

**REPORT OF MEDICAL EXAMINATION**

Place DALLAS (Name and location of unit) 11-15-44 (Date) A S (Purpose of examination. If for enrollment, give grade and whether for tr. or admin. duty)  
Name Scheele (SURNAME) Albert 20 (Given) Dec 30, 1923 (Age) Floyd, Texas (Date of birth) Texas (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) 42, good (Age and state of health) (Dead) (Cause of and age at death)  
Mother yes (Living—Yes or no) 39, good (Age and state of health) (Dead) (Cause of and age at death)  
Brothers none (Number living) (State of health) (Number dead) (Cause of and age at death)  
Sisters 3 (Number living) good (State of health) none (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	<u>no</u>	Lung trouble	<u>no</u>	Trouble breathing	<u>no</u>	Legs or feet tire easily	<u>no</u>
Hay fever	<u>no</u>	Rheumatism	<u>no</u>	Spitting of blood	<u>no</u>	Bed wetting in last 5 years	<u>no</u>
Fits	<u>no</u>	Chronic rash	<u>no</u>	Operations (kind)	<u>no</u>	Wear or ever worn glasses	<u>no</u>
Rupture	<u>no</u>	Ear trouble	<u>no</u>	Walking in sleep	<u>no</u>	Ever had serious illness	<u>no</u>
Stutter	<u>no</u>	Heart trouble	<u>no</u>	Fainting spells	<u>no</u>	Ever been in hospital	<u>no</u>
Piles	<u>no</u>	Head injuries	<u>no</u>	Venereal diseases	<u>no</u>	Are you well	<u>yes</u>

Habits none (Tobacco—Kind and amount daily) none (Drugs—Kind and amount)  
none (Alcoholics—Kind and amount daily) Albert Scheele (Signature of examinee)

**PHYSICAL EXAMINATION: Head and face**

(Size, symmetry, deformities, depressions, etc.)  
Eyes N Pupils N  
(Diseases or anatomical defects) (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 N Color perception N-Plates  
(Record only when defect exists) (State method—Name and edition of plates; Williams Lantern)  
Ears N  
(Abnormalities; evidence of mastoid or other disease; condition of canal, drums, etc.)  
Right—whisper 15/15 Spoken 30/30 Left—whisper 15/15 Spoken 30/30  
(Hearing: Wax must be removed before examination. Record distance in feet, 15/15 normal for whisper, 30/30 spoken)  
Nose N  
(Diseases or anatomical defects, obstruction, deflection of septum, polypi)

Mouth N  
(Tongue, palate, pharynx, larynx, tonsils)  
Teeth and gums: Marked malocclusion no  
(Yes or no)  
Lack of serviceable occlusion no  
(Yes or no)  
Pyorrhea 0 Periapical disease 0  
(Degree) (Degree)  
Dentures and replacements yes  
(Describe. Are they satisfactory?)  
Are requirements met? yes Résumé yes  
(Yes or no)

Mark in spaces above and below cut opposite

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

(Right Side)

(Remarks)

(If examined by dental officer, sign here)

**INSTRUCTIONS.**—This form is not to be copied on typewriter; use indelible pencil for original, carbon for copy. If examination is of an applicant for training, and made at an enrolling office, the original is to be forwarded to the training station to which line 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

Med 32 37 77.1 29  
(Build and appearance—slender, medium, etc.) (Chest at expiration) (Chest at inspiration) (Temperature) (Circumference at abdomen)

Height 5 ft. 7/4 in. Weight 140 lbs.  
(Recent gain or loss, etc.) (Remarks)

Skin  
(Diseases or defects) (White, colored) (Blond, brunet) (Florid, sallow)

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

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

Thorax  
(Size, shape, movement, etc.)

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

Heart  
(Palpation, percussion, auscultation)

Pulse 46 128 98  
(Before exercise) (After exercise) (Three minutes after) (Condition of arteries) (Character of pulse)

Blood pressure 120 74 42  
(Systolic) (Diastolic) (Pulse pressure)

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

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

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

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

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

LABORATORY: Urinalysis 1015  
(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  
(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:

1) Varicocele Lt.

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

mended? Yes For training? Yes  
(Yes or no) (Yes or no)

For administrative duty only? Yes If for inactive  
(Yes or no) (Yes or no)

duty under terms of amendment No. 1, General Order  
23, is man qualified to perform duties aboard merchant

vessel? Yes Give full justification, naming  
(Yes or no)

grade or job and outlining duties

Clayton A. Vaughan  
Ph 11/10 US N.S.

(Signature and rank of examining medical officer)



WAR SHIPPING ADMINISTRATION  
TRAINING ORGANIZATION  
UNITED STATES MARITIME SERVICE  
ENROLLING OFFICE

1901 Bryan St.

Dallas 1, Texas

DATE

Nov 27 1944

INSTRUCTIONS TO THE ENROLLEE: Fill in the sections of this affidavit that apply to you.

SECTION I. TO BE FILLED IN BY ALL ENROLLEES.

Name of Enrollee

Albert Rudolph Scheele

Date of Birth

Dec 30, 1923

Present age

20

11

(years)

(months)

Home Address

Rt 1 Lockney Texas

SECTION II. TO BE FILLED IN BY ALL ENROLLEES EIGHTEEN THROUGH THIRTY SEVEN YEARS OF AGE.

I Hereby certify that I am registered with the Selective Service System, and that the following information is true and correct:

My Local

Board is No.

