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321015

TO THE ADJUTANT AND INSPECTOR,
U. S. MARINE CORPS, HEADQUARTERS,
WASHINGTON, D. C.

DECK

COURT MEMORANDUM.

Company HqCo, 3rdBn, 24thMar, 4thMarDiv,
Post or ship FMF, c/oFPD, San Francisco, Cal.

Name SHEEHAN, William J. Jr.

Rank Corporal

Date of enlistment September 11, 1941.

Date of trial November 16, 1944.

Offense Neglect of duty on 14Nov44.

Finding Specification proved by plea.

Sentence As mit to reduction to the
next inferior rank.

Approved by C. A. 16 November, 1944.

~~APPROVED BY~~ { ~~XXXXXX~~
~~XXXXXX~~ } ~~XXXXXX~~

~~That upon trial of the accused which involved a~~

~~conduct discharge~~ { ~~XXXX~~
~~XXXXXX~~ } ~~condition on condition that~~

~~the accused maintain a record satisfactory to his commanding officer during period of~~

(Strike out "was" or "was not," as appropriate.)

Noted in service record book. (Strike out in case of acquittal.)

(Sig.) K. G. SCHAICH,

1stLt.

By direction., U. S. M. C.R.
~~Commanding~~

12/18/45-321015

(Please Print)

JAN 17 1946

SHEEHAN

My present occupation

Company employed by or CATHOLIC UNIVERSITY OF
school attending AMERICA, WASHINGTON, D.C.

Obtained position how?

Reason for unemployment

Do you intend to go to school soon?

Did you file a pension claim?

YES

Has pension claim been settled?

NO.

New address W.J. SHEEHAN, 4009 22ND ST. NE., WASHINGTON, D.C.

Remarks CANNOT UNDERSTAND THREE MONTH DELAY
SINCE I FILED FOR PENSION CLAIM.

Date JAN 13TH, 1946

Signature

William J. Sheehan

U. S. MARINE CORPS REPORT OF SEPARATION

NAVMC 79-PD.

1. LAST NAME SHEEHAN	FIRST NAME WILLIAM	MIDDLE NAMES JAMES, JR.	2. RANK P.P.C.	3. PAY GRADE 6	4. SERIAL NUMBER 321015
5. PERMANENT ADDRESS FOR MAILING PURPOSES 4007 1st St. - Massena, N. Y.			6. RACE W	7. SEX M	8. CITIZEN X YES NO
10. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT 4007 1st St. - Massena, N. Y.			11. MARRIED X YES NO	12. NO. OF DEP. ---	9. DATE OF BIRTH 26 FEB 23
			13. PLACE OF BIRTH Massena, N. Y.		

RECORD OF MARINE CORPS SERVICE

SELECTIVE SERVICE DATA X	14. REGISTERED X YES NO	15. ADDRESS AT TIME OF ENTRY INTO SERVICE 3 Sycamore St. - Massena, N. Y.	16. SEL. SER. BD. NO. ---	17. COUNTY & STATE St. Lawrence New York
18. MEANS OF ENTRY ENLISTED 1 INDUCTED --- COMMISSIONED ---		19. PLACE OF ENTRY INTO ACTIVE SERVICE DHS, Syracuse, N. Y.	20. DATE OF ENTRY 11 SEPT 45	21. COMPONENT REG. X RES. ---
22. PENSION CLAIM FILED X YES NO	23. PLACE OF SEPARATION FROM ACTIVE SERVICE M.R., NAS, Quonset Point, R. I.		24. DATE OF SEPARATION 18 SEPT 45	25. ORG. AT SEPARATION Mks. Det.
26. TYPE OF DISCHARGE CERT. Honorable			27. LENGTH OF FOREIGN AND/OR SEA SERVICE 1 YEARS	MOS. 2 DAYS 12

28. MILITARY SPECIALTIES

Messenger (Prim) - 675 Reconno NCO - 636 Topographic Draft. - 076

29. SERVICE SCHOOLS ATTENDED ---	COURSES ---	WEEKS ---
--	-----------------------	---------------------

30. PRINCIPAL MILITARY DUTY

Messenger - 675

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

31. CIVILIAN OCCUPATION (TITLE) Student	D.O.T. NUMBER X02	NO. YRS. ---	LAST EMPLOYED ---
JOB SUMMARY Did odd jobs, clerical, during his summer vacations in high school.			

32. SECONDARY OCCUPATION (TITLE) ---	D.O.T. NUMBER ---	NO. YRS. ---	LAST EMPLOYED ---
33. LAST EMPLOYER BEFORE ENTRY INTO SERVICE ---			DATE LEFT ---
34. JOB AID DESIRED X YES NO			
35. EDUCATION IN YEARS GRAMMAR 8 HIGH SCHOOL 4 COLLEGE --- DEGREE ---		36. MAJOR COURSES Latin - English - Math.	
37. TRADE COURSES ---		38. COURSES OF GREATEST INTEREST English - History	39. LAST SCHOOL ATTENDED Massena High School Massena, N. Y.

PREFERENCES

40. PREFERENCE FOR ADDITIONAL TRAINING Has temporary job, selling plastics - (Amer. Menu Co., Newark, N.J.), waiting for him. Intends to work until the start of the Spring (Feb 46) semester, at which time, he expects to enter either Columbia or Fordham Univ., under G.I. Bill of Rights, majoring in journalism.	
41. JOB PREFERENCE After completing college, intends to work for a newspaper.	REASON ---
42. LOCALITY PREFERENCE ---	REASON ---

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Marine Corps and that a copy of this form has been delivered to him in person.

43. **S. F. POTTER**
SIGNATURE OF C.O. OR PERS. O.

Major, USMC
TYPE IN NAME OF OFF. & RANK

44. **William J. Sheehan Jr.**
SIGNATURE OF DISCHARGEES
William J. Sheehan, Jr. 18 SEPT 45

TO: HEADQUARTERS MARINE CORPS
Washington 25, D. C.

REDIFORM-PATD.-AMERICAN SALES BOOK CO., INC., NIAGARA FALLS, N.Y.

ISM Section

80.1
TRW/asb

HEADQUARTERS COMPANY
AMPHIBIOUS CORPS, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

29 April, 1942.

From: The Commanding Officer.
To : Private First Class William J. Sheehan, Jr.,
(321015), U.S. Marine Corps.

Subject: Specialist rating.

References: (a) MGC ltr 1515-30/5-1 over AV-mjd, dated 15Dec41.
(b) Corps General Order 5-41, dated 26Jun41.

1. In accordance with reference (a), as delegated by
reference (b), you are hereby rated specialist 4th class (general
duty), from and including this date, vice Private First Class
Francis D. McAuliffe, rerated.

For duty as clerk.

THOMAS R. WERT

Copy to: The Commandant
Service Record Book
F I L E

GENERAL PAY DATA OF _____

ALLOTMENT IN FAVOR OF	PER MO	NO MOS	1st PAYMENT MO YR	EXPIRES MO YR	ORIG REGISTERED BY	SHIP OR STATION	LAST PAYMENT MO YR	CAUSE OF STOPPAGE

INFANTRY WEAPONS RECORD

WHERE ATTACHED	RANGE	DAY	MONTH	YEAR	SCORE	FINAL QUAL	SIG AND RANK OF VERIFYING OFFICER	NO AND DATE MQ ORDER	DATE INSIGNIA DELIVERED

OTHER CHECKAGES PENDING - Except Courtsmartial Fines - Such as lost property, Clothing and SS, rewards, requests of paymasters, etc., (Used only in case of transfer.

DATE OF TRANSFER	NATURE OF CHECKAGE	AMOUNT	REMARKS - Here show whom requested and date of letter or request, etc.

Serial No. 321015

UNITED STATES MARINE CORPS

TEMPORARY SERVICE RECORD BOOK OF

SHEEHAN, Jr.
(Surname)

William James
(Christian Name)

RANK

PFC. ~~XXXX~~

10Sep41.
Date of enlistment

PREVIOUS SERVICE

____ Years ____ Months ____ Days

DATE OF EXPIRATION OF EACH EXTENSION

Date _____

I certify that all entries in this temporary service record book have been transcribed in the above man's permanent Service Record Book this date.

/s/ _____

USMC

Initial entries made in this temporary service record book on 23Mar45 date.
If the original service record book of the man concerned has not been received
by 23Jun45 a request will be made to The Commandant, U.S. Marine Corps for a
duplicate service record book. The following information will be filled in by the
organization making the request for a duplicate service record book.

Duplicate service record book requested from The Commandant

date

By _____
Organization

/s/

USMC

THIS ALLOTMENT IS TO COVER THE PREMIUM ON NATIONAL SERVICE LIFE INSURANCE

N. M. C. 535 PM

321015

ALLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

NSI

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

By these presents,

FOUR DOLLARS AND SIXTY-TWO CENTS - - - \$ 4.62

(Words)

(Figures)

I, SHEEHAN, William James Jr. Pfc. U. S. M. C.,
(Surname) (Full-Christian name)

First pay't: Month Nov. Year 1944.

(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. INDEFINITE.

(Words and figures)

Enlistment

Date 11 Sep 41. Allotment Expires INDEFINITE.

Allottee, Treasurer of the U. S.
Address Veterans Administration,
Washington, D. C.

Date of registry: DEC 13 1944

William James Sheehan Jr.
(Signature of grantor)

Registered:

F. N. GRAVES SRA, USMC

Approved: [Signature] Entered in Service Record Book.

K. G. SCHAICH,
By direction.

1st Lt. U. S. M. C. [Signature]

U. S. 3rd Bn., 24th Marines.

Month	19 ____	19 ____	19 ____	19 ____
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

ADM. AUDIT DIV.

FILE



United States Marine Corps

HEADQUARTERS COMPANY,
AMPHIBIOUS FORCE, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

10 FEBRUARY, 1942

From: Commanding Officer.

To: WILLIAM J. SHEEHAN, Jr. (321015)

You are hereby appointed a PRIVATE FIRST CLASS
(Private first class, field music first class, or assistant cook)

in the United States Marine Corps from and including this date.

G.B. ERSKINE

By direction

Colonel, U. S. M. C.

Kind of warrant "TEMPORARY"
(Temporary, ship's, or permanent)

Branch "LINE"
(Aviation, Band, Communications, Mess, etc.)

Authority MGC ltr 2165-15/5-1 over AV-ehk, dated 20 January, 1942
(Marine Corps Manual or M. G. C. let. (date))

Filed By
Schaeffer

(TRIPLICATE FOR THE MAJOR GENERAL COMMANDANT)

Dis 18 Sep 45

DISCHARGE DATA

TO BE COMPLETED ON ALL PERSONNEL

SB., MB., NAS.,
QUONSET PT., R. I.

(Organization)

AUG 31 1945

(Date)

SHEEHAN, William J., Jr. USMC

(Name - USMC, USMCR, SS, etc.)

PFC.

(Rank)

321015

(Serial No.)

Points

Service Credits

48

Sea & FS Credits

16

Combat Credits

25

Parenthood Credits

TOTAL CREDITS

89

Decoration awarded
since 1 Sep 45.

J.E. DRYER, Captain, USMCR.

(Rank) Commanding.

TO BE COMPLETED

WHEN REQUEST FOR DISCHARGE IS MADE

MB., NAS., QUONSET POINT, R. I.

(Organization)

SEP 11 1945

(Date)

I desire to be discharged under existing regulations for demobilization. I fully understand that once transferred for discharge I will NOT be permitted to cancel or withdraw this request.

William J. Sheehan Jr.

William J. SHEEHAN, Jr.

(Signature of Applicant)

APPROVED:

B.M. Coffenberg

B. M. COFFENBERG Lt. Col., U.S.M.C.

(Rank) Commanding.

NOTE: TO BE SECURELY FASTENED TO THE
INSIDE FRONT COVER OF SEB.

OFFENSES: - Enter date, place organization, offense, and punishment. Give date and hour from and to which aol, or awol; courtmartial, desertions and known attending circumstances; rewards offered. All entries will be signed by commanding officer. Where no offenses are committed no entries will be made.

FURLOUGHS

From	To	Days	Date of return
4-3-45	5-11-45	38	5-10-45 (Conv Leave)
<div> <div>19 June 45</div> <div>26 July 45</div> </div> <div>ABOVE INCLUDES 2 DAYS TRAVEL TIME</div>			

PROFESSIONAL AND CONDUCT RECORD OF:

STATION OR VESSEL	Joined, Surr App., Trans Semi-An., For Dis., Final M Deserted, Died Retired, Disch., Transf to Res.	DATE	RANK	Military Efficiency Neatness and Mil Bearing	Intelligence	Obedience	Sobriety	Average Standing	Signature of Commanding Officer.
<i>Id for Repair via U.S. Navy</i> GasCo #4, MD, USMC San Diego, Calif.	Joined	MAR 23 1945	PFC.						<i>Harry H. Hobbs</i> 1st Lt. USMC
GasCo #4, MD, USMC San Diego, Calif.	Trans	MAY 18 1945	PFC.			5	5		<i>Harry H. Hobbs</i> 1st Lt. USMC
2nd Guard Company MB, NAS, Quonset Point, R. I.	[ID.]	JUN 26 1945	[DEC]						<i>R. J. Fay</i> Capt. USMC
2nd Guard Company MB, NAS, Quonset Point, R. I.	<u>Semi-an</u>	JUN 30 1945	[PFC]	3.7	3.7	3.7	5	5	<i>R. J. Fay</i> Capt. USMC

PAY ACCOUNT RECORD OF: _____

ORGANIZATION OR POST	By whom Paid (Name of Paymaster)	Date inclusive to which last Paid or settled	BALANCE	
			OVERPAID	UNPAID
CasCo #4, MD, USNH San Diego, Calif.	Geo. F. Adams	dd 15 Mar 45		✓
CasCo #4, MD, USNH San Diego, Calif.	Geo. F. Adams	dd 27 Mar 45		
CasCo #4, MD, USNH San Diego, Calif.	Geo. F. Adams	dd 15 May 45		✓
Pd. Emerg. Cash Pmt. \$ 10 ⁰⁰	Date JUN 8 1945			
Pd. Emerg. Pmt. (Check) \$	Ck. #			
GEO. I. SPRINGER	W.O. (PM) USMC Deputy			
- See Art. 29-42 MCM. -				
Pd. Emerg. Cash Pmt. \$ 50 ⁰⁰	Date JUN 18 1945			
Pd. Emerg. Pmt. (Check) \$	Ck. #			
GEO. I. SPRINGER	W.O. (PM) USMC Deputy			
- See Art. 29-42 MCM. -				

TEMPORARY
SERVICE RECORD
OF

Name SHEEHAN, William J. Jr.

Citizenship U. S.

Date of birth 26Feb23.

Legal Residence _____

Name, relationship and address of person to be notified
in case of emergency Mrs. Anne T. SHEEHAN, (Mother)

Accepted for enlistment at Massena, N. Y.

to service four years.

Foreign shore service last enlistment _____ months.

Harry H. Hobbs.
1st Lt. USMC

William James Sheehan Jr.
Signature of recruit in full

Identification tag issued _____ 19 _____

CONSENT OF PARENTS OR GUARDIAN TO ENLISTMENT OF A MINOR IN THE MARINE CORPS

*We } William SHEEHAN and Anna SHEEHAN
 X }
 residing in Massena, County of St. Lawrence
 and State of New York, do freely consent to the enlistment
 of William James SHEEHAN in the United States Marine Corps as a
 (Name in full)
 PRIVATE, to serve 4 YEARS, unless sooner discharged, subject to all the requirements and lawful
 commands of the officers who may, from time to time, be placed over him; do hereby relinquish all claim to
 his service, and to any wages or compensation for the same, and do hereby certify that he was born
 in Massena, New York on the 26 day of February
 1923.

And *{we } do solemnly swear (or affirm) that { we are the parents
 XK } { I am the father and only surviving parent
 { I am the mother and only surviving parent
 { I am the legally appointed guardian } of the said
William James SHEEHAN, that he has no other legal guardian, and that he has never
 (Name in full)
 been married, had military service, or been convicted of any crime: So help me God.

William J Sheehan
 (Signature of father or guardian)

William Sheehan

Anna Sheehan
 (Signature of mother)

Anna Sheehan

ADDRESS (with street and number) 3 Sycamore Street, Massena, New York

Personally appeared before me William SHEEHAN and
Anna SHEEHAN, residents of Massena in the county of
St. Lawrence, and State of New York, each of whom is well known
 to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the
 same in my presence this 10 day of Sept, 1941

(SEAL)

Thomas J. Fay
 (Signature of officer administering oath)
Edgar Public

*Strike out words which do not apply.

William James, Jr.

Name: To be typewritten, surname to the left)

Enlisted, 11 September, 1941

Marine Corps Recruiting Station

Syracuse, New York

(Place)

Under the provisions of the acts approved May 22, 1928, and May 12, 1930, relating to the payment of six months' pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the Regular Marine Corps, or on the retired list when on active duty, or of any transferred member of the Fleet Marine Corps Reserve when on active duty, who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children.

Not Married

(Full name of wife; if not married, so state)

(Address of wife)

None

(Full name and address of each child; if none, so state)

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

none

(Relationship)

(Name in full)

(Address)

*

*

*

*(State briefly wherein dependency consists, such as "allotments registered", "monthly contributions by Government check", etc.)

(SEE REVERSE SIDE)

4-2951

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under said act the following dependent relative, my

(Relationship)

~~None~~
(Name in full)

(Address)

* State briefly wherein dependency consists

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.

William James Shuehan Jr.
William James Shuehan, Jr.
(Signature)

Private

(Rank)

, U. S. Marine Corps.

Subscribed and sworn to before me this **11th**

day of **September**, 19 **41**

[SEAL]

H. Colvocoresses
H. COLVOCORESSES

Major, USMC., (retd.)

Recruiting Officer.

It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband, thus: "Mrs. Anna May Smith", not "Mrs. John Smith."

New beneficiary slips should be filled out and forwarded in all cases in which such action becomes necessary, by reason of a change in the status of the officer or enlisted man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whether designated or not.



United States Marine Corps

HEADQUARTERS COMPANY,
AMPHIBIOUS CORPS, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

27 June, 1942

WILLIAM J. SHEEHAN, JR., (321015)

by the direction of the ~~Major General~~ Commandant, is hereby appointed a

CORPORAL

in the UNITED STATES MARINE CORPS, and he is therefore carefully and diligently to discharge the duties of that position by doing and performing all manner of things thereunto belonging. I do strictly charge and require all Non-commissioned Officers and others under his command to be obedient to his orders, and he is to observe and follow such orders and directions from time to time as he shall receive from his Commanding Officer or other superior officers set over him, according to the rules and discipline of the Navy.

"TEMPORARY WARRANT"

"LINE DUTY"

Auth: CMC ltr 2166-15/10-1 over AV-dh, dated 26 June, 1942

T.R. WERT,

By direction
Captain

U. S. M. C., R.

No.

- 4 -

LOWEST NUMBER OF SAME
DATE TAKES RANK.

Commanding Hq Co, ACAF

(DUPLICATE FOR THE COMMANDING OFFICER)

☒ FOLLOW ALL INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED MONTHLY SUM ALLOTTED

By these presents,

I, SHEEHAN, William James, Pvt., U. S. M. C.,
(Surname) (Full-Christian name)

First pay't: Month Jan. Year 1942
(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. FORTY FIVE (45)
(Words and figures)
Enlistment Date 11 Sep 41 Allotment Expires Sep. 1945

Allottee, Treasurer of the
Address, United States,
Veterans Administration,
Washington, D.C.

Date of registry: _____
William James Sheehan
(Signature of grantor)

Registered: _____

Approved: [Signature] Entered in Service Record Book.

1st Lt. U. S. M. C. Commanding.
U. S. Hq Co - AF - AF.

