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WAR SHIPPING ADMINISTRATION ACCOMPLISH IN DUPLICATE: See directions bottom of page

REPORT OF MEDICAL EXAMINATION

D	ALLA	S	11-13	-44	+	5					
5 CA	l location of	unit)	Albata	ert	(Purpose	of examination	30	rollment, giv	e grade and whet	her for tr. o	r admin.
	URNAME)		(Give	n)	(Age)	(Date	of birth)		(State or con	intry of birt	h)
FAMILY HIS	TORY		(7)(1		1-41A		4-1 4:	and Anhanan	losis eta 2		
Father .	ges		4	-2,	good	have nervous or	en John	nd needly	Smoldriffas.	*	
Mother	(Living—)	(es or no)	(Age and	state of	health)	(Dead)	\$ (Xe)	(Cause o	f and age at deat	y Bangario P)	n, nan
Brother	(Living—	(es or no)	(Age and	state of	health)	(Dead)	arious elemen		f and age at deat	h)	THE CT
	(Number	living)	(Stat	e of heal	th)	Number dead)	inder ter	A STATE OF THE PARTY OF THE PAR	f and age at deat	p) 1, Can	eral O
Sisters .	(Number	· living)	(Stat	o of heal	th) (Number dead)	drafalstra	(Cause o	f and age at deat	h),][]	or inse
Ersonal H		tod by A	myr No	vv Co	oot Cue	ard Marine	Corns ?	no	If yes, give	reason	CANCELLA
Ever be	en rejec	led by A	my, Na	vy, cc	asi Gu	iru, marine	Corps		t year off not	cason	
Hove w	ou ovou l	had one	of the	follow	ing? F	emarks, d	etails of	Garage 7	do comission	Te vent	
nave ye	Answer	lau ally	or tite i	Answer		(hura pre			ne henous poses.	A Invier	Answer
HIMANIONS.	Yes or No			Yes or No	or someon	Section 1	Yes or No				Yes or No
Asthma	no		rouble		Troub	le breathin	g no		feet tire ea		no
Hay feve	r no	Rheum	atism rash	no	Spittin	ng of blood tions (kind	no	Bed we	tting in last r ever worn	5 years	no
Rupture	no	Ear tro	uble	no	Walki	ng in sleep	no	Ever h	ad serious ill	ness	no
Stutter - Piles	200		rouble _ ijuries _		Fainti	ng spells eal diseases	no		een in hospit u well	al	qus
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Treat II	ljuries .	1)		BARCON ESSE	WELD STATE OF THE		nonl	S chough?	
Habits	I	(Tobs	cco—Kind				- NO	(Dr	igs—Kind and am	ount)	School
		(Alcohol	ics—Kind a	and amou	int daily)		(المكامل	(Si	gnature of examin	iee)	asinotty)
CAL EXAMI	NATION:	Head a	nd face	Vinter)	N	mateurism from a	cost or 7. No.	ant consequences			
enito-urina	Ty symbo			7		(Size, Pupils		deformities,	depressions, etc.)		
lyes	(Dis	eases or anat	omical defe	cts)	politin' apical	and throlaplical)	MONTH ALLIES	Size, shape,	reaction to light,	distance, etc	e.)
Vision:	Rt. 20/	CO. Lt	. 20/	B				1/	t. 20/	Binocui	ar 20/
pq Near vi	sion	(Record only		(0)	C	olor percer	otion	method—Na	ame and edition of	plates; Wil	lliams La
ars		(50)	eranes.				coursed of the			appril de la compa d	4
Right-	whisper	115	Chales	S 8	/20 1	other disease; co Left—whis	ner	/15 Sp	oken /3	0	
Tose	Hearing: Wa	ax must be re	emoved befo	re exam	ination. R	ecord distance i	n feet, 15/10	normal for	whisper, 507 50 B	ooken)	ne of bull
	K		(Di	seases or	anatomica	l defects, obstru	ction, deflect	ion of septu	m, polypi)		
Iouth	(Tong	ue, palate, pl	narynx, lar	ynx, tons	sils)	36-14-					
eeth and g	ums: M	arked ma	alocclusi		THE W	Mark in above a below to	ind	naman		MA	navion
				A	Yes or no)	oppos	ite		MAHA	WAVA	TATA
Lack of serviceable occlusion Z Missing. X Replaced. \(\frac{2}{2} \) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16											
Pyorrh			iapical o	diseas		O Absec	ss. th	32 31 20	29 28 27 28 25 24	23 22 1211 201	19 1 19 1
T	(Degre		The state of	Ven.	(Degree	1 Carlot	E (300			ÜÖ
Dentur	es and re	placeme		Describe.	Are they	satisfactory?)		MUM			WW
Are req	quiremen	ts met?	125		sumé	we wanted the course	and the same of	100	0000	9000	200
			(Yes or no	,		- Cincon	tau eargen	erora di dan		140000000	
(D	emarks)	Dinggan			MALADOMA.			xamined by	lental officer, sign	herel	
(110	ULLICIT IND J						(17 6	Sectional IN	TATE OF PARTIES	WCTC	

INSTRUCTIONS.—This form is not to be company typewriter; use indelible pencil for original, carbon for training, and made at an enrolling office, the ginal is to be forwarded to the training station to which staff, then filed in trainee's personal jacket; see Manual for the Guidance of the Medical Section, par. 109. Carboth with other correspondence, such as application for enrollment, recommendation for waiver, promotion, etc. er for copy. If examination is of an applicant ince is ordered, there to be available to medical by is for headquarters file and is to be forwarded 16-33197-3