1

Address

American Legion Hall, Floydada Texas  
(No. & Street) (City or Town) (State)

I am presently in Selective Service Class 1 A having held that classification since Sept. 28, 1944.

(Date)

I FURTHER CERTIFY THAT I AM NOT NOW UNDER ORDERS TO REPORT FOR INDUCTION INTO ANY BRANCH OF THE ARMED FORCES NOR AM I ON ACTIVE DUTY IN ANY BRANCH OF THE ARMED FORCES.

Signature

Albert Rudolph Scheele

SECTION III. TO BE FILLED IN BY ENROLLEES WHO ARE UNDER EIGHTEEN YEARS OF AGE AND HAVE NOT REGISTERED WITH SELECTIVE SERVICE.

This is to certify that I have not reached my eighteenth birthday, that I am not registered with the Selective Service System, and that I am not on active or inactive duty in any branch of the Armed Forces.

Signature \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me at

Dallas, Texas

This 27 day of Nov.

1944

Witnesses:

Roger C. Sander

Arthur H. Mason

O. L. Kuler

Enrolling Officer



WAR SHIPPING ADMINISTRATION  
TRAINING ORGANIZATION  
UNITED STATES MARITIME SERVICE  
ENROLLING OFFICE

1901 Bryan St.

Dallas 1, Texas

DATE DEC 17 1944

INSTRUCTIONS TO THE ENROLLEE: Fill in the sections of this affidavit that apply to you.

SECTION I. TO BE FILLED IN BY ALL ENROLLEES.

Name of Enrollee

Albert Rudolph Scheele

Date of Birth

Dec. 30, 1923

Present age

20 11

(years) (months)

Home Address

Rt. 1, Lockney Texas

SECTION II. TO BE FILLED IN BY ALL ENROLLEES EIGHTEEN THROUGH THIRTY SEVEN YEARS OF AGE.

I Hereby certify that I am registered with the Selective Service System, and that the following information is true and correct:

My Local

Board is No. 1

, Address

American Legion Hall, Floydada, Texas  
(No. & Street) (City or Town) (State)

I am presently in Selective Service Class II B having held that classification since Dec. 7, 1944.

(Date)

I FURTHER CERTIFY THAT I AM NOT NOW UNDER ORDERS TO REPORT FOR INDUCTION INTO ANY BRANCH OF THE ARMED FORCES NOR AM I ON ACTIVE DUTY IN ANY BRANCH OF THE ARMED FORCES.

Signature

Albert Rudolph Scheele

SECTION III. TO BE FILLED IN BY ENROLLEES WHO ARE UNDER EIGHTEEN YEARS OF AGE AND HAVE NOT REGISTERED WITH SELECTIVE SERVICE.

This is to certify that I have not reached my eighteenth birthday, that I am not registered with the Selective Service System, and that I am not on active or inactive duty in any branch of the Armed Forces.

Signature \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me at  
Dallas, Texas, This \_\_\_\_\_ day of DEC 17 1944, 19\_\_\_\_

Witnesses:

Roger E. Lander  
W. W. McKinley

O. G. Kuler  
Enrolling Officer  
O. G. KULER, Lt. (jg) U.S.M.S.



**WAR SHIPPING ADMINISTRATION  
TRAINING ORGANIZATION  
UNITED STATES MARITIME SERVICE  
APPLICATION FOR ENROLLMENT  
as  
APPRENTICE SEAMAN**

Approved \_\_\_\_\_ (Date)  
Rejected for \_\_\_\_\_  
Date \_\_\_\_\_  
By \_\_\_\_\_  
(For the Maritime Service)

Application No. \_\_\_\_\_

(This space reserved for Headquarter's use only)

**INSTRUCTIONS**

To be eligible for enrollment in the Maritime Service, an applicant: (1) Must be a citizen of the United States; (2) not less than 17 years, 6 months nor more than 35 years, 6 months of age; (3) must be of excellent character. Applicants must agree to accept assignment and continue to serve on vessels of the Merchant Marine for a period of one year after completing the course of instruction with the Maritime Service. The length of the course of instruction will be from three to six months, depending upon the needs of the 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 of applicants under 21 years of age.

Name in full Scheele Albert Rudolph  
(Last name) (First name) (Middle name)  
Present address Rt. 1 Lockney Texas  
(Number) (Street) (City) (State)  
Legal (voting) address \_\_\_\_\_  
(State) (County) (Town)  
Where born Lockney Texas When born Dec 30, 1923  
(City or town) (State or foreign country) (Month, day, year)

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

Indicate race and marital status (✓):			Education (indicate by circling years):															
RACE (If other, state which)			COMMON SCHOOL				HIGH SCHOOL				COLLEGE							
White ✓	Colored	Other	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4
MARITAL STATUS (✓):			SPECIAL TRADE OR SKILL (Describe below)															
Single	Married	Divorced ✓	Widowed	Farmer														

Number and ages of dependents: Minor children None Other dependents None  
Military and naval record. Check (✓) to indicate branch and give branch of service, dates of enlistment, and discharge and type of discharge:

ARMY	<u>no</u>	NAVY	<u>no</u>	MARINE CORPS	<u>no</u>	COAST GUARD	<u>no</u>
------	-----------	------	-----------	--------------	-----------	-------------	-----------

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 Farming

Name and address of last (or present) employer M. C. Scheele, Rt. 1, Lockney, Tex.

