

AUG 16 1943

ELLIS, John M

43140 21919

A.S

Trainee, officer

MMCC or SMA, Administrative

(Date) AUG 14 43

613 (Name—SURNAME, given name)

(Service number)

(Rank or rating)

(Trainee, officer)

Enrolling Office Examination

Buffalo

(Location of Enrolling Office—List of, and résumé description of, all diseases and defects found at Enrolling Office Examination—copy from Form WSA-DT-24)

Training Station Examination

USMSTS, Sheepshead Bay, N.Y.

(Name of training station—List of additional diseases or defects discovered during 21-day receiving barracks period at training station)

OK - 1st row REENT

Laboratory

O (Blood type)

NEGATIVE

(Serology—reaction and date) 8.17.43

(Differential count)

(Hb)

(Stool)

Urinalysis

(2-glass)

(Sp. gr.)

(Reaction)

NEGATIVE (Albumen)

NEGATIVE (Sugar)

(Microscopic)

Immunizations

AUG 16 (Smallpox—date, type reaction)

AUG 16 1943

(Typhoid—dates 1st, 2d, 3d)

AUG 27 43

AUG 16 1943

SEP 2 43 (Tetanus)

SEP 2 43 (Yellow fever)

Remarks:

Surgeon
SURGEON

(Rank and signature, examining medical officer)

Form WSA-DT 25 HEALTH RECORD AND OUT-PATIENT CARD

PROGRESS AT STATION

For directions for use, see Manual for Guidance of Medical Section, par. 99d.

8/23/43 D6 T. 100
Head cold - fall on mans base at Comrades
Cough today evening left chest.
P.E. leukophagocytes - mild

Tenderness but no crepitus or pain on breathing
on left lateral 12th rib.

Pr: 7 Straps.
2 E.T.H. + codeine.
3 A.S.A. ii q. 4h.
4 Ephedrin 100 mg q 4h

W. Palmer

8/26/43

Chest no exercise - may move

W. Palmer

8/28/43 -

I suspect rib fracture.
To X-ray for picture of ribs - Base Resp
Inhoff

DISCHARGED: 8/31/43.
CONDITION: Recovered.
PROGNOSIS: Favorable.
DISABILITY: None.
TREATMENT: Not in need of further treatment.

This patient came to the hospital 8/28/43 with a history of having sustained an injury while going over the commando on August 23, 1943. He struck the left side of his chest against one of the obstacles following which he had pain in the lower ribs on the left side. The chest was strapped at the sick bay, with adhesive. This did not give relief, and he was sent to this hospital five days later.

Examination on admission to this hospital showed an adult white male, 31 years of age, in good general condition. There was slight tenderness in the region of the 8th rib and the axillary line. Since admission to the hospital, he has been treated by rest and pain and tenderness have subsided.
DIAGNOSIS: Contusion of the left side of the chest. 033-402.

L. A. Palmer
L. A. PALMER, Surgeon

9-3-43 B-6 Chest Cold - Soreness - Temp - 98.4° Dry Cough
Rx Ephed 100 mg q 4h 3.55, Exp cough mix 3.71 q 4h
B.M.T. pain

9/8/43 B-6 Same as above - Temp 99, cough so bad can't sleep
sore throat
1) I am a very sick Navy } Not found at 1030
2) Saline gargle } " " " 1510
3) pre drops } " " " 1700
4) Exp cough mix

10/17 B-6 Conjunctivitis left eye - Purulent discharge
Rx Arphen tab ii q. 3h x 6
Temp 101 Cold Exposure left eye
A. K. K. K.

OCT 22 1943 USMSTS, Sheepshead Bay, N.Y.
Medical Record Closed

REPORT OF MEDICAL EXAMINATION

Place Buffalo (Name and location of unit) (Date) 1/3/43 (Purpose of examination. If for enrollment, give grade and whether for tr. or admin. duty)
Name ELLEN (SURNAME) John M. (Given) 20 (Age) 7-26-14 (Date of birth) N.Y. (State or country of birth)

FAMILY HISTORY

(Did any blood relative ever have nervous or mental diseases, tuberculosis, etc.?)
Father Yes (Living—Yes or no) 65-Good (Age and state of health) (Dead) X (Cause of and age at death)
Mother No (Living—Yes or no) (Age and state of health) (Dead) Appendix Op. (Cause of and age at death)
Brothers (Number living) (State of health) (Number dead) (Cause of and age at death)
Sisters (Number living) (State of health) (Number dead) (Cause of and age at death)

PERSONAL HISTORY

Ever been rejected by Army, Navy, Coast Guard, Marine Corps? No If yes, give reason

Have you ever had any of the following? Remarks, details, etc.

	Answer Yes or No		Answer Yes or No		Answer Yes or No		Answer Yes or No
Asthma	No	Lung trouble	No	Trouble breathing	No	Legs or feet tire easily	No
Hay fever	No	Rheumatism	No	Spitting of blood	No	Bed wetting in last 5 years	No
Fits	No	Chronic rash	No	Operations (kind)	None	Wear or ever worn glasses	No
Rupture	No	Ear trouble	No	Walking in sleep	No	Ever had serious illness	No
Stutter	No	Heart trouble	No	Fainting spells	No	Ever been in hospital	Yes
Piles	No	Head injuries	No	Veneral diseases	No	Are you well	Yes

Habits

(Tobacco—Kind and amount daily)

(Drugs—Kind and amount)

(Alcoholics—Kind and amount daily)

(Signature of examinee)

PHYSICAL EXAMINATION: Head and face

(Size, symmetry, deformities, depressions, etc.)