PANEDAT MILES 37	37.1
ENERAL (Build and appearance—slender, mediu tc.) (Chest at expiration)	(Chest at inspiration) (Temperature) (Circumference at abdomen
Height ft ft ft lbs	V Section of the state long
	(Recent gain or loss, etc.) (Remarks)
Skin (Diseases or defects)	(White, colored) (Blond, brunet) (Florid, sallow)
A later and the	(Markey Control of Con
Glands (Enlargement, post occipital, co	ervical, epitrochlear, femoral, inguinal, remarks)
Spine and extremities	TO COMPANY A LONG THE MENTING THE SECTION OF THE COMPANY.
	eins, tendons, deformities, missing fingers, bone fractures, bunions, feet)
Thorax	1 70 Technology
(7m (5, 7m)	shape, movement, etc.)
Lungs(Palpation, percussion, auscultation)	(X-ray-micro or full size; Yes, no, date, report)
Heart	A second
	, percussion, auscultation)
Pulse // /	7 8 - 14 - 18
Timht-saniabar L. L. 745 Section 2. COVSO La	Three minutes after) (Condition of arteries) (Character of pulse)
Blood pressure	(Diastolic) (Pulse pressure)
Abdomen	() (100 mates) - from the city of at butter; Attended you even
	, scars, herniae, abnormality of viscera)
Anus He so The Anus Huberness	50/ 11 50/ 11 50/ 12 for 10 hocomes 50/
(Hemorrhoids, fistulae	prolapse of bowel, other conditions)
Genito-urinary system	padias, condition of prepuce, evidence of venereal diseases)
Nervous system (Organic or functional disorders)	Reflexes, etc. (Knee, ankle, elbow, romberg, tremors)
SYCHOBIOLOGICAL	The state of the s
	uroses, depressions, instability, worries, prepsychoses, psychoses)
ABORATORY: Urinalysis /// //	189 169
(Specific gravity) (2-glass, shreds, etc	(Albumin) (Sugar) (Microscopie)
*Blood (Hemoglobin percent) (Differential count) (Re	eds, whites, only if indicated) (Remarks)
May lover Asky Blommatism . Last Commission	or piece request to men for the first poor to be a first of the first poor of the first of the f
Serology Special laboratory (Spinal fluid not to be taken at enrolling	ng office: At training stations only if indicated)
MMUNIZATIONS	
(Smallpox: Date last vaccinated) (Reaction)	(Date last tetanus) (Date last yellow fever) (Date last typhoid)
*Not routinely performed at enrolling offices.	AR A
IST AND DESCRIPTION OF DEFECTS:	Are requirements met? Is waiver recom-
/ Varificele Ata	mended? For training?
Torsolve Therony	(Yes or no) (Yes or no)
(14 minutes years) A figure of years)	For administrative duty only? If for inactive
(Support House) (Support House)	duty under terms of amendment No. 1, General Order
	23, is man qualified to perform duties aboard merchant
Money That is the same	vessel? Give full justification, naming
Company of the second of the s	(Yes or no)
and the state of t	grade or job and outlining duties
	Claud of Unicha
	17/ XA JE ALAC
C. South to Manney A. C.	191110000
The state of the s	
The design of the part of the first of the part of the	
	(Signature and rank of examining medical officer)
	16-33107-2

WAR SHIPPING ADMINISTRATION TRAINING ORGANIZATION UNITED STATES MARITIME SERVICE ENROLLING OFFICE

1901 Bryan St.

Witnesses:

Dallas 1, Texas

DATE Nece 27 TNSTRUCTIONS TO THE ENROLLEE: Fill in the sections of this affidavit that apply to you. TO BE FILLED IN BY ALL ENROLLEES. SECTION I. Name of Enrollee Present age Z Date of Birth Home Address 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. _____, Address Unlican (No. & Street) (City or Town) (State) I am presently in Selective Service Class sification since having held that classification since 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. TO BE FILLED IN BY ENROLLEES WHO ARE UNDER EIGHTEEN YEARS OF SECTION III. 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 this 2 % day of _______ Dallas, Toxas

Enrolling Officer

WAR SHIPPING ADMINISTRATION TRAINING ORGANIZATION UNITED STATES MARITIME SERVICA ENROLLING OFFICE

1901 Bryan St. Dallas 1, Texas

DATEDEC 1 7 1944
INSTRUCTIONS TO THE ENROLLEE: Fill in the sections of this affidavit that apply to you.
SECTION I. TO BE FILLED IN BY ALL ENROLLESS. Name of Enrollee Albert Rusalph Scheele
Date of Birth Nec. 30 /923 Present age 10 // (years) (months) Home Address Pt. L. Lockney Lefas
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
I FURTHER CERTIFY THAT I AM NOT NOW UNDER ORDERS TO REPORT FOR INDUCTION INTO ANY BRANCH OF THE AFMED FORCES NOR AM I ON ACTIVE DUTY IN ANY BRANCH OF THE ARMED FORCES. Signature Albert Rodsleh School
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 1 7 1944 , 19
Witnesses: Kerger & Landen O. L. Kuler
Enrolling Officer, M.S. O. G. KULER, Lt., (Ig) U.S.M.S.

M. S. (No	Form vember	No. 1943)	1	8

Application	No.	

(This space reserved for Headquarter's use only)

WAR SHIPPING ADMINISTRATION TRAINING ORGANIZATION UNITED STATES MARITIME SERVICE APPLICATION FOR ENROLLMENT

APPRENTICE SEAMAN

Approved	(Date)
Rejected for	(Date)
Date	
Ву	
(For the Mari	time Service)

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.
(Chart Day)
CSCHERLE Albant My dalah

