VFP/jel 1306 13 December 1960

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

Commanding Officer, Headquarters Battery, 2d Battalion, From:

11th Marines, 1st Marine Division (Rein) FMF Commandant of the Marine Corps (Code DF)

(1) Commanding Officer, 2d Battelion, 11th Marines, 1st To: Via:

(2) Commanding Officer, 11th Marines, 1st Marine Division,

(3) Commanding General, 1st Marine Division (Rein) FMF

Subj: Humanitarian transfer; request for

1. Forwarded recommending approval.

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 Cor-

poral (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.

- 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.

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

13 December 1960

Corporal (E-4) Roscoe A. WHITE 1666106/0847/3516 USMC

Commandant of the Marine Corps (Code DF) To:

(1) Commanding Officer, Headquarters Battery, 2d Batta-Via: lion, 11th Marines, 1st Marine Division (Rein) FMF

(2) Commanding Officer, 2d Battalion, 11th Marines, 1st Marine Division (Rein) FAF

(3) Commanding Officer, 11th Marines, 1st Marine Division (Rein) FMF

(4) Commanding General, 1st Marine Division (Rein) FMF

Humanitarian transfer; request for Subj:

(a) Para 7014 Marine Corps Manual Ref:

(1) Statement of Reverend Encl:

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

Loscoe A. Syhite

	*				, P.S				
		RECOR	D OF EA	MERGENC	Y DATA				•
1. DESIGNATOR'S LAST NAME—FIR	ST NAME-MI	DOLE NAME	2. PRESENT S		AKING ENTRIES				
WHITE, Roscoe	Anthor	ıv	16661		3. RANK/RATE	4. DA	TE OF B	IRTH 5	. RELIGION
6. HOME ADDRESS AT TIME OF ENT	RY INTO SERVI	CE	7. PRIOR MIL.		Cpl (E-4)	Tar	Jov3	5	Baptis t
			- X Yes F		8. FORMER SERVICE NO	•		5900	
		387 383 383	23Dec		9. SOCIAL SECURITY NO				
			-	AST ENTRY)	429-60-35). 74			
FIRST NAME-HIDDLE NAME-	LAST NAME (IF	deceased, so state)	1						
10. WIFE OR HUSBAND (If none, to	ifate)				ADDRESS				- 3
Geneva Ruth WE			Paris.	Texas					
11. NAME OF CHILDREN (If none, so	state. If step	or adopted, so state)	,	ADDI	ecc.				
Roscoe Anthony			Paris,	Texas	-	YES	RRIED NO X	SEX	DATE OF BIRTH
Ricky Don WHIT	E		Paris,	Texas			X	x	
12. FATHERRObert Dan	1 - 7 D			~					
ROGERS (Stepfa	TeT Ro	one	ADDRESS						
13. MOTHER	ther		· . P	aris, T	Cexas				
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84th Congress).		Lyda Mer	le ROGI	ERS .	Paris, Tex	as	0		Mother
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John E. Landry	· GvSat	(E-6)		7	DESIGNATOR A. GI	Hete	_		
D FORM OF T	- Jog ((4.70)		1	ROSCOE A. W	HITE	1000		1042 (1041) F

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DD FORM 93-1

Previous Editions are obsolete.

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

(Hemt 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 Nor 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 I 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(ten). 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 these 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 (39.

The term "parents" includes "natural parents," "stepparents," adoptive parents" and persons who stood in "loco parents" to the designator for a period of not less than Layear at any compoprior to the designator's entry upon active services

Item 17.-Enter name and address of the beneficiary or boneficiaries whom you desire to receive any unpaich pay and allow. ances (Arrears of Pay) due you at the time of death. There are no restrictions on who may be designated as a beneficiary of 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 servicemember 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. Allotments 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."

T 225 : .

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

Commanding Officer

To: Commandant of the Marine Corps (Code DGK)

Photostatic copies of NAVPERS 668 (Rev 2-51) Application for Dependents Allowance, case of Corporal (E-4) Roscoe A. WHITE 1666106 USMC; request for

(a) Para Ohho38 Volume h (Chapter h) 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).