Month	19____	19____	19____	19____
Jan. _____				
Feb. _____				
Mar. _____				
Apr. _____				
May _____				
June _____				
July _____				
Aug. _____				
Sept. _____				
Oct. _____				
Nov. _____				
Dec. _____				

E 5

SHEEHAN, (321015) William James Jr
Enl 11Sep41
Photo taken 20Sep41





UNITED STATES MARINE CORPS 321015

I, William James SHEEHAN, Jr., desiring to enlist in
 (First name) (Middle name, if any) (Surname, in capitals)
 the UNITED STATES MARINE CORPS for a period of four (4) years, do declare
 that I was born 26 February, 1923, at Massena,

in the State of New York; that I have § a wife and ~~xxxxxxx~~ children } ; that there is
 neither wife nor child

nobody dependent upon me for support beyond my ability to contribute from the pay of a private; that I know of nothing wrong with my health or body that the doctor did not find when he examined me; that I am of good habits and character; that no judge or jury has ever found me guilty of a crime; that I have never deserted from the United States Army, Navy, Marine Corps, or Coast Guard, and have never been discharged therefrom with a dishonorable, bad-conduct, undesirable, or inaptitude discharge, or for disability, and that I have never served therein except as stated to the recruiting officer and recorded on the reverse side of this contract; and that I am a citizen of the United States. I agree to accept from the United States such bounty, pay, rations, and clothing as are or may be established by law.

Given at SDHS, Watertown, N.Y., this 11th day of September, 1941
 (Show first place of acceptance)

*Accepted and signature witnessed:

Idenman J. Elliott

William James Sheehan Jr.
William James Sheehan, Jr.
 (Signature of applicant, in full)

GV-Sgt, U. S. M. C. R.

Date and nature of any waiver: None

Acceptance approved, 11 September, 1941, at DHS, Syracuse, N.Y.
 and transferred, 11 September, 1941, to MP, Parris Island, S.C.

H. COLVOCORESSES
Major, U. S. M. C., Recruiting Officer.

I, William James SHEEHAN, Jr., DO HEREBY ACKNOWLEDGE
 to have voluntarily enlisted as a **PRIVATE** for general service in the UNITED STATES MARINE CORPS,
 for a period of four (4) years, unless sooner discharged by proper authority, and that no promise
 or assurance of any kind has been made to me concerning assignment to any particular duty or promo-
 tion during my enlistment. And I do solemnly swear (or affirm) that I will bear true faith and allegi-
 ance to the United States of America; that I will serve them honestly and faithfully against all their
 enemies whomsoever; and that I will obey the orders of the President of the United States, and the
 orders of the officers appointed over me, according to the Rules and Articles for the Government of the
 Army, Navy, and Marine Corps of the United States. And I do further swear (or affirm) that all state-
 ments made by me, as now given in this record, are correct.

William James Sheehan Jr.
William James Sheehan, Jr.
 (Signature of recruit, in full)

Subscribed and duly sworn to before me at DHS, Syracuse, N.Y.
 this 11th day of September, A. D. 1941, and

I CERTIFY that I minutely inspected the above-named man previous to his enlistment, and that he was
 entirely sober when enlisted; that, to the best of my judgment and belief, he fulfills all legal requirements;
 that, after fully informing him of the nature of the service he is to perform, I have enlisted him into the
 service of the United States under this contract of enlistment as duly qualified to perform the duties of an
 able-bodied marine, and in doing so have strictly observed the regulations which govern the recruiting
 service; also that the prior service as shown on the reverse side has been verified by me personally from
 the man's discharge certificates, and that I am satisfied that his status as to citizenship is U.S.

H. COLVOCORESSES
Major, U. S. M. C., Recruiting Officer.

* To be signed by the officer or noncommissioned officer first accepting the applicant.

† Native born, use initials U. S.; naturalized, N. U. S.

‡ Period of enlistment to be inserted by applicant in own handwriting.

§ Strike out words not applicable.

30
089
11
9
41
20
30
223
1
07

PERSONAL DESCRIPTION

Name, William James SHEEHAN, Jr.; born, February 26, 19 23

I CERTIFY that I have this 11th day of September, 19 41

at DHS, Syracuse, N.Y., carefully examined the above-named man in accordance with the Regulations of the Navy; that he has stated to me that he has no disease, and in my opinion he is free from all bodily defects and mental infirmities which would in any way disqualify him from performing the duties of a marine, and that his personal description is as follows:

Blue eyes, Brown hair, Ruddy complexion; height 72 inches, weight 128 pounds, mean circumference 35 inches, expansion 4 inches, vision (Snellen) right 20/20, left 20/20, indelible or permanent marks upon his person: ANT: 2 PS Chest; ;S2" & 1S½" Upper abdomen; 3 PS Lt. Patella;
PS & BMK Center of back; S½" Rt. Arm.

F. O. HARBACH,

Lieut., (M. C.), U. S. Navy. Res.

Legal residence: 3 Sycamore St. Massena, (St. Lawrence), New York
(Street address and city or town) (State)

Name and address of person to be notified in case of emergency, giving degree of relationship; if friend, so state:

William James Sheehan, Sr., 3 Sycamore St. Massena, N.Y. (Father)
(Name) (Address, including name of street and number of house) (Relationship)

DATES OF FORMER ENLISTMENTS AND DISCHARGES

(All prior naval or military service, including Reserves, must be entered below at time of enlistment)

ENLISTED	DISCHARGED	BRANCH OF SERVICE, RANK, TIME LOST, ETC.	CHARACTER

Space below is for use in Adjutant and Inspector's Department

Date Rec'd SEP 13 1941
Strength and Dist. 1 B. M. SECTION
Recruiting 1 B. M. SECTION
Carded 1 B. M. SECTION
Compared 1 B. M. SECTION

UNITED STATES MARINE CORPS

In the event of War or National Emergency declared by the President to exist during my term of service I further oblige and subject myself to serve until six months after the end of the War or National Emergency if so required by The Secretary of the Navy unless I voluntarily reenlist or extend my enlistment and I understand that when so detained addition of one fourth pay as specified in RS 1422 is not applicable.

William James Sheehan Jr.

William James Sheehan, Jr.
(Signature of enlisted man if full)

Subscribed and duly sworn to before me at DHS. Syracuse, N.Y.
this 11th day of September 1941.

H. Colvocoresses

H. Colvocoresses,

Major, USMC. (retd).

UNITED STATES MARINE CORPS
EASTERN RECRUITING DIVISION
HEADQUARTERS, DISTRICT OF SYRACUSE
Room 317, NEW POST OFFICE BUILDING
SYRACUSE, N. Y.

4100-4
HC/ 108

11 September, 1941

From: Officer in Charge. #321015
To : Private William J. SHEEHAN, Jr. U.S.M.C.
Subject: Travel Orders.

1. Having this date enlisted in the United States Marine Corps, as a Private for "GENERAL SERVICE", you will ~~(take charge)~~ ~~proceed as routed by transportation request M- 237-472~~ proceed as routed by transportation request M- 237-472, to Port Royal, S.C., via: the Delaware, Lackawanna & Western Railroad train which leaves this city, this date at 9:35 p.m., E.S.T. arriving at Wayne Junction, Pa. at 7:32 a.m., 12 September, 1941. You will change trains at Wayne Junction, Pa. at 7:45 a.m., same date proceeding via the Baltimore & Ohio railroad for Washington, D.C., arriving at Washington, D.C. at 10:42 a.m., You will depart from Washington, D.C., leaving Union Station at 6:55 p.m., 12 September, 1941 via the R.F. & P railroad for Yemassee, S.C., where you will report to the Recruiting Sergeant in Charge of the Marine Corps Receiving Camp at Yemassee, S.C., which is located near the depot for further instructions as to your transfer to Port Royal, S.C.

Pvt. _____	Pvt. _____
Pvt. _____	Pvt. _____
Pvt. _____	Pvt. _____
Pvt. _____	Pvt. _____

2. The necessary transportation for the travel involved is herewith furnished you, together with the sum of \$3.50 each in cash for meals. Total cash furnished for meals \$ 3.50.

3. The travel herein enjoined is necessary in the Public Service.

4. While performing the travel required by these orders, the men in charge of the above detail will conduct himself with proper decorum and will be held responsible for the conduct of the men under his charge. He and the men under his charge are subject to disciplinary action for any misconduct.

5. Any unused requests for Pullman accommodations as well as any unused railroad tickets issued to you will be turned over to the Commanding General, upon your arrival at Marine Barracks, Parris Island, S.C., for transmittal to the Quartermaster, Headquarters, U. S. Marine Corps, Washington, D.C.

H. COLVOCORESSES.

Copy to: The MEC. F-I-L-E Serv. Record Book.
Each man. The CG., MB., PI., SC.

SHEEHAN, William James, Jr.
(Name: To be typewritten, surname to the left)

Enlisted, 11 September, 1941

Marine Corps Recruiting Station

Syracuse, New York

(Place)

Under the provisions of the acts approved May 22, 1928, and May 12, 1930, relating to the payment of six months' pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the Regular Marine Corps, or on the retired list when on active duty, or of any transferred member of the Fleet Marine Corps Reserve when on active duty, who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children.

Not Married

(Full name of wife; if not married, so state)

(Address of wife)

none

(Full name and address of each child; if none, so state)

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

none

(Relationship)

(Name in full)

(Address)

*
*
*
(State briefly wherein dependency consists, such as "allotments registered", "monthly contributions by Government check", etc.)

(SEE REVERSE SIDE)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under said act the following dependent relative, my

(Relationship)

none
(Name in full)

(Address)

*

*

*

* State briefly wherein dependency consists

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.

William James Sheehan, Jr.

William James Sheehan, Jr.

(Signature)

Private

(Rank)

U. S. Marine Corps.

Subscribed and sworn to before me this 11th

day of September, 1941

[SEAL]

H. COLVOCORESSES

Major, USMC., (retd.)

Recruiting Officer.

It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband, thus: "Mrs. Anna May Smith", not "Mrs. John Smith."

New beneficiary slips should be filled out and forwarded in all cases in which such action becomes necessary, by reason of a change in the status of the officer or enlisted man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whether designated or not.

CONSENT OF PARENTS OR GUARDIAN TO ENLISTMENT OF A MINOR IN THE MARINE CORPS

*We ~~X~~ } William SHEEHAN and Anna SHEEHAN
residing in Massena, County of St. Lawrence
and State of New York, do freely consent to the enlistment
of William James SHEEHAN in the United States Marine Corps as a
(Name in full)
PRIVATE, to serve 4 YEARS, unless sooner discharged, subject to all the requirements and lawful
commands of the officers who may, from time to time, be placed over him; do hereby relinquish all claim to
his service, and to any wages or compensation for the same, and do hereby certify that he was born
in Massena, New York on the 26 day of February
1923.

And *we ~~XX~~ } do solemnly swear (or affirm) that ~~we are the parents~~
~~from the father and only surviving parent~~
~~from the mother and only surviving parent~~
~~from the legally appointed guardian~~ } of the said
William James SHEEHAN, that he has no other legal guardian, and that he has never
(Name in full)
been married, had military service, or been convicted of any crime: So help me God.

William J. Sheehan
(Signature of father or guardian)
Anna Sheehan
(Signature of mother)

Address (with street and number) 3 Sycamore Street, Massena, New York

Personally appeared before me William SHEEHAN and
Anna SHEEHAN, residents of Massena in the county of
St. Lawrence, and State of New York, each of whom is well known
to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the
same in my presence this 10 day of Sept, 1941

(SEAL)

*Strike out words which do not apply.

Thomas J. Jay
(Signature of officer administering oath)
Notary Public

EDUCATIONAL QUALIFICATIONS

Date September 11, 1941

Educational Qualifications of William James SHEEHAN, Jr. 321015
(Name)

Enlisted—~~Reenlisted~~ at DHS, Syracuse, N.Y. on 11 September, 1941.
(Station) (Date)

- (a) Grade attained in elementary school 8th
- (b) Number of years in high school (if not a graduate) and subjects taken, such as academic, business or technical 4 yrs - Graduate
- (c) If a high school graduate, so state showing subjects taken, such as academic, business or technical 4 yrs. - Academic
- (d) Name of business school, vocational training center, or other educational institution attended, showing number of years of attendance and subjects taken None
- (e) Number of years of college training (if not a graduate), name of college, kind of training such as academic, business or technical, and credits earned None
- (f) If a college graduate, give name of college, the course taken and degrees obtained None
- (g) Any other educational qualifications not covered above. None

H. Colvocoresses
H. COLVOCORESSES
Major, USMC (retd).
Recruiting Officer.

This form must be securely attached to the enlistment contract or agreement to extend enlistment of all men accepted for first enlistment, reenlistment and extension of enlistment in the Marine Corps.



UNITED STATES MARINE CORPS
EASTERN RECRUITING DIVISION
HEADQUARTERS, DISTRICT OF SYRACUSE
Room ~~2395B~~ 317, New Post Office Building
SYRACUSE, N. Y.

22 April, 1941

Mr. Anthony Smith,
5 Sycamore St./
Massena, N.Y.

Dear Sir:

Mr. William James Sheehan has applied for enlistment in the United States Marine Corps and states that he has lived in your city at 3 Sycamore St., Massena, N.Y. for about 18 years.

Before a man may be accepted for enlistment in the United States Marine Corps, certain qualifications must be established. Therefore the Government is requesting that you supply, frankly and confidentially, certain information in order to determine whether this man should be permitted to enter the service of the United States.

Accordingly it is requested that you fill out the blank form on the other side of this sheet and mail it without delay in the inclosed envelope which requires no postage stamp.

Your prompt attention will be very much appreciated.

Yours very truly,

Harold D. McArthur
Harold D. McArthur
Sergeant, U.S. Marine Corps,
N.C.O. Officer in Charge. Road Party
by direction.

How long have you known the applicant?.....

18 yrs

What is his reputation in the community?.....

The Best

To the best of your knowledge:

What was his scholastic standing?.....

Good

Is he now married or single?.....

Single

Has he ever been married?.....

no

Has he ever been convicted of a crime?.....

no

Has he ever been in the Military or Naval service?.....

no

What is your personal opinion with reference to his—

• General intelligence

Good

Trustworthiness

Fine

• Moral character

Very Good

• Home environment

The Best

Remarks: (Any other pertinent data which you may care to supply)

.....
.....
.....

Anthony Smith

(Signature)

Sept. 10. 1941

(Date)

5 Lybmore Street

(Address)



UNITED STATES MARINE CORPS
EASTERN RECRUITING DIVISION
HEADQUARTERS, DISTRICT OF SYRACUSE
Room ~~294E~~, New Post Office Building
317 SYRACUSE, N. Y.

Chief of Police
Massena, N.Y.

22 April, 1941.

Dear Sir:

Mr. William James Sheehan, who states that he
resided at 3 Sycamore St., Massena, N.Y., from
1923, to Present time.
(Date) (Date)

has applied for enlistment in the United States Marine Corps.


The Marine Corps cannot accept for enlistment any man who has ever been convicted of a crime by any civil court, or who has ever committed an act such as would render him liable to criminal prosecution in a civil court. If such a conviction, or the commission of such an act, is recorded against him, he must be rejected, unless the offense was of a trivial nature which would not reflect on the man's character or affect his desirability for enlistment.

It is requested therefore, that a search of your records be made to determine whether the above-named applicant has a police or juvenile record in your files or has ever been arrested or convicted of an offense within the area under your jurisdiction, and a report of your findings made on the back of this letter.

Your cooperation in completing and returning this form at an early date will be appreciated. An envelope which requires no postage is provided for this purpose.

Yours very truly,

Harold D. McArthur
Harold D. McArthur
Sergeant, U.S. Marine Corps,
N.C.O. OFFICER IN CHARGE.
by direction Road Party.


Rolled print of right index

Born: Feb. 26, 1923 Hair: Black
Weight: 152 Eyes: Blue
Height: 72" Other: _____

Masena N. Y.
(City and State)

8-28-41
(Date)

1. Has he a police or juvenile record? Yes
 2. If so, what was the offense or charge?
 3. What disposition of the case was made?
 4. If sentence or fine was awarded, what term or amount?
 5. Do you consider him a desirable type of citizen? Yes
 6. Any other remarks you may care to make
-
-
-

Harold L. Stetson Chief of Police
(Signature and title)

**HONORABLE DISCHARGE,
UNITED STATES MARINE CORPS.**

SERIES A.

A201844

MB., NAS., QUONSET POINT, R. I.

(Name of station.)

William J. Sheehan Jr.

(Name of enlisted man.)

11 September 1941

(Date of enlistment.)

Private First Class 321015

(Rank at date of discharge.)

(Serial number.)

September, 18, 1945

(Date of discharge.)

MB., NAS., QUONSET POINT, R. I.

(Place of discharge.)

Private First Class

(Rank best qualified to fill.)

{ H.D. Button } Yes.
{ delivered, } (Yes or no.)

3, Sycamore St., Massena, N. Y.

(Home address.)

Pay per month at discharge, - - \$ 56.70

Paid in full at discharge, - - - - \$ 21.56

B. M. Coffenberg
B. M. COFFENBERG

Commanding Officer.

Lt-Col., U.S.M.C.

Note. - Stubs to be forwarded, as bound, to Headquarters,
U.S. Marine Corps, when the discharges in the book
have been issued.

FILE
321015

SHEEHAN

CAUTION

William James, Jr.

BORN: 26 February 1923

AT: Massena, N.Y.

ENLISTED: 11 September 1941

Accepted: Watertown, N.Y.

AT: Syracuse, N.Y.

4th Recruit Bn

Rec. Depot, Parris Is. SEP 13, 1941

Jd HDQ. OO, Amphibious Force, Quantico, Va.
Atlantic Fleet, NOV 9 1941

Furlor NOV 21 1941 to NOV 29 1941

Temporary Appointment

PVT. 1ST CLASS - LINE

FEB 10 1942

Furlor DEC 27 1941 to DEC 31 1941 to JAN 1 1942

Rated Specialist 4 Class OLBERK APR 29 1942

TEMPORARY
CORPORAL

LINE

JUN 27 1942

Specialist 4 Class Revoked JUN - 1 1942

Designation changed to Hq. Co Amphibious Corps, Atlantic Fleet, MAR 3 1942

Designation change to

Hq. Co Amphibious Trng. Staff, FMF AUG 24 1942

At Camp Elliott, Cal.

SEP 26 1942

Jd Hdqtr Co Amphibious Corps,
Pacific Fleet

OCT 1, 1942

Oceanside, Calif.

APR 24 1943

Jd H&S Co 24th Marines, FMF

Jd

By S/Rs

Hdqtrs Co, 3rd Bn 24th Marines (Engrs) FMF SEP 15 1943

In The Field

USS Wayne

JAN 13 1944

CasCo #4

On USS Thetis Bay

By S/Rs

Jd MD. USNH MCB. San Diego, Calif. MAR 23 1945

2d Guard Co,

Jd MB. NAS. Quonset Pt., R. I.

JUN 26 1945

WOUNDED IN ACTION

JUN 1944

D. C. Appd. 11-16-44 11-16-44

for
(over)

Neglect of duty.

for wh.

TEMPORARY

LINE

REDUCED TO PVT 1ST CLASS

[Id.] BD. MBNAS, Quonset Pt, R. I.

AUG 16 1945

Wounded in action

FEB 25 1945

BLAST Concussion

1945

Honorable Dis

Pvt. 1st Cl

Eks Det

SEP 18 1945

MB. NAS. Quonset Pt., R. I.

FILE
Edm.

HEADQUARTERS, U. S. MARINE CORPS
WASHINGTON 25, D. C.

APPLICATION FOR AMERICAN DEFENSE SERVICE MEDAL AND VICTORY MEDAL WORLD WAR II

PRINT OR TYPEWRITE ALL ANSWERS

FULL NAME SHEEHAN WM. J. SERIAL NUMBER 321015
(Last) (First) (Initial(s))

COMMENCEMENT

DATE OF WORLD WAR II SERVICE SEPT 11, 1941 DATE OF DISCHARGE SEPT. 18, 1945
(or date of inactive duty)

NATURE OF FINAL DISCHARGE* HON. CHARACTER AWARDED(if any) _____
*If Dishonorable, regulations prohibit award of insignia.

