAN PERSON NAMED THEREON, OR ANY USE IN VIOLATION OF PROVISIONS OF DEPENDENT'S MEDICAL CARE ACT OF 1956 MEMBERS USER LIABLE FOR PROSECUTION UNDER APPLICABLE FEDERAL LAWS PERTAINING TO FALSE STATEMENTS, 49 USC 4609

IF FOUND - DROP IN ANY MAIL BOX

POSTMASTER - RETURN TO DEPARTMENT OF DEFENSE WASHINGTON 25, D.C.

UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

A (7)  
B (10)

MEMBERS WILL ENJOY STAY AT HOTEL THE "CLOUD COMO" SPECIAL SERVICES HOTEL

(MEM Only) THE FOLLOWING ARE JUST A FEW THING OFFERED YOU:

Swimming Pool	Club Shop	Swing Dance	Washing Service
Bar Facilities	Sea Tours	Barber Shop	Army Post Office
Grill Room	Guided Service	Room Service	Photo Service
Dining	Floor Show	Laundry & Pressing	Club Room
Gift Shop	Casino	School Bus	Information
P. O. Boxes	Taxi Service		Real Cards

1	2	3	4	5	6
50	0.14	1,000	0.53	1,000	12.00
100	0.29	2,100	0.81	1,100	14.30
150	0.43	3,200	1.09	1,200	16.60
200	0.58	4,300	1.37	1,300	18.90
250	0.72	5,400	1.65	1,400	21.20
300	0.87	6,500	1.93	1,500	23.50
350	1.01	7,600	2.21	1,600	25.80
400	1.16	8,700	2.49	1,700	28.10
450	1.30	9,800	2.77	1,800	30.40
500	1.45	10,900	3.05	1,900	32.70
550	1.59	12,000	3.33	2,000	35.00
600	1.74	13,100	3.61	2,100	37.30
650	1.88	14,200	3.89	2,200	39.60
700	2.03	15,300	4.17	2,300	41.90
750	2.17	16,400	4.45	2,400	44.20
800	2.32	17,500	4.73	2,500	46.50
850	2.46	18,600	5.01	2,600	48.80
900	2.61	19,700	5.29	2,700	51.10
950	2.75	20,800	5.57	2,800	53.40
1,000	2.90	21,900	5.85	2,900	55.70
1,100	3.13	23,000	6.13	3,000	58.00
1,200	3.27	24,100	6.41	3,100	60.30
1,300	3.42	25,200	6.69	3,200	62.60
1,400	3.56	26,300	6.97	3,300	64.90
1,500	3.71	27,400	7.25	3,400	67.20
1,600	3.85	28,500	7.53	3,500	69.50
1,700	4.00	29,600	7.81	3,600	71.80
1,800	4.14	30,700	8.09	3,700	74.10
1,900	4.29	31,800	8.37	3,800	76.40
2,000	4.43	32,900	8.65	3,900	78.70
2,100	4.58	34,000	8.93	4,000	81.00
2,200	4.72	35,100	9.21	4,100	83.30
2,300	4.87	36,200	9.49	4,200	85.60
2,400	5.01	37,300	9.77	4,300	87.90
2,500	5.16	38,400	10.05	4,400	90.20
2,600	5.30	39,500	10.33	4,500	92.50
2,700	5.45	40,600	10.61	4,600	94.80
2,800	5.59	41,700	10.89	4,700	97.10
2,900	5.74	42,800	11.17	4,800	99.40
3,000	5.88	43,900	11.45	4,900	101.70

32163

Feb 5 1959

A (2)  
B (2)

Selective Service System

TEXAS JUVENILE BOARD NO. 1176

Selective Service System

300 W. Victory, A.M. 2287

FORT WORTH 4, TEXAS

(Local Board Form)