14 Nov 1960

FIRST ENDORSEMENT

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

(1) NAVPERS-668

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

J. C. WEBRE By direction

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			YES NO	None				
		39	23Dec59	9. SOCIAL SECURITY NO.				
			(DATE LAST ENTRY)	429-60-357	6			
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ROGERS (Stepfat	ner)		Paris,	Texas				
	D.C.		ADDRESS		58			
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MUST TOTAL 100 PERCENT.	74					29		
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John & Landry	_			RE OF DESIGNATOR A	me	te		p.e.
JOHN E. LANDRY,	GySgt	(E-6)		ROSCOE A.	WHITE	:		- 1

DD FORM 93-1

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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.

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

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3	For	Navy, Marine	Corps, and Coast	Guard use: Will be used in I	icu of DD Form 93.			
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(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 Nor 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 14.1.—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 Magerseded 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. Allotments 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.

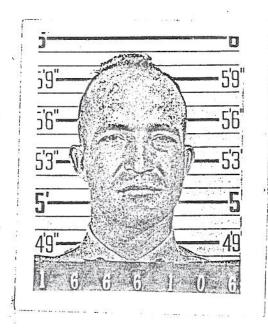
U. S. MARINE CORPS: See Par. 4019, PRAM. U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

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

"E" BATTERY

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



WHITE, Roscoe A

Acting Coropral (E-4)

1666106

Date of Photograph

18 December 1959

ROSCOE A WHITE

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

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REMARKS:

NAVMC 10274-PD					
l Date 21 December 1959		2. PERSONNEL ACTION NO.		3. FILE NO. 1666106)
4. FROM (Name, grade, service no., MOS. or CO, Pers. (), etc.)					
Corporal (E-4) Roscoe A. WHITE	16661	06/3516 USMC			
s organization and station "E" Btry 2dBn 11thMar 1stMarDi	v(Rein), FMF Camp	Pendleto	on, Califo	rn
6. TO					
Commandant of the Marine Corps	(Code	DF)			
(1) CO, "E" Btry 2dBn 11thMar					_
(2) CO, 2dBn llthlar		X REQUEST R	ECOMMENDATION	DIRECTIVE	L
(3) CG, lstMarDiv(Rein), FMF		ASSIGNMENT	CO TOLIN	al School	
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s. AUTHORITY (Or references, if applicable)	10. ENCLOSURES	(If any)		CONTRACTOR OF	č.,
Ref: (a) MCO 1001.3D	711	41.		A 42 (2)	-
(b) MCO 1133.15A -	SE	1991		16.00 March	*3
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(e) DO 5000 1A, Para 1-3M

1. . Forwarded, recommending approval

tatements 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: J.T. C.

- EAS date 23Dec65
- b. Present duties Automotive Mechanic; duty MOS 3516. POTENT OF THE THIRT TO STREET A THE P
- Live co. Immediate replacement is not required; however, eventual replacement through normal procurement channels is desired, d. GCT = 113; PA Score - 121-
- Date: last joined FMF 19Sep57 rappropriate territoria de consulta en esta de la consulta en el c
 - f.c Date joined this command 20ct58.

D. J. BLAUI

DEC 2 8 1959 6/

From: Commanding Officer, 2d Battallon, 11th Marines(Reinf), To: Commandant of the Marine Corps (Code)

Via: ... Commanding General, 1st Marine Division(Reinf)FMF, Camp Pendleton. California

1. Forwarded.

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JAN 1 1960 By direction

From: Commanding Garard, let Marine Division

(Roini), FMF

To:

Commandant of the Marine Co

Forwarded.

