

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

Handwritten notes:
1/6/60
Quota issued to 1st
on MCO 107-60 - white
as opt VI - MCO 1133.15A
JEF

FILE IN CASE

APPLICATION FOR UNIFORM SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved,
Budget Bureau No. 22-R174

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR FORM 1172 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable) WHITE, Roscoe A	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER HOME _____ OFFICE _____ None
4. STATUS <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED AD <input type="checkbox"/> DECEASED RETIRED <input type="checkbox"/> OTHER (Specify)	5. GRADE—RATE—RANK Cpl (E-4)	6. BRANCH OF SERVICE USMC
8. DATE OF (expiration of service or contract) OR (death) (if applicable) 22Dec65	7. SERVICE NUMBER 1666106	
9. REASON FOR APPLICATION (Check applicable box) <input type="checkbox"/> ORIGINAL CARD(S) <input checked="" type="checkbox"/> EXPIRATION OF CARD(S) <input type="checkbox"/> REPLACE LOST CARD(S) <input type="checkbox"/> DAMAGED CARD(S) <input type="checkbox"/> CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)		

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME—FIRST NAME—MIDDLE INITIAL WHITE, Geneva R	b. RELATIONSHIP Wife	c. COLOR EYES Grey	d. COLOR HAIR Brown	e. PRIVILEGE AUTHORIZED ¹ T, U, Limited	f. CARD NO. ISSUED 1,905,503
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT 5'2"	j. WEIGHT 107	k. EXPIRATION DATE 22Dec1965	l. DATE ISSUED 17Feb1960
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED ¹	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
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SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. Lawful marriage to the spouse named took place at Hugo, Oklahoma on 11Nov56
PLACE DATE

b. The lawful husband named is in fact dependent upon me for over one-half of his support.

c. I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ on _____
PLACE DATE

¹ Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities

d. I am the unmarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____

PLACE ON DATE

e. All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.²

b. I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.²

j. I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331-1337 (formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948) and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

² For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION: 12Feb60
 22. SIGNATURE OF APPLICANT: Roscoe A. White
 NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED; AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER Btry 2dBn 11thMar 1stMarDiv (Rein), FMF	24. TYPED NAME, GRADE AND TITLE D. J. BLAUL ExecO	25. SIGNATURE <i>D. J. Blaul</i>
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SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER PROVOST MARSHAL MCB, Camp Pendleton, Calif.	27. TYPED NAME, GRADE AND TITLE G. E. PETRO MAJ USMC	28. SIGNATURE <i>G. E. Petro</i>
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United States Marine Corps



Certificate of Good Conduct

Cpl (E4) ROSCOE ANTHONY WHITE 1666106/0800

Having conducted yourself in a creditable manner, you are, by direction of the Commandant of the Marine Corps, awarded a Good Conduct Medal First Award
for the period 19Feb57 *to* 18Feb60



Your conduct during this period denotes honest and faithful service in keeping with the highest traditions of the Marine Corps

1st Mar Btry 2d Bn 11th Mar
1st Mar Div (Rein) FMF
Camp Pendleton, California
UNIT
18 February 1960
DATE OF AWARD

T. A. WOFFORD
U.S.M.C.
Captain
COMMANDING

FILED ON CASE

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME WHITE, Roscoe Anthony		2. PRESENT SERVICE NO. 1666106	3. RANK/RATE Cpl (E4)	4. DATE OF BIRTH 18Nov35	5. RELIGION Baptist
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 23Dec59 <small>(DATE LAST ENTRY)</small>	8. FORMER SERVICE NO. 1666106		
		9. SOCIAL SECURITY NO. 429-60-3576			
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) Geneva Ruth WHITE					
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED	SEX	DATE OF BIRTH
Roscoe Anthony WHITE, Jr.		Rt. 2, Box 189B, Fallbrook, California	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	M
12. FATHER Joseph Melvin WHITE		ADDRESS UNK			
13. MOTHER Lyda Merle ROGERS		ADDRESS			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM None		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	
None					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None		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	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.		100 %			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.		PERCENT OF PAYEACH MO. 100			
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.	
American Natl Ins Co		Galveston, Texas		2225569	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR				DATE SIGNED	
E-2-11 1stMarDiv(Rein) FMF Camp Pendleton, California				26 Apr 1960	
21. SIGNATURE OF WITNESS <i>Carl R. Clendenen</i> CARL R. CLENDENEN Pfc USMC			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> ROSCOE A. WHITE		

