

rdy

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

USMSTS Sheepshead Bay, N.Y. April 12, 1946
 (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 or ~~Administrative~~.
 (Delete one) (Delete one)

Changed in grade from AS to MM3c on April 12, 1946
 (Grade) (Grade) (Date)

Changed in training from deck to administrative
 (Type of training) (Type of training)

on April 12, 1946
 (Date)

Entitled to 40% administrative allowance effective this date.

AUTHORITY:

Comdt. ltr. 8-28-45
 Art. 218a, 223a, USMS Instr.

Wick
G.E. HARRINGTON, Captain, USMS
 (Commanding)

J.R. HICKEY, Comdr., USMS
 (Title)
 By direction

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

 (Date)

 (Pay officer)

FOR HEADQUARTERS USE ONLY

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

APR 22 1946
 FILE
 DAG

THOMPSON, HAROLD - 4614-01144 - 6-3-46 - MM^{3/6}

MEDICAL EXAMINATION ON DISENROLLMENT OR RELEASE

Print Name _____ Service No. _____ Date _____ Rate 194 **6**
Summary of positive findings on enrollment exam.

None.

Illness or injuries during period of active duty

Back injury

OWN REQUEST

Is he being discharged for medical reasons **no**

Weight	} <i>normal</i>	Spine	} <i>normal</i>
EBIT		Extremities	
Heart and B.P.		Skin and Lymphatics	
Abdomen		Pilonidal and Anus	
Hernia		35mm. X-ray of Chest	
Genitalia		Other Defects	

6-3-46

Signature of Enrollee for identification

Medical Officer

Harold Howard Thompson

E. Butler

2-25-46 Reported to sick bay this date with cramps in foot. sent back to duty.

2-27-46- Patient states that he fractured his left arm just ~~below~~ above the wrist, and the wrist once, each time on Xmas Eve, 1942, 1943, 1944 and in June of 1945 His doctor told him he would have to be very careful with it and that if he injured it again he may have to operate on it. At present he complains of severe pains in muscles of left arm and shoulder. Patient appears to exaggerate the pain. Imp: myositis.

RX: 1. Salicylate
2. Fluids
3. codeine gr. $\frac{1}{4}$ P.R.N. for pain

2-28-46- No change
1. Continue Rx
2. C.B.C.
3. Sed. Rate
4. Urinalysis

3-1-46- X-Ray left forearm and wrist

3-1-46 Pt. complains of pains in the arms and legs, duration three days. Has chest cough and says he drew blood upon coughing headache, slight flush

Temperature 100.2 - 99.6

Treatment given A.P.C. 0945 Pharynx granular congested No neck rigidity skin and lungs clear. Acute URI

NOTE: Also complains of gastric disturbances Pain after meals relieved of pain upon pressure. Had Gastroanalysis a year ago information revealed during logging in of patient 2-26-46-.

2-27-46 1200

Complains of pain in left arm very tender states he broke left arm 4 times during past 4 years.

3-1-46- Throat Mod. inflamed Continue Rx

3-2-46- Improving slight pains in arm today throat sore a little pharynx not injected RX-Discontinue above medication

2. Sulfadiazine Rx.
3. Fluids

3-4-46- Improved: No complaints Discharge today A $\frac{3}{4}$ R $\frac{1}{4}$ BOMBARDIERI /s/

2-28-46- B.S.R. 14 mm in 60 min.

C.B.C. 2-28-46- W.B.C. 8,900 R.B.C. 5,100,000 Hemoglobin 16gm. (94%)

Neutrophils (Mature) 67% Neutrophils Stab. 2% Monocytes 3% Lymphocytes 28

3-4-46 X-Ray report:

There is evidence of an old healed fracture of the distal third of the left radius without gross deformity. There is also an old un-united fracture of the left ulnar styloid. There is no evidence of recent fracture nor of any metabolic disease of bone. J $\frac{3}{4}$ ZIZMOR

3-15-46- Pains in stomach W.B.C. 7,450 Diff. Polys 57 Stab 4 Eos. 2 Milk of Bismuth return to duty.

4-22-46- infection of foot boric acid soaks with tr. ~~yellow~~ green soap. return to duty

4-25-46- T. Normal Shot reaction apc ii qth return to duty

4-26-46- Extreme pains in stomach and head empirin compound return to duty

4-27-46- Gastric enteritis Galusil $\frac{1}{2}$ to return in A.M.