List the names of the schools you have attended and indicate whether you graduated from each of them:  
Providence grade school - graduated  
Plainview High School - graduated

Nearest relative M. C. Scheele - father

Address Rt. 1, Lockney, Texas

**CODED**  
EA



GENERAL PHYSICAL STATEMENT

What is your height? 6 7 1/2 Weight? 145 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 Date of enrollment?
(Yes or no)

Have you ever been arrested? no Tried? no Convicted? no

(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

[REMARKS SECTION - mostly blank lines]

Local Board No. 1 Hair Brown
Address American Legion Hall, Floydada Tex Eyes Blue
Order No. 10740 Classification 1A Scars None
Social Security No. 459-38-5489

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

Nov. 15, 1944 (Date) Albert Rudolph Scheele (Signature of applicant) SCHEELE

Enrolled at Dallas, Texas as A.S. on November 27, 1944
(Place) (Grade) (Date)

Assigned to USMSTS St. Petersburg, Florida on DEC 17 1944
(Training station or ship) (Date)

O.G. KULER, Lt. (jg), USMS Enrolling Officer.

Service # (4405-08960)



*Ma*



WAR SHIPPING ADMINISTRATION  
DIVISION OF TRAINING  
UNITED STATES MARITIME SERVICE  
1901 Bryan St., Dallas 1, Texas

*FILE  
Winc*

From: Enrolling Officer. PERS 8-4/90b1  
December 17, 1944  
To: SCHUELE, Albert Rudolph, A.S., USMS, present. 4405-08960  
Subject: Orders; travel.  
Reference: R.E.O. Telegram December 13, 1944.

1. Proceed immediately to St. Petersburg, Florida and report to the Superintendent or Commanding Officer of the U. S. Maritime Service Training Station for training.

2. The travel necessary to the execution hereof is required by the public interest.

3. You will depart from Union Station, Dallas, Texas at 1715 this date

4. Following transportation is issued to you: xxx Albert E. Fifield:  
WSA 88,675-88,726 covering railroad and pullman accommodations for yourself, also, meal tickets WSA 109545 to 109550 inclusively and WSA 109651.

O. G. Kuler, Lt. (JG), U.S.M.S.  
Enrolling Officer.

FIRST ENDORSEMENT

Reported at U. S. Maritime Service Training Station, St. Petersburg, Fla.  
at 2130 on 19 December, 1944

Assigned Service Number 4405-08960

*A. E. Harrington*

C. E. HARRINGTON CAPTAIN U.S.M.S.  
Superintendent.





## REPORT OF CHANGE IN PAY STATUS

**SCHEELE**                      **Albert**                      **R.**                      **(4405-08960)**                      **A.S. (MS)**  
 (Surname)                      (First name)                      (Middle initial)                      (Service number)                      (Rank or rating)

**M. S. T. S., ST. PETERSBURG**                      **ST. PETERSBURG, FLORIDA**                      **22 December, 1944**  
 (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:

### ENROLLMENT OR REENROLLMENT

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

~~Reenrolled~~ } **A.S.** , at **DALLAS, TEXAS**  
 Originally enrolled as } (Grade)                      (Place)  
 (Delete one)

on **27 November, 1944** and assigned to inactive status without pay.  
 (Date)

Reported this unit for assignment to **A. S. Training**  
 (Type of training or duty)

on **19 December, 1944**  
 (Date)

Recalled to active duty at Dallas, Texas on 17 December, 1944 and assigned to this station for training.

AUTHORITY: Travel Orders  
**Dallas, Texas 12/17/44**

**G. E. HARRINGTON, CAPTAIN, USMS**  
 (Commanding)

**SUPERINTENDENT, MSTs, ST. PETERSBURG**  
 (Title)

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.



## REPORT OF CHANGE IN PAY STATUS

SCHEELE	Albert	R.	(4405-08960)	A.S.(MS)
(Surname)	(First name)	(Middle initial)	(Service number)	(Rank or rating)
M.S.T.S., ST. PETERSBURG	ST. PETERSBURG, FLORIDA		5 February, 1945	
(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:

### CHANGE IN GRADE OR TYPE OF TRAINING

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

Changed in grade from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
(Grade)  (Grade)  (Date)

Changed in training from BASIC to ENGINE  
(Type of training)  (Type of training)

on 5 FEBRUARY, 1945  
(Date)

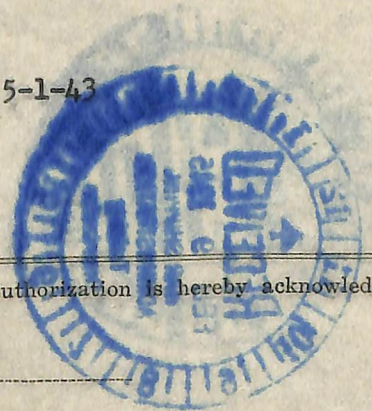
**AUTHORITY:**

H/L dated 5-1-43

G. E. Harrington

**G. E. HARRINGTON, CAPTAIN, USMS**  
(Commanding)

**SUPERINTENDENT, MSTs, ST. PETERSBURG**  
(Title)



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.