MILITARY AND CIVILIAN OCCUPATIONAL SPECIALTIES AND EDUCATION

MILITARY OCCUPATIONAL SPECIALTIES

DATE	PRIMARY MOS	ADDITIONAL MOS	TITLE OF MOS	AUTHORITY
9May58	3516	- - -	Motor Vehicle Mechanic	6102 MCM /s/ Peter F. Hovell CO
11Feb60	0800	- - -	Basic FABtryman	6102.5 MCM /s/ T. A. McPheeters CO
11Feb60	- - -	3516	Motor Vehicle Mechanic	6102.5 MCM /s/ T. A. McPheeters CO
18May60	0844	- - -	FAFCMan	6102.6aMCM /s/ T. A. McPheeters CO

EDUCATION

CIVILIAN

TYPE SCHOOL	MAJOR SUBJECT	NUM- BER YEARS	GRAD.		YEAR LEFT SCHOOL
			YES	NO	
GRAMMAR SCHOOL		8	x		1950
HIGH SCHOOL	Agric	4	x		1954
COLLEGE—UNIVERSITY					
TRADE—BUSINESS					

MILITARY

SCHOOL ATTENDED AND COURSE	NUM- BER WKS.	YEAR COMPLETED	INCOM- PLETE
Agric Crs Sukiran, Okinawa	6	1958	

CIVILIAN OCCUPATIONS

JOB TITLE (Main occupation)

Log Truck Driver

DOT NO.

7-36,240

YEARS EXPERIENCE

2 3/4

DUTIES PERFORMED Drove trailer-truck to transport logs from forest to sawmill for cutting & processed logs from sawmill to distributors.

JOB TITLE (Secondary occupation)

Monorail Hooker

DOT NO.

9-73,10

YEARS EXPERIENCE

1/4

DUTIES PERFORMED Used large clamps & metal hooks to hang pieces of plane wings, nacelles & various parts of planes to monorail to be taken to anodizing tank & chromodizing tank.


TESTING AND SPECIAL QUALIFICATIONS

FOREIGN LANGUAGE

LANGUAGE	DIALECT	COMPREHENSION			TRANSLATING EXPERIENCE		INTERPRETING EXPERIENCE	
		SPEAKS	READS	WRITES	YES	NO	YES	NO

OPERATES (Name of machine, vehicle, equipment, etc.)

CLASSIFICATION, APTITUDE, AND TRADE TESTS

TITLE	FORM	DATE	GRADE—SCORE	AUTHENTICATION (Name and rank)
GCT	3a		II-119(R)	 CO
RV	3a		II-112(R)	
AC	3a		III-108(R)	
AR	3a		III-104(R)	
PA	3a	16Jun60	I-151(R)	

PREFERENCE OF DUTY

Artillery

RECOMMENDED DUTY ASSIGNMENT

Artillery

REMARKS AND MISCELLANEOUS QUALIFICATIONS

Sports: Football, HS Varsity, 1 yr.
 Hobbies: AutoMech; Overhauled & repaired own car, 2 yrs.
 Finished 3/30 with 94.6 average in Mechanics Course

NAME (Last) (First) (Middle) SERVICE NO.
 WHITE Roscoe Anthony 1666106

USE FOR ADDRESS LETTERS ONLY

NAVAL SPEED LETTER

DO NOT WRITE IN THESE COMMUNICATIONS OFFICE

(One box must be checked)

REGULAR MAIL SPECIAL DELIVERY

AIR MAIL REGISTERED MAIL

CLASSIFICATION
ROUTINE

IN REPLY REFER TO
7/CEHL/3W (3)
5216/2

DATE
JUN 29 1960

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

NAVAL SPEEDLETTER—
 Permits dispatch or 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 R4 TO ARTY BALLISTIC METEOROLOGY CRS

