```
34638923 2 00 2 0 96 0  -919  6  5   2  0  1   0  1022 -    492 -    -    -   -    -   - -   000 000  6  -  8  5 000
34638925 2 19 2 5 98 0  0330  -  4   7  0  2   0  0270 8441 341 0135 1915 662 -    346 8 -   090 090  6  -  2  5 090 -    -        2
```

[redacted] J12 [redacted]

```
                                           U.S. ARMY  SGO  HOSPITALIZATION  FILE  LISTING  1945                 MICRO FICHE 069  PAGE 175

         R A  R Y A  A *ADMISSION* LST C          *****1ST*****    *****2ND*****   3RD  CAU C FNL TOT O/S DISPOSITION  HOS UNT SPC G/C SMP
SERVICE  N G  C R R  A   STN/      TRT L *TYPE*  DIAG DIAG OPR   DIAG DIAG OPR   DIAG AGT I RLT DAY DAY              DAY  /  TRT HOS SZE      SEI
NUMBER   K E  E S M  F    DA MO YR FAC S CA ADM       LOC             LOC                 R             TY FL MO YR      DAY                    NUI
-------- - -- - - -- -  ---- -  -   -  -  -   -  ---- ---- ---  ---- ---- ---  ---- --- - --- --- ---  -  -  -  - --- ---  --  --  -        ---
34638925 2 20 2 5 98 0  0330  3  5   8  8  1   0  4611 -    -   5810 -    -   4662 -   - 000 191 -     1  1  0  5 191 -    &        2    346
34638925 2 20 2 5 98 0  0330  3  5   8  8  1   0  4611 -    -   5810 -    -   4662 -   - 000 191 -     1  1  0  5 191 -    &        7    346
34638935 2 19 2 6 70 6  -707  &  5   7  8  K   Y  0135 8570 -   9224 8570 -   -    726 8 000 082 007   J  2  2  5 082 -    &        2    346
34638935 2 19 2 6 70 6  -707  &  5   7  8  K   Y  0135 8570 -   9224 8570 -   -    726 8 000 082 007   J  2  2  5 082 -    &        7    346
34638943 2 25 2 6 70 6  -626  7  5   4  0  1   0  9234 -    604 -    -    -   -    -   - -   023 023   6  -  8  5 023 -    -        2    346
34638943 2 28 2 6 40 0  -924  9  5   5  0  1   0  1022 -    492 -    -    -   -    -   - -   000 000   6  -  5  5 000 -    -        2    346
34638945 2 21 2 5 92 0  -807  4  5   2  0  1   0  9939 -    -   4619 -    -   -    -   - -   001 001   6  -  4  5 000 -    -        2    346
34638953 2 36 2 6 99 0  -928  9  5   2  0  1   0  1022 -    492 -    -    -   -    -   - -   000 000   6  -  9  5 000 -    -        2    346
34638955 2 23 1 6 10 8  -810  -  5   7  0  1   0  9143 9909 -   -    -    -   -    -   - -   017 017   6  -  -  5 017 -    -        2    346
34638973 2 31 2 5 16 6  -619  8  5   2  0  1   0  9939 -    -   -    -    -   -    -   - -   001 001   6  -  8  5 000 -    -        2    346
34638973 2 31 2 5 16 6  -627  5  5   5  0  1   °  8594 -    100 -    -    -   -    -   - -   009 009   6  -  6  5 009 -    -        2    346
34638973 2 32 2 6 16 6  -614  9  5   2  0  1   0  9414 -    -   -    -    -   -    -   - -   002 002   6  -  9  5 000 -    -        2    346
34638976 2 27 2 5 98 0  0330  8  4   7  9  1   0  7432 -    -   1003 -    -   1017 -   - -   256 063   0  2  4  5 256 -    &        7    346
34638983 2 28 2 5 98 0  0330  3  5   2  0  1   0  4875 -    -   -    -    -   -    -   - -   004 004   6  -  3  5 000 -    -        2    346
34638985 2 22 2 5 96 0  -830  1  5   3  0  1   0  7425 -    -   -    -    -   -    -   - -   015 015   6  -  2  5 011 -    -        2    346
34638985 2 32 1 5 16 8  -816  7  5   7  0  1   0  1080 -    -   -    -    -   -    -   - -   013 013   6  -  7  5 013 -    -        2    346
34638990 2 40 2 5 99 0  1324  3  5   7  0  1   0  4611 -    -   -    -    -   -    -   - 000 028 000   1  1  4  5 028 -    &        7    346
34638995 2 25 2 6 96 0  -724  9  5   9  0  1   0  6213 -    -   -    -    -   -    -   - -   012 012   6  -  0  5 012 -    -        2    346
34638995 2 25 2 6 96 0  -812  6  5   2  0  1   0  6521 -    -   -    -    -   -    -   - -   008 008   6  -  6  5 008 -    -        2    346
34638995 2 25 2 6 96 0  -816  5  5   2  0  1   0  9102 8995 -   -    -    -   -    -   - -   003 003   6  -  5  5 000 -    -        2    346
34638995 2 25 2 6 96 0  -820  9  5   2  0  1   0  6211 -    -   -    -    -   -    -   - -   001 001   6  -  9  5 000 -    -        2    346
34639002 2 31 2 5 98 0  -720  1  5   7  8  1   0  9103 -    -   9340 -    240 -    -   - 000 208 075   1  1  8  5 208 -    &        7    346
34639005 2 26 2 6 40 0  -923  7  5   7  0  2   0  0260 8470 302 0135 1918 -   -    348 8 -   044 044   6  -  9  5 044 -    -        2    346
34639005 2 26 2 6 40 0  -927  -  5   2  0  1   0  6411 -    -   -    -    -   -    -   - -   001 001   6  -  -  5 000 -    -        2    346
34639005 2 26 2 6 40 8  -901  &  5   5  0  1   0  6421 -    -   -    -    -   -    -   - -   005 005   6  -  &  5 005 -    -        2    346
34639009 2 31 2 6 30 0  4165  9  5   6  0  1   0  7432 -    -   -    -    -   -    -   - 000 017 000   1  1  0  5 017 -    -        7    346
34639013 2 19 2 5 16 6  2300  1  5   5  0  1   0  1022 -    -   -    -    -   -    -   - -   000 000   6  -  1  5 000 -    -        2    346
34639013 2 20 2 6 96 6  2300  7  5   5  0  1   0  1022 -    -   -    -    -   -    -   - -   000 000   6  -  7  5 000 -    -        2    346
34639014 2 34 2 6 96 6  -703  7  5   8  8  1   °  1234 -    548 4612 -    -   -    -   - 000 080 025   1  2  9  5 080 -    &        7    346
34639023 2 25 2 5 96 0  -602  3  5   3  0  1   0  4642 -    -   -    -    -   -    -   - -   002 002   6  -  3  5 002 -    -        2    346
34639031 2 26 2 4 15 8  -806  5  5   7  8  1   °  9471 -    -   6693 -    -   -    -   - 000 062 008   1  1  7  5 062 -    &        7    346
34639045 2 23 2 6 16 6  8500  5  5   5  0  1   t  1233 -    548 -    -    -   -    -   - -   001 000   6  -  5  5 001 -    -        2    346
34639052 2 19 2 6 56 0  -913  4  5   7  8  4   0  0110 1104 200 0135 0090 492 4930 203 9 -   180 049   6  -  0  5 180 784  &        5    346
34639053 2 20 2 6 96 0  -815  9  5   4  0  1   °  6412 -    -   -    -    -   -    -   - -   002 002   6  -  9  5 002 -    -        2    346
34639053 2 20 2 6 96 0  -820  -  5   2  0  1   0  6213 -    -   -    -    -   -    -   - -   001 001   6  -  -  5 000 -    -        2    346
34639063 2 20 2 6 00 9  0020  -  5   9  0  1   0  1022 -    -   -    -    -   -    -   - -   002 002   6  -  -  5 002 -    -        2    346
34639063 2 20 2 6 96 0  -907  7  5   2  0  1   5  1029 9000 492 -    -    -   -    -   - -   001 001   6  -  7  5 000 -    -        2    346
34639073 2 00 2 0 96 0  -926  9  5   2  0  1   0  1022 -    492 -    -    -   -    -   - -   000 000   6  -  9  5 000 -    -        2    346
34639073 2 20 1 6 96 0  -910  0  5   7  0  1   0  8599 -    -   8311 -    -   -    -   - -   019 019   6  -  0  5 019 -    -        2    346
34639081 2 19 2 5 56 0  -923  2  5   7  0  4   0  0115 8998 113 -    -    -   -    231 9 -   037 037   6  -  4  5 037 784  -        5    346
34639085 2 34 2 0 30 0  -927  2  5   3  0  4   0  0111 0010 492 6691 -    730 -    203 9 -   002 002   0  1  3  5 002 000  -        3    346
34639085 2 34 2 0 30 0  -927  2  5   3  0  4   0  0111 0010 492 6691 -    730 -    203 9 -   002 002   0  1  3  5 002 000  -        7    346
34639093 2 22 2 5 98 0  -924  &  4   5  0  1   0  4924 -    -   -    -    -   -    -   - -   010 010   6  -  1  5 010 -    -        2    346
34639113 2 35 2 6 96 0  0111  5  5   5  0  1   0  9950 -    -   -    -    -   -    -   - -   001 001   6  -  5  5 001 -    -        2    346
34639115 2 21 2 6 98 0  -813  -  5   7  0  1   0  1230 -    492 -    -    -   -    -   - -   020 020   6  -  &  5 020 -    -        2    346
34639115 2 21 2 6 98 0  -813  0  5   7  0  1   0  1080 -    -   -    -    -   -    -   - -   015 015   6  -  0  5 015 -    -        2    346
34639123 2 26 2 6 96 0  3455  9  5   6  0  1   0  1022 -    492 -    -    -   -    -   - -   001 000   6  -  9  5 001 -    -        2    346
34639130 2 19 2 5 98 0  0330  4  5   7  8  1   0  6411 -    492 0305 8618 -   4662 605 9 000 149 049   2  3  9  5 149 -    &        7    346
34639135 2 24 1 6 30 0  0330  5  5   7  0  2   0  0371 0010 548 0135 1918 -   4642 790 8 -   009 009   6  -  5  5 009 -    -        2    346
34639155 2 21 2 5 96 0  -918  1  5   3  0  1   0  1022 -    492 -    -    -   -    -   - -   005 005   6  -  1  5 005 -    -        2    346
34639163 2 21 2 6 99 0  -720  &  5   2  0  1   0  1022 -    492 -    -    -   -    -   - -   000 000   6  -  &  5 000 -    -        2    346
34639163 2 31 2 6 98 0  -815  0  5   7  0  1   0  6213 -    -   -    -    -   -    -   - -   005 005   6  -  0  5 005 -    -        2    346
34639172 2 35 2 5 98 0  -925  0  4   8  9  2   0  0260 8431 302 0110 4938 -   1234 302 8 063 243 057   1  4  6  5 243 -    &        7    346
34639175 2 32 2 6 98 0  -921  5  5   7  0  1   0  7424 -    -   -    -    -   -    -   - -   006 006   6  -  5  5 006 -    -        2    346
34639178 2 37 2 5 98 0  -917  8  4   8  9  1   °  4229 -    -   1022 -    -   -    -   - 000 182 040   2  1  2  5 182 -    &        7    346
34639181 2 29 2 5 16 6  8345  7  4   8  0  1   0  1912 -    -   1911 -    -   1234 -   - 000 289 000   1  2  5  5 269 -    &        7    346
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INFORMATION FROM THE HOSPITAL ADMISSION CARDS CREATED 05/10/2018
BY THE OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF
THE ARMY (1942-1945) AND (1950-1954)
INFORMATION FOR THE YEAR 1945

SERVICE NUMBER: 34639085

CATEGORY:	CODE:	EXPLANATION:
RANK:	2	Enlisted Man (includes Aviation Cadet or Student)
AGE:	34	34
RACE:	2	Negro
YEARS OF SVC:	0	Unknown
ARM OF SERVICE:	30	Infantry, General or Unspecified
AAF STATUS:	0	Neither assigned nor attached to AAF (includes all unassigned, and all Arm or Service known with no mention of AAF)
ADMISSION STATION:	-9	European theatre, Norway, France, Belgium, Holland, 'Denmark, Germany, Russia
ADMISSION DD/M/Y:	27 2 5	27 February 1945
LAST TREAT FACILITY:	3	Portable Surgical, Evacuation, or T/O Convalescent Hospital
SPECIAL CLASS:	0	None
TYPE OF CASE:	4	Battle casualty
TYPE OF ADMISSION:	0	New, not EPTS (did not Exist Prior To entry on active military Service)
FIRST DIAGNOSIS:	0111	Wound(s), penetrating (point of entrance only: includes incised, puncture, or stab wound) with nerve involvement only
LOCATION:	0010	Brain, Cerebrum, generally
OPERATION:	492	Penicillin therapy (treatment with penicillin)
SECOND DIAGNOSIS:	6691	Lung, edema of
LOCATION:	-	Not Found
OPERATION:	730	Transfusion (transfer of another's blood to a patient) (includes administration of plasma)
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	203	Artillery Shell, Fragments, Afoot or unspecified
CIRCUMSTANCES:	9	All battle casualties, and all battle injuries not intentionally inflicted by self or another person.
FINAL RESULT:	-	Not Found
NON-EFFECTIVE DAYS		
Total Days:	002	002
Overseas Days:	002	002
TYPE OF DISPOSITION:	0	
FIELD OF CAUSE OF DEATH OR DISCHARGE:	1	First Diagnosis field
DISPOSITION MO/YR:	3 5	March 1945
HOSP DAYS	002	002
UNIT NUMBER:	000	Discrepancy between required and reported echelons
SAMPLE SIZE:	3	Not Found

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.