OFFICIAL BUSINESS

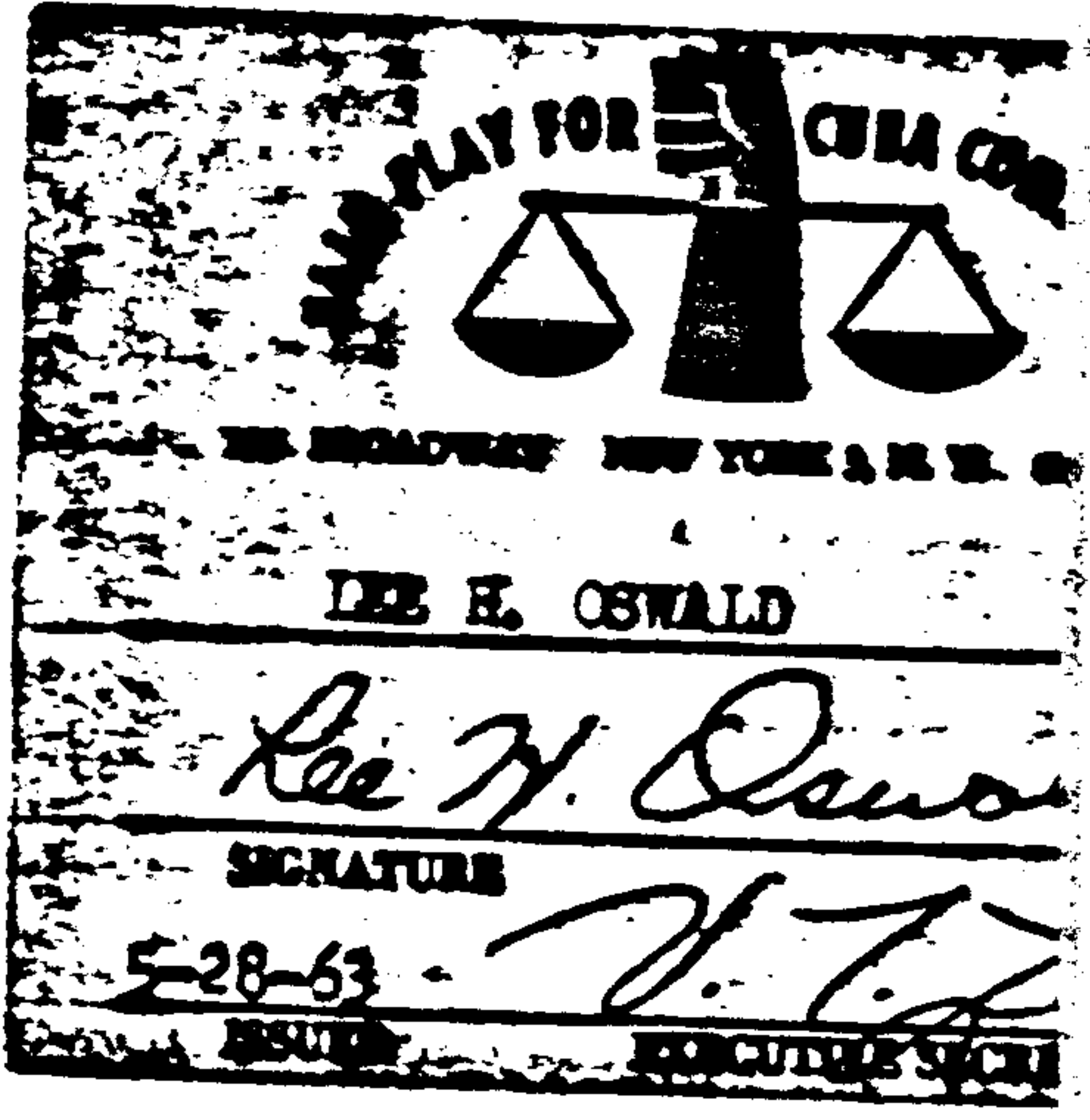
Lee Hays  
3121 West  