. M. S. WAHRER

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 Mateorology 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

FILE IN CASE

DESIGNATORS		SEE INSTRU	D OF EMERGEN	E MAKING ENTRIES		
1. DESIGNATOR'S LAST NAME—FIL			2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
WHITE, ROSCOE	Antho	ny	1666106	Cpl (E-4)		Baptist
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•			X YES NO	1666106		
			_23Dec59	9. SOCIAL SECURITY NO.		
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O. WIFE OR HUSBAND (If none, to	state)	receased, so state)	127 (1) 61	ADDRESS		
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II. NAME OF CHILDREN (If name, so	state. If step s	or adopted to stop !		California		
		The part of the pa	^	DORESS	MARRIED SE	X DATE OF BIRTH
Roscoe Anthony WHITE Jr			137 6th Str Oceanside,	reet, California	мо и	
2. FATHER			ADDRESS			
Joseph Melvin	WHITE		Unknown	ij		
3. MOTHER			ADDRESS	- <u>15</u>		
Lyda Merle RO	GERS			Conic Tal	m	
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(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 Nor

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 I 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. Allotments 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.

19:00:7

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		KECOR!	D OF EMERGEN	ICY DATA			
1. DESIGNATOR'S LAST NAME -FIRST	NAME-MIDDI	LE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF B	IRTH 5. RELIC	CION
WHITE. ROSCOR	Anthor	177	1666106	Cpl E4	18Nov3		
WHITE, ROSCOE	INTO SERVICE	· J	7. PRIOR MIL, SERVICE	8. FORMER SERVICE NO	TOMOA	2 papi	2780
			YES A No	None	•		
				9. SOCIAL SECURITY N			
		99	19Feb 57				
			(OXIC OXIC LIVE)	429-60-			
FIRST NAME—MIDDLE NAME—LA 10. WIFE OR HUSBAND (If none, so sto		ceased, so state)		ADDRES	S		
Geneva Ruth WHI			502 7 2+h 9	t Occomatá	00746		
				t., Oceansid	10, CHILL		
11. NAME OF CHILDREN (If none, so si	tate. If step or	adopted, so state)	ļ	DDRESS	MARRIED		TE OF BIRTH
Roscoe A. White	Tn.		503 12 th St	naat	YES NO	M	
HOBOOG A: WHILE	, , ,,		Oceanside,	Colif	^	111	
			oceanside,	Carri			120
					-	1 1 .	• • • •
						1 :	···.
12, FATHER	3		ADDRESS	*		-	•
Joseph Melvin	WHITE	8	Unknown			:	
13. MOTHER			ADDRESS				
Lyda Merle ROGI	ERS			Paris, Lama	ar, Texas	;	:
14. ADULT NEXT OF KIN NOT NAMED	IN ANY OTHER	RITEM	ADDRESS				·
None						•:	:
14a. ALL PERSONS RECEIVING MOR	E THAN SO P	FRCENT OF THEIR			************	- 1	• • •
SUPPORT FROM ME (OTHER THA	N WIFE OR CHI	LDREN UNDER 21)	,	ADDRESS	RELATIONS	SHIP D	ATE OF BIRTH
	1010					-	
None		85				1	
							/
15. PERSON(S) NAMED ABOVE WHO	ARE NOT TO	BE NOTIFIED DUE	ADDRESS				
TO ILL HEALTH None							1
			DESIGNATIONS				-}
		FIRST NAME	MIDDLE NAME—LAST NAME		DORESS		1
		1	The state of the s	^		KE	ENTIONSHIP
16. BENEFICIARY FOR GRATUITY PAY THERE IS NO SURVIVING SPOU	IN EVENT	mdo Mon	le ROGERS		Paris,	1.1	F
GIBLE CHILD(REN), NAME PAR BROTHERS OR SISTERS ONLY (P.		byda ner.	Te MOGEMO	Lamar, Te	exas	- M	other
84th Congress).	1. 661					l E	
						1	
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	1			F00 5000			
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOW-				503 12th	Street	£	
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gress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.						E	
	PERCENT OF					E	
18. PERSON TO RECEIVE ALLOT- MENT OF PAY IF MISSING OR	PAY EACH MO				Street,	B	
UNABLE TO TRANSMIT FUNDS.	100%	Geneva	Ruth WHITE	Oceanside	, Calif	W	ife
19. INSURANCE POLICIES IN FORCE	NCLUDING US	GLI AND NSLI (Agen	cies to be notified in case of a	leath in active service)		1	
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Co		- 4 20		4 W		-	
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or or	9				7.		-
20. SERVICE ORGANIZATION AND A					. DATE	SIGNED	-
E-2-11, 1stMa	rDiv_(Reinf) F	MF Camp Pend	dleton, Dali.	f.	15Sep	59
21. SIGNATURE OF WITNESS	1/nl			ATURE OF DESIGNATOR	1 . 11-	V	
2) to MI	anetal 6	2/		hores	A. Whee		.
D. W. MA	HIPOLD	AGySgt	USMC	ROSCOE	A. WHIT	E	
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DD FORM 93-1