INSTRUCTIONS

(1) Application for the above-mentioned medals, if so entitled, should be made to the Commandant, Headquarters, U. S. Marine Corps, Washington 25, D. C. or in person to the Marine Corps activity in your locality.

CHECKS AWARD(S) TO WHICH ENTITLED.

☒ AMERICAN DEFENSE SERVICE MEDAL - This medal authorized for service between 8 September 1939 and 7 December 1941. Both dates inclusive.

☒ BASE CLASP - Authorized for service ashore at bases and naval stations outside the continental limits of the United States during above period. Show base(s) or station(s) and dates of service below.

GUANTANAMO BAY OCT 29, 1941 - JAN 27, 1942

☐ FLEET CLASP - Authorized for service on the high seas while regularly attached to a vessel or aircraft squadron of the Atlantic, Pacific, or Asiatic Fleets during the above-mentioned period. Show ship(s) and dates of service below.

NOTE: Regulations prohibit the issuance of more than one of the above-mentioned clasps to an individual. Therefore state preference if eligible for both clasps.

☒ VICTORY MEDAL WORLD WAR II - Awarded to all persons serving between 7 December 1941 and 31 December 1946.

(2) Every question listed must be answered as completely as possible otherwise this form will be returned without action for the requested information needed in order to consider this application. Copy of discharge certificate must be presented when personal application is made. Original or copy thereof must accompany each written application.

(3) This form will become a permanent part of your military record.

Signature William J. Shuban
(Full Name)

Present mailing address:

No. & Street 3 Sycamore St.
City Massena State N.Y.

American Defense Service Medal X Victory Medal World WarII X
(check) (check)

were delivered this date 29 Oct. 1947.
(date)

Frances Blackson, Capt. USMC
(Signature of officer issuing insignia)

UNITED STATES MARINE CORPS
REHABILITATION OFFICE
~~S&P~~ DISTRICT

=====

MEMORANDUM TO: Officer in Charge, Rehabilitation Division (Personnel Department)
Headquarters USMC, Washington 25, D. C.

11 March, 1946

Subject: Final Disposition, case of

SHEEHAN, William J.
(12/18/45 321015)
4009 22nd St. N E.
Washington, D. C.

Enclosure: (A) Questionnaire Card

1. Employed by: Unemployed.
2. Enrolled at: Catholic Univ. of America.
3. Pension status: Filed but not settled.

GCT:114

Case considered closed.

A. O. GREEF, CAPT. USMCR.

MAR 13 1946

MUSTERING OUT PAYMENT **COMMANDING OFFICER'S CERTIFICATE**

Z 12870

I certify that SHEEHAN William J., Jr. 321015 PTG
 (Surname) (First Name) (Initial) (File or Service No.) (Rank or Rating & Branch of Service)
 being discharged or released from active duty 18 September, 1945 and that he ~~(she)~~ had
 (Date)
 active service in the armed forces "60 days or more" and is entitled to payment
 (See Instrn. 1 on Reverse)
 under the Mustering Out Payment Act of 1944. Service record does
 (Enter (does) (does not))
 show service outside continental limits of U. S. or in Alaska. Joseph F. Dyer
BksDet., MBNAS, Quonset Point, R. I. JOSEPH F. DYER, Captain, USMCR.
 (Activity from which Discharged) (Name and signature of Officer Authorized to Sign in accordance with Art. 2025(2) NR.)

(Veteran's Certificate)

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE

Address to which checks are to be mailed:

Have you served outside the continental limits of U. S. or in Alaska? Yes
 (Enter Yes or No)

FILE

Duplicate

3 Sycamore
 (Number) (Street)
Massena, New York
 (City) (Zone) (State)

William James Sheehan
WILLIAM JAMES SHEEHAN
 (Signature) (Print Name)

DISBURSING OFFICER'S PAYMENT DATA

and \$100.00 on P.V.F.S. Check No. 18330 Date SEP 18 1945

H. A. ZEHNGEBOT

53-406

(Type Name and Symbol No. of Disbursing Officer Making Initial Payment.)

(INSTRUCTIONS ON REVERSE)

MUSTERING OUT PAYMENTS **DIVISION DATA**

321015

DOM-rim

Washington, D. C.

9 May, 1946

The above data has been verified with the exception of:

Item #1: SHEEHAN, William James Jr.

Item #6: Hon, Expiration of Enlistment

Active duty from 11Sep41 to 18Sep45

VIA: BU MAS

K
SHEEHAN

SHEEHAN, William James Jr.
O-4 008 537

XXXXXXXXXX XXXXXXXXXXXX
P. J. COSTELLO,
direction

MUSTERING OUT PAYMENT

COMMANDING OFFICER'S CERTIFICATE

Z 72870

I certify that SHEEHAN William J. Jr. 321015 PFC. USMC
 (Surname) (First Name) (Initial) (File or Service No.) (Rank or Rating & Branch of Service)
 is being discharged or released from active duty 18 September, 1945 and that he (has) had
 (Date)
 active service in the armed forces. "60 days or more" and is entitled to payment
 (See Instr. 1 on Reverse)
 under the Mustering Out Payment Act of 1944. Service record does
 (Enter (does) (does not))
 show service outside continental limits of U. S. or in Alaska.
BksDet., MBNAS, Quonset Point, R. I. JOSEPH F. DRYER, Captain, USMCR
 (Activity from which Discharged) (Name and signature of Officer Authorized to Sign in accordance with Art. 2025(2) NR.)
FILE—A. D. WARNER

(Veteran's Certificate)

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE— Have you served outside the continental limits of U. S. or in Alaska? Yes
 Address to which checks are to be mailed: (Enter Yes or No)

3 Sycamore
 (Number) (Street)
Massena, New York.
 (City) (Zone) (State)

William James Sheehan
 (Signature of Applicant)
WILLIAM JAMES SHEEHAN

DISBURSING OFFICER'S PAYMENT DATA

Paid \$100.00 on P.V. FS. Check No. 18330 Date SEP 18 1945
H. A. ZEHNGEBOT 53-406
 (Type Name and Symbol No. of Disbursing Officer Making Initial Payment.)
 (INSTRUCTIONS ON REVERSE)

MUSTERING OUT PAYMENTS
DIVISION DATA

OCT 18 1945 1067652
NOV 19 1945 1114343

ALLOTMENT STOP NOTICE

☒ I request that my allotment, as described hereon, be stopped by reason of

Dis. 18Sep45 AUTH LI#1108 dtd 21Aug45.

WILLIAM JAMES SHEEHAN JR.

(Signature of grantor)

☒ To: The Asst. Paymaster, 18Sep45.
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of

Discharge
*Last settled to 31 Aug 45, on rolls of
MBNAS, Quonset Pt., R.I.

ENTERED in service record book.

JOSEPH F. DRYER USMC, Commanding.

18 September 1945

☒ To: Marine Corps Allotment Officer,

Office of the Assistant Paymaster, USMC
120 Boylston Street
Boston 18, Mass.

Dis. CofG 18Sep45.

Stoppage is requested by reason of

☐ Copy furnished custodian of service record book.

H. A. SPRINGBOLT

(Disbursing officer)

MAOR, APM, USMC

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

SHEEHAN, Wm. J. Jr. Pfc. CA III(b)

(Full name and rank of grantor)

SERIAL No. 321015

AMOUNT, \$ 30.00

FIRST PAYMENT Feb45.

LAST PAYMENT Aug45

REG. BY P. M. GRAVES

ALLOTTEE: Anna T. Sheehan
3 Sycamore Street
Massena, New York

(Use by Allotment Officer)

FILED

ADMINISTRATIVE AUDIT DIVISION

ALLOTMENT STOP NOTICE

☒ I request that my allotment, as described hereon, be stopped by reason of

Discharge by SOCMC for CofG 18Sep45. Auth
ltr 1108 dtd 21Aug45.

William James Sheehan Jr.
WILLIAM JAMES SHEEHAN, JR.,

(Signature of grantor)

☒ To: H. A. ZEHNGEBOT, Major, USMC, 13 September 1945
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of

Discharge by SOCMC for CofG. Rkt 18Sep45.

*Last settled to 18 September, 1945, on rolls of BkaDet..
MB, NAS, Quonset Pt., R. I.

ENTERED in service record book.

Office of the Assistant Paymaster, USMC
Rooms 346-348 Walker Bldg
120 Boylston Street
Boston 16, Mass.

Joseph F. Dryer
JOSEPH F. DRYER, Captain, USMC, Commanding.

☒ To: Marine Corps Allotment Officer, 18 September, 1945.
(Date)

Stoppage is requested by reason of Disc. CofG 18Sep45.

☐ Copy furnished custodian of service record book.

H. A. Zehngobot
Major APM USMC

(Disbursing officer)

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

SHEEHAN, William J., Jr.

(Full name and rank of grantor)

SERIAL No. 321015

AMOUNT, \$ 4.62

FIRST PAYMENT November, 1944

LAST PAYMENT AUG
September, 1945

REG. BY P. M. GRAVES

U.S. Vets Admin. (mother)
ALLOTTEE: Mrs Anna T. Sheehan
3 Sycamore St.,
Massena, New York.

(Use by Allotment Officer)

ADMINISTRATIVE AUDIT DIVISION

ALLOTMENT STOP NOTICE

☒ I request that my allotment, as described hereon, be stopped by reason of
request of grantor.

William James Sheehan Jr.
WILLIAM JAMES SHEEHAN JR.

☒ To: H.A. ZEHNGEBOT, Major, USMC, 24 August 1945
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of
request of grantor

*Last settled to 16 August, 1945, on rolls of 2d Bd Co.
Post

ENTERED in service record book.

Office of the Assistant Paymaster, USMC
346 Walker Building
120 Boylston Street
Boston 16, Mass.

J.F. Dwyer
J.F. DWYER
Captain USMC Commanding.

☒ To: Marine Corps Allotment Officer, OCT 26 1945
(Date)

Stoppage is requested by reason of Request of grantor

☐ Copy furnished custodian of service record book.

(Disbursing officer)

*To be completed on all requests.

†Enter "X" when stoppage is requested by D. O.

H. A. ZEHNGEBOT,
MAJOR, A.P.M., U.S.M.C.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16-41289-1

SHEEHAN, William James Jr.
(Full name and rank of grantor)

SERIAL No. 321015

AMOUNT, \$ 30.

FIRST PAYMENT February 1945

LAST PAYMENT OCTOBER 1945

REG. BY T. W. CURCOTTE

ALLOTTEE: Anna T. Sheehan
3 Sycamore Street
Massena, New York.

(Use by Allotment Officer)

*B/Ko Det M.B. has 1319
2 months pt. 1321*
ADMINISTRATIVE AUDIT DIVISION

THIS ALLOTMENT PREVIOUSLY STOPPED
LAST PAYMENT FOR. Aug 1945
ALL RECORDS SHOULD BE ADJUSTED.

N. M. C. 535 PM 321015

DEPEND.

☒ FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

**ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED**

By these presents,

I, SHEEHAN, William James Jr., Pfc U. S. M. C.,
(Surname) (Full Christian name)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Allottee, Anna T. Sheehan,
Address, 3 Sycamore Street,
Massena, New York.

Date of registry: DEC 26 1944
[Signature]
(Signature of grantor)

Registered:

P. M. GRAYES SDA, USMC
Approved: [Signature] Service Record Book.
K. G. SCHAICH, 1st Lt.,

By direction U. S. M. C. Commanding.
U. S. 3rd Bn, 24th Marines.

-----THIRTY DOLLARS----- (Words)	\$ 30. (Figures)
-------------------------------------	---------------------

First pay't: Month FEB. Year 1945
(Payable on last day of month)

Number of mos. INDEFINITE
(Words and figures)

Enlistment Alotment
Date 11 Sep 41 Expires INDEFINITE

Month	19----	19----	19----	19----
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

ADM. AUDIT

DIV.

FILE

This allotment to cover premiums on National Life Insurance.

N. M. C. 535 PM

321015

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

--ONE DOLLAR AND NINETY FIVE CENTS--

\$ 1.95

(Words)

(Figures)

By these presents,

I, SHEEHAN, William James, Jr.

(Surname)

(Full-Christian name)

U. S. M. C.,

First pay't: Month Jan. Year 1942

(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. Forty Five (45)

(Words and figures)

Enlistment

Date

11 Sep 41

Allotment

Expires

Sep. 1945

Allottee, Treasurer of the

Address, United States,

Veterans Administration,
Washington, D.C.

Date of registry:

William James Sheehan

(Signature of grantor)

Registered:

JAMES L. DENHAM

Approved, Entered in Service Record Book.

C.W. SIESLER

1st Lt.

U. S. M. C. Commanding.

U. S.

HqCo-AP-AP.

Month	19 <u>1942</u>	19____	19____	19____
Jan.	<u>L. DENHAM</u>			
Feb.	<u>J. L. DENHAM</u>			
Mar.	<u>J. L. DENHAM</u>			
Apr.	<u>Do</u>			
May	<u>Do</u>			
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

321015
DGM-ovf

300 Indiana Avenue, N. W.
Washington, D. C.

The above information has been verified except for
Item #5, which should be Hon. Exp. of Enl.

Active duty from 9-11-41 to 9-18-46.

VIA: BU NED (Att: Being invited
to the attached
sheet)

XXXXXXXXXXXXXXXXXXXXX
P. J. COSTELLO,
direction.

K
b
C-4,008,537.

William James SHEEHAN Jr.

DGM-mk

321015

12-11-45

Wash. D.C.

The above data has been verified except for:

Item #1, name: SHEEHAN, William James Jr.

Item #5, character of discharge: Honorable Expiration of
Enlistment

Active duty from 9-11-41 to 9-18-45

VIA: BU MED

XXXXXXXXXXXXXXXXXXXXX
P.J. COSTELLO
DIRECTION

SHEEHAN, William James Jr.
C# 4 008 537

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS CONTAINED IN ARMY REGULATIONS 615-25 AND U.S.M.C. SUPPLEMENT VERY CAREFULLY.

(21)-⑦ PREVIOUS MILITARY EXPERIENCE								(29) RECORD OF CURRENT SERVICE					
ARM OR SERVICE	YEARS IN EACH	HIGHEST GRADE	CATEGORY USMC ARMY NAVY C.G. OTHER	LAST DIS. CHARGE (YEAR)	SPECIAL TRAINING RECEIVED				DATE	ORGANIZATION	GRADE	PRINCIPAL DUTY	SURGEON'S O.K. (LIMITED SERVICE ONLY)
					SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)					
									13 SEP 41	4800 BN RD PI	PVT		
									9 NOV 41	NO CO ACAP QUANTICO	CORP		
									10 OCT 41	NO CO ACAP C.E.	CORP		
									24 APR 43	HVS CO 24 MAR	CORP		
									15 SEP 43	HVS CO 3 BN 24 MAR	PFC	SCOUT-ORS. 636	
									19 NOV 44	CO L 3 BN 24 MAR	PFC	675	4.5
									18 Sep 45	MB, NAS, QUONSET POINT, R.I.		Discharged	
(22)-⑥ SERVICE SCHOOLS, ARM, OR SERVICE					NUMBER OF WEEKS	COURSE		YEAR GRADUATED	SCHOOL RATING				
1.													
2.													
3.													
4.													
(23) DUTY DESIRED								(24) LIMITED SERVICE					
FIRST CHOICE F.M.F. (INTELLIGENCE)								CLASS IV <input type="checkbox"/>					
SECOND CHOICE F.M.F. (ART)								CLASS V <input type="checkbox"/>					
								OTHER <input type="checkbox"/>					
(25)-⑧ ASSIGNMENT RECOMMENDED BY CLASSIFICATION OFFICER													
(27)-⑦ CLASSIFICATION IN MILITARY SPECIALTIES										(30)-⑥			
DESIGNATION				SPEC. SERIAL No.		DATE OF CLASSIFICATION		DATE OF (CROSS OUT ONE)		ENLISTMENT INDUCTION		10 SEPT 1941	
CRECONN- NCO				636		15 SEP 43		DATE OF INTERVIEW		18 AUG 1943		STATION F.M.F.T.C. Camp Pendleton	
TOPOGRAPHIC DRAFTSMA (PRM)				676		1 MAY 44		SIGNATURES					
MESSENGER				675		1 DEC 44		INTERVIEWER		Ralph E. Trayer, CPL			
								CLASSIFIER		James J. Duffin, T/SGT			
								MARINE		William J. Shreehan, PFC			
										QUALBWIN			
(28) REMARKS QUALMKS-200-03-270CT43													
Drives: Auto <input checked="" type="checkbox"/> Lt. <input checked="" type="checkbox"/> Trk <input checked="" type="checkbox"/> Hvy. <input checked="" type="checkbox"/> Trk <input checked="" type="checkbox"/> Trk <input checked="" type="checkbox"/>													
Clerk <input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Typist <input checked="" type="checkbox"/> Steno <input checked="" type="checkbox"/> NY													
AWD. DCM. 16 NOV 44 - NEGLECT OF DUTY - REDUCED NEXT INFERIOR RANK													
Discharged at MB, NAS, Quonset Pt, RI on 18 Sept 45, Honorably "by reason of expiration of enlistment," ISSUED FORM NAVMC #70PD, SERIAL #A201844. Recommended for Good Conduct Medal. And Certificate of satisfactory service.													
HOME ADDRESS - 3 Sycamore St., MASSENA, New York.													
AND PRES. UNIT CIT W/1 STAR.													
AUTH ASIA-PAC W/ 3 STAKE AWD PURP. HEART 30 OCT 1944													
LEFT US-13 JAN 44													

39 38 1 SF 7 4 2 1 0 PREV. MIL. EXP. (21) 28 27 4 2 1 0 SF 7 4 2 1 0 SF 7 4 2 1 0 TENS 7 4 2 1 0 UNITS 7 4 2 1 0

(6) MAR. ST. (10) NAVAL DISTRICT (27) MILITARY OCCUPATIONAL SPECIALIST

(1) - @ NAME SHEEHAN WILLIAM JAMES (JR) REG. RES. V LINE 321015 INCHES 72 LBS. 155 3-NgCo.

(2) BIRTHPLACE OF MARINE MASSENA NY HOW LONG IN U.S. — YEARS (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(3) - @ DATE OF BIRTH OF MARINE FEB 26 1923 (MONTH) (DAY) (YEAR)

(4) CITIZEN L TAKEN OUT FIRST PAPERS ☐ NON-CITIZEN ☐

(5) - @ MARITAL STATUS S NUMBER OF DEPENDENTS 0

(6) BIRTHPLACE OF FATHER NORWOOD NY (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(7) BIRTHPLACE OF MOTHER BRASHER FALLS NY (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(8) - @ EDUCATION

YEAR LEFT SCHOOL 1941 NON-E. L-7 ILLITERATE L-11

SCHOOL	Number of Years	GRADUATED	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
(SF1) GRAMMAR SCHOOL	<u>8</u>	<u>V</u>	<u>MASSENA NY</u>		<u>37</u>
(SF2) HIGH SCHOOL	<u>4</u>	<u>V</u>	<u>MASSENA NY</u>		<u>41</u>
(1-2) COLLEGE OR UNIVERSITY	<u>—</u>		<u>MATH THRU DLGEOM</u> <u>1/2 WOOD SHOP</u>		
(4-1) POST GRADUATE	<u>—</u>		<u>1 TYPE 40 WPM. NOW 18 AUS</u> <u>1 SIGN PAINTING.</u>		
(4-2) TRADE, NIGHT OR BUSINESS SCHOOL	<u>—</u>				

(9) - @ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

	SPANISH (R)			FRENCH (R)			GERMAN (R)			OTHER LANGUAGES (R)					
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (R)															

(10) - @ NAVAL DISTRICT OF ENLISTMENT OR INDUCTION 3

(11) - @ SPORTS IN WHICH QUALIFIED

EXCELLS	TRACK	L-SF-1	BASKET BALL	SF-4	BOXING	SF-7
<u>L</u>						
<u>XL</u>						
	BASE BALL	SF-2	SOFT BALL	4-1	WRESTLING	7-1
	FOOT BALL	2-1	TENNIS	4-2	OTHER	7-2

(12) - @ TALENT FOR FURNISHING PUBLIC ENTERTAINMENT

MUSICAL INSTRUMENT L-27 SINGING L-28 THEATRICAL L-29

(13) - @ MAIN OCCUPATION PAINTER SIGN (OCCUPATIONAL DICTIONARY CODE) 5-27.91D TRADE TEST INDICATED 145 SPEC. SER. NO. 145 DEGREE OF SKILL 15

JUST WHAT DID YOU DO? DID ALL KINDS OF WOOD + INK - PAINT TYPE LETTERING FOR THEATERS CLUBS CHURCHES AND SCHOOLS SIZE OF SIGNS VARIED FROM TABLE SIZE TO OUTDOOR DISPLAYS. ALSO ASSISTED IN NEWSPAPER COMMERCIAL ADS ART LAY OUT.