WAR SHIPPING ADMINISTRATION  
TRAINING ORGANIZATION  
UNITED STATES MARITIME SERVICE

11/27  
Service No. 4405-08960

ENROLLMENT FORM  
for  
APPRENTICE SEAMEN

SUMMARY OF STATUS

Name SCHEELE Albert Rudolph Age 20  
(Surname) (Given name) (Middle name) (Years)

Residence Route #1 Lockney Texas  
(Number) (Street) (City or town) (State)

Place of birth Lockney Texas Date of birth December 30, 1923  
(Country, if foreign) (City and State, if in U. S.) (Month, day, year)

Citizenship: Native Yes Naturalized No  
(Place) (Date)

Race U.S. White Marital status Married Dependents None

Name and address of nearest relative: Mrs. M. C. SCHEELE  
(Name)  
Father Route # 1 Lockney, Texas  
(Relationship) (Address)

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

Previous enrollment, Maritime Service: Yes None X

Length of sea service\* None Present position Unemployed  
(Years)

Number of { License (or) Certificate None Nature of { License (or) Certificate None

\*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.

OATH OF ENROLLMENT

I, Albert Rudolph SCHEELE, 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.

S. Security # 459-38-5489

Albert Rudolph Scheele  
Signature of applicant  
Albert Rudolph SCHEELE



Subscribed and sworn to before me, this, the 27 day of November, 1944

*O.G. Kuler*  
O.G. KULER, Lt. (jg), USMS *Enrolling Officer.*

Enrolled at Dallas, Texas as Apprentice Seaman on November 27, 1944  
(Place) (Grade) (Date)

and assigned to USMSTS St. Petersburg, Florida  
(Training station or ship)

DEC 17 1944 *O.G. Kuler*  
(Date) O.G. KULER, Lt. (jg), USMS *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	None	NAVY	None	MARINE CORPS	None	COAST GUARD	None
(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)	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

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

PLACE	DATE	OFFENSE	FINAL DISPOSITION OF CASE
<u>None Admitted</u>			

Record of service on merchant vessels during past 2 years:

COMPANY	SHIP	CAPACITY	PERIOD	
			From—	To—
<u>None</u>				

PHYSICAL EXAMINATION FOR ENROLLMENT

Name \_\_\_\_\_ Age \_\_\_\_\_  
(Surname) (Given name) (Middle name) (Years)

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Distinguishing marks \_\_\_\_\_

Defects noted \_\_\_\_\_

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

\_\_\_\_\_  
(Place) (Signature of medical officer)  
\_\_\_\_\_  
(Date) (Title—Public Health Service)



RECORD OF SERVICE

Name SCHEELE, Albert R. Service No. (4405-08960)  
 Enrolled at Dallas, Texas AS A.S. on 27 November, 1944  
(Place) (Grade) (Date)  
 Reported to USMSTS, ST. PETERSBURG, FLA. on 19 December, 1944  
(Training station) (Date)  
 Clothing and equipment issued on 20 December, 1944  
(Date)  
 Completed probationary enrollment on \_\_\_\_\_ MAY 20 1945  
(Date)  
 Placed on regular enrollment status with { rank } of Fireman 2nd. Class, effective MAY 20 1945  
rating (Date)  
 Disenrolled { by request } at \_\_\_\_\_  
for cause (Place)  
 on \_\_\_\_\_ Authority \_\_\_\_\_  
(Date)

CHANGES IN STATUS

CHANGE	PLACE	DATE	REMARKS
Changed in trng. from BASIC to ENGINE	U.S.T.S., ST. PETERSBURG	JAN 5 1945	H/L dated 5-1-43
TRANSFERRED TO AMERICAN SAILOR		MAR 3 1945	
REPORTED FROM AMERICAN SAILOR		MAR 24 1945	
Transferred to MSGS, HOUSTON, TEXAS	USMSTS, St. Petersburg	APR 2 1945	Teleg. from OIC HOUSTON to C.O. AMERICAN SAILOR dated 4-1-45.
Reported	USMSG, HOUSTON, TEXAS	4/7/45	
Released from active duty	USMSG, Houston, Texas	MAY 20 1945	Sinclair Oil Co.



SCHEELE, Albert Rudolph  
(Surname)

4405-08960  
(Given name)

(Age)

(Address, if indicated)

(Class of beneficiary)

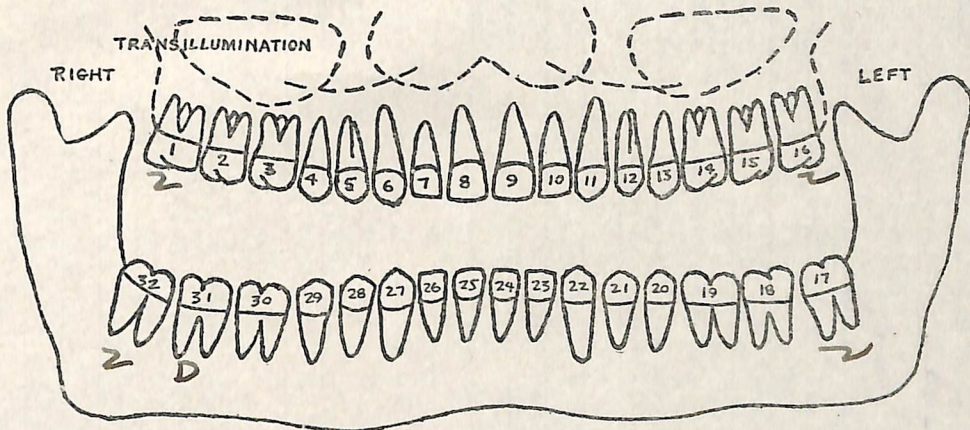
Authority for Admission

Vessel

(Name of)

### DENTAL EXAMINATION

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



- Roots
- Abscess
- Impacted
- Crown
- Devitalized
- Dummy bridge
- On denture
- Missing
- Extraction Indicated

X Ray No. \_\_\_\_\_ Remarks: \_\_\_\_\_

OUT-PATIENT OFFICE CARD ST. PETERSBURG, FLORIDA  
(Station) (Date)



Form WSA-Med. 2(a)

RECORD OF IMMUNIZATIONS AND BLOOD TYPE

Name **SCHEELE, Albert R. 4405-08960**  
 (LAST NAME—PRINT) (First Name) (Initial) (Book or "Z" No.)