depending upon	the needs of the	Sorrigo Enrol	lees will not h	e in a military status but a h	will be from thr	ee to six months,
maintained. C	onsent of parent	or guardian will	be required of	applicants under 21 years of a	ge.	discipline will be
	_SCHE	EAT.E /	A	lbert	0 m	idolph
NT :- C 11	501	50010	H	Thert	114	dolph
Name in full	(Las	st name)		(First name)	(Middle na	me
Drogont adda	000		Rt.	LOCKNE	2 V	1exas
riesent addr	ess	Number)	(Stree	t) (City)	7	(State)
Legal (votin	g) address			THE PERSON AND ADDRESS OF THE PERSON		
Legar (votin		(State)	7	(County) When born	(To	own) 1 Q 9 3
Where born	LOCK	nex	lexa	When born	c 30,	1725
	(City or t	own) (Stat	e or foreign country		(Month, day,	, year)
If foreign bo	rn, state whe	re and when n	aturalized	(Where)	(Wh	- ADDEU
				(Where)	(Wh	ien)
Indicate race an	nd marital statu	s (√):		Education (indicate by circl	ing years):	W.
	RACE (If other	er, state which)	Hank tang	COMMON SCHOOL	HIGH SCHOOL	College
White Cold	ored Other			1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4
		STATUS (√):		SPECIAL TRADE OR	SKILL (Describe belo	w)
Single	Married	Divorced	Widowed	Farme	7	
and discha	arge and type	of discharge:	The season of th	ranch and give branch of		
Ar	MY NO	NA	vy Mo	MARINE CORPS 7	Coas	T GUARD
				(Date)	charge	
(Branch of serv	Enlisted	(Date)	Discharged	Type of dis	charge	
			110			
2mployment	record. Hie	you now emp	(Yes o	r no)		
Nature of las	st (or present	t) employmen	t	Jarming		- A
			7	Ma (1)00.	Rol	fob 7
Name and ad	ldress of last	(or present)	employer /	11. C. Scherce	, / tt./	Joanny, J
					1 1 . 0	1 213
List the nam	es of the scho	ools you have	attended and	indicate whether you gra	iduated from	each of them:
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Pla	enuil	w H	igh	School -	grad	lasted
	1	1 1	8 0		0	
Nearest relat	tive	4, 6,	Nehg	ell - Jother		
	R	+ /	1	-6	1	
Address	LV	1	10	ckney,	la a s	

10-20992-6

GENERAL PHYSICAL STATEMENT
What is your height? 672 Weight? 145 Is your general health good? yes
Have you any impediment of speech? ————————————————————————————————————
Is your hearing good? yes Do you have full use of your arms? yes Legs? yes
Are you suffering from any disease? No Injuries? Injuries?
Are you suffering from the effects of any disease? No Injuries?
Are you willing to be fingerprinted and vaccinated against smallpox and typhoid?(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? Date of enrollment?
Have you ever been arrested? No Tried? Mg 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
Many the state of
Hair Brown
Address American Legion Hall, Floydada Lex Blue Eyes Blue
Address Umercan Ligron 4
Order No. 10740 Classification 1 A Scars Noul
Social Security No. 4 5 9 - 3 8 - 5 4 8 9
I CERTIFY that the above statements made by me are true and complete to the best of my knowledge and belief.
Nou, 15 1944 Albert Hudolph (Signature of applicant) SCHEELE
Enrolled at Dallas, Texas as A.S. on November 27, 1944 (Grade) (Grade)
Assigned to USISTS St. Petersburg, Florida on DEC 7 1944
O.G. KULER, Lt. (jg), USMS Enrolling Officer.
Luvies# 4405-08960)





WAR SHIPPING ADMINISTRATION DIVISION OF TRAINING 1901/TED STATES MARITIME SERVICE AS

Minc.

From:

Enrolling Officer.

PERS 8-4/90bl December 17,1944

To:

SCHEELE, Albert Rudolph, A.S., USAS, present. 14405-08960

Subject: Orders; travel.

Reference:

R.E.O. Telegram December 13,1944.

- 1. Proceed immediately to St. etersburg, lorida and report to the Superintendent or Commanding Officer of the U. S. Maritime Service for training.
- 2. The travel necessary to the execution hereof is required by the public interest.
- 3. You will depart from this date

WSA 88,675-88,726 covering railroad and pullman accommodations for yourself, also, meal tickets WSA 09545 to 109550 inclusively and WSA 109651.

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

FIRST ENDORSEMENT

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

Assigned Service Number

4405-08960

G. E. HARRING TON SAPPAIN U.S.M.S. Superintendent.



at

Form No. 2668 A
WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S. V. No.	
PAY No.	

SCHEE	LE	Albert		R.	(44	05-0896	0)	A.S. (MS)		
	(Surnar	ne) (First name	e)	(Middle initial)	(S	ervice numbe			ink or rati	ng)	
Įv <u>i</u>	. 5. T. S	ST. PETERSEURG (Unit)	<u> </u>	ST. PETERABU		FLORIDA			, 1944 (Date)	1	
From: To:		ANDING OFFICER. FFICER.									
Yo	ou are h	ereby authorized to adju	ast the p	pay accounts of the	above	named for	the	following reason	:		
			ENF	ROLLMENT OR RE	ENRO	LLMENT					
Status-	—Proba	tionary or graduated . (Delete one)						Trainin	g of Ad (Delete	one)	ANXX.
Reenvo	Madk	A.S.		DALLAS,	TEXAS						
Origin	ally enr (Delete or	olled as (Grade)		, at DALLAS,	Tapey.		(Pla	ace)			
on	27	November, 1944 a	nd ass	igned to inac	tive	status	wit	hout pay.			
Report	ed this u	nit for assignment to	A. 8	. Training	(T ₃	pe of trainir	ng or	duty)			
on	19 D	combor, 1944 (Date)									
		o active duty at o this station for			7 Dec	ember,	194	4 end			
AUTH	IORITY	: Travel Orders Dellas, Texas	12/17,					, CAPTAIN, U (Commanding) T. MSTS, ST.		Rođur	G.
								(Title)			
1.	Receip	of this authorization	is herek	by acknowledged.	The acc	ounts of t	he a	bove named have	been ad	justed.	
		(Date)		<u></u>				(Pay officer)			
			FC	R HEADQUARTE	RS US	E ONLY					
rd Sta	. Reas.	Service No.	Unit	Grade		Training	g,	Date	Place	Dept.	Class.
The state of the s		more than the control of the control	I .		A STATE OF THE PARTY OF THE PAR	THE RESERVE OF THE PARTY OF THE	THE WAY		-	-	-

FORE No. 2668 G
WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S. V. No	
PAY No.	