Eyes (Diseases or anatomical defects) Pupils (Size, shape, reaction to light, distance, etc.)
Vision: Rt. 20/ 20 Lt. 20/ 20 Binocular 20/ 20 Rt. 20/ 20 Lt. 20/ 20 Binocular 20/ 20
(Uncorrected) (Corrected)
Near vision (Record only when defect exists) Color perception (State method—Name and edition of plates; Williams Lantern)

Ears (Abnormalities; evidence of mastoid or other disease; condition of canal, drums, etc.)
Right—whisper 15 Spoken 30 Left—whisper 15 Spoken 30
(Hearing: Wax must be removed before examination. Record distance in feet, 15/15 normal for whisper, 30/30 spoken)

Nose (Diseases or anatomical defects, obstruction, deflection of septum, polypi)

Mouth (Tongue, palate, pharynx, larynx, tonsils)

Teeth and gums: Marked malocclusion (Yes or no)

Lack of serviceable occlusion (Yes or no)

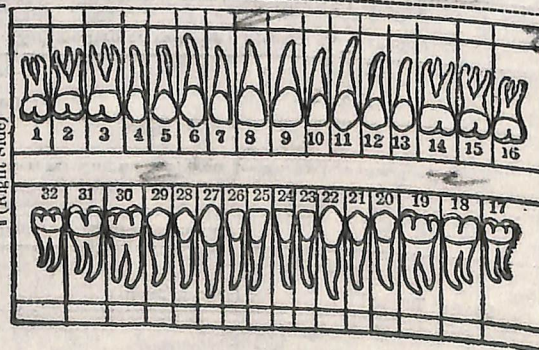
Pyorrhea (Degree) Periapical disease (Degree)

Dentures and replacements (Describe. Are they satisfactory?)

Are requirements met? Yes Résumé (Yes or no)

Mark in spaces
above and
below cut
opposite

Z Missing.
X Replaced.
∇ Devitalized.
O Abscess.
I Carious.



(Remarks)

(If examined by dental officer, sign here)

INSTRUCTIONS.—This form is not to be copied on typewriter; use indelible pencil for original, carbon paper for copy. If examination is of an applicant for training, and made at an enrolling office, then original is to be forwarded to the training station to which trainee is ordered, there to be available to medical staff, then filed in trainee's personal jacket; see Manual for the Guidance of the Medical Section, par. 109. Carbon copy is for headquarters file and is to be forwarded with other correspondence, such as application for enrollment, recommendation for waiver, promotion, etc.

GENERAL Stobey 36 39 33
 (Build and appearance—slender, medium, etc.) (Chest at expiration) (Chest at inspiration) (Temperature) (Circumference at abdomen)

Height 5 ft. 11 in. Weight 169 lbs. none
 (Recent gain or loss, etc.) (Remarks)

Skin none N Be 50
 (Diseases or defects) (White, colored) (Blond, brunet) (Florid, sallow)

Glands N
 (Enlargement, post occipital, cervical, epitrochlear, femoral, inguinal, remarks)

Spine and extremities N
 (Bones, joints, muscles, varicose veins, tendons, deformities, missing fingers, bone fractures, bunions, feet)

Thorax N
 (Size, shape, movement, etc.)

Lungs N
 (Palpation, percussion, auscultation) (X-ray-micro or full size; Yes, no, date, report)

Heart sp + talic - no murmur - not transmitted - short functional
 (Palpation, percussion, auscultation)

Pulse 100 116 100 N N
 (Before exercise) (After exercise) (Three minutes after) (Condition of arteries) (Character of pulse)

Blood pressure 146 90 56
 (Systolic) (Diastolic) (Pulse pressure)

Abdomen N
 (Condition of wall, scars, herniae, abnormality of viscera)

Anus N
 (Hemorrhoids, fistulae, prolapse of bowel, other conditions)

Genito-urinary system N
 (Epispadias, hypospadias, condition of prepuce, evidence of venereal diseases)

Nervous system N Reflexes, etc. N
 (Organic or functional disorders) (Knee, ankle, elbow, romberg, tremors)

PSYCHOBIOLOGICAL N
 (Abnormal psyche, tics, mannerisms, neuroses, depressions, instability, worries, prepsychoses, psychoses)

LABORATORY: Urinalysis 1017 CLLH NEG NEG ---
 (Specific gravity) (2-glass, shreds, etc.) (Albumin) (Sugar) (Microscopic)

*Blood --- --- --- ---
 (Hemoglobin percent) (Differential count) (Reds, whites, only if indicated) (Remarks)

*Serology --- Special laboratory ---
 (Spinal fluid not to be taken at enrolling office: At training stations only if indicated)

IMMUNIZATIONS 1023 PK --- --- ---
 (Smallpox: Date last vaccinated) (Reaction) (Date last tetanus) (Date last yellow fever) (Date last typhoid)

*Not routinely performed at enrolling offices.

LIST AND DESCRIPTION OF DEFECTS:

ACCEPTED

Are requirements met? Yes Is waiver recom-
 mended? --- For training? ---
 (Yes or no) (Yes or no) (Yes or no)

For administrative duty only? --- If for inactive
 duty under terms of amendment No. 1, General Order
 23, is man qualified to perform duties aboard merchant
 vessel? --- Give full justification, naming
 grade or job and outlining duties ---
 (Yes or no)

(Sign and rank of examining medical officer)

The appropriation act governing expenditures for the Maritime Service provides that "No part of any appropriation contained in this Act shall be used to pay the salary or wages of any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence: Provided, That for the purpose hereof an affidavit shall be considered prima facie evidence that the person making the affidavit does not advocate, and is not a member of an organization that advocates, the overthrow of the Government of the United States by force or violence: Provided further, That any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence and accepts employment the salary or wages for which are paid from any appropriation contained in this Act, shall be guilty of a felony, and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provided further, That the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law." The Hatch Act, 2 August, 1939, provides in Section 9A that "It shall be unlawful for any person employed in any capacity by any agency of the Federal Government, whose compensation or any part thereof is paid from funds authorized or appropriated by any act of Congress to have membership in any political party or organization which advocates the overthrow of our constitutional form of Government in the United States" and "any person violating the provisions of this section shall be immediately removed from the position or office held by him, and thereafter no part of the funds appropriated by any act of Congress for such position or office shall be used to pay the compensation of such person".