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

DESIGNATION	SEE INSTRU	D OF EMERGEN	MAKING ENTRIES		
DESIGNATOR'S LAST NAME—FIRST NAME—	-MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5 PELICION
WHITE, Roscoe Anti	nony	1666106	Corporal	18Nov35	Baptist
	ERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.		Грарстас
*	·0	YES X NO	None 9. SOCIAL SECURITY NO.		
		(DATE LAST ENTRY)	- 1		
FIRST NAME - MIDDLE NAME - LAST NAME	(If deceased, so slate)	1	1,29-60-35	576	
. WIFE OR HUSBAND (If none, so state)		 	ADDRESS	-	
Geneva Ruth WHITE		T00 3011 -	200 0000		
. NAME OF CHILDREN (If none, so state. If	step or adopted to state	503 12th S	t., Oceanside	. Califor	nia
		ADI	DRESS	MARRIED SEX	DATE OF BIRTH
				YES NO	
3.48					
FATHER .					1
		ADDRESS			
Joseph Melvin WHIT	E.	Unknown			
	신대하	ADDRESS			
yda Merle ROGERS			Paris, Lamar	Позгол	
ADULT NEXT OF KIN NOT NAMED IN ANY	OTHER ITEM	ADDRESS	TRI DAME	, rexas	
ALL PERSONS RECEIVING MORE THAN	50 PERCENT OF THEIR				
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TO ILL HEALTH	TO BE MOTIFIED DUE	ADDRESS			
	SIDET MANE	DESIGNATIONS			
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		MIDDLE NAME—LAST NAME		Paris.	RELATIONSHIP
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GIBLE CHILDIRENI. NAME PARENTS OR BROTHERS OR SISTERS ONLY IP 1 881		MIDDLE NAME—LAST NAME		Paris.	
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BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOW-	Lyda Mer	MIDDLE NAME—LAST NAME	Lamar, Texa	Paris,	Mo ther
BENEFICIARY OR BENEFICIARIES OR UNPAID PAY AND ALLOW- ANCES (P. L. 147, 84th Con- gress).	Lyda Mer	rle ROGERS	Lamar, Texa	Paris,	Mo ther
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BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress). BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOW-ANCES (P. L. 147, 84th Congress). PERSON TO RECEIVE ALLOT-MENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS. NSURANCE POLICIES IN FORCE INCLUDING FULL NAME AND ADDRESS OF COMPANY	Lyda Men "Geneva F "Geneva F "Geneva F "Geneva F "ADDRE	Ruth WHITE Suth WHITE So to be notified in case of death Siss of Office Receiving Paym 22. Signap Received	Lamar, Texas 503 12th St. side, Califo 503 12th St. side, Califo in active service) MENT OR HOME OFFICE	Paris, s Ocean- ornia Ocean- ornia	Mother Wife

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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 Nor 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 14.a.—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 detignated; (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). ***
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"adoptive parents" and persons who stood in "loco parents;" 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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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. Allotments 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

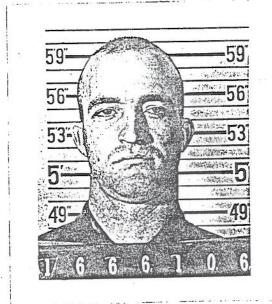
May 1953.

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 DEPOR SAN DIEGO 40, CALIFORNIA



Roscae anthony White

ROSCOE ANTHONY WHITE1666106

Pvt 27 April 57

NAME

SER NO.

RATE

DATE

IISMC