(6-3-103.1) CLNR ONE FT SILL OKLA RPT 8JUL X CPL R A WHITE 1666106/

0844 ASG IAW CMC LTR DFT3-PAB-6 OF 13JAN60 X NEW SUBJ X MESS 99-60

PERT TR ONE E2/E1 0141 TO MCAS KANOEHE BAY OAHU HAW X PFC W POWELL

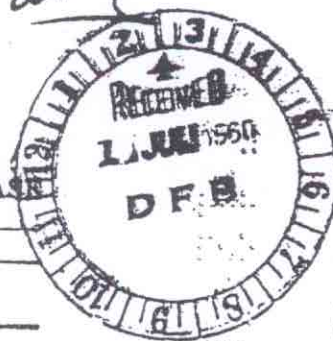
1223172/0141 X NEW SUBJ X MCSO 96-60 PERT TR ONE E4/E3 TO MARCOR GWTC

BRIDGEPORT CALIF FORDU IN MOS 8921 RPT BY 15JUL X LCPL B J DUNHAM

1057290/1141

Larry D. Rabb

LARRY D. RABB
By direction



FILE COPY EACH MARINES CASE
 ACTION COMPLETED 7 Jul 60
 CODE DEEL INITIAL GRH

COPIES MADE _____

FILE IN CASE

COPY TO

CG, 1stM, 11thMar
 CG, 2dM, 11thMar
 CG, 1stM, 1stM, 1stM(-)

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.

CLASSIFICATION

ROUTINE

15
[Handwritten signature]

U.S. ARMY ARTILLERY & MISSILE SCHOOL
 Fort Sill, Oklahoma

COURSE: BALLISTICS METEOROLOGY COURSE J-61
 WEEK ENDING: 24 Sep 60

DATE	TIME	SECTION	SUBJECT MATTER AND REFERENCES	ASSEMBLY AREA AND EQUIPMENT
Mon 13 Sep	0700-1630	M 921 H (PEX #4)	PE. Field Exercise #4	C B 3152 & P
Tue 20 Sep	0700-1040	M 920E	PE. Meteorological team training. Revi Prev assignments on Jwin 50; Ruzina Fallout winds and team training	C B 3152
Wed 21 Sep	1050-1130 1130-1400	M 921 L M 928	PE. Preparation for Fid Exer # 5 C. Critique of M 805	B 3152 B 3152
Thu 22 Sep	1400-1610	M 930	C. Summary of Course	B 3152
Fri 23 Sep	0700-2400	M 921 J	PE. Fid Exercises # 5	C B 3152 and Fid
Sat 24 Sep	0730-1130 1100-1610	M 921 K	C. PE. Critique and unloading.	B 3152
Sun 25 Sep	0710-1140 1210-1400 1430-1510 1540-1610		OUT PROCESSING Preparation for Graduation GRADUATION OUT PROCESSING	B 3152 B 3152 B 3152 B 3152