LAST DATE OF EMPLOYMENT SEPT 1941

EMPLOYER SHINES THEATER (GIVE FIRM NAME - NOT NAME OF FOREMAN OR BOSS)

ADDRESS OF EMPLOYER MASSENA NY (NUMBER) (STREET) (CITY) (STATE)

DEPT., SHOP OR BRANCH ART. KIND OF BUSINESS DISPLAY

(14) - @ SECOND BEST OCCUPATION CLERK TYPIST YEARS AT IT 5/2 WKLY. WAGE \$ 20

JUST WHAT DID YOU DO? DID GENERAL CLERICAL WORK. RAN TELETYPE MACHINE MIMEOGRAPH AND GEN OFFICE EQUIP

(15) - @ ADDITIONAL OCCUPATIONS, HOBBIES, ETC. 83 TELETYPE WRITER OPER. RADIO L PHOTOGRAPHY LV HAD OWN DARK ROOM PRINTED MIXED OWN CHEM. DEV.

(16) - @ ARMY GENERAL CLASSIFICATION TEST FORM & DATE 1D18JNE43 GRADE - SCORE II 114 TEST NO. MA-3 GRADE - SCORE III 109

(17) - @ APTITUDE TESTS

(18) - @ OTHER TESTS

(19) - @ TRADE TEST RATINGS SPEC. SER. NO. SCORE

(20) - @ HIGHEST POSITION OF LEADERSHIP (INCLUDING MILITARY) CORP USMC

(21) MONTH AND YEAR OF ENLISTMENT OR INDUCTION

(22) SERVICE SCHOOLS

(23) BOTTOM ROW (3) YEAR OF BIRTH

(24) TOP ROW - LIM. SER. & LANGUAGES

(25) TOP ROW - (13) MAIN CIVILIAN OCCUPATION

(26) BOTTOM ROW - (28) RECMG

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT
(National Service Life Insurance Premiums)

SHEEHAN William James Jr. 321015 PTC. BD, MB, NAS,
(Last name) (First name) (Middle initial) (Service number) (Grade or rank) (Unit or organization)
Quonset Pt., R. I.

I hereby request the discontinuance of allotment in the amount of \$ 4.62 for the monthly premium on \$ 7,000.00 after deduction has been made for the month of September, 1945
(Amount of insurance)

I { desire } to continue my insurance in force and understand that if I do not desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning October, SEP, 1945

Permanent home address 3 Sycamore St., Massena, New York.
(Number and street or rural route) (City, town, or post office) (State)

Dated 13 September, 1945

Reason for discontinuance Discharge by SOCMC for Corp, 18 Sep 45. Auth ltr 1108 dtd 21 Aug 45.
(Signature of insured)
WILLIAM JAMES SHEEHAN, JR.

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured { was } made for the month of September, 1945, for the premium due for the month of September, 1945

(Signature of disbursing officer)

H. A. Zehngebot
Major APM USMC

(Rank and organization)

(Service)

To: VETERANS ADMINISTRATION

NAVY—via Allotment Officer (Original only).
MARINE CORPS—via The Paymaster (In duplicate).
COAST GUARD—via Headquarters (In duplicate).

Office of the Assistant Paymaster USMC
Rooms 346-348 Walker Bldg
120 Boylston Street
Boston 16, Mass.

REMARKS:

112894

FILE-TKK

FORM 365 FURNISHED BY A.....

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT
(National Service Life Insurance Premiums)

SHREHAN William James Jr. 321015 PFC. BD, MB, NAS,
(Last name) (First name) (Middle initial) (Service number) (Grade or rank) (Unit or organization)
Quonset Pt., R. I.

I hereby request the discontinuance of allotment in the amount of \$ 1.95 for the monthly premium on \$ 3,000.00 after deduction has been made for the month of September, 1945.
(Amount of insurance)

I { desire } to continue my insurance in force and understand that if I do not desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning October, SEP, 1945.

Permanent home address 3 Sycamore St. Massena New York
(Number and street or rural route) (City, town, or post office) (State)

Dated 13 September, 1945

Reason for discontinuance Discharge by SOCNC for CoG. 18Sep45 Auth ltr 1108 dtd 21Aug45.
WILLIAM JAMES SHREHAN, JR.
(Signature of insured)

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured { was } made for the month of September, 1945, for the premium due for the month of September, 1945.

(Signature of disbursing officer)

H. A. Zehngebot
Major APM USMC

(Rank and organization)

(Service)

To: VETERANS ADMINISTRATION

NAVY—via Allotment Officer (Original only).
MARINE CORPS—via The Paymaster (In duplicate).
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Office of the Assistant Paymaster USMC
Rooms 346-348 Walker Bldg
120 Boylston Street
Boston 16, Mass.

REMARKS:

112894

FORM 365 FURNISHED V A

FILE-TKK

321015

DFA3

WU V113 42/41 2 EXTRA

MASSENA NY JUL 25 1945 147P

THE COMMANDANT

US MARINE CORP

CORRECTION IN TELEGRAM SENT YESTERDAY WHILE ON 30 DAY COMBAT
LEAVE CONTRACTED GRIPPE DR. ADVISES AN EXTENSION AS
IMMEDIATE RETURN IN WEAKENED CONDITION INADVISABLE FURLOUGH
COMMENC ED 26 JUNE TO 26 JUL . NEW STATION IS MARINE BARRACKS
QUONSET POINT RI

WILLIAM J SHEEHAN PFC USMC 321015

303P

30 26 26 321015.

RECORDED

COMMUNICATIONS

JUL 25 3 35 PM 1945

RECEIVED
HEADQUARTERS
U.S. MARINE CORP

File

✓✓ ACTION ✓			INFORMATION - INCOMING - HEADQUARTERS							US MARINE CORPS			
S-cmc	B	C	DFA	AA	AB	AG	AO	S&C	DGU	DFB	AVN LIA		Comm.
✓										✓			✓

FOR INFORMATION CONCERNING THIS DISPATCH CALL MARCORPS
COMMUNICATION OFFICE, ROOM 2101, EXTENSION 7627.

NavMC-Hq.AVN

AMERICAN RED CROSS
NATIONAL HEADQUARTERS

FORM 338

To: Dependent's Welfare Section
Welfare Division
Headquarters Marine Corps

Date: July 25, 1945

From:
Bess G. Kuhlman

Subject: SHERHAN, William J., Pfc.
321015

We quote the following telegram from the Massena, New York Chapter concerning leave extension for Private First Class William J. Sherhan.

July 24, 1945

PFC WILLIAM J SHERHAN 321015 DELAY ENROUTE TO MARINE
BARRACKS QUONSET POINT RI FROM SANDIEGO CALIF. ILL WITH
GRIPPE PAST WEEK WISHES TWO DAY FURLOUGH EXTENSION.
DR MCALOON RECOMMENDS EXTENSION BE GRANTED MARINE SENDING
REQUEST TO COMMANDANT US MARINE CORPS WASHINGTON DC

Bess G. Kuhlman
(Mrs) Bess G. Kuhlman
Home Service Correspondent

*File
13*

NAVY COMMUNICATION SYSTEM

DRAFTED BY RUUD/tacconelli	FILE NR. 321015	ROOM NR. 1116	EXT. NR. 7496
RELEASED BY R H RUUD	CODE/SECT. NR. DFB-700-1t	DATE 25 JULY 1945	

Please leave this space clear

FROM: **MARINE CORPS**

251907

(date/time group) (GCT)

TO: **PFC WILLIAM J SHEEHAN**
3 SYCAMORE ST
MASSENA NY

INFO:

PRECEDENCE

- ☐ PRIORITY
- ☐ ROUTINE
- ☐ DEFERRED
- ☐ NIGHT LETTER

UNLESS CLASSIFIED
RESTRICTED
WILL BE CLASSIFIED
PLAIN

Unless otherwise indicated, this dispatch will be transmitted with Deferred Precedence.

TEXT:

EXTENSION FURLOUGH NOT GRANTED

RECORDED

HAS BEEN SENT

DFB

TWU U62 23/22.2 EXTRA

MASSENA NY JULY 24 1945 230P

THE COMMANDANT

US MARINE CORPS

HAVE BEEN ILL WITH GRIPPE. DOCTOR ADVISES AN EXTENSION AS
TOO WEAK TO TRAVEL. FURLOUGH EXPIRES 26 JULY. RED CROSS
VERIFYING

WILLIAM J SHEEHAN 321015

337P.

26 31// 321015.

negar B

321015

RECEIVED
HEADQUARTERS
U.S. MARINE CORPS
JUL 24 4 05 PM 1945
COMMUNICATIONS

RECORDED

ACTION			INFORMATION - INCOMING - HEADQUARTERS							US MARINE CORPS			
S-cmc	B	C	DFA	AA	AB	AG	AO	S&C	DGU	DFB	AVN LIA	Comm.	
✓										✓		✓	✓

FOR INFORMATION CONCERNING THIS DISPATCH CALL MARCORPS
COMMUNICATION OFFICE, ROOM 2101, EXTENSION 7627.

NavMC-Hq.AVN

ALLOTMENT STOP NOTICE

/A/ I request that my allotment, as described hereon,
be stopped by reason of Reduction in rank

William James Sheehan Jr.
WILLIAM JAMES SHEEHAN JR.
(Signature of grantor)

/B/ To: The Special Disbursing Agent, 8Dec44.
24th Marines, 4th Marine Div, FMF, (date)
% FPO, San Francisco, California.

It is requested that the allotment described
hereon be stopped by reason of Own request
*Last settled to 30 Nov, 1944, on 3rd Bn, 24th
Marines, 4th Marine Division, FMF.

ENTERED IN SERVICE RECORD BOOK

K. G. Schach
K. G. SCHAICH, 1st Lt.
By direction. USMC R. Commanding

/C/ To: Marine Corps Allotment Officer, DEC 12 1944
(date)

Stoppage is requested by reason of

**/ / Copy furnished custodian of service record
book

P. M. GRAVES

Pfc.

William James SHEEHAN, Jr.
(Full name and rank of grantor)
SERIAL NO. 321015

AMOUNT \$ 50.00

FIRST PAYMENT November, 1944.

LAST PAYMENT December, 1944.

REG. BY P. M. Graves.

ALLOTTEE: Anna T. Sheehan,

3 Sycamore Street,

Massena, New York.

(Use by Allotment Officer)

ADMINISTRATIVE AUDIT

FILE

N. M. C. 535 PM #321015

FOLLOW STRICTLY INSTRUCTIONS ON OTHER

DEPEND

**ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED**

----- FIFTY DOLLARS -----	\$50.
(Words)	(Figures)

By these presents,

I, SHEEHAN, William James Jr. Corp, U. S. M. C.,
(Surname) (Full Christian name)

First pay't: Month Nov. Year 1944
(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. Indefinite
(Words and figures)
Enlistment Allotment
Date 11 Sep 41 Expires Indefinite

Allottee, Anna T. Sheehan
Address, 3 Sycamore Street,
Massena, New York.

Date of registry: OCT 11 1944

William James Sheehan Jr
(Signature of grantor)

Registered:

F. M. GRAVES SDA, USMC.

Approved: Karl G. Schach
Entered in Service Record Book.
KARL G. SCHAICH.

1st Lt. U. S. M. C. Commanding.
3rd Bn. 24th Marines.
U. S.

Month	19	19	19	19
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

ADM. AUDIT

DIV

321015
DGU-893-ep

30 March, 1945.

My dear Mr. and Mrs. Sheehan:

A report has just been received that your son, Private First Class William J. Sheehan, Jr., sustained a blast concussion in action against the enemy on 25 February, 1945 at Iwo Jima, Volcano Islands. The report further states that he was removed for medical treatment.

Your anxiety is realized, and you may be sure that any additional information received will be forwarded to you at the earliest possible moment. Meanwhile, you have been furnished all the facts available, and you will help this Headquarters send out subsequent reports promptly if you will write only to notify this office of any change in your address.

Sincerely yours,

L. B. BROOKS,
Captain, U. S. Marine Corps.

Mr. and Mrs. William J. Sheehan, Sr.,
3 Sycamore Street,
Massena, New York.

ds

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

1. NAME IN FULL (Please print or type)	First	Middle	Last Name			
	William	James	SHEEHAN, Jr.			
2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State			
3	Sycamore,	Massena,	New York.			
3. I WAS BORN AT	City, town, or post office	State	Day of Month	Month	Year	Age nearest birthday
	Massena,	N. Y.	26	February,	1923.	22
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY	5. PRESENT ORGANIZATION Rank, grade, or rating.	Organization, regiment, station, ship, etc.	6. SERIAL NUMBER			
11 Sep 41	Pfc. Co. "L", 3rd Bn, 24th Mar, 4th Mar Div, FMF.		321015			
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS.					
None	No					

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 7,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") Yes If "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ 3,000 POLICY NO. Unknown.

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of Insurance to be paid to each beneficiary	Post office address (Number and street, city, town, or post office and State)
PRINCIPAL { Anna Treasa Sheehan	Mother	7,000	3 Sycamore, Massena, N. Y.
CONTINGENT {			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured.
(For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)

Anna Treasa Sheehan 3 Sycamore, Massena, New York.

(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).

I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of December, 1944

- A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by in the amount of \$ in payment of the first premium on the insurance, or (Check, draft, or money order)
- B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ 4.62 on the insurance, or (Write above whether monthly, quarterly, semiannual or annual)
- C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ on the insurance.
- If an effective date is not specified by the applicant the insurance herein applied for shall become effective as follows:
- (a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
- (b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.
- THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ 4.62	\$	\$	\$	\$

SIGNED AT 3rd Bn, 24th Marines, ON THE 1st DAY OF December, 1944

WITNESSED BY: William James Sheehan Jr.
INFORMATION AS TO SERVICE FURNISHED BY: K. G. SCHACH, 1st Lt. USMC. WILLIAM JAMES SHEEHAN JR.
3rd Bn, 24th Marines. By direction (APPLICANT SIGN HERE. DO NOT PRINT SIGNATURE)
(Rank and organization) (For further information see Specific Instructions, page 4, paragraph 4)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying, or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

Effective Date. Age. Amt, \$. Premium: Mo. \$. Qr. \$. S. A. \$. A. \$.

Beneficiary.

Action taken.

Examiner.

Certificate issued.

DO NOT USE THIS SPACE

16-18722-2

FILE M.U.

Reviewer.

Policy issued.

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancellation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? **No** (b) Disability allowance? **No** (c) Retirement pay? **No** (d) Pension? **No** (e) Hospitalization? **No** (f) Examination or treatment? **No** (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application

16. Has any application for insurance on your life ever been declined? **No** If answer is "Yes," state name of insurance company and approximate date of your application

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with—Tuberculosis **No** Paralysis **No** Insanity **No** Epilepsy **No** Apoplexy **No**

18. Have you ever had any of the following (answer "Yes" or "No")—
(a) Surgical operation **No** (b) Accident or injury **No** (c) Hospitalization for illness **No**
If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item)
CANCER **No** CONSUMPTION (Tuberculosis) **No** DIABETES **No** FITS OR CONVULSIONS **No** GOITER **No**
NERVOUS OR MENTAL TROUBLE **No** KIDNEY STONES **No** PARALYSIS **No** RHEUMATISM **No** SYPHILIS **No**
ANEMIA **No** GALL STONES **No** DISEASE OF THE STOMACH OR INTESTINES **No**

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item)
APPENDICITIS **No** ARTHRITIS **No** ASTHMA **No** CHRONIC BRONCHITIS **No** HABITUAL COUGH **No**
PLEURISY **No** OTHER DISEASES OF THE LUNGS **No** FISTULA **No** HEMORRHOIDS **No** RECTAL ABSCESS **No**
TUMOR **No** SINUSITIS **No** VARICOSE VEINS **No**

(c) Have you within the last 5 years had any disease of—(Answer "Yes" or "No" after each item)
BLOOD VESSELS **No** HEART **No** BLADDER **No** KIDNEYS **No** LIVER **No** PROSTATE **No** SKIN **No**
BONES **No** JOINTS **No** EYES **No** EARS **No**

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians

20. (a) Do you use alcohol? **No** If so, to what extent?

(b) Do you use habit-forming drugs? **No** If so, to what extent?

(c) Have you ever been treated for alcoholism or drug addiction? **No**
(If answer is in the affirmative, give details)

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you **None**

(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above? **No**

22. Time lost from your occupation through illness during the last 5 years **None**

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? **No**

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? **Yes**

I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself.

I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS **First** DAY OF **December**, 19 **44**.

16-18722-1

William James Sheehan Jr.
(SIGNATURE OF APPLICANT)

ALL QUESTIONS MUST BE COMPLETELY ANSWERED. IF IN DOUBT AS TO MEDICAL TERMS, CONSULT PHYSICIAN.

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Public Health Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? No
(See above)

26. How well and how long have you known him? No

27. By what means are you satisfied with his identity? Health Record
(Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? No If so, give dates and diagnosis.

29. Height in shoes. 5 ft. 0 in.

30. Weight, coat and vest off 160 lbs.

31. Girth of chest, normal 35 in. Forced expiration 33 in.; forced inspiration 37 in.

32. Girth of abdomen. 30 in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:
(a) Before exercise 70 (c) One minute after 76
(b) Immediately after 80 (d) Two minutes after 70

34. Blood pressure:
Before exercise Immediately after exercise
Systolic 130 Systolic 133
Diastolic 82 Diastolic 80
Instrument used Tyco
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:
Is there a murmur? No If the answer is "Yes," state location and time.
Where transmitted No Functional or organic No
Probable cause No Any history of acute rheumatic fever or rheumatism No
Any enlargement, dilation, or hypertrophy? No Measurements No
Any evidence of myocarditis? No Dyspnea No
How severe? No Edema of extremities or lungs No Cyanosis No
Is there any arteriosclerosis? No If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant.
Is there any evidence of kidney disturbance? No
State if compensation is maintained or is failing. No Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure? No
If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise No

36. Has there been any abnormal variation in weight within the past year? No If so, explain fully.

37. After examination do you find any abnormality of the lungs? No (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed. Record the facts here.