Blood type **O 12-21-44**  
 (Type) (Date and place typed) (Signature and title of Dr.)

Smallpox **12-29-44 AR**  
 (Date and place vaccinated) (Reaction) (Signature and title of Dr.)

Typhus **1-45**  
 (Date: month, year) (place of 3 initial innoc.) (Sig. and title of Dr.)

Typhoid **1-45**  
 (Date: month, year) (place of 3 initial innoc.) (Sig. and title of Dr.)

Tetanus toxoid **1-45**  
 (Date: month, year) (place of 2 initial innoc.) (Sig. and title of Dr.)

~~Simulans~~  
 (Date: month, year) (place of 3 initial innoc.) (Sig. and title of Dr.)

Yellow fever **12-44 AB 442**  
 (Date: month, year) (place of initial innoc.) (Sig. and title of Dr.)

DIS-EASE	REIMMUNIZATIONS AND BOOSTERS Date and place of booster or reimmunization	Signature and title of Dr.

SCHEELE, Albert Rudolph  
 (Name—SURNAME, given name)

Enrolling Office Examination

51-18

Varicocele, left.

Training Station Examination

M.S.T.S., ST. PETERSBURG FLORIDA

RE 20/20 LE 20/20

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

2nd degree pes planus.

Laboratory

(Blood type)

NEGATIVE JAN 3 - 1945

(Serology—reaction and date)

(Differential count)

(Hb)

(Stool)

Urinalysis

(2-glass)

1.025

(Sp. gr.)

(Reaction)

(Albumen)

(Sugar)

(Microscopic)

Immunizations

DEC 29 1944

AR

(Smallpox—date, type reaction)

(Typhoid—dates 1st, 2d, 3d)

(Tetanus)

DEC 20 1944

(Yellow fever)

Remarks: TYPHUS

DEC 21 1944

DEC 29 1944

JAN 1 - 1945

DEC 1 1944  
 JAN 1 - 1945  
 JAN 1 2 1945

DEC 1 1944  
 JAN 1 - 1945

AB442

(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.

12-31-44 Sore rt. eye. RX Eye wash - Ice cap. PCR



1-2-45 Hot compresses boric ( $\frac{1}{2}$ ) hr. Brand.

2-15-45 Boxing exam Transferred to AMERICAN SAILOR

MAR 3 1945

MAR 24 1945

U.S.S. AMERICAN SAILOR

TRANSFERRED TO U. S. M. S. T. S.

MAR 26 1945 Physical Examination

ST. PETERSBURG, FLORIDA

4-2-45 Trfd. to Houston, Texas





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, Albert Rudolph SCHEELE, do solemnly swear or affirm that I have read  
(Name)

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."

+ Albert Rudolph Scheele  
(Signature)  
Albert Rudolph SCHEELE

Subscribed and sworn to (or affirmed) before me at Dallas, Texas this

27 day of November, 194 4

O. G. Kuler  
O.G. KULER, Lt. (jg), USMS  
Enrolling Officer  
Title



S. V. No. \_\_\_\_\_

PAY No. \_\_\_\_\_

## REPORT OF CHANGE IN PAY STATUS

SCHMIDT,  
 (Surname)

Rudolph  
 (First name)

A.,  
 (Middle initial)

4405-08960  
 (Service number)

A.S. (MS)  
 (Rank or rating)

USMSGS,  
 (Unit)

Houston, Texas,  
 (Place)

5-20-45  
 (Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

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

**GRADUATION**  
 (For trainees only)

Graduated on 5-20-45 (Date) in grade of Fireman 2/c (Grade), having

completed training in Engine Department (Course or type of training)

Released to Mancclair Oil Company (Name of company or merchant vessel) S S L. D. Stanford

as Oiler (Capacity in which employed)

Transportation issued from Houston, Texas to (NMU) Corpus Christi, Texas Via  
CTR

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

**AUTHORITY:**

David G. McGord, Jr., Ensign, USMS  
 (Commanding)

**Art. 202(a) USMSI**

Officer in Charge  
 (Title)

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

(Date)

Merle Attebery, W.P.C., USMS  
 (Pay officer)

**FOR HEADQUARTERS USE ONLY**

**Alternate Agent Cashier**

Card	Sta.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.
2	2	00	440508960	52	F2	69 ENA 02	052045	X	2	2



## REPORT OF CHANGE IN PAY STATUS

SCHUELE, Rudolph A. 1405-08960 A. S. (MS)  
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

USMSGS, Houston, Texas April 17, 1945  
(Unit) (Place) (Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

Status: Probationary

Training

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

Reported this date this unit from an authorized leave granted by the  
Officer in Charge. No pay accrues from April 13, 1945 through April  
16, 1945.

AUTHORITY:

Art. 202 (a) USMSX

David C. McCord, Jr., Ensign, USMS  
(Commanding)

Officer in Charge  
(Title)

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

\_\_\_\_\_  
(Date)

Merle Atchery, U. S. S., USMS  
(Pay Officer)  
Agent Cashier



17

S. V. No. \_\_\_\_\_  
PAY No. \_\_\_\_\_

# REPORT OF CHANGE IN PAY STATUS

**SCHNEE,** **Rudolph** **A.** **4105-08960** **A.S. (NS)**  
 (Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

**USMGS,** **Houston, Texas** **April 15, 1945**  
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.  
To: PAY OFFICER.