5-5-46- Cavity packed with eugenol pledget to return in A.M. return to duty

5-10-46- tooth extraction pain A.S.A. gr. x return to duty

USPHS HOSPITAL, SHEEPSHEAD BAY, N.Y.

Adm: 5/13/46 Dis: 5/20/46

Diagnosis: Contusion of back -051-402

History: Patient was working at loading sheet metal on truck on 5/13/46. About 1630 1 of the sheets of metal (estimated by patient about 500 lbs.) fell off truck and hit him in the back and knocking him to his knees. Got up and walked because back wasn't especially painful immediately after but within 10 minutes back became very sore and stiff.

PX: Mild tenderness and spasm of erector muscles of back in lumbar region. Motion of back limited because of pain in these muscles on movement. No abrasion of skin. In acute distress with back pain whenever he moves.

Course and Treatment: Bed rest, with heat and massage to back.

Discharged: Asymptomatic at time of discharge. Fit for duty.

/s/ R.H. VANDERHOOK, SURG. USPHS

EJ

5-21-46- Still complains of back pains, especially when walking. Back strapped One week's light duty.

/s/ A.R. BOMBARDIERI

5-25-46- Itchy sides from lacerations alcohol rub. return to duty

USMSTS SHEEPSHEAD BAY, N.Y.

MEDICAL RECORD CLOSED

USMSTS SHEEPSHEAD BAY, N.Y. MEDICAL RECORD CLOSED

Paste flap of Form WSA T.O. 25 (a) here

Thompson, Harold

4614-01144

A.S. Trainee

FEB 20 1946

(Name—SURNAME, given name)

(Service number)

(Rank or rating)

(Trainee, cadet (MMCC or SMA), officer, administrative)

(Date)

19 Enrolling Office Examination

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

SHIPS CO.

USMSTS, Sheepshead Bay, N.Y.

Training Station Examination

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

(HOLD)

FILE

Laboratory

(Blood type)

(Serology—reaction and date)

(Differential count)

(Hb)

(Stool)

Urinalysis

(2-glass)

(Sp. gr.)

(Reaction)

(Albumen)

(Sugar)

(Microscopic)

Immunizations

(Smallpox—date, type reaction)

(Typhoid—days 1st, 2d, 3d)

(Tetanus)

(Yellow fever)

Remarks:

35mm CHEST X RAY REPORT-NEG.

SHIPS CO.

E. W. GREEN
SEN. SURG. USPHS
CHIEF MED. OFFICER

(Rank and signature, examining medical officer)

Form WSA T.O. 25
HEALTH RECORD AND OUT-PATIENT CARD

PROGRESS AT STATION

For directions for use, see Manual for Guidance of Medical Section, par. 108d.

WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
UNITED STATES MARITIME SERVICE
ENROLLMENT FORM
for
APPRENTICE SEAMEN

Service No. 4614-01144

SUMMARY OF STATUS

Name THOMPSON Harold Howard Age 16
(Surname) (Given name) (Middle name) (Years)
Residence 4330 Rhodes Ave. New Boston Ohio
(Number) (Street) (City or town) (State)
Place of birth S. Webster, Ohio Date of birth 7-15-29
(Country, if foreign) (City and State, if in U. S.) (Month, day, year)
Citizenship: Native xxx Naturalized _____
(Place) (Date)
Race white Marital status single Dependents none
Name and address of nearest relative: { Mr. Rennal Thompson
Mrs. _____ (Name)
Miss _____
father 4330 Rhodes Ave., New Boston, Ohio
(Relationship) (Address)
Military service: * Yes _____ None xxx Education finished 7th grade
(No. years grade school, high school or college)
Previous enrollment, Maritime Service: Yes _____ None xx
Length of sea service* none Present position shoe repairing
(Years)
Number of { License (or) _____ Nature of { License (or) _____
Certificate none 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, HAROLD HOWARD THOMPSON, 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.

Harold Howard Thompson
Harold Howard Thompson
(Signature of applicant)

Subscribed and sworn to before me, this, the 18th day of February, 1946



D. J. BRECHT, Lt. (jg), USMS Enrolling Officer.

Enrolled at Cleveland, Ohio as Apprentice Seaman on February 18, 1946

and assigned to USMSTS, SHEEPSHEAD BAY, Brooklyn N.Y. for training; EO HQ telegram 2-11-46

February 18, 1946 D. J. BRECHT, 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:

Table with 4 columns: ARMY, NAVY, MARINE CORPS, COAST GUARD. Rows for enlistment and discharge records.