ABMC J-61

1960

EM-ABMC #1-61

TARGET ACQUISITION DEPARTMENT
FORT SILL, OKLAHOMA

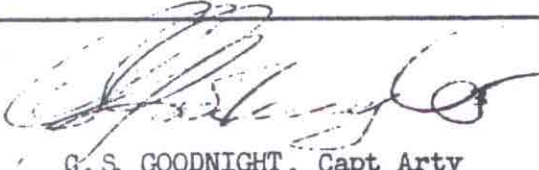
TRANSPORTATION

MEMO TO: TRANSPORTATION OFFICER

WEEK ENDING 24 SEP 60

Req Nr	Time and Problem	Class	Requirement	Rpt To	FROM	TO
<u>MONDAY 19 SEP 60</u>						
1	0805-0820	ASOC 2-61	30 Off (Approx)	Capt Goodnight	LP4A	LP6
2	1135-1145				LP6	LP4A
3	1245-1300				LP4A	LP6
4	1615-1630				LP6	LP4A
5	0715-0730	AFRAC 1-61	2 Off	"	LP4A	LP6
6	1135-1145				LP6	LP4A
7	1245-1300				LP4A	LP6
8	1615-1630				LP6	LP4A
9	0715-0730	FAROC 1-61	1 Off	"	LP4A	LP19
10	1615-1630				LP19	LP4A
11	0645-0700	ABMC 1-61	2 Off	"	LP4A	LP20
12	0715-0730	AFRAC 1-61	22 EM	"	LP15D	LP6
13	1135-1145				LP6	LP15D
14	1245-1300				LP15D	LP6
15	1615-1630				LP6	LP15D
16	0715-0730	FAROC 1-61	46 EM	"	LP15D	LP19
17	1615-1630				LP19	LP15D
18	0645-0700	ABMC 1-61	15 EM	"	LP15B	LP20
19	0715-0730	WEMC 1 & ABMC 2	23 EM	"	LP15B	LP20
20	1135-1145				LP20	LP15B
21	1245-1300				LP15B	LP20
22	1615-1630				LP20	LP15B

FOR THE DIRECTOR:



G. S. GOODNIGHT, Capt Arty
Asst Operations Officer

1960

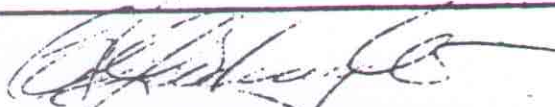
TARGET ACQUISITION DEPARTMENT TRANSPORTATION
FORT SILL, OKLAHOMA

MEMO TO: TRANSPORTATION OFFICER

WEEK ENDING 24 SEP 60

Req Nr	Time and Problem	Class	Requirement	Rpt To	From	To
<u>TUESDAY 20 SEP 60</u>						
1	0715-0730	ASOC 2	30 Off(Aprox)	Capt	LP4A	LP6
2	1135-1145			Goodnight	LP6	LP4A
3	1245-1300				LP4A	LP6
4	1615-1630				LP6	LP4A
5	0715-0730	AFRAC 1	2 Off	"	LP4A	LP6
6	1135-1145				LP6	LP4A
7	1245-1300				LP4A	LP6
8	1525-1540				LP6	LP4A
9	0715-0730	ASAC 2	2 Off	"	LP4A	LP6
10	1615-1630				LP6	LP4A
11	0645-0700	FAROC 1	1 Off	"	LP4A	LP19
12	1135-1145				LP19	LP4A
13	1245-1300				LP4A	LP19
14	1615-1630				LP19	LP4A
15	0715-0730	ABMC 1	2 Off	"	LP4A	LP20
16	1135-1145				LP20	LP4A
17	1245-1300				LP4A	LP20
18	1615-1630				LP20	LP4A
19	0715-0730	AFRAC 1	22 EM	"	LP15D	LP6
20	1135-1145				LP6	LP15D
21	1245-1300				LP15D	LP6
22	1525-1540				LP6	LP15D
23	0715-0730	ASAC 2	56 EM	"	LP15C	LP6
24	1615-1630				LP6	LP15C
25	0715-0730	FAROC 1	46 EM	"	LP15D	LP19
26	1135-1145				LP19	LP15D
27	1245-1300				LP15D	LP19
28	1615-1630				LP19	LP15D
29	0715-0730	ABMC 1 & 2, WEMC 1	38 EM	"	LP15B	LP20
30	1135-1145				LP20	LP15B
31	1245-1300				LP15B	LP20
32	1615-1630				LP20	LP15B

FOR THE DIRECTOR:



C. S. GOODNIGHT, Capt Arty
Asst Operations Officer

1960

TARGET ACQUISITION DEPARTMENT
FORT SILL, OKLAHOMA


TRANSPORTATION

MEMO TO: TRANSPORTATION OFFICER

WEEK ENDING 24 SEP 60

Req Nr	Time and Problem	Class	Requirement	Rpt To	From	To
<u>WEDNESDAY 21 SEP 60</u>						
1	0715-0730	ASOC 2	30 Off (Approx)	Capt	LP4A	LP6
2	1135-1145			Goodnight	LP6	LP4A
3	1245-1300				LP4A	LP6
4	1615-1630				LP6	LP4A
5	0715-0730	AFRAC 1	2 Off	"	LP4A	LP6
6	1135-1145				LP6	LP4A
7	1245-1300				LP4A	LP6
8	1615-1630				LP6	LP4A
9	0715-0730	ASAC 2	2 Off	"	LP4A	LP6
10	0805-0820	FAROC 1	1 Off	"	LP4A	LP19
11	1135-1145				LP19	LP4A
12	1245-1300				LP4A	LP19
13	1525-1540				LP19	LP4A
14	0645-0700	ABMC 1	2 Off	"	LP4A	LP20
15	0715-0730	AFRAC 1	22 EM	"	LP15D	LP6
16	1135-1145				LP6	LP15D
17	1245-1300				LP15D	LP6
18	1616-1630				LP6	LP15D
19	0715-0730	ASAC 2	56 EM	"	LP15C	LP6
20	0805-0820	FAROC 1	46 EM	"	LP15D	LP19
21	1135-1145				LP19	LP15D
22	1245-1300				LP15D	LP19
23	1525-1540				LP19	LP15D
24	0715-0730	ABMC 2, WEMC 1	23 EM	"	LP15B	LP20
25	1135-1145				LP20	LP15B
26	1245-1300				LP15B	LP20
27	1525-1540	WEMC 1	4 EM	"	LP20	LP15B
28	1615-1630	ABMC 2	19 Em	"	LP20	LP15B
29	0645-0700	ABMC 1	15 EM	"	LP15B	LP20

FOR THE DIRECTOR:


 C. S. GOODNIGHT, Capt A₁ty
 Asst Operations Officer

1960

TARGET ACQUISITION DEPARTMENT
FORT SILL, OKLAHOMA


TRANSPORTATION

MEMO TO: TRANSPORTATION OFFICER

WEEK ENDING 24 SEP 60

Req Nr	Time and Problem	Class	Requirement	Rpt To	From	To
<u>THURSDAY 22 SEP 60</u>						
1	0715-0730	ASOC 2	30 Off (Approx)	Capt	LP4A	LP6
2	1135-1145			Goodnight	LP6	LP4A
3	1245-1300				LP4A	LP6
4	1615-1630				LP6	LP4A
5	0725-0740	AFRAC 1	2 Off	"	LP4A	LP6
6	1135-1145				LP6	LP4A
7	1245-1300				LP4A	LP6
8	1615-1630				LP6	LP4A
9	0715-0730	ASAC 2	2 Off	"	LP4A	LP6
10	1135-1145				LP6	LP4A
11	1245-1300				LP4A	LP6
12	1615-1630				LP6	LP4A
13	0715-0730	FAROC 1	1 Off	"	LP4A	LP19
14	1135-1145				LP19	LP4A
15	1245-1300				LP4A	LP19
16	1615-1630				LP19	LP4A
17	0715-0730	ABMC 1	2 Off	"	LP4A	LP20
18	1135-1145				LP20	LP4A
19	1245-1300				LP4A	LP20
20	1615-1630				LP20	LP4A
21	0805-0820	AFRAC 1	22 EM	"	LP15D	LP6
22	1135-1145				LP6	LP15D
23	1245-1300				LP15D	LP6
24	1615-1630				LP6	LP15D
25	0715-0730	ASAC 2	56 EM	"	LP15C	LP6
26	1135-1145				LP6	LP15C
27	1245-1300				LP15C	LP6
28	1615-1630				LP6	LP15C
29	0715-0730	FAROC 1	46 EM	"	LP15D	LP19
30	1135-1145				LP19	LP15D
31	1245-1300				LP15D	LP19
32	1615-1630				LP19	LP15D
33	0715-0730	ABMC 1&2 &	37 EM	"	LP15B	LP20
34	1135-1145	WEMC 1			LP20	LP15B
35	1245-1300				LP15B	LP20
36	1525-1540	ABMC 2&	22 EM	"	LP20	LP15B
		WEMC 1				
37	1615-1630	ABMC 1	15 EM	"	LP20	LP15B

FOR THE DIRECTOR:


 C. S. GOODNIGHT, Capt Arty
 Asst Operations Officer

1960

TARGET ACQUISITION DEPARTMENT
FORT SILL, OKLAHOMA

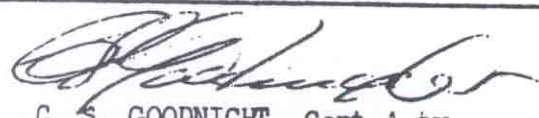
TRANSPORTATION

MEMO TO: TRANSPORTATION OFFICER

WEEK ENDING 24 SEP 60

Req Nr	Time and Problem	Class	Requirement	Rpt To	From	To
<u>FRIDAY 23 SEP 60</u>						
1	0805-0820	ASOC 2	30 Off (Approx)	Capt Goodnight	LP4A	LP6
2	1135-1145				LP6	LP4A
3	1245-1300				LP4A	LP6
4	1435-1450				LP6	LP4A
5	0715-0730	AFRAC 1	2 Off	"	LP4A	LP6
6	1135-1145				LP6	LP4A
7	1245-1300				LP4A	LP6
8	1615-1630				LP6	LP4A
9	0715-0730	ASAC 2	2 Off	"	LP4A	LP6
10	0715-0730	FAROC 1	1 Off	"	LP4A	LP19
11	1135-1145				LP19	LP4A
12	1245-1300				LP4A	LP19
13	1615-1630				LP19	LP4A
14	1215-1345	ABMC 1(Grad)	2 Off	"	LP4A & return	LP20
15	0715-0730	AFRAC 1	22 EM	"	LP15D	LP6
16	1135-1145				LP6	LP15D
17	1245-1300				LP15D	LP6
18	1615-1630				LP6	LP15D
19	0715-0730	ASAC 2	56 EM	"	LP15C	LP6
20	0715-0730	FAROC 1	46 EM	"	LP15D	LP19
21	1135-1145				LP19	LP15D
22	1245-1300				LP15D	LP19
23	1615-1630				LP19	LP15D
24	1215-1345	ABMC 1(Grad)	15 EM	"	LP15B & return	LP20
25	0715-0730	ABMc2&WEMC 1	22 EM	"	LP15B	LP20
26	1135-1145				LP20	LP15B
27	1245-1300				LP15B	LP20
28	1615-1630				LP20	LP15B

FOR THE DIRECTOR:



C. S. GOODNIGHT, Capt Arty
Asst Operations Officer

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME WHITE, Roscoe Anthony		2. PRESENT SERVICE NO. 1666106	3. RANK/RATE Cpl (E-4)	4. DATE OF BIRTH 18Nov35	5. RELIGION Baptist
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 23Dec59 <small>(DATE LAST ENTRY)</small>	8. FORMER SERVICE NO. None		
		9. SOCIAL SECURITY NO. 429-60-3576			
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) Geneva Ruth WHITE					
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED	SEX	DATE OF BIRTH
Roscoe Anthony WHITE Jr		2630 West Houston Street Paris, Texas	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	M
12. FATHER Robert Daniel Boone ROGERS (Stepfather)		ADDRESS			
13. MOTHER Lyda Merle ROGERS		ADDRESS			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM None		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	
None					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None		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	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %				
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAYEACH MO. 100%				
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.	
American National Insurance Company		Galveston, Texas		2225569	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR HqBtry, 2dBn, 11thMar, 1stMarDiv(Rein) FMF, Campen, Calif				DATE SIGNED 12 Oct 1960	
21. SIGNATURE OF WITNESS <i>John E. Landry</i> JOHN E. LANDRY, GYSgt (E-6)			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> ROSCOE A. WHITE		

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 persons 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. 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:

Recipient of personal effects;

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]*

(Check one)

START CHANGE IN DEPENDENTS

SERVICE NUMBER: 1666106
LAST NAME OF ENLISTED MEMBER: WHITE
(First): Roscoe
(Middle): A.
RATE: Cpl (E-4)

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? YES NO

SHIP OR STATION PREPARING THIS APPLICATION: Headquarters Battery, 2d Battalion, 11th Marines, 1st Marine Division (Reinforced), Fleet Marine Force, Camp Pendleton, California

DATE OF THIS APPLICATION: 14 December 1960
DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 23 December 1959
DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 22 December 1959

	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		Wife	14Jun38	Previously Claimed
2.	Roscoe Anthony WHITE JR	-do-	Son	10Aug59	10Aug59
3.	Ricky Don WHITE	-do-	Son	24Nov60	24Nov60
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT: 2&3
FULL NAME OF CUSTODIAN: Geneva Ruth WHITE
ADDRESS: 11 Nov 56, Hugo, Oklahoma
RELATIONSHIP: Mother

DATE AND PLACE OF PRESENT MARRIAGE: 11 Nov 56, Hugo, Oklahoma
HAVE YOU EVER BEEN PREVIOUSLY MARRIED? YES NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

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

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? YES * NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

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 _____ that during such period I have contributed to his or her support an average of \$ _____ per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged \$ _____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged \$ _____ per month.