SCHEELE	Albei	rt	R.	(44	05-0896	60)	A.S	(MS)		
(Surname)	(First name),	(Middle initial)	(S	ervice numbe	er)	(R:	ank or rati	ng)	
M.S.T.S. ST	PETERSBURG		ST. PETERS	BURG,	FLORID	A	5 Februa	ry, l	945	
	nit)		(1	Place)				(Date)		
From: COMMANI To: PAY OFFI										
You are hereb	y authorized to adju	ist the p	pay accounts of t	he above	named fo	r the	e following reason			
	C	HANGE	IN GRADE OF	R TYPE	OF TRAI	NINC	a de la companya de l			
Status—Probationa	ary o ignatures. . elete one)	•					Trainiı	ng or Ad (Delete	ministro one)	ackze.
Changed in grade	from	Grade)	to		(Grade)		on	(Date)		
Changed in training	ng fromB	ASIC (T	ype of training)		to	-	ENGINE (Type of tra	aining)		-
on 5 FEBRUAR	(Date)									
AUTHORITY:		M. C. L.			cH.E.	Ha	voiington			
	ated 5-1-43	ALLA			G. E. H/		NGTON, CAPTA	IN, US	MS	
	S A	18			SUPERIN	FENE	DENT, MSTS, S	T. PETE	RSBUI	RG .
1. Receipt of	this authorization	ls hereb	y acknowledged.	The acc	counts of t	the a	bove named have	been adj	justed.	
(Da	te)	FO	R HEADQUAR	TERS US	E ONLY		(Pay officer)			
ard Sta. Reas.	Service No.	Unit	Grade		Trainin	ıg	Date	Place	Dept.	Class.

M. S. Form 2a (March 1943)

WAR SHIPPING ADMINISTRATION TRAINING ORGANIZATION OF COMMERCE AND DESCRIPTION

UNITED STATES MARITIME SERVICE

ENROLLMENT FORM .

for

APPRENTICE SEAMEN

SUMMARY OF STATUS

Name SCHEELE (Surname)	Albert	Rudolph . (Middle name)	Age 20 (Years)
Residence Rout e #1		Lockney (City or town)	
Place of birth Lockney			
Citizenship: Native Yes	Naturalized	No (Place)	(Date)
Race U.S. White Mar	(3/-	Dependents	A COUNTY OF THE PARTY OF THE PA
Name and address of nearest relative	Mr. M. C. SCHEEL	(Name)	CAMBO
Father	Missk	# 1 Lockney, Te	xas
Military service: * Yes			aduated
Previous enrollment, Maritime Servio	ce: YesNone_		gn sensor or conego,
Length of sea service* None (Years)	Present position	Unemplo	yed
Number of { License (or) Non	e Nature o	$\inf \left\{ egin{array}{ll} ext{License (or)} & ext{None} \ ext{Volume} \end{array} ight.$	Panton.
*Explain in detail in Schedules on next page.		47.04	

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 SCHEEIF, 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.

Security # 459-38-5489

albert Rudol(Signature applicant)

Subscribed and swor	n to before n	ne, this, the	27	day of	Nov	rember	, 1	944
) R	1/1	les	They mis	
					t. (jg),		Enrolling O	
Enrolled at Dallas,	Texas (Place)	as App	rentice	Seaman Frade)	on No	ovember 2	27 , 1 941	t
and assigned to	USMSTS St.	Petersbur	g, Flori	da 1	1-1-1	A		
			(Training stat	ion or ship)	K	Ven		
(Date)	1 7 1944		0.6	KIITER I	t. (jg),	USMS	Enrolling C	fficer.
Military and naval reco and discharge, and	rd. Check (es of enlis	$_{ m tmen}$
ARMY NONE		NAVY None	a line in	MARINE COR	None None	Co	AST GUARD	Nor
(Branch of service) Enliste	d(Date)	Discharged	(Date)	Type of di	scharge	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
(Branch of service) Enliste	d(Date)	Discharged	(Date)		ischarge		701	
(Branch of service)	i(Date)	Discharged	(Date)	Type of di	scharge			
Enliste		Discharged	Arter Sen	Type of d	ischarge	constitution and	HARLY	Thirty.
(Branch of service)	(Date)				AFR DEVI			
Record of arrests and co	onvictions, if	any (describe	fully):					4,590
PLACE	DATE	rigin Blanch Like	OFFENSE		FI	NAL DISPOSITION	of Case	1.10
ne Admitted		ARRIEN S	BU NEWS					
AW LECOND V. W. W.								
Samuel of Control of Name of	Post Man 1							
Record of service on me	rchant vessels	during past	2 years:					
COMPANY		SHIP		Сарас	mv.	PER	Ю	
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					Sept. Service	-1.10072	40	
	PHYSIC	CAL EXAMINA	TION FOR	ENROLL	MENT	160 31 20		
Vame		(Given name)						
(Surname		(Given name)	(Mie	idle name)	Α	ge	(Years)	
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istinguishing marks								
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efects noted						1 10 10 10 10 10 10 10 10 10 10 10 10 10		
Second Hotel							1000	9
			No. of the least o					
Preliminary examina ne United States Maritin	tion indicates ne Service.	applicant's p	physical co	ondition is	(not) satis	factory for	enrollm	ent i
(Place)					(Signature o	f medical officer))	
(Date)		16-0241			(Title-Put	lie Health Servi	ce)	

RECORD OF SERVICE

Name SCHEELE, Albert	R. TULLIA	Service	No. (4405-08960)
Enrolled at Dallas, Texas	A.S.	on	27 November, 1944
Reported to USMSTS, ST	(Grade)	on	(Date) (Date)
Clothing and equipment issue	d on	(Date)	20 December, 1944
Completed probationary enrol	lment on	(Date)	MAY 201945
Placed on regular enrollment s	status with { rank rating } of		, effective MAY 201945
Disenrolled { by request } at .	the state of the second	(Place)	(Date) . •
on(Date)	Authority		- officers charge of Translig.
. (2366)	CHANGES IN STAT	NIG.	(1500)
Change	offoods on		Private
Changed in trng. from	PLACE	DATE	REMARKS
BASIC to ENGINE	M.S.T.S., ST. PETERSBURG	JAN 5 1945	H/L dated 5-1-43
TRANSFERRED TO AMERICAN SAIL OR	Maria	AR 3 1945	nt separations, combiner of
REPORTED FROM	VOCESTANCE FOR REGULAR	MAR 24 1945	
Transferred to MSGS, HOUSTON, TEXAS	USMSTS, St. Petersburg	APR 2 1945 A	eleg.from OIC HOUSTON toC. MERICAN SAILOR dated 4-1-4
Reported	USMSGS, HOUSTON, TEXAS	4/7/45	Hanger Bugger, editors
eased from active duty	USMSGS, Houston, Texas	MAY 201945	Sinclair Oil Co.
age and no escential curage	in blo physical condition as also	thinne of earth of the triedien	I examination at the time of
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	r other, and probable departer.		
		2	Chicago (septupino)
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	Engellee's Statemen		7
PHYSICAL EXAMI	CHOU CA THOMASHI (MASH)	IN BUREAUS AND	M ACTIVE DUTY
			an Anna Northeam Branch
Sungary Control of the	Remark	9	

