

VFP/jel  
1306  
13 December 1960

FIRST ENDORSEMENT on Cpl (E-4) WHITE's ltr of 13Dec60

From: Commanding Officer, Headquarters Battery, 2d Battalion,  
11th Marines, 1st Marine Division (Rein) FMF  
To: Commandant of the Marine Corps (Code DF)  
Via: (1) Commanding Officer, 2d Battalion, 11th Marines, 1st  
Marine Division (Rein) FMF  
(2) Commanding Officer, 11th Marines, 1st Marine Division,  
(Rein) FMF  
(3) Commanding General, 1st Marine Division (Rein) FMF

Subj: Humanitarian transfer; request for

1. Forwarded recommending approval.

2. From all analyses of the situation, it seems that Corporal (E-4) WHITE has alleviated the condition by moving his family to Paris, Texas. It is noted that since his family has been residing in Texas,

Therefore, the primary object of Corporal (E-4) WHITE's request is to be near his family. By remaining here at Camp Pendleton, Corporal (E-4) WHITE will be separated from his family for an indefinite period, and the only solution to his problem to be with his family would be a transfer to a duty station as indicated in his request.

3. The following additional information is furnished:

a. Date of expiration of obligated active service - 22 December 1965.

b. Location tour date - 23 December 1959.

c. Effective date of payment of last dislocation allowance, if applicable - None.

d. Disciplinary action pending - None.

*V. F. Pacheco*  
V. F. PACHECO

HEADQUARTERS BATTERY  
2D BATTALION, 11TH MARINES  
1ST MARINE DIVISION (REIN) FMF  
CAMP PENDLETON, CALIFORNIA

13 December 1960

From: Corporal (E-4) Roscoe A. WHITE 1666106/0847/3516 USMC  
To: Commandant of the Marine Corps (Code DF)  
Via: (1) Commanding Officer, Headquarters Battery, 2d Battalion, 11th Marines, 1st Marine Division (Rein) FMF  
(2) Commanding Officer, 2d Battalion, 11th Marines, 1st Marine Division (Rein) FMF  
(3) Commanding Officer, 11th Marines, 1st Marine Division (Rein) FMF  
(4) Commanding General, 1st Marine Division (Rein) FMF

Subj: Humanitarian transfer; request for

Ref: (a) Para 7014 Marine Corps Manual

Encl: (1) Statement of Reverend  
(2) Statement of Reverend  
(3) Statement of Mrs Roscoe A. WHITE  
(4) Statement of  
(5) Statement of Commander

USN

1. In accordance with the provisions contained in reference (a), it is requested that I be granted a humanitarian transfer. It is further requested that I be assigned to one of the below duty stations in order of preference:

- a. 5th 105 MM Howitzer Battalion USMCR, Dallas, Texas
- b. MCB, 29 Palms, California

2. I am requesting this transfer in order to be near my wife and child who are residing with my mother-in-law at Paris, Texas. Enclosure (1) through (5) are submitted in support of this request.

3. during January of 1960 as a result of the climatic conditions here in California. condition continued to grow worse until finally during June 1960, I went TAD to Fort Sill, Oklahoma and

Subj: Humanitarian transfer; request for

due to, I decided to move my family to my mother-in-law's house in Paris, Texas. Since their arrival at that location, my son's health improved steadily until finally his asthmatic attacks stopped completely.

4. My reasons for requesting a duty station in the State of Texas are that I am a Corporal (E-4) with less than four (4) years service and am not entitled to dislocation allowance or a movement of my dependents at government expense. I feel that at the present, I cannot afford to move my family and household effects to a duty station in the state of California. However, if I am assigned to the MCB, 29 Palms, California, I am more than certain I can get a loan to make the movement of my family and household effects.

5. My leave balance indicates that I have six (6) days due as of 30 June 1960. I have not taken any leave since my family moved to Paris, Texas.