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—
(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait.) No
(b) Of mouth, nose, or throat? No
(c) Of the stomach, liver, other abdominal or genital organs? No
(d) Of the skin, glands, lymph, or endocrine? No
(e) Of the ears? (Test each ear, give degree of any deafness or discharge.) No
(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) No
(a) Is there any abnormality of external structures? No
(b) Is there any nystagmus, conjunctivitis, inequality of pupils, or abnormal reaction to light and accommodation? No
(g) Of the bones and joints? No

39. Do you find any evidence which in your opinion indicates the applicant ever had—(a) Syphilis No (b) Rheumatism No

40. Any deformity or departure from normal in any respect? None

41. URINALYSIS: Specific gravity 1.014 Albumin 0 Color Yellow
Reaction Acid Sugar 0
(Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? No

43. Has the applicant lost an eye, hand or arm, foot or leg? No

44. Is the applicant ruptured? No If so, give size and location. Is a suitable support worn? No

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES: Any history of uterine or ovarian diseases or any disease of breast? (Glands, thyroid, etc.)	Married: If pregnant, month advanced..... Number of pregnancies..... Were deliveries normal?	Date of last menstruation..... Is menstruation regular and normal?..... Has she successfully passed the menopause?.....	Number of miscarriages, if any, and dates.
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46. REMARKS (If you have any facts or impressions gained and not covered in this report, please indicate in detail):

Examination of Pfc. William James SHEEHAN JR. made by

(Type or print applicant's name)
W. B. VER NEY Lt. MG USNR
 (Type or print examining physician's name and official designation)

this 1st day of December, 19 44
Co. "L" 3rd Bn, 24th Mar, 4th Mar Div, FMF,
AFPO, San Francisco, California.
 (CITY) (COUNTY) (STATE) (SIGNATURE OF EXAMINING PHYSICIAN)

(The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.)

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.
15.....\$0.63	20.....\$0.65	25.....\$0.67	30.....\$0.71	35.....\$0.76	40.....\$0.85	45.....\$0.99	50.....\$1.27	55.....\$1.77	60.....\$2.60
16......64	21......65	26......68	31......72	36......77	41......87	46.....1.03	51.....1.35	56.....1.90	61.....2.82
17......64	22......66	27......69	32......73	37......79	42......89	47.....1.08	52.....1.44	57.....2.05	62.....3.07
18......64	23......66	28......69	33......74	38......81	43......92	48.....1.14	53.....1.54	58.....2.21	63.....3.34
19......65	24......67	29......70	34......75	39......83	44......95	49.....1.20	54.....1.65	59.....2.40	64.....3.64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than six months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than one year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.

(2) If the beneficiary to whom payment is made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured if living;

(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;

(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;

(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above and the insurance shall be payable in equal monthly installments in accordance with subparagraph (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

RILEY, Sime E., Jr.	Pfc	455127	2Aug44
RISEBERG, Harold A.	Pfc	522053	28Jun44
RIVERS, William C.	Pfc	405159	2Aug44
ROARK, Richard L.	Pfc	522985	17Jun44
ROBINSON, Arthur L.	ChCk	314660	27Jul44
ROBINSON, William H.	PhM3c	876-39-40	15Jun44
ROCHE, Daniel A.	Pfc	451138	27Jun44
ROE, Dennis D.	GySgt	262965	28Jun44
ROFF, Joe W.	Pfc	849391	24Jul44
ROIG, Roy V.	Corp	496490	25Jul44
ROMEDY, Roy H.	GySgt	265081	4Aug44
ROOK, Wallace R.	Pfc	840896	16Jun44
ROSS, Deloy C.	Pfc	907238	1Aug44
RUBY, Edward R.	ACk	446253	2Aug44
RUDER, Edward F.	Sgt	412813	24Jul44
RUNYAN, Francis E., Jr.	Sgt	452733	7Jul44
RUSSELL, Walter B.	GySgt	247700	6Jul44
RYAN, Leonard M.	Pfc	831570	22Jun44
SANDERS, Donald R.	Corp	290690	2Jul44
SANDIDGE, Donald P.	StfSgt	337823	11Jul44
SAPP, James R.	Corp	809584	1Aug44
SCHAFER, Everett E.	Sgt	467295	31Jul44
SCHMIDT, Nyles E.	Pfc	521116	28Jun44
SCHULTZ, Joseph J.	Pfc	551992	15Jun44
SCHULTZ, William M.	Pfc	470629	19Jun44
SCRAPER, James W.	Sgt	311814	3Aug44
SEARCY, James G.	TSgt	299083	24Jul44
SEGRAVES, Elmer W.	Pfc	830369	12Jul44
SEIFERT, Edward P.	Corp	486385	31Jul44
SEITZ, Robert F.	Corp	478935	8Jul44
SEMPERT, William E.	Pvt	447057	8Jul44
SEPPO, Weikko I.	Pfc	824469	3Aug44
SGANGA, Joseph T.	Corp	502740	1Feb44
SHOEHAN, William J., Jr.	Corp	321015	15Jun44
SHERWIN, Raymond L.	Corp	273906	24Jul44
SHERWOOD, Marlin L.	Corp	276332	7Jul44
SIMPSON, Everett T., Jr.	StfSgt	363392	30Jul44
SITKO, Stanley V.	Pfc	809954	18Jun44
SILVERSTON, Robert D.	Pvt	537339	16Jun44
SMITH, Ethan E.	Corp	313532	9Jul44
SMITH, Frank W.	Pfc	820229	15Jun44
SMITH, Howard E.	Corp	432003	31Jul44
SNYDER, Donald F.	Pfc	531759	1Aug44
SNYDER, Gordon S.	Corp	800642	28Jul44
SORRELLS, Alan H.	Corp	815396	8Jul44
SPARKS, Ova J.	Pfc	500256	16Jun44
SPENCE, Joseph D.	Sgt	329979	16Jun44
SPURLIN, William L.	Pfc	489806	3Aug44
STAATS, James A.	Pfc	802807	1Jul44
STABYHRT, Peteus J.	Corp	427674	5Jul44
STANBK, Arnold F.	Corp	522158	5Jul44
STANTFIELD, Hatley W.	Pfc	835065	31Jul44
STANKOSKI, Edward A.	Corp	489455	17Jun44
STANLEY, Charles E.	Corp	313629	15Jun44
STEARNS, Everett F.	PhM2c	367-58-09	20Jun44
STEHLE, David H.	Corp	503034	1Aug44
STEINMAN, Richard E.	ACk	503380	19Jun44
ST JAMES, David E.	Pfc	815076	28Jun44
STRANGER, Charles L.	Pfc	902810	8Jul44
STRUNK, Donzil G.	Pfc	847953	24Jun44
STRYKER, Parvin R., Jr.	Pfc	399352	16Jun44
SULLIVENT, "J" "L"	Corp	839350	15Jun44
SUTTON, Barney O.	Pfc	409995	4Jul44
SVILOKOS, Michael	Pvt	384008	15Jun44
SZARMACH, Joseph L.	Pfc	463034	15Jun44

SZYMANSKI, John A.	Pfc	505521	24Jul44
TACKETT, Everett	Corp	465040	18Jun44
TALAROVICH, William	Pfc	491875	22Jun44
TAYLOR, Charles W.	PhM2c	560-46-31	15Jun44
TENNELLY, Richard A.	TSgt	231925	3Jul44
THOMAS, Fred E.	Corp	432602	15Jun44
THOMAS, James McD.	Pfc	334625	6Jul44
THOMPSON, Edward G.	Pfc	830429	9Jul44
TILTON, Clem Jr.	PhM2c	304-68-71	28Jun44
TODD, David P.	ACK	495163	12Jul44
TODORCZUK, John	Pfc	491841	17Jun44
TOFANY, Benedict F.	Pfc	411867	28Jun44
TOLNAY, Rudolph E.	Pfc	452540	16Jun44
TOWNSEND, Charles A.	Sgt	465380	19Jun44
TRAFTON, Louis W.	Sgt	484144	10Jul44
TRAMMELL, William C.	GySgt	231416	24Jul44
TRIMPE, Ernest A.	Corp	840740	15Jun44
TRINKEL, Bernard J.	Pfc	452982	29Jun44
TULLY, Kenneth J.	Corp	500314	15Jun44
VAHLE, Eugene	Pfc	449310	28Jun44
VALE, Archie M.	1stSgt	108088	17Jun44
VAN ZEE, John D.	Pfc	490927	5Jul44
VERSCHAEVE, Jerome M.	Pfc	455441	10Jul44
VICKERY, George W.	Corp	500736	9Jul44
VOLKERT, Robert F.	Corp	525912	14Jul44
WALDEN, Llewellyn	Sgt	275218	14Jul44
WALLACE, Jesse C.	Pfc	843401	8Jul44
WALTERS, Robert R.	Pfc	816479	19Jun44
WALTON, Thomas E., Jr.	SgtMaj	211160	24Jul44
WARE, James L.	Pfc	475309	15Jun44
WARE, Louis B., Jr.	Corp	506684	24Jul44
WARREN, Frank	Sgt	465024	24Jun44
WATKINS, John M.	Pfc	511414	16Jun44
WATROBA, Edward A.	Pfc	443323	4Aug44
WATSON, Aaron F.	Corp	385929	17Jun44
WEAVER, William P.	Corp	496413	29Jul44
WEBB, Robert L.	Corp	358013	6Jul44
WEINBERG, Joseph J.	Pfc	834297	16Jun44
WEINISCH, Arthur F.	Corp	264527	24Jun44
WESTBROOK, James R.	FMlc	831571	15Jun44
WHITTEN, Marion F.	Corp	306293	15Jun44
WILLIAMS, Archie D.	Pfc	814171	12Jul44
WILSON, John B.	Pfc	452531	22Jun44
WILSON, Kenneth S.	Pfc	457262	17Jun44
WINDER, Theodore M.	Corp	502731	15Jun44
WINSLOW, Thomas L.	Pfc	493489	9Jul44
WISE, James L.	Pfc	843127	24Jun44
WISNOWSKI, Vincent J.	PhM3c	851-54-64	4Aug44
WITKOWSKI, Leo A.	Pfc	519950	17Jun44
WOJTOWCZ, Steve J.	Pfc	834351	24Jun44
WOLFE, Billy E.	Pfc	514120	28Jun44
WOODRING, Kenneth W.	Corp	860737	25Jul44
WOODS, Emile E.	Pfc	525320	17Jun44
WOOTEN, Evander C.	PlSgt	276638	30Jul44
WYNNYK, William W.	SupSgt	244629	24Jun44
YAWN, Darrell P.	Pfc	913827	22Jun44
YOUNG, Dwight A.	Sgt	301031	16Jun44
ZARR, Carl L.	PhM2c	648-08-86	9Jul44
ZICKAFOOSE, Charles O.	Corp	497612	1Jul44
ZIMMERMAN, Peter A.	Pfc	859272	24Jul44
ZIVIC, Stephen	Pfc	478934	16Jun44

2. The following named men were awarded a Gold Star, in lieu of second Purple Heart Medal, this date, by the Commanding General, 4th Marine Division, in accordance with existing orders:

1990-300-10

151/bwk

HEADQUARTERS,
FOURTH MARINE DIVISION, FLEET MARINE FORCE,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

30 October, 1944.

DIVISION DECORATION ORDER)

NUMBER.....4-1944)

1. The following named officers and enlisted men were awarded Purple Heart Medals, this date, by the Commanding General, 4th Marine Division, in accordance with existing orders:

24th Marines

OFFICERS

<u>NAME</u>	<u>RANK</u>	<u>SER. NO.</u>	<u>DATE OF WOUND</u>
BAKER, William J.	Lt(jg)	136085	8Jul44
BROWN, William M.	1stLt	024397	16Jul44
CASHATT, James E.	1stLt	016086	24Jul44
CHRISTENSEN, Roy M.	1stLt	016090	9Jul44
COKIN, Milton G.	Capt	07853	5Jul44
CRECINK, William A.	1stLt	016102	18Jun44
DEL'OLIO, Samuel L.	1stLt	016111	16Jun44
EDDY, William A. Jr.	1stLt	013908	24Jul44
FOX, John M.	1stLt	013924	24Jul44
HIRONS, Robert G.	2ndLt	039501	14Jul44
HOLDER, William T.	2ndLt	022773	15Jun44
LANDMESSER, Charles A.	1stLt	016194	15Jun44
LEDGORD, Chester	2ndLt	022804	18Jun44
LOWNDS, David E.	1stLt	015530	16Jun44
MC CARTHY, Joseph J.	Capt	011098	19Jun44
OSBORN, Stanley E.	2ndLt	024345	25Jul44
PARKS, Horace C.	Maj	07712	30Jun44
REED, Bevington A.	Capt	012720	4Aug44
RISH, Earl B.	1stLt	014618	29Jun44
SAVAGE, Frank A., Jr.	1stLt	016254	2Aug44
SBORDONE, John H.	1stLt	016255	1Aug44
SCHLECTER, Irving	Maj	07727	8Jul44
SCHOFIELD, Edward J.	Capt	09454	30Jun44
STOTT, Frederick A.	1stLt	014173	19Jun44
STOUT, Doyle A.	Maj	07558	25Jul44
SWOYER, Joseph D., Jr.	1stLt	014181	22Jun44
THURSTON, Harold B.	Lt	168137	15Jun44
VANDEGRIFT, Alexander A. Jr.	LtCol	05213	29Jun44
WALKER, Kirby D.	1stLt	015649	19Jun44
WEBSTER, George D.	Maj	07940	3Jul44
WOOD, Roy I., Jr.	1stLt	014217	22Jun44
YOUNG, James P., Jr.	1stLt	016315	19Jun44

ENLISTED MEN

ADAMZ, Alfonso C.	Pfc	847877	30Jul44
ALEXANDER, Earl P.	Pfc	521800	25Jul44
ALLEN, Phillip S.	Corp	304515	19Jun44
ALLEN, William M.	Sgt	251899	16Jun44
ALLISON, Howard L.	Pfc	446901	15Jun44
ALSUP, Robert D.	Sgt	286713	16Jun44
ANDERSON, Clyde K.	Pfc	860641	22Jun44
ANDREI, Eugene M.	Pfc	905682	18Jun44
ANDREW, Peter	Corp	419202	20Jun44
ARMBRUST, John N.	Corp	467199	15Jun44
AVILA, Ernest A.	Pfc	830274	22Jun44

BAKER, William L.	PhM2c	624-22-14	17Jun44
BAKER, Wilson E.	FMlc	801215	19Jun44
BALCH, Revis C.	Sgt	841304	19Jun44
BEARD, John F.	Corp	472625	15Jun44
BEARLY, Jay L.	Pvt	463690	20Jun44
BEDINGFIELD, James W.	Sgt	418770	1Feb44
BELCOK, John P.	Corp	479379	4Jul44
BELKAMIC, Joseph	Corp	395403	16Jun44
BENNETT, Davis C., Jr.	Pfc	495073	26Jul44
BENNETT, George E.	Sgt	465630	4Jul44
BILLERBACK, Homer W.	Corp	849393	14Jul44
BIRDSALL, Robert G.	Sgt	469567	31Jul44
BLACK, Herman S.	Pfc	531983	1Jul44
BLACKMER, Gene A.	Pvt	907803	28Jul44
BLOOR, Paul A.	Pfc	475835	15Jun44
BONNETT, Richard F.	Pfc	447134	16Jun44
BOWER, Murray	Pfc	460512	15Jun44
BOWMAN, Harold A.	Pfc	428789	3Aug44
BOXX, Ottis O.	Pfc	444015	24Jul44
BOYD, Kenneth W.	Pfc	374610	27Jul44
BRADLEY, Charles R.	Sgt	820088	28Jul44
BRANDON, Daniel J.	Sgt	473046	16Jun44
BREIER, Donald L.	Corp	501298	6Jul44
BRENNAN, John P.	Pfc	451311	15Jun44
BREWER, John L.	Pfc	814706	18Jun44
BRIDGES, Matthew W.	Pfc	867906	20Jun44
BROWN, Charles E.	Pfc	466317	20Jun44
BROWN, Clarence K.	Pfc	846608	5Jul44
BROWN, Clifford O.	Pfc	809948	24Jun44
BROWN, John M., Jr.	Pfc	491433	22Jun44
BRUSZEWSKI, Roman F.	Pfc	392259	16Jul44
BRYWOCZSKI, Arthur F.	Corp	352157	20Jun44
BURNS, Bryan A., Jr.	Pfc	455028	19Jun44
BUTLER, Johnie C.	Pfc	515087	24Jul44
BUZZARD, Glenn L.	Pfc	445603	30Jun44
CABRAL, Cruz A.	Corp	839673	10Jul44
CALANO, Samuel	Pfc	445590	27Jun44
CALVERT, LaVern R.	Pfc	815657	10Jul44
CAMPBELL, Robert L.	PhMlc	256-41-63	16Jun44
CARVALIS, Billy	Pfc	457126	1Aug44
CASEY, Kenneth P.	Pfc	500456	25Jun44
CENIS, Raymond E.	Sgt	500209	24Jun44
CERNILOGAR, James E.	Pfc	897194	24Jun44
CHAMBERLAIN, Claude L.	Pfc	507933	6Jul44
CHEW, James R.	PhM3c	578-52-68	29Jul44
CHISHOLM, James L.	Corp	437471	24Jul44
CLARK, Eugene O., Jr.	Pfc	471888	18Jun44
COBURN, James A.	AOk	285035	12Jul44
COLOMBO, Peter	Pfc	805593	17Jun44
CONTRERAS, Ciprian P.	Pfc	887283	30Jul44
CORCORAN, John M.	Pfc	487809	15Jun44
COTTICK, Thomas W.	Sgt	305769	10Jul44
COWAN, Hugh C., Jr.	Sgt	408625	2Aug44
CRIDER, Lindell O.	Corp	491455	24Jul44
CROCKETT, Richard N.	Pfc	833426	16Jun44
CROFT, Junior R.	Pvt	504414	13Jul44
CUFF, William J.	Corp	362609	28Jun44
CURFMAN, Leslie R.	Sgt	370882	3Aug44
CURTIS, Charles M.	AOk	470966	26Jul44
CURYLO, Edward	Pfc	832378	18Jun44
CUTLER, Kenneth C.	Pfc	524490	18Jun44
CZERWIEC, Charles P.	PlSgt	357382	8Jul44
DA FOE, Elton H.	Pfc	816894	18Jun44
DAKINS, Anthony C.	Sgt	300416	24Jun44

321015
DGV-296-gke

TELEGRAM

FROM: THE COMMANDANT U S MARINE CORPS TO: MR & MRS WILLIAM SHEEHAN
(PARENTS)
RELEASED BY: 3 DYCAMORE STREET
DATE: H G CRAIG
13 JULY 1944 MASSENA NEW YORK

DEEPLY REGRET TO INFORM YOU THAT YOUR SON CORPORAL WILLIAM JAMES
SHEEHAN JUNIOR USMC

HAS BEEN WOUNDED IN ACTION IN THE PERFORMANCE OF HIS DUTY AND SERVICE OF
HIS COUNTRY. I REALIZE YOUR GREAT ANXIETY BUT NATURE OF WOUNDS NOT RE-
PORTED AND DELAY IN RECEIPT OF DETAILS MUST BE EXPECTED. YOU WILL BE
PROMPTLY FURNISHED ANY ADDITIONAL INFORMATION RECEIVED. TO PREVENT POSSI-
BLE AID TO OUR ENEMIES DO NOT DIVULGE THE NAME OF HIS SHIP OR STATION.