INFORMATION FROM THE HOSPITAL ADMISSION CARDS CREATED 05/10/2018
BY THE OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF
THE ARMY (1942-1945) AND (1950-1954)
INFORMATION FOR THE YEAR 1945

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RANK:	2	Enlisted Man (includes Aviation Cadet or Student)
AGE:	34	34
RACE:	2	Negro
YEARS OF SVC:	0	Unknown
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AAF STATUS:	0	Neither assigned nor attached to AAF (includes all unassigned, and all Arm or Service known with no mention of AAF)
ADMISSION STATION:	-9	European theatre, Norway, France, Belgium, Holland, 'Denmark, Germany, Russia
ADMISSION DD/M/Y:	27 2 5	27 February 1945
LAST TREAT FACILITY:	3	Portable Surgical, Evacuation, or T/O Convalescent Hospital
SPECIAL CLASS:	0	None
TYPE OF CASE:	4	Battle casualty
TYPE OF ADMISSION:	0	New, not EPTS (did not Exist Prior To entry on active military Service)
FIRST DIAGNOSIS:	0111	Wound(s), penetrating (point of entrance only: includes incised, puncture, or stab wound) with nerve involvement only
LOCATION:	0010	Brain, Cerebrum, generally
OPERATION:	492	Penicillin therapy (treatment with penicillin)
SECOND DIAGNOSIS:	6691	Lung, edema of
LOCATION:	-	Not Found
OPERATION:	730	Transfusion (transfer of another's blood to a patient) (includes administration of plasma)
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	203	Artillery Shell, Fragments, Afoot or unspecified
CIRCUMSTANCES:	9	All battle casualties, and all battle injuries not intentionally inflicted by self or another person.
FINAL RESULT:	-	Not Found
NON-EFFECTIVE DAYS		
Total Days:	002	002
Overseas Days:	002	002
TYPE OF DISPOSITION:	0	
FIELD OF CAUSE OF DEATH OR DISCHARGE:	1	First Diagnosis field
DISPOSITION MO/YR:	3 5	March 1945
HOSP DAYS	002	002
UNIT NUMBER:	000	Discrepancy between required and reported echelons
SAMPLE SIZE:	7	Not Found

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.

[redacted]artial

[redacted]

KANSAS [redacted]

601 Hardesty Avenue
Kansas City 1, Missouri

JRM:EB:il
Case No. 453534

Date 27 September 1948

SUBJECT: Report of transaction in disposing of the effects of

Charles H. Jefferson (Name of deceased), 34639085 (Army Serial Number) late a

Sergeant (Grade), Infantry (Organization, Army or Service) who died

on the 1 day of March, 19 45, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1945, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate $ none, of which the sum of $ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of $ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipts _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

Before a S[illegible]

22 Se[illegible]

KCQM [illegible]

3 - DEC 1948

2 PD-R

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON, D. C.

AG 201 Jefferson, Charles H.

NOTICE AND RECORD OF AWARD OF DECORATION

BAR/pl
Initials

5 Apr 45
Date of Action

Last Name — First Name — Middle Initial: Jefferson Charles H.	Army Serial No.: 34 639 085	Grade: Sgt	Depot
Organization: Infantry	Component	Foreign	Others
Engrave and Sh: CHARLES H. JEFFERSON			
Headquarters	G. O. No.	Section	Date of Orders
Type of Award: PH	Posthumous: Yes	Oak-Leaf Clusters	Number / Posthumous
By Command of	Rescinded / Revoked / Amended / Corrected Copy		
Citation Station and Date	Present Station if Living; Otherwise Present Status: Date of Death: 1 March 1945 European Area		
Next of Kin (Name and Address): *	Relationship: Wife	Presentation To Be Made By: Ship to next of kin	

BY ORDER OF THE SECRETARY OF WAR

E. P. WILSON
Adjutant General

APR 4 1945

*
Mrs. Roberta Jefferson
Box 291
Poplarville, Mississippi

CITATION

File
Demand Rec Bk
30 Mar 45
Memo 6-4

W.D. AGO Form No. 0712
8 August 1944.

5. File in
File in

Enlisted Branch
Officers Branch

3

April 5, 1945.

My dear Mrs. Jefferson:

The President has requested me to inform you that the Purple Heart has been awarded posthumously to your husband, Sergeant Charles H. Jefferson, Infantry, who sacrificed his life in defense of his country.

The medal, which you will receive shortly, is of slight intrinsic value, but rich with the tradition for which Americans are so gallantly giving their lives. The Father of our country, whose profile and coat of arms adorn the medal, speaks from it across the centuries to the men who fight today for the proud freedom he founded.

Nothing the War Department can do or say will in any sense repair the loss of your loved one. He has gone, however, in honor and the goodly company of patriots. Let me, in communicating to you the country's deep sympathy, also express to you its gratitude for his valor and devotion.

Please believe me,

Sincerely yours,

E. P. WILSON

APR 4 1945

Mrs. Roberta Jefferson,
Box 291,
Poplarville, Mississippi.

Memo

cas 10 Mar 45
Schotter 3655
Sherman

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

AG 201	NAME	GRADE	DATE CAS. REPORT RECEIV
NAME AND ADDRESS OF E. A.			DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
SGT	JEFFERSON CHARLES H	34634085	INF	ETO		063

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
SERIOUSLY WOUNDED	IN GERMANY	27	FEB	45	9

OFFICIAL: ADJUTANT GENERAL

J. A. ULIO
THE ADJUTANT GENERAL

REMARKS: ☐ CORRECTED COPY.

File in Evel Br.
MAR 23 1945 RM

DISPATCHED 23 MAR 1945

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ____ AG 201 REQ. ____

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO. ____ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
066				

FORWARDED TO → ☐ SPEC. IDEN. ☐ TELEGRAM ☐ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL.

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY ____ REVIEWED BY ____

FILE IN PERSONNEL REC. BR.
APR 10 1945

AG 201 F

WD AGO Form 0365-1 (1 January 1945) (This form supersedes W.D. A.G.F. ... February 1944, which may be ... mber 1944 802-2, and 002-...

5

April 11, 1945.

My dear Mrs. Jefferson:

You will shortly receive the Purple Heart medal, which has been posthumously awarded by direction of the President to your husband, Sergeant Charles H. Jefferson, Infantry. It is sent as a tangible expression of the country's gratitude for his gallantry and devotion.

It is sent to you, as well, with my deepest personal sympathy for your bereavement. The loss of a loved one is beyond man's repairing, and the medal is of slight value; not so, however, the message it carries. We are all comrades in arms in this battle for our country, and those who have gone are not, and never will be, forgotten by those of us who remain. I hope you will accept the medal in evidence of such remembrance.

Sincerely yours,

E. P. WILSON

APR 5 1945

Mrs. Roberta Jefferson,
Box 291,
Poplarville, Mississippi.

File in Decl. Sec. Br.
L 614 5 Apr 45

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 17 Mar 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	34 659 085	Sgt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Poplarville, Miss.	Infantry	16 Nov 11

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	1 Mar 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	27 Jul 43			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, Box 291, Poplarville, Miss.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, same as ~~xxxxxx~~ above
Mrs. Carrie Jefferson, mother, General Delivery, Poplarville, Miss.
Mrs. Lucille Jackson, sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

FILE IN
DEMOBILIZED PERSONNEL REC. BR.
21 March 46 RB

COPIES FURNISHED:		
S. G. O.	F. S. I.	F. O., U. S. A.
2. G. G. H. S.	G. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. G.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 55-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 55-1, 22 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 12 Mar 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	34 639 085	1bb Sgt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Poplarville, Miss.	Infantry	16 Nov 11

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	1 Mar 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	27 Jul 43			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, Box 291, Poplarville, Miss.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, same as ~~xxxxxx~~ above
Mrs. Carrie Jefferson, mother, General Delivery, Poplarville, Miss.
Mrs. Lucille Jackson, sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. G. O. M. S.	G. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 55-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 55-1, 22 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

8

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 17 Mar 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	34 639 085	Sgt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Poplarville, Miss.	Infantry	16 Nov 11

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	1 Mar 45

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YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

COPIES FURNISHED:		
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Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
		CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 53-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 53-1, 22 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

a

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 12 Mar 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	34 639 085	Sgt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
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		YEARS	MONTHS	DAYS
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Mrs. Carrie Jefferson, mother, General Delivery, Poplarville, Miss.
Mrs. Lucille Jackson, sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. G. G. M. G.	G. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. G.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 53-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 53-1, 28 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

10

jmw/rlc

AG 201 Jefferson, Charles H.
PC-N EMO 066

13 March 1945

C Henderson
3a

E.A. Cuffe

Mrs. Roberta Jefferson
Box 291
Poplarville, Mississippi - H.a.

Born 16 Nov 11 mmed
A.D. 27 Jul 43
Benef 41

Dear Mrs. Jefferson:

I deeply regret that it is necessary to confirm the telegram of recent date informing you of the death of your husband, Sergeant Charles H. Jefferson, 34,639,085, Infantry, who died on 1 March 1945 in Holland as a result of wounds received in action.

I wish I could give you more information but reports of this nature prepared in active theaters of operations are brief and contain only essential facts. Recently provisions were made whereby there will be sent directly to the emergency addressee or the next of kin a letter containing further information about each person who dies overseas in the service of our country, and if this letter has not already been received, it may be expected soon.

The significance of his heroic service to his country will be preserved and commemorated by a grateful nation, and it is hoped that this thought may give you strength and courage in your sorrow.

My deepest sympathy is extended to you in your bereavement.

Sincerely yours,

J. A. ULIO
Major General
The Adjutant General

1 Inclosure
Bulletin of Information

DEATH CASE SEND TO
CERTIFICATION SECTION
CASUALTY BRANCH

C. OF S. CARD SENT
C H
(INITIALS)

CASUALTY MESSAGE
TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

SPXPC-N

FROM	WAR DEPARTMENT
BUREAU	A. G. O.
CHG. APPROPRIATION	ACS

Parrott

AG 201 JEFFERSON, CHARLES H SGT 9 MAR 45 ETO 066 10 MARCH 1945
ASN 34 639 085 HUS DATE

MRS ROBERTA JEFFERSON
BOX 291
POPLARVILLE MISSISSIPPI

THE SECRETARY OF WAR ASKS THAT I ASSURE YOU OF HIS DEEP SYMPATHY IN THE LOSS OF YOUR HUSBAND SERGEANT CHARLES H JEFFERSON REPORT RECEIVED STATES HE DIED ONE MARCH IN HOLLAND AS RESULT OF WOUNDS RECEIVED IN ACTION CONFIRMING LETTER FOLLOWS

DISPATCHED
10 MAR 1945

LEONARD W. WARNER, JR.

J. A. ULIO
THE ADJUTANT GENERAL

FILE _____ BRANCH, A
CASUALTY BRANCH, AGO

OFFICIAL:

ADJUTANT GENERAL

AG 704.1 ( ) BATTLE

(Initials & Date)

12

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
JEFFERSON CHARLES H	34639085	SGT	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND 24	02	MAR	45		DOW	066

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS. ROBERTA JEFFERSON	WIFE	10 MARCH 1945

NO. AND NAME OF STREET—CITY—STATE

BOX 291 POPLARVILLE, MISSISSIPPI

REMARKS: ☐ CORRECTED COPY

EVIDENCE OF DEATH RECEIVED IN WD ON 10 MARCH 1945.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ. ✓

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. ✓ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO → ☐ SPEC. IDEN. ☐ TELEGRAM ✓ ☐ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL.

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ✓ CHECKED BY _____ REVIEWED BY _____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

DISTRIBUTION "A" ☐ _____ COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ _____ COPIES
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

13

ATTACH FORM 41 HERE

ATTACH FORM 43 HERE

W.D., A.G.O. FORM NO. 0642
5 OCTOBER 1943

24-27368

13a

DESIGNATION OR CHANGE OF RELATIVE TO BE PAID SIX MONTHS' GRATUITY IN CASE OF DEATH

IMPORTANT: THIS FORM DOES NOT PERTAIN TO INSURANCE. (See Army Regulation 600-600) CO "A"

Name of designator JEFFERSON CHARLES HUBERT 34 639 085 CPL 784TH TK BN
(Last name) (First name) (Middle name) (Serial number) (Grade and organization)

The persons eligible to receive this pay are designated below:

1. MRS ROBERTA JEFFERSON, BOX 291, POPLARVILLE, MISS.
(Full name and address of wife; give wife's first name) (If no wife, or if deceased or divorced, so state)

2. NONE
(Full name and address of each unmarried minor child and each unmarried dependent child over 21 years of age. If there are no such children, write NONE on line 2)

3. MRS CARRIE JEFFERSON (MOTHER) GEN DEL POPLARVILLE, MISS
(If designation of dependent relative is declined, designator must state in own handwriting on line 3: "I decline to designate any person to receive this pay.")

In the event of my leaving no widow or eligible child, or of their decease or disqualification before payment is made, I then designate payment be made to dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 3.

4. MRS LUCILLE JACKSON (SISTER) GEN DEL POPLARVILLE, MISS
(If dependent relative is named on line 3 but name of alternate is declined, designator must state on line 4 in own handwriting: "I decline to designate any person as alternate relative to receive this pay.")

In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate the dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 4.

(OVER) 16—35173-1

EMERGENCY ADDRESSEE AND PERSONAL PROPERTY CARD

W.D., A.G.O. FORM NO. 93, JUNE 15, 1942

34639085 (SERIAL NUMBER) CHECK ONE: [ ] OFFICER [ ] ARMY NURSE [ ] WARRANT OFFICER [X] ENLISTED MAN [ ] A.C.C. [ ] W.A.A.C.

Jefferson (LAST NAME) Charles (FIRST NAME) H. (MIDDLE INITIAL) Corporal (GRADE) Co "A" 784th Tank Bn (ORGANIZATION)

COMPONENT (CHECK ONE): [ ] 1 (REG. ARMY) [ ] 3 (RES.) [ ] 2 (N.A.R.) [ ] 4 (N.G.) [ ] 6 (A.U.S.) [X] 7 (S.S.)