Fort Worth

30173

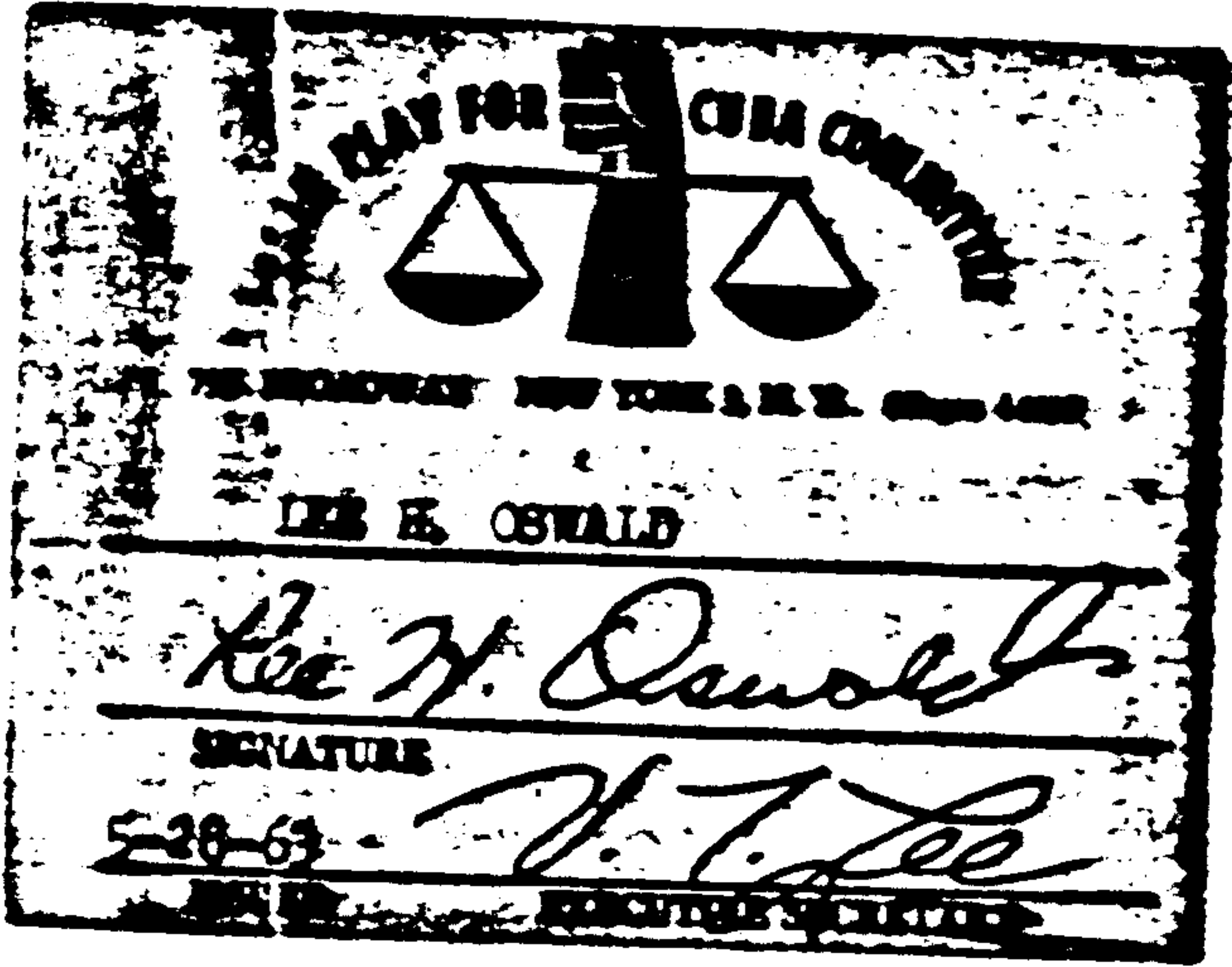


ITEM # A(5)  
or -  
D1(5)