A A VANDEGRIFT
LIEUT GENERAL USMC
THE COMMANDANT U S MARINE CORPS

RECEIVED

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE
UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

RECEIVED
JAN 1 1942
538

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

1. NAME IN FULL: (Please print or type) First Middle Last name
William James SHEEHAN, Jr.
2. HOME ADDRESS: Number Street or rural route County, city, town, or post office State
3 Sycamore St., Massena New York
3. I WAS BORN AT City, town, or post office State Day of month Month Year Age nearest birthday
Massena New York 26 February 1923 19
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY 11 Sep 41 5. PRESENT ORGANIZATION Rank, grade, or rating. Organization, regiment, station, ship, etc. 6. SERIAL NUMBER
Pvt., USMC HqCo-AF-AF 321015
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS
None No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 3,000
10. I WILL PAY PREMIUMS AS INDICATED BELOW:
BY DEDUCTION MONTHLY \$ 1.95
BY ALLOTMENT MONTHLY \$ 1.95
PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS:
Monthly Quarterly Semiannual Annual

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ POLICY NO.
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

12. FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated) Relationship Amount for each beneficiary Post-office address (Number and street, city, town, or post office)
PRINCIPAL Anna Thresa Sheehan Mother 1,500 3 Sycamore St., Massena, N.Y.
William James Sheehan, Sr. Father 1,500 3 Sycamore St., Massena, N.Y.
CONTINGENT
FILE - S.B.D.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of January, 1942 If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)

14. I REQUEST THE POLICY BE MAILED TO—
William James Sheehan, Sr. 3 Sycamore St., Massena, N.Y.
(Name) (Please print or type) (Address)

15. (A) I WILL AUTHORIZE AN Allotment of Pay effective January, 1942, to cover the monthly premium of \$ 1.95 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

2 (B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES BY Money order in the amount of \$ 1.95 to cover the first monthly premium of \$ 1.95 on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT 26th DAY OF December, 1941

WITNESSED BY: C.W. SHISLER
INFORMATION AS TO SERVICE CERTIFIED BY: C.W. SHISLER
1st Lt. USMC, Comdg HqCo-AF-AF.
(Rank and organization. See reverse side, Paragraph 6)
William James Sheehan Jr.
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date Age Amt., \$ Premium: Mo. \$ Qr. \$ S. A. \$ A. \$
Beneficiary
Action taken
Examiner Reviewer
Certificate issued Policy issued

dwt

HEADQUARTERS COMPANY,
AMPHIBIOUS CORPS, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

June 30, 1942

From: The Commanding Officer.
To : Private First Class William J. Sheehan, Jr.,
(321015), U.S. Marine Corps.

Subject: Specialist rating, revocation of.

Reference: (a) A1-Nav No.127, dated 24 June, 1942.

1. In accordance with the authority contained in reference (a), your rating as specialist **4th** class is revoked effective from and including 1 June, 1942.

(Gen d)

T.R. WERT

Copy to: The Commandant
Service Record Book
F I L E

RECORDED
Processing Section
Promotions Division
File
mk



United States Marine Corps

HEADQUARTERS COMPANY,
AMPHIBIOUS CORPS, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

27 June, 1942

WILLIAM J. SHEEHAN, JR., (321015)

by the direction of the ~~Major General~~ Commandant, is hereby appointed a

CORPORAL

in the UNITED STATES MARINE CORPS, and he is therefore carefully and diligently to discharge the duties of that position by doing and performing all manner of things thereunto belonging. I do strictly charge and require all Non-commissioned Officers and others under his command to be obedient to his orders, and he is to observe and follow such orders and directions from time to time as he shall receive from his Commanding Officer or other superior officers set over him, according to the rules and discipline of the Navy.

"TEMPORARY WARRANT"

"LINE DUTY"

Auth: CMC ltr 2165-15/10-1 over AV-dh, dated 25 June, 1942

T.R. WERT,

By direction

Captain

U. S. M. C., R.

Commanding Hq Co, ACAF

No. - 4 -

LOWEST NUMBER OF SAME
DATE TAKES RANK.

(TRIPLICATE FOR THE MAJOR GENERAL COMMANDANT)

80.1
TRW/asb

HEADQUARTERS COMPANY
AMPHIBIOUS CORPS, ATLANTIC FLEET,
MARINE BARRACKS, QUANTICO, VIRGINIA.

29 April, 1942.

From: The Commanding Officer.
To : Private First Class William J. Sheehan, Jr.,
(321015), U.S. Marine Corps.
Subject: Specialist rating.
References: (a) MGO ltr 1515-30/5-1 over AV-mjd, dated 15Dec41.
(b) Corps General Order 5-41, dated 26Jun41.

1. In accordance with reference (a), as delegated by reference (b), you are hereby rated specialist 4th class (general duty), from and including this date, vice Private First Class Francis D. McAuliffe, rerated.

For duty as clerk.

THOMAS R. WERT

Copy to: The Commandant
Service Record Book
F I L E

Link.

HEADQUARTERS COMPANY,
THIRD BATTALION, TWENTY-FOURTH MARINES, FOURTH
MARINE DIVISION, FMF, % FPO, SAN FRANCISCO, CALIF.

Embarked aboard the USS. FULLER at Maui, T.H. on 10 May, 1944 and sailed therefrom on 11 May, 1944. 11-13 May, 1944 at Honolulu, T.H. Sailed therefrom on 14 May, 1944. 14-19 May, 1944, at sea on maneuvers in Hawaiian Area. 20-28 May, 1944, at Pearl Harbor, T.H. Sailed therefrom on 29 May, 1944 and arrived at Eniwetok, Marshall Islands on 8 June, 1944. 8-10 June, 1944 at Eniwetok, Marshall Islands. Sailed therefrom 11 June, 1944, and arrived and disembarked at Saipan, Marianas Islands on 15 June, 1944.

Karl G. Schaigh
KARL G. SCHAIGH,
1st Lt., USMCR.

HEADQUARTERS COMPANY,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
% FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Participated in the battle of SAIPAN, MARIANAS ISLANDS,
from 15 June, 1944 until JUL 9 1944.

Karl G. Schaigh
KARL G. SCHAIGH,
1st Lt., USMCR.

HEADQUARTERS COMPANY,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
% FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Embarked on landing craft at Saipan, Marianas Islands on 23 July, 1944 and disembarked at Tinian, Marianas Islands on 24 July, 1944.

Karl G. Schaigh
KARL G. SCHAIGH,
1st Lt., USMCR.

HEADQUARTERS COMPANY,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
% FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Participated in the battle of TINIAN, MARIANAS ISLANDS
from 24 July, 1944 until AUG 1 1944.

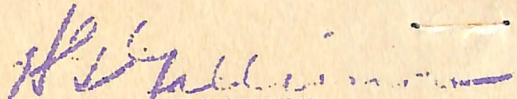
Karl G. Schaigh
KARL G. SCHAIGH,
1st Lt., USMCR.

HEADQUARTERS COMPANY,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
% FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Embarked aboard the USS LIVINGSTON at Tinian, Marianas Islands on 8 August, 1944, and sailed therefrom 9 August, 1944; arrived Saipan, Marianas Islands 9 August, 1944, and sailed therefrom on 11 August, 1944. Arrived Eniwetok, Marshall Islands on 16 August, 1944, and sailed therefrom 17 August, 1944. Arrived Pearl Harbor, T.H. on 26 August, 1944. 27 August, 1944, at Pearl Harbor, T.H. Sailed therefrom on 28 August, 1944. Arrived and disembarked at Kahului, Maui, T.H. on 29 August, 1944.

Karl G. Schaigh
KARL G. SCHAIGH,
1st Lt., USMCR.

Arrived at San Diego, California, aboard the U. S. S. THETIS BAY,
and disembarked 23Mar45.



H. G. GALLIMORE,

Commissioned Warrant Officer (Gen), USMC,

Assistant G-1,

Headquarters, Department of the Pacific.

HEADQUARTERS, THIRD BATTALION,
TWENTY-FOURTH MARINES, FOURTH MARINE DIVISION, FMF,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Participated in the battle of Iwo Jima, Volcano Islands,
from 19 February, 1945 until 21 Feb, 1945.

K. G. Schleich
K. G. SCHLAICH,
Capt., USMCR,
Bn Adjutant.

HEADQUARTERS COMPANY,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
% FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

10Feb44, embarked aboard SS YOUNG AMERICA at Roi and Namur,
Kwajalein Atoll, Marshall Islands. 12-21, enroute. 21Feb44,
disembarked at Kahului, Maui Island, T. H.

G M Gallion
G. M. GALLION,
1stLt, USMCR, Comdg.

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HEADQUARTERS, THIRD BATTALION,
TWENTY-FOURTH MARINES, FOURTH MARINE DIVISION, FMF,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Embarked aboard the USS SIBLEY (APA-206) at Kahului, Maui,
T. H. on 3 January, 1945, and sailed therefrom 4 January, 1945.
4-26 January, 1945, at sea on maneuvers in Hawaiian Area.
27 January, 1945 sailed from Hawaiian Area and arrived at
Eniwetok, Marshall Islands 5 February, 1945 and sailed same
date. 11 February, 1945 arrived at Saipan, Marianas Islands
and sailed therefrom 17 February, 1945. Arrived and disem-
barked at Iwo Jima, Volcano Islands 19 February, 1945.

K. G. Schaich
K. G. SCHAICH,
Capt., USMCR,
Bn Adjutant.

HEADQUARTERS COMPANY
THIRD BATTALION, 24TH MARINES 4TH MARINE DIVISION, FMF
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

11Jan44, embarked aboard USS WAYNE at San Diego, Calif.
13-31 Jan44, enroute. 1Feb44, disembarked at Roi and Namur,
Kwajalein Atoll, Marshall Islands.

G M Gallion
G. M. GALLION,

1stLt, USMCR, Commanding.

HEADQUARTERS COMPANY
THIRD BATTALION 24TH MARINES 4TH MARINE DIVISION, FMF,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA

1-2 February, 1944, participated in the Battle of Roi and
Namur, Kwajalein Atoll, Marshall Islands.

G M Gallion
G. M. GALLION,
1st Lt, USMCR,
Commanding

HEADQUARTERS,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
c/o FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

15 November, 1944.

Authorized to wear one star on the Asiatic Pacific ribbon for participation in either or both of the Battles of Saipan and Tinian. Auth. Div. Memo. #197-1944, dated 15 Nov 44.

K. G. Schleich
K. G. SCHLEICH,
1st Lt., USMCR,
Bn., Adjutant.

HEADQUARTERS,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
c/o FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

8 November, 1944.

Awarded Presidential Unit Citation Ribbon Bar and Blue Enamel
Star for participation in the Marianas Islands Campaign. Auth-
ority Div. Memo 189-44, dated 8Nov44. To be worn under provis-
ions of AlNav #72, dated 30Mar43.

K. G. Schach
K. G. SCHACH,
1stLt., USMCR,
Bn., Adjutant.

HEADQUARTERS, THIRD BATTALION,
TWENTY-FOURTH MARINES, FOURTH MARINE DIVISION, FMF,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Awarded the Purple Heart Medal by the Commanding General, Fourth
Marine Division, Fleet Marine Force on 30 October, 1944, for
wounds received in action against an enemy of the United States on
15 June 44. Delivered to Corp Wm. J. Sheehan, Jr
on 10 November, 1944.

K. G. Schaich
K. G. SCHAICH,
First Lieutenant, U. S. Marine Corps Reserve,
Adjutant.

HEADQUARTERS,
THIRD BATTALION, 24TH MARINES, 4TH MARINE DIVISION, FMF,
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA.

Authorized one (1) star for Asiatic - Pacific Area Service Ribbon
for "the Occupation of Kwajalein and Majuro Atolls, Marshall
Islands Operation". Auth: Division Memorandum #168-44 dated
15Oct44.

K. G. Schacht
K. G. SCHAICH,
1stLt, USMCR,
Battalion Adjutant.

DISCHARGED

SEP 2 1945

Res'd in A & I Dept.....

(initial and pass to next number)

Discharge..... 4. Discharge.....

Des. & Models..... 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 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. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 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620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190. 2191. 2192. 2193. 2194. 2195. 2196. 2197. 2198. 2199. 2200. 2201. 2202. 2203. 2204. 2205. 2206. 2207. 2208. 2209. 2210. 221

SERVICE RECORD

OF

Name WILLIAM JAMES SHEEHAN JR.

Citizenship U. S.

Date of birth 26 FEBRUARY, 1923

Place of birth MASSENA, NEW YORK

Legal residence 3 SYCAMORE ST.,
MASSENA, NEW YORK

Name, relationship, and address of person to be notified in case of emergency (FATHER)

WILLIAM JAMES SHEEHAN SR.

3. SYCAMORE ST. MASSENA, NY

Accepted for enlistment at SDHS., WATERTOWN, N. Y.

Enlisted as Private

At DHS., SYRACUSE, N. Y.

11 SEP 1941, 19, to serve FOUR years. ~~during minority.~~

Foreign shore service last enlistment (months):

From to

Sea service last enlistment (months):

From to

H. COLVOCORESSES, U.S.M.C.,
Major, USMC, (Ret). Recruiting Officer.

William James Sheehan Jr.
(SIGNATURE OF RECRUIT IN FULL)

Identification tag issued APR 1 1942, 19

16-9547

Issued Cigarette
Card # 704287C



INSTRUCTIONS

This book is a part of the staff returns of a marine and must accompany him throughout his enlistment.

Entries shall be made to show complete information of the man concerned as indicated on the several pages of this book and in accordance with the provisions of the Marine Corps Manual. No entries shall be made until the man's enlistment is accomplished by the administration of the oath of enlistment.

Neatness, clearness, and strict economy of space must be observed. No blank lines shall be left between entries. Only such forms, letters, or certificates as may be authorized will be pasted in this book.

SHEEHAN, (321015) William James Jr
Enl 11Sep41
Photo taken 20Sep41



SERVICE RECORD

OF

Name WILLIAM JAMES SHEEHAN JR.

Citizenship U. S.

Date of birth 26 FEBRUARY, 1923

Place of birth MASSENA, NEW YORK

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Major, USMC, (Ret). Recruiting Officer.

William James Sheehan Jr.
(SIGNATURE OF RECRUIT IN FULL)

Identification tag issued APR 1 1942, 19____

16-9547

Issued cigarette
Card # 704287C

MARKS, SCARS, ETC.

(Marked in red ink by Medical Examiner)

MARKS, SCARS, ETC.

(Marked in red ink by Medical Examiner)

LEFT HAND

Rolled imprint of thumb and each finger

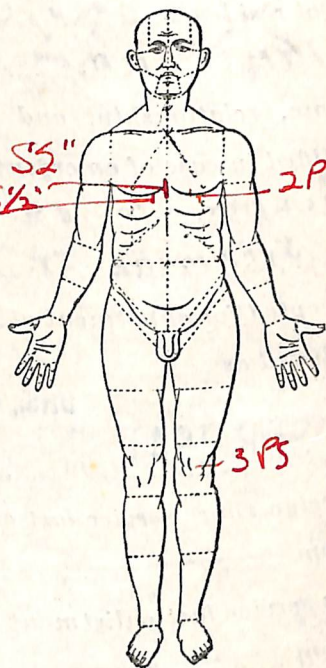
6. THUMB

7. INDEX

8. MIDDLE

9. RING

10. LITTLE



11 SEP 1941

Examined _____, 19

Eyes Blue

Hair Brown

Complexion Ruddy

Height 72 inches.

Weight 128 pounds.

LEFT HAND—Plain imprint of Four Fingers taken simultaneously

RIGHT HAND

Rolled imprint of thumb and each finger

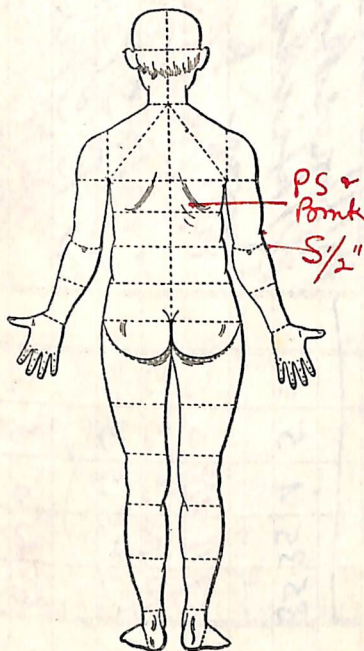
5. LITTLE

4. RING

3. MIDDLE

2. INDEX

1. THUMB



Date and nature of any waiver

none

F. O. Harbach
F. O. HARBACH
Lieut. (MC), USNR. Surgeon.

RIGHT HAND—Plain imprint of Four Fingers taken simultaneously

PF

The following shall be apprehended relating to this

Designation changed fr HqCo, Amphibious Corps, Atlantic Fleet to HqCo, Amphibious Training St ff, Fleet Marine Force 24 August, 1942. (Auth Corps General Order (Restricted) 16-42, dated 24 August, 1942).

7. s, surrenders, or ides all matters

STATION OR VESSEL	JOINED, SURRE., APP., TRANSF., SEMI-AN., FOR DIS., FINAL M., DESERTED, DIED, RETIRED, DISCHARGED, TRANSF. TO RESERVE	DATE	RANK	MILITARY EFFICIENCY	NEATNESS AND MILITARY BEARING	INTELLIGENCE	OBEDIENCE	SOBRIETY	AVERAGE STANDINGS	SIGNATURE OF COMMANDING OFFICER
1. Hqs., SYRACUSE, N. Y.	Enl & Tr	11 SEP 1941	Private	No Service						H. COLVOCORESSES Major, USMC (Ret)
2. 4th Recruit Bn, R Dep.	Joined	SEP 13 1941	Pvt.							W. E. HICKS Capt. USMC
3. M.B. Parris Island, S. O.	Tr	NOV 8 1941		35	35	4	5	5		W. E. HICKS Capt. USMC
4. Hqs., Amphibious Force Atlantic Fleet, M.B. Parris Island, Va.	Id	9 Nov 41	Pvt							George A. Frost 2d Lt
5. Hqs., Amphibious Force Atlantic Fleet, M.B. Parris Island, Va.	SEMI-AN	1761 DEC 18	Pvt	39	4	48	5	5		1st Lt
6. Hqs. - ACAF	Semi-An	30 June, 1942	Corp	45	4.5	5	5	5		J. R. Skert Capt.
7. Hq Co, ATS, FMF	Tr	1 Oct 42	Corp	4.5	4.5	5	5	5		J. R. Skert Capt.
8. HqCo, A.C.P.F.	Id	1 Oct 42	Corp							J. R. Skert Capt.
9. San Diego, Cal	Semi-An	31 Dec 42	Corp	4.3	4.5	5	5	5		W. E. HICKS 2d Lt
10. HqCo, A.C.P.F.	Trans	24 APR 1943	Corp	4.5	4.5	5	5	5		W. E. HICKS 1st Lt

HqV Ser Co, 24th Mar, FMF	J.D	24 APR 1943	Corp	4.5	4.6	5	5	5		Abrahamson Captain, USMCR
11. Camp Pendleton, Calif.	SEMI-AN	JUN 30 1943	Corp	4.5	4.6	5	5	5		Abrahamson Capt. USMCR
12. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Trans.	SEP 15 1943	Corp	4.5	4.6	5	5	5		William B. Combs Capt. USMCR
13. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Joined	SEP 15 1943	CPL							W. E. HICKS 1st Lt, USMCR
14. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	SEMI-AN	DEC 31 1943	Corp	4.7	4.7	5	5	5		W. E. HICKS 1st Lt, USMCR
15. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	SEMI-AN	JUN 30 1944	Corp	4.7	4.7	5	5	5		W. E. HICKS 1st Lt, USMCR
16. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Tr	NOV 19 1944	PFC	4	4	5	4.5	5		W. E. HICKS 1st Lt, USMCR
17. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Joined	NOV 19 1944	PFC							W. E. HICKS 1st Lt, USMCR
18. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	SEMI-AN	DEC 31 1944	PFC	4	4	5	4.5	5		W. E. HICKS 1st Lt, USMCR
19. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Transferred	MAY 26 1945	PFC	4.3	4.3	5	4.5	5		W. E. HICKS 1st Lt, USMCR
20. HqCo, 24th Mar, FMF, Camp Pendleton, Oceanside, Calif.	Id	23 Mar 45	P7C							W. E. HICKS 1st Lt, USMCR
21. San Diego, Calif	Tr	18 May 45	P7C							W. E. HICKS 1st Lt, USMCR
22. San Diego, Calif	Id	26 Jun 45	P7C							W. E. HICKS 1st Lt, USMCR
23. San Diego, Calif	Id	30 Jun 45	P7C	3.9	3.9	3.9	5	5		W. E. HICKS 1st Lt, USMCR
24. San Diego, Calif	Id									W. E. HICKS 1st Lt, USMCR
25. San Diego, Calif	Id									W. E. HICKS 1st Lt, USMCR
26. San Diego, Calif	Id									W. E. HICKS 1st Lt, USMCR

STATION OR VESSEL	JOINED, SURE., APP., TRANSF., SEMI-AN., FOR DIS., FINAL M., DESERTED, DIED, RETIRED, DISCHARGED, TRANSF. TO RESERVE	DATE	RANK	MILITARY EFFICIENCY	NEATNESS AND MILITARY BEARING	INTELLIGENCE	OBEDIENCE	SOBRIETY	AVERAGE STANDING	SIGNATURE OF COMMANDING OFFICER
2nd Guard Company										
27 MB, NAS, Quonset Point, R. I.	TR	AUG 16 1945	PFC	43	43	43	5	5		<i>R. F. Jay</i> Capt., USMC
28 QUONSET PT., R. I.	joined	AUG 16 1945	P76	/	/	/	/	/		<i>R. F. Jay</i> Capt., USMC
29 QUONSET PT., R. I.	For Disch.	SEP 18 1945	P76	4.5	4.5	4.5	5	5		<i>R. F. Jay</i> Capt., USMC
30 QUONSET PT., R. I.	Final M	SEP 18 1945	P76	4.4	4.5	4.7	5	5		<i>R. F. Jay</i> Capt., USMC
31						4.5	5	5	4.8	
32										
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STATION OR VESSEL	JOINED, SURRE., APP., TRANSF., SEMI-AN., FOR DIS., FINAL M., DESERTED, DIED, RETIRED, DISCHARGED, TRANSF. TO RESERVE	DATE	RANK	MILITARY	EFFICIENCY	NEATNESS AND	MILITARY BEARING	INTELLIGENCE	OBEDIENCE	SOBRIETY	AVERAGE	STANDING	SIGNATURE OF COMMANDING OFFICER
53													
54													
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W. E. HICKS, Capt. USMC

"The substance of the contents of the Soldiers' and Sailors' Civil Relief Act of 1940 and of Public Resolution No. 96, 76th, Congress, has been explained to this man."