RACE (CHECK ONE): [ ] 1 (WHITE) [X] 2 (COLORED) [ ] 3 (CHINESE) [ ] 4 (JAPANESE) [ ] 5 (HAWAIIAN) [ ] 6 (AMER. IND.) [ ] 7 (FILIPINO) [ ] 8 (P.R.) [ ] 9 (OTHER)

PERMANENT OR LEGAL RESIDENCE: Miss (STATE) PEARL RIVER (COUNTY) Poplarville (CITY)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: Mrs. (MR.-MRS.-MISS) Roberta (FIRST NAME) (MIDDLE INITIAL) Jefferson (LAST NAME) Wife (RELATIONSHIP)

ADDRESS OF PERSON TO BE NOTIFIED: Box 291 (STREET NO. & NAME) Poplarville (CITY) Pearl River (COUNTY) Mississippi (STATE)

LOST OR MISLAID PERSONAL PROPERTY TO BE SHIPPED TO: Mrs. (MR.-MRS.-MISS) Roberta (FIRST NAME) (MIDDLE INITIAL) Jefferson (LAST NAME)

WHOSE ADDRESS IS: Box 291 (STREET NO. & NAME) Poplarville (CITY) Pearl River (COUNTY) Mississippi (STATE)

SIGNATURE OF INDIVIDUAL: Charles H. Jefferson DATE: 13 Sept 44

VERIFIED BY: Warren L. Griswold Jr Capt Inf DATE: PERSONNEL ADJUTANT

THOMAS E. GRISWOLD JR CAPT INF

DO NOT USE: TIME COUNTY RACE CONF.

IBM 721797 LICENSED FOR USE UNDER PATENT 1,772,492

Nearest relative MRS CARRIE JEFFERSON MOTHER
(Name in full) (Other than wife or minor child) (Relationship)

Address SEE REVERSE SIDE

Person to be notified in case of emergency MRS ROBERTA JEFFERSON WIFE
(Name) (Relationship)

Address SEE REVERSE SIDE

Signature of designator:* Charles Hubert Jefferson PFC 34637085
(First name) (Middle name) (Last name) (Grade) (Serial number)

Witnessed at CAMP HOOD, TEXAS on 19 SEPT, 194

Signature of witness [illegible]

Name of witness (printed or typed) WILBUR C. SOUTH WOJG USA W-2106
(Full name) (Grade and organization) (Serial number)

* Should be witnessed by an officer, if available, otherwise by a notary public.

W.D., A.G.O. Form No. 41
†6 September 1943

† This form supersedes W. D., A. G. O. Form No. 41, 17 July 1942 which will not be used after receipt of this revision

16—35173-1

Charles H. Jefferson

SOLDIER (HAS MADE) ~~(DOES NOT DESIRE)~~
CLASS E ALLOTMENT
SOLDIER (HAS MADE) ~~(DOES NOT DESIRE)~~
CLASS F DEDUCTION

15

STATEMENT OF SERVICE	LAST NA[illegible]	NUMBER(S) [illegible] 39 085

ENLISTED SERVICE

ENLISTED OR INDUCTED A	COMPONENT B	SEPARATED C	ACTIVE DUTY (Not required if same as columns A and C) FROM D	TO E	TYPE/REASON FOR SEPARATION F
27 Jul 43	AUS	11 Mar 45			Death

FLIGHT, WARRANT AND/OR COMMISSIONED SERVICE

GRADE A	COMPONENT B	APPOINTED OR PROMOTED C	ACCEPTED D	ACTIVE DUTY FROM E	TO F	TYPE/REASON FOR SEPARATION G

REMARKS

Last Grade: Sgt

TIME LOST (Inclusive dates) FROM	TO	NO. DAYS
None		

DATE 29 Aug 56

AUTHENTICATION

John A. Klein

JOHN A. KLEIN
Major General, USA
The Adjutant General

TO:

Pay & Accounting Operations
Finance Center, U.S. Army
Indianapolis 49, Indiana
ATTN: Project VA Conversion

DD FORM 1 MAR 56 13 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 388450

NOTE.—The retaining flap of the envelope must be raised before placing papers inside, then folded down over the contents to prevent them from dropping out.

Army Serial No. [illegible]

Surname Christian Name

[illegible]

Grade Co. Regiment or Staff Corps

Date of first admission to sick report 22 Feb. 43

Diagnosis (brief) [illegible]

(Check words applicable)

☐ Sick ☐ Slight ☐ Walking case
☐ Wounded ☐ Severe ☐ Sitting case
☐ Gassed ☐ Lying case

Special attention needed in transit, or other remarks:

Copy of this F.M.R. was forwarded with the S.&W. report of ..... Hosp. No. .....
for the month of ....., as required in cases on sick report longer than one month.

Form 52d
MEDICAL DEPARTMENT, U.S. ARMY
(Authorized June 22, 1920)

Ha. ETOUSA. 5/44. 500M/21652.

NOTE.—To be *securely* tied to patient's clothing over breast. To contain field medical card and any other clinical record relative to patient.

TRANSPORTATION MEMORANDA

(In order that the movement of patient from front to rear may be recorded chronologically all transportation units, such as Amb. Cos., Hosp. Trains, Hosp. Ships, Transports, etc., transferring patients from one hospital to another will make appropriate entries in the spaces provided below.)

Patient was transported

From ..... to ..... by .....
(Hosp. unit) (Hosp. unit.) (Transp. organiz.) Date

From ..... to ..... by .....

From ..... to ..... by .....

From ..... to ..... by .....

From ..... to ..... by .....

Transferred ..... from Theater of Operations to
(Date)

Zone of the Interior by .....
(Designation of ship, train, or other org.)

Departing from .....
(Hosp. or place)

Arrived at ..... (Zone of the Int.)
(Hosp. or place)

..... and forwarded to .....
(Date) (Hosp. or place)

..... by ..... for definitive treatment.
(Date) (Designation of transp. or other org.)

SURGICAL RECORD

Name of Patient [illegible]
Rank _____ ASN 34697085
Organization [illegible] Date [illegible] 194_

SHOCK/ PRE-OP TREATMENT

Hour	BP	Pl	Bld	P	T	R	Lab Bl/Pl NO Mfg
1830	150/80	82				28	
23:10	160/90	88				32	
0230	140/90	90		88		30	
0400	140/90			98		32	
0415	160/90			96		36	
0930	88/108			90	103	40	500cc Plasmanate in Q. H_2O
1045	160/100			90		50	Cheyne-Stokes resp. large amt. mucous
1815		200					Cont. plasma
[illegible]	150/90			140		49	
[illegible]	150/80			125		48	
[illegible]	160/[illegible]						
0530	130/70			100		48	
0630	160/100			118		48	
[illegible]	160/100			120		50	
0810							Expired J.W. Kelley Maj MC

Pre-Op Medication:

Diag: ~~Bar~~ Gsw, SF (art.), skull, severe, WIA Germany 26 Feb 45

COMMENTS:

ANESTHETIC RECORD

Operation Began _____ Ended _____

Time	BP	Pulse	Resp	Remarks

Anesthetic _____
Amount _____
Anesthetist _____ MC

18

Jefferson, Charles REG. NO. 8341 WARD _____, ROOM _____ BED _____

PENICILLIN	SULFA T.T. 1
INITIAL DOSE _____ Units, Time _____	INITIAL DOSE _____ GMS, Time _____
20000 Units:	_____ GMS:
Date 28 Feb. 45, 2-6-10-14-18-22	Date _____, 2-6-10-14-18-22
40,000 Date MARCH 1, X-6-10-14-18-22	Date _____, 2-6-10-14-18-22
Date _____, 2-6-10-14-18-22	Date _____, 2-6-10-14-18-22
Total _____ Units	Total _____ grams

19

R-8341

Jefferson Chas

Perf. W. Lincoln

20

No.: 28

LABORATORY
105TH EVACUATION HOSPITAL
U.S. ARMY
APO [illegible]

NAME : Jefferson, Charles H. RANK : Cpl. ASN : [illegible]
AGE : About 24 RACE : Negro SEX : Male NATIVITY : Mississippi

ADMITTED : 27 February 1945, 1930
DIED : 1 March 1945, 0810, 105th Evac. Hosp.
AUTOPSIED : 1 March 1945, 1400, 105th Evac. Hosp.

CLINICAL DIAGNOSIS

1. Penetrating wound of the head.

PATHOLOGICAL DIAGNOSIS

1. Penetrating wound of skull over the parietal occipital region.
2. Severe cerebral destruction.
3. Pulmonary edema.

21

CLINICAL HISTORY

There was very little information on the patient's admission. He was apparently W.I.A. one day before admission and has been in shock since the day before his death. He developed dyspnea and gradually his shock increased until his death.

22

PROTOCOL

GENERAL: The body is that of a well develo[illegible] well nourished colored soldier appearing 26 years old. There is a perforating wound over the parietal occipetal region of the skull, covered by dry clotted blood. There are no other wounds or contusions of the body. The head is negative. Neck Normal. The chest symmetrical. Abdomen on the level of the chest, genitalia normal. Back normal. Lungs: Both lungs are heavier than normal.

PRIMARY INCISION: Chest and abdomen open through the usual Y shape incision The peritoneal cavity is found normal. Chest cavities free from adhesions and containing no abnormal fluids.

HEART: Larger than usual. Weighs approximately 500 gms. The muscle, valves and leaflets are normal.

LUNGS: Both lungs are heavier than normal. Dependents portions are heavy and firm. on section on this portion the parenchyma is deeply red blue, wet, and bloody frothy fluid is ulually expressed. No gross hemorrhages.

GASTRO-INTESTINAL TRACT: Stomach small and large bowel normal.

LIVER: Normal in appearance and sections.

SPLEEN: Firm, normal size sections show pulp with distinct corpuscles.

URO-GENITAL SYSTEM: The right kidney is found attached four inches below its normal location right against the spine. The left kidney is in normal position. Both of them on sections appear normal. Ureters and bladder appear normal.

PANCREAS: normal throughout.

NERVOUS SYSTEM: Normal throughout.

ENDOCRINE GLANDS:

ADRENALS: Normal in size and shape. On section have the usual markings.

George S. Georgagakis
GEORGE S. GEORGAGAKIS,
Captain M.C.
Chief of Laboratory.

REPORT OF DEATH - HISTORY CARD

DATE

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	[redacted] 085	Sgt.
HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Poplarville, Miss.	Infantry	16 Nov 11
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	1 Mar 45
STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES (YEARS / MONTHS / DAYS)
European Area	27 Jul 43	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, Box 291, Poplarville, Miss.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, same as ~~xxxxxx~~ above
Mrs. Carrie Jefferson, mother, General Delivery, Poplarville, Miss.
Mrs. Lucille Jackson, sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATE AND/OR STATEMENT 666 ETO

X BATTLE ☐ NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

Co A, 784 Tank Bn.

J. P. Curl
OFFICER'S INITIALS

CLERK WORKING CASE	REVIEWED BY	FORM 41 REC'D	FORM 43 REC'D	DATE S/R RECEIVED
	Jacobs	☐ YES ☐ NO	☐ YES ☐ NO	14 May 45

RECORDS TO DEMOBILIZED PERSONNEL RECORDS BRANCH		RECORDS TO OFFICERS BRANCH	
CLERK	DATE MAR 19 1945	CLERK	DATE

W.D., A.G.O. FORM NO. 51

FORM 51		REQUIRED / RECEIVED / NOT REQUIRED	DATE FORM 51 SENT TO		INVESTIGATION AND CORRESPONDENCE SEC., CAS. BR., A.G.O. / DEMOBILIZED PERSONNEL RECORDS BRANCH, A.G.O. / OFFICERS BRANCH, A.G.O.

INSURANCE COMPANY REQUESTS

NAME OF REQUESTING INSURANCE CO.	DATE OF REQUEST	DATE SENT TO D.P.R.B.F.

W.D., A.G.O. FORM NO. 0400 14 JUNE 1944

25-13048-100M

25

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 12 Mar 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Jefferson, Charles H.	34 639 085 lbb	Sgt.
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Poplarville, Miss.	Infantry	16 Nov 11
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Wounds received in action	1 Mar 45
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	27 Jul 43	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, Box 291, Poplarville, Miss.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Roberta Jefferson, wife, same as ~~xxxxxx~~ above
Mrs. Carrie Jefferson, mother, General Delivery, Poplarville, Miss.
Mrs. Lucille Jackson, sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 10 Mar 45.

COPIES FURNISHED:		
S. G. O.	F. S. I.	F. O., U. S. A.
2. C. Q. M. G.	G. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 55-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 55-1, 22 MAY 1944, WHICH MAY BE EXHAUSTED.

PERSONNEL SECTION 784TH TANK BATTALION
APO 539 c/o Postmaster
New York, New York

6 March 1945.

Mrs. Roberta Jefferson,
Box 291,
Poplarville, Mississippi.

My Dear Mrs. Jefferson,

It is with deepest regret that I inform you of the death of your husband, Sergeant Charles H. Jefferson, Army Serial Number 34 639 085, a member of this organization.

Charles died of wounds received in action on 1 March 1945. He was buried with full military honors in Holland. A religious service was conducted for him by a Protestant Chaplin. Everything possible was done to pay fitting tribute to the occasion.

I know that there is little consolation that I can offer for the loss that you suffer, for Charles was sincerely loved and trusted by every man in the organization. He was known for his quiet dignity, helpfulness and thoroughly reliable way he handled every task.

Charles was a model American Soldier, and an excellent noncommissioned officer, one of whom his country and many friends are truly proud. It will be through the efforts and sacrifices of such men as Charles that peace will soon be restored to the world in which we live.

