

5'6" ————— 5'6"

5'3" ————— 5'3"

5' ————— 5'

4'9" ————— 4'9"

4'6" ————— 4'6"

4'3" ————— 4'3"

4' ————— 4'

7 0 3 4 9 6 6

NAVAL RESERVE

703 49 66 CLASS V 10

M I X

AUGUSTA ANNE

(Previous Service)

(C. S. C. Number)

CREW

been
STOREKEEPER

MIX

(Surname)

AUGUSTA ANNE

(Christian name)

703-49-66

(Service number)

U.S.

(Citizenship)

A.S.

(Rate)

31 Oct. 1942

(Date)

V-10

(Class)

NAVAL OFFICER PROCUREMENT

CHICAGO, ILLINOIS

(Place of enlistment, assignment, or transfer)

NAVAL RESERVE

SERVICE RECORD

C. S. C. No.

None

Specialist (T) Third Class

(Discharged as)

14 February 1944

(Date discharged)

Good

(Character of discharge)

U.S. N. A. S.

(Place of discharge)

Atlanta, Ga.

1018 E. Ogden St.

Milwaukee, Wisconsin

(Permanent address after discharge)

U. S. GOVERNMENT PRINTING OFFICE 4-6500

IN REPLY REFER TO

No.....

U. S. NAVAL AIR STATION
GORDON AIRPORT
ATLANTA, GEORGIA

10 February 1944.

From: Senior Medical Officer.
To: Commanding Officer.
Via: Executive Officer.
Subj: MIX, Augusta Anne, Sp(T) 3/c V-10, USNR -
Recommendation for.
Ref: (a) BuPers ltr Pers-66-THT, QRS/Pl9 dated
23 March 1943.

1. In accordance with reference (a), it is requested that the subject-named woman be discharged from Naval Service.
2. Physical Examination this date reveals this woman to be approximately twelve to fourteen weeks pregnant.

J. H. Rogers
J. H. ROGERS.

*mother and sister of man involved
are taking mix into their home and
have made all arrange ments for
her care. Talked with both of them
personally. are eager to cooperate.
D. M. J. under*

*to C.O.
forwarded
M. J. J.*

*Feb 12, '44
Approved
E. J. Scarlett*

14 February 1944.











From: Commanding Officer.
To: Disbursing Officer.

Subj: MIX, Augusta Anne, 703 49 66, Sp(T)Sc, V-10, USNR -
Transportation and subsistence in case of.

1. You are hereby authorized and directed to furnish the subject named WAVE with the necessary transportation and subsistence from Atlanta, Georgia to Chicago, Illinois, upon discharge from the U. S. Naval Reserve.

By direction of the Commanding Officer.

J. N. McNALLY,
Personnel Officer.

RIGHT HAND		LEFT HAND	
5. Little		5. Little	
4. Ring		4. Ring	
3. Middle		3. Middle	
2. Index		2. Index	
1. Thumb		1. Thumb	

Revised July 1937

IDENTIFICATION RECORD

4-6111

Name MIX, Augusta Anne
 (Name in full, surname to the left)
 No. 703-49-66 C. S. C. none
 Accepted for enlistment at Chicago, Ill.

Enlisted 31 October 1942
 Assigned A.S. A. A. Class V-10
 Transferred P. A.
 At NOP, Chicago, Ill.

For _____ years from date.

Credited to Congressional District 4

State of Wisconsin

PRIOR SERVICE: (Navy, Naval Reserve Force, Naval Reserve, Marine Corps, Marine Corps Reserve Force, Marine Corps Reserve, Army, Coast Guard, Naval Militia, Naval Militia in Federal Status, N. N. V., Naval Auxiliary Reserve.)

Branch service	Years	Months	Days
None			

Completed _____ years' net service for pay purposes on _____
 (Date) Total time lost and deducted for pay purposes thereafter to date of discharge as follows:

Years	Months	Days

Last enlisted _____
 at _____ (Date)
 _____ (Place)
 as _____ for _____ years.
 (Rate) (Term)

Extended enlistment for aggregate of _____ years,
 effective from _____
 (Date)

Last discharged _____ from _____
 (Date)

_____ (Ship or station)
 as _____ with _____
 (Character of discharge)

_____ (Reason for discharge)

Page revised Aug. 1938

4-6569

DESCRIPTIVE LIST OF MIX, Augusta Anne

703-49-66

(Service number.)

(Name in full, surname to the left.)

Age 29 years 1 months 5 days 1 feet 5 inches

Weight 130 pounds. Eyes Brown Hair Dark Brown

Complexion Brunette Personal characteristics, marks, etc. "Ant." R. M. above lt. eye, R.M. right cheek, V. S. upper lt. arm, R. M. rt. breast, R. M. upper rt. quadrant. "Post." R. M. middle of neck, V. S. upper lt. arm, P. S. middle of back.

DATE AND NATURE OF ANY WAIVER

I agree to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis) and to such other preventive measures as may be considered necessary by the Naval authorities.

Augusta Anne Mix
Signature of recruit, in his own handwriting.

LT. WM. T. BLACK, JR, USNR

Signature and rank of Medical Officer, etc.

4-0111

2

Citizenship White-US
Place of birth Scranton, Pa.
Date of birth November 19, 1912
Home address 1018 E. Ogden St.
Milwaukee, Wis.
Next of kin Emily Hlava
Relationship Sister
Address 492 Waugoo, Oshkosh, Wis.
Education 3 1/2 yrs. of high school-
2 yrs. Bus. school
Branch of service for which best suited Women's Reserve

Trade schools attended _____
Special duties for which qualified _____

Language qualifications _____

I CERTIFY that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Mary Dally, Lt., W-V(S) USNR
(Signature and rank of recruiting officer)

NOP, CHICAGO, ILL.
(Station)

Credited upon enlistment with pay at \$ 50. per month (after BP years) service and because of award of _____

(Number and designation of D. S. M., M. H., or N. C.)

J. L. Hallenbeck
(Signature and rank of disbursing officer)

NAVAL TRAINING SCHOOL (WV) DEKALB FALLS, IOWA
(Station)
Credited with \$ _____ uniform gratuity upon first reporting for active duty in time of war.

Ensign SC-VIG USNR
(Signature and rank of disbursing officer)

NAVAL TRAINING SCHOOL (WV) DEKALB FALLS, IOWA
(Station)

4-8500

Name **MIX, Augusta Anne**
Service No. **703 59 66** Rate **AS**
Date of this entry **March 22, 1943**
ONOP Chicago, Illinois
(Place of enlistment)

Training station attended _____
NTSch(WR), Cedar Falls, Iowa
 School grade completed **11^{1/2}**
 Vocational experience **Statistics & Comptom.**
10 yrs. bookkeeping, typing, acctg,
auditing credits investigation.
Develop. & Printing photographs.

Test	Mark	Percentile Rank
E2	V A	
General classification	51 41	B B G
Mechanical aptitude		
Arithmetic Form B	80	70
English A	85	40
Spelling C	78	20
Radio aptitude		
Opinions on Teaching	42	
MAT 1, Form T	13	40
2	38	80
3	8	30
T	59	50

RECORD OF NAVY TRAINING COURSES COMPLETED

[illegible]

Name MIX, Augusta Anne
Service No. 703 59 66 Rate AS
Date of this entry March 22, 1943
ONOP Chicago, Illinois
(Place of enlistment)

Training station attended _____
 NTSch(WR), Cedar Falls, Iowa
 School grade completed 11¹/₂
 Vocational experience Statistics & Comptom.
10 yrs. bookkeeping, typing, acctg.,
auditing credits investigation.
Develop. & Printing photographs.

Test	Mark	Percentile Rank
E2	V A	
General classification	51 41	B B G
Mechanical aptitude		
Arithmetic Form B	80	70
English A	85	40
Spelling C	78	20
Radio aptitude		
Opinions on Teaching	42	
MAT 1, Form T	13	40
2	38	80
3	8	30
T	59	50

RECORD OF NAVY TRAINING COURSES COMPLETED

[illegible]

(OVER.)

4-6111 a

Name MIX, Augusta Anne
(Name in full, surname to the left)

No. 703-49-668 Class V-10

Rate A.S. A.A. Oct. 31, 1942
P.A. (Date of enlistment)

4—6.560

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)
 703-49-66 Rate AS V10 USNR
(Service No.)

Date Reported Aboard: Feb. 25, 1943

NTS(WR) Cedar Falls, Iowa
(Present Ship or Station)

ONOP, Chicago, Ill.
(Ship or Station Received From)

The substance of the contents of the Soldier's and Sailor's Civil Relief Act of 1940 and of Public Resolution No 96, 76th Congress has been explained to this person. Date MAR 19 1943

Application for \$ / 000 National Service Life Insurance has been submitted and forwarded, letter dated MAR 23 1943 R. K. DAVIS
 COMPLETED V-10 INDOCTRINATION COURSE WITH AN AVERAGE MARK OF 3.6

Date Transferred _____

To _____

R. K. DAVIS, Capt. USN

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)
 703-49-66 Rate A.S., V-10, USNR
(Service No.)

Date Reported Aboard: Enl. October 31, 1942

NOP, Chicago, Illinois
(Present Ship or Station)

Inactive duty

(Ship or Station Received From)

Naval Officer Procurement,
 Chicago, Illinois.

Recalled to active duty chargeable to "PS&TN" to report on February 25, 1943 to Naval Training School, Iowa State Teachers College, Cedar Falls, Iowa for active duty.

AUTH: Procurement Directive 8-43
 dated January 30, 1943.

Recalled to active duty from:

1018 E. Ogden St.
 Milwaukee, Wisconsin

Date Transferred Recalled February 25, 1943

Iowa State Teachers College

To Cedar Falls, Iowa

J. A. KANGAS, Lt. (jg) D-V(S) USNR.

Signature and Rank of Commanding Officer.

Date Received Aboard: FEB 25 1943

NTS(WR), Cedar Falls, Iowa.

(New Ship or Station)

ONOP, Chicago, Illinois.

(Last Ship or Station)

Ransom K. Davis, Captain, USN.

Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)
703 49 66 Rate S2c V010 USNR
(Service No.)
 Date Reported Aboard: Feb. 25, 1943
NTS(WR), Cedar Falls, Iowa
(Present Ship or Station)
ONOP, Chicago, Ill.
(Ship or Station Received From)

AUTH: BuPers ltr Pers-6335-vfj-4
 NC173 of March 3, 1943.

Date Transferred April 3, 1943
Link Trainer Instructor School,
 To NAS, Atlanta, Ga.
R. K. DAVIS, Captain, USN
Signature and Rank of Commanding Officer.

Date Received Aboard: 1200, April 5, 1943
USNAS, Atlanta, Georgia
(New Ship or Station)
NTS(WR), Cedar Falls, Iowa.
(Last Ship or Station)
E.G. SCARLETT, Lt. Cdr. A-V(G), USNR(JNM)
Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

703 49 66 MIX, Augusta Anne.
(Service No.) (Name in Full, Surname to the Left)
 Rate AS USN ☐ RET. ☐ USNR ☒ V-10
(Class)
 Date Reported Aboard: Feb. 25, 1943.
US NTSch(WR), Cedar Falls, Iowa.
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: S2c V-10
(Rate Abbreviation) (USNR Class)
 FROM: AS V-10
(Rate Abbreviation) (USNR Class)

Date Change Effected: April 3, 1943.

Authority and Remarks: Bupers ltr Pers-67-M
Q88/P17(2) dated Nov. 25, 1942.

Date Authority Received: Jan. 9, 1943

- ☒ Qualified in all respects as required by current BuPers instructions
☐ Examination Report (Form B.N.P. 624) submitted (if required)
☐ For Petty Officers, Article 1275 NR read and appointment accepted

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years)	(Mos.)	(Days)	Other Service*
(Years)	(Mos.)	(Days)	Naval Service to include
(Years)	(Mos.)	(Days)	Net Service completed on

(Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

398

R. K. DAVIS, Capt. USN.
(Name and Signature of Commanding Officer)

PART 2—This Copy For Service Record

Final average on Disch., Death,
Desertion, Ret., Trans. F. R.