10-9547

OFFENSES.—Enter date, place, organization, offense, and punishment. Give date and hour from and to which a.o.l. or a.w.o.l.; courtmartial; desertion and known attending circumstances; rewards offered. All entries will be signed by commanding officer. Where no offenses are committed no entries will be made

#8/6 Nov. 1944 Aud. D. C. for "neglect of duty" on 14 Nov. 44. See slip # Page 28

10-0547

FURLOUGHS

FROM—	TO—	DAYS	DATE OF RETURN	FROM—	TO—	DAYS	DATE OF RETURN
21 Nov 41	30 Nov 41	10	30 Nov 41				
27 Dec 41	1 Jan 42	6	2 Jan 42				
3 Apr 45	11 May 45	38	10 May 45				
19 Jun 45	26 Jul 45	37	27 Jul 45				

10-0547

No. 63rd Bn 24th Ma 49th Ma Div
 1st Lt. J. E. West Office San
 Francisco, California, 13 years
 serving outside continental
 limits U.S. this date.
 R. H. Schaich 1st Lt., USMC.

16-8547

MEDALS (including good-conduct medals and bars, but excluding those awarded for qualification with infantry weapons), BADGES, AND DECORATIONS; MEDAL OR
 BADGE NUMBER AND DATE AWARDED

LETTERS OF COMMENDATION (Pasted on page 19)

SUBJECT

DATE

BY WHOM ISSUED

16-8547

14

Pistol Qualification and Short Courses

Credited for qualification as Distinguished Rifleman and/or Pistol Shot

16-9547

SPECIAL MILITARY QUALIFICATIONS

ARTILLERY.—Gun pointer, stating type of gun, etc.
AVIATION.—Pilot, motor mechanic, rigger, aerologist, etc.
CAVALRY.—Saddler, horseshoer, veterinarian, etc.
COMBAT ENGINEERS.—Draftsman, military maps, demolitions, etc.
COMMUNICATIONS.—Radio operator, radio mechanic, telephone operator, lineman, signalman, etc.
MISCELLANEOUS.—Scout, interpreter, chauffeur, tank driver, tractor driver, railroad engineer, armorer, range estimator, instrument operator, etc.

16—9547

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Gun pointer, gun captain, loader, sight setter, director pointer, or trainer.—Enter classification or qualification and date thereof; date of detail and date of revocation through transfer or otherwise; caliber and type of gun, including .50-caliber antiaircraft machine gun.

Small arms and gunnery prizes (enter character of prize, date, and amount of award)

16-9547

RATINGS AS SPECIALIST AND SPECIAL DUTY DETAILS

[illegible]

OTHER SPECIAL QUALIFICATIONS, including schools attended with marks attained

Examined 5 June 43 and found qualified for promotion to the rank of Corporal. *MBP* MC
Qualified 2nd class swimmer 5 Jan 43.
Examined 18 JUN. 43 and found qualified for promotion to the rank of Sgt. 1st *ABH* Capt. 4520 CR.
18 JUN. 43. GCT (D) II 11R MAIL 105 (115)
Awarded Certificate of Satisfactory Service 18 September 1945.

16-2547

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To be used for all privates, privates first-class, field musicians, corporals, sergeants, staff sergeants, platoon sergeants, technical sergeants, gunnery sergeants, and first sergeants. Entry will be made June 30 and December 31 of each year and upon transfer of enlisted man or commanding officer and on closing service-record book for discharge. An "S" will be placed in the column of each subject satisfactorily completed during the period covered opposite the signature of the commanding officer. Similarly, a "U" will be placed in the column of each subject in which instruction has been given but not satisfactorily absorbed. Normally, all courses prescribed for each rank will be covered each calendar year.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD	EE		
Individual instruction without arms	Individual instruction with the rifle	Close-order drill, the rifle squad	Service rifle, cal. .30	Automatic pistol, cal. .45	Automatic rifle, cal. .30	Thompson sub-machine gun, cal. .45	V. B. rifle grenade	Hand grenade	The pack, equipment, and clothing	Musketry	Extended order, rifle squad	Scouting and patrolling	Shelter tents	Field sanitation	Personal hygiene	First aid	Sentinels	Military courtesies	Patrolling in small wars	Close-order drill, rifle platoon	Combat signals	Combat principles, rifle squad	Extended order, rifle platoon	Marches, security, and outposts	Interior guard duty	Close-order drill, rifle company	Combat principles, rifle platoon	Tactics, technique of rifle company	Shelter	Defense and attack of cities, riot duty	Date	Initials of commanding officer
4th Recruit Bn., R Dep.	MB, Paria Island, S. O.																									Tr					NOV 8 1941	W/H Capt USMC
S	S	S	S	-	-	-	-	-	S	-	S	-	S	-	-	-	-	S	-							Semi Ann	31 Dec 41					1st Lt.
S	S	S	S												S			S								Semi Ann	30 Jan 42					Capt
																										Transferred	1 Oct 42					Capt
S	S	S	S	-	-	S	-	S	S	S	S	S	S	S	S	S	S	S	S	S	-	S	S	-		Semi-Ann	31 Dec 42					2d Lt
																										Transferred	1 Apr 1943					1st Lt
																										Sent. Co.	JUN 30 1943					CAPT. USMCR
																										Trans.	SEP 15 1943					CAPT. USMCR

Service Number	Name	Rank	Branch	Date	Status	Remarks
S S - S - - S S S S S - S S S S S S - - - - S				JUN 30 1944	No instruction completed	
				NOV 19 1944	No instruction completed	
				DEC 31 1944	No instructions Completed	
				MAY 26 1945	No instructions completed	
				AUG 16 1945	NO INSTRUCTIONS COMPLETED	
				18 Sept 45	No Instructions Given	

PAY ACCOUNT RECORD OF

(See instructions on page 24)

William James Sheehan Jr.

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ORGANIZATION OR POST	BY WHOM PAID (Name of paymaster)	DATE INCLUSIVE TO WHICH LAST PAID OR SETTLED	BALANCE		ORGANIZATION OR POST	BY WHOM PAID (Name of paymaster)	DATE INCLUSIVE TO WHICH LAST PAID OR SETTLED	BALANCE	
			Overpaid	Unpaid				Overpaid	Unpaid
4th Recruit Bn., R.D.B. MB, Parris Island	Q. S. SCHMIDT	SEP 30 1941	\$	\$ 4 57	3rd Bn., 24th Mar.	R. A. COXETER	FEB 29 1944	\$	\$ 100 61
4th Recruit Bn., R.D.B. MB, Parris Island, S. C.	Q. S. SCHMIDT	SEP 30 1941		15 17	3rd Bn., 24th Mar.	R. A. COXETER	MAR 31 1944		77 86
4th Recruit Bn., R.D.B. MB, Parris Island, S. C.	Q. S. SCHMIDT	NOV 8 1941		5 72	3rd Bn., 24th Mar. 4th Mar Div.	P. M. Graves	APR 30 1944		50 11
HqCo AF AF	JAMES L. DENHAM	30 NOV 1941		10 97	3rd Bn., 24th Mar. 4th Mar Div., FME	P. M. Graves	MAY 31 1944		42 36
HqCo AF AF	JAMES L. DENHAM	31 DEC 1941		14 73	3rd Bn., 24th Mar	P. M. Graves	AUG 31 1944		274 11
HqCo AF AF	J. L. DENHAM	31 JAN 1942		18 22	Jrd Bn. 24th Mar	P. M. Graves	30 Sep 1944		83 56
HqCo AF AF	J. L. DENHAM	FEB 28 1942		17 27	3rd Bn., 24th Mar, 4th Mar Div	P. M. GRAVES	NOV 30 1944		12 16
HqCo AC AF	JAMES L. DENHAM	31 MAR 1942		19 12	3rd Bn., 24th Mar	P. M. GRAVES	DEC 31 1944		8 47
HqCo AC AF	JAMES L. DENHAM	APR 30 1942		18 36	3rd Bn., 24th Mar	T. W. TURCOTTE	JAN 31 1945		59 40
HqCo AC AF	JAMES L. DENHAM	MAY 31 1942		25 21	3rd Bn., 24th Mar	T. W. TURCOTTE	APR 30 1945		142 19
HqCo AC AF	JAMES L. DENHAM	JUN 30 1942		28 06	3rd Bn., 24th Mar Guard Company	H. A. ZEHNGEBOT	AUG 16 1945	26 30	R. J.
HqCo AC AF	JAMES L. DENHAM	JUL 31 1942		33 51	B. NAS, Quonset Point, R. I. RD., MB., NAS, I.	H. A. ZEHNGEBOT	18 Aug. 1945	Paid in full	
HqCo HTS, FME	JAMES L. DENHAM	AUG 31 1942		32 30	QUONSET PT., R. I.				

14 HqCo AF AF	JAMES L. DENHAM	15 SEP 1942		79	43				
15 HqCo, Cal.	N. C. BATES	OCT 31 1942		32 54	44				
16 HqCo, A.C.P.F.	N. C. BATES	NOV 30 1942		32 39	45				
17 HqCo, A.C.P.F.	WILLIAM A. HAMILTON	DEC 31 1942		29 24	46				
18 HqCo, A.C.P.F.	WILLIAM A. HAMILTON	31 JAN 1943		33 09	47				
19 HqCo, A.C.P.F.	WILLIAM A. HAMILTON	28 FEB 1943		31 94	48				
20 HqCo, A.C.P.F.	WILLIAM A. HAMILTON	31 MAR 1943		30 79	49				
21 HqCo, A.C.P.F.	WILLIAM A. HAMILTON	24 APR 1943		21 48	50				
22 HqCo 24th Mar, FME	R. A. COXETER	MAY 31 1943		38 49	51				
23 HqCo 24th Mar, FME	R. A. COXETER	JUN 30 1943		37 34	52				
HqCo, 24th Mar	R. A. COXETER	JUL 31 1943		36 39	53				
HqCo, 24th Mar, FME	R. A. COXETER	SEP 16 1943		68 69	54				
HqCo, 24th Mar, FME	R. A. COXETER	SEP 30 1943		109 24	55				
HqCo, 24th Mar, FME	R. A. COXETER	OCT 31 1943		33 29	56				
HqCo, 24th Mar, FME	R. A. COXETER	NOV 30 1943		37 34	57				
HqCo, 24th Mar, FME	R. A. COXETER	31 Dec 43		36 39	58				

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GENERAL PAY DATA OF

William James Sheehan Jr.

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ALLOTMENT IN FAVOR OF—	PER MONTH	NUMBER MONTHS	DATE 1ST PAYMENT Month Year	EXPIRES Month Year	ORIGINALLY REGISTERED BY—	SHIP OR STATION	STOP'D LAST PAYMENT Month Year	CAUSE OF STOPPAGE
Treas of U.S. (NSI)	\$ 1.95	45	Jan 42	45	J L Denham	MB Quantico	Sept 45	Discharged.
Treas of U.S. (NSI)	4.62	INDEF	Nov 44	INDEF	P.M. Graves	3d Bn. 24th Mar	Sept 45	Discharged.
Anna T. Sheehan	30.00	IND	Feb 45	IND	T.W. Turner	3d Bn. 24th Mar	Oct 45	Reg. of grantor

POST EXCHANGE INDEBTEDNESS

(To be used only in case of transfer)

DATE OF TRANSFER ¹	NAME OF EXCHANGE	AMOUNT DUE	REMARKS (If in excess of authorized allowance show cause of excess here)	DATE OF TRANSFER ¹	NAME OF EXCHANGE	AMOUNT DUE	REMARKS (If in excess of authorized allowance show cause of excess here)
		\$				\$	

¹If date of transfer as given above is subsequent to date of last settlement as shown under "Pay Account Record," checkage must be made on next pay roll rendered.

16-9547

DEPOSIT ACCOUNT

(To be filled in by marine officer commanding, or noncommissioned officer in charge of post or detachment)

DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT
	\$		\$		\$		\$

OTHER CHECKAGES PENDING, Except Courtmartial Fines

Such as lost property, Clo. and SS., rewards, requests of paymasters, etc.
(Used only in case of transfer)

DATE OF TRANSFER ¹	NATURE OF CHECKAGE	AMOUNT	REMARKS (Here show by whom requested and date of letter or request, etc., so that proper credit may be given the paymaster or quartermaster concerned)
		\$	

¹If date of transfer as given above is subsequent to date of last settlement as shown under "Pay Account Record," checkage must be made on next pay roll rendered.

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Name _____

To be filled out only when discharge is effected BEFORE the book is forwarded to Headquarters.

Discharged at Marine Barracks;
MAS, Quonset Point, R.I.
 on 18 September, 1945, by reason of
Honorably, by reason of
expiration of enlistment.
 Issued Character Form NAVME
#70 PD, Serial #. A201844
Recommended for Marine Corps
Good Conduct Medal.

J. F. Dwyer
Captain, U.S.M.C.R.
Commanding, Bks Det.

In appropriate cases add "Awarded good-conduct medal (or good-conduct medal bar) No. — upon discharge."

To be filled out only when the book is forwarded for preparation of discharge certificate.

Closed and forwarded at _____

on _____, 19____, by reason of _____

Recommended for character _____

_____, U.S.M.C.,

In appropriate cases add "Is (or, Is not) recommended for good-conduct medal (or good-conduct medal bar)."

Future address:

3 Sycamore St.
Massena, New York

Forms N.M.C. 782 and 782b to be pasted here

Issued

Pack, Belt and Mess Equipment

OCCUPATIONAL QUALIFICATION RECORD

Sheehan, William James, jr
(Name in full, surname to left)

Age 18 years. Occupation Student

How many years have you worked at it?

Name of last employer

Business

Address

Your weekly wage in this position, \$

Describe the jobs or enterprises in which you exercised the greatest authority or leadership, such as foreman, manager, captain, etc.

In the columns below draw one line in black ink under those occupations at which you have worked; draw two lines under those at which you are an expert.

After each underlined occupation write in years column also the number of years (i. e., 1, 5, 9) of experience you have had in that occupation.

OCCUPATION	YRS.	OCCUPATION	YRS.
1 Aerial cameraman, still camera		42 Motorcycle mechanic	
2 Aerial photographic laboratory technician		43 Painter, general	
3 Aerial phototopographer		44 Painter, sign	
4 Airplane engine mechanic		45 Painter, sign letterer	
5 Airplane fabric and dope worker		46 Parachute mechanic	
6 Airplane mechanic		47 Photographer, amateur, expert	
7 Armorer		48 Photographer, camera-man, still	
8 Automobile electrician		49 Plumber, general	
9 Automobile mechanic, Diesel engine		50 Power man, telephone	
10 Automobile mechanic, general		51 Radiator repairman	
11 Baker		52 Radio electrician	
12 Barber		53 Radio operator, amateur	
13 Blacksmith, general		54 Radio operator, commercial	
14 Blacksmith, tool		55 Rigger, general	
15 Blaster and powderman		56 Rodman and chainman, survey	
16 Blueprinter		57 Sheet-metal worker	
17 Bricklayer, general		58 Shovel operator, gas engine	
18 Bridge carpenter		59 Stenographer	
19 Butcher		60 Stone mason	
20 Cable splicer, telephone and telegraph		61 Storage battery electrician	
21 Carpenter, general		62 Student, chemical engineering	
22 Chief clerk		63 Student, civil engineering	
23 Clerk, general		64 Student, electrical engineering	
24 Clerk, postal or mail		65 Student, mechanical engineering	
25 Construction foreman		66 Surveyor, general	
26 Cook		67 Switchboard installer, manual, telephone and telegraph	
27 Cordage worker		68 Tailor	
28 Draftsman, general		69 Telephone and telegraph lineman	
29 Draftsman, topographical		70 Tire repairer	
30 Electrician, general		71 Tractor driver	
31 Engineman, gas, oil, and gasoline		72 Truck driver	
32 Filter operator, water supply		73 Typist	
33 Horse trainer		74 Upholsterer	
34 Instrument maker		75 Welder, electric arc	
35 Line surveyor, telephone and telegraph		76 Welder, oxyacetylene	
36 Linotype or monotype operator		77 Well driller	
37 Lithographer, general		78 Wire chief, telephone and telegraph	
38 Machinist, general		79 Wireworker	
39 Mechanic, general			
40 Mess sergeant			
41 Meteorologist			

If you are an expert in any occupation not listed above, write it here

Outline any previous military experience (include C. C. C.) you have had, period of service, rank or grade, and organization

Number of children

William James Sheehan
(Signature of recruit)

Date, 19__

(Initials of officer)

SCHOOLING:

Grade reached in school

Years in high school

Years in college

Subjects of specialization

Years in technical school

Name course(s) pursued

Do you speak a foreign language well?

Any other languages?

Describe any talent you have in furnishing public entertainment

List any hobbies, pertaining to any subject listed on page 32, with years of experience and indicate by underlining in red ink in the same manner as specified for occupation

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days after date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where there is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

1. NAME IN FULL (Please print or type)	First	Middle	Last Name			
	William	James	SHEEHAN, Jr.			
2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State			
3	Sycamore,	Massena,	New York.			
3. I WAS BORN AT	City, town, or post office	State	Day of Month	Month	Year	Age at birth
	Massena,	N. Y.	26	February,	1923.	21
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY	5. PRESENT ORGANIZATION Rank, grade, or rating.	Organization, regiment, station, ship, etc.	6. SERIAL NUMBER in.			
11 Sep 41	Co. "L", 3rd Bn., 24th Mar.	4th Mar Div, FMF.	321015			
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS.					
None	No					

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 7,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") Yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ 3,000 POLICY NO. Unknown.

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of Insurance to be paid to each beneficiary	Post office address (Number and street, city, town, or post office and State)
PRINCIPAL { Anna Treasa Sheehan	Mother	7,000	3 Sycamore, Massena, N. Y.
CONTINGENT {			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured.
(For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)

Anna Treasa Sheehan 3 Sycamore, Massena, New York.