AFFIDAVIT

"I, (name) John Myers ELLIS, do solemnly swear or affirm that I have read and understand the foregoing; that I do not advocate the overthrow of the Government of the United States by force or violence; that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence."

x John Myers Ellis
John Myers Ellis

Subscribed and sworn to (or affirmed) before me at Buffalo, New York this
13 day of August, 1943.

Harry R. Crabtree
HARRY R. CRABTREE
Title Enrolling Officer

UNITED STATES MARITIME SERVICE

137270

APPLICATION FOR ENROLLMENT
as
APPRENTICE SEAMAN

Approved 1/3/43
(Date)
By P. Luenthal
(For the Maritime Service)

Application No. 2017

FILE
UK

INSTRUCTIONS Uni 1248

To be eligible for enrollment in the Maritime Service, an applicant: (1) Must be a citizen of the United States; (2) not less than 18 or more than 35 years of age; (3) must be eligible for enrollment as apprentice seaman in Class M-1 in the Merchant Marine Reserve, United States Naval Reserve. Applicants must be of excellent character and must agree to serve one year in the merchant marine after completing the course of instruction with the Maritime Service. Enrollees will not be in a military status but a high standard of discipline will be maintained. Consent of parent or guardian will be required for applicants under 21 years of age.

Send application to: United States Maritime Service, War Shipping Administration, Washington, D. C.

CODED
W L

Name in full Ellis John Myers

Present address 307 Kindermerc Blvd. Eggertsville (Middle name)
200 Bidwell Pkwy. Buffalo (Number) (Street) (City) (State)
New York

Legal (voting) address New York Erie Eggertsville
(State) (County) (Town)

Where born New York Buffalo (State or foreign country) (City or town) When born August 26, 1912 (Month, day, year)

If foreign born, state where and when naturalized _____ (Where) (When)

Indicate race and marital condition (✓):

RACE (If other, state which)			
White <input checked="" type="checkbox"/>	Colored	Other	
MARITAL CONDITION			
Single	Married <input checked="" type="checkbox"/>	Divorced	Widowed

Education (indicate by circling years):

COMMON SCHOOL							HIGH SCHOOL				COLLEGE				
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
						3					4				
SPECIAL TRADE OR SKILL (Describe below)															
Tel. Cable Splicer-Chemical Operator															

Number and ages of dependents: Minor children 0 Other dependents 0
Military and naval record. Check (✓) to indicate branch and give branch of service, dates of enlistment, and discharge and type of discharge:

ARMY	NAVY	MARINE CORPS	COAST GUARD
------	------	--------------	-------------

None Enlisted _____ Discharged _____ Type of discharge _____
(Branch of service) (Date) (Date)

Enlisted _____ Discharged _____ Type of discharge _____
(Branch of service) (Date) (Date)

Employment record: Are you now employed? Yes
(Yes or no)

Nature of last (or present) employment Chemical Operator

Name and address of last (or present) employer Chemical Const. Corp. Lewiston, N.Y.

List the names of the schools you have attended and indicate whether you graduated from each of them:

- Public School No. 22 Buffalo, N.Y. 8 years (yes)
- Bennett High School Buffalo, N.Y. 3 years (no)
- Technical High School Buffalo, N.Y. 1 year (no)

GENERAL PHYSICAL STATEMENT

What is your height? 6' Weight? 170 Is your general health good? Yes
 Have you any impediment of speech? No Is your sight good? Yes
 Is your hearing good? Yes Do you have full use of your arms? Yes Legs? Yes
 Are you suffering from any disease? No Injuries? No
 Are you suffering from the effects of any disease? No Injuries? No
 Are you willing to be fingerprinted and vaccinated against smallpox and typhoid? Yes
 (If your answers to any of the foregoing are such that the Maritime Service would need additional information in order to pass upon your application, explain fully below under REMARKS.)

Have you ever been enrolled in the Maritime Service? No
 (Yes or no)

Have you ever been arrested? No Tried? ----- Convicted? -----
 (If the answer to any of the foregoing is "Yes," explain fully below under REMARKS, giving place, date, nature of offense, and final disposition of case.)

REMARKS

No sea experience
Sec # 071-05-7990

I CERTIFY that the above statements made by me are true and complete to the best of my knowledge and belief.

8/2/43
 (Date)

John W. Ellis
 (Signature of applicant)

Enrolled at Buffalo, New York as A. S. on 13 August, 1943
 (Place) (Grade) (Date)

and assigned to USMSTS Sheepshead Bay, Brooklyn, N.Y. (Reg. Enr. Dir. Tel. Conv. 7-22-43)
 (Training station or ship)

Harry R. Crabtree
 Enrolling Officer.

STATEMENT OF WIFE

June 28, 1943.

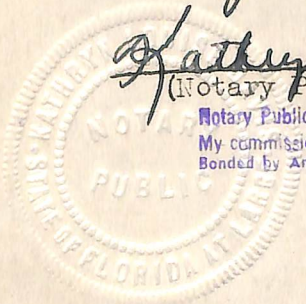
I, Virginia K. Ellis, hereby
certify that I am aware of the conditions under which my husband
John M. Ellis is enlisting in the U.S.
Maritime Service; that I am prepared to support myself on the pay
that he will receive, and that I know of no condition which exists
or which may exist that will necessitate my requesting his discharge
prior to expiration of full term of enlistment.

Virginia K. Ellis
(signed)

Subscribed and sworn to
before me this 28th day
of June 1943

Hathey Louise Davis
(Notary Public)

Notary Public, State of Florida at large,
My commission expires Jan. 10, 1945
Bonded by American Surety Co. of N. Y.



