

# APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

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

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

1. NAME IN FULL: (Please print or type) First **James** Middle **Chester** Last name **Sheehan**

2. HOME ADDRESS: Number **804** Street or rural route **N. Catherine Ave.** County, city, town, or post office **LaGrange** State **Ill.**

3. I WAS BORN AT City, town, or post office **Galesburg, Ill** Day of month **24th** Month **Oct.** Year **1906** Age nearest birthday **37**

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY **June 25, 1943** 5. PRESENT ORGANIZATION Rank, grade, or rating. **Pvt.** Organization, regiment, station, ship, etc. **Recruit Reception Center** 6. SERIAL NUMBER **36,756,196**

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") **None** 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS **No**

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ **10,000**

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") **No** IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ \_\_\_\_\_ POLICY No. \_\_\_\_\_  
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL <b>Grace Madalyn Sheehan</b>	<b>wife</b>	<b>10,000</b>	<b>804 N. Catherine Ave., LaGrange, Ill.</b>
CONTINGENT <b>Adelaide Cora Sheehan</b>	<b>Mother</b>	<b>10,000</b>	<b>340 N. Spring, LaGrange, Ill.</b>

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

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)  
**Grace M. Sheehan** (Full name) **804 N. Catherine Ave., LaGrange, Ill.** (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **10th** day of **July**, 19 **43** and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in payment of the first \_\_\_\_\_ premium on the insurance, or \_\_\_\_\_ (Check, draft, or money order)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ **7.90** on the insurance, or \_\_\_\_\_

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ \_\_\_\_\_ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

DOUBLE DEDUCTION AUTHORIZED AS PER PUBLIC LAW 451, 77TH CONGRESS

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ <b>7.90</b>	\$ _____	\$ _____	\$ _____	\$ _____

SIGNED AT **FORT CUSTER, MICHIGAN** ON THE **10th** DAY OF **July**, 19 **43**

WITNESSED BY: **S. F. BROWER, CAPT. CAV.**  
INFORMATION AS TO SERVICE CERTIFIED BY: **S. F. BROWER, CAPT. CAV.**  
(Rank and organization. See reverse side, paragraph 4.)

ASS'T. ADJ. **James P. Sheehan**  
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

**DO NOT USE THIS SPACE**

Effective Date \_\_\_\_\_ Age \_\_\_\_\_ Amt., \$ \_\_\_\_\_ Premium: Mo. \$ \_\_\_\_\_ Qr. \$ \_\_\_\_\_ S. A. \$ \_\_\_\_\_ A. \$ \_\_\_\_\_

Beneficiary \_\_\_\_\_

Action taken \_\_\_\_\_

Examiner \_\_\_\_\_ Reviewer \_\_\_\_\_

Certificate issued \_\_\_\_\_ Policy issued **ORIGINAL FORWARDED TO VETERANS ADMINISTRATION**

16-30586-1

ALL QUESTIONS MUST BE COMPLETELY ANSWERED



ORIGINAL

Soldier's Army Mailing Address--1631st S.U., Rec. Recept. Center, Fort Custer, Mich.  
AUTHORIZATION FOR ALLOTMENT OF PAY

Sheehan                      James                      G.                      36,756,196                      Pvt.  
\_\_\_\_\_  
(Last Name)              (First Name)              (Middle Initial)              (Army Serial No.)              (Grade)

The enlisted man named above hereby authorizes a Class "N" National Service Life Insurance Allotment of his pay in the amount of \$ 7.90 per month for the period of ETS months, commencing July 1, 1943, and expiring \_\_\_\_\_, 19\_\_\_\_, to the Veterans Administration, Washington, D.C., for the payment of monthly premium on \$ 10,000 National Service Life Insurance.

DOUBLE DEDUCTION AUTHORIZED AS PER PUBLIC LAW 451, 77th CONGRESS

Date of Enlistment, June 25, 1943

James C. Sheehan  
(Signature of Allotter)  
Date July 10, 1943

Place: Fort Custer, Michigan  
Entered on Service Record by mbg.  
W.D.A.C.O. Form No. 29

ORIGINAL SENT TO OFFICE, CHIEF OF FINANCE, WASHINGTON, D.C.

\_\_\_\_\_  
Ass't. Adj.  
Signature of Commanding Officer or Personnel Officer with grade and organization. S. F. BROWER, CAPT. CA



# APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

**INSTRUCTIONS.**—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. **If you are applying for a specific United States Civil Service Examination, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if not, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.**

This space for agency use:

To U. S. Civil Service Commission

Appor. \_\_\_\_\_  
 Nonappor. \_\_\_\_\_

1. Name of examination, if any; or name of position applied for: \_\_\_\_\_

2. Place of examination (if a written test), or place of employment applied for: \_\_\_\_\_  
 (City and State)

3. Optional subject (if mentioned in examination announcement): \_\_\_\_\_

4. -- Mr. \_\_\_\_\_  
 -- Mrs. \_\_\_\_\_  
 -- Miss \_\_\_\_\_  
 (First name) (Middle) (Maiden, if any) (Last)