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

Table with 4 columns: PLACE, DATE, OFFENSE, FINAL DISPOSITION OF CASE.

Record of service on merchant vessels during past 2 years:

Table with 4 columns: COMPANY, SHIP, CAPACITY, PERIOD (From-To).

PHYSICAL EXAMINATION FOR ENROLLMENT

Name (Surname, Given name, Middle name) Age (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), (Date), (Signature of medical officer), (Title—Public Health Service)

RECORD OF INOCULATION

Typhoid (First) (Second) (Completed)
Smallpox
Remarks
(Title—Public Health Service) (Signature of medical officer)

PHYSICAL EXAMINATION ON DISENROLLMENT OR RELEASE FROM ACTIVE DUTY

Enrollee's Statement

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

(Date) (Enrollee's signature)
*Describe all exceptions fully, as to nature, extent, and probable duration.

MEDICAL EXAMINER'S CERTIFICATE

I have carefully examined (Name of enrollee) and find no essential change in his physical condition as shown by his medical examination at the time of enrollment, except as follows:

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

ACCEPTANCE FOR REGULAR ENROLLMENT

(Name of enrollee), having satisfactorily completed a probationary enrollment at (Training station)

is hereby accepted for regular enrollment in the United States Maritime Service with the grade of (Date), effective on (Date)

Officer in Charge of Training. (Signature of enrollee) (Training station)

DISENROLLMENT

Harold H. THOMPSON (Name of enrollee), was this day disenrolled from the United States Maritime Service {by request / for cause} as follows: At his own request.

June 3, 1946 (Date)
I request disenrollment from the United States Maritime Service.*
Harold H. Thompson (Signature of enrollee)
J. R. HICKEY, Comdr., USMS (Signature)
Officer in Charge of Training.
USMS Sheepshead Bay, N.Y. (Training station)

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

RECORD OF SERVICE

Name THOMPSON, Harold Howard Service No. 4614-01144

Enrolled at Cleveland, Ohio as AS on February 18, 1946
(Place) (Grade) (Date)

Reported to Sheepshead Bay, N.Y. on February 19, 1946
(Training station) (Date)

Clothing and equipment issued on February 20, 1946.
(Date)

Completed probationary enrollment on _____
(Date)

Placed on regular enrollment status with {rank} of _____, effective _____
{rating} (Date)

Disenrolled {by request} at Sheepshead Bay, N.Y.
{for cause} (Place)

on June 3, 1946 Authority Art. 233 (d) USMS Instr., AUL 45-94, dtd
(Date) 9/11/45



CHANGES IN STATUS

CHANGE	PLACE	DATE	REMARKS
Reported and assigned to training	Sheepshead Bay, N.Y.	2/19/46	
Assigned to Deck Trng.	Sheepshead Bay, N. Y.	4-8-46	Hq. ltr. 2-29-44
Assigned to Admin. Duty & Adv. to MM3c	Sheepshead Bay, N.Y.	4-12-46	Comdt. ltr. 8-28-45 Art. 218a, 223a, USMS Instr.
DISENROLLED	Sheepshead Bay, N.Y.	6/3/46	Art. 233 (d) USMS Instr. AUL 45-94, dtd 9/11/45

6778 **WB REPORT OF CHANGE IN PAY STATUS**

THOMPSON (Surname)	Harold (First name)	H. (Middle initial)	4614-01144 (Service number)	MM3/c (Rank or rating)
USMSTS (Unit)	Sheepshead Bay, N.Y. (Place)		June 3, 1946 (Date)	

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

DISENROLLMENT OR RELEASE FROM ACTIVE DUTY

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

Disenrolled } on **June 3, 1946**, in grade of **MM3/c**
 Released from active duty } (Date) (Grade)
 (Delete one)

by reason of **At his own request.** under honorable conditions.

Transportation issued from **None furnished.** to _____

Annual leave—entitled to **2½** accrued annual leave.
 (Days)

Clothing bounty—furnished to date in amount of \$ **Full issue in accord. with Art. 1010 (a) and (b)**
USMS Ins tr.