**Status: Probationary**

**Training**

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

**Still on authorized leave,  
period.**

**Pay accrues for three days of this leave**

**AUTHORITY:**

**Art. 202 (a) USMSI**

**David S. McCord, Jr., Design. USMS**  
(Commanding)

**Officer in Charge**  
(Title)

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

\_\_\_\_\_  
(Date)

**Herle Attebery, V.P.C., USMS**  
(Pay officer)

**Alternate Agent Cashier**



17

S. V. No. \_\_\_\_\_

PAY No. \_\_\_\_\_

# REPORT OF CHANGE IN PAY STATUS

SCHERLE (Surname)      Rudolph (First name)      A. (Middle initial)      1105-0806 (Service No.)      A.S. (M) (Rank or rating)

USMSGS. (Unit)      Houston, Texas (Place)      April 10, 1945 (Date)

From: COMMANDING OFFICER.  
To: PAY OFFICER.

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

Departed this date this unit on a seven days authorized leave granted  
by the Officer in Charge. Pay accrues for three days of this leave period.

**AUTHORITY:**

Art. 202 (a) USMSI

David O. McCord, Jr., Ensign, USNS  
(Commanding)

Officer in Charge  
(Title)

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

\_\_\_\_\_  
(Date)

Marle Atchery, W.P.O., USNS  
(Pay officer)

Alternate Agent Cashier



37

PHYSICAL EXAMINATION, USMSTS, St. Petersburg, Fla.

NAME SCHEELE, Albert Rudolph Service No. 4405-08960 Date 12-22-44  
(Last) (First) (Middle)

DOCTORS' COMMENTS

HT: 67 1/2 in. WT: 142 lbs. CHEST 37 1/2 34  
in. ex.

B.P. 136/70 PULSE 96 128  
before/after ex.

COLOR BLIND:  NO YES PARTIAL

VISION: RE: 20/20 LE: 20/20

CORRECTED: RE: 20/ LE: 20/

PES PLANUS: 1st  2nd 3rd degree



**REPORT OF MEDICAL EXAMINATION**

Place Dallas (Name and location of unit) 11-15-49 (Date) A. S. (Purpose of examination. If for enrollment, give grade and whether for tr. or admin. duty)  
Name Scheele (SURNAME) Albert 20 (Given) 20 (Age) Dec 30, 1923 (Date of birth) Floyd, Texas (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) 42, good (Age and state of health) (Dead) (Cause of and age at death)  
Mother yes (Living—Yes or no) 37, good (Age and state of health) (Dead) (Cause of and age at death)  
Brothers none (Number living) (State of health) (Number dead) (Cause of and age at death)  
Sisters 3 (Number living) good (State of health) none (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	<u>no</u>	Lung trouble	<u>no</u>	Trouble breathing	<u>no</u>	Legs or feet tire easily	<u>no</u>
Hay fever	<u>no</u>	Rheumatism	<u>no</u>	Spitting of blood	<u>no</u>	Bed wetting in last 5 years	<u>no</u>
Fits	<u>no</u>	Chronic rash	<u>no</u>	Operations (kind)	<u>no</u>	Wear or ever worn glasses	<u>no</u>
Rupture	<u>no</u>	Ear trouble	<u>no</u>	Walking in sleep	<u>no</u>	Ever had serious illness	<u>no</u>
Stutter	<u>no</u>	Heart trouble	<u>no</u>	Fainting spells	<u>no</u>	Ever been in hospital	<u>no</u>
Piles	<u>no</u>	Head injuries	<u>no</u>	Venereal diseases	<u>no</u>	Are you well	<u>yes</u>

**Habits**

(Tobacco—Kind and amount daily) none  
(Alcoholics—Kind and amount daily) none

(Drugs—Kind and amount) none  
(Signature of examinee) Albert Scheele

**PHYSICAL EXAMINATION: Head and face**

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

Eyes N Pupils N  
(Diseases or anatomical defects) (Size, shape, reaction to light, distance, etc.)  
Vision: Rt. 20/no Lt. 20/no Binocular 20/no Rt. 20/no Lt. 20/no Binocular 20/no  
(Uncorrected) (Corrected)  
Near vision N Color perception N-Plates  
(Record only when defect exists) (State method—Name and edition of plates; Williams Lantern)  
Ears N  
(Abnormalities; evidence of mastoid or other disease; condition of canal, drums, etc.)  
Right—whisper 15/15 Spoken 30/30 Left—whisper 15/15 Spoken 30/30  
(Hearing: Wax must be removed before examination. Record distance in feet, 15/15 normal for whisper, 30/30 spoken)  
Nose N  
(Diseases or anatomical defects, obstruction, deflection of septum, polypi)

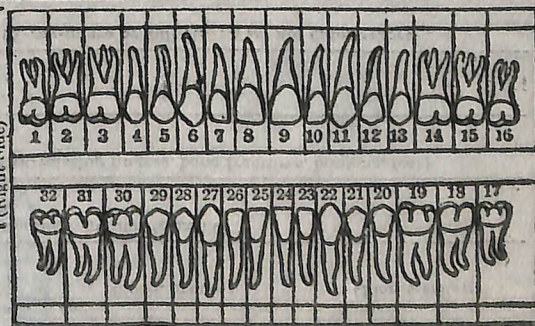
**Mouth**

(Tongue, palate, pharynx, larynx, tonsils)

Teeth and gums: Marked malocclusion No (Yes or no)  
Lack of serviceable occlusion No (Yes or no)  
Pyorrhea 0 Periapical disease 0 (Degree) (Degree)  
Dentures and replacements None (Describe. Are they satisfactory?)  
Are requirements met? Yes Résumé None (Yes or no)

Mark in spaces  
above and  
below cut  
opposite

- Z Missing.
- X Replaced.
- ∇ Devitalized.
- 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. 103. Carbon copy is for headquarters file and is to be forwarded with other correspondence, such as application for enrollment, recommendation for waiver, promotion, etc.



# APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES MARITIME SERVICE

Unit USMSG, Houston, Texas

Date April 9, 1945

From: SCHMIDT, Rudolph A. A.S. (MS) 4405-08960  
(Full name) (Rank or rating) (U. S. M. S. service number)

To: Officer in Charge

Via:

Subject: LEAVE OF ABSENCE.

1. I request 7 days' leave of absence to depart 1730 April 9, 1945  
(Time and date)

2. My reason for the above request is to visit home

3. I have had 0 days' leave of absence during my current enrollment.

4. While on leave my address will be Route # 1, Lackney, Texas

X  
(Signature)

Balance accrued annual leave 3

Balance sick leave 3

Recommended } David C. McCord, Jr., Ensign } Granted } David C. McCord, Jr., Ensign,  
Not recommended } USMS, Officer in Charge } Not granted } USMS, Officer in Charge

Check out with Personnel Office 1730 April 9, 1945

Check out with Officer of the Day 1730 April 9, 1945  
(Time) (Date) (Signature)

Check in with Officer of the Day \_\_\_\_\_  
(Time) (Date) (Signature)

Distribution:  
Original—Enrollee.  
Duplicate—Station Personnel File.  
Triplicate—Commandant.



# REPORT OF CHANGE IN PAY STATUS

SCHULE, Adelph A. 1005 0260 4.5 (US)  
 (Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

USMSGS, Houston, Texas April 10, 1945  
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.  
To: PAY OFFICER.

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

Departed this date this unit on a seven days authorized leave granted  
by the Officer in Charge. Pay accrues for three days of this leave period.

**AUTHORITY:**

Art. 202 (a) USMSI

David C. McGard, Jr., Ensign, USNS  
(Commanding)

Officer in Charge  
(Title)

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

\_\_\_\_\_  
(Date)

Harle Attebery, W.P.C., USNS  
(Pay officer)

**Alternate Agent Cashier**



## REPORT OF CHANGE IN PAY STATUS

**SCHNEIDER,** **Rudolph** **A.** **1405-0256** **A. 6. (MS)**  
\_\_\_\_\_  
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

**USNS,** **Houston, Texas** **April 15, 1945**  
\_\_\_\_\_  
(Unit) (Place) (Date)

From: COMMANDING OFFICER.  
To: PAY OFFICER.

**Status: Probationary**

**Reason: Training**

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

**Bill on authorized leave.**  
**period.**

**Pay accrues for three days of this leave**

**AUTHORITY:**

**Art. 202 (a) USNS**

**David S. McCord, Jr., Ensign, USNS**  
\_\_\_\_\_  
(Commanding)

**Officer in Charge**  
\_\_\_\_\_  
(Title)

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

\_\_\_\_\_  
(Date)

**Marie Atchery, U.P.C., USNS**  
\_\_\_\_\_  
(Pay officer)

**Alternate Agent Captain**



## REPORT OF CHANGE IN PAY STATUS

SCHULZ, Rudolph A. 1405-0850 A. S. (MS)  
(Surname) (First name) (Middle Initial) (Service No.) (Rank or rating)

UNION, Houston, Texas April 17, 1945  
(Unit) (Place) (Date)

From: COMMANDING OFFICER.

To: PAY OFFICER.

Status: Probationary

Training

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

Reported this date this unit from an authorized leave granted by the  
Officer in Charge. No pay accrues from April 13, 1945 through April  
16, 1945.

AUTHORITY:

Art. 202 (a) USNR

David S. McFarl, Jr., Lieut. USNR  
(Commanding)

Officer in Charge  
(Title)

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

\_\_\_\_\_  
(Date)

Merle Atchery, U.S.G., USNR  
(Pay officer)  
Agent Cashier



## REPORT OF CHANGE IN PAY STATUS

SCHUELE                      Albert                      R.                      (4405-08960)                      A.S.(MS)  
 (Surname)                      (First name)                      (Middle initial)                      (Service number)                      (Rank or rating)

---

M.S.T.S., ST. PETERSBURG                      ST. PETERSBURG, FLORIDA                      2 April, 1945  
 (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 or graduated . . . . . Training or Administrative.  
 (Delete one)                      (Delete one)

Departed 1000 - 2 APRIL - 1945 from M.S.T.S., ST. PETERSBURG, FLORIDA  
 (Date)                      (Unit)

For assignment to USCG, HOUSTON, TEXAS

Annual leave—Entitled to THREE (3) Sick leave—Entitled to THREE (3)  
 (Days)                      (Days)

**AUTHORITY:**

Teleg. from OIG HOUSTON, TEXAS  
 TO CG, AMERICAN SAILOR dated  
 4-1-45

G. E. HARRINGTON, CAPTAIN, USMS  
 (Commanding)  
SUPERINTENDENT, MST, ST. PETERSBURG  
 (Title)

Reported 1300 April 7, 1945 at USMBQS, Houston, Texas  
 (Date)                      (Unit)