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)
 703 49 66 Rate Sp(T)3c(Link Trainer)
(Service No.)
 Date Reported Aboard: 5 April 1943
USNAS, Atlanta, Georgia
(Present Ship or Station)
NTSch (WR) Cedar Falls, Iowa
(Ship or Station Received From)

JUL - 8 1943 : Successfully completed the course of instruction at the Link Instrument Training Instructors' School, Atlanta, Georgia, this date and is qualified as a Link Trainer Instructor in various types of radio aids to navigation.

This enlisted Wave is a graduate of the Link Instrument Training Instructors' School, has been trained for the rate of Sp(T)(Link Trainer) and by direction of the Chief of Naval Personnel must be assigned to duty where this specialized training may be fully utilized. The attention of commands to which this graduate is transferred is particularly invited to this directive.

W. F. Arnold
 Date Transferred W. F. ARNOLD
 Lieut. Comdr., A-V(G), USNR,
 To By direction
 Signature and Rank of Commanding Officer.

Date Received Aboard: _____
 (New Ship or Station)
 (Last Ship or Station)
 Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

703 49 66 MIX, Augusta A
(Service No.) (Name in Full, Surname to the Left)
 Rate S2c USN ☐ RET. ☐ USNR ☒ V-10
(Class)
 Date Reported Aboard: 5 April 1943
USNAS, Atlanta, Georgia
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: Sp(T)3c(Link Trainer) V-10
(Rate Abbreviation) (USNR Class)
 FROM: S2c V-10
(Rate Abbreviation) (USNR Class)

Date Change Effected: 8 July 1943

Authority and Remarks: BuPers Ltr. Pers-67-AS
dated 15 March 1943.

Date Authority Received: 17 March 1943

- ☒ Qualified in all respects as required by current BuPers instructions.
☐ Examination Report (Form B.N.P. 624) submitted (if required).
☒ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years)	(Mos.)	(Days)	Other Service*
(Years)	(Mos.)	(Days)	Naval Service
(Years)	(Mos.)	(Days)	Net Service completed on _____ (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

1163-43

E. H. Huckabee

E. H. HUCKABEE,

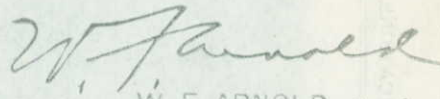
Asst. Personnel Officer.

By direction of Personnel Officer.
 PART 2--This Copy For Service Record

9

C. O. Order No. **181-43**Name MIX, Augusta Anne
(Name in Full, Surname to the Left)703 49 66 Rate Sp(T)3c(Link Trainer)
(Service No.) V-10, USNRDate Reported Aboard: 5 April 1943USNAS, Atlanta, Georgia
(Present Ship or Station)USNTSch(WR) Cedar Falls, Iowa
(Ship or Station Received From)

17 July 1943

: Duty status
changed in a date from "on board"
for instruction in the LinkInstrument Trainer Instructors' School
U. S. Naval Air Station, Atlanta,
Georgia," to "on board for duty
in the U. S. Naval Air Station,
Atlanta, Georgia." AUTH: BuPers Ltr.
Pers-6301-sr02 of 30 June 1943.
W. F. ARNOLD
Lieut. Comdr., A-V(G), USNR.
By direction

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.


Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.ORIGINAL
FOR SERVICE RECORDINDIVIDUAL ORDER TO ADJUST PAY ACCOUNT
FOR ABSENCE OR SENTENCE OF COURT, OR BOTH703 49 66 MIX, Augusta Anne
(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)
Sp(T)3c USN ☐ RET ☐ USNR ☒ V-10 USN(I) ☐
(RATING) (CLASS)
USNAS, Atlanta, Georgia
(SHIP OR STATION)ABSENCE: WITH LEAVE ☒ WITHOUT LEAVE ☐
OVER LEAVE ☐ OVER LIBERTY ☐Departure 1705, 10-6-43
(HOUR) (DATE)Leave or Liberty expired 0700, 10-14-43
(HOUR) (DATE)Returned to Naval Jurisdiction _____
(HOUR) (DATE)CREDIT LEAVE RATINGS ☒ : Leave granted; NOT AOL or
AOL excused as unavoidable.DO NOT CREDIT LEAVE RATINGS ☐ : No leave granted or
AOL NOT excused.DECK COURT ☐ SUMMARY COURT MARTIAL ☐
GENERAL COURT MARTIAL ☐Sentence approved XXXXXXXXXXXXXXXXXXXX total loss of pay
(DATE)\$ XXXXXXXXXX to be checked \$ XXXXXXXXXXXXXXXXXX
(TOTAL AMOUNT) (AMT. PER MO.) (NUMBER)

months. For information not affecting pay, see reverse.


P. P. ORR

(NAME AND SIGNATURE)

Asst. Personnel

Officer (See Art. 2025(2) N. R.)
(All sections which do not apply shall be lined out
before signature is affixed.)

PART 1 - FOR SERVICE RECORD

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703 49 66 Rate Sp(T)3c, V-10, USNR
(Service No.)

Date Reported Aboard: 5 April 1943

USNAS, Atlanta, Georgia
(Present Ship or Station)

NTS(WR), Cedar Falls, Iowa.
(Ship or Station Received From)

14 February 1944: Discharged this date with a Good Discharge due to pregnancy. MIX has been informed by the Senior WAVE Officer of the contents of BuPers Ltr Pers-606-LB over QR8/Pl9 dated 22 June 1943: AUTH: BuPers ltr Pers-66-THT over QR8/Pl9 dated March 23, 1943.

Eg. Scarlett
E. E. SCARLETT,
Commander, A-V(G), USNR,
Commanding. *q*

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703 49 66 Rate S2/c, V-10, USNR.
(Service No.)

Date Reported Aboard: April 5, 1943,

U.S.N.A.S., Atlanta, Ga.
(Present Ship or Station)

NTSch(WR), Cedar Falls Iowa.
(Ship or Station Received From)

April 5, 1943: Detailed for duty as messman this date.

J. N. McNally
J. N. McNALLY,
Lieut. A-V(S), USNR.
By direction.

30, June 1943: Detail as messman discontinued this date.

J. N. McNally
J. N. McNALLY,
Lieut. A-V(S), USNR.
By direction.

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name MIX, Augusta Anne
 (Name in full, surname to the left)
 No. 703-49-66

Pay per month, \$ 78.00 after None years'
 service and because of award of None

(No. and designation of D. S. M., M. H., N. C.)

STATE OF ACCOUNT

(Due and unpaid) 83.91 (Paid in full) ✓ (Overpaid)

FURNISHED:

Travel allowance: Total cost \$ 36.70 ✓

Transportation with subsistence: Total cost, \$ 5.70

From ATLANTA, GEORGIA
 (Place where travel began)

To CHICAGO, ILLINOIS
 (Place of acceptance)

J. L. RESPESS Lt(jg)(SC) USNR
 (Signature and rank of disbursing officer)

USNAS, ATLANTA, GEORGIA
 (Station)

Discharged, } USNAS, Atlanta, Ga.
~~Deserted~~ }
~~Died~~ }

On account of Pregnancy

With Good Discharge

Discharged this 14th day of February, 1944

Completed ----- years' net service for pay purposes

on ----- Total time lost and deducted for
 pay purposes thereafter to date of discharge as follows:

Years	Months	Days
<u>None</u>	<u>None</u>	<u>None</u>

Recommended for reenlistment: Yes or No.
 (Erase one)

U. S. N. A. S. Atlanta, Georgia

E. E. SCARLETT Comdr. A-V(G), USNR
 (Signature and rank of commanding officer)

1018 E. Ogden St., Milwaukee, Wis.
 (Permanent address on discharge)

SUMMARY OF SERVICE

12

Vessel or Station	From—	To—	Rate
Inactive Duty	31 October 1942	25 February 1943	A.S., V-10, USNR
NTS(WR), Cedar Falls, Iowa	25 February 1943	3 April 1943	S2c, V-10, USNR
USNAS, Atlanta, Georgia	4 April 1943	14 February 1944	Sp(T)3c, V-10, USNR

Final average in all marks upon discharge 3.7

E. G. Scarlett
 E. G. SCARLETT, Comdr. A-V(G), USNR
 Signature and rank of Commanding Officer.

October 31, 1942

Date

1. I, the undersigned, certify that I ~~(am)~~ (am not) married.

2. I further certify that I have no children under eighteen years of age.

3. (Applicable only if married). I further certify that my husband is not serving either as an enlisted man or an officer in any branch of the armed services.

4. (Applicable only if not married). I agree that I will not marry between this date and the completion of the period of training and instruction prescribed for apprentice seamen Class V-10 of the United States Naval Reserve, should my enlistment be completed.

WITNESS:

Mary Daily
Mary Daily, Lt., W-V(S) USNR

Augusta Anne Mier
(Signature)

AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expenses. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

City of Chicago

State of Illinois

ss

I, Augusta Anne MIX,

A.S., V-10
(Rank or Rating)

, *U. S. Naval Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension, disability allowance, disability compensation, or retired pay (*) from the Government of the United States.*

Augusta Anne Mix

Subscribed and sworn to before me this 31st
day of October, A.D., 194²

Mary Daily
Mary Daily, Lt., W-V(S) USNR

(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-BuPer
1-To Comdt.
1-To service record.

(*) "Retired Pay" does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

This application blank will be forwarded for file with papers
in the Bureau in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

4th Congressional District, County of Milwaukee State of Wisconsin
(This information to be supplied by Recruiter)

Last school grade completed: 3¹ yrs. high school NOP, Chicago, Ill.
Reason for enlistment: Patriotic (Place)
Language qualifications: None October 31, 1942
What is your trade? Comptometry (Date)

I desire to submit my application for an enlistment of Reserve years in the United States Navy, and declare that I am of good habits and character in all respects; that I have never deserted from the U. S. Navy, Marine Corps, Army, Coast Guard or Civilian Conservation Corps. Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Name in full: Augusta Anne MIX
(First) (Middle) (Last)
Date of birth: November 19, 1912 Place of birth: Scranton, Pa.
(Month) (Day) (Year) (City and State)
What is your race? White If you were born in foreign territory, how did you acquire citizenship?

Are you now a U. S. citizen? Yes

Have you anyone solely or partially dependent upon you for support? No

Are you married? No Have you ever been married? Yes
(Yes or No) (Yes or No)

Home Address: 1018 E. Ogden St. Milwaukee, Wis.
(Street No.) (Name of Street) (City or Town) (State)

Former address: 523 N. 18th St., Wis. Length of time lived at residence 1¹ yrs.

Former address: Pewarlikee Lake, Wis. Length of time lived at residence 2 yrs.

Where was your father born? France Where was your mother born? Russia

Is your father living? Do not know Is your mother living? No
(Yes or no) (Yes or no)

Are your parents divorced? No Separated? Yes Have you a stepfather? No stepmother? No
(Yes or No) (Yes or No) (Yes or no) (Yes or no)

Name and relationship of next of kin or legal guardian: Emily Hlava
(Full name)

Sister Home address of next of kin or legal guardian: 492 Waugoo St. Oshkosh Winnebago Wis.
(Relationship) (Street No.) (Name of Street) (City or Town) (County) (State)

Do you drink intoxicating liquors? Yes If so, to what extent? Occasionally
(Yes or No)

Have you ever been arrested or in the custody of police? No If so, for what?

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime?

No

Have you ever served in the U. S. Navy, Marine Corps, Army or Coast Guard? No

If so, how long? What is the date of your last discharge?

Character of discharge: Are you now or have you been a member of the National Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps?