AFFIDAVIT—OCCUPATIONAL CLASSIFICATION (GENERAL)

(This form is provided for use in activities where Affidavit—Occupational Classification (Industrial), Form 42A, is not applicable)

NAME John Myers Miller

SELECTIVE SERVICE ORDER No. 2413 AGE 30

LOCAL BOARD 626 Williamsville New York
(Number) (County) (City) (State)

The above-named man, a registrant with your board, has applied for, been examined and found qualified for enrollment in the U.S. Maritime Service. He was enrolled on 3 August, 1943. WE RESPECTFULLY REQUEST THE DEFERMENT OF THIS MAN IN CLASS II-B BASED ON ACTIVITY AND OCCUPATIONAL BULLETIN NO. 33-2 BECAUSE OF HIS ESSENTIALITY TO THE WAR EFFORT.

Within 30 days from the date shown below, this registrant will be sent to a training station, where he will be given a course of training, for not longer than six months. At the end of his training, he will be assigned to a merchant vessel by the Recruitment and Manning Organization of the War Shipping Administration.

The course of training we will give this man will fit him for a very hazardous undertaking in our war effort on one of our merchant vessels. He will be performing a job that will enable the Merchant Marine to deliver to the fighting fronts the food and weapons needed so essentially by our fighting men.

It is understood that at the end of his training in our station, and before shipping on a vessel, this man will be examined by the U.S. Coast Guard Merchant Marine Inspection Service, who will issue a certificate qualifying him to serve on Merchant Vessels.

Upon arrival of this man at our training station, a Selective Service Form 42 will be forwarded to you giving full information relative to his course of training. This will be completed within a period of six months unless the registrant qualified for radio training, which will require a maximum of nine months to complete.

If at any time this man disenrolls, you will be so advised.

We have in our office a signed statement from this registrant to the effect that he has neither been inducted into the Armed forces nor ordered to report for induction

On behalf of Telfair Knight, Director, Division of Training, War Shipping Administration,

I,, do solemnly swear (or affirm) that the foregoing statements are true to the best of my knowledge and belief.

Charles R. Crutcher
Enrolling Officer, U.S. Maritime Service
Division of Training, War Shipping
Administration

(Address)

Subscribed and sworn to before me this 3rd day of August, 1943

Sylvester Yurkie
(Signature of official administering oath)

COMMISSIONER OF DEELS

In and for the City of Buffalo, N. Y.
(Official designation of official administering oath)

(See other side for instructions)

UNITED STATES MARITIME SERVICE
ENROLLING OFFICE
60 Niagara St.
Buffalo, N. Y.

Aug. 3, 1943
(Date)

Local Board No. 626
Address 5497 Main St.
Williamsville, N.Y.

Subject: John Myers Ellis
(Name of Applicant)

2413
(Selective Service Order No.)

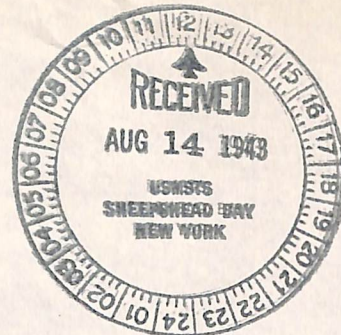
THIS IS TO CERTIFY that I have neither been inducted
into the Armed forces nor ordered to report for induction.

John Myers Ellis Classification: 1A
(Signature of Registrant)

Charles A. Cantata
Enrolling Officer
U.S. Maritime Service
Division of Training
War Shipping Administration



WAR SHIPPING ADMINISTRATION
DIVISION OF TRAINING
UNITED STATES MARITIME SERVICE
43 Court Street
Buffalo, New York



13 August, 1943.

21919

From: **Enrolling Officer, BUFFALO.**
To: **ELLIS, John Myers** A.S. USMS - Present
Subject: Orders; travel.
Reference: (a) Reg. Enr. Dir. Tel. Conv. 7-22-43

1. Proceed immediately to **Sheepshead Bay, Brooklyn, N.Y.** and report to the Superintendent or Commanding Officer of the U. S. Maritime Service **Training Station thereat,** for training.
2. The travel necessary to the execution hereof is required by the public interest.
3. You will depart from **Buffalo, New York** at **2200** this date
4. Following transportation is issued to you:
One R.R. ticket and one meal ticket.

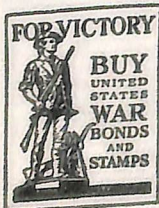
[Signature]
HARRY R. CRABTREE S.M.S.
Enrolling Officer.

FIRST ENDORSEMENT (613)

Reported at U. S. Maritime Service Sheepshead Bay, N. Y.
at 1230 on 8-14-43

Assigned Service Number 4314-21919 ✓

[Signature] U.S.M.S.
W.A. SULLIVAN, JR. Superintendent.
By direction



N.C.G. NO. 2668
Form approved by comptroller General U.S.
April 13, 1943
(revised 1937)

S.V.NO. _____

Pay No. _____

REPORT OF CHANGE IN PAY STATUS

ELLIS John H. 4314-21919 AS USMS
(Surname) (First name) (Init.) (Serv. No.) (Rank or rate)
Section 633 USMSTS SHEEPSHEAD BAY, N. Y. AUG. 14, 1943
(unit) (place) (date)

From: THE SUPERINTENDENT
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason:

Reported this station this date for training.

Enrolled at Buffalo, N. Y. on Aug. 13, 1943

Departed Enrolling Office AUG. 13, 1943

FIRST ENROLLMENT:

Entitled to clothing bounty in the sum of \$82.00.