ROSCOE A. WHITE

*Roscoe A. White*

### RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME <b>WHITE, Roscoe Anthony</b>		2. PRESENT SERVICE NO. <b>1666106</b>	3. RANK/RATE <b>Cpl (E-4)</b>	4. DATE OF BIRTH <b>18Nov35</b>	5. RELIGION <b>Baptist</b>
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>23Dec59</b> <small>(DATE LAST ENTRY)</small>	8. FORMER SERVICE NO. <b>None</b>		
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		9. SOCIAL SECURITY NO. <b>429-60-3576</b>			
10. WIFE OR HUSBAND (If none, so state) <b>Geneva Ruth WHITE</b>		ADDRESS <b>Paris, Texas</b>			
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED	SEX	DATE OF BIRTH
<b>Roscoe Anthony WHITE Jr</b>		<b>Paris, Texas</b>	YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>M</b>	
<b>Ricky Don WHITE</b>		<b>Paris, Texas</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<b>X</b>	
12. FATHER <b>Robert Daniel Boone ROGERS (Stepfather)</b>		ADDRESS <b>Paris, Texas</b>			
13. MOTHER <b>Lyda Merle ROGERS</b>		ADDRESS <b>Paris, Texas</b>			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM <b>None</b>		ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)		ADDRESS	RELATIONSHIP	DATE OF BIRTH	
<b>None</b>					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH <b>None</b>		ADDRESS			
DESIGNATIONS					
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN. NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).	FIRST NAME—MIDDLE NAME—LAST NAME		ADDRESS	RELATIONSHIP	
	<b>Robert Daniel Boone ROGERS</b>		<b>Paris, Texas</b>	<b>Step Father</b>	
	<b>Lyda Merle ROGERS</b>		<b>Paris, Texas</b>	<b>Mother</b>	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100%	<b>Geneva Ruth WHITE</b>	<b>Paris, Texas</b>	<b>Wife</b>	
	%				
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO <b>100%</b>	<b>Geneva Ruth WHITE</b>	<b>Paris, Texas</b>	<b>Wife</b>	
19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)					
FULL NAME AND ADDRESS OF COMPANY <b>American National Insurance Company</b>		ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE <b>Galveston, Texas</b>		POLICY NO. <b>2225569</b>	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>HqBtry, 2dBn, 11thMar, 1stMarDiv(Rein) FMF, CamPen, Calif</b>				DATE SIGNED <b>14 Dec 1960</b>	
21. SIGNATURE OF WITNESS <i>John E Landry</i> <b>JOHN E. LANDRY, GySgt (E-6)</b>			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> <b>ROSCOE A. WHITE</b>		

DD FORM 93-1  
1 Dec 56

Previous Editions are obsolete.  
For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

**INSTRUCTIONS**

*(Items for which no instructions are printed below are self-explanatory)*

IF NECESSARY, CONTINUE ANY ITEM IN "REMARKS" BUT SPECIFY THE PARTICULAR ITEM BEING CONTINUED.

All items of this form MUST be completed and MAINTAINED CURRENT by all officers and enlisted personnel in accordance with the following: NAVY—BuPers Manual, Art. B2312; MARINE CORPS—Par. 4019, PRAM; U. S. COAST GUARD—Personnel Manual, Par. 13-B-14.

In the event you, the designator, should die, the persons or agencies named in items 10, 11, 12, 13, 14, and 19 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Should you become critically or seriously ill, or incapacitated to the extent that you cannot notify them, the persons named in items 10, 11, 12, 13, and 14 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Payment of any benefits and disposition of remains in case of death shall be in accordance with applicable law.

*Item 10.*—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced or widowed, so state.

*Items 12 and 13.*—The term "Father" and/or "Mother" shall be interpreted to include "natural," "step," "adoptive" and person who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to designator's entry upon active service.

*Item 14.*—In the event that there is no other adult next of kin other than those named in items 10, 12 and 14, you may name a friend here. However, if a friend is named, he or she must be so identified.

*Item 14a.*—Enter under this item, the names of those persons who are in fact actually receiving more than 50 percent of their support from the designator. The information thus furnished shall be used in connection with other determinations of dependency under existing or future laws.

*Item 16.*—Enter the name, address, and relationship of beneficiary (or beneficiaries) whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child(ren). The succession of eligible survivor's as set forth in the "Servicemen's and Veterans" Survivor

Benefits Act," P. L. 881-84th Congress, is as follows: (1) Spouse; (2) Children (without regard to their age or marital status) in equal shares; (3) Parents or brothers or sisters (including those of halfblood and those by adoption), when so designated; (4) Parents in equal shares; or (5) Brothers and sisters (including those of halfblood or those by adoption) in equal shares.

**NOTE:**

The payment to either category (4) or (5) is in the event that a designation is not made under category (3).

The term "parents" includes "natural parents," "step-parents," "adoptive parents" and persons who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to the designator's entry upon active service.

*Item 17.*—Enter name and address of the beneficiary or beneficiaries whom you desire to receive any unpaid pay and allowances (Arrears of Pay) due you at the time of death. There are no restrictions on who may be designated as a beneficiary, or beneficiaries to receive unpaid pay and allowances and once a designation has been made it is binding until superseded by the completion of a later DD Form 93-1.

*Item 18.*—The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he is missing or captured and may be paid to the dependents for support. This item reflects your desires and is used as a guide in the disposition of your pay. Allowments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

*Item 21.*—The person assigned, by the commanding officer, the responsibility for interviewing the designator will, upon completion of the form, witness the designator's signature and sign in block 21.

**DISPOSITION INSTRUCTIONS**

U. S. NAVY: Original to BuPers, Washington 25, D. C.

Duplicate—File in Service Record at duty station.

See BuPers Instruction 1085.25 of 27 May 1953.

U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

Entry of other useful information in connection with emergency data such as location of will, safety deposit boxes, etc., if applicable, should be made under "Remarks."