No If so, what company or unit? Produce discharge*

(Applicant sign full name here)

Accepted: Yes Cause of rejection:

Date: October 31, 1942 Mary Daily, Lt., W-V(S) USNR
Officer-in-Charge

Augusta Anne MIX

(Name of applicant)

1018 E. Ogden St., Milwaukee, Wis.

(Address)

(City)

(State)

October 31, 1942

(Date)

THESE QUESTIONS MUST BE ANSWERED HONESTLY BY THE APPLICANT, AND SIGNED BY HIM AND HIS NEXT OF KIN OR THE APPLICANT'S LEGAL GUARDIAN

HAVE YOU EVER HAD THE FOLLOWING:

OTHER INFORMATION:

Asthma	NO
Heart trouble	NO
Head injuries	NO
Ear trouble	NO
Trouble breathing	NO
Hay fever	NO
Fits	NO
Dizzy or Fainting spells or walking in sleep	NO
Lung trouble (any form)	NO
Chronic tonsillitis (sore throat)	NO
Are tonsils out	NO
Rheumatism	NO
Venereal diseases	NO
Rupture or hernia —	NO
Did you ever wear a truss	NO
Piles	NO
Spitting of blood	NO
Urinated in bed in last five years	NO
Broken bones	Yes
Stutter	NO
Chronic rash or pimples	NO
Do your legs or feet tire easily	NO
Operations (kind)	NO
Depressed arches or any indication of same or previous foot injuries	NO
Have you ever worn arch supporters	NO
Any insanity in family	NO
Do you wear or have you ever worn glasses	NO
Have you ever had a serious illness or been in a hospital? If so, give particulars.	NO
Are you well	Yes

Have you lost or gained weight during the past 6 months? NO

If so, how much?

Family Doctor's Name:

None

Address:

I certify that, to the best of my knowledge, the information given hereon is correct.

Augusta Anne Mix
(Signature of Applicant)

(Signature of next of kin or Legal Guardian)

NOP, Chicago, Ill.

In spaces below, please write names and addresses of references together with the length of time they have employed or known you. The names of the following persons are desired:

- (a) Principal of the last school attended.
- (b) Last teacher in school.
- (c) Chief of Police, if he knows you.
- (d) Parish Priest, Minister, or Bishop.
- (e) Scout Master (if you are or have been a scout).
- (f) Last employer.
- (g) Other employers.
- (h) Family Doctor.
- (i) Postmaster (if he knows you).
- (j) Public Officials or Business men who know you.

(The names of relatives cannot be accepted as references).

EMPLOYERS REFERENCE (Leave blank if you have never been employed)

Name Mr. E. Stanford
Address Bostone Store, Milwaukee, Wis.
Occupation Asst. Controller Length of time known 4 yrs.
You were employed as Comptometer Operator

SCHOOL REFERENCE

Name of last school attended St. Mary's High School
Address Oshkosh, Wis.
Length of time attended 3½ yrs. From 1926-7 To 1931-2

CHARACTER REFERENCES

Name Mr. J. Blersch
Address Boston Store, Milwaukee, Wis.
Occupation General superintendent Length of time known 4 yrs.

Name Mr. E. Grollnek
Address Boston Store, Milwaukee, Wis.
Occupation Buyer Length of time known 4 yrs.

Name Father R. H. Reul
Address St. Mary's Parish, Oshkosh, Wis.
Occupation Priest Length of time known 10 yrs.

Born: Place American Religion Catholic
(Denomination)

Next of kin or friend Mrs. George Hlava (Emily)

Address 492 Waugoo, Oshkosh, Wis.

Complexion Brunette Hair Dk. Brown
Brown-normal

Eyes (Color, condition of lids, anatomical or other defect)
Vision: Right 20 /20. Left 20 /20.

Color perception A/O-1940

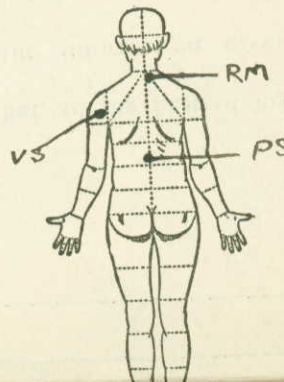
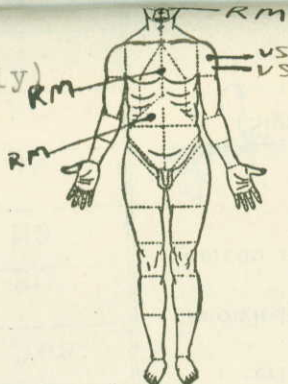
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Hearing: Right 15 /15. Left 15 /15.

Mouth, nose, throat Normal-tonsils small
(Condition of septum, tonsils, etc.)

Height 61" Weight 130

Chest at expiration 32½, at inspiration 35



H. J. Mack
Signature of Medical Examiner

Occupation Service EngineerLength of time known 6 yrs.Augusta Anne Mix
(Name of Applicant)

(BE SURE THAT YOU HAVE FILLED IN ALL THE ABOVE SPACES)

Physical examination has been conducted in accordance with NRB Form 10.

General classification test: _____
(score)

Recruiter sign _____

Augusta Anne MIX

(Name of applicant)

703-49-66

(Service No.)

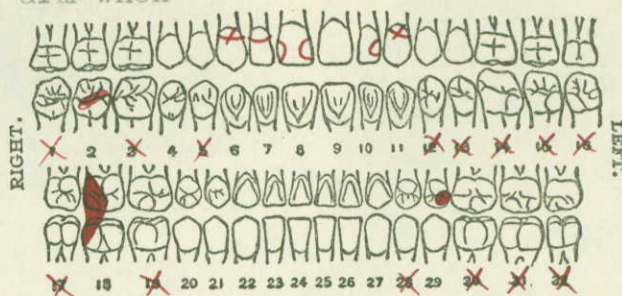
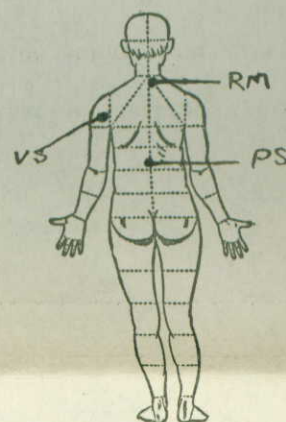
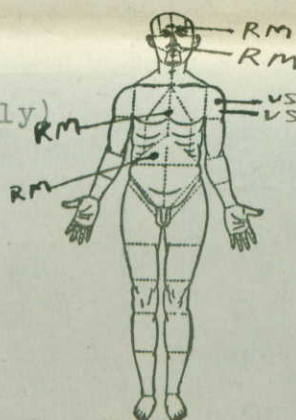
Oct. 31, 1942

(Date)

PHYSICAL EXAMINATION

Born: Place Scranton, Pa. Date Nov. 19, 1912Nationality American Religion Catholic
(Denomination)Next of kin or friend Mrs. George Hlava (Emily)Address 492 Waugoo, Oshkosh, Wis.Complexion Brunette Hair Dk. BrownEyes Brown-normal
(Color, condition of lids, anatomical or other defect)Vision: Right 20 /20. Left 20 /20.Color perception A/O-1940Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)Hearing: Right 15 /15. Left 15 /15.Mouth, nose, throat Normal-tonsils small
(Condition of septum, tonsils, etc.)Height 61" Weight 130Chest at expiration 32 1/2, at inspiration 35Spine and extremities Sl. limitation of extension
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)of rt. forearm and rotation (supination) of
rt. hand. No perceptible deformity of arm when
pendent at side. Normal

Respiratory system _____

Heart and blood vessels NormalPulse before exercise 80, after exercise 106, after rest 84Blood pressure: Systolic 124 Diastolic 80Genito-urinary system Menses 12 yrs. 28 day. q.
3 da. dur. No Discomf.Urinalysis: Albumen 0 Sugar 0Spec. Gravity 1.010

Personal peculiarities, former illness, etc., or cause of rejection. (All persons whose disabilities have been waived by the Department shall appear as rejections, the waiver to be indicated in red ink.) _____

Age: Years 29 Months 1Accepted (yes or no) YesWm. J. Mack
Medical Examiner

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)
 No. 703 49 66 Rate S2/c, V-10, USNR.
(Service No.)
 Date Reported Aboard: April 5, 1943,
U.S.N.A.S., Atlanta, Ga.
(Present Ship or Station)
NTSch(WR), Cedar Falls Iowa.
(Ship or Station Received From)
April 5, 1943 : Detailed for duty
as messman this date.

J. N. McNally
 J. N. McNALLY,
 Lieut. A-V(S), USNR.
 By direction.

30, June 1943 : Detail as messman
 discontinued this date.

J. N. McNally
 J. N. McNALLY,
 Lieut. A-V(S), USNR.
 By direction.

Date Transferred _____

To _____

 Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

 Signature and Rank of Commanding Officer.

DUPLICATE
 FOR BuPers ENLISTED MAN'S JACKET

Name MIX, Augusta Anne
(Name in full, surname to the left)
 No. 703-49-66 Rate A.S., V-10
(P. A.)
 Date reported 31 October 1942
 Ship NOP, Chicago, Ill.
 or _____
 Station _____
 From First Enlistment

October 31, 1942.

Enlisted this date As Apprentice
Seaman, Class V-10, USNR.

DSS 166 forwarded to BuPers.

Transferred to inactive duty:

ADDRESS UPON RETURN TO INACTIVE DUTY

1018 E. Ogden St.
Milwaukee, Wis.

MARY DAILY
 Lieut., W-V(S) USNR

Date transferred _____

To _____

 Signature and rank of Commanding Officer.

Date received _____

Ship _____
 or _____
 Station _____
 From _____

 Signature and rank of Commanding Officer. 4-6111

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)703 49 66 Rate Sp(T)3c(Link Trainer)
(Service No.)Date Reported Aboard: 5 April 1943USNAS, Atlanta, Georgia
(Present Ship or Station)NTSch (WR) Cedar Falls, Iowa
(Ship or Station Received From)

JUL - 8 1943 : Successfully completed the course of instruction at the Link Instrument Training Instructors' School, Atlanta, Georgia, this date and is qualified as a Link Trainer Instructor in various types of radio aids to navigation.

This enlisted Wave is a graduate of the Link Instrument Training Instructors' School, has been trained for the rate of Sp(T)(Link Trainer) and by direction of the Chief of Naval Personnel must be assigned to duty where this specialized training may be fully utilized. The attention of commands to which this graduate is transferred is particularly invited to this directive.

W. F. Arnold

Date Transferred Arnold
Lieut. Comdr., A-V(G), USNR.To By direction

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)703 49 66 Rate Sp(T)3c(Link Trainer)
(Service No.)V-10, USNRDate Reported Aboard: 5 April 1943USNAS, Atlanta, Georgia
(Present Ship or Station)USNTSch(WR) Cedar Falls, Iowa
(Ship or Station Received From)17 July 1943

: Duty status changed this date from "on board for instruction in the Link Instrument Trainer Instructors' School

U. S. Naval Air Station, Atlanta, Georgia," to "on board for duty in the U. S. Naval Air Station, Atlanta, Georgia." AUTH: BuPers Ltr. Pers-6301-sre2 of 30 June 1943.

W. F. Arnold

W. F. ARNOLD
Lieut. Comdr., A-V(G), USNR,
By direction

Date Transferred

To

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703 49 66 Rate S2c V010 USNR
(Service No.)

Date Reported Aboard: Feb. 25, 1943

NTS(WR), Cedar Falls, Iowa
(Present Ship or Station)

ONOP, Chicago, Ill.
(Ship or Station Received From)

AUTH: BuPers ltr Pers-6335-vfj-4
NC173 of March 3, 1943.

Date Transferred April 3, 1943
Link Trainer Instructor School,
To NAS, Atlanta, Ga.

R. K. DAVIS, Captain, USN
Signature and Rank of Commanding Officer.

Date Received Aboard: 1200, April 5, 1943

USNAS, Atlanta, Georgia
(New Ship or Station)

NTS(WR), Cedar Falls, Iowa.
(Last Ship or Station)

E.G. SCARLETT, Lt. cdr. A-V(G), USNR
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

703 49 66 MIX, Augusta A
(Service No.) (Name in Full, Surname to the Left)

Rate S2c USN ☐ RET. ☐ USNR ☒ V-10
(Class)

Date Reported Aboard: 5 April 1943

USNAS, Atlanta, Georgia
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: Sp(T)3c(Link Trainer) V-10
(Rate Abbreviation) (USNR Class)

FROM: S2c V-10
(Rate Abbreviation) (USNR Class)

Date Change Effected: 8 July 1943

Authority and Remarks: BuPers Ltr. Pers-67-AS
dated 15 March 1943.