AUTHORITY:

Transfer order dated:

Aug. 13, 1943

J. L. BEEBEE (Commanding)

G.E. HARRINGTON, Comdr. USNR
By direction

L. Receipt of the above authorization is hereby acknowledged. The accounts of the above named man have been adjusted.

(date)

(Pay Officer)

SH 16-10M
421128
5M-(R) 42127

ENTERED _____
DATE _____

JHB

REPORT OF CHANGE IN PAY STATUS

ELLIS **John** **M.** **4314-21919** **AS**
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

USMSTS **SHEEPSHEAD BAY, N.Y.** **October 22, 1943**
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

FILE
 B.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

TRANSFER

Status—Probationary ~~Probationary~~ Training ~~Administrative~~
 (Delete one) (Delete one)

Departed **October 22, 1943** from **USMSTS, Sheepshead Bay, N.Y.**
 (Date) (Unit)

Reported ********* at *********
 (Date) (Unit)

Annual leave—Entitled to **No (0)** accrued annual leave.
 (Days)

Sick leave—Entitled to **two (2) days** accrued sick leave.

Destination—**New York Graduate Station for shipping out.**

AUTHORITY:
 Verbal Authority
 Officer In Charge
 New York Graduate Station
 this date.
 1130 USMS Instructions

JOHN L. BERBE, Captain, USNR
 (Commanding)

G.E. Harrington, Comdr., USNR
 (Title)
 By direction.

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

 (Date) (Pay officer)

FOR HEADQUARTERS USE ONLY

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.

GRADUATE STATION
22 Batterymarch Street
BOSTON, MASSACHUSETTS

Oct 26, 1943

Local Board 626
5497 Main St.
Williamsville, NY

NAME OF REGISTRANT: John Myers Ellis
SELECTIVE SERVICE ORDER NO: 2413

Gentlemen:

This is to notify you that the above named registrant of your Board has completed the course of training for which he enrolled in the United States Maritime Service.

As of this date he is being transferred to the Recruitment and Manning Organization of the War Shipping Administration for assignment to a merchant ship. As soon as he has signed the ship's articles preparatory to shipping out, the Recruitment and Manning Organization will file with your Board a further request for the deferment of this man as an active merchant seaman, under the terms of the Selective Service Activity and Occupation Bulletin Number 26-2.

It is earnestly requested that your Board continue this man's deferment until you are advised further concerning his status. If an additional request for this man's deferment is not received by your Board within approximately thirty days, it is suggested that you write to the Recruitment and Manning Organization, War Shipping Administration, Washington, 25, D. C., for information regarding his delay in shipping out.

Sincerely,

Clifford S. Morgan, Ensign, USMS
Officer-in-Charge

UNITED STATES MARITIME SERVICE

ENROLLMENT FORM
for
APPRENTICE SEAMEN

Soc. Security No.
071-05-7990

Service No. _____
4314-21919

SUMMARY OF STATUS

Name _____ **ELLIS** _____ **John** _____ **Myers** _____ Age **30**
(Surname) (Given name) (Middle name) (Years)

Residence _____ **327** _____ **Windermere Blvd.** _____ **Egbertsville** _____ **New York**
(Number) (Street) (City or town) (State)

Place of birth _____ **Buffalo, New York** _____ Date of birth _____ **8/26/12**
(Country, if foreign) (City and State, if in U.S.) (Month, day, year)

Citizenship: Native _____ _____ Naturalized _____
(Place) (Date)

Race _____ **White** _____ Marital status _____ **Married** _____ Dependents _____ **NONE**

Name and address of nearest relative: { **Mr.** _____ **Virginia K. ELLIS** _____
(Name)
Wife _____ **536 S.W. 7th Ave.** _____ **Miami, Florida** _____
(Relationship) (Address)

Military service: * Yes _____ None _____ _____ Education _____ **High School--4 years**
(No. years grade school, high school or college)

Previous enrollment, Maritime Service: Yes _____ None _____ _____

Length of sea service* _____ **NONE** _____ Present position _____ **Unemployed**
(Years)

Number of { License (or) _____ **NONE** _____ Nature of { License (or) _____ **NONE** _____
 Certificate _____

*Explain in detail in Schedules on next page.

NATURE OF ENROLLMENT

The Maritime Service is a voluntary organization. Those who are accepted for enrollment agree, by the act of enrollment, to abide by the rules and regulations of the Service and to be governed by them during such enrollment. Enrollees will enter upon active duty with the Maritime Service immediately upon enrollment for a period of 6 months. Qualified persons may be released earlier if the needs of the service will be best served. During any period of active duty enrollees will obey the lawful orders of persons in authority under the rules and regulations of the Service. Injuries received or disease contracted by enrollees in the Maritime Service cannot be made the basis of any claim against the Government except as specifically authorized by law. Enrollees may be held financially responsible for the willful destruction, loss, sale, or disposal of Government property, and shall also be liable for prosecution therefor in the civil courts. Upon release from active service enrollees shall not be entitled to any allowances except transportation in kind to such location as may be determined by the needs of the service. Upon release from the original period of active service enrollees shall be entitled to further service, active and inactive, under the rules and regulations of the Service. ~~The duration of any enrollment shall be at the will of the enrollee, except that any enrollee may be disenrolled for cause, including physical or mental disability, misconduct, and failure to comply with the conditions prescribed by the rules and regulations of the Service.~~ Each enrollee agrees that he will, upon completion of the training period, seek employment on vessels of the Merchant Marine for 1 year.

W.F. P. S.

OATH OF ENROLLMENT

I, _____ **John Myers ELLIS** _____, do solemnly swear (or affirm), that I have read the foregoing summary of status and the notations explanatory thereof and that the information therein contained is true and complete according to my best information and belief; that I have read and considered the foregoing statement on the Nature of Enrollment in the Maritime Service; that I will abide by the rules and regulations of the Service and obey the lawful orders of persons in authority pursuant thereto during my said enrollment; and that I seek enrollment in the Service in good faith and with the sincere desire to improve my own efficiency and to advance the welfare of the United States Merchant Marine.