U. S. GOVERNMENT PRINTING OFFICE 16-9241

SCHEELE, Albert Rudol	ph 4405-08960			
(Surname)	(Given name)	(Age)	(Address, if indicated)	(Class of beneficiary)
Authority for Admission			Vessel	
				ame of)
	DENTAL	EXAMINATI	ON	
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 N. Disto-incisal P. Disto-incisal R. Mesio-occlusal S. Disto-occlusal T. Bucco-occlusal U. Lingual-occlusal V. Mesio-disto-occlusal W. Bucco-lingual-occlusal	TRANSILLUMINATION RIGHT RIGHT	2 28 27 26 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dummy bridge = On denture Z	Missing / Extraction
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X Ray No.	Remarks:			
OUT-PATIENT OFFICE CAR	D ST. PETEASBURG. TIONI	Date) PEG 2	3144	Surgeon, U. S. P. H. S.
Form 1971-E-1-October 1930-FEDE	RAL SECURITY AGENCY, U. S. PUBLIC H	EALTH SERVICE	U. S. AVERN	MENT PRINTING OFFICE 16-12000

		<u> </u>
7		
	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 0 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 tovoid (Date: month, year) (place of 2 initial innoc.) (Sig. and title of Dr.)	
	(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 Date and place of booster or reimmunization Signature and title of Dr.	
	A STATE OF THE PROPERTY OF THE PARTY OF THE	
	200000	
CHEELE, Albert Rudolph		nee (Date 12-22-44)
(Name—SURNAME, given na	16—38777-1	iet (MMCC or SMA), administrative)
Enrolling Office Examination		, all diseases and defects found at <i>Enrolling</i> Office om Form WSA-DT-24)
7 7 7 7 8		
Varicocele, left,		
Training Station Examination	List of additional diseases or defects discovered during 21-day rece	RE 20/20 LE 20/20
2nd degree pes planu		iving ourracks period at training station)
and and a ban bands		
0	NEGATIVE JAN 3 - 19435	
Laboratory(Blood type)	(Serology—reaction and date) (Differenti	ial count) (Hb) (Stool)
Urinalysis	075 0 p. gr.) (Reaction) (Albumen)	(Sugar) (Microscopic)
Immunizations DEC 2 9 1944	AR	DEC 2 0 1
(Smallpox—da	tte, type reaction) (Typhoid—dates et, 2d, 3d)	(Tetanus) (Yellow fever)
Remarks: Typing	200	1715772
DEC 22	9 1 1967 7 2/4	
DE0 7	A ^M (Ran	k and signature, examining medical officer)
Form WSA-DT 25 HEALTH RECORD AND OUT-PATIENT 12-31-44 Sore rt. ey		For directions for use, see Manual for Guidance of Medical Section, par. 99d.
40.000.000.000.000.000.000.000.000.000.		
	***************************************	16-33433-1

1-2-45	Hot cor	npresses	boric (2)	hr. Brand.		Man produced to
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4-3						
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CONTRACTOR OF STREET						

MS-52 (August 1943)



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

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nment of the United anization that advo- ce; and that during or become a member nment of the United
lph Scheele
this
, It. (jg), USMS Officer

Form No. 2668 B
WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S. V. No.	
PAY No.	REPORT OF THE PARTY OF THE PART

SCHALL, (Surname)	Rudolph (First name)	(Middle initial)	4405-08960 (Service number)	A, S.	(MS) Rank or rating)	
USMSGS,	Houst	on, Texas,		5-	-20-45	
(Unit) From: COMMANDING (To: PAY OFFICER.		S IN S S			(Date)	
You are hereby author	orized to adjust the p			ne following reaso	on:	
		GRADUAT (For trainees				
Graduated on	5-20-45 (Date)	in gra	ide of Tironan	2/c (Grade)	, h	aving
completed training in		Engine	Department Course or type of training	;)		
Released to	Manglair Oil Co			, Stanford		
		(Name of compar	ny or merchant vessel)			
as			Diler			
Transportation issued from	Houston, I	(Capacity in whi	oller ich employed) to (1990)	Corpus Oh	risti, Texa	8 V1s
asTransportation issued from Has completed previous M	Houston, I	(Capacity in whi	oller ich employed) to (1990)	Corpus Ch	risti, Texa	s Via
Transportation issued from Has completed previous M	aritime Service train	(Capacity in whi	David C. No.	Cord. Jr. B. (Commanding)	R	s Vie
Transportation issued from Has completed previous M AUTHORITY:	n	(Capacity in whi	David G. Mo	Cord, Jr., B. (Commanding) In Charge (Title)	nsign. USMS	s V1:
Transportation issued from Has completed previous M AUTHORITY: Art, 202(a)	aritime Service train USMSI athorization is hereb	ing (Yes or no)	David C. Mo	(Commanding) In Charge (Title) above named have	naign. USMS e been adjusted.	
Transportation issued from Has completed previous M AUTHORITY: Art, 202(a) 1. Receipt of this au (Date)	aritime Service train USMSI athorization is hereb	(Capacity in whi	David C. Mo	Cord. Jr. B. (Commanding) In Charge (Title) above named have	naign. USMS e been adjusted.	

WAR SHIPPING ADMINISTRATION
DIVISION OF TRAINING
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S. V. No.	
PAY No.	