Date Authority Received: 17 March 1943

☒ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☒ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service

(Years) (Mos.) (Days) Net Service completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

1163-43

E.H. HUCKABEE
(Name and Signature of Commanding Officer)
Asst. Personnel Officer.
PART 3 - Forward to BuPers immediately
By direction of Personnel Officer.
For Enlisted Man's Jacket

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
April 3, 1943	S2c					Transferred	4.0	E.E.P. ESP
								Final average on Disch., Death, Desertion, Ret., Trans. F. R.

9
Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703-49-66 Rate AS V10 USNR
(Service No.)

Date Reported Aboard: Feb. 25, 1943

NTS(WR) Cedar Falls, Iowa
(Present Ship or Station)

ONOP, Chicago, Ill.
(Ship or Station Received From)

The substance of the contents of the
Soldier's and Sailor's Civil Relief Act
of 1940 and of Public Resolution No 96,
76th Congress has been explained to this
person. Date MAR 19 1943

Application for \$ / 000 National Service Life
Insurance has been submitted and forwarded,
letter dated MAR 23 1943 R. K. DAVIS

COMPLETED V-10 INDOCTRINATION COURSE
WITH AN AVERAGE MARK OF 3.6

Date Transferred _____

To _____

R. K. DAVIS, Capt. USN

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

703 49 66 MIX, Augusta Anne.

(Service No.)

(Name in Full, Surname to the Left)

Rate AS USN ☐ RET. ☐ USNR ☒ V-10
(Class)

Date Reported Aboard: Feb. 25, 1943.

US NTSch(WR), Cedar Falls, Iowa.
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: S2c V-10
(Rate Abbreviation) (USNR Class)

FROM: AS V-10
(Rate Abbreviation) (USNR Class)

Date Change Effected: April 3, 1943.

Authority and Remarks: Bupers ltr Pers-67-Mt/
QRS/P17(2) dated Nov. 25, 1942.

Date Authority Received: Jan. 9, 1943

☒ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☐ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service
to include

(Years) (Mos.) (Days) Net Service
completed on

(Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

398

R. K. DAVIS, Capt. USN.

(Name and Signature of Commanding Officer)

PART 3—Forward to BuPers Immediately
For Enlisted Man's Jacket

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703-49-66 Rate A.S., V-10, USNR
(Service No.)

Date Reported Aboard: Enl. October 31, 1942

NOP, Chicago, Illinois
(Present Ship or Station)

Inactive duty

(Ship or Station Received From)

Naval Officer Procurement,
Chicago, Illinois.

Recalled to active duty charge-
able to "PS&TN" to report on
February 25, 1943 to Naval Train-
ing School, Iowa State Teachers
College, Cedar Falls, Iowa for
active duty.

AUTH: Procurement Directive 8-43
dated January 30, 1943.

Recalled to active duty from:

1018 E. Ogden St.
Milwaukee, Wisconsin

Date ~~xxxx~~ Recalled February 25, 1943
Iowa State Teachers College
To: Cedar Falls, Iowa

J. A. KANGAS, Lt. (jg) D-V(S) USNR.
Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

TRIPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

Name MIX, Augusta Anne
(Name in Full, Surname to the Left)

703-49-66 Rate A.S., V-10, USNR
(Service No.)

Date Reported Aboard: Enl. October 31, 1942

NOP, Chicago, Illinois
(Present Ship or Station)

Inactive duty

(Ship or Station Received From)

Naval Officer Procurement,
Chicago, Illinois.

Recalled to active duty charge-
able to "PS&TN" to report on
February 25, 1943 to Naval Train-
ing School, Iowa State Teachers
College, Cedar Falls, Iowa for
active duty.

AUTH: Procurement Directive 8-43
dated January 30, 1943.

Recalled to active duty from:

1018 E. Ogden St.
Milwaukee, Wisconsin

Date ~~xxxx~~ Recalled February 25, 1943
Iowa State Teachers College
To: Cedar Falls, Iowa

J. A. KANGAS, Lt. (jg) D-V(S) USNR.
Signature and Rank of Commanding Officer.

Date Received Aboard:

FEB 25 1943

NTS(WR), Cedar Falls, Iowa.

(New Ship or Station)

ONOP, Chicago, Illinois.

(Last Ship or Station)

Ransom K. Davis, Captain, USN.

Signature and Rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

Name MIX, Augusta Anne
 No. 703-49-88 (Name in full, surname to the left.)
 Rate A.S., V-10 {A.A.
 Date reported 31 October 1942 {P.A.
 Ship NOP, Chicago, Ill.
 or
 Station
 From First Enlistment

October 31, 1942.

Enlisted this date As Apprentice
 Seaman, Class V-10, USNR.

DSS 166 forwarded to BuPers.

Transferred to inactive duty:

ADDRESS UPON RETURN TO INACTIVE DUTY

1018 E. Ogden St.
 Milwaukee, Wis.

Mary Daily

MARY DAILY
 Lieut., W-V(8) USNR

Date transferred _____

To _____

 Signature and rank of Commanding Officer.

Date received _____

Ship _____
 or _____
 Station _____
 From _____

 Signature and rank of Commanding Officer. 4-6111

MILWAUKEE BOSTON STORE, INC.

FORMERLY THE HERZFELD - PHILLIPSON CO.

MILWAUKEE - WISCONSIN

October 12, 1942

Bureau of Naval Personnel
Navy Department
Office of Naval Officer Procurement
141 West Jackson Blvd.
Chicago, Illinois

Gentlemen:

It is with great pleasure that we recommend for your consideration Miss Augusta Anne Mix. Miss Mix has been in our employ four years in the Merchandise Control Department. She is thoroughly competent and experienced. She is a good comptometer operator and has applied herself well. We regard her as resourceful and able to carry out instructions properly. She is honest, punctual and ambitious. She should prove to be a valuable member of the WAVES. We recommend her most heartily.

Yours for victory,

BOSTON STORE

Eric M. Stanford
Assistant Controller

Eric M. Stanford/dp

MILWAUKEE BOSTON STORE, INC.

FORMERLY THE HERZFELD-PHILLIPSON COMPANY

MILWAUKEE

EXECUTIVE OFFICES

October 12, 1942

Bureau of Naval Personnel
Office of Naval Officer Procurement
Chicago, Illinois

Gentlemen:

Miss Augusta Ann Mix has advised me that she has applied for enlistment in the Women's Reserve, U. S. Naval Reserve.

Miss Mix has been employed by the Boston Store in a clerical position for the past four years, during which time she has proven herself to be a thoroughly conscientious and faithful employee. I believe her to be a person of excellent character and morals, and I am very happy to recommend her for her honesty and integrity. It is my belief that she would be an asset in the service for which she has applied.

Very truly yours,



J. Blersch:mk
General Supt.

4508 N. Newhall St
Milwaukee Wis
October 12, 1942

Bureau of Naval Personnel
Office of Naval Officer Procurement
Chicago. Ill.

Gentlemen:

It is with great pleasure that I
recommend Miss Augusta Mix. I have
known her for the past six years
and believe her to be a very competent,
resourceful and honest person. I feel
sure that she will be an asset to
your organization.

very truly yours,

Harvey C. Jorgensen
E. R. C. U. S. Army Signal Corps.

NOPC-78-hk
A.A. Mix

OFFICE OF NAVAL OFFICER PROCUREMENT
BOARD OF TRADE BUILDING
CHICAGO, ILLINOIS

November 5, 1942

From: The Director of Naval Officer Procurement.

To: Augusta Anne Mix,
1018 E. Ogden Ave., Milwaukee, Wisconsin.

Subject: Revision of terms of duration of service set
forth in Shipping Articles for enlistment in
the Women's Reserve of the USNR.

1. The Bureau of Naval Personnel has ordered that the terms of the Shipping Articles concerning duration of service be changed to conform to the provisions of the act establishing the Women's Reserve.

2. In order that the Shipping Article signed by you on enlistment in the Women's Reserve may conform to the modification required, you are instructed to sign the statement below. Return this signed statement to the Director (Officer-in-Charge). Signature must be witnessed by a notary public or a commissioned officer of the Navy.

Director, Naval Officer Procurement.

S. F. Drips

S. F. Drips,
By Direction.

I oblige and subject myself to serve during the present war and for six months thereafter, or until such earlier time as Congress by concurrent resolution or the President by proclamation may designate.

Augusta Anne Mix
(Signature)

Witnessed this 7th day of Nov. 1942.

Carlton J. Prosser

Notary Public

F-1517

My Commission Expires Jan. 21, 1943

This application must
be returned to the Office
of Naval Officer Procurement
nearest your home not later
than _____

APPLICATION: WOMEN'S
RESERVE UNITED STATES
NAVAL RESERVE
V-10
(WAVES)

48 49
1. V. A. 2.

Date October 5, 1942

READ INSTRUCTION SHEET CAREFULLY BEFORE FILLING OUT THIS APPLICATION

Maiden Mix Augusta Anne
Last First Middle

1. Name

Married -----
Last First Middle

2. Address 1018 East Ogden Ave., Milwaukee, Wis.
Street City State

3. Age 29 4. Date of Birth November 19 1912
Mo. Day Year

5. Race White

6. Marital Status: Check -
Married Separated Divorced Widowed Single

A. Occupation of husband _____

7. Names and dates of birth of living children None

8. Citizenship American Place of birth Scranton, Penna.
If naturalized date and former citizenship _____

9. Place of birth of father France

Place of birth of mother Russia

10. Education. Circle number of years completed.

High School: 1 2 3 1/2 4 Did you graduate Yes When 1930
Name and location of high school St. Mary's, Oshkosh, Wis.
College: 1 2 3 4
Business School: 1 2

11. Outside activities in school Worked my way through school, did not have
time for outside activities, except reading.

12. What hobbies do you regularly pursue Reading; Golf; Bowling;

Horse-back riding.

13. Work experience. List last 3 employers.

1. Name Boston Store 4 yrs.
Address 4th & Wisconsin Ave.
What did you do there Comptometer Operator

2. Name Standard Oil Co.
 Address 4th & Michigan, Milwaukee, Wis.
 What did you do there Comptometer Operator & General Utility Clerk
3. Name Lyman Studio
 Address Oshkosh, Wis.
 What did you do there Receptionalist & Bookkeeper.

This application blank will be forwarded for file with papers in the Bureau of Naval Personnel in cases of women accepted for enlistment.

14. There appears below a list of civilian fields in which the Navy is interested in order to fill the first quota of enlisted women. If your field is not listed, make your own list and indicate experience as directed below. Your application will be held, and when enlistments are accepted in the fields in which you have had experience, your application will then be considered. Check the fields in which you have had experience with an X; one X slight amount, XX average, XXX considerable. Check the fields in which you have had experience each time it appears on the list. If you make your own list, check in the same way.

- | | | |
|------------------|-------------------------------|------|
| | Radio repairs | |
| | Licensed operator | |
| | Teletype operator | |
| (Radio Operator) | Simplex and Multiplex | |
| | transmitting machine operator | |
| | Typist | |
| | Clerk (general) | xxx |
| | Secretary | x |
| (Yeoman) | Stenographer (Shorthand) | x |
| | Duplicating machine operator | xx |
| | Typist | xx |
| | File system clerk | xx |
| | Bookkeeper | x |
| | Comptometer Operator | xxxx |
| | Accounting | x |
| | Warehouse clerk | |
| (Storekeepers) | Freight clerk | |
| | Stock clerk | |
| | Bookkeeper | x |
| | File system clerk | xx |

15. Physical handicaps including vision, explain fully. None

16. Is anyone entirely or partially dependent on you for support? No

17. Date and charge of arrests. None

18. Have you ever been in a reform school or penitentiary or convicted of any crime? No

19. Character References: (list three)

Name Mr. Harvey Jorgensen
 Address 4508 N. Newhall, Milwaukee, Wis.
 Occupation Service Engineer
 Length of time known 6 years.