We continue in the defense of the cause for which Charles gave his life, and though he is no longer with us in body, we know he remains with us in spirit. Please accept the deepest sympathy of all officers and men of this organization who join your sorrow.

If there is any further information I may give you, please don't hesitate to advise me.

Respectfully,

WILBUR C. SOUTH
Chief Warrant Officer
Personnel Officer

27

PERSONNEL SECTION, 784TH TANK BATTALION
APO 339, c/o Postmaster
New York, New York

6 March 1945

Mrs. Roberta Jefferson,
Box 291, Poplarville, Miss.

My dear Mrs. Jefferson,

It is with deepest regret that I inform you of the death of your husband, Sergeant Charles H. Jefferson, Army Serial Number 34 639 085, a member of this organization.

Charles died in Holland on 1 March 1945 of wounds received in action in Germany on 27 February 1945. He was buried with full military honors in Holland. A religious service was conducted for him by a Protestant Chaplain. Everything possible was done to pay fitting tribute to the occasion.

I know there is little consolation I may offer for the loss you suffer, for Charles was sincerely loved and trusted by every man in his company. He was known for his quiet dignity, helpfulness and the throughly reliable way he handled every task.

Charles was a model American Soldier, an excellent noncommissioned officer, and one of whom this country and many friends are truly proud. It will be through the efforts and sacrifices of such men as Charles that peace will soon be restored to the world in which we live.

We continue in the defense of the cause for which Charles gave his life, and though he is no longer with us in body we know he remains with us in spirit. Please accept the deepest sympathy of all officers and men of this organization who join your sorrow.

If there is any further information I may give you, please do not hesitate to advise me.

Respectfully,

WILBUR C. SOUTH
Chief Warrant Officer
Personnel Officer

28

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

AG 201	NAME	GRADE	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.			DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

RELATIONSHIP

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
SGT	JEFFERSON CHARLES H	34639085	INF	ETO		063

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
SERIOUSLY WOUNDED	IN GERMANY	27	FEB	45	4

REMARKS: ☐ CORRECTED COPY

No action
E M E
LWW
see 066

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ____ AG 201 REQ. ____

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ____ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
066		DOW	1 Mar 45	10 Mar

FORWARDED TO →	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
	☐	☐	☐	☐	☐	☐	☐	☐	☐

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY Rinderter 12 Mar 45 REVIEWED BY ____

CASUALTY BRANCH FILE CO

WD AGO Form 0365-1 (This form supersedes W.D. A.G.O. Forms 0365, 1 November 1944, 802-2, and 002-7, 1
1 January 1945 (February 1944, which may be used until existing stocks are exhausted.

29

jmw/rlc

AG 201 Jefferson, Charles H.
PC-N ETO 066

13 March 1945

C Henderson
3 a
mail

Mrs. Roberta Jefferson
Box 291
Poplarville, Mississippi

Dear Mrs. Jefferson:

I deeply regret that it is necessary to confirm the telegram of recent date informing you of the death of your husband, Sergeant Charles H. Jefferson, 34,639,085, Infantry, who died on 1 March 1945 in Holland as a result of wounds received in action.

I wish I could give you more information but reports of this nature prepared in active theaters of operations are brief and contain only essential facts. Recently provisions were made whereby there will be sent directly to the emergency addressee or the next of kin a letter containing further information about each person who dies overseas in the service of our country, and if this letter has not already been received, it may be expected soon.

The significance of his heroic service to his country will be preserved and commemorated by a grateful nation, and it is hoped that this thought may give you strength and courage in your sorrow.

My deepest sympathy is extended to you in your bereavement.

Sincerely yours,

J. A. ULIO
Major General
The Adjutant General

1 Inclosure
Bulletin of Information

DEATH CASE SEND TO
CERTIFICATION SECTION
CASUALTY BRANCH

C. OF A. CARD SENT
C H
(INITIALS)

30

CASUALTY MESSAGE
TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES
SPXPC-N

FROM WAR DEPARTMENT
BUREAU A. G. O.
CHG. APPROPRIATION
ACS

AG 201 JEFFERSON, CHARLES H SGT 9 MAR 45 ETO 066 10 MARCH 1945
ASN 34 639 085 HUS DATE

MRS ROBERTA JEFFERSON
BOX 291
POPLARVILLE MISSISSIPPI

THE SECRETARY OF WAR ASKS THAT I ASSURE YOU OF HIS DEEP SYMPATHY IN THE LOSS OF YOUR HUSBAND SERGEANT CHARLES H JEFFERSON REPORT RECEIVED STATES HE DIED ONE MARCH IN HOLLAND AS RESULT OF WOUNDS RECEIVED IN ACTION CONFIRMING LETTER FOLLOWS

DISPATCHED
10 MAR 1945

LEONARD W. WARNER, JR.
OFFICIAL:
LWW
ADJUTANT GENERAL

J. A. ULIO
THE ADJUTANT GENERAL

CASUALTY BRANCH FILE COPY
BATTLE

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
JEFFERSON CHARLES H	34639085	SGT	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT.	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND24	01	MAR	45		DOW	066

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS. ROBERTA JEFFERSON	WIFE	10 MARCH 1945

NO. AND NAME OF STREET—CITY—STATE

BOX 291 POPLARVILLE, MISSISSIPPI

REMARKS: ☐ CORRECTED COPY

EVIDENCE OF DEATH RECEIVED IN WD ON 10 MARCH 1945.

DEC 5 1945

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ. ✓

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO ✓ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO → ☐ SPEC. IDEN. ☑ TELEGRAM ☐ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE ✓ CHECKED BY [illegible] REVIEWED BY [illegible]

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

DISTRIBUTION "A" ☐ 20 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ _____ COPIES
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

1

Last name | First name | Initial

COMPLETED

Jefferson | Charles | H

Army serial No. | Rank

34639085 | Sgt *

Company | Regiment and arm or service | Division

Inf *

Age	Race	State	Service	Source of admission
34 *	C			110th Clr Co

Received at (hospital and location): 105th EVACUATION HOSPITAL (S-M) APO 339 | Date 27 Feb 45

Diagnosis: Non-reffective Germany

1. Shell wound, cannon, pen W, severe, left occipital region, with extensive cerebrae destruction, WIA, at 1650 hrs, 26 Feb 45 in Germany.
2. Pulmonary edema, secondary to #1.

Line of duty: 1 & 2 Yes.

Changed and additional diagnosis, operations, with dates:

27 Feb 45: Transfusion: 200 cc plasma
Penicillin treated-total-60,000 units.
Entitled to PH
Maj. J. W. Kelley, MC.

Died at 0810 hrs, 1 Mar 45.
Buried 9th Army Cemetery 1 Mar 45.
Report of autopsy attached to FMR.

Disposition: JAMES L. ANDRESEN, CAPT., MAC, REGISTRAR | Date

Death | 1 Mar 45.

Received at (hospital and location): | Date

Changed and additional diagnoses, operations, with dates:

* a60

1A

Dispositions: | Date

Received at (hospital and location): | Date

Disposition: | Date

SHOCK

NAME AND ARMY SERIAL NUMBER

JEFFERSON Charles H 34639085

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Sgt	784TK	34	C		

LOCATION WHERE TAGGED: 3rd Bn Collecting Company X9 — DATE: 26 Feb 45 — HOUR: 1700

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED WIA-SP

GSW W CRANIUM

PRIORITY 4

LINE OF DUTY: YES EPH

TREATMENT GIVEN: NONE

TETANUS TOXOID: DOSE TIME:
OR
ANTITETANIC SERUM: DOSE TIME:
MORPHINE: DOSE TIME:

DISPOSITION: Coll Co — DATE — HOUR

SIGNATURE, WITH RANK: RK Royce Capt MC

Form No. 52b— MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942) 16—15434-1

NAME AND ARMY SERIAL NUMBER

JEFFERSON CHARLES H 34639085

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
SGT	784TK		C		

LOCATION WHERE TAGGED: 3rd Bn Coll Co Company X9 — DATE: 26 Feb — HOUR: 1700

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED WIA SP

Bullet in cranium

PRIORITY 4

LINE OF DUTY: YES EPH

TREATMENT GIVEN: NONE

TETANUS TOXOID: DOSE TIME:
OR
ANTITETANIC SERUM: DOSE TIME:
MORPHINE: DOSE TIME:

DISPOSITION: Coll Co — DATE — HOUR

SIGNATURE, WITH RANK: RK Royce Capt MC

Form No. 52b— MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942) 16—15434-1

SUPPLEMENTAL RECORD

Received at 27 Feb
Evac. Cl Sta. 1700
E Z Rosbyscafner

ADM. 110 CLR STA
27 Febr. 45
1830

SWI WHB DEW. WL
Occipital zoning
1845 BP 100/00 P 72 Resp 28
unconscious, vomiting coffee
dev pupils to rt
Pony 40,000 u. I.M.
Plasma 500 cc
BP 180/110 P 80 R 18/1430
To Evac Hosp General
27 Febr 45 1930 Corpsman

SUPPLEMENTAL RECORD

Received at 27 Feb
Evac. Cl Sta 1700
E Z Rosbyscafner

ADM 110 CLR STA
27FEB45
1830

SF (port)
S.W.A. W.I.A. Pen. W. L.
occipital region.
1845 B.P. 160/100 P. 72 Resp. 28
unconscious, vomiting, coffee
dev. pupils to rt.
Pony 40,000 u. I.M.
Plasma 500 CC
B.P. 180/110 P. 80 R 18/1430

To Evac Hosp General
27 Febr 45 Corpsman
1930

27 Feb 45 Rec'd BP 160/100 P 72 Resp 28

HEADQUARTERS 704TH TANK BATTALION
Office of the Personnel Officer
APO 758 US ARMY

20 Jul 1945

SUBJECT: Battle Participation Awards-Campaign Rhineland.

TO : ~~Commanding Officer~~ ADJUTANT GENERAL, Washington, D. C.

1. Under the provisions of 2nd Ind, Hq ETOUSA, 14 Jun 45 to Ltr, Hq Ninth US Army, File 200.6 (BPG) GNMAG, Subj: "Battle Participation Awards, Rhineland Campaign", 5 Jun 45,

this unit has been awarded Battle Participation Credit for participation in the campaign Rhineland.

2. It is requested that entries be made in the Service Record of the following named enlisted man, ~~who belonged to your command who~~ who died of wounds, 1 March 1945: Sgt Charles H. Jefferson, 34 639 085

3. Subject enlisted man was a member of this organization during the prescribed period.

4. It is requested that this headquarters be notified by indorsement hereon that the necessary entry has been made.

For the Commanding Officer:

Wilbur C. South

WILBUR C. SOUTH
CWO USA
Personnel Officer

File
Notation made in S/R
clear 6 Sept 45

5

CHARLES H JEFFERSON
34639085 13 44 A
ROBERTA JEFFERSON
BOX 291
POPLARVILLE MISS

RESTRICTED

INVENTORY FORM

2 Mar 1945
Date

SUBJECT: Inventory of Personal Effects of:

Jefferson, Charles H. ~~Cpl~~ SGT 34639085
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of 784th Tank
(Unit) (Organization)

was reported DOW ~~28~~ 1 MAR Feb. 1945 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Roberta Jefferson
Box 291, Poplarville, Miss.

INVENTORY OF EFFECTS

48 Souvenir Bank Notes
1 Billfold
1 Cigarette Case
2 Keys
1 Knife
1 Lighter
1 Rifle Medal
1 Money Order Receipt
7 Photographs
~~3 Religious Emblems~~
1 Bible
1 Pipe

Money in the amount of $100.08 has been turned into R. H. ORMEROD, Major, FD
(Name of finance office and
211-179
symbol number) Form WDFD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ on _____ 194__.
(Rail, Truck, etc.)

Name EDWIN J. DONOVAN
Rank & ASN 1st Lt. QMC 0-1595473
Organization 611 QM Gr. Reg. Co.

Any additional pertinent information:

5

AG ETO FORM NO. 26

RESTRICTED

AG P BR--400M--27165ABCD--8-44

1 Last name	3 First name and middle initial	4 A. S. No
Jefferson,	Charles H.	34,639,085

(b) 5 Grade	6 Company	7 Regiment and Arm or Service	8 Age
Pvt.	C-18	ARTC	31

(b) 9 Race	10 Nativity	11 Service	12 Date of admission
C.	Miss.		

(a) 13 Source of admission R-20-20 L-20-20

14 Register numbers or hospital memoranda:

INITIAL PHYSICAL CHECK- MK 2643 E.R.M.

COMPLAINTS

NONE

OPINION OF MED OFF O.K.

JAN 4, S-O-312-PAR-21

CAMP HOOD TEXAS

15 Name of Hospital

(a) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.
(b) Spaces 5 to 13 inclusive not to be filled in when form is used for *Register Index in time of peace and in the Zone of the Interior in time of war.*

Form 52a
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)

16—19719

Register No.

2. Last Name	3. First Name	Init	4. A.S.N.
Jefferson	Charles	H	34639085

5. Grade	6. Company	7. Regt or Arm Serv	8 Age

9. Race	10. Nativity	11. Service	12. Date of Adm
C			27 Feb 45

13. Source of Admission: 110th Clr Co

14. Army, Navy, Allied, Enemy, Civilain

15. Disease, Injury, Wounded, Gassed.

16. Serious, Slight, KIA.

17. EWT, PWR, None

18. Entitled to P.H. Yes Awarded: ____

19. B.C. Yes

20. Admitting Diagnosis (Brief):

W.I.A. Pen W Lt. Occipital Region

20. Final Diagnosis: Non-effective: Germany

1. Shell wound, cannon, pen w, w/ left occipital region, with extensive cerebral destruction, WIA at 1650, 26 Feb 45 in Germany.