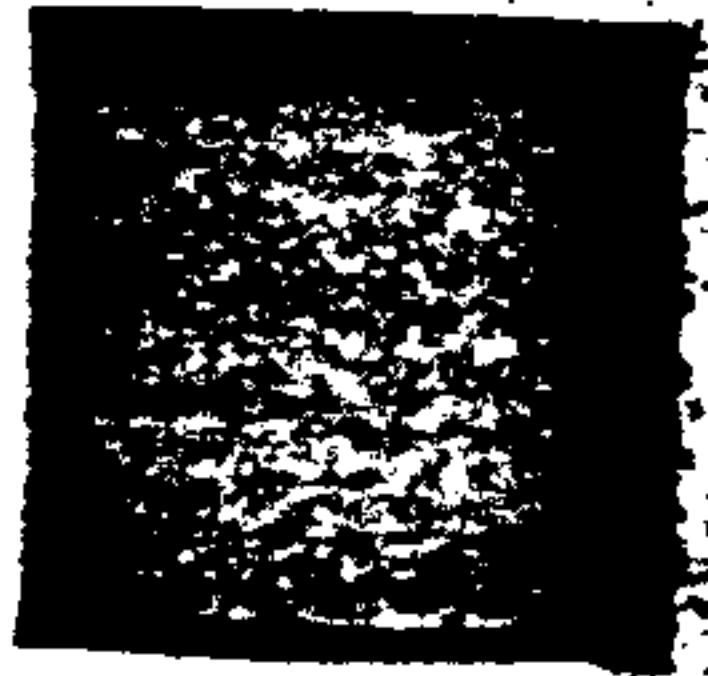
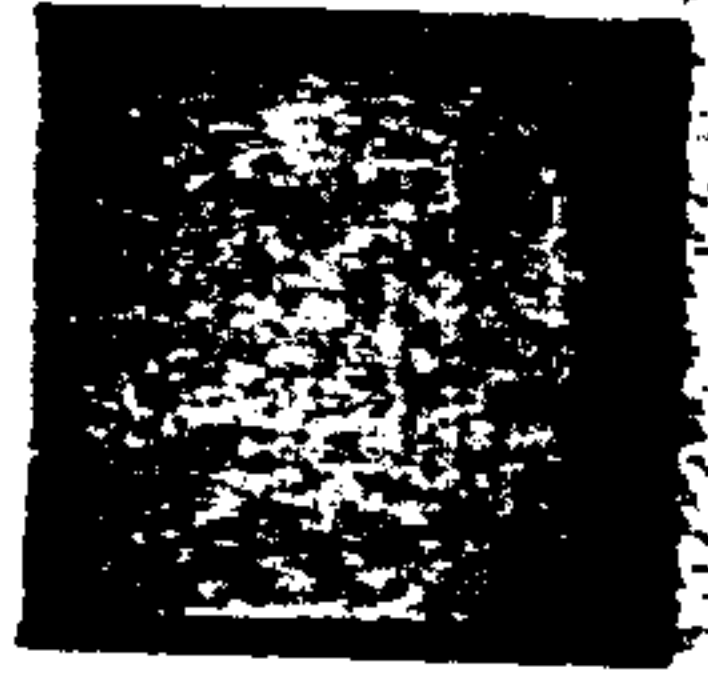
B1