John Myers ELLIS (Signature of applicant)

Subscribed and sworn to before me, this, the 13 day of August, 1943.

Harry R. Crabtree
HARRY R. CRABTREE
Enrolling Officer.

Enrolled at Buffalo, New York (Place) A. S. (Grade) on 13 August, 1943 (Date)

and assigned to USMSTS Sheepshead Bay, Brooklyn, N.Y. (a) (Training station or ship) Reg. Enr. Dir. Tel. Conv. 7-22-43

13 August, 1943 (Date)

Harry R. Crabtree
HARRY R. CRABTREE
Enrolling Officer.

Military and naval record. Check (✓) to indicate branch, and give branch of service, dates of enlistment and discharge, and type of discharge:

ARMY	NAVY	MARINE CORPS	COAST GUARD
NONE			
Enlisted _____ (Date)	Discharged _____ (Date)	Type of discharge _____	
(Branch of service)			
Enlisted _____ (Date)	Discharged _____ (Date)	Type of discharge _____	
(Branch of service)			
Enlisted _____ (Date)	Discharged _____ (Date)	Type of discharge _____	
(Branch of service)			
Enlisted _____ (Date)	Discharged _____ (Date)	Type of discharge _____	
(Branch of service)			

Record of arrests and convictions, if any (describe fully):

PLACE	DATE	OFFENSE	FINAL DISPOSITION OF CASE
NONE			

Record of service on merchant vessels during past 2 years:

COMPANY	SHIP	CAPACITY	PERIOD	
			From—	To—
NONE				

PHYSICAL EXAMINATION FOR ENROLLMENT

Name ELLIS John Myers Age 30
(Surname) (Given name) (Middle name) (Years)

Race White Height 71 1/4 inches Weight 169 Eyes _____ Hair _____

Distinguishing marks _____

Defects noted NONE

Preliminary examination indicates applicant's physical condition is (not) satisfactory for enrollment in the United States Maritime Service.

Buffalo, New York (Place)

13 August, 1943 (Date)

J. J. Pendola
J. J. PENDOLA, ASST. SURG. USPHS
(Signature of medical officer)

(Title—Public Health Service)

CHOLERA.....RECORD OF INOCULATION.....TYPHUS.....

Typhoid AUG 16 1943 (First) AUG 20 1943 (Second) AUG 27 1943 (Completed)

Smallpox AUG 16 1943 Remarks

(Title—Public Health Service)

Swarentz (Signature of medical officer)

PHYSICAL EXAMINATION ON DISENROLLMENT OR RELEASE FROM ACTIVE DUTY

Enrollee's Statement

I have sustained no disability or physical impairment of any nature during my active service with the Maritime Service, except* as follows:

OCT 26 1943

(Date)

John M. Ellis (Enrollee's signature)

*Describe all exceptions fully, as to nature, extent, and probable duration.

MEDICAL EXAMINER'S CERTIFICATE

I have carefully examined _____ (Name of enrollee)

and find no essential change in his physical condition as shown by his medical examination at the time of enrollment, except as follows:

OCT 26 1943

Harvey Polakoff (Signature of medical officer)

USMS GRADUATE STATION Boston, Mass. (Place)

U. S. P. H. S. (R) Assistant (Title—Public Health Service)

ACCEPTANCE FOR REGULAR ENROLLMENT

_____, having satisfactorily completed a probationary enrollment at SHEEPSHEAD BAY, N. Y. (Training station)

is hereby accepted for regular enrollment in the United States Maritime Service with the grade of STEWARD'S MATE, SECOND CLASS, effective on OCT 26 1943

John M. Ellis (Signature of enrollee)

C. S. MORGAN, Ensign, U.S.N. (Training station) Officer-in-Charge

DISENROLLMENT

_____, was this day disenrolled from the United States Maritime Service { by request / for cause } as follows:

I request disenrollment from the United States Maritime Service.*

(Signature of enrollee)

Officer in Charge of Training.

(Training station)

*This space to be used only for disenrollment by request.

REPORT OF CHANGE IN PAY STATUS

Ellis John W. 4314-21919 A.S.
(Surname) (First name) (Middle initial) (Service number) (Rank or rating)

U.S.M.S. G.S. Boston, Mass. October 26, 1943
(Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

CODED

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

GRADUATION
(For trainees only)

7/2

Graduated on October 26, 1943 in grade of St. M2c, having

completed training in Steward Dept.

Released to Am. Export Line S/S Explorer

as Messman

Transportation issued from None to _____

Has completed previous Maritime Service training _____
(Yes or no)

AUTHORITY:

Article 227(a) _____
Mar. Ser. Instr. _____
(Commanding) (Title)



1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

EARL CUNERD, Ensign, USMS, Agt. Cashier

October 26, 1943 _____
(Date) (Pay officer)

C.S. MORGAN? Ensign USMS?, Asst. Agt. Cashier,
FOR HEADQUARTERS USE ONLY By direction.

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.
22	00	43	1421919	54	MATT2	73STW	03/102643	X	3	2

REPORT OF CHANGE IN PAY STATUS

JC

ELLIS

(Surname)

John

(First name)

M.

(Middle initial)

4314-21919

(Service No.)

AS

(Rank or rating)

U.S.M.S. TRAINING STATION

(Unit)

SHEEPSHEAD BAY, N.Y.

(Place)

Oct. 7, 1943.

(Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Returned from unauthorized leave

Oct. 5, 1943.