Name Mr. Edgar Grollnek
 Address 8101 Navajo Ave., Milwaukee, Wis.
 Occupation Buyer, Boston Store
 Length of time known 4 Years

Name Mr. D. Baudino
 Address 1521 W. Kilbourn Ave. Milwaukee, Wis.
 Occupation Photographer
 Length of time known 2 Years

20. Name, Relationship of next of kin or legal guardian.

Mrs. Geo. Hlava, 492 Waugoo St., Oshkosh, Wis. Sister

21. Official Residence of (20) 492 Waugoo Oshkosh Wisconsin
 Street City State

All statements herein are held to be material facts, and any misstatement or omission of such material facts, will be considered grounds for discharge. An accepted applicant who states that she has never been in the custody of the police or arrested will be discharged if it is subsequently shown that she has in fact been arrested or in the custody of the police, regardless of the nature of the offense or non-conviction for the offense.

SIGNATURE Augusta Anne Mix

Accepted Yes Cause of rejection _____

Date October 31, 1942 Mary Daily
Mary Daily, Lt., W-V(S) USNR
 Officer-in-Charge

WAVE

REPORT OF INTERVIEW TO BE SUBMITTED WITH
DATA SHEET OF APPLICANT FOR COMMISSION IN U.S.N.R.

10/6/42

Date

NOTE

To: The Director of Naval Officer Procurement, Chicago, Ill.

Name of Applicant: MIX, Augusta Anne

Address: Milwaukee, Wis.

NAVAL OFFICER RATING

Military Appearance-----

Personality-----

Interviewing Officer's
Impression-----

Under 2.5	2.5	3.0	3.5	4.0
Unsatisfactory				
			X	
			X	

Applicant (is) (~~XXXX~~) recommended for ~~XXXXXXXXXX~~ enlistment

If applicant is commissioned, I (would) (would not) desire to be shipmates with him. (If negative, state reason) _____

REMARKS

(Interviewer specify reasons for recommending appointment)

Eager to enter service. Appears mature and capable. Recommended
for Storekeeper school.

Name: F. E. Jansen

Rank: Lieut. D-V(S), USNR
NOP, Milwaukee, Wis.

REPORT OF PHYSICAL EXAMINATION

Purpose of examination (Haves) Date of examination 10-6-42
Name Mix Augusta Anne
(Surname first, Christian names in full)
Place of birth Scranton, Penn. Date of birth Nov 19-1912
Eyes: Vision, Rt. 20/20, corrected to /20; Lt. 20/20, corrected to /20.
Disease or anatomical defects none
Ears: Hearing, Rt. Whispered voice 15/15; Lt. Whispered voice 15/15.
Teeth: Missing teeth Have 18 missing ones replaced
Dental work complete
Pyorrhea alveolaris none (Degree)
Prosthetic appliances upper & lower partial plate
General build and appearance medium
(State whether slender, medium or heavy and postural abnormalities)
Height 6 ft 1 1/2 in Weight 128 lbs.
Neck (thyroid gland) not palpable
Respiratory system, bronchi, lungs, pleura, etc. normal
Heart (note all signs of cardiac involvement) normal
Pulse: Sitting 72 Blood pressure: S 114, D 80
Abdomen and pelvis neg. no scars
Genito-urinary system neg.
Urinalysis: Sp. gr. 1.025, alb. neg., sugar neg., microscopical not done
Nervous system neg. (Organic or functional disorders)
Abnormal psyche normal (neurasthenia, psychasthenia, depression, instability, worries)
Summary of abnormalities not noted above none

Louis B. Uzyler, M.D.

STATEMENT OF RELEASE OR NON-RELEASE

Date October 14, 1942

To: The Director of Naval Officer Procurement,
Board of Trade Building,
141 West Jackson Boulevard, Chicago.

Subject: AVAILABILITY OF Augusta Anne Mix for
active duty with the U. S. Navy.

1. It is hereby certified that the above named applicant
for appointment in the U. S. Naval Reserve ~~will not~~ ^{will} be immedi-
ately available for active duty with the U. S. Navy.

2. If applicant cannot be immediately released for
active duty with the Navy Department, state reasons: _____

Milwaukee Boston Store, Inc.
(Firm Name)

351 W. Wisconsin Avenue
(Firm Address)

Eric M. Stanford, Asst. Controller
(Authorized Signature and Title)

OFFICE OF NAVAL OFFICER PROCUREMENT
BOARD OF TRADE BUILDING
CHICAGO, ILLINOIS

October 31, 1942

*Augusta Anne Mix
(Storekeeper)*

- ☐ Applicant's draft classification is _____ and he is not employed by a Federal agency or a war industry.
- ☐ Applicant's draft classification is _____ and he is employed by a Federal agency or war industry.
- ☒ Applicant is not classified under Selective Service and is not employed by a Federal agency or a war industry. *Release Attached*
- ☐ Applicant is not classified under Selective Service but because employed by Federal agency or war industry, employer's release is attached.
- ☐ Applicant is not classified under Selective Service but is employed by Federal agency or war industry. A statement from his employer refusing to release him and a counter-statement by ONOP are attached for decision by the Joint Army-Navy Personnel Board.

B. L. Kosticki Yes 3C U.S.N.R.

EXTRA PAY DETAIL

Pay No. _____

MIX, Augusta Anne

(Name in full)

703 42 66

(Service number)

Sp(T)3c,V-10,USNR

(Rating)

US.N.A.S., ATLANTA, GEORGIA

(Name of ship or station)

8 July 1943

(Date)

The above-named man will be credited with extra pay, at the rate, for the period, and for the reason stated:

From:

Previous Orders

(Date payment is to begin)

To:

30 June 1943.

(Date of expiration of payment—or "further orders")

Rate of pay per month: \$5.00

NATURE OF DETAIL OR REASON FOR EXTRA PAY:

Detail as messman discontinued
this date. AUTH: BuPers Manual
Article D-5326(2)

J. N. McNALLY,
Lieut. A-V(G),USNR.

By direction.

(Signature and rank)

Commanding. *of*

C. O. Record 257-43

Allotment for \$.71 for 12 months
involving retroactive first payment Section 31
FEB 1943 registered pursuant

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION 1942, NTS (WR) Cedar

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)	First	Middle	Last name
	<u>Augusta</u>	<u>Anne</u>	<u>Mix</u>
2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State
<u>492</u>	<u>Waugoo St.</u>	<u>Oshkosh</u>	<u>Wisconsin</u>
3. I WAS BORN AT	City, town, or post office	State	Day of month
	<u>Soranton, Penna.</u>		<u>19</u>
			Month
			<u>Nov.</u>
			Year
			<u>1912</u>
			Age nearest birthday
			<u>30</u>
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
<u>Feb. 25, 1943</u>	<u>A.S. V 10</u>	<u>USNR</u>	<u>703-49-66</u>
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		
<u>None</u>	<u>No</u>		

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 1,000

10. 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)

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 <u>Emily (None) Hlava</u>	<u>Sister</u>	<u>\$500</u>	<u>492 Waugoo St. Oshkosh, Wis.</u>
<u>Marion Frances Conrad</u>	<u>Sister</u>	<u>\$500</u>	<u>1579 E. Mason St. Green Bay Wisconsin</u>
CONTINGENT <u>Marion Frances Conrad</u>	<u>Sister</u>	<u>\$1,000</u>	<u>1579 E. Mason St. Green Bay Wisconsin</u>

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

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Emily (None) Hlava 492 Waugoo St. Oshkosh, Wis.
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 15th day of March, 1943 and

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)
(Write above whether monthly, quarterly, semiannual, or annual)

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 \$.71 on the insurance, or

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
\$ <u>.71</u>	\$ _____	\$ _____	\$ _____	\$ _____

SIGNED AT NTS Cedar Falls, Iowa ON THE 15th DAY OF March, 1943

WITNESSED BY: and
INFORMATION AS TO SERVICE CERTIFIED BY: _____

(Applicant sign here. Do not print signature)

(Rank and organization. See reverse side, 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 _____			Reviewer _____			
Certificate issued _____			Policy issued _____			

NOPC-139-ja
A.A. MIX

OFFICE OF NAVAL OFFICER PROCUREMENT
BOARD OF TRADE BUILDING
CHICAGO, ILLINOIS

February 15, 1943

From: Director of Naval Officer Procurement
To: Augusta Anne MIX, A.S., V-10, USNR., 703-49-66
1018 E. Ogden St., Milwaukee, Wisconsin.
Subject: Active duty with pay.
Reference: (a) Procurement Directive No. 8-43.
Enclosures: (A) Affidavit re pension or disability allowance.
(B) Transportation request.
(C) Meal Tickets.

1. You are hereby ordered to active duty with pay and directed to report to the Commanding Officer

Iowa State Teachers College at Cedar Falls, Iowa
on February 25, 1943

2. Upon reporting at Iowa State Teachers College you will be given a physical examination to determine your fitness for enlisted status in the Women's Reserve. If found physically qualified, you will receive the course of instruction prescribed for Apprentice Seamen, Class V-10. If found not physically qualified, you will be released from active duty, furnished transportation to your home, and discharged.

N.M.T. 376221 WMB 2798
3. Meal tickets and Transportation Request No. 1,895,058-9-60 covering travel from Milwaukee, Wisc. to Cedar Falls, Iowa are furnished herewith.

4. Present these orders and affidavits when reporting.

J. A. Kangas
J. A. KANGAS
By direction

Copy to:
BuPers (2)
C. O. (School)
File

24 FEB 1943

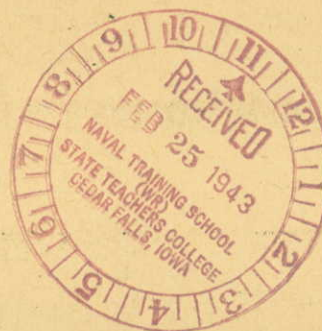
Action	Place	Time	Signature
Received			
Proceeded from			
Arrived at			
Examined and found (NOT) physically qualified			
Proceeded			
Arrived			
Reported			

1ST ENDORSEMENT
NTS (WR) CEDAR FALLS, IA.

Reported active duty this date. Medical record states in effect
qualified for enlistment V-10 USNR.

R. K. DAVIS

R. K. Davis



N. T. S. (WR) CEDAR FALLS, IOWA

EXAMINED AND FOUND PHYSICALLY
FIT FOR ENLISTED STATUS IN THE
WOMEN'S RESERVE.

J. M. Picciochi
J. M. PICCIOCHI
Lieut. (MC) USN

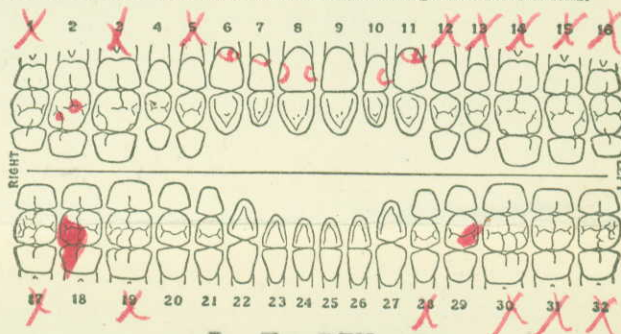
REPORT OF PHYSICAL EXAMINATION

Purpose of this examination Appl. for enlist. V-10 Date of examination Oct. 13, 1942
Place of duty _____ Place of examination NOP Chicago, Ill.
Name MIX, Augusta Anne Rank _____ Corps _____
(Surname first, Christian names in full)
Place of birth Scranton, Pa. Date of birth Nov. 19, 1912
Family history Father?, mother dd @ 63, gall stones, 2 brothers, 2 sisters,
All living and well. Single.
History of illness or injury Right elbow broken in infancy, measles, mumps.