2. Pulmonary edema, secondary to #1 LO-Yes for #2

Expl of 0310 #1

27 Feb 45: Transfusion: 200 cc plasma.

Penicillin treated - Total 60,000 units

Entitled to PH.

Maj J.W. Kelley, MC

Died at 0810 hrs, 1 Mar 45

Buried 9th Army Cemetery 1 Mar 45

Report of autopsy attach to FMR

Death 1 Mar 45

Name of Hospital:

105th General Hospital (Sem)

Discontinued
Cl "B" Almt(2) $ Eff
Discontinued
Cl "B" Almt(s) $ 2700 Eff
Discontinued 28 FEB 45
Cl "B" Ded $ 2700 Eff 1 JUL 45
Discontinued 31 MAR 45
Cl "B" Almt $ 2.30 Eff 1 AUG 43
Discontinued 28 FEB 45
P.T.A. $ Eff
TO:

DISCONTINUED
Soldiers' Deposit $ Eff
DISCONTINUED

10

8

9

INDUCTION RECORD

(This induction record will be filled out only in case the man enters the service through induction by selective service)

Local board of origin ..... (Board No., city, and state)

Date of arrival at induction station .....

Date and place of induction .....

By whom inducted ..... (Name)

..... (Grade and arm or service)

Place to which sent ..... (Post, camp, or reception center)

Date sent .....

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result [1]

TYPHOID VACCINATIONS

OTHER VACCINATIONS

Kind	Date
TYPHOS	10-8-44
TYPHOS [illegible] Cholera	1-8-44

DIPHTHERIA SUSCEPTIBILITY TEST—SCHICK

Date	Result [2]
CHARLES H. JEFFERSON	
34639085 T43 44 A	

CARRIER EXAMINATIONS
(See AR 40-310)

Date	Parasite examined for	Kind of specimen [3]	Positive or negative

[1] Record as vaccinia, vaccinoid, or immune reaction.
[2] Record as positive, positive combined, negative-pseudo or negative.
[3] Record as feces, urine, sputum, blood, etc.

18—25250-1

2

ENLISTMENT RECORD

(Last name) (First name) (Middle initial) (Army serial No.)

Born .....
(Month, day, and year) (City or town) (State or country)

Height ..... ft. ..... in. Weight ..... lb. Eyes ..... Hair .....

Complexion ..... Size of gas mask ..... Size of shoe .....

Married or single ..... Occupation .....

EDUCATIONAL QUALIFICATIONS

Years in: Grammar school ..... High school ..... College or university .....

Graduate work ..... Specialized in .....

Speaks *English, French, Spanish, German.

OCCUPATIONAL QUALIFICATIONS

..... $.....
(Main occupation) (Weekly wages)

Years ..... as *apprentice, journeyman, expert.

Just what did he do? .....

..... $.....
(Next best occupation) (Weekly wages)

Years ..... as *apprentice, journeyman, expert.

Just what did he do? .....

HOME ADDRESS AND NEAREST RELATIVE

Home address .....
(Number and street or rural route; if none, so state)

.....
(City, town, or post office) (State or country)

Name and address of nearest relative .....
(Name)

.....
(Relationship) (Number and street or rural route; if none, so state)

.....
(City, town, or post office) (State or country)

Person to be notified in case of emergency .....
(Name)

.....
(Relationship; if friend, so state) (Number and street or rural route; if none, so state)

.....
(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

.....
(Name and degree of relationship of beneficiary)

.....
(Address)

.....
(Name and degree of relationship of alternate beneficiary)

.....
(Address)

.....
(Name and degree of relationship of alternate beneficiary)

.....
(Address)

CURRENT ENLISTMENT

(See "Remarks—Financial" (par. 3a, AR 345-125))

Age at enlistment ..... years ..... months.

†Accepted for service at .....

†Enlisted at ..... on the

..... day of ....., 19....

in grade of ..... by .....

for .....
(Company, regiment, arm, or service)

to serve ..... years.
(Words and figures)

Completed ..... years ..... months ..... days for longevity pay,

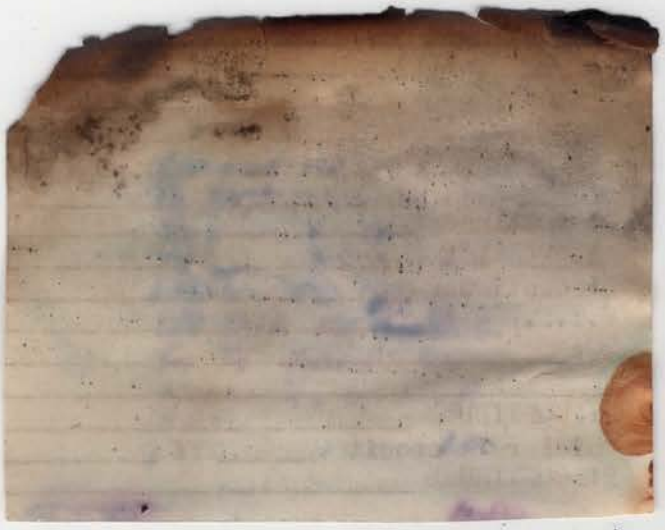
at enlistment. Has over ..... years' service. .....
(Initials of officer)

Physical defects at enlistment .....

.....

* Strike out words not applicable. 16—25250-1

† No entry required for men secured through Selective Service.



INSERT # 2 JEFFERSON, CHARLES H. 54 639 085

REMARKS—ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete.

11 SERVED IN GERMANY FROM 31 Dec 44 to 26 FEBRY'45 INCL.

~~SERVED IN GERMANY FR 27 FEB'45 TO 1 MAR'45~~

~~DATE OF WOUNDS REC'D IN GERMANY 27 FEB'45~~

DATE OF DEATH: 1 MAR'45

SERIOUSLY WOUNDED IN ACTION, GERMANY, 27 FEBRUARY 1945.

DIED OF WOUNDS RECEIVED IN GERMANY, 1 MAR. '45, HOLLAND.

"ELIGIBLE FOR BATTLE PARTICIPATION CREDIT, CAMPAIGN GERMANY, UNIT NOT CITED AT DATE OF DEATH" AUTH LTR. AG 200.6 OPGA HQ ETOUSA 30 DEC 44

Battle Participation for the campaign of Holland [illegible]

INSERT ADDED #1 JEFFERSON, CHAS. H.

12

Favorably considered for Good Conduct Medal on 1 DEC 1943

RECORD COURSE "B"

MM BADGE M-1 RIFLE, ISSUED 29 SEPT 1943 - SCORE: 140, PP 2, SO #234, HQ, ARTC.

2ND CL GNR BADGE LMG ISSUED 19 OCT 1943, SCORE: 196, PP 1, SO #251, HQ, ARTC.

COMPLTD MALARIA CONTROL TNG, CHLORINE GAS CHAMBER - 22 APRIL '44

TF - SECURITY - 20 MAY 1944

FIRED MG CAL 30 (2ND CL GNR) 8 OCT 43
MG CAL 50 (FAM) 20 yds 25 NOV 43
SMG M3 CAL 45 (EXPERT) 16 FEB 44
CARBINE (TRANS) 25 yds 16 MAY 44

TK CANNON LTG 41 COURSE "B" 1ST CL GNR
SCORE 993 11 SEPT 1944

GOOD CONDUCT RIBBON AWARDED SO #12 HQ 78TH TK BN 30 AUG 44

FAMILY ALLOWANCE NUMBER

X 3 615 652

Sgt Mandity letter 19 Sept 44

TF 8-1238 Shown 29 SEP 1944

AW 28 READ 30 SEP 44

SERVED IN FRANCE FR 25 DEC 44 TO 20 AUG 44 INCL

SERVED IN BELGIUM FR 29 DEC 44 TO 30 AUG 44 INCL

W. D., A. G. O. Form No. 24-3
May 1, 1937

3—8855

INSERT ADDED

INDORSEMENTS

These indorsements are filled out in all cases when a soldier deserts or is transferred from one company or detachment to another company or detachment and in all changes of station except with an organization, and upon transfer to inactive status. These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

_____, 19____

To _____

This soldier was transferred to _____

per _____

and left this organization _____, 19____

He was last paid to include _____, 19____

by _____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____

*Due soldier at date of _____

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

_____
(Name)

_____
(Grade and organization)

This soldier reported _____, 19____

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

(Last name) (Army serial No.)

(First name) (Middle initial)

INFANTRY

(Arm or service for which enlisted or inducted)

Color or race

(PLACE X IN BOX INDICATING COMPONENT)

☐ Regular Army. ☐ National Guard of the United States.

Army of United States:

☐ For Regular Army units.

☐ For National Guard units.

☐ Selective Service and Training.

☐ Regular Army Reserve—Active duty.

☒ Enlisted Reserve Corps—Active duty.

SERVICE RECORD

covering period

From ....., 19..., to ....., 19...

AUG 17 43

83

For instructions see AR 345-125

W. D., A. G. O. Form No. 24
(December 12, 1941)

File in Demob. Per. Rec. Br.
AUG 1 1945

16—25056-1

Initials	Name, grade, and organization (Typewritten or printed)
	WHITNEY L. YOUNG, 1st Lt. Inf.
	WALTER S. GARDNER
	W. O. (JG) A. U. S.
	ERVIN E. WATERS CWO
	ASST. PERSONNEL OFFICER
	MICHAEL J. LAGAS, 2ND LT. CAV
	ASST. PERSONNEL OFFICER
	ALAN W. GARLICK
	2nd Lt 784th TANK BN
	Windor C. South
	WOOG, USA
	~~Personnel Officer~~
	784th Tank Bn

16—25259-2

INDUCTION

(This induction record will be filed out only in case the man enters through induction by selective service)

Local board of origin #1 PEARL RIVER CTY, POPLAR (Board No., city, and State)

Date of arrival at induction station JUL 26 1943

Date and place of induction JUL 26 1943 Camp Shelby, Miss.

By whom inducted Whitney L. Young (Name)

WHITNEY L. YOUNG, 1st Lt., Inf. (Grade and arm or service)

Place to which sent LOCAL BOARD OF ORIGIN (Post, camp, or reception center)

Date sent AUG 27 1943

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result [1]
8/28/43	Immune
5/11/46	Immune

TYPHOID VACCINATIONS

8/19/43	
8/28/43	Course Completed
9/4/43	
8/11/44	STIM. DOSE

OTHER VACCINATIONS

Kind	Date
Tetanus Toxoid	
Course Completed	8/28/43
Typhus — Weil Felix	
Blood Type A	

DIPHTHERIA SUSCEPTIBILITY TEST—SCHICK

Date	Result [2]

CARRIER EXAMINATIONS

(See AR 40-310)

Date	Parasite examined for	Kind of specimen [3]	Positive or negative

[1] Record as vaccinia, vaccinoid, or immune reaction.
[2] Record as positive, positive combined, negative-pseudo or negative.
[3] Record as feces, urine, sputum, blood, etc.

CHARLES H. JEFFERSON
2463908S T43 A

INSERT ADDED

ENLISTMENT RECORD

JEFFERSON CHARLES H. 34689085
(Last name) (First name) (Middle initial) (Army serial No.)

NOV. 16, 1911 POPLARVILLE, MISS.
(Month, day, and year) (City or town) (State or country)

Height 5 ft. 6 in. Weight 120 lb. Eyes BROWN Hair BLACK

Complexion COLORED Size of gas mask U Size of shoe 10 E

Married or single MARRIED Occupation

EDUCATIONAL QUALIFICATIONS

Years in: Grammar school 7 High school 0 College or university 0

Graduate work 0 Specialized in

Speaks *English, French, Spanish, German.

OCCUPATIONAL QUALIFICATIONS

Truck driver, HEAVY $ 20.00
(Main occupation) (Weekly wages)

Years 2 as *apprentice, journeyman, expert.

Just what did he do? HEAVY TRUCK DRIVER

Section Hand, RAILROAD $ 20
(Next best occupation) (Weekly wages)

Years 2 as *apprentice, journeyman, expert.

Just what did he do? WORK ON RAILROAD

HOME ADDRESS AND NEAREST RELATIVE

Home address NONE
(Number and street or rural route; if none, so state)

POPLARVILLE MISS.
(City, town, or post office) (State or country)

Name and address of nearest relative CARRIE P. JEFFERSON
(Name)

MOTHER NONE
(Relationship) (Number and street or rural route; if none, so state)

POPLARVILLE MISS.
(City, town, or post office) (State or country)

Person to be notified in case of emergency ROBERTA B. JEFFERSON
(Name)

WIFE BOX 291
(Relationship; if friend, so state) (Number and street or rural route; if none, so state)

POPLARVILLE MISS.
(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

ROBERTA BYRD JEFFERSON (WIFE)
(Name and degree of relationship of beneficiary)

BOX 291 POPLARVILLE, MISS.
(Address)

CARRIE PHILLIPS JEFFERSON (MOTHER)
(Name and degree of relationship of alternate beneficiary)

POPLARVILLE MISS.
(Address)

LUCILLE JEFFERSON JACKSON (SISTER)
(Name and degree of relationship of alternate beneficiary)

POPLARVILLE MISS.
(Address)

CURRENT ENLISTMENT

(See "Remarks—Financial" (par. 3a, AR 345-125))

IND Age at enlistment 31 years 8 months.

†Accepted for service at

†Enlisted at on the

day of , 19

in grade of by

for
(Company, regiment, arm, or service)

to serve years.
(Words and figures)

IND Completed years months days for longevity pay,

at enlistment. Has over 0 years' service.