SCHOOL II.	Rudolph	Acc	W105-08960	A.S. (NS)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
V201905 ,		Bonston, Tox	ne ·	April 17, 1945
(Unit)		(Place)		(Date)
From: COMMANDING O To: PAY OFFICER.	FFICER.			
Status: Vr				ining
You are hereby author	ized to adjust the pay	accounts of the abo	ve named for the following	g reason:
Reported this	date this unit	from an auth	orised leave gran	ted by the
Officer in Cha				
	refer up had.	enderson rrom .	April 13, 1945 th	tongs -prac
16, 1945.				
AUTHORITY:				
			Dowte C. Nath	ord. Jr. Manten, UMB
4.4 000 (.) W	en aut			(Commanding)
Art. 202 (a) U	OVERA		orri	or in Charge
				(Title)
The state of this out he	neignation is horoby asle	nowledged Who are	and a state of the share name	d have been adjusted
1. Receipt of this addition	orization is hereby ack	nowledged. The ac	counts of the above name	I have been adjusted.
			Mente sassa	
(Date)			Merle Attobers	(Pay onleer)
		U. S. GOVERNMENT PRINTING OFFI	CE 16-30325-1	Canhier

FORM NO. 2668
PPING ADMINISTRATION
DIVISION OF TRAINING
Proved by Comptroller General, U. S.
Sept. 3, 1942

11

S. V. No.	
PAY No	

SCHOOLD.	Madolph	Ann	神105-08960	A.S. (NS)	
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)	
Tanges.	Mora	ston, Tome		April 15, 1945	
(Unit)		(Place	e)	(Date)	
From: COMMANDING OFF	ICER.				
To: PAY OFFICER.					
Statuta Pro	bationary			Training	
You are hereby authorize	d to adjust the pay	accounts of the abo	ove named for the follow	ving reason:	
Still on authorised	leave,	Pay agorus	s for three day	s of this leave	
period.					
hetros.				1.	
AUTHORITY:					
					-
			totale as	(Commanding)	e uses
Art. 202 (a) USHSX					
			02830	(Title)	
				(11ab)	
1. Receipt of this authoriz	ation is hereby ackn	owledged. The ac	counts of the above nar	ned have been adjusted	
				La	
			Merle Atteb	ory, V.P.C., USIN	
(Date)			444	(Pay officer)	
	U.	S. GOVERNMENT PRINTING OFFI		wante Agent Coshic	

PORM NO. 2668
PPING ADMINISTRATION
TRAINING ORGANIZATION
OPPOOF BY Comptroller General, U.S.
Sept. 3, 1942

17

S. V. No	
PAY No	

Source is	ibrās lph	(Middle initial)	(Service No.)	(Rank or rating)
(Surname)	(First name)	(Middle illitial)		
		(Chamber		April 10, 1945
USMSGS.		(Place)		(Date)
(Unit)				
	a opercer			
From: COMMANDIN To: PAY OFFICER	· · · · · · · · · · · · · · · · · · ·			
10. PAY OFFICEIO	thorized to adjust the pay	accounts of the abov	e named for the followi	ng reason:
You are hereby au	thorized to adjust the pay	gegounds or the		
	is date this unit	n a seven day	s authorized les	ave evented
	por dis Charles. Pro	r acerusa fer :	three days of th	his leave period.
Dy one error				
AUTHORITY:				
			David O. HeC.	
	West to the second			(Commanding)
Art. 202 (a)	Upmar			
			_Office	(Title)
1 Beggint of this	authorization is hereby ackn	owledged. The acco	ounts of the above name	ed have been adjusted
1. Receipt of this a		223 6000	and above ham	ou may a soon any more and a soon a
			THE RESERVE TO SERVE THE	
(Date)			Morle Attobe	(Pay officer)
	☆ υ.	S. GOVERNMENT PRINTING OFFICE	: 1943 16-30325-2	rnate Agent Cashler

PHYSICAL EXAMINATION, USMSTS, St. Petersburg, Fla.

NAME SCHEELE, Albert Rudolph	Service No. 4405-08960 Date 12-22-44
(Last) (First) (Middle)	DOCTORS' COMMENTS
HT: (7/2 in. WT: 142 lbs. CHIST 37/34	
in. ex.	
B.P. 136 770 PULSE 96 1/2-6 before/after ex.	
COLOR ELIND: NO YES PARTIAL	
VISION: RE: 20/20 LE: 20/2	
CORRECTED: RE: 20/ LE: 20/	
PES PLANUS: 1st 2nd 3rd degree	
SB #236	

P N

P

WAR SHIPPING ADMINISTRATION ACCOMPLISH IN DUPLICATE: TRAINING ORGANIZATION See directions bottom of page TRAINING ORGANIZATION

30-01261-3

PODT OF MEDICAL EXAMINATION

ace DALLAS	11-15-44 A			
(SURNAME)	(Civen) (Age)	(Date of birth)	llment, give grade and whether for the	X a S
FAMILY HISTORY Father (Giving—Yes or no) Mother (Living—Yes or no) Brothers (Number living) Sisters	(Did any blood relative ever ha (Age and state of health) (Age and state of health) (State of health)	The standard and sold and	(Cause of and age at death) (Cause of and age at death) (Cause of and age at death)	neral Order dangrehang on, hanang
PERSONAL HISTORYEver been rejected by		- Yso sedificentesia	(Cause of and age at death) 16 Yes, give reason	Anti-transport
Have you ever had an Answer Yes or No	Answer Yes or No	Answer Yes or No	(Duta her yake w fewar) 1426/4	Answer Yes or No
Asthma Lung Hay fever 7.6 Rheu Fits 7.6 Chro Rupture Ear t Stutter Hear	trouble Spitting Operat Walkin Fainting Venered	g of blood	Wear or ever worn glasses Ever had serious illness Ever been in hospital	
7	Pobacco—Kind and amount daily) pholics—Kind and amount daily)	all	(Signature of Examinee)	Sheele
Near vision (Record of Cabro	unatomical defects) Lt. 20/ Binocular (Uncorrected) Co only when defect exists) ormalities; evidence of mastoid or of	Pupils 20/ Rt. 20/ lor perception (State m) her disease; condition of canafit whisper //	ethod—Name and edition of plates; W	llar 20/
Nose	e removed before examination. Rec	ord distance in feet, 15/15 n	orimar for warsper, 60, 00 speciely	sund on temper
Mouth (Tongue, palate) Teeth and gums: Marked 1	malocclusion	Mark in spaces above and below cut		al (Maria)
Lack of serviceable oc	clusion (Yes or no) Periapical disease (Degree) nents (Describe, Are they so	opposite Z Missing. X Replaced. V Devitalized. O Abscess. I Carious.	31 30 29 28 27 26 25 24 28 22 21 22 24 29 20 20 20 20 20 20 20 20 20 20 20 20 20	
Are requirements met	(Yes or no)	A desirable of the second		