Head and face _____ **Normal**
Eyes: Pupils (size, shape, reaction to light and distance, etc.) _____ **Normal**
Distant vision Rt. 20/20, corrected to _____/20 by _____
Lt. 20/20, corrected to _____/20 by _____
Binocular vision 20/20 Color perception A-0--1940
(Without lenses—Recorded only when visual defects exist) (State edition of Stilling's plates used)
Disease or anatomical defects _____ **Normal**
Ears: Hearing Rt. Watch _____/40" Coin click _____/20' Whispered voice 15/15' Spoken voice _____/15'
Lt. Watch _____/40" Coin click _____/20' Whispered voice 15/15' Spoken voice _____/15'
Binaural _____/15'. Disease or defects _____ **Normal**
(Spoken voice)
Nose _____ **Normal**
(Disease or anatomical defect, obstruction, etc. State degree)
Sinuses _____ **Normal**
Tongue, palate, pharynx, larynx, tonsils _____ **Normal - tonsils small**

Teeth and gums (disease or anatomical defect): 0
Missing teeth 1-3-5-12 to 17-19-28-30-31-32
(List numbers) 0
Nonvital teeth _____ 0
(List numbers)
Periapical disease _____ 0
(Degree)
Marked malocclusion _____ 0
(Yes or no)
Lack of serviceable occlusion _____ 0
(Yes or no)
Pyorrhea alveolaris _____ 0
(Degree)
Teeth replaced by bridges _____ 0
(List numbers)
Meets dental requirements _____ **Yes**
(Yes or no)
Dentures Upper & lower partials
(Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



General build and appearance Heavy erect (State whether slender, medium, or heavy, and natural abnormalities)
Temperature 98.6 Chest at expiration 32
Height 61 Chest at inspiration 35
Weight 130 Circumference of abdomen at umbilicus 25
Recent gain or loss, amount and cause _____ **Normal**
Skin, hair, and glands _____ **Normal**
Neck (abnormalities, thyroid gland, trachea, larynx) _____ **Normal**
Spine and extremities (bones, joints, muscles, feet) Slight limitation of extension of right forearm and rotation (supination) of rt. hand. No perceptable deformity of arm when pendent at side.

Thorax (size, shape, movement, rib cage, mediastinum) Normal
 Respiratory system, bronchi, lungs, pleura, etc. Normal
 Cardio-vascular system Normal
 Heart (note all signs of cardiac involvement) Normal
 Pulse: Before exercise 80 Blood pressure: Before, S 124, D 80
 After exercise 106 Three minutes after, S 126, D 82
 (Manual of the Medical Department par. 1520(6))
 Three minutes after 84
 Condition of arteries Normal Character of pulse Normal
 Condition of veins Normal Hemorrhoids None
 Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Menses 12 yrs. q. 28 da. 3 da. dur. No discomf.
 Urinalysis: Sp. gr. 1.010, alb. 0, sugar 0, microscopical --
 Venereal disease None
 Nervous system Normal (Organic or functional disorders)

Romberg Normal Incoordination (gait, speech) Normal
 Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None
 Serological tests (when required) Not required
 Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) Normal

Smallpox vaccination { Date last vaccination 1920 Typhoid prophylaxis { Number of courses 0
 { Reaction Positive { Date of last course 0

Remarks on abnormalities not otherwise noted or sufficiently described above

Summary of defects Slight limitation of extension and rotation of right forearm at elbow.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty)

Findings and recommendations (as per Courts and Boards, when necessary) That she is considered physically qualified for appointment for enlistment in V-10.

LT. WM. T. BLACK, JR, MC, USNR

Remarks or endorsement

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expenses. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

City of Chicago

State of Illinois

ss

I, Augusta Anne MIX,

A.S., V-10

(Rank or Rating)

, U. S. Naval Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension, disability allowance, disability compensation, or retired pay (*) from the Government of the United States.

Augusta Anne Mix

31st

Subscribed and sworn to before me this _____

October

2

day of _____, A.D., 194

Mary Daily

Mary Daily, Lt., W-V(S) USNR

(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-BuPer

1-To Comdt.

1-To service record.

(*) "Retired Pay" does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

NRB Form No. 24 (Revised)

This application blank will be forwarded for file with papers
in the Bureau in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

----- Congressional District, County of ----- State of -----
(This information to be supplied by Recruiter)

Last school grade completed: 3 1/2 High School St. Mary's, Ashkosh, Wis. (Place)

Reason for enlistment: -----

Language qualifications: None Jan -----, 1930 (Date)

What is your trade? Comptometer Oper.

I desire to submit my application for an enlistment of ----- years in the United States Navy, and declare that I am of good habits and character in all respects; that I have never deserted from the U. S. Navy, Marine Corps, Army, Coast Guard or Civilian Conservation Corps. Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Name in full: Augusta Anne Mit
(First) (Middle) (Last)

Date of birth: Nov 19 1912 Place of birth: Scranton, Pa.
(Month) (Day) (Year) (City and State)

What is your race? White If you were born in foreign territory, how did you acquire citizenship?

----- Are you now a U. S. citizen? Yes

Have you anyone solely or partially dependent upon you for support? No

Are you married? No (Yes or No) Have you ever been married? Yes (Yes or no)

Home Address: 1018 E. Ogden St. Milwaukee, Wis.
(Street No.) (Name of Street) (City or Town) (State)

Former address: 523 No 18th St Length of time lived at residence 1 1/2 yrs

Former address: Pewaukee Lake Length of time lived at residence 2 yrs

Where was your father born? France Where was your mother born? Russia

Is your father living? Don't know (Yes or no) Is your mother living? No (Yes or no)

Are your parents divorced? ----- Separated? Yes (Yes or No) (Yes or No) Have you a stepfather? No (Yes or no) stepmother? No (Yes or no)

Name and relationship of next of kin or legal guardian: Mrs. Anna Helava
(Relationship) (Full name)

Home address of next of kin or legal guardian: Mrs. Anna Helava
(Street No.) (Name of Street) (City or Town) (County) (State)

492 Waugust St. Ashkosh, Winnebago, Wisconsin
(Street No.) (Name of Street) (City or Town) (County) (State)

Do you drink intoxicating liquors? Yes (Yes or No) If so, to what extent? Occasionally

Have you ever been arrested or in the custody of police? No If so, for what? -----

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

Have you ever served in the U. S. Navy, Marine Corps, Army or Coast Guard? No

If so, how long? ----- What is the date of your last discharge? -----

Character of discharge ----- Are you now or have you been a member of the National Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps? -----

----- If so, what company or unit? ----- Produce discharge -----

(Applicant sign full name here) -----

Accepted: ----- Cause of rejection: -----

Date: -----

Officer-in-Charge

APPLICANT'S PHYSICAL QUESTIONNAIRE

Augusta A. Mil
(Name of applicant)

1018 E. Ogden, Milwaukee, Wis.
(Address) (City) (State)

Oct. 13, 1942
(Date)

THESE QUESTIONS MUST BE ANSWERED HONESTLY BY THE APPLICANT, AND SIGNED BY HIM AND HIS NEXT OF KIN OR THE APPLICANT'S LEGAL GUARDIAN

HAVE YOU EVER HAD THE FOLLOWING:	OTHER INFORMATION:
Asthma	Have you lost or gained weight during the past 6 months? <u>no</u>
Heart trouble	If so, how much? _____
Head injuries	_____
Ear trouble	_____
Trouble breathing	_____
Hay fever	_____
Fits	Family Doctor's Name: _____
Dizzy or Fainting spells or walking in sleep	Address: _____
Lung trouble (any form)	_____
Chronic tonsillitis (sore throat)	_____
Are tonsils out	_____
Rheumatism	_____
Venereal diseases	_____
Rupture or hernia —	_____
Did you ever wear a truss	_____
Piles	I certify that, to the best of my knowledge, the information given hereon is correct.
Spitting of blood	<u>Augusta Mil</u> (Signature of Applicant)
Urinated in bed in last five years	_____
Broken bones	(Signature of next of kin or Legal Guardian)
Stutter	_____
Chronic rash or pimples	_____
Do your legs or feet tire easily	_____
Operations (kind)	_____
Depressed arches or any indication of same or previous foot injuries	_____
Have you ever worn arch supporters	_____
Any insanity in family	_____
Do you wear or have you ever worn glasses	_____
Have you ever had a serious illness or been in a hospital? If so, give particulars. _____	_____
Are you well	_____

Physical examination has been conducted in accordance with NRB Form 10.

General classification test: _____
(score)

Recruiter sign _____

Augusta Anne Mix

(Name of applicant)

Oct. 13, 1942

(Date)

(Service No.)

PHYSICAL EXAMINATION

Born: Place Scranton, Pa. Date Nov. 19, 1912

Nationality American Religion Catholic
(Denomination)

Next of kin or friend Mrs. George Hlara

Address 492 Waugoo, Oshkosh, Wisc.

Complexion Brunette Hair Dk. Brown

Eyes Brown-normal

(Color, condition of lids, anatomical or other defect)

Vision: Right 20 /20. Left 20 /20.

Color perception A/O-1940

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Hearing: Right 15 /15. Left 15 /15.

Mouth, nose, throat Normal - tonsils small
(Condition of septum, tonsils, etc.)

Height 61 Weight 130

Chest at expiration 32 1/2, at inspiration 35

Spine and extremities Sl. limitation of extension

(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

of rt. forearm and rotation (supination) of
rt. hand: No perceptible deformity of arm when

pendent at side.

Respiratory system Normal

Heart and blood vessels Normal

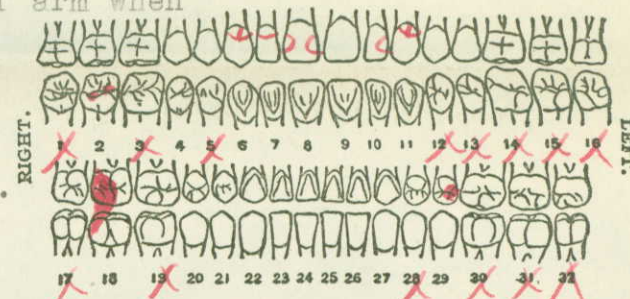
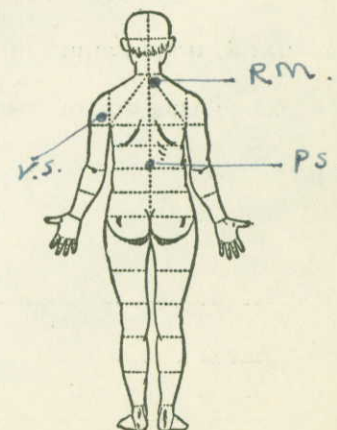
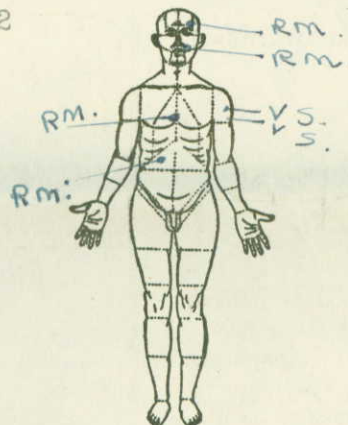
Pulse before exercise 80, after exercise 106, after rest 84

Blood pressure: Systolic 124 Diastolic 80

Genito-urinary system Menses 12 yrs. 28 da. q.

Urinalysis: Albumen 0 Sugar 0

Spec. Gravity 1.010



Personal peculiarities, former illness, etc., or cause of rejection. (All persons whose disabilities have been waived by the Department shall appear as rejections, the waiver to be indicated in red ink.) _____

Age: Years 29 Months 1

Accepted (yes or no) Yes

Signature of Medical Examiner

U. S. NAVY RECRUITING STATION

In spaces below, please write names and addresses of references together with the length of time they have employed or known you. The names of the following persons are desired:

- Principal of the last school attended.
- Last teacher in school.
- Chief of Police, if he knows you.
- Parish Priest, Minister, or Bishop.
- Scout Master (if you are or have been a scout).
- Last employer.
- Other employers.
- Family Doctor.
- Postmaster (if he knows you).
- Public Officials or Business men who know you.

(The names of relatives cannot be accepted as references).