(Initials of officer)

Physical defects at enlistment

* Strike out words not applicable.
† No entry required for men secured through Selective Service.

16—25259-2

FINAL INDUCTION

Co "A" HQ-35
(Company or detachment)

GERMANY
(Place)

7th MARCH, 19 45

To The Adjutant General:

JEFFERSON CHARLES H. 34689085
(Last name) (First name) (Middle initial) (Army serial No.)

SERGEANT 99TH TANK BATTALION
(Grade) (Organization)

was separated from the service by reason of HOME LEAVE OF
(State specific cause. See par. 37c, AR 345-125)

WOUNDS RECEIVED IN ACTION

on 1 MARCH 1945
(Date)

at HOLLAND authority
(Place)

Retained in service days to make good time lost (A. W. 107).

Absent from duty days subsequent to normal date of expiration of term of enlistment.

Retained in service days for convenience of the Government on account of

His character is Excellent

Efficiency rating as soldier Excellent

*Final statement furnished. *Paid on final pay roll.
*Discharge certificate furnished, W. D., A. G. O. Form No. 55, 56, 57.

Due United States; if nothing, so state NOTHING.

†Due soldier at date of

Address furnished for future references:
(Number and street or rural route)

(City, town, or post office) (State or country)

Receipt of Discharge Certificate is acknowledged.

Signature of Soldier:

I have verified the foregoing entries.

Name signed

Name typed or printed WILBUR C. SMITH

CWO, 99TH TANK BATTALION
(Grade and organization)

*Strike out words and figures not applicable.
†Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.

7th Ind.

______

______, 19___

To ______

This soldier was transferred to ______

per ______

and left this organization ______, 19___

He was last paid to include ______, 19___

by ______
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state ______

______

______

______

______

______

______

______

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______

______

______

______

______

______

______

______

______

* Due soldier at date of ______

______

______

______

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include ______, 19___

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ______, 19___

His character is ______

Efficiency rating as soldier ______

I have personally verified all entries in this indorsement.

______
(Name)

______
(Grade and organization)

This soldier reported ______, 19___

---

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

PRIOR SERVICE

First show prior service in the Regular Army, then insert headings to show in the United States Army, Volunteers, Navy, Marine Corps, and National G or Organized Militia, in the order named.

15

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

______ from ______, 19___, to ______, 19___
(Co., regt., arm, or service)
Discharged as ______ (Grade); ______ (Character); By reason of ______
______
(Data required by par. 8, AR 345-125)

QUALIFICATIONS

______ in the United States Army in the World War
(Highest grade held)

lds commission as ______ in the Officers' Reserve Corps
(Grade) (Section)

Graduate of ______
(Noncommissioned officers' or special service school)

ARMY SPECIALTY

Specialty	*Rating, with date	*Rerating, with date
Medium Tank Crewman 2736	10-27-4[illegible] G	SK 8-31-44
Gunner (616)	1 MAR 44 [illegible] 2-10-44 G	7-7-44 SK

* Ex=Excellent; VG=Very good; G=Good; F=Fair.

SPECIAL DUTY

As	At	From	To	Authority

ARTICLES OF WAR

(Read to soldier as required by the 110th Article of War)

Date	Initials	Date	Initials
21 AUG 1943	[illegible]		
12 MAY 44	[illegible]		
SEP 30 1944	[illegible]		

SEX MORALITY

Course completed (see AR 40-235) 21 AUG 1943, 19____

QUALIFICATION IN ARMS

(Special qualifications attained in the use of the various arms and additional compensation therefor)

Qualified as ______ (Grade designation), ______, 19____
Compensation $______ per month. Aggregate or final score ______
Order publishing fact of qualification ______ (Number) (Source) (Date)

Qualified as ______ (Grade designation), ______, 19____
Compensation $______ per month. Aggregate or final score ______
Order publishing fact of qualification ______ (Number) (Source) (Date)

Qualified as ______ (Grade designation), ______, 19____
Compensation $______ per month. Aggregate or final score ______
Order publishing fact of qualification ______ (Number) (Source) (Date)

Qualified as ______ (Grade designation), ______, 19____
Compensation $______ per month. Aggregate or final score ______
Order publishing fact of qualification ______ (Number) (Source) (Date)

Qualified as ______ (Grade designation), ______, 19____
Compensation $______ per month. Aggregate or final score ______
Order publishing fact of qualification ______ (Number) (Source) (Date)

______

To ______

This soldier was transferred to ______

per ______

and left this organization ______, 19____

He was last paid to include ______, 19____

by ______
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state ______

* Due soldier at date of ______

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include ______, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ______, 19____

His character is ______

Efficiency rating as soldier ______

I have personally verified all entries in this indorsement.

______
(Name)

______
(Grade and organization)

This soldier reported ______, 19____

---

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

5th Ind.

_____, 19____

To _____

This soldier was transferred to _____

per _____

and left this organization _____, 19____

He was last paid to include _____, 19____

by _____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

_____
(Name)

_____
(Grade and organization)

This soldier reported _____, 19____

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

MILITARY RECORD

APPOINTMENT, PROMOTION, OR REDUCTION, WITH AUTHORITY THEREFOR

Grade	Date	Authority	Initials
Pvt	1-27-43	AR 615-500	W. [illegible]
[illegible]	[illegible]	[illegible]	[illegible]
C.P.L.	1-1-44	Sta Hq [illegible]	
SGT	2-18-44	SO #32, Hq 784 TK BN	[illegible]

SPECIALIST RATINGS

Class	Qualification	From	To	Authority	Initials

ORGANIZATIONS TO WHICH ATTACHED

Organization	From	To
CO C-18 BN ARTC	8-25-43	JAN 1944

ORIGINAL ASSIGNMENT AND ORGANIZATIONS TO WHICH SUBSEQUENTLY ASSIGNED DURING THIS ENLISTMENT PERIOD

Assigned to company, regiment, arm, or service	Station	Date
Co "B" 78th Tk Bn	Camp Hood, Tex	4 Jan 44

1 AUG 44 to 30 AUG 44

Authority AR 615-275

Extended 3 days per AR 615-275
(Number of days)

Rejoined 3 SEPT 44

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

From ____ to ____

Authority ____

Extended ____ per ____
(Number of days)

Rejoined ____

FOREIGN SERVICE

Left United States for duty in England

From New York, NY on 7 Oct, 19__

Arrived at Liverpool on 14 Oct, 19__

Left ____ for the United States on ____, 19__

Arrived at ____ on ____, 19__

Left United States for duty in ____

From ____ on ____, 19__

Arrived at ____ on ____, 19__

Left ____ for the United States on ____, 19__

Arrived at ____ on ____, 19__

MEDALS, DECORATIONS, AND CITATIONS

Name of decoration	Authority and date
GOOD CONDUCT RIBBON	Sol's dy TRANS FR Det 30 Aug 44

16—25259-1

4th ind.

____

____,

To ____

This soldier was transferred to ____

per ____

and left this organization ____, 19__

He was last paid to include ____, 19__

by ____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state ____

* Due soldier at date of ____

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include ____, 19__

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ____, 19__

His character is ____

Efficiency rating as soldier ____

I have personally verified all entries in this indorsement.

____
(Name)

____
(Grade and organization)

This soldier reported ____, 19__

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

3d Ind.

9. ARTC, FT. KNOX, KY.

JAN 4 1944 19

To CO 784th TK BN CP HOOD TEX

This soldier was transferred to Your Command

per S.O. No. 3/2 par. 1 Hq 2 RTC

and left this organization JAN 4 1944, 19

He was last paid to include DEC 31 1943, 19

by A. B. BRATTON, Major, F.D.

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

Due P/L Ft. Knox Ky $

Due US L or DP-MR $

* Due soldier at date of Transfer

Accrued Pay & Allowances

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include DEC 31 1943, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include DEC 31 1943, 19

His character is Excellent

Efficiency rating as soldier Excellent

I have personally verified all entries in this indorsement.

Ervin Waters

(Name)

ERVIN WATERS,

(Grade and organization) THO 2ND LT AIRTC.

This soldier reported ....., 19

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.

†Strike out words not applicable.

16—25259-1

RATION OF TERM OF ENLISTMENT TO GOOD UNDER 107th ARTICLE OF WAR:

(a) Absence without proper aut[illegible]y or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

ABSENCE SUBSEQUENT TO THE NORMAL DATE OF EXPIRATION OF TERM OF ENLISTMENT

(a) Absence without proper authority or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

TRIALS BY COURTS

_______ C. M., _______ (No.) A. W. _______ (Date of offense), 19__ _______ (Synopsis of specifications)

Sentence announced and adjudged _______, 19__

Sentence as approved _______

_______ Approved _______, 19__

I certify the above is correct.

_______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _______

Released from confinement _______, 19__

_______ (Name, grade, and organization)

_______ C. M., _______ (No.) A. W. _______ (Date of offense), 19__ _______ (Synopsis of specifications)

Sentence announced and adjudged _______, 19__

Sentence as approved _______

_______ Approved _______, 19__

I certify the above is correct.

_______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _______

Released from confinement _______, 19__

_______ (Name, grade, and organization)

_______ C. M., _______ (No.) A. W. _______ (Date of offense), 19__ _______ (Synopsis of specifications)

Sentence announced and adjudged _______, 19__

Sentence as approved _______

_______ Approved _______, 19__

I certify the above is correct.

_______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _______

Released from confinement _______, 19__

_______ (Name, grade, and organization)

_______ C. M., _______ (No.) A. W. _______ (Date of offense), 19__ _______ (Synopsis of specifications)

Sentence announced and adjudged _______, 19__

Sentence as approved _______

_______ Approved _______, 19__

I certify the above is correct.

_______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _______

Released from confinement _______, 19__

_______ (Name, grade, and organization) 16—25259-1

Ind.

~~Hq. [illegible] Shelby~~ 24 AUGUST 1943, 19__

To CO ARM'D R.T.C. FORT KNOX, KY.

This soldier was transferred to Your command

per P5 SO 193 24 AUGUST 43 ~~S. O. this Hq. dated~~

and left this organization 24 AUG 1943, 19__

He was last paid to include Never paid, 19__

by _______ (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state 21.90 PREMIUM FOR NATIONAL SERVICE LIFE INSURANCE

* Due soldier at date of ACCRUED PAY AND ALLOWANCES [illegible] FROM DATE REPORTED FOR ACTIVE DUTY.

This soldier †~~has~~ †has not a Class E allotment running which has been deducted from his pay to include N USC, 19__

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include None, 19__

His character is Unknown

Efficiency rating as soldier Unknown

I have personally verified all entries in this indorsement.

(Name) WALTER R. GARDNER

P. O. (Grade and organization)

This soldier reported AUG 25 1943, 19__

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

INDORSEMENTS

[illegible] indorsements are filled out in all cases when a soldier deserts or is transferred [illegible] one company or detachment to another company or detachment and in all changes of station except with an organization, and upon transfer to inactive status. These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

Hq. Armed Forces Ind. Sta. Camp Shelby, Miss.

JULY 27, 19 43

To C. O. Reception Center, Camp Shelby, Miss

This soldier was transferred to Your Command

per Par. 32 SO #174 Hq. Armed Forces Ind. Sta. CS. Miss.

and left this organization JULY 27, 19 43

He was last paid to include None, 19

by

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state Nothing

*Due soldier at date of Nothing

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include , 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include , 19

His character is UNKNOWN

Efficiency rating as soldier UNKNOWN

I have personally verified all entries in this indorsement.

Whitney L. Young

(Name)

WHITNEY L. YOUNG, 1st Lt., Inf.

(Grade and organization)

This soldier reported AUG 17 1943, 19

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-2

C. M., (No.) A. W. (Date of offense)

of specifications)

Sentence announced and adjudged , 19

Sentence as approved

Approved , 19

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per

Released from confinement , 19

(Name, grade, and organization)

C. M., (No.) A. W. (Date of offense), 19 (Synopsis

of specifications)

Sentence announced and adjudged , 19

Sentence as approved

Approved , 19

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per

Released from confinement , 19

(Name, grade, and organization)

C. M., (No.) A. W. (Date of offense), 19 (Synopsis

of specifications)

Sentence announced and adjudged , 19

Sentence as approved

Approved , 19

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per

Released from confinement , 19

(Name, grade, and organization)

CLASS ~~E~~ F ALLOTMENTS

DEDUCTION

Class E allotments of pay authorized as follows: X 3 615 652

$22.00 per month for months, commencing Aug 1, 19 43

and expiring ETS, 19, in favor of Wife

for the purpose of Support

Discontinued 30 JUN, 19 44, reason [illegible]

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 16 JUN, 19 44, by

(Name and grade of forwarding officer)

Acknowledgment of discontinuance received , 19

ETS, 19____, in favor of _____

_____ for the purpose of _____

Discontinued _____, 19____, reason _____

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., _____, 19____, by _____ (Name and grade of forwarding officer)

Acknowledgment of discontinuance received _____, 19____

Class C Allot

$ 20.00 per month for WDEF months, commencing 1 MAY, 19 44

and expiring ETS, 19____, in favor of WIFE

_____ for the purpose of Support

Discontinued 25 FEB, 19 45, reason Flow

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., _____, 19____, by _____ (Name and grade of forwarding officer)

Acknowledgment of discontinuance received _____, 19____

Adv. 7.30

NATIONAL SERVICE LIFE INSURANCE
GOVERNMENT INSURANCE

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $ 7.30 per month for INDEF. months, commencing Aug. 19, 19 43, and expiring ETS, 19____, for payment of monthly premium on $ 10,000 Discontinued _____, 19____, reason _____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on _____, 19____, by _____ (Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $_____ per month for _____ months, commencing _____, 19____, and expiring _____, 19____, for payment of monthly premium on $_____ Discontinued _____, 19____, reason _____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington D. C., on _____, 19____, by _____ (Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $_____ per month for _____ months, commencing _____, 19____, and expiring _____, 19____, for payment of monthly premium on $_____ Discontinued _____, 19____, reason _____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on _____, 19____, by _____ (Name and grade of forwarding officer)

16—25259-1

REMARKS—ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete.