Entitled to lump sum payment for **2½** days accrued annual leave in rate of **MM3/c** plus **40% Admin. allowance.**

FILE
MMH

AUTHORITY:

Art. 233 (d) USMS Instr.
AUL 45-94, dtd 9/11/45
Art. 1128 (1) USMS Instr.
Trng. Org. No 26 4/26/44
Supplement #1 2/14/45

G. E. HARRINGTON, Captain, USMS
 (Commanding)

J. B. HICKEY, Comdr., USMS
 By direction (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

THOMPSON Harold H. 4614-01144 MM3c
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)
 U.S. Maritime Service
 Training Station Sheepshead Bay, New York May 21, 1946
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

Status—~~Probationary or~~ ~~graduated~~ ~~v~~ ~~xv~~ ~~Administrative~~.
 (Delete one) (Delete one)

Confined in USPHS Hospital, Sheepshead Bay, New York from May 13, 1946
 to May 20, 1946.

Entitled to full pay since period of confinement does not exceed 30 days.

Illness for which confined was not due to above man's own misconduct.

AUTHORITY:

Training Organization
 Instruction #25 (Revised)
 Dated August 6, 1945.

G.E. HARRINGTON, Capt. US MS
 (Commanding)

J.R. HICKEY, Comdr. USMS
 (Title)
 By direction

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

 (Date) (Pay officer)

FOR HEADQUARTERS USE ONLY

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

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 MOBc
(Surname) (First name) (Middle initial) (Service number) (Rank or rating)
U. S. Maritime Service
Training Station Sheepshead Bay, New York
(Unit) (Place) April 29, 1946
(Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

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

Returned from unauthorized leave this date. --April 27, 1946

AUTHORITY:

Art. 1102(2) USMS Instructions

G. E. Harrington, Captain, USMS
(Commanding)

L. R. Hickey, Comdr., USMS
 By Direction (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.

HJR

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

U. S. Maritime Service
Training Station Sheepshead Bay, New York
 (Unit) (Place)

April 9, 1946
 (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

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

Returned from unauthorized leave this date.

April 9, 1946

AUTHORITY:

Art. 1102(2) USMS Instructions

G. E. Harrington, Captain, USMS
 (Commanding)

J. R. Hickey, Comdr., USMS
 By Direction (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

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

lab

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)
U. S. Maritime Service
Training Station Sheepshead Bay, New York April 9, 1946
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

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

Absent without leave commencing this date. April 5, 1946

AUTHORITY:

Art. 1102(2) USMS Instructions

G. E. Harrington, Captain, USMS
 (Commanding)

J. R. Hickey, Comdr., USMS
 By Direction (Title)

I. 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.

lab

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 AS
(Surname) (First name) (Middle initial) (Service number) (Rank or rating)
 U. S. Maritime Service
Training Station Sheepshead Bay New York March 14, 1946
(Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

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

Returned from unauthorized leave this date.

AUTHORITY:
 Art. 1102(2) USMS Instructions

G.E. Harrington, Capt., USMS
(Commanding)

J.R. Hickey, Comdr., USMS
 By direction (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.

gf

REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

U. S. Maritime Service
Training Station Sheepshead Bay, New York March 13, 1946
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

MISCELLANEOUS

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

Absent without leave commencing this date.

AUTHORITY:

Art. 1102(2) USMS Instructions

G. E. Harrington, Captain, USMS
(Commanding)

J. R. Hickey, Comdr, USMS
By Direction (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.

WB **REPORT OF CHANGE IN PAY STATUS**

THOMPSON Harold H. 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)
 U.S. Maritime Service
 Training Station Sheepshead Bay, New York March 6, 1946
 (Unit) (Place) (Date)

From: COMMANDING OFFICER.
 To: PAY OFFICER.

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

MISCELLANEOUS

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

Confined in USPHS Hospital, Sheepshead Bay, New York from February 27, 1946
 to March 4, 1946.

Entitled to full pay since period of confinement does not exceed 30 days.

Illness for which confined was not due to above man's own misconduct.

AUTHORITY:

Training Organization
 Instruction #25 (Revised)
 Dated August 6, 1945.