AUTHORITY:

1102 (2) USMS Instructions
1942 Revised

JOHN L. BEEBE, Captain, USNR
(Commanding)

G.E. HARRINGTON, Comdr., USNR
By direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

REPORT OF CHANGE IN PAY STATUS

<u>JC</u> <u>ELLIS</u>	<u>John</u>	<u>E.</u>	<u>4314-21910</u>	<u>AS</u>
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
<u>U.S.M.S. TRAINING STATION</u>		<u>SHEEPSHEAD BAY, N.Y.</u>		<u>Oct. 6, 1943.</u>
(Unit)		(Place)		(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Absence without leave from

Oct. 4, 1943.

AUTHORITY:
1102 (2) USMS Instructions
1942 Revised

JOHN L. BEEBE, Captain, USNR
(Commanding)

G.E. HARRINGTON, Comdr., USNR
(Title)
By direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

OCT 7 1943
(Date)

(Pay officer)

J.C.

REPORT OF CHANGE IN PAY STATUS

as

ELLIS	John M.	4314-21919	AS
(Surname)	(First name)	(Middle initial)	(Service number)
USMSTS	SHEEPSHEAD BAY, N.Y.	Oct. 17, 1943	
(Unit)	(Place)	(Date)	

From: COMMANDING OFFICER.
 To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

MISCELLANEOUS

Status—Probationary or graduated Training or Administrative
 (Delete ~~XXXXXXXXXX~~) (Delete ~~one~~)

ON AUTHORIZED LEAVE FROM October 15, 1943 to October 22, 1943

Entitled to one (1) days leave with pay.

AUTHORITY:

242(b) USMS INST.

1942 Rev.

JOHN L. BEEBE, Capt., USNR
(Commanding)

G.E. HARRINGTON, Comdr., USNR
(Title)

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

OCT 18 1943

(Date)

(Pay officer)

FOR HEADQUARTERS USE ONLY

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.

REPORT OF CHANGE IN PAY STATUS

JG

ELLIS

John

H.

4314-21919

AS

(Surname)

(First name)

(Middle initial)

(Service No.)

(Rank or rating)

U.S.M.S. TRAINING STATION

SHEEPSHEAD BAY, N.Y.

Oct. 7, 1943.

(Unit)

(Place)

(Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Returned from unauthorized leave

Oct. 6, 1943.

AUTHORITY:

1102 (2) USMS Instructions
1942 Revised

JOHN L. BEEBE, Captain, USNR
(Commanding)

G.E. HARRINGTON, Comdr., USNR
By direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

OCT 7 1943

(Date)

(Pay officer)

J.G.

17318

Form No. 2668
War Shipping Administration
DIVISION OF TRAINING
Form Approved by Comptroller
General, U.S. Sept. 3, 1942

S.V. _____
Pay No. 7-34521

REPORT OF CHANGE IN PAY STATUS

III

<u>Ellis</u>	<u>John</u>	<u>H.</u>	<u>4314-21919</u>	<u>AS</u>	<u>USMS</u>
(Surname)	(First)	(Middle Init.)	(Serv. No.)	(Rate)	
<u>Trainee</u>	<u>SLEEPSHEAD BAY, N.Y.</u>		<u>Sept. 22, 1943</u>		
(Unit)	(Place)		(Date)		

FROM: COMMANDING OFFICER
TO: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

ON AUTHORIZED LEAVE

From Sept. 17, 1943 to Sept. 21, 1943

Returned to this station Sept. 21, 1943

AUTHORITY:
Art. 242 (b) USMS Inst.,
1942 Rev.

JOHN I. BEEBE
(Commanding)

G.E. HARRINGTON, Comdr., USNR
(By direction)

1. Receipt of this authorization is hereby acknowledged. The pay accounts of the above named have been adjusted.

9/24/43
(Date) J.O.

(Pay Officer)

REPORT OF CHANGE IN PAY STATUS

23

ELLIS

John

M.

4314-21919

AS

(Surname)

(First name)

(Middle initial)

(Service number)

(Rank or rating)

USMSTS

SHEEPSHEAD BAY, N.Y.

Oct. 22, 1943

(Unit)

(Place)

(Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

MISCELLANEOUS

Status—Probationary or ~~graduate~~ Training or ~~Administrative~~.
(Delete one) (Delete one)

ON AUTHORIZED LEAVE FROM October 18, 1943 to October 22, 1943.

Returned to this Station, October 22, 1943.

This will correct previous 2668 indicating man went on leave on October 15, 1943.

**AUTHORITY:
Art. 242(b) USMS INST.**

J.L. BEEBE, Capt., USNR

(Commanding)

G.E. HARRINGTON, Comdr., USNR

By direction

(Title)

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

10/22/43
(Date)

(Pay officer)

FOR HEADQUARTERS USE ONLY

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.

REPORT OF CHANGE IN PAY STATUS

ELLIS **John** **M.** **4314-21919** **AS**

 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

USMSTS **SHEEPSHEAD BAY, N.Y.** **Oct. 22, 1943**

 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

MISCELLANEOUS

Status—Probationary ~~or Junior~~ Training or Administrative ~~or Administrative~~
 (Delete one) (Delete one)

ON AUTHORIZED LEAVE from October 18, 1943 to October 22, 1943

Returned to this station October 22, 1943.

AUTHORITY:
Art. 242(b) USMS INST.

J.L. BEEBE, Capt., USNR

 (Commanding)

(Title)
G.E. HARRINGTON, Comdr., USNR

By direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

10/22/43

 (Date)

 (Pay officer)

FOR HEADQUARTERS USE ONLY

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.

JHB

REPORT OF CHANGE IN PAY STATUS

ELLIS **John** **M.** **4314-21919** **AS**
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

USMSTS **SHEEPSHEAD BAY, N.Y.** **October 22, 1943**
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

TRANSFER

Status—Probationary ~~XXXXXXXXXX~~ Training ~~XXXXXXXXXX~~
 (Delete one) (Delete one)

Departed **October 22, 1943** from **USMSTS, Sheepshead Bay, N.Y.**
 (Date) (Unit)

Reported ********* at *********
 (Date) (Unit)

Annual leave—Entitled to **No (0)** accrued annual leave.
 (Days)

Sick leave--Entitled to two (2) days accrued sick leave.