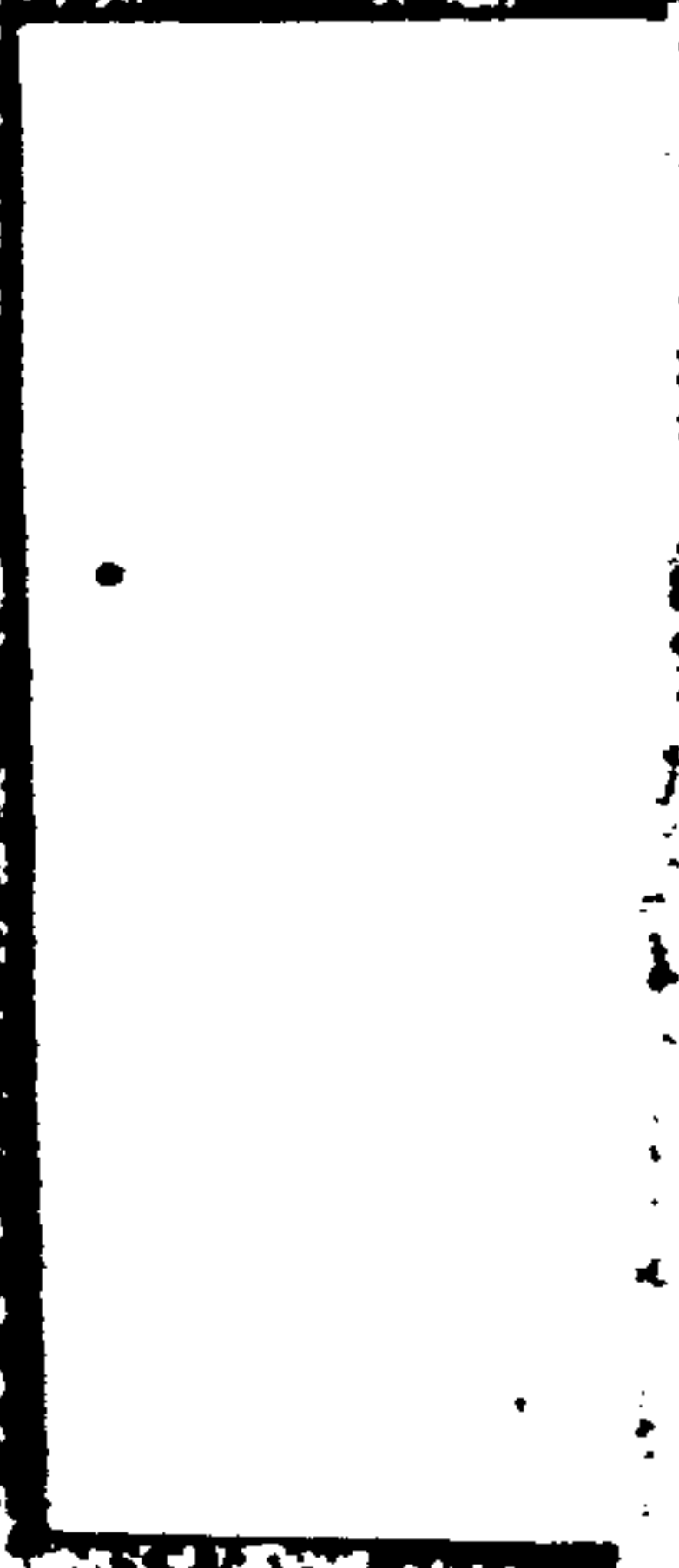
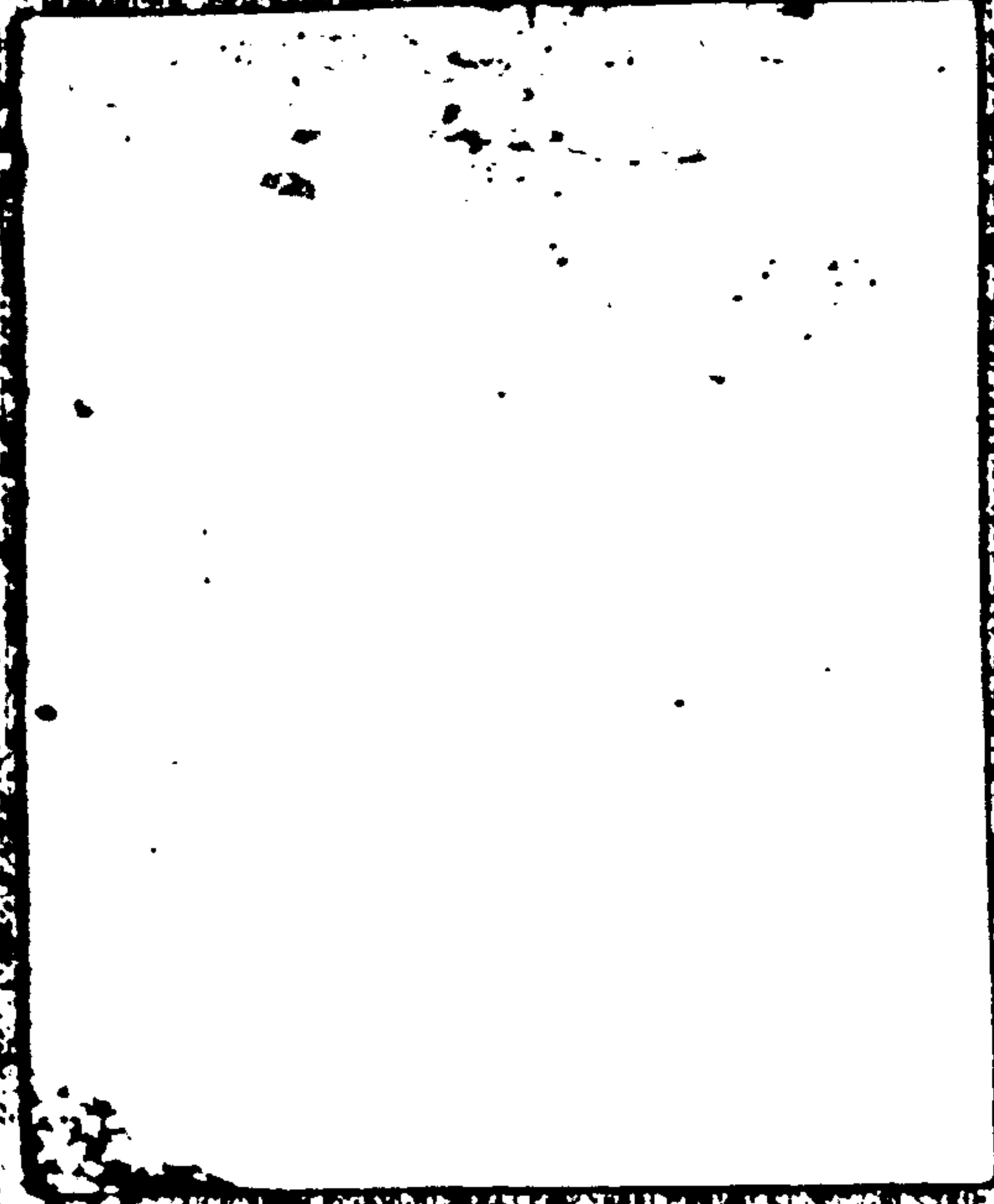