G. E. HARRINGTON, Captain, USMS
 (Commanding)

J. R. HICKEY, Comdr., USMS
 By direction

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

 (Date)

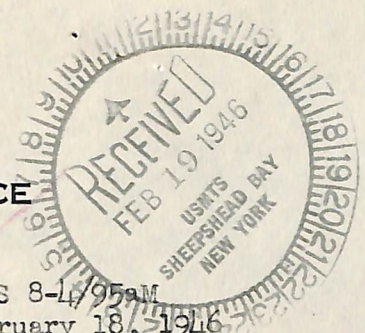
 (Pay officer)

FOR HEADQUARTERS USE ONLY

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



19
UNITED STATES MARITIME SERVICE
Enrolling Office, Cleveland, Ohio



C 725-524-22.3

PERS 8-1495AM
February 18, 1946

From: Enrolling Officer, Cleveland, Ohio
To: THOMPSON, Harold Howard; A.S., USMS
Subject: Orders; travel.
Reference: (a) EO HQ telegram 2-11-46

01144

1. Proceed immediately to Brooklyn, New York, and report to the Superintendent of the U. S. Maritime Service Training Station, SHEEPSHEAD BAY, for training.
2. The travel necessary to the execution hereof is required by the public interests.
3. You will depart from Cleveland, Ohio at 1650 this date.
4. Following transportation is issued to you: U. S. Government Transportation Request No. WSA-t- 122,325 to cover your coach transportation from Cleveland, Ohio to Jersey City, N. J.
Issued U. S. Government Meal Tickets Nos. WSA- 142,511; 142,512 and (EMERGENT WSA- 142,513)(in lieu of per diem allowance.)

[Signature]
D. J. BRECHT, Lt. (jg), USMS Enrolling Officer.

FIRST ENDORSEMENT

Reported at U. S. Maritime Service Training Station, SHEEPSHEAD BAY, Brooklyn, New York, at 1030 on February 19, 1946.
Assigned Service Number 4614-01144

[Signature]

C. ALTSCHULER, ~~Superintendent~~
Foreign, USMS

For:
G.E. HARRINGTON,
Captain, USMS

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, HAROLD HOWARD THOMPSON, 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."

Harold Howard Thompson
Harold Howard Thompson
(Signature)

Subscribed and sworn to (or affirmed) before me at Cleveland, Ohio this

18th day of February, 1946


D. J. BRECHT, Lt.(jg), USMS

Title Enrolling Officer

69274

CLOTHING ISSUE

U.S. MARITIME SERVICE TRAINING STATION
SHEEPSHEAD BAY, N. Y.Enr. #4514- 01144 Date 2/20/46
Rate AS Sec. 19 Brks. NAME THOMPSON, H. H.
(Last) (First) (Middle)

ARTICLE	UNIT	U.PR.	EXT.
Bag, Sea	1		2.00
Belt, Black	1		.30
Branch, Braid	3	.05	.15
Broom, Whisk	1		.40 ²⁴
Brush, Scrub	1		.15 ⁰⁹
Brush, Shoe Set	1		.45 ²⁷
Cap, Watch	1		.70 ⁴²
Clothes Stops	1		.10
Comb	1		.10
Drawers, Nainsook	4	.40	1.60
Drawers, Wool	2	1.25 ²⁵	2.50 ⁵⁰
Gloves, Wool	1		1.25
Handkerchiefs	6	.10	.60
Hats, Blue	1		.75
Hats, White	2	.75	1.50
Jersey	2	3.00	6.00
Jumper, Blue	1		4.70
Jumper, White	3	1.65 ⁹⁹	4.95 ²⁹⁷
Manual, Trg. Bind.	1		.80 ⁸⁸
Manual, Trg. Pre.	1		.90
Manual, Branch Tr.	1		.90
Neckerchief	1		.50
Needles	1		.05
Peacoat, Button	1		17.50
Raincoat	1		6.00 ³⁶⁰
Shirt, Chambray	4	1.00 ⁶⁰	4.00 ²⁴⁰
Shoes, Gym	1		1.10
Shoes, High	1		4.25
Shoes, Low	1		4.50
Socks, Cotton	4	.25	1.00
Socks, Wool	4	.40	1.60
Towels	2	.50	1.00
Trousers, Blue	1		5.65
Trousers, Dung.	2	1.25	2.50
Trousers, White	3	2.10 ²⁶	6.30 ³⁷⁸
Trunks, Bathing	1		1.05
Undershirts, Cott.	4	.40	1.60
Undershirts, Wool	2	1.20 ²²	2.40 ⁴⁴

TOTAL-- 91.80^{80.37}I acknowledge to have received the
above articles of clothing.NAME Harold H. ThompsonBack Order No.

I hereby certify that I have never been enrolled in the United States Maritime Service.