**REMARKS:**

Recipient of personal effects--Geneva Ruth WHITE, wife; alternate, Roscoe Anthony WHITE Jr, son

HEADQUARTERS BATTERY  
2D BATTALION, 11TH MARINES  
1ST MARINE DIVISION (REIN) FMF  
CAMP PENDLETON, CALIFORNIA

VFP/jel  
7250  
12 October 1960

From: Commanding Officer  
To: Commandant of the Marine Corps (Code DGK)  
Subj: Photostatic copies of NAVPERS 668 (Rev 2-51) Application for Dependents Allowance, case of Corporal (E-4) Roscoe A. WHITE 1666106 USMC; request for  
Ref: (a) Para 044038 Volume 4 (Chapter 4) Navy Comptroller Manual

1. It is requested that a photostatic copy of the subject named form be forwarded to this organization for insertion in the Service Record Book of Corporal (E-4) WHITE in accordance with reference (a).

V. F. PACHECO

DGK-3-lft  
14 Nov 1960

FIRST ENDORSEMENT

From: Commandant of the Marine Corps  
To: Commanding Officer, Headquarters Battery, 2d Battalion, 11th Marines, 1st Marine Division (Rein), FMF, Camp Pendleton, California

Encl: (1) NAVPERS-668

1. Returned. Enclosure (1) is furnished in compliance with your request.

J. C. WEBRE  
By direction

FILED - DGK *[Signature]*

**RECORD OF EMERGENCY DATA**  
SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

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6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>23Dec59</b> (DATE LAST ENTRY)	8. FORMER SERVICE NO. <b>None</b>		9. SOCIAL SECURITY NO. <b>429-60-3576</b>
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state) <b>Geneva Ruth WHITE</b>			ADDRESS <b>Paris, Texas</b>		
10. WIFE OR HUSBAND (If none, so state)		11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		MARRIED	SEX
				YES	NO
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. FATHER <b>Robert Daniel Boone ROGERS (Stepfather)</b>		ADDRESS <b>Paris, Texas</b>			
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20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>HqBtry, 2dBn, 11thMar, 1stMarDiv(Rein) FMF, Campen, Calif</b>				DATE SIGNED <b>12 Oct 1960</b>	
21. SIGNATURE OF WITNESS <i>John E. Landry</i> <b>JOHN E. LANDRY, GySgt (E-6)</b>			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> <b>ROSCOE A. WHITE</b>		

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### REMARKS:

Recipient of personal effects; Geneva Ruth WHITE, wife; alternate, Roscoe Anthony WHITE Jr; son



NAVMEXOS-4184



(One box must be checked)

REGULAR MAIL       SPECIAL DELIVERY

AIR MAIL       REGISTERED MAIL

CLASSIFICATION

ROUTINE

IN REPLY REFER TO

7/CHR/JBY (3)  
5216/2

TO: Commandant of the Marine Corps  
(Code DFE)  
Headquarters, U. S. Marine Corps  
Washington 25, D. C.

DATE JUN 29 1960

NAVAL SPEEDLETTER—  
Permits dispatch in informal language.  
May be sent (1) with enclosures, (2) in a window envelope (size 8 1/2" x 3 1/2"), if contents are not classified as confidential or higher, (3) to both naval and nonnaval activities.  
Is packaged 500 sheets of white or of one color: yellow, pink, or green.

(Fold)

MCSO 107-60 PERT TEMADDINS ONE RA TO ARTY BALLISTIC METEOROLOGY CRS  
(6-103.1) CLAR ONE FT SILL OKLA RPT 8 JUL X CPL RA R A WHITE 1654106/  
0844 AS3 LAW CMD LTR DFI3-PAB-6 OF 13 JAN 60 X NEW SUBJ X MISO 99-60  
PERT TR ONE R2/R1 0141 TO MCAS KANFOHE BAY OAHU HAW X PFC W FOWELL  
1223172/0141 X NEW SUBJ X MCSO 96-60 PERT TR ONE RA/R3 TO MARCOR CWTG  
BRIDGEPORT CALIF FORDU IN MOS 8921 RPT BY 15 JUL X LOPL B J DUNHAM

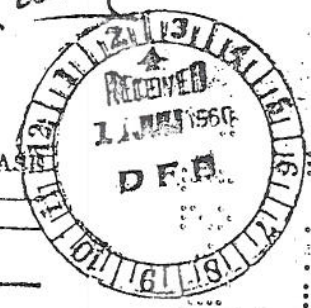
1057290/1141

#1  
#2  
#3

*[Handwritten initials and marks]*

*Larry D. Rade*  
LARRY D. RADE  
By direction

FILE COPY EACH MARINES CASE  
ACTION COMPLETED *7 Jul 60*  
CODE *DFE1* INITIAL *JWT*  
COPIES MADE \_\_\_\_\_



COPY TO  
60, 1st, 11th, 11th  
60, 2nd, 11th  
60, 1st, 11th (-)

FILE IN CASE

ADDRESS: Commanding General  
First Marine Division (Rein)  
Fleet Marine Force  
Camp Pendleton, California

← SENDER'S MAILING ADDRESS  
Address reply as shown at left or reply hereon and return in window envelope (size 8 1/2" x 3 1/2"). If not classified as confidential or higher.