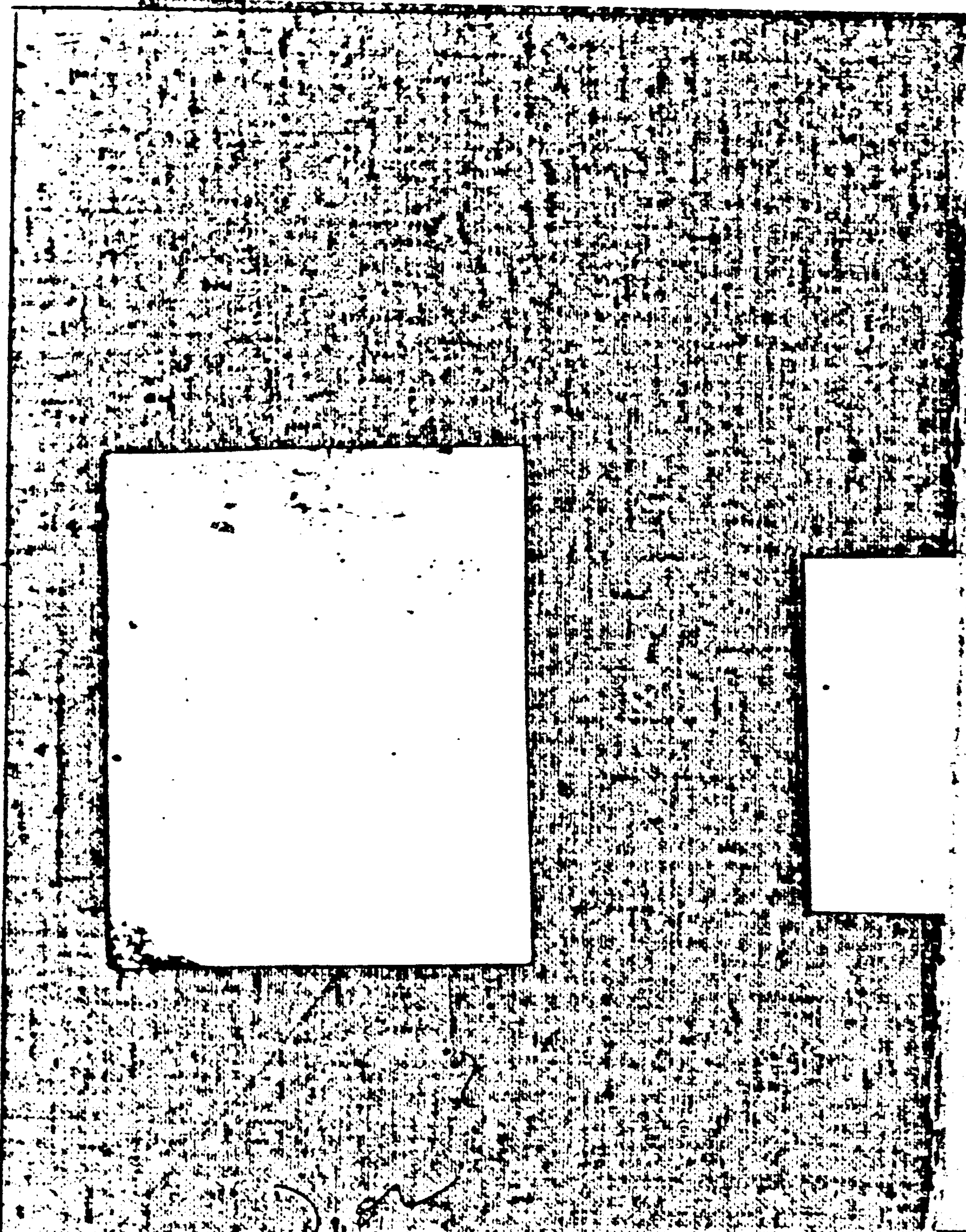