Service period governed by Service Extension Act of 1941.

Religious Preference BAPTIST

Transferred to the Enlisted Reserve Corps JULY 21, 1943 pursuant to A.R. 615-500, and furnished transportation to local board. This reservist was ordered to active duty to report to the Reception Center at CAMP SHELBY, MISS. on AUG. 17, 1943 and was furnished transportation and subsistence for the journey.

Whitney L. Young

WHITNEY L. YOUNG, 1st Lt., Inf.

I certify that to the best of my knowledge I am in as good physical condition as at the time of induction.

Charles H. Jefferson

(Signature of Soldier)

A physical inspection indicates that this man is in the same physical condition as at the time of induction.

17 AUG 1943 — TF - 154 SEX HYGIENE SHOWN

(Date of Inspection)

Felix H. Keegan

(Signature of Medical Officer)

Reported for active duty at CAMP SHELBY MISSISSIPPI, on AUG 17 1943

Bernard L. Sykes

(Name, grade and organization)

Clifford L. Sykes
1st Lt., A.U.S.

SOLDIER'S FIELD MANUAL ISSUED AUG 17 1943 IDENTIFICATION TAGS ISSUED

AGO Form 525 Revised Aug 17 194 3

Attention No. 3615 65 X

Approved Aug 43

INSERT ADDED

Date	Description and amount due U. S. or soldier	Roll on which collected
Aug 44	DUE POST LAUNDRY $ 1.50	
	~~ON FUR PR 17 AUG 44 TO 30 SEPT 44 INCL. ALSO FUR PAY TO 2 SEPT 44~~	
SEP 44	~~INCL. ALSO 17~~ AUG 44 PAID	
	ON FUR FR ~~30~~ AUG 44 TO 2 SEPT 44 INCL. ALSO FUR PATS	
	DUE POST LAUNDRY $ 1.00	
	SEP 44 PAID	
OCT 44	DUE POST LAUNDRY $ 1.50	
	OCT 44 PAID	
Nov/44	DUE US CT "E" HEMT $20.00 PER MO FR NOV/44 TO ETS	
	DEPARTED NY P/E 29 OCT 44 DUE EM INCREASE FOR FOR EIGN SV FR 29 OCT 44	
	NOV 44 PAID	
	31 DEC PAID	
	31 JAN PAID	
FEB 45		
	[illegible]	
	FINAL STATEMENT INSTRUMENT SUBMITTED TO LT. COONY, LT. COL. FD. HQ 3, 7 MAR 45	

16—25259-1

Date	Amount Dol.	Amount Ct.	Total amount Dol.	Total amount Ct.	Name and grade of finance officer accepting deposit

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

PAY DETAINED BY COURTS MARTIAL ENTERED ON PAY ROLL

Month	Amount Dol.	Amount Ct.	Vou. No.	Name and grade of finance officer	Accounts for
_____, 19__					
_____, 19__					
_____, 19__					
_____, 19__					

CLOTHING ACCOUNT

CLOTHING DRAWN

Date of issue	Money value clothing	Initials	Date of issue	Money value clothing	Initials

GRATUITOUS ISSUE OF CLOTHING

CLOTHING SETTLEMENTS

Date	Due soldier	Due United States	Roll on which collected	Initials*

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars.

and _____/100 Dollars

and _____/100 Dollars.

* Initials of organization commander.

16—25259-1

Under this heading will be shown all financial matters not entered under other headings, such as stoppages for loss of or damage to Government property, amounts due or paid on account of partial payments, overpayments, etc.

Enlistment allowance of $_____

for the grade of _____

paid by _____

on _____, 19____

Entitled to travel pay to LOCAL BOARD OF ORIGIN
(Place at which accepted for previous enlistment)

Received no travel pay upon discharge on _____, 19____ to reenlist.

Date	Description and amount due U. S. or soldier	Roll on which collected
7-43	WD, AGO Form 28 issued	
7-43	W.D. A.G.O. FORM No. 625 EXECUTED	
	CLASS E DEDUCTIONS TO BEGIN	
	1 AUG 1943	
	Charles H. Tell	
	Pay due fr date of Reclassification	
	C1 N amt $7.30 per	
	mo. fr AUG/43	
	Rd. U. $7.30	
	Due US $5.00 Part Pmt.	
	Aug. 1943 SEP 30 PAID	
	Due P/L Ft. Knox Ky $1.00	
	OCT 31 PAID	
	Due P/L Ft. Knox Ky $	
	NOV 30 PAID	
	Due P/L Ft. Knox Ky $	
	DEC 31 PAID	
	Due P/L Ft. Knox Ky $1.00	
	Due US L or DP-MB $ JAN 44 PAID	
	FEB 44 PAID	
	Next due DEC fr Dr-Ba	
	MAR 44 PAID	
	APR 44 PAID	
	MAY 44 PAID	
	JUN 44 PAID	
JUL '44	C1 "E" DED. DEC $2.00	
	INCREASED TO $2.50	
	EFFEC. 1 JUL/44.	
	JUL 44 PAID	

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Jefferson (Last name) Charles (First name) H. (Middle initial) 34039085 (Army serial number) C pl (Grade) Co "A" 784th Tank Bn (Company, regiment, or arm or service)

The *{~~officer~~ / enlisted man} named above hereby authorizes a Class "E" (Type of allotment)

allotment of his pay in the amount of $ 10.00 per month for Indefinite months commencing 1 November, 19 44, and expiring ETS, 19____

(_____) premiums deducted from pay for month of _____, 19____ (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))

to Mrs. Roberta Jefferson (Name of allottee), Route 291 (Number and street or rural route), Pomularville (City, town, or post office), Mississippi (State)

or to _____ (Name of alternate allottee) _____ (Number and street or rural route) _____ (City, town, or post office) _____ (State)

Date of enlistment 27 July, 19 43 When other than "Finance Service, Army" is affected, state allotment chargeable _____ Relationship of allottee Wife (Applicable to individual allottees only)

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—

_____ (Name) _____ (Relationship)

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allotter only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place Camp Hood, Texas — Charles H. Jefferson (Signature of allotter)

Entered on service record 15 September 1944 (Date) — 15 September, 19 44 (Date)

* Strike out words not applicable.

(Signature of commanding officer or personnel officer, with grade and organization)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 29
November 4, 1942

16—9421-2 U. S. GOVERNMENT PRINTING OFFICE

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Jefferson (Last name) Charles (First name) H. (Middle initial) 34039085 (Army serial number) Cpl (Grade) Co "A" 784th Tank Bn (Company, regiment, or arm or service)

The *{~~officer~~ / enlisted man} named above hereby authorizes a Class "E" (Type of allotment)

allotment of his pay in the amount of $ 10.00 per month for Indefinite months commencing 1 November, 19 44, and expiring ETS, 19____

(_____) premiums deducted from pay for month of _____, 19____ (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))

to Mrs. Carrie Jefferson, (Name of allottee) Pomularville (Number and street or rural route), Mississippi (City, town, or post office) (State)

or to _____ (Name of alternate allottee) _____ (Number and street or rural route) _____ (City, town, or post office) _____ (State)

Date of enlistment 27 July, 19 43 When other than "Finance Service, Army" is affected, state allotment chargeable _____ Relationship of allottee Mother (Applicable to individual allottees only)

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—

_____ (Name) _____ (Relationship)

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allotter only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place Camp Hood, Texas — Charles H. Jefferson (Signature of allotter)

Entered on service record 15 September 1944 (Date) — 15 September, 19 44 (Date)

* Strike out words not applicable.

(Signature of commanding officer or personnel officer, with grade and organization)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 29
November 4, 1942

16—9421-2 U. S. GOVERNMENT PRINTING OFFICE

ASF ODB FORM NO. 620
REV. JAN. 1944

ARMY SERVICE FORCES, OFFICE OF DEPENDENCY BENEFITS, NEWARK 2, NEW JERSEY

FAMILY ALLOWANCE (SERVICEMEN'S DEPENDENTS ALLOWANCE ACT OF 1942, AS AMENDED)

FILE WITH SOLDIER'S SERVICE RECORD

APPLICATION NO. X- 3 615 652

☐ NEW AUTHORIZATION ☐ FINAL DISCONTINUANCE ☒ RE-AUTHORIZATION (CHANGE)
* IF "X" IN BOX, SEE NOTE BELOW

29

Soldier's Last Name	First	Middle	Army Serial Number	Grade	Race
JEFFERSON	CHARLES	H	34 639 085		

DISCONTINUE OR CHANGE — Last Day of: JUNE 44 — Reason: CLASS B ADDED

NAME AND ADDRESS OF PAYEE

1. ROBERTA BYRD JEFFERSON A
2.
3.

AUTHORIZE — Accruing From First Day Of: JULY 44 — Date Issued: 12 JULY 44

	NAME	Relationship	Birthdate of Minors	Termination Date	Maximum Amount
CLASS A	1. JEFFERSON, R B	WI			
	2.				
	3.				
FOLD	4. B 1				
	5. JEFFERSON, CARRIE	P			
CLASS B OR B-1	6.				
	7.				
	8.				
	9.				
	10.				

	Class	Covering Line Nos.	Amount Payable	1st Payment Through
ROBERTA BYRD JEFFERSON BOX 291 POPLARVILLE MISS	A	1		
MARIE JEFFERSON POPLARVILLE MISS	B 1	6		

COMMANDING OFFICER: CO A 782 Mail To: W EM CAMP SWIFT TEXAS

BY AUTHORITY OF THE SECRETARY OF WAR:

H. N. Gilbert

H. N. GILBERT,
Brigadier General, United States Army,
Director

OFFICE OF DEPENDENCY BENEFITS — OFFICIAL

Hereon is shown the action taken by this office on the family allowance of the soldier named. Appropriate Class F deductions or pay adjustments will be made. Authority is hereby granted to credit the soldier for any excess deductions beyond the effective date of discontinuance or change.

NOTE: (*) ☐ **Re-authorization**
An 'X' marked in this box indicates that the regular monthly family allowance of the soldier named has been re-authorized in accordance with the change of status reported to this office. To effect a re-authorization it is necessary, for administrative purposes, to discontinue the old account and re-establish it on the basis of the new status. Therefore, for a FINAL DISCONTINUANCE, only the block 'Discontinue or Change' is filled in; for a NEW AUTHORIZATION, only the block 'Authorize' is filled in; for a RE-AUTHORIZATION, both blocks are filled in.

30

WAR DEPARTMENT

REPORT OF CHANGE OF STATUS AND ADDRESS

(Servicemen's Dependents Allowance Act of 1942)

APPLICATION NO.
X- 5615652

Date June (Month) 16 (Day), 1944

I. Soldier's name Jefferson Charles H. (Last) (First) (Middle) Army serial No. 34659085 Grade Corporal (Private, corporal, sergeant, etc.)

Soldier's Army mailing address Company "A" 784th Tank Battalion, Camp Swift, Texas

II. (a) I report that the following *change of status* occurred on June (Month) 1 (Day), 1944, as to—

Name Jefferson (Last) Carrie (First) (Middle)

Address (Number and street or rural route) Poplarville (City, town, or post office) Mississippi (State)

in connection with the family allowances pertaining to the above-named soldier.

[Place check mark (✓) in the proper square indicating which change has taken place]

☐ Birth of child. ☐ Marriage. ☐ Divorce.

☐ Death. ☐ Remarriage. ☐ Dependent reaching 18.

☐ Class B dependent (parent, grandparent, stepparent, brother, sister, half brother, half sister, stepsister, adopted brother, grandchild, etc.) ceased to be dependent upon soldier for substantial portion of support.

☒ Class B dependent (parent, grandparent, stepparent, brother, sister, half brother, half sister, stepsister, adopted brother, grandchild, etc.) became dependent upon soldier for substantial portion of support.

☐ Enter fully any other change of status not covered above

(b) Relationship of such person to soldier Mother (Wife, son, mother, brother, etc.)

(c) Explain fully details about change of status Mother became dependent as a result of ill health. Prior to this illness (high-blood pressure) dependent mother was able to partially support self.

[See instructions as to documentary proof required]

III. In addition to the change reported above the address of the person to whom check is payable has been changed as follows: (If none, write "None.")

Name None (Last) (First) (Middle) Old address None (Number and street or rural route) (City, town, or post office) (State)

New address (Number and street or rural route) (City, town, or post office) (State)

IV. Other additional information None

V. Signature Charles H. Jefferson (First name) (Middle name) (Last name) Address Company "A" 784th Tank Battalion Camp Swift, Texas (Number and street or rural route) (City, town, or post office) (State)

Relationship to soldier (If report is made by other than soldier, enter relationship to soldier (wife, mother, son, brother, none, etc.)

THIS SPACE TO BE USED BY THE ARMY ORGANIZATION TRANSMITTING "ORIGINAL" OF REPORT OF CHANGE OF STATUS AND ADDRESS TO THE WAR DEPARTMENT

1ST INDORSEMENT

16 June, 1944

PERSONNEL SECTION, 784TH TANK BATTALION, Camp Swift, Texas.