ROUTINE

APPLICATION FOR DEPENDENTS ALLOWANCE  
NAVY PER - 888 (REV. 2-51)

(Check one)

SERVICE NUMBER <b>1666 106</b>	LAST NAME OF ENLISTED MEMBER <b>WHITE</b>	(First)	(Middle) <b>Roscoe</b>	(Last) <b>Anthony</b>	RATE <b>Pvt</b>
Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE OF THIS APPLICATION <b>15 Mar 57</b>	
SHIP OR STATION PREPARING THIS APPLICATION <b>1st RTBn, MCRDep, SDiego 40, California</b>				DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later) <b>19 Feb 57</b>	
				DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY <b>None</b>	

NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1. Geneva Ruth WHITE	Paris, Texas	Wife		19 Feb 57
2.				
3.				
4.				
5.				

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
---------------	------------------------	---------	--------------

DATE AND PLACE OF PRESENT MARRIAGE  
**11 Nov 55 County of Choctaw Higo, Oklahoma**

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE  
 YES  NO

MARITAL HISTORY OF SERVICEMAN AND WIFE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance?  
 YES  NO

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance?  
 YES  NO

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that \_\_\_\_\_ named above, has been dependent upon me for more than one-half of his or her support since without any consideration in return; that he or she has contributed to his or her support an average of \$ \_\_\_\_\_ per month in cash or its equivalent (Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

REQUEST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month Year	DEPENDENT NUMBER
1. Geneva Ruth WHITE	Same as above		Mar 57	1
2.				
3.				

Subscribed and sworn to before me this **15th** day

of **March** 19 **57**  
**L. K. MALUO** Lt. USMCR (W) Para 0.  
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to check against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.  
I also certify that none of the above named dependents is a member of the uniformed services on active duty.  
I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.  
**Roscoe A. White** Pvt.  
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

- I have credited dependents allowance as requested above except for dependent(s) number \_\_\_\_\_ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
- Q allotments have been registered as requested except allotment(s) number \_\_\_\_\_ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
- REMARKS

**W. O. ADAMS, LT COL., USMC, A6798**  
Deputy of  
(D. O. Signature)

"APPROVED AS CLAIMED"  
15 March 1957

**JAMES T. KESSEY**  
Lt Col. USMC  
Commanding Officer

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via 11, D.  
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account.  
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

U. S. GOVERNMENT PRINTING OFFICE: 1953 - 28692

ORIGINAL

### RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME <b>WHITE, Roscoe Anthony</b>		2. PRESENT SERVICE NO. <b>1666106</b>	3. RANK/RATE <b>Cpl (E4)</b>	4. DATE OF BIRTH <b>18Nov35</b>	5. RELIGION <b>Baptist</b>
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>23Dec59</b> <small>(DATE LAST ENTRY)</small>	8. FORMER SERVICE NO. <b>1666106</b>		
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) <b>Geneva Ruth WHITE</b>		<b>Rt. 2, Box 189B, Fallbrook, California</b>			
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED YES NO	SEX M F	DATE OF BIRTH
<b>Roscoe Anthony WHITE, Jr.</b>		<b>Rt. 2, Box 189B, Fallbrook, California</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
12. FATHER <b>Joseph Melvin WHITE</b>		ADDRESS <b>UNK</b>			
13. MOTHER <b>Lyda Merle ROGERS</b>		ADDRESS <b>Paris, Texas</b>			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM <b>None</b>		ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)		ADDRESS	RELATIONSHIP	DATE OF BIRTH	
<b>None</b>					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH <b>None</b>		ADDRESS			
DESIGNATIONS					
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN. NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).	FIRST NAME—MIDDLE NAME—LAST NAME		ADDRESS	RELATIONSHIP	
	<b>Lyda Merle ROGERS</b>		<b>Paris, Texas</b>	<b>Mother</b>	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	<b>Geneva Ruth WHITE</b>	<b>Route 2, Box 189B Fallbrook, California</b>	<b>Wife</b>	
	%				
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. <b>100</b>	<b>Geneva Ruth WHITE</b>	<b>Route 2, Box 189B Fallbrook, California</b>	<b>Wife</b>	
19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)					
FULL NAME AND ADDRESS OF COMPANY		ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE		POLICY NO.	
<b>American Natl Ins Co</b>		<b>Galveston, Texas</b>		<b>2225569</b>	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>E-2-11 1stMarDiv(Rein) FMF Camp Pendleton, California</b>				DATE SIGNED <b>26 Apr 1960</b>	
21. SIGNATURE OF WITNESS <i>Carl R. Clendenen</i> <b>CARL R. CLENDENEN Pfc USMC</b>			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> <b>ROSCOE A. WHITE</b>		

DD FORM 93-1  
1 Dec 56

Previous Editions are obsolete. For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

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*Item 10.*—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced or widowed, so state.