Harold Howard Thompson

HAROLD HOWARD THOMPSON

(Signature of applicant)

AFFIDAVIT #2

I hereby certify that I am an enrollee in good standing and have never been disenrolled from the U. S. Maritime Service.

(Signature of Applicant)

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in the enrollment of a minor under 21 years of age and attached to the enrollment form and forwarded to Headquarters.)

ENROLLMENT OF HAROLD HOWARD THOMPSON,

IN THE

UNITED STATES MARITIME SERVICE

I,¹ RENNAL E. THOMPSON, residing in the CITY
of 4330 Rhpdas ave New Boston,, County of SCIOTO
and State of OHIO, do hereby consent to the enrollment

of ² HAROLD HOWARD THOMPSON, to serve for a period of 1 year
from date of enrollment, unless sooner discharged, subject to all requirements and lawful com-
mands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all
claim to his service, and to any wages or compensation for the same, and I certify that there are no
circumstances now existing or that can be foreseen which will cause me to request his discharge at any

time during this enrollment, and I do further certify that he was born in SOUTH WEBSTER
OHIO, on the 15th day of JULY, 19-29

And I, the said¹ RENNAL E. THOMPSON, do solemnly swear
(or affirm) that I am the³ FATHER of the said² HAROLD HOWARD THOMPSON,
to be enrolled by my consent as apprentice seaman, and that he has no other legal guardian but myself.
So help me God.

Rennal E. Thompson
(Signature of parent or guardian)

Address 4330 Rhodes avenue New Boston, Ohio
(Street and number) (City or town) (State)

Personally appeared before me¹ RENNAL E. THOMPSON,
a resident of New Boston,, in the County of SCIOTO

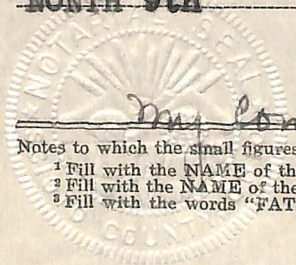
and State of OHIO., who is well known to me as a credible person, and
made oath that the foregoing statement is correct and true, and signed the same in my presence this

NONTH 9th day of January, 19-46

Mary Hazel Foley
(Signature of officer administering oath)

Notes to which the small figures refer in the oath of the parent or guardian:

- ¹ Fill with the NAME of the parent or guardian.
- ² Fill with the NAME of the applicant.
- ³ Fill with the words "FATHER," "MOTHER," or "GUARDIAN," as the case may be.



1. Name in full... *Harold Howard Thompson*

- 2. Is your mother living? *yes* If dead, cause of death and age.....
Is your father living? *yes* If dead, cause of death and age.....
- 3. Number of brothers living? *1*.....If dead, cause of death and age.....
Number of sisters living? *1*.....If dead, cause of death and age.....
- 4. Write the names of all sicknesses you have ever had in the past including mumps, whooping cough, rheumatism, hay fever, asthma, scarlet fever, etc.
1. Mumps, hay fever
- 5. Has there been a recent gain or loss in your weight? *no*. No. of lbs.....
- 6. Have you ever been vaccinated for Smallpox? *no* Year Vaccinated.....
Have you ever been vaccinated for Typhoid Fever? *yes* Year Vaccinated *1937*.
- 7. Have you ever had a Venereal disease?..... Year.....
- 8. Last grade of school you attended *eight*.....
- 9. Have you ever been examined by: ARMY *no* NAVY *no* MARINES *no* COAST GUARD *no* AIR CORPS *no*.....
- 10. Do you have a Physical Discharge from any of the above services,.....
- 11. Have you ever been classified *4F* by Selective Service (Your local Draft Board)? *no*.....
- 12. Your present Selective Service Classification is *2-B*.....
- 13. Are you married? *no* Number of children? *none*.....
- 14. Have you ever been arrested? *no* Tried? *no* Convicted? *no*.....
- 15. Have you ever had the following?.. Write yes or no before each one.