To: ALLOWANCE AND ALLOTMENT BRANCH, WAR DEPARTMENT, *Washington, D. C.*

1. Herewith is the "original" of Report of Change of Status and Address.
2. This change
   - ☐ ~~does not affect the monthly class F deduction from the pay of the soldier.~~
   - ☐ affects the class F deduction from the pay of the soldier and, starting with the month of July, 1944, the monthly class F deduction on the pay roll will be ~~($22)~~ ($27) (~~$XX~~).
3. The "official copy" of this report is filed with the soldier's service record.

WILBUR C. SOUTH
WOJG, USA

Personnel officer.

THIS SPACE TO BE USED BY THE WAR DEPARTMENT TRANSMITTING "OFFICIAL COPY" OF REPORT OF CHANGE OF STATUS AND ADDRESS TO THE SOLDIER'S ORGANIZATION

1ST INDORSEMENT

, 194

ALLOWANCE AND ALLOTMENT BRANCH, WAR DEPARTMENT, *Washington, D. C.*

To:

1. Herewith is the "official copy" of Report of Change of Status and Address.
2. This change
   - ☐ ~~does not affect the monthly class F deduction from the pay of the soldier.~~
   - ☐ affects the class F deduction from the pay of the soldier and, starting with the month of , 194, the monthly class F deduction on the pay roll should be ($22) ($27) ($).
3. The "official copy" of this report is to be filed with the soldier's service record.

By order of the Secretary of War:

Adjutant General.

Do not write in this space
APPLICATION NUMBER
X- 361565Y

WAR DEPARTMENT
APPLICATION FOR DEPENDENCY BENEFITS
(Servicemen's Dependents Allowance Act of 1942)

Date 17, Aug., 1943 194..

I. (a) Soldier Jefferson (Last name) Charles (First name) Hubert (Middle name) 54-639-085 (Army serial number) pvt. (Present Army grade (private, corporal, sergeant, etc.))

(Soldier's Army mailing address) Married (Single, married, divorced) Colored (Race)

Box 291 (Soldier's home address: Number and street or R. F. D.) Poplarville, (City, town, or post office) Miss. (State)

I hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents who are related to me in the manner stated in paragraphs II and III below.

(b) THIS SPACE MUST *ALSO* BE FILLED IN WHEN APPLICATION IS MADE BY A PERSON OTHER THAN THE SOLDIER.

(Applicant's name) I, ... (Last name) (First name) (Middle name) ..... (Your relation to soldier or dependent)

(Address) ..... (Number and street or R. F. D.) (City, town, or post office) (State) hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents of the soldier whose name appears in paragraph I above, to whom this application pertains.

CLASS A

II. List: Wife (W), child (C), former wife divorced to whom alimony is still payable (W. Div.). (If there are none in class A, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors		
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year
1.	Jefferson	Robert a	Byrd	Box 291	Poplarville,	Miss.	Wife			
2.										
3.										
4.										
5.										

Date and place of marriage to present wife Oct., 28, 1940. Pearl River, Cty., Miss.

Date and place of marriage to divorced wife ..... Date of divorce .....

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, $.....

Date alimony or support payment ceases ..... 194... Name and location of court .....

CLASS B DEPENDENTS

III. List below the father, mother, grandfather, grandmother, stepfather, stepmother, either of husband or wife, person in loco parentis, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren who are dependent upon the soldier for a substantial portion of their support. (If there are none in Class B, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors			Degree of dependency (percent)	Is family allowance desired? (Indicate yes or no)
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year		
6.	none											
7.												
8.												
9.												

IV. Enter on the lines below the full name and address of the person or persons to whom the check or checks is or are to be made payable.

Make checks payable to—

Payments covering line numbers in paragraphs II and III above	Name	Address		
		Number and street or R. F. D.	City, town, or post office	State
1	Roberta Byrd Jefferson	Box 291	Poplarville,	Miss.

Members of immediate family now serving in the military or naval service

V. The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

Name			Home address			Serving in— (Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relationship	Age
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State			
None								

VI. I hereby swear or affirm that all the foregoing statements are correct and that every member of Class B for whom I claim the family allowance is dependent, to the degree indicated, upon the soldier whose name appears in paragraph I above, for support.

(Signature)

CHARLES HUBERT JEFFERSON
PVT.

Subscribed and sworn to before me this 19 day of Aug., 1943, 194..., at Camp Shelby, Miss.

(Seal is required when sworn to before civilian)

(Title) .....
(Notary, summary court, etc.)

JOHN B. LAWTON, 2nd., Lt., AUS
Asst., Pers., O.

THIS SPACE TO BE USED BY ARMY ORGANIZATIONS TRANSMITTING AN APPLICATION FROM A SOLDIER TO THE WAR DEPARTMENT

1ST IND. Aug., 17, 1943, 194...

Headquarters Reception Center, Camp Shelby, Miss.

To: Office of Dependency Benefits, 213 Washington St., Newark, N. J.

1. Grade of soldier as shown on the application has been verified. Date of enlistment or induction 27, July, 1943

2. Any voluntary allotments now in force pertaining to the soldier have been discontinued or adjusted, by submission to the Finance Officer, U. S. Army, of the necessary forms, to insure that sufficient monthly pay is due the soldier to provide for the deduction required for the soldier's contribution for the family allowances and still leave him, exclusive of possible court-martial forfeitures, at least $10 per month pay for his personal use.

3. Proper notations have been made in the soldier's service record and on pay rolls to insure that appropriate monthly deductions will begin with the first month after date of filing application, except that for applicants who were in the service on June 1, 1942, and who filed applications in June 1942, deduction has been made beginning with the month of June 1942.

4. The official copy of this application for family allowances has been withdrawn and filed with the soldier's service record.

5. The soldier has been advised that for Class A relationship, supporting papers consisting of certified copies of marriage certificate, court decrees of separation or divorce, birth certificates of children, written acknowledgments of parenthood of illegitimate children, legal agreements of separation, adoption papers; and for Class B dependents the affidavits of two disinterested parties attesting to relationship and dependency must be submitted to the Office of Dependency Benefits, 213 Washington St., Newark, N. J., within 6 months from date of filing application, otherwise payment of allowance will be stopped.

JOHN B. LAWTON, 2nd., Lt., AUS
Asst., Pers., O.
Personnel Officer.

THIS SPACE TO BE USED BY THE WAR DEPARTMENT TRANSMITTING COPY OF AN APPLICATION SUBMITTED BY OR FOR A DEPENDENT OR RELATIVE TO THE SOLDIER'S ORGANIZATION

Office of Dependency Benefits, 213 Washington St., Newark, N. J., ..., 194...

To: .....

1. Family allowances under the Servicemen's Dependents Act of 1942 has been authorized for the persons shown in paragraphs II and III on the reverse side of this form.

2. Monthly deductions of ($22), ($27), ($.....) must be made on the pay roll starting with the month of ..... 194....

3. The "official copy" of the application is to be filed with the soldier's service record.

BY ORDER OF THE SECRETARY OF WAR:

Adjutant General.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—29383-2

Armed Forces' Original
D. S. S. Form 221
January 30, 1942

38

ARM'D RTC FT KNOX KY

Local Board No. 1
Pearl River County
MAY 7 - 194

(LOCAL BOARD DATE STAMP WITH CODE)

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination ☐ Second examination ☒ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

Do Not Enter Anything in This Column

(To be filled in by Armed Forces) (Armed Forces Serial No.) 34639085

1. Name (page 1) Charles (First) ~~Hubert~~ Hubert (Middle) Jefferson (Last)
2. Address (page 1) Poplarville (Street or rural route) Pearl River (Town or city) Miss. (County) (State)
3. Social Security No. (Series I, line 5) 427-10-6368 4. Registrant's order number (page 1) 277
5. Physical or mental defects or diseases (Series II, line 1) None
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) No (Yes or no)
7. Education (Number years completed) (Series III): Elementary school 7 High school 0 Vocational school, college, or university 0
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Common Labor
   (b) Duties (Series IV, line 2 (b)) Working with cement
   (c) Title of last job, if unemployed (Series IV, line 3) Employed
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 5
10. Income (Series IV, line 2 (d)): Average Weekly (Weekly, monthly, annual) earnings $ 25.00
11. Employment class (Series IV, line 2 (e)): Permanent employee ☐; Temporary employee ☒; Apprentice ☐; Independent worker ☐; Unpaid family worker ☐; Employer ☐; Student (Series IV, line 4 (a)) ☐
12. Business of present employer (Series IV, line 2 (g)) Barbers Bros.
13. Marital status (Series VII, line 1): Single ☐; Widower ☐; Divorced ☐; Married, not separated ☒; Married, separated ☐
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 1
15. Birthplace (Series IX, line 1) Poplarville (Town or city) Miss. (State) U.S.A. (Country)
16. Birth date (Series IX, line 2) Nov. (Month) 16 (Day) 1911 (Year)
17. Race (Series IX, line 3): White ☐; Negro ☒; Other (specify) None
18. Citizenship: United States citizen (Series IX, line 4) Yes (Yes or no); Declarant alien (Series IX, line 7) No (Yes or no)
19. Previous U. S. military service (Series XII): None ☒; Army ☐; National Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐
20. Type of discharge (Series XII): Specify None
21. Date of registrant's affidavit (top of page 8) 30 (Day) Nov. (Month) 1940 (Year)

Residence: State; County; Place inducted
Date Inducted: Day; Month; Year
Source; Nativity; Year of birth; Race/citizenship; Education; Occupation; Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the ARMY, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

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SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) None

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☒ Yes ☐

24. Serological test (syphilis): Date [illegible] Result [illegible]

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) _____ (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Dr. H.B. Gowart

(e) Place Poplarville (Town or city) Pearl River (County) Miss. (State) (f) Date [illegible]

27. (a) This Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board Ben H. Byrd

(c) Place Poplarville (Town or city) Pearl River (County) Miss. (State) (d) Date _____

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Carrie Phillips Jefferson (Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address None Poplarville, Miss. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Roberta Byrd Jefferson (Name in full)

32. Relationship Wife (If friend, so state) 33. Address Box 291 Poplarville Miss. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) Roberta Byrd Jefferson (Box 291, Poplarville, Miss. (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Carrie Phillips Jefferson (Mother) Poplarville, Miss. (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Lucille Jefferson Jackson (Sister) Poplarville, Miss. (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

Signature of registrant Charles [illegible] Jefferson (First name) (Middle name) (Last name)

Witnessed at Armed Forces Ind. Sta. Camp Shelby, Miss. on July 27, 19 43

Gladys McQueen (Signature of witness attesting), Gladys McQueen (Name of witness typed), Civ. (Grade and organization)

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SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write in This Column

39. Eye abnormalities: none
40. Ear, nose, throat abnormalities: none
41. Mouth and gum abnormalities: none
42. Teeth: (*a*) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right								EXAMINEE'S	*Left*							
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9		9	10	11	12	13	14	15	16

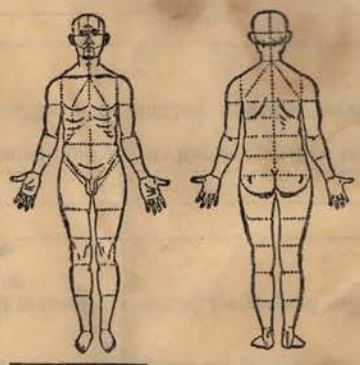
(*b*) Remarks, including other defects: none

(*c*) Prosthetic dental appliances: none

(*d*) Remediable dental defects: caries

43. Skin: normal
44. Varicose veins: none
45. Hernia: none
46. Hemorrhoids: none
47. Genito-urinary (non-venereal): normal
48. Venereal diseases: none
49. Feet: normal
50. Musculoskeletal defects: none
51. Abdominal viscera: normal
52. Cardiovascular system: normal
53. Lungs: normal
54. Chest X-ray: normal X-137457
55. Mental: normal
56. Nervous system: normal
57. Endocrine system: normal
58. Other defects and/or diseases or other remarks: none
59. Summary of defects in order of significance: none

60. Vision, without correction:
    (*a*) Right eye: 20/20
    (*b*) Left eye: 20/20
61. Vision, with correction:
    (*a*) Right eye:
    (*b*) Left eye:
62. Color perception*: normal
63. Hearing:
    (*a*) Right ear: 15/15
    (*b*) Left ear: 15/15
64. Height: 66½ inches.
65. Weight: 180 pounds.
66. (*a*) Girth, at nipples; inspiration: 38 inches.
    (*b*) Girth, at nipples; expiration: 35 inches.
    (*c*) Girth, at umbilicus: 34 inches.
67. Posture: Good [X] Fair [ ] Poor [ ]
68. Frame: Heavy [X] Med. [ ] Light [ ]
69. Color of hair: black
70. Color of eyes: brown
71. Complexion: colored
72. Pulse, sitting: 80
73. Pulse, after exercise*:
74. Pulse, 2 minutes after exercise*:
75. Blood pressure:
    (*a*) Systolic: 140
    (*b*) Diastolic: 78
76. Urinalysis:
    (*a*) Specific gravity: 1.016
    (*b*) Albumin: none
    (*c*) Sugar: none
    (*d*) Microscopic*:
77. Other data:



* When indicated.

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued. mfj

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Charles Hubert Jefferson is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)

reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)

satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of _____
(Enter name of registrant if this subsection is applicable)

(g) Signature _____ (h) Title MAJOR, M. C.
Medical Examiner.

(i) Name typed or stamped DAN. G. MORSE

79. (a) Charles Hubert Jefferson was this date inducted for (general; limited; [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Army of the United States and sent to Local Board of Origin
(Enter name of registrant if this subsection is applicable)

(b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)

service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place ARMED FORCES IND.STA., CAMP SHELBY, MISS. (d) Signature _____

(e) Date July 27, 1943 (f) Name typed or stamped BACKMAN H. GLYMPH, 2nd LT., AUS
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

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