(Note: Separate certificates 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		DEPENDENT NUMBER
				Month	Year	
1.	Geneva Ruth WHITE			Dec	60	1, 2, 3
2.						
3.						

Subscribed and sworn to before me this 14th day of December 19 60

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents is a member of the uniformed services 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.

V. P. PACHECO, 1st Lt, USMCR, CO (Signature and Title of Attesting Officer)
_____ (Signature of Enlisted Member)
(Rate)

DISBURSING INFORMATION TO BE ENTERED HERE: 19 December 1960

1. I have credited dependents allowance as requested above except for dependent(s) number 0 (insert above dependent number(s) as applicable for dependents for whom allowance not credited).

2. Q allotments have been registered as requested except allotment(s) number 0 (insert above allotment number(s) as applicable for Q allotments requested but not registered).

3. REMARKS: LO, 1st Mar Div (Reinf) FME, Camp Pendleton, California

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE: Approved 14 December 1960

E. W. CARD, WR, LtCol, USMC
Commanding Officer
2d Battalion, 11th Marines

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME WHITE, Roscoe Anthony		2. PRESENT SERVICE NO. 1666106	3. RANK/RATE Cpl (E-4)	4. DATE OF BIRTH 18Nov35	5. RELIGION Baptis t
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 23Dec59 (DATE LAST ENTRY)	8. FORMER SERVICE NO. None		
		9. SOCIAL SECURITY NO. 429-60-3576			
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) Geneva Ruth WHITE					
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS		MARRIED	SEX
				YES	NO
Roscoe Anthony WHITE Jr					X
Ricky Don WHITE				X	X
12. FATHER Robert Daniel Boone ROGERS (Stepfather)		ADDRESS			
13. MOTHER Lyda Merle ROGERS		ADDRESS			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM None		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
None					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None		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).					
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.		100%			
		%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.		PERCENT OF PAY EACH MO 100%			
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.	
American National Insurance Company		Galveston, Texas		2225569	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR HqBtry, 2dBn, 11thMar, 1stMarDiv (Rein) FMF, Campen, Calif					DATE SIGNED 14 Dec 1960
21. SIGNATURE OF WITNESS <i>John E. Landry</i> JOHN E. LANDRY, GySgt (E-6)			22. SIGNATURE OF DESIGNATOR <i>Roscoe A. White</i> ROSCOE A. WHITE		

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 persons 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 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 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:

Recipient of personal effects--

HWC/jpc
1306
19 December 1960

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

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

Subj: Humanitarian transfer; request for

1. Forwarded, recommending favorable consideration.

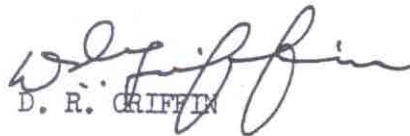

H. W. CARD Jr.

6/DRG/rlr
1306
20 Dec 1960

THIRD ENDORSEMENT

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

L. Forwarded recommending approval.


D. R. GRIFFIN

Copy to:
CO, 2ndBn, 1stMarDiv(3rd End only)

7/MSW/wjc

DEC 27 1960

FOURTH ENDORSEMENT on Corporal WHITE's ltr of 13 Dec 1960

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

Subj: Humanitarian transfer; request for, case of Corporal (E-4)
Roscoe A. WHITE 1666106/0847/3516, USMC

1. Forwarded recommending disapproval. The situation outlined in the basic correspondence is considered to be not of a temporary nature, but will continue indefinitely and therefore does not fall within the purview of reference (a).

2. It is noted that Corporal WHITE will have over four (4) years service on 19 February 1961 and will be entitled to dislocation allowance and travel allowance for dependents.


H. R. PAIGE



APM