*Items 12 and 13.*—The term "Father" and/or "Mother" shall be interpreted to include "natural," "step," "adoptive" and person who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to designator's entry upon active service.

*Item 14.*—In the event that there is no other adult next of kin other than those named in items 10, 12 and 14, you may name a friend here. However, if a friend is named, he or she must be so identified.

*Item 14a.*—Enter under this item, the names of those persons who are in fact actually receiving more than 50 percent of their support from the designator. The information thus furnished shall be used in connection with other determinations of dependency under existing or future laws.

*Item 16.*—Enter the name, address, and relationship of beneficiary (or beneficiaries) whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child(ren). The succession of eligible survivor's as set forth in the "Servicemen's and Veterans" Survivor

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### NOTE:

The payment to either category (4) or (5) is in the event that a designation is not made under category (3).

The term "parents" includes "natural parents," "stepparents," "adoptive parents" and persons who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to the designator's entry upon active service.

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### DISPOSITION INSTRUCTIONS

U. S. NAVY: Original to BuPers, Washington 25, D. C.

Duplicate—File in Service Record at duty station.  
See BuPers Instruction 1085.25 of 27 May 1953.

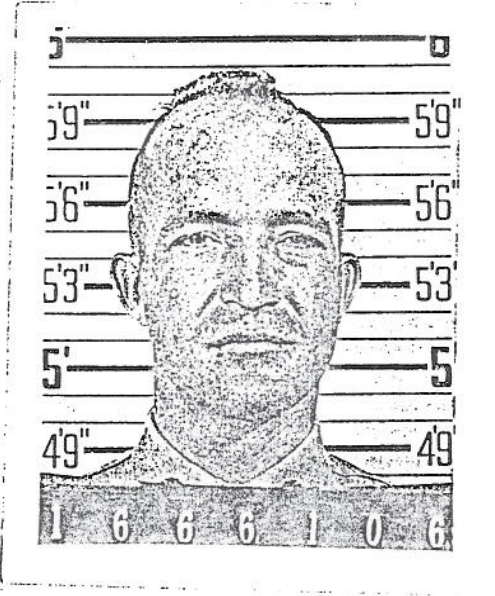
U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

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REMARKS:

"E" BATTERY  
2d Battalion, 11th Marines  
1st Marine Division (Rein), FMF  
Camp Pendleton, California



WHITE, Roscoe A

Acting Corporal (E-4)

1666106

Date of Photograph

18 December 1959

*Roscoe A. White*

ROSCOE A WHITE



## INSTRUCTIONS

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U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

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REMARKS:

PERSONNEL ACTION  
NAVMC 10274-PD

35

1. DATE 24 December 1959		2. PERSONNEL ACTION NO. 63-59	3. FILE NO. 1666106
4. FROM (Name, grade, service no., MOS, or CO, Pers. O, etc.) Corporal (E-4) Roscoe A. WHITE 1666106/3516 USMC			
5. ORGANIZATION AND STATION "E" Btry 2dBn 11thMar 1stMarDiv(Rein), FMP Camp Pendleton, California			
6. TO Commandant of the Marine Corps (Code DF)			
7. VIA (If applicable) (1) CO, "E" Btry 2dBn 11thMar (2) CO, 2dBn 11thMar (3) CG, 1stMarDiv(Rein), FMP		8. NATURE OF ACTION <input checked="" type="checkbox"/> REQUEST <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> DIRECTIVE <input type="checkbox"/> REPORT Assignment to formal school	
9. AUTHORITY (Or references, if applicable) Ref: (a) MCO 1001.3D (b) MCO 1133.15A -OK		10. ENCLOSURES (If any)	

11. SUPPLEMENTAL INFORMATION (Reduce to minimum wording—Limit text to this space)

1. Having integrated into the regular Marine Corps in accordance with the provisions of reference (a) for a period of six (6) years on 23Dec5 I have elected Option VI as outlined in reference (b).

2. Accordingly, it is requested that I be assigned to the Artillery Ballistics Meteorology School, U. S. Army Artillery and Missile School, Fort Sill, Oklahoma.

3. It is further requested that the provisions of para 7 of ref (b), which require formal school requests to be initiated 30 days prior to reenlistment date be waived because I have accepted an early discharge from the Marine Corps Reserve (My normal EAS date was 18Feb60) to enlist in the Regular Marine Corps.