(If examined by dental officer, sign here) (Remarks)

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES MARITIME SERVICE

		Unit	USMSGS,	Jouston, Toxa	a.
		Date	April	9. 1945	
From:	SCHEELE, Rudolph A	A.S.	(MS)	14105-0	8960
the this days.	(Full name)	(Rank or ra	ting)		service number)
To:	Officer in Charge				
Via:	Transfer of the second			(Analysia mina)	
Subject: LE	AVE OF ABSENCE.				
1. I requ	uest 7 days' leave of a	absence to depart	1730	April 9. (Time and date)	1945
2. My re	eason for the above request is	,	e visit her	(alterny 12)	
se superior	e on leave my address will be	ongs tunks for trong kannalidiks for tunk ikovens pour setuikir iki Oliota da tuleseur	portania de anti- ra to tica anti- ra culto atrant	d stein your dose on this, constitute intil	nachons That U.S.
	is of the gradiest ussets of any a			(Signature)	
Balance accr	ued annual leave3	- LOUIS HAR-WEOME I	HERNOTHONE AT	IT NOT FOLLOWED	EXVEITA
Balance sick	leave 3	dui - E Marie		e po or in Empedi.	
Recommende	This coloniana maistical union	an apportant of the or		plant of the marking	perco deples Montaliji
Not recomm	ended David O McGord, ended USMS, Officerment	THE PARTY OF THE P	1 7	SMS, Officer	d. Jr., Ensign in Charge
(US (US (US (US)))	The hard charter containing	LADA STORAGE TARGET	turno e,dige gr	gran Wall Billion	concess, mrg , asprox
	ith Personnel Office		11 9, 1945		
	He requed, execuse the following	o moodqatet			
Chaelz out wi	ith Officer of the Day	730 Apri	11 9, 1945	on is the feet	
1		(Time)			(Signature)
All Market as live	h Officer of the Day	1 Sattlest Laterance A		The state of the s	
A series and the series		(Time)	(Date)		(Signature)
Distribution: Original—En	es hall he granted in secondance tion he standard in secondance			on obeliche pulifit	ku ta tegapimaka
And the second s	Station Personnel File.				

Triplicate—Commandant.

Form No. 2668
WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S. V. No.	
PAY No	

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or reting)
USUSOS. (Unit)	Hou	erec (Place	ъ)	Appli 10, 10kg
From: COMMANDIN To: PAY OFFICEI You are hereby at	2.	y accounts of the ab	pove named for the follow	ring reason:
Departed th	is date this unit	on a seven d	ays authorized le	mve granted
				this leave period.
AUTHORITY:				
Apt. 202 (a) ususz		David C, Hell	(Commanding)
				(Title)
1. Receipt of this	authorization is hereby a	cknowledged. The	accounts of the above na	med have been adjusted.
(Date)			Borle Atten	(Pay officer)

Form No. 2668
WAR SHIPPING ADMINISTRATION
* DIVISION OF TRAINING
Form approved by Comptroller General, U. S.
Sept. 3, 1942

s. v.	No.	

(Surname)	(First name)	(Midd)	le initial)	(Service No.)	(Rank or rating)	
(Unit) .	Men	iston,	(Place)		(Date)	
From: COMMANDING OFF To: PAY OFFICER. You are hereby authorize	bedienery	accounts	of the above	named for the follow	ving reason:	
Seill on authorized period.	lanvo.	Pog	6001400	for thrue day	e of this leave	
AUTHORITY:						
Art. 202 (a) WHIST				David G. Office	(Commanding) (Title)	k, USHI
1. Receipt of this authori	zation is hereby ack	nowledge	d. The acco	unts of the above na	med have been adjusted.	
(Date)				Maria Attob	(Pay officer)	MO3*

Form No. 2668
WAR SHIPPING ADMINISTRATION
DIVISION OF TRAINING
Form approved by Comptroller General, U.S.
Sept. 3, 1942

S. V. No.	
PAY No	

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
(Unit)		(Place)		April 17, 1975 (Date)
From: COMMANDING Of To: PAY OFFICER. You are hereby authority	obationary	accounts of the above	named for the following	g reason:
Reported this officer in The 16, 1945.		from an author accross from Ap	ised leave gran	ted by the rough April
AUTHORITY:				
Art. 202 (a) 1	onax.		Ports C. Net	(Commanding) (Title)
1. Receipt of this author	orization is hereby ack	nowledged. The accord	ints of the above name	d have been adjusted.
(Date)		U. S. GOVERNMENT PRINTING OFFICE	16—30325-1	(Pay officer)

Form No. 2668 D
WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
Form approved by Comptroller General, U. S.
Sept. 3, 1942

S.	v.	No.	
PA	Y I	No.	

SCH	RELE	Alber	t	n.		4405-08	960) A.	5.(MS	1	
(Surna	ACCUMULATION NAMED	(First name	COMPLETE STATE	(Middle initial)	(2	Service numbe	r)	(R	ank or rat	ing)	
M.S.	T.S., ST.	PETERSBU	RG	ST. PETER	SBUI	RG, FLOR	RIDA	2 Apr	11, 1	945	
	(Unit)			(Plac	e)		100		(Date)		
	OFFICER		ast the p	ay accounts of the	above	named for	the	following reason			
				TRANSF	ER						
Status—Proba	ationary or (Delete or	graduated .						Trainir	g or Ad (Delete	ministr one)	ative.
Departed	1000 -	2 APRIL -	1945	fr	om.	MSTS	ST	PETERSBURG	FLOR	DA	
Departed		(Date	No. of the last of					(Unit)	VALUE		
For assignmen	nt to		144	es, Houston,	Tex	S					
Annual leave-	-Entitled	to	(Days))	Sick le	ave—Entitl	ed to		(3) Days)		
AUTHORITY			(Days)								
Tol	og. fro	om OIG HOU		TELAS (G. E. HARRINGTON, CAPTAIN, USMS						
		ALCAN BAIL	LOIL dat	ted	SUPERINTENDENT, MSTS, ST. PETERSBURG						
4;-1	L-45				SUPERINI LINDENT, WISTS, ST. 1 ETERODOR						
Reported	1300	A. (Date)	1945				leré	(Unit)			
							FED	Moor in Cha-	c6e		
1. Receip	t of this	authorization		y acknowledged.	terle	Atteber	TV.	W.P.C. USM (Pay officer)	3		
ard Sta. Reas.	Se	rvice No.	Unit	Grade	100000	Training		Date	Place	Dept.	Class.
								ACCOMPANIE OF THE			19 95
					Marie Con						CE COL