David C. McGard, Jr., Ensign, USMS  
 (Commanding)  
Officer in Charge  
 (Title)

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

\_\_\_\_\_  
 (Date)                      Marie Atchery, W.P.C., USMS  
 (Pay officer)

**FOR HEADQUARTERS USE ONLY** Alternate Agent Cashier

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



MAY 20 1945

S. V. No. \_\_\_\_\_

PAY No. \_\_\_\_\_

**FILE  
MDC**

the following:

# REPORT OF CHANGE IN PAY STATUS

Albert Rudolph Schels

**SURNAME**, **NAME** **TYPE** **Rudolph** **A.** **4405-08960** **A.S. (MS)**  
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

**USMSGS**, **SIGNATURE** **Houston, Texas** **5-20-45**  
 (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:

### GRADUATION (For trainees only)

Graduated on 5-20-45 (Date) in grade of Fireman 2/c (Grade), having

completed training in Engine Department (Course or type of training)

Released to Mancclair Oil Company (Name of company or merchant vessel) S S L. D. Stanford

as Oiler (Capacity in which employed)

Transportation issued from Houston, Texas to (NCG) Corpus Christi, Texas Via OTR

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

### AUTHORITY:

**Art. 202(a) USMSI**

David C. McCord, Jr., Ensign, USMS  
(Commanding)

Officer in Charge  
(Title)

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

(Date)

Marle Attebery, V.P.O., USMS  
(Pay officer)

### FOR HEADQUARTERS USE ONLY

**Alternate Agent Cashier**

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



MAY 20 1945

DATE

FILE  
MEC

You are hereby authorized to mail check covering all pay earned by me to the following:

Albert Rudolph Scheele

NAME TYPED

Albert Rudolph Scheele

SIGNATURE

Wife: Mrs. Otero Scheele  
Route #1, Lockney, Texas

USMSGS, Houston, 6, Texas



## REPORT OF CHANGE IN PAY STATUS

*Schelle*  
**SCHELLE**      **Albert**      **A.**      **(4405-08960)**      **A.S. (MS)**  
 -----  
 (Surname)      (First name)      (Middle initial)      (Service number)      (Rank or rating)

**M.S.T.S., ST. PETERSBURG**      **ST. PETERSBURG, FLORIDA**      **2 April, 1945**  
 -----  
 (Unit)      (Place)      (Date)

CODED  
ARB

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 or graduated ~~XXXXX~~ . . . . . Training or Administrative. ~~XXXXX~~  
 (Delete one)      (Delete one)

Departed 1000 - 2 APRIL - 1945 from M.S.T.S., ST. PETERSBURG, FLORIDA  
 (Date)      (Unit)

For assignment to MSGS, HOUSTON, TEXAS

Annual leave—Entitled to THREE (3) Sick leave—Entitled to THREE (3)  
 (Days)      (Days)

**AUTHORITY:**

Teleg. from OIC HOUSTON, TEXAS  
 TO GO, AMERICAN MAILOR dated  
 4-2-45

G. E. HARRINGTON, CAPTAIN, USMS  
 (Commanding)  
SUPERINTENDENT, MSTs, ST. PETERSBURG  
 (Title)

Reported 1300 April 7, 1945 at USMSGs, Houston, Texas  
 (Date)      (Unit)

David O. NoOard, Jr., Assign, USMS  
 (Commanding)  
Officer in Charge  
 (Title)

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

Marle Attebery, W.P.O., USMS  
 (Date)      (Pay officer)

FOR HEADQUARTERS USE ONLY *Alternate Agent Cashier*

Card	Stn.	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.
5	1	10	440508960	52	AS	74 GEN	10 040745	X	-	2



GRADUATE STATION

911 Lovett Boulevard

Houston 6, Texas

4405-08960

FILE  
119

PERS 8/4/52

20 May, 1945

From: Officer in Charge  
To: KINGCANNON, Wm. F., 4405-07352, St. M. 2/c (MS) 2nd. Cook.  
Subject: ORDERS, Travel and assignment to vessel.  
Reference: Verbal Request of Recruitment and Manning Organization,  
this date.  
Enclosure: (a) Government Request for Transportation WSA t 110,458

1. In accordance with the above reference, you are hereby detached from this unit and directed to proceed immediately upon receipt hereof to Corpus Christi, Texas, with and in charge of the following Maritime Service Enrollees:-

RILEY, R, 4405-08857, F.2/c, (MS) Fireman  
SCHEELE, R. 4405-08960, F.2/c (MS) Oiler ✓

2. Enclosure (a) covering transportation for yourself and additional travelers is handed you herewith. You will depart from the Bowen Bus Terminal, Houston, Texas at 1700 and arrive at your destination approximately four hours later.

3. Upon your arrival in Corpus Christi, Texas, you are to report to the SS "L. D. STANFORD" of the Sinclair Oil Co. for further assignment to duty. Said vessel is berthed at the Pontiac Refining Co. Docks.

4. The travel expense necessary to the execution of these orders is required in the public interest and is chargeable to appropriation 1154002.001, Maritime Training Fund, WSA 1945, WSA 507 t.

5. Delivered orders and departed this unit at 1630.

DAVID C. MC CORD, JR. ENSIGN, USMS.  
OFFICER IN CHARGE

R. ROTHMAN  
By DIRECTION.

DCM/ R.R.

FILE  
EMW