12. COPY TO CO, 11th Marines	13. TYPED NAME AND SIGNATURE OF ORIGINATOR <i>Roscoe A. White</i> ROSCOE A. WHITE
---------------------------------	---

14. PROCESSING ACTION (Endorse by rubber stamp where practicable. Continue on reverse if necessary)

JAT/jrb  
1306  
24 Dec 1959

FIRST ENDORSEMENT

From: Commanding Officer, "E" Btry 2dBn 11thMar  
To: Commandant of the Marine Corps  
Via: (1) CO, 2dBn 11thMar  
(2) CG, 1stMarDiv(Rein), FMP

Ref: (c) MCO 1221.3B  
(d) MCO 1500.5A

NO MORE COPIES FY 60

REF: (g) HQO 1200.2V  
(c) HQO 1200.2V  
(e) DO 5000.1A, Para 1-3M

1. Forwarded, recommending approval
2. Statements of subject man have been verified.
3. Cpl. WHITE does not possess a critical MOS as listed in reference (c).
4. Subject man meets the prerequisites for Artillery Ballistics Meteorology School as outlined in reference (d).
5. As required by reference (e), the following information is submitted:

a. EAS date - 23Dec65

b. Present duties - Automotive Mechanic; duty MOS - 3516.

c. Immediate replacement is not required; however, eventual replacement through normal procurement channels is desired.

d. GCT - 113; PA Score - 121

e. Date last joined FMF - 19Sep57

f. Date joined this command - 20Oct58.

*D. J. Blaul*  
D. J. BLAUL  
Acting

*2nd*

ENDORSEMENT

DEC 28 1959 67

From: Commanding Officer, 2d Battalion, 11th Marines(Reint),  
1st Marine Division(Reint)FMF, Camp Pendleton, California  
To: Commandant of the Marine Corps (Code )  
Via: Commanding General, 1st Marine Division(Reint)FMF, Camp  
Pendleton, California



1. Forwarded.

JAN 4 1960

*[Signature]*  
By direction

*THIRD* ENDORSEMENT

From: Commanding General, 1st Marine Division  
(Reint), FMF  
To: Commandant of the Marine Corps (Code )  
*DF*

1. Forwarded.

*M. S. Wahrer*  
M. S. WAHRER  
By direction



DFI3-pab-6  
13 Jan 1960

From: Commandant of the Marine Corps  
To: Commanding General, 1st Marine Division (Reinf), Fleet Marine Force,  
Camp Pendleton, California

Subj: Assignment to Formal School Training; request for, case of Cpl (E-4)  
Roscoe A. WHITE 1666106/3516 USMC

Ref: (a) Cpl WHITE's PersActNo 63-59 of 24 December 1959  
(b) MCO 1133.15A

1. By reference (a) this Headquarters was informed that Corporal WHITE had integrated into the regular Marine Corps for a period of six (6) years on 23 December 1959 and desired assignment to the Artillery Ballistic Meteorology Course, Army Artillery and Missile School, Fort Sill, Oklahoma in accordance with Option VI of reference (b).
2. There are no further quotas to the desired course of instruction for the remainder of Fiscal Year 1960 and the establishment of Fiscal Year 1961 quotas has not been completed. Therefore, his request cannot be approved.
3. Should Corporal WHITE desire other formal school training have him select three schools of his choice listed in order of preference for consideration by this Headquarters. If he still desires assignment to the Artillery Ballistic Meteorology Course, inform this Headquarters and orders will be issued thereto upon establishment of the Fiscal Year 1961 quotas. Otherwise, please have him elect another option in accordance with the provisions of reference (b).

J. E. FOGG  
By direction

*1/16/60*  
*Quota reserved to 1st Div*  
*on MCO 107-60 w letter*  
*as per opt VI MCO 1133.15A*

FILE IN CASE  
*RM*

### RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME <b>WHITE, Roscoe Anthony</b>		2. PRESENT SERVICE NO. <b>1666106</b>	3. RANK/RATE <b>Cpl (E-4)</b>	4. DATE OF BIRTH <b>18Nov35</b>	5. RELIGION <b>Baptist</b>
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>23Dec59</b> <small>(DATE LAST ENTRY)</small>	8. FORMER SERVICE NO. <b>1666106</b>	9. SOCIAL SECURITY NO. <b>429-60-3576</b>	
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) <b>Geneva Ruth WHITE</b>		<b>137 6th Street, South Mesa, Oceanside, California</b>			
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS		MARRIED	SEX
<b>Roscoe Anthony WHITE Jr</b>		<b>137 6th Street, Oceanside, California</b>		YES	NO
				<b>X M</b>	
12. FATHER <b>Joseph Melvin WHITE</b>		ADDRESS <b>Unknown</b>			
13. MOTHER <b>Lyda Merle ROGERS</b>		ADDRESS <b>Paris, Lamar, Texas</b>			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM <b>None</b>		ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)		ADDRESS	RELATIONSHIP	DATE OF BIRTH	
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15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH <b>None</b>		ADDRESS			
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		<b>Lyda Merle ROGERS</b>	<b>Lamar, Texas</b>	<b>Mother</b>	
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		<b>100 %</b>	<b>Geneva Ruth WHITE</b>	<b>137 6th Street, Oceanside, California</b>	<b>Wife</b>
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FULL NAME AND ADDRESS OF COMPANY		ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE		POLICY NO.	
<b>American National Insurance Company</b>		<b>Galveston, Texas</b>		<b>2225569</b>	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>E-2-11, 1stMarDiv(Rein), FMF Camp Pendleton, California</b>				DATE SIGNED: <b>23Dec59</b>	
21. SIGNATURE OF WITNESS <b>J. R. Brower</b> <b>J. R. BROWER</b>			22. SIGNATURE OF DESIGNATOR <b>Roscoe A. White</b> <b>ROSCOE A. WHITE</b>		