- no* Tuberculosis
- no* Scarlet Fever
- no* Asthma
- no* Head Injuries
- no* Trouble Breathing
- no* Fits
- no* Lung Trouble (any form)
- no* Are tonsils out
- no* Venereal disease
- no* Rupture or Hernia
- no* Piles
- no* Urinate in bed in last 3 years
- no* Chronic rash or pimples
- no* Do your legs or feet tire easily
- yes* Operations
- no* Depressed arches or any indication of same or previous feet injuries
- no* Have you ever worn arch supporters
- no* Any insanity in your family
- yes* Do you wear or have you ever worn glasses
-Spitting of blood
- no* Have you ever been in a hospital or had a serious illness
-If so, give particulars on other side.
- no* Broken bones
- no* Stuttering
- no* Diphtheria
- no* Rheumatic Fever
- no* Ear Trouble
- yes* Hay Fever
- no* Rheumatism
-Fainting spells
- no* Walking in sleep
- no* Heart Trouble
- no* Are you well at the Present

15. Do you have any physical defects not mentioned on the above questions?.....
If so, what are they.....

WARNING !!! Any false statements made on this form will be basis for later disciplinary action if accepted for enrollment or appointment.

I certify that I have read the above, and that the answers as given are true and correct to the best of my knowledge and belief.

Harold H. Thompson

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REPORT OF CHANGE IN PAY STATUS

THOMPSON Harold H. 4614-01144 AS
 (Surname) (First name) (Middle initial) (Service number) (Rank or rating)

U. S. Maritime Service Training Station Sheepshead Bay, New York April 8, 1946
 (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 ~~Adjusted~~ Training or Administrative
 (Delete one) (Delete one)

Changed in grade from - to - on -
 (Grade) (Grade) (Date)

Changed in training from Basic to Deck
 (Type of training) (Type of training)

on April 8, 1946
 (Date)

AUTHORITY:

Hq. ltr. 2929-444

G. E. Harrington, Captain, USMS
 (Commanding)

J. R. Hickey, Comdr., USMS
 By direction

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

 (Date) (Pay officer)

FOR HEADQUARTERS USE ONLY

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

APR 11 1946



WAR SHIPPING ADMINISTRATION
TRAINING ORGANIZATION
U. S. MARITIME SERVICE TRAINING STATION
SHEEPSHEAD BAY, BROOKLYN, NEW YORK

4614-01144/14P-1
April 15, 1946

From: The Superintendent, Sheepshead Bay, N. Y.
To: Commandant, U. S. Maritime Service

Subject: THOMPSON, Harold H. MM3/c USMS

Reference: (a) All Unit Letter 44-125 dated August 31, 1944.

Enclosure: (A) Form WSA-TO 100 (pink). *Let to mm3 4-17-46*

1. In accordance with reference (a), enclosure (A) is forwarded herewith.

2. An Authorized Government Request for deferment is not required because the subject named man is under 18 yrs of age. He was born on 7/15/29.

M. G. Harrington
G. E. HARRINGTON,
Captain, USMS

FILE
B.J.G.

FILE

Ans

APR 16 1946

APR 18 1946



WAR SHIPPING ADMINISTRATION
 TRAINING ORGANIZATION
 U. S. MARITIME SERVICE TRAINING STATION
 SHEEPSHEAD BAY, BROOKLYN, NEW YORK



FILE
 NCW

af

4614-01144/14P2
 February 28, 1946.

From: The Superintendent, USMSTS, Sheepshead Bay, N.Y.
 To: The Commandant, U.S. Maritime Service.
 Subject: THOMPSON, Harold Howard - AS - USMS
 Maritime Service Forms, forwarding of.

References: (a) Commandant's letter dated August 18, 1943.
 (b) Commandant's letter dated August 25, 1943.

Enclosures: (A) Copy of Form MS11.
 (B) Form 2668A in duplicate.
 (C) Form WSA-TO 24.
~~(D) Affidavit for Sale of U.S. Property~~
 (E) Form MS 1 or MS 1a.

1. Enclosures (A), (B), (C), ~~(D)~~, and (E) are forwarded herewith for the subject named man.

G. E. Harrington,
 Captain, USMS

F. J. Englert
 F. J. Englert,
 By direction.



REPORT OF CHANGE IN PAY STATUS

THOMPSON

Harold

H.

1611-01144

AS

(Surname)

(First name)

(Middle initial)

(Service number)

(Rank or rating)

U. S. Maritime Service

February 27, 1946.

Training Station

Sheepshead (Place), New York

(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 or Administrative.
 (Delete one) (Delete one)

Reenrolled or originally enrolled as AS at Cleveland, Ohio.
 (Delete one) (Grade) (Place)

on February 18, 1946.
 (Date)

Reported this unit for assignment to basic apprentice seaman training

on February 19, 1946.
 (Date)

Inactive status without pay from _____ to _____ inclusive
 No pay accrues for above period.