(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).

I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of December, 1944

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by in the amount of \$ in payment of the first premium on the insurance, or (Check, draft, or money order)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ 4.82 on the insurance, or (Write above whether monthly, quarterly, semiannual or annual)

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ on the insurance.

If an effective date is not specified by the applicant the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.
THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ 4.82	\$	\$	\$	\$

SIGNED AT 3rd Bn., 24th Marines, ON THE 1st DAY OF December, 1944

WITNESSED BY: [Signature] WILLIAM JAMES SHEEHAN JR.
INFORMATION AS TO SERVICE REQUIRED BY: [Signature] K. G. SCHACH, 1st Lt. USMC, 3rd Bn., 24th Marines, By direct

(Rank and organization) (For further information see Specific Instructions, page 4, paragraph 4)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying, or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date..... Age..... Amt, \$..... Premium: Mo. \$..... Qr. \$..... S. A. \$..... A. \$.....

Beneficiary.....

Action taken.....

Examiner.....

Certificate issued.....

Reviewer.....

Policy issued.....

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancellation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? No (b) Disability allowance? No (c) Retirement pay? No (d) Pension? No (e) Hospitalization? No (f) Examination or treatment? No (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application

16. Has any application for insurance on your life ever been declined? No If answer is "Yes," state name of insurance company and approximate date of your application

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with—Tuberculosis No Paralysis No Insanity No Epilepsy No Apoplexy No

18. Have you ever had any of the following (answer "Yes" or "No")—
(a) Surgical operation No (b) Accident or injury No (c) Hospitalization for illness No
If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item)
CANCER No CONSUMPTION (Tuberculosis) No DIABETES No FITS OR CONVULSIONS No GOITER No
NERVOUS OR MENTAL TROUBLE No KIDNEY STONES No PARALYSIS No RHEUMATISM No SYPHILIS No
ANEMIA No GALL STONES No DISEASE OF THE STOMACH OR INTESTINES No

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item)
APPENDICITIS No ARTHRITIS No ASTHMA No CHRONIC BRONCHITIS No HABITUAL COUGH No
PLEURISY No OTHER DISEASES OF THE LUNGS No FISTULA No HEMORRHOIDS No RECTAL ABSCESS No
TUMOR No SINUSITIS No VARICOSE VEINS No

(c) Have you within the last 5 years had any disease of—(Answer "Yes" or "No" after each item)
BLOOD VESSELS No HEART No BLADDER No KIDNEYS No LIVER No PROSTATE No SKIN No
BONES No JOINTS No EYES No EARS No

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians.

20. (a) Do you use alcohol? No If so, to what extent?
(b) Do you use habit-forming drugs? No If so, to what extent?

(c) Have you ever been treated for alcoholism or drug addiction? No
(If answer is in the affirmative, give details)

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you None

(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above?

22. Time lost from your occupation through illness during the last 5 years None

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? No

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? Yes
I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may use the foregoing information in any suit against the United States by reason of the foregoing testify as to, or produce in court any information or it, concerning myself.

I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS

First

DAY OF

December

19

44

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? **No**
(See above)

26. How well and how long have you known him? **No**

27. By what means are you satisfied with his **Health Record**
(Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? **No** If so, give dates and diagnosis

29. Height in shoes. **6** ft. **0** in.

30. Weight, coat and vest off **160** lbs.

31. Girth of chest, normal **35** in. Forced expiration **33** in.; forced inspiration **37** in.

32. Girth of abdomen. **30** in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:

(a) Before exercise **70** (c) One minute after **76**

(b) Immediately after **80** (d) Two minutes after **70**

34. Blood pressure:

Before exercise Immediately after exercise

Systolic **130** Systolic **138**

Diastolic **82** Diastolic **80**

Instrument used **IVaes.**
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:

Is there a murmur? **No** If the answer is "Yes," state location and time

Where transmitted Functional or organic

Probable cause Any history of acute rheumatic fever or rheumatism **No**

Any enlargement, dilation, or hypertrophy? **No** Measurements

Any evidence of myocarditis? **No** Dyspnea **No**

How severe? Edema of extremities or lungs. **No** Cyanosis

Is there any arteriosclerosis? **No** If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant.

Is there any evidence of kidney disturbance? **No**

State if compensation is maintained or is failing Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure? **No**

If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise

36. Has there been any abnormal variation in weight within the past year? **No** If so, explain fully

37. After examination do you find any abnormality of the lungs? **No** (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed. Record the facts here.

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—

(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait.) **No**

(b) Of mouth, nose, or throat? **No**

(c) Of the stomach, liver, other abdominal or genital organs? **No**

(d) Of the skin, glands, lymph, or endocrine? **No**

(e) Of the ears? (Test each ear, give degree of any deafness or discharge.) **No**

(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) **No**

(a) Is there any abnormality of external structures? **No**

(b) Is there any nystagmus, conjunctivitis, inequality of pupils, or abnormal reaction to light and accommodation? **No**

(g) Of the bones and joints? **No**

39. Do you find any evidence which in your opinion indicates the applicant ever had—(a) Syphilis **No** (b) Rheumatism **No**

40. Any deformity or departure from normal in any respect? **None**

41. URINALYSIS: Specific gravity **1.014** Albumin **0** Color **Yellow**

Reaction **Acid** Sugar **0**

(Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? **No**

43. Has the applicant lost an eye, hand or arm, foot or leg? **No**

44. Is the applicant ruptured? **No** If so, give size type and location Is a suitable support worn?

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES: Any history of uterine or ovarian diseases or any disease of breast? (Glands, thyroid, etc.)	Married: If pregnant, month advanced..... Number of pregnancies..... Were deliveries normal?	Date of last menstruation..... Is menstruation regular and normal?..... Has she successfully passed the menopause?.....	Number of miscarriages, if any, and dates.
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46. REMARKS (If you have any facts or impressions gained and not covered in this report, please indicate in detail):

Examination of Pfc. William James SHEEHAN JR. made by

(Type or print applicant's name)

(Type or print examining physician's name and official designation)

this 1st day of December, 1944

Co. "L", 3rd Bn, 24th Mar, 4th Mar Div, FMP,
SPPO, San Francisco, California (CITY) (STATE)

(SIGNATURE OF EXAMINING PHYSICIAN)

(The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year or both.)

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.	Age Mo.Prem.
15.....\$0.63	20.....\$0.65	25.....\$0.67	30.....\$0.71	35.....\$0.76	40.....\$0.85	45.....\$0.99	50.....\$1.27	55.....\$1.77	60.....\$2.60
16......64	21......65	26......68	31......72	36......77	41......87	46.....1.03	51.....1.35	56.....1.90	61.....2.82
17......64	22......66	27......69	32......73	37......79	42......89	47.....1.08	52.....1.44	57.....2.05	62.....3.07
18......64	23......66	28......69	33......74	38......81	43......92	48.....1.14	53.....1.54	58.....2.21	63.....3.34
19......65	24......67	29......70	34......75	39......83	44......95	49.....1.20	54.....1.65	59.....2.40	64.....3.64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than six months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than one year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.

(2) If the beneficiary to whom payment is made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured if living;

(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;

(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, in equal shares;

(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above and the insurance shall be payable in equal monthly installments in accordance with subparagraph (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer in custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which case it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify as to service.

(Paste here)

N. M. C. 782b-QM.
(In lieu of Form N. M. C. 782)

Date 17 Sept 1945

Name and rank
of enlisted man SHEEHAN, William J.

PFC

Organization 2d Gd. Co., MBNAS, Quonset

Point, R.I.

Date of ISSUE shown
on Form 782-QM
removed from SRB None

If supported by Form
782c-QM show date
of exchange None

Reason for turning in equipment Honorably
discharged from USMC

Accountable officer to whom
it was delivered and his
initial acknowledging receipt S.F. POTTER

O.A. POWELL
1st Lt, USMC *Commanding.*
Personnel Adjutant

To be removed and turned over to accountable officer when new 782
form is placed in SRB. See art. 17-110 (2) MCM.

(Name and rank)

 BD., MB., NAS.
 QUONSET PT., R. I.

Date

AUG 16 1945

Size	Articles	On Hand	Drawn	Condemned	On Hand	Drawn	Condemned	On Hand	Drawn	Condemned	On Hand
	Bags, clothing	1									
	Belts, dress, woven										
	Belts, service (w/o buckle)	1									
	Belts, trousers, woven	2									
	Blankets, wool, green	2									
	Buckle, brass, service belt	1									
	Caps, dress										
	Caps, garrison, service, summer	2									
	Caps, garrison, service, winter	2									
	Clasp, collar										
	Coats, dress										
	Coats, service, winter	1									
	Coats, utility	2									
	Coveralls										
	Covers, cap, blue										
	Covers, cap, green										
	Covers, cap, khaki										
	Covers, cap, white										
	Drawers, cotton	8									
	Drawers, wool										
	Frames, cap										
	Gloves, cotton, prs										
	Gloves, leather lined, prs	1									
	Hats, field										
	Helmets, fiber										
	Leggings, prs	1									
	Ornaments, cap and hat, bronze	1									
	Ornaments, cap, gilt										
	Ornaments, collar, bronze, prs	1									
	Ornaments, collar, gilt, prs										
	Overcoats	1									
	Plates, waist										
	Scarfs, service, cotton	4									
	Shirts, cotton	6									
	Shirts, flannel										
	Shoes, field, prs	1									
	Shoes, leather, prs	1									
	Socks, cotton, prs										
	Socks, wool, prs	8									
	Straps, head (f/field hat)										
	Trousers, dress										
	Trousers, service, summer	6									
	Trousers, service, winter	2									
	Trousers, utility	2									
	Trousers, white										
	Undershirts, cotton	8									
	Undershirts, wool										
	Jacket, field	1									

Inspected by Thomas P. Brennan, 1st Sgt.

NOTE.—Make one tally for each article drawn or condemned

NMC 631-QM

16-12617-2 ☆ GPO

N. M. C. 535 PM

321015

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

NSI

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

By these presents,

I, SHEENAN, William James Jr. Pfc. U. S. M. C.,
(Surname) (Full-Christian name)

First pay't: Month Nov. Year 1944.
(Payable on last day of month)

do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.

Number of mos. INDEFINITE.
(Words and figures)

Enlistment

Allotment

Date 11 Sep 41. Expires INDEFINITE.

Allottee, Treasurer of the U. S.,
Address, Veterans Administration,
Washington, D. C.

Date of registry:

William James Sheenan Jr.
(Signature of grantor)

Registered:

Approved: K. G. SCHAICH Entered in Service Record Book.
By direction.

1st Lt. U. S. M. C. Commanding.
U. S. 3rd Bn., 24th Marines.

Month	19 ____	19 ____	19 ____	19 ____
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED
MONTHLY SUM ALLOTTED

-----THIRTY-DOLLARS-----	\$ 30.
(Words)	(Figures)

By these presents,

I, SHEEHAN, William James Jr., Pfc U. S. M. C.,
(Surname) (Full Christian name)First pay't: Month FEB. Year 1945
(Payable on last day of month)do allot the sum stated above per month of my pay;
and do appoint the person named below my attorney
to receive the sum so allotted.Number of mos. INDEFINITE

Enlistment (Words and figures)

Date 11 Sep 41 Allotment Expires INDEFINITEAllottee, Anna T. Sheehan,
Address, 3 Sycamore Street,
Massena, New York.

Date of registry: _____

William James Sheehan Jr.
(Signature of grantor)

Registered: _____

Approved: K. G. SCHAICH, 1st Lt.,
U. S. M. C.By direction U. S. M. C. Commanding.
U. S. 3rd Bn, 24th Marines.

Month	19 ____	19 ____	19 ____	19 ____
Jan. _____				
Feb. _____				
Mar. _____				
Apr. _____				
May _____				
June _____				
July _____				
Aug. _____				
Sept. _____				
Oct. _____				
Nov. _____				
Dec. _____				

U. S. MARINE CORPS REPORT OF SEPARATION.

NAVMC 78-PD.

1. LAST NAME SHEEHAN	FIRST NAME WILLIAM	MIDDLE NAMES JAMES, JR.	2. RANK P.F.C.	3. PAY GRADE 6	4. SERIAL NUMBER 321015	CODE COLUMN 60
5. PERMANENT ADDRESS FOR MAILING PURPOSES 4009 112nd St. - Massena, N. Y.			6. RACE W	7. SEX M	8. CITIZEN X YES NO	9. DATE OF BIRTH 26 FEB 23
10. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT 4009 112nd St. - Massena, N. Y.			11. MARRIED X YES NO	12. NO. OF DEP.	13. PLACE OF BIRTH Massena, N. Y.	1

RECORD OF MARINE CORPS SERVICE

SELECTIVE SERVICE DATA X	14. REGISTERED X YES NO	15. ADDRESS AT TIME OF ENTRY INTO SERVICE 3 Sycamore St. - Massena, N. Y.	16. SEL. SER. BD. NO.	17. COUNTY & STATE St. Lawrence New York	223
18. MEANS OF ENTRY 1 ENLISTED INDUCTED COMMISSIONED	19. PLACE OF ENTRY INTO ACTIVE SERVICE DHS, Syracuse, N. Y.	20. DATE OF ENTRY 11 SEPT 45	21. COMPONENT X REG. RES.	22. PENSION CLAIM FILED X YES NO	23. PLACE OF SEPARATION FROM ACTIVE SERVICE M.E., NAS, Quonset Point, R. I.
24. DATE OF SEPARATION 18 SEPT 45	25. ORG. AT SEPARATION Eks. Det.	26. TYPE OF DISCHARGE CERT. Honorable	27. LENGTH OF FOREIGN AND/OR SEA SERVICE 1 YEARS	28. MOS. 2	29. DAYS 12

28. MILITARY SPECIALTIES

Messenger (Prim) - 675 Recon NGC - 636 Topographic Draft. - 076

29. SERVICE SCHOOLS ATTENDED	COURSES	WEEKS

30. PRINCIPAL MILITARY DUTY

Messenger - 675

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

31. CIVILIAN OCCUPATION (TITLE) Student	D.O.T. NUMBER X 2	NO. YRS.	LAST EMPLOYED
JOB SUMMARY Did odd jobs, clerical, during his summer vacations in high school.			

32. SECONDARY OCCUPATION (TITLE)	D.O.T. NUMBER	NO. YRS.	LAST EMPLOYED
33. LAST EMPLOYER BEFORE ENTRY INTO SERVICE	DATE LEFT	34. JOB AID DESIRED X YES NO	
35. EDUCATION IN YEARS 8 GRAMMAR 4 HIGH SCHOOL COLLEGE DEGREE	36. MAJOR COURSES Latin - English - Math.	37. TRADE COURSES	38. COURSES OF GREATEST INTEREST English - History
	39. LAST SCHOOL ATTENDED Massena High School Massena, N. Y.		

PREFERENCES

40. PREFERENCE FOR ADDITIONAL TRAINING Has temporary job, selling plastics-(Amer. Menu Co., Newark, N. J.), waiting for him. Intends to work until the start of the Spring (Feb 46) semester, at which time, he expects to enter either Columbia or Fordham Univ., under G.I. Bill of Rights, majoring in journalism.	REASON
41. JOB PREFERENCE After completing college, intends to work for a newspaper.	REASON
42. LOCALITY PREFERENCE	

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Marine Corps and that a copy of this form has been delivered to him in person.

43. **S. F. POTTER**
SIGNATURE OF C.O. OR PERS. O.

Major, USMCR
TYPE IN NAME OF OFF. & RANK

William J. Sheehan Jr.
SIGNATURE OF DISCHARGE
William J. Sheehan, Jr. 18 SEPT 45

TO: HEADQUARTERS MARINE CORPS
Washington 25, D. C.

REDIFORM-PATD.-AMERICAN SALES BOOK CO., INC., NAGARA FALLS, N.Y.

USM Section

WITH
IMRESSED
SEAL

DATE ISSUED:

STATE REGISTRAR OF VITAL RECORDS

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

10-26-98

Geneva G. Sparks

Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last) William James Sheehan				2. Date of Death Month Day Year October 21, 1998		3. Time of Death 2:30 PM												
	4a. Facility Name (If not institution, give street and number) 1314 Downs Drive				4b. City, Town, or Location of Death Silver Spring		4c. County of Death Montgomery												
Funeral Director	5. Social Security Number 076-14-7676	6. Sex 1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	7. Age (In yrs. last birthday) 75 Yrs.	8. Date of Birth (Month, Day, Year) Feb. 26, 1923	9. Birthplace (State or Foreign Country) New York														
	Usual Residence of Decedent																		
To Be Completed by Funeral Director	10a. State MD	10b. County Montgomery	10c. City, Town or Location Silver Spring			10d. Inside City Limits 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No													
	10e. Street and Number 1314 Downs Drive			10f. Zip Code 20904		10g. Citizen of What Country? USA													
	11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Give Year or Dates: WWII		13. Was Decedent of Hispanic Origin? (Specify Yes or No - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: White												
	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Economist		16b. Kind of Business/Industry Federal Government														
	17. Father's Name (First, Middle, Last) William Jeremiah Sheehan				18. Mother's Name (First, Middle, Maiden Surname) Anna T. Rochford														
To Be Completed by Physician/Medical Examiner	19a. Informant's Name/Relationship (Type, Print) Kathleen Sheehan (wife)				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1314 Downs Drive, Silver Spring, MD 20904														
	20a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) Arlington National Cemetery		20c. Location - City or Town, State Arlington, Virginia		20d. Date 10/29/98												
	21. Signature of Funeral Service Licensee <i>Steven D. Strand</i>				22. Name and Address of Facility Francis J. Collins Funeral Home Inc. 500 University Blvd. West Silver Spring, MD 20901														
	23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.																		
	<table border="1"> <tr> <td>Immediate Cause (Final disease or condition resulting in death)</td> <td>a. <i>metastatic colon cancer</i></td> <td>Approximate Interval Between Onset and Death 3 yrs.</td> </tr> <tr> <td rowspan="4">Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last</td> <td>b. _____</td> <td></td> </tr> <tr> <td>c. _____</td> <td></td> </tr> <tr> <td>d. _____</td> <td></td> </tr> <tr> <td colspan="2">Due to (or as a consequence of):</td> </tr> </table>								Immediate Cause (Final disease or condition resulting in death)	a. <i>metastatic colon cancer</i>	Approximate Interval Between Onset and Death 3 yrs.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. _____		c. _____		d. _____		Due to (or as a consequence of):
Immediate Cause (Final disease or condition resulting in death)	a. <i>metastatic colon cancer</i>	Approximate Interval Between Onset and Death 3 yrs.																	
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. _____																		
	c. _____																		
	d. _____																		
	Due to (or as a consequence of):																		
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of death? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown													
24a. Was an autopsy performed? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No						24b. Were autopsy findings available prior to completion of cause of death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No													
25. Was case referred to medical examiner? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		26. Place of Death (Check only one) Hospital: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA Other: 4 <input type="checkbox"/> Nursing Home 5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)																	
27. Manner of Death 1 <input checked="" type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined		28a. Date of Injury (Month, Day, Year)		28b. Time of Injury M		28c. Injury at Work? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No													
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)		28d. Describe how injury occurred																	
28f. Location (Street and Number or Rural Route Number, City or Town, State)																			
29a. Certifier (Check only one) 1 <input type="checkbox"/> Medical Examiner: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> Certifying Physician: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.																			
29b. Signature and title of certifier <i>P. Conrad Rizzo M.D.</i>				29c. License number MD D0052613		29d. Date signed (Month, Day, Year) 10/24/98													
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) P. Conrad Rizzo, M.D., 3833 N. Fairfax Drive, Arlington, VA 22203																			
State Registrar	31. Date filed (Month, Day, Year) OCT 23 1998		32. Registrar's Signature <i>Geneva G. Sparks</i>																

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,