DD FORM 93-1  
1 Dec 56

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May 1953.

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REMARKS:

150-00-2210

150-00-2210

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FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS		
10. WIFE OR HUSBAND (If none, so state) <b>Geneva Ruth WHITE</b>		<b>503 12th St., Oceanside, Calif</b>		
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	SEX <b>M</b>	DATE OF BIRTH
<b>Roscoe A. White, Jr</b>	<b>503 12th Street, Oceanside, Calif</b>			
12. FATHER <b>Joseph Melvin WHITE</b>	ADDRESS <b>Unknown</b>			
13. MOTHER <b>Lyda Merle ROGERS</b>	ADDRESS <b>Paris, Lamar, Texas</b>			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM <b>None</b>	ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH	
<b>None</b>				
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH <b>None</b>	ADDRESS			
DESIGNATIONS				
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).	FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP	
	<b>Lyda Merle ROGERS</b>	<b>Paris, Lamar, Texas</b>	<b>Mother</b>	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	PERCENT	FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
	<b>100%</b>	<b>Geneva Ruth WHITE</b>	<b>503 12th Street Oceanside, Calif</b>	<b>Wife</b>
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO.	FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
	<b>100%</b>	<b>Geneva Ruth WHITE</b>	<b>503 12th Street, Oceanside, Calif</b>	<b>Wife</b>
19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)				
FULL NAME AND ADDRESS OF COMPANY		ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE		POLICY NO.
<b>American Nat'l Insc Co</b>		<b>Galveston, Texas</b>		<b>222-5589</b>
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>E-2-11, 1stMarDiv (Reinf) FMF Camp Pendleton, Calif.</b>			DATE SIGNED <b>15Sep59</b>	
21. SIGNATURE OF WITNESS <i>D. W. Manifold</i> <b>D. W. MANIFOLD AGySgt USMC</b>		22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> <b>ROSCOE A. WHITE</b>		

DD FORM 93-1  
1 Dec 56

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

**FILE**  
**F**

**RECORD OF EMERGENCY DATA**  
SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME <b>WHITE, Roscoe Anthony</b>		2. PRESENT SERVICE NO. <b>1666106</b>	3. RANK/RATE <b>Corporal</b>	4. DATE OF BIRTH <b>18Nov35</b>	5. RELIGION <b>Baptist</b>
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (DATE LAST ENTRY)		8. FORMER SERVICE NO. <b>None</b>	
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		9. SOCIAL SECURITY NO. <b>429-60-3576</b>			
10. WIFE OR HUSBAND (If none, so state) <b>Geneva Ruth WHITE</b>		ADDRESS <b>503 12th St., Oceanside, California</b>			
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED YES NO	SEX	DATE OF BIRTH
12. FATHER <b>Joseph Melvin WHITE</b>		ADDRESS <b>Unknown</b>			
13. MOTHER <b>Lyda Merle ROGERS</b>		ADDRESS <b>Paris, Lamar, Texas</b>			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM		ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)		ADDRESS	RELATIONSHIP	DATE OF BIRTH	
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH		ADDRESS			

DESIGNATIONS			
	FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).	<b>Lyda Merle ROGERS</b>	<b>Lamar, Texas</b>	<b>Mother</b>
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	<b>100 %</b>	<b>Geneva Ruth WHITE</b>	<b>503 12th St. Oceanside, California</b> <b>Wife</b>
	<b>%</b>		
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	<b>PERCENT OF PAY EACH MO.</b>		
	<b>100%</b>	<b>Geneva Ruth WHITE</b>	<b>503 12th St. Oceanside, California</b> <b>Wife</b>

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)		
FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
<b>None</b>		<b>FILE F</b>

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <b>E-2-11, 1stMarDiv(Rein) FMF Camp Pendleton, California</b>		DATE SIGNED <b>14Oct58</b>
21. SIGNATURE OF WITNESS <i>W. Diswood Jr</i> <b>W. DISWOOD JR</b> CPL USMC	22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> <b>ROSCOE A. WHITE</b>	

DD FORM 93-1  
1 Dec 56

Previous Editions are obsolete.  
For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

## INSTRUCTIONS

(Items for which no instructions are printed below are self-explanatory)

IF NECESSARY, CONTINUE ANY ITEM IN "REMARKS" BUT SPECIFY THE PARTICULAR ITEM BEING CONTINUED.