EMPLOYERS REFERENCE (Leave blank if you have never been employed)

Name Mr. E. Stanford
 Address Boston Store
 Occupation Asst Controller Length of time known 4 yrs
 You were employed as Comptometer Operator

SCHOOL REFERENCE

Name of last school attended St. Mary's High School
 Address Oshkosh, Wisconsin
 Length of time attended 3 1/2 yrs From 1926-7 To 1931-2

CHARACTER REFERENCES

Name Mr. J. Blesch
 Address Boston Store, Milwaukee, Wis.
 Occupation Gen'l Supt. Length of time known 4 yrs

Name Mr. E. Grallner
 Address Boston Store, Milwaukee, Wis.
 Occupation Buyer Length of time known 4 yrs

Name Father R. H. Paul
 Address St. Mary's Parish, Oshkosh, Wis.
 Occupation Priest Length of time known 10 yrs

Name Mr. H. C. Jorgensen
 Address 4508 N. Vanhook St., Milwaukee, Wis.
 Occupation Service Engineer Length of time known 6 yrs

Augusta A. Mier
 (Name of Applicant)

(BE SURE THAT YOU HAVE FILLED IN ALL THE ABOVE SPACES)

Are tonsils out

no

Rheumatism

no

Venereal diseases

no

Rupture or hernia

no

Did you ever wear a truss

no

Piles

no

Address: _____

703 49 66

DO NOT WRITE IN THIS SPACE[illegible]

U. S. NAVY ENLISTED PERSONNEL QUALIFICATIONS CARD																		NAV. PERS. 609 1B-43	
(1) SERVICE NUMBER		(2) LAST NAME		(3) RATE AT ENLIST.		(4) BR. CL.		(5) CC. NO.		(6) MO.		DATE OF ENLISTMENT		YEAR					
FIRST		MIDDLE										DAY		YEAR					
703 49 66		MIX, Augusta Anne		A.S.		V-6 USNR				10		31		42					
(7) GCT	(8) READING	(9) ARI	(10) MAT	(11) SPELL	(12) CLER	(13) RADIO	(14) MK. MECH.	(15) MK. ELEC.	(16) BIRTH DATE	(17) DAY	(18) YR.	CIV. OCC. CODE							
51-41		80		78					11	19	12								
(19) LANG. FLUENCY	(20) PHYS. QUALS.	(21) QUAL. CLASS.	(22) 1ST RECOM.	(23) 2ND RECOM.	(24) ASSIGNMENT MADE	(25) LOCATION ASSIGNED	(26) DATE TRANSFERRED												
HOME ADDRESS		CITY OR TOWN AND/OR COUNTY		STATE		BIRTHPLACE		CITY OR TOWN AND/OR COUNTY		STATE		RACE		MAR. ST.		REL. PREF.			
FATHER'S BIRTHPLACE		CITY		STATE		MOTHER'S BIRTHPLACE		CITY		STATE		LANGUAGE FLUENCY							
PREVIOUS MILITARY OR SEA DUTY		FROM		TO		ARM OR SERVICE		TYPE OF DUTY		SERVICE OR RESIDENCE OUTSIDE U. S. A.									
MOST SIGNIFICANT EDUCATION				YEARS ATTENDED		YEAR LEFT SCHOOL		NON ENGLISH		LEISURE TIME ACTIVITIES									
YRS. EDUC.		GRAD.		DEGREE OR DIPLOMA		NAME OF INSTITUTION		ILLITERATE		MAJOR COURSE									
SPECIAL STUDIES		ALG.		GEOM.		TRIG.		PHYS.		TYP.		SHORT		SPORTS IN WHICH QUALIFIED					
SPECIALIZED TRAINING (VOCATIONAL, TECHNICAL, TRADE, BUSINESS)										TALENT FOR PUBLIC ENTERTAINMENT									
										HIGHEST POSITIONS OF LEADERSHIP (INCLUDING MILITARY)									
MAIN OCCUPATION (DICTIONARY TITLE & CODE)										YRS. IN FIELD		SECOND BEST OCCUPATION (IDCT, TITLE)				CIV. OCC. CODE			
EMPLOYER (FIRM NAME)										YRS. SERVICE		WKLY. WAGE		TRADE TEST INDICATED		TRADE TEST RATING			
ADDRESS OF EMPLOYER (ST., CITY, STATE)										DUTIES									
KIND OF BUSINESS				DEPARTMENT OR SHOP				MO. DATE LEFT		DAY		YR.							
YRS. SERVICE		WKLY. WAGE		TRADE TEST INDICATED				TRADE TEST RATING											
DUTIES, SKILLS, MACHINES										HT.		WT.		VISUAL L. ACUITY R.		/20 /20 L.H. R.H.			
										PHYSICAL QUALIFICATIONS		QUAL.							
										DISQ.									
										SPECIAL TESTS		NAME		FORM		DATE			
										SCORE									
										NAVAL STATION		DATE				RIGHT INDEX PRINT			
RECOMMENDATIONS AND REMARKS										INTERVIEWER									
										INTERVIEWEE'S SIGNATURE									
QUAL. CLASS.																			
1ST RECOM.										2ND RECOM.									
ASTERISK (*) AFTER TEST NAME INDICATES OLD TYPE NAVY TEST SCORE																			

PERMANENT DUTY

MIX
SurnameAugusta
ChristianAnne
MiddleSp(T) 3c (LT)
320
Division Rate

_____ day of _____ 19 _____ 703-49-66 _____
 (Enlistment expires) (Service number) (Stamp letters C. S. C. when Continuous Service Certificate is received)

16-29920-1

QUARTERLY MARKS CARD

Div. Lit 13 Name MIX, Augusta Anne Service No. _____

Date	Rate	Proficiency in rating	Seaman- ship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Con- duct	Initials of Div. Off.
DEC 31 1943	Sp(T)3c	3.5			3.5		✓ 4.0	PM

Executive officer assigns marks in conduct.
 Entries to be made in ink.

16-14526-2

BNP 618
(Rev. Sept. 1942)

ORDER TO CLOSE ACCOUNT OF

Pay No. _____

MIX, Augusta Anne
(Name of man in full)
703 49 66 Sp(T)3c, V-10, USNR
(Service number) (Rating)

on **Discharge**
(1) Discharge. (2) Transfer to F. R. (3) First extension.

The above-named man has this date—
(1) Been discharged with **Good**
(Character of discharge)

discharge because of **Pregnancy**
(Reason for discharge)

(2) Been transferred to F. R., Class _____

(3) Completed the original term of enlistment and tomorrow
will enter upon his first extension of enlistment thereof, the
agreement for which was executed

_____ for _____ years; otherwise
(Date) (No.)
entitled to _____ discharge.
(Character of discharge)

Service in current enlistment is as follows:

Term of enlistment **D.O.W.**
(Note number of years; if for minority, state "Min." and give date of 21st
birthday)

Aggregate of extensions (not required for (3)) _____
(No. years)

Time _____ made good:
(Insert "to be" where necessary)

(a) Cause From— To— (b) Period

None

(b) Total time lost **None**

Total time to be served **None**
(Yrs., mos., days)

Date of enlistment **31 October 1942**

Date of expiration thereof **Duration of War.**

Date of actual discharge, transfer, or
completion of original term of en-
listment prior to one-year extension
thereof **14 February 1944**

Travel allowance will be credited as follows and he will be paid in
full to date:

From **Atlanta, Georgia**
(Point from which travel allowance is payable)

To **Chicago, Illinois**
(Place of acceptance for enlistment)

U. S. Naval Air Station
(Name of ship or station)
Atlanta, Ga. 14 Feb. 1944
(c) (Location) (d) (Date)

Payment of gratuity **is not** directed in such
(is or is not)

amount as will total \$25.00 when added to funds due or other-
wise available. The payment of gratuity is directed with the
proviso that the form of discharge awarded authorizes such
payment.

(Enter details of computation hereunder)

**14 February 1944: Discharged this
date with a Good Discharge due to
pregnancy. AUTH: BuPers ltr Pers-
66 THF over QRS/Pl9 dated March
23, 1943.**

J. N. McNALLY,
Personnel Officer.
By direction of the Commanding
Officer. 6-44
C. O. Record No. _____
Commanding

* Insert inclusive dates of time required to be made good under current
instructions.

b Compute time in accordance with Bureau of Supplies and Accounts
Manual.

c Location of ship at the time of actual discharge, or, in case of extension
of enlistment, location of ship at midnight of date on which enlistment
expires.

d Date of actual discharge, date prior to effective date of extension of en-
listment, or date of transfer to F. R.

4-5392

U. S. NAVAL AIR STATION
GORDON AIRPORT
ATLANTA, GEORGIA

Pay No. _____

Date Sept. 28, 1943.

TO: MIX, Augusta Anne, 703 49 66, Sp(T)3c, V-10, USNR
(Name) (Service No.) (Rate) (Dept.)

SUBJECT: Leave

1. You are hereby granted 7 days leave commencing at
1700, 10-6-43 and expiring at 0745, 10-14-43
(Time) (Date) (Time) (Date)

2. You have given the following as your leave address: _____

240 S. Lennox, Milwaukee, Wis.

In the event of any change in the above address, notify the
Commanding Officer.

3. A request for extension of leave will be considered only
in the case of an actual emergency. All such cases are in-
vestigated. No reply to a request for extension of leave
which is NOT granted.

4. Sign on the reverse side that you understand the in-
structions. **KEEP IN COMMUNICATION WITH YOUR ADDRESS.**
COMPLY WITH THE INSTRUCTIONS ON THE REVERSE HEREOF.

P. P. Orr
P. P. ORR

(Authorizing Officer)
By direction

or

Departed from Station: 1705 10/6/43 *Robert H. Martin*
(Time) (Date) (Signature O.O.D.)

Returned from Leave: 0700 10-14-43 *W. Markland*
(Time) (Date) (Signature O.O.D.)

ORDER TO CREDIT LEAVE RATIONS

From: Commanding Officer.
To: Disbursing Officer.

1. You are hereby authorized and directed to credit the pay
account of the above named man with LEAVE RATIONS, for the
time stated above.

2. The above named man returned prior to expiration of auth-
orized leave.

Personnel Officer
By direction of the Commanding Officer

EXTRA PAY DETAIL

Pay No. _____

28

MIX, Augusta A.
(Name in full)
703-49-66
(Service number) S2/c(V-10)DSNR
(Rating)
U.S.N.A.S., Atlanta, Ga.
(Name of ship or station)

April 15, 1943.
(Date)

The above-named man will be credited with extra pay, at the rate, for the period, and for the reason stated:

From: April 5, 1943.
(Date payment is to begin)

To: Further Orders
(Date of expiration of payment—or "further orders")

Rate of pay per month: \$5.00

NATURE OF DETAIL OR REASON FOR EXTRA PAY:

Detailed as messman. AUTH:
Art. D-5326(2) BuPers Manual
1942.

ELLEN H. HUCKABEE,
ASSISTANT PERSONNEL OFFICER,
BY DIRECTION OF
COMMANDING OFFICER

(Signature and rank) Commanding.

C. O. Record 64-43

NOPC-139-ja
A.A. MIX

OFFICE OF NAVAL OFFICER PROCUREMENT
BOARD OF TRADE BUILDING
CHICAGO, ILLINOIS

February 15, 1943

From: Director of Naval Officer Procurement
To: Augusta Anne MIX, A.S., V-10, USNR., 703-49-66
1018 E. Ogden St., Milwaukee, Wisconsin.

Subject: Active duty with pay.

Reference: (a) ~~Procurement Directive No. 8-43.~~

Enclosures: (A) Affidavit re pension or disability allowance.
(B) Transportation request.
(C) Meal Tickets.

1. You are hereby ordered to active duty with pay and directed to report to the Commanding Officer

Iowa State Teachers College at Cedar Falls, Iowa
on February 25, 1943

2. Upon reporting at Iowa State Teachers College you will be given a physical examination to determine your fitness for enlisted status in the Women's Reserve. If found physically qualified, you will receive the course of instruction prescribed for Apprentice Seamen, Class V-10. If found not physically qualified, you will be released from active duty, furnished transportation to your home, and discharged.