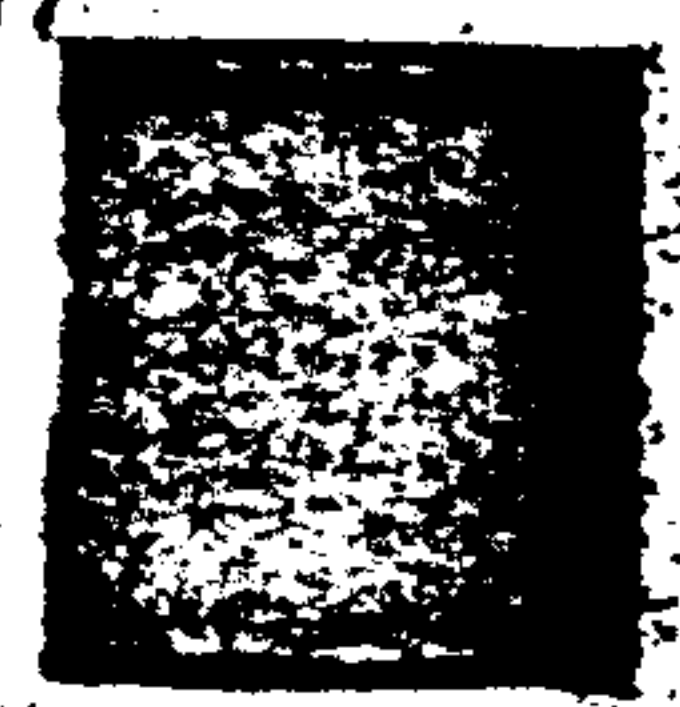




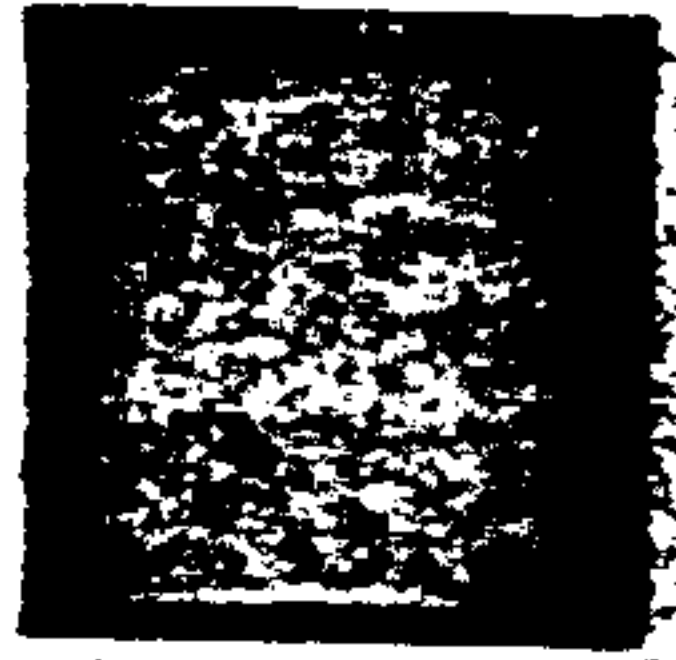
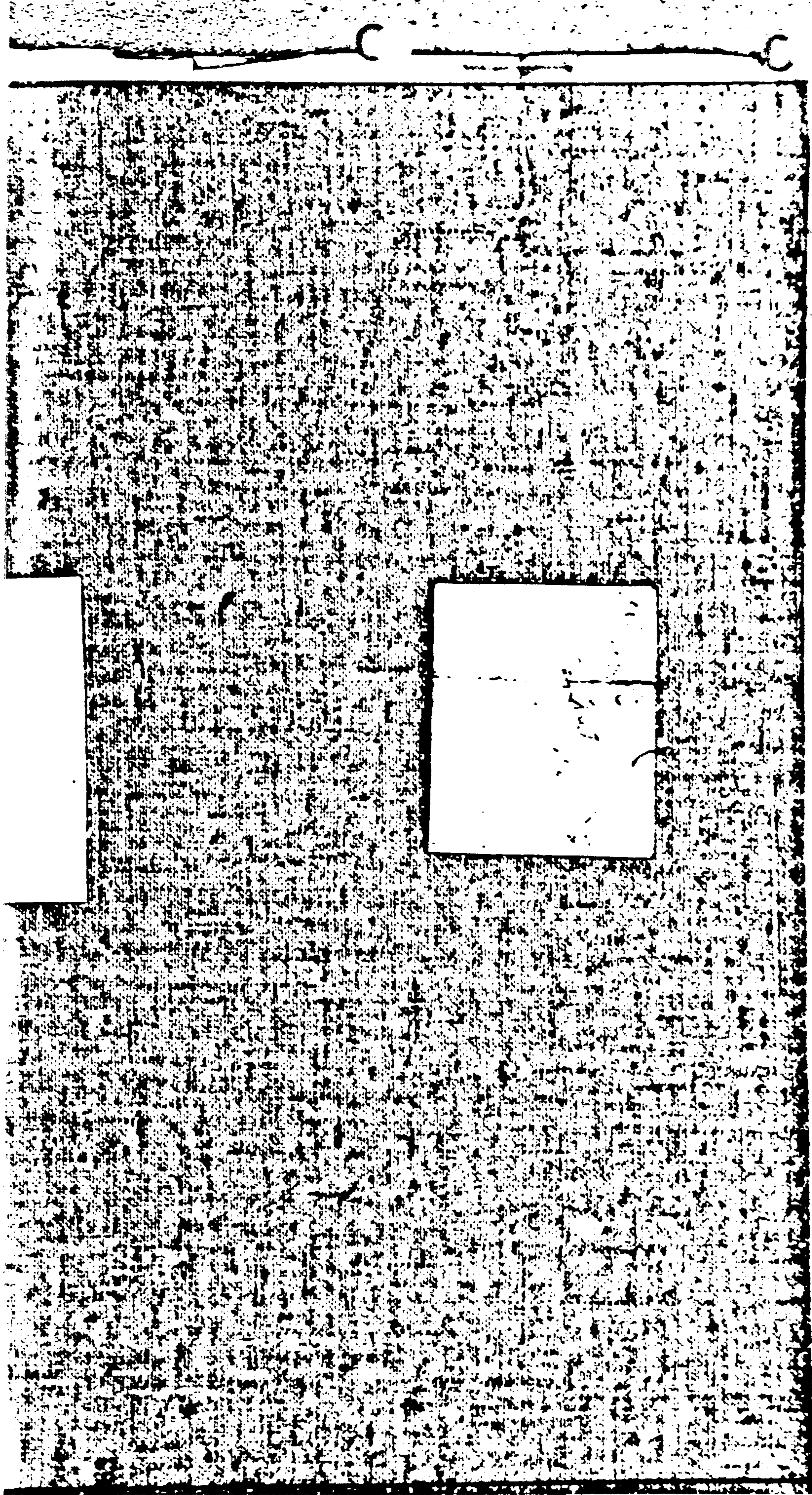
Item # A U

B

Handwritten scribbles and markings, including a large 'B' and some illegible characters.









ITEM # A

2  
(A) ~~XXXXXXXXXX~~  
B1