All items of this form MUST be completed and MAINTAINED CURRENT by all officers and enlisted personnel in accordance with the following: NAVY—BuPers Manual, Art. B2312; MARINE CORPS—Par. 4019, PRAM; U. S. COAST GUARD—Personnel Manual, Par. 13-B-14.

In the event you, the designator, should die, the persons or agencies named in items 10, 11, 12, 13, 14, and 19 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Should you become critically or seriously ill, or incapacitated to the extent that you cannot notify them, the persons named in items 10, 11, 12, 13, and 14 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Payment of any benefits and disposition of remains in case of death shall be in accordance with applicable law.

*Item 10.*—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced or widowed, so state.

*Items 12 and 13.*—The term "Father" and/or "Mother" shall be interpreted to include "natural," "step," "adoptive" and person who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to designator's entry upon active service.

*Item 14.*—In the event that there is no other adult next of kin other than those named in items 10, 12 and 14, you may name a friend here. However, if a friend is named, he or she must be so identified.

*Item 14a.*—Enter under this item, the names of those persons who are in fact actually receiving more than 50 percent of their support from the designator. The information thus furnished shall be used in connection with other determinations of dependency under existing or future laws.

*Item 16.*—Enter the name, address, and relationship of beneficiary (or beneficiaries) whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child(ren). The succession of eligible survivor's as set forth in the "Servicemen's and Veterans" Survivor

Benefits Act," P. L. 881-84th Congress, is as follows: (1) Spouse; (2) Children (without regard to their age or marital status) in equal shares; (3) Parents or brothers or sisters (including those of halfblood and those by adoption), *when so designated*; (4) Parents in equal shares; or (5) Brothers and sisters (including those of halfblood or those by adoption) in equal shares.

### NOTE:

The payment to either category (4) or (5) is in the event that a designation is not made under category (3).

The term "parents" includes "natural parents," "stepparents," "adoptive parents" and persons who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to the designator's entry upon active service.

*Item 17.*—Enter name and address of the beneficiary or beneficiaries whom you desire to receive any unpaid pay and allowances (Arrears of Pay) due you at the time of death. There are no restrictions on who may be designated as a beneficiary or beneficiaries to receive unpaid pay and allowances and once a designation has been made it is binding until superseded by the completion of a later DD Form 93-1.

*Item 18.*—The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he is missing or captured and may be paid to the dependents for support. This item reflects your desires and is used as a guide in the disposition of your pay. Allorments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

*Item 21.*—The person assigned, by the commanding officer, the responsibility for interviewing the designator will, upon completion of the form, witness the designator's signature and sign in block 21.

### DISPOSITION INSTRUCTIONS

U. S. NAVY: Original to BuPers, Washington 25, D. C.

Duplicate—File in Service Record at duty station.

See BuPers Instruction 1085.25 of 27 May 1953.

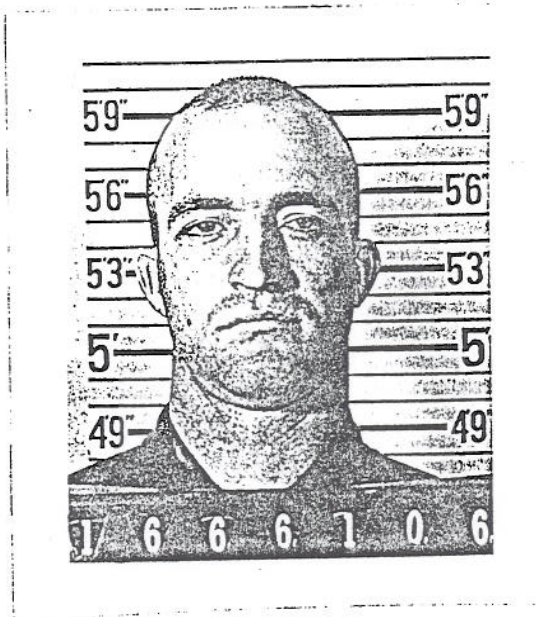
U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

Entry of other useful information in connection with emergency data such as location of will, safety deposit boxes, etc., if applicable, should be made under "Remarks."

REMARKS:

FIRST RECRUIT TRAINING BATTALION  
MARINE CORPS RECRUIT DEPO  
SAN DIEGO 40, CALIFORNIA



*Roscoe Anthony White*

SIGNATURE

ROSCOE ANTHONY WHITE1666106

Pvt 27 April 57

NAME

SER.NO.

RATE

DATE

USMC