3. Meal tickets and Transportation Request No. 376221 2798
covering travel from Milwaukee, Wis. to Cedar Falls, Iowa
are furnished herewith. 1,225,000-3-60

4. Present these orders and affidavits when reporting.

J. A. KANGAS
By direction

Copy to:
BuPers (2)
C. O. (School)
File

Finished Kincaid File

AUTHORIZATION FOR MUSTERING OUT PAYMENT

Inactive

Serial Number _____

1. Augusta A MLL 703 49 66 Sp(T)3c USNR
First Name Initial Surname File or Service No. Rank or Rating & Branch of Service
495 Sterling Street N. E.
Number Street
2. Atlanta 4 Ga.
City Zone State
3. Good 14 Feb 1944
Character of Discharge Date of Discharge or Release from Active Duty

MUSTERING OUT PAYMENT DIVISION DATA

Acct. No. B-17098-D

3. Amount of payment: Indicate which is applicable

☐ \$100☐ \$200☐ \$300**\$200.**

APPROVED FOR PAYMENT

MAR - 2 1944

FINISHED FILE PERS 102

State of Wisconsin)
Winnebago County) SS

Mrs Emily Hlava of lawful age being first
duly sworn on oath, deposes and says.

That he or she is well acquainted with Augusta Anna Micks, alias, Augusta Anna Mix, that he or she has known the said Augusta Anna Micks (Mix) for a period of 29 years. That the said Augusta Anna Micks (Mix) was born at Scranton, Pa., on the nineteenth (19) day of November, 1912. That her parents were, Father, Adam Micks, and Mother, Gusta Clem Micks.

Affiant further says that the said Augusta Anna Micks and Augusta Anna Mix are one and the same person.

Further affiant says not.

Mrs Emily Hlava
Affiant - Sister

Subscribed and sworn to before me this 24th day of October, 1942.

Arthur J. Hlava
Notary Public - Winnebago County Wis

My commission expires

July 4 1943

BENEFICIARY SLIP

Name MIX, Augusta Anne
 (Name in full, surname to the left.)

Service number 703-49-66

Office of Naval Officer Procurement
 Station _____
 (Name.)

Chicago, Ill. 10-31-42
 (Place.) (Date.)

For the purpose of the payment of any benefits provided by existing laws, due to death from wounds, disease, or injury, I give below the name and address of my wife and each of my children, and other dependent relatives.

Not Married

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

 (Address of wife.)

 (Full name of child; if none, so state.)

 (Address of child.)

 (Full name of child; if none, so state.)

 (Address of child.)

 (Full name of child; if none, so state.)

 (Address of child.)

OTHER DEPENDENT RELATIVES

Sister

 (Relationship.)

Emily Hlava

 (Name in full.)

492 Waugoo St., Oshkosh, Wis.

 (Address.)

*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc. 4-6111 a

Aunt

(Relationship.)

Mrs. Adolph Matz

(Name in full.)

492 Waugoo St., Oakbrook, Wis.

(Address.)

*

*State briefly wherein dependency exists.

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

Augusta Anne Mix

(Name.)

A.S., V-10

(Rank or rating.)

USNR

U.S. Navy
Marine Corps

Subscribed and sworn to before me this 31st

day of October, 1942, I having authority to administer oaths.

Mary Daily

Lieutenant, W-V(S) USNR

Office of Naval Officer Procurement
Chicago, Illinois

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 must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip should be made out and handled as follows:

Enlisted men, Naval Reserve. In duplicate: one copy to Bureau of Navigation, one copy secured inside service record.

New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

*Second: I oblige and subject myself to serve during the present war and for six months thereafter, or until such earlier time as the Congress by concurrent resolution or the President by proclamation may designate.

703-49-66 NAME MIX, Augusta Anne A.S. \$50.00
(SERVICE NO.)
DATE 31 Oct. 1942, A FIRST ENLISTMENT ☒ REENLISTMENT ☐ IN THE UNITED STATES NAVY;
AS REGULAR ☐ RESERVE ☒ CLASS V-10
ACCEPTED AT NOP, Chicago, Ill. FOR YEARS; MINORITY ☐
TRANSFERRED TO ACTIVE DUTY ☐ OR INACTIVE DUTY ☒
OCCUPATION Comptometer Operator
PLACE OF BIRTH Scranton, Pa. CITIZENSHIP U.S.
DATE OF BIRTH Nov. 19, 1912 AGE 29 YRS. 11 MOS.
HOME ADDRESS 1018 E. Ogden St. Milwaukee Milwaukee Wis.
(STREET AND NUMBER) (TOWN) (COUNTY) (STATE)
NAME OF NEXT KIN OR LEGAL GUARDIAN Emily Hlava Sister
ADDRESS 492 Waugoo St., Oshkosh, Wis.
CREDITED TO 4th CONGRESSIONAL DISTRICT, STATE OF Wisconsin

PREVIOUS SERVICE - If none, check here ☒
**Continuous Service Certificate No. _____
Date _____ Place _____ First enlisted in Regular Navy ☐ Navy Reserve ☐
Date _____ Term _____ Last Enlistment or Extension: Regular Navy ☐ Navy Reserve ☐
With _____ Discharged as _____ Was last discharged _____ From _____
Navy Reserve _____ Marine Corps _____ Service in Regular Navy _____
(YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS)
COAST GUARD _____ ARMY _____
(YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS)
PHYSICAL CHARACTERISTICS
Height 5 Feet 1 Inches; Weight 130; Eyes BROWN; Sex Female; Hair Dk. Br.; Complexion Brunette; White
MARKS: "Ant." R. M. above lt. eye; R. M. right cheek; V. S. upper lt. arm;
R. M. rt. breast; R. M. upper rt. quadrant; "Post." R. M. middle of back;
V. S. upper lt. arm; P. S. middle of back.

I CERTIFY that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated to me that he has no disease concealed or likely to be inherited.
LT. WM. T. BLACK, JR., USNR, Examining Surgeon.
For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Mary Daily, Lt., W-V(S) of the United States Navy, as follows:
(NAME OF COMMANDING OFFICER)

First: To enter the service of the Navy of the United States and to report to such station or vessel of the Navy as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve _____ years from _____, 1 _____
during minority until _____, 1 _____
unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows:

SEC. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States as their enlistment may have occurred on either the Atlantic or Pacific Coast of the United States, in some public or other vessel, all petty officers and persons of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or in a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer, according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or who shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: Provided, That the shipping articles shall hereafter contain the substance of this section.

In the event of war or National emergency declared by the President to exist during my term of service, I 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. I understand that when so detained the addition of one-quarter pay as specified in Section 1422, Revised Statutes, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and articles for the government of the Navy as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

Fifth: I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Augusta Anne MIX
do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and 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 Navy.
And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Subscribed and sworn to before me this 31st day of October, 1942
and contract perfected.
United States citizenship substantiated.
By Name Change Affidavit & Affidavits
Mary Daily, Lt., W-V(S) USNR
Commanding, U. S. S. NOP, Chicago, Ill.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.
**For reenlistments with continuous service note Art. D-1002, Bureau of Naval Personnel Manual.

-828-JS

9 Aug 1945

To: Augusta Anne Smith
666 Moreland Avenue, N. E.
Atlanta, Georgia

Subj: MIX, Augusta Anne, 703-49-66, Ex-Sp3c, USNR
Forwarding of personal papers

Ref: Your letter of 28 July 1945

1. Your personal papers requested in reference are enclosed.

By direction of the Chief of Naval Personnel.

Robert A. Riehl
Lieut., USNR
Records Division

Encls

1. Register of Change of Name, #55470 dated 29 Oct 42.
2. Judgment of Divorce
3. Letter from Boston Store, Milwaukee, Wis.
4. Letter from Rev. Wm. A. Peul, Oshkosh, Wis.
5. Letter from Milwaukee Vocational School

ROUTING SLIP

NAVPERS-832 (REV. 1-48)

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL

DATE

1 Aug 45

FROM	TO	FROM	TO
<input type="checkbox"/> PERS. CHIEF OF BUREAU	<input type="checkbox"/>	<input type="checkbox"/> 43	TRAINING AIDS DIVISION
<input type="checkbox"/> 1 ASSISTANT CHIEF OF BUREAU	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 0 AIDE TO CHIEF OF BUREAU	<input type="checkbox"/>	<input type="checkbox"/> 44	QUALITY CONTROL DIVISION
<input type="checkbox"/> 11 MANAGEMENT ADVISER	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 112 BUREAU PERSONNEL SECTION	<input type="checkbox"/>	<input type="checkbox"/> 5	DIRECTOR OF WELFARE
<input type="checkbox"/> 113 BUREAU SERVICES SECTION	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 1135 MAIL AND GENERAL FILES UNIT	<input type="checkbox"/>	<input type="checkbox"/> 51	SPECIAL SERVICES DIVISION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 14 BUREAU COUNSEL	<input type="checkbox"/>	<input type="checkbox"/> 52	CORRECTIVE SERVICES DIVISION
<input type="checkbox"/> 17 DIRECTOR OF WOMEN'S RESERVE	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53	DEPENDENTS WELFARE DIVISION
<input type="checkbox"/> 18 SPEC. ASST. AND DIR. PUB. REL.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 2 DIRECTOR OF PLANNING AND CONTROL	<input type="checkbox"/>	<input type="checkbox"/> 6	DIRECTOR OF ENLISTED PERSONNEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 21 PLANS AND OPERATIONS DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 62	RECRUITING AND INDUCTION DIV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 22 FINANCE AND MATERIAL DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 63	ENLISTED DISTRIBUTION DIV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 23 DEMOBILIZATION DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 65	ENLISTED PERFORMANCE DIV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3 DIRECTOR OF OFFICER PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/> 7	DIRECTOR OF CHAPLAINS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 31 OFFICER DISTRIBUTION DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 8	DIRECTOR OF RECORDS AND TRANS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 32 OFFICER PERFORMANCE DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 81	TRANSPORTATION DIVISION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 36 OFFICER PROCUREMENT DIVISION	<input type="checkbox"/>	<input type="checkbox"/> 82	RECORDS DIVISION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 822	TABULATED RECORDS SECTION
<input type="checkbox"/> 4 DIRECTOR OF TRAINING	<input type="checkbox"/>	<input type="checkbox"/> 823	OFFICER PERSONNEL FILES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 824	ENLISTED PERSONNEL FILES
<input checked="" type="checkbox"/> 41 STANDARDS AND CURRICULUM DIV.	<input type="checkbox"/>	<input type="checkbox"/> 826	NAVAL ACADEMY SECTION
<input checked="" type="checkbox"/> 4143a Educ Serv	<input type="checkbox"/>	<input type="checkbox"/> 827	MIS. RECORDS SECTION
<input type="checkbox"/> 42 ADMINISTRATION DIVISION	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- ☒ For Appropriate Action ☐ For Signature ☐ For Recommendation ☐ For Comment
☐ For Your Information ☐ For Information Upon Which to Base a Reply
☐ Please See Me in Regard to This ☐ If This Meets With Your Approval, Please Initial Copy
☐ For Preparation of Reply for Signature of:

DISPOSITION OF MATERIAL:

- ☐ RETURNED FOR YOUR FILE ☐ FORWARD FOR SIGNATURE
☐ PLEASE RETURN TO SENDER

REMARKS:

We do not have the authority to remove records from an individual's file. It seems this is a function of Enlisted Files.
 Our job is simply to submit transcript of navalty as recorded in the jackets. This person wants records of her trans prior to joining the navy, which she believes to be in her jacket.

July 28, 1945

444
44
Bureau of Naval Personnel
Washington, D. C.

Gentlemen:

On October 31, 1942, I enlisted and was sworn in as a Wave at the Procurement Center in Chicago, Illinois. I was honorably discharged on February 14, 1944. During that time I was stationed at the U. S. Naval Air Station at Atlanta, Georgia as an Instrument Trainer Instructor, at which place I received my discharge.

Inasmuch as I want to continue my education, and as local schools require testimonials of my past school records, I would very much appreciate receiving records submitted to the Navy upon my enlistment, which records are impossible for me to obtain at the present date, especially my High School Testimonial. I also submitted divorce papers which were never returned to me.

I understand, upon inquiry made at the Atlanta Naval Air Station, that these papers are in my Jacket, which has been forwarded to Washington. Anything you can do in locating and returning these items to me will be greatly appreciate, as I should like to enter the fall term at the Georgia University Extension.

Very truly yours,

A. A. Smith
formerly - Augusta Anne Mix
Augusta Anne Mix
(Now-Mrs. A. A. Smith)
666 Moreland Ave, N. E.
Atlanta, Georgia