S. V. No	THE PERSON
PAY No.	6.True
	MEC

		W	ert Mudelph	Schoole	to a section has been	And the second second second	The second second second			
		SCH	ant, it,	Rudolph	A.,	1405-08960	Δ,			
		(Surn	ime) (F	irst name)	(Middle initial)	(Service number	ockney, Tax	(Rank or	rating)	
		USM	sos,	Houst	on, Texas			5-20-11	5	
			(Unit)		(Pla	ce) USMSUS	, Mouston,	(Date)		
To:	P	PAY	IANDING OFFICER.							
	You	are l	nereby authorized	to adjust the p	ay accounts of the	above named for	the following re	eason:		
					GRADUA'					
Grad	luate	ed on		5-20-115	in gr	ade of Fireman				having
				(Date)			(Grade)			
co	mple	eted t	raining in		the same of the same of the same or many to the particular to the same of the	Department				
					(Course or type of traini	ng)			1
Rele	ased	to	Uanc.	lair Oil Co	mpany		D. Stanford			
					(Name of comp	iny or merchant vessel)				
as						Diler			746	
					(Capacity in wh	ich employed)				
Tran	sport	tation	issued from	Houston. T	exag	to (ma) Corpus	Christi,	Texa	s Via
	SP CZ							OTR	Carlo Maria	
Has	comr	nleted	previous Maritim	e Service traini	ng (Yes or no)					
	comp				(Yes or no)					
ATTE	TTOT	OTTIST								
AUI	пог	RITY					ROMAN			
						David C. No	(Commanding)	Basim.	USMB	
		Art.	202(a) USMS	1						
						Officer	in Charge (Title)			
7							(Zruc)			
	1. Re	eceipt	of this authoriza	ation is hereby	acknowledged. I	he accounts of the	above named ha	ave been ad	ljusted.	
			(Date)			Marle Attebu	(Pay officer)	USHS		
				FOR	HEADQUARTE	RS USE ONLY	Altornat	e Agent	Cashi	ler
rd St	a. B	Reas.	Service No.	Unit	Grade	Training	Date	Place	Dept.	Class.
							A PARTIE OF THE	Milliane.		
ACT OF				THE PARTY OF THE P	MR 139 10 9 220 46		TO THE REAL PROPERTY.		A NEW	

MAY 20 1945

You are herby authorized to mail check covering all pay earned by me to MEC

Albert Rudolph Scheele

MANE TYPED

NAME TYPED

ST GNATURE

ST GNATURE

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

USMSGS, Houston, 6, Texas

F	orm No.	2668 D		
WAR SHIPP	ING AD	MINIS	TRATIO	N
TRAIN	JING ORG.	ANIZATI	ON	
Form approved	by Comp	troller	General,	U. S.
2	Sept. 8,	1942		

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S. T	7.]	No.	
PAY	N	0.	

R	EPORT OF	CHANGE	IN PAY S	TATUS				
SCHEELE	Albert	n.	(4405-08960)	(MS)			
(Surname)	(First name)	(Middle initial)	(Service number)	(Re	ank or rating)	BAR		
M.S.T.S., ST. P	ETERSBURG	ST. PETERS	BURG, FLORID	of Apr	11, 1945			
(Unit)		(Place)		COD	(Date)	1,600		
			In	ADE				
From: COMMANDING To: PAY OFFICER.	OFFICER.			- TIE				
You are hereby auth	orized to adjust the	pay accounts of the	above named for the	e following reason				
		TIP ANGER						
		TRANSFE			200000	K		
Status—Probationary or (Delete one	graduated			Trainin	g or Administra (Delete one)	ative.		
1000 - 2	APRIL - 1945		M.S.T.S., ST.	PETERSBURG,	FLORIDA			
Departed	(Date)			(Unit)				
For assignment to	-1	mos, Houston,	TEXAS					
Annual leave—Entitled to	THREE (3) Si	ck leave—Entitled	THREE	(3)	N 41 . 10		
	(Day				(Days)			
	m OIC HOUSTON,		G. E. HARRINGTON, CAPTAIN, USMS					
TO CO, AMB	RICAN DAILOR &	ated	SUPERINTENDENT, MSTS, ST. PETERSBURG					
4-1-47				(Title)				
Reported1300	April 7, 1945.	at 1	ISMSGS, Hougto	n, Toxas (Unit)				
				(Omt)				
			David O. NaCor	(Commanding)	ga, USNS			
			01	fior in Cha	rge			
1 Passint of this s	uthorization is here	by acknowledged. The						
1. Receipt of this a			io accounts of the a	Sove Hames Have	seen adjusted.			
		_M	arla Attabary.	W.P.O. UBM	8 14			
(Date)		OR HEADQUARTER						
ard Sta. Reas. Ser	vice No. Unit	OR HEADQUARTER	Training	Date				
ACUST SEL	Cine			- Date	Place Dept.	Class.		
1 10 4402	08966 52	IAS	4 GEN 10	040745	X -	2		

PERS 8/4/52

20 May, 1945

From: To:

Officer in Charge

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

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 Enrolles:-

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

- 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.
- 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.
- The travel expense necessary to the execution of these orders 4. is required in the public interest and is chargeable to appropriation 1154002.001, Maritime Training Fund, WSA 1945, WSA 507 t.
- Delivered orders and departed this unit at 1630. 5.

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

> R. ROTHMAN By DIRECTION.