Destination--New York Graduate Station for shipping out.

AUTHORITY:
Verbal Authority
Officer In Charge
New York Graduate Station
this date.
1130 USMS Instructions

JOHN L. BEEBE, Captain, USNR
 (Commanding)

G.E. Harrington, Comdr., USNR
 By direction.

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

OCT 22 1943 _____
 (Date) (Pay officer)

FOR HEADQUARTERS USE ONLY

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.

TRANSFER OF PAY ACCOUNTS

No. 1301

(In quadruplicate)

Of John M. ELLIS 4314-21919 AS USMS
 (Name in full) (Service number) (Rank or rating)

From Oct 1943 7-34521(6) USMSTS SHEEPSHEAD BAY NY
 (Roll) (Pay number) (Ship or station)

To _____ NEW YORK GRAD STATION
 (Roll) (Pay number) (Ship or station)

Closed to 21 Oct 1943 with balance, \$ PAID IN FULL.
 (Inclusive date) ("Paid in full" or amount in figures, followed by "Due" or "Overpaid")

PAID IN FULL.

(Repeat amount in words followed by "Due" or "Overpaid." When required by Article 182 (1), P. and S. I., attach "Statement of Account.") (For enrollee

below officer rank use remainder of space to record balance due on clothing bounty, date, and place of acceptance for current enrollment, etc.)

Enrolled at: Buffalo N.Y. - 13 August 1943

Monthly rate of pay, \$ 50.00 Computed as follows: Base
 (Figures) (State facts on which computation is based)

1943 TTI: \$ 103.33

I HEREBY CERTIFY that the following absences are the only recorded absences during this enrollment which affect this person's right to pay for service.

NPDI: From None to _____, _____ days.

AHOM: From None to _____, _____ days.

AWL: From None to _____, _____ days.

22 Oct. 1943

(Date)

(Date)

TRANSFERRING PAY OFFICER

Certified to be a true copy of the account as it appears on my rolls.

RECEIVING PAY OFFICER

Receipt of the account is hereby acknowledged.

(Signature, name, and rank)

(Signature, name, and rank)

Finance Officer

14268

Form No. 2668

WAR SHIPPING ADMINISTRATION
DIVISION OF TRAINING

S.V.No. _____

Form Approved by Comptroller General, U.S.

Pay No. 7-34521

REPORT OF CHANGE IN PAY STATUS

1-6

ELLIS, John H. 4314-21919 AS USMS
(Surname) (First) (Middle Init) (Service No.) (Rate)

Trainee SHEEPSHEAD BAY, N.Y. September 20, 1943
(Unit) (Place) (Date)

FROM: COMMANDING OFFICER
TO: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

ON AUTHORIZED LEAVE from September 17, 1943 to September 21, 1943.
entitled to one (1) days leave with pay.

AUTHORITY:
Art. 242 (b) USMS Inst, 1942 (rev.)

JOHN L. BEEBE
(Commanding)

G.E. HARRINGTON, Comdr., USNR
By Direction

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

SEP 20 1943 J.C.
(Date)

W.S. Overton, Jr., Lt. USNR

N.G.G. NO. 2668
Form approved by comptroller General U.S.
April 13, 1943
(revised 1937)

S.V.NO. 9167
Pay No. 7-34521

REPORT OF CHANGE IN PAY STATUS

ELLIS (Surname) John (First name) H. (Init.) 4314-21919 (Serv. No.) AS USMS (Rank or rate)
Section 613 (unit) USMSTS SHEEPSHEAD BAY, N. Y. (place) Aug. 14, (date) 1943

From: THE SUPERINTENDENT
To: PAY OFFICER

You are hereby authorized to adjust the pay accounts of the above named man for the following reason:

Reported this station this date for training.

Enrolled at Buffalo, N. Y. on Aug. 13, 1943
Departed Enrolling Office Aug. 13, 1943

FIRST ENROLLMENT:
Entitled to clothing bounty in the sum of \$82.00.

AUTHORITY:
Transfer order dated:
Aug. 13, 1943

J. L. BEEBEE (Commanding)

G.E. HARRINGTON, Comdr. USNR
By direction

L. Receipt of the above authorization is hereby acknowledged. The accounts of the above named man have been adjusted.

AUG 19 1943
(date)

(Pay Officer)

S.H.G.

SH 16-10M
421128
5M-(R) 42127

ENTERED _____
DATE _____

REPORT OF CHANGE IN PAY STATUS

ELLIS John M. 4314-21919 AS (MS)
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)
USMS GRADUATE STATION
Boston, Mass. 22 October, 1943
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

CODED
M.J.O.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

TRANSFER

Status—Probationary or graduated Training or Administrative.
 (Delete one) (Delete one)

Departed 22 October, 1943 from USMSTS SHEEPSHEAD BAY NY
 (Date) (Unit)

Reported 23 October, 1943 at USMS GRADUATE STATION
Boston, Mass.
 (Date) (Unit)

Annual leave—Entitled to --- accrued annual leave.
 (Days)



AUTHORITY:
 Hqtrs. Letter,
 30 December, 1942

(Commanding)
C. S. MORGAN, Ensign, USMS.
 Officer-in-Charge
 (Title)

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

EARL H. GUNERD, Ensign, USMS., Asst. Cashier

22 October, 1943
 (Date)

(Pay officer)
C. S. MORGAN, Ensign, USMS., Asst. Agt. Cashier,
 FOR HEADQUARTERS USE ONLY By direction.

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.
5	1	00	431421919	54	AS	74 GEN 10	10 23 43	—	—	2