Entitled to original clothing issue as prescribed in Article 1010 (a) and (b)
 USMS Instructions.

AUTHORITY:

G.E.HARRINGTON, Captain, USMS

(Commanding)

Travel order dated February 18, 1946.

Articles 1009(a), 1104 USMS

Instructions.

J.R.HICKEY, Comdr. USMS

(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.

Residence _____ Date of birth _____ Race _____



UNITED STATES MARITIME SERVICE
Enrolling Office, Cleveland, Ohio

PERS 8-1/95AM
February 18, 1946

C 725-524-22.3

From: Enrolling Officer, Cleveland, Ohio
To: THOMPSON, Harold Howard; A.S., USMS
Subject: Orders; travel.
Reference: (a) EO HQ telegram 2-11-46

1. Proceed immediately to Brooklyn, New York, and report to the Superintendent of the U. S. Maritime Service Training Station, SHEEPSHEAD BAY, for training.

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

3. You will depart from Cleveland, Ohio
at 1650 this date.

4. Following transportation is issued to you: U. S. Government Transportation Request No. WSA-t- 122,325 to cover your coach transportation from Cleveland, Ohio to Jersey City, N. J.

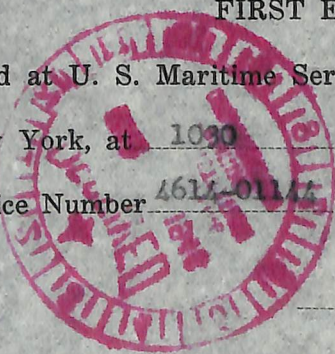
Issued U. S. Government Meal Tickets Nos. WSA- 142,511; 142,512 and (EMERGENT WSA- 142,513)(in lieu of per diem allowance.)

D. J. BRECHT, Lt.(Jg), USMS Enrolling Officer.

FIRST ENDORSEMENT

Reported at U. S. Maritime Service Training Station, SHEEPSHEAD BAY,
Brooklyn, New York, at 1030 on February 19, 1946.

Assigned Service Number 4614-01144



C. ALTSCHULER, Superintendent

U. S. GOVERNMENT PRINTING OFFICE: 1932 O-308234

For:
G. E. HARRINGTON,
Captain, USMS

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

Approved 2-12-46
(Date)
Rejected for _____
Date _____
By _____
(For the Maritime Service)

U.S. Maritime Service.
(This space reserved for Headquarters use only)
1720 Euclid Avenue,
Cleveland, (15) Ohio.

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 THOMPSON HAROLD HOWARD
Thompson Harold Howard
(Last name) (First name) (Middle name)

Present address 433 Rhodes Ave, New Boston Ohio
(Number) (Street) (City) (State)

Legal (voting) address none
(State) (County) (Town)

Where born Sauwatebater Ohio When born July 15, 1929
(City or town) (State or foreign country) (Month, day, year) (16)

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

Indicate race and marital status (✓): WHITE
RACE: All other states (1940)
White Colored Other

Education (indicate by circling years):											
COMMON SCHOOL						HIGH SCHOOL				COLLEGE	
1	2	3	4	5	6	7	8	1	2	3	4
SPECIAL TRADE OR SKILL (Describe below)											

MARITAL STATUS (✓):
Single Married Divorced Widowed

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

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

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

Nature of last (or present) employment none

Name and address of last (or present) employer Hayebakers Steel shape Parts

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

Nearest relative Reinval E Thompson - Father

Address 4330 Rhodes Ave New Boston, Ohio

GENERAL PHYSICAL STATEMENT

What is your height? 5ft, 1in. Weight? 165 Is your general health good? yes

Have you any impediment of speech? no Is your sight good? _____

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? none
(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

Local Board No. not of age. Hair Light Brown

Address _____ Eyes B.N.

Order No. _____ Classification _____ Scars _____

Social Security No. 295-22-7591

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



Feb. 19, 1946 (Date) Harold Howard Thompson (Signature of applicant)
HAROLD HOWARD THOMPSON

Enrolled at Cleveland, Ohio (Place) as A.S. (Grade) on February 18, 1946 (Date)

Assigned USMSTS SHEEPSHEAD BAY, Brooklyn N.Y. (Training station or ship) for training; DO HQ telegram 2-11-46 (Date)
on February 18, 1946

D. J. BRECHT, Lt. (Jg), USMS Enrolling Officer.