5. \_\_\_\_\_  
 (R. D. or street and number)  
 \_\_\_\_\_  
 (City or post office, and State)

6. Date of birth (month, day, year): 9/27/05

7. Age last birthday: 38

8. Date of this application: 2/3/44

9. Legal or voting residence: State Ill.

10. Telephone numbers: (Residence phone) \_\_\_\_\_ (Business phone) \_\_\_\_\_

11. (a) Check one:  Male  Female  
 (b) Check one:  Widowed  Single  Separated  Married  Divorced

12. Height, with-out shoes: 5 ft. 3 in. Weight: 120 lb.

13. Where were you born? \_\_\_\_\_ (Town) \_\_\_\_\_ (State or country)

O. S. \_\_\_\_\_  
 Gr. \_\_\_\_\_  
 E & E. \_\_\_\_\_  
 P & D. \_\_\_\_\_  
 Ini. \_\_\_\_\_

-- Preference: Adm'd exam. \_\_\_\_\_  
 Allowed -- Approved by \_\_\_\_\_  
 -- Veteran. Exam. date \_\_\_\_\_  
 -- Disability. Exam. date \_\_\_\_\_  
 -- Wife. Not. Ra. \_\_\_\_\_  
 -- Widov. Date Reg. \_\_\_\_\_  
 -- Disallowed. -- Material att'd. \_\_\_\_\_  
 -- Closed. -- Material filed. \_\_\_\_\_  
 -- Indian. -- Material ret. \_\_\_\_\_

Indicate "Yes" or "No" answer by placing X in proper column

	Yes	No
14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign-born, documentary proof of citizenship. Documents will be returned.	X	
15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.		X
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.		X
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45.		X
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.		X
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: -- Occasionally. -- Habitually. -- To excess.		X
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45.		X
21. Are you NOW employed by the Federal Government? (a) If so, _____ (Department or agency) _____ (Bureau) _____ (Location) (b) If you now are or have ever been so employed, give dates: from _____ (Month) _____, 19____, to _____ (Month) _____, 19____ (Year)		X

Indicate "Yes" or "No" answer by placing X in proper column

	Yes	No
22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard. Date _____ (b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled. -- Wife of disabled. -- Widov of veteran. veteran. veteran. If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein.		X
23. Have you registered under the Selective Service Act? If so, give address and number of local board. If classified, give your classification _____ Your order number _____		X
24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization. (b) Are you now on active duty?		X
25. Give number of persons completely dependent on you, other than husband or wife: <u>mother</u>	X	
26. Would you accept short-term appointment? -- 6 months. -- 3 months. -- 1 month.		X
27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences. (b) Would you accept appointment outside the United States? Give locations acceptable. (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.		X
28. What is the lowest entrance salary you will accept? \$ _____ per _____ You will not be considered for positions paying less.		X
29. If you are willing to travel specify: -- Occasionally. -- Frequently. -- Constantly.		X
30. How much notice will you require to report for work?		X

This space for U. S. Civil Service Commission

SEL. NO.



Print or type your name here as in Item 4 Grace Madalyn Godfrey Sheehan

31. (a) Have you ever **filed** applications for any Federal civil service examinations? Yes (If so, list them below.)

Titles of examinations	Examined in what cities	Month and year	Ratings
<u>Junior Clerk</u>	<u>Santa Fe, N. Mex.</u>	<u>Feb.</u>	

(b) Have you **passed** any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) No Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? X Yes No

Name and location of school	Dates attended		Years completed		Degrees conferred		Semester hours credit
	From—	To—	Day	Night	Title	Date	
(b) College or university <u>Bradley PI - Peoria, Ill</u>	<u>1923</u>	<u>1925</u>	<u>2</u>				
<u>Northwestern Univ. - Evanston</u>	<u>June 1926</u>	<u>8/1926</u>					<u>8</u>
<u>U of I - Urbana</u>	<u>1929</u>	<u>1930</u>	<u>1 1/2</u>		<u>B.S.</u>	<u>6/1930</u>	<u>130 total</u>
	<u>+ 2 summerschool</u>						
(c) Other <u>U of Chicago, Chicago</u>	<u>Oct. 1943</u>	<u>Dec. 1943</u>	<u>Fall 3/4</u>		<u>Studies</u>	<u>Personnel + Adjustment (Guid)</u>	
	<u>(graduate study) quarter</u>						
(d) List your four chief undergraduate subjects	Semester hrs.	List your four chief graduate subjects				Semester hrs.	
<u>Educ.</u>							
<u>Eng + Pub. Sp.</u>							
<u>History</u>							
<u>Lang.</u>							

33. Indicate your knowledge of foreign languages.

	READ			SPEAK			UNDERSTAND		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
<u>French</u>			<u>✓</u>						
<u>Spanish</u>			<u>✓</u>						

34. Are you **now** a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? X Yes No  
 If not, have you ever been licensed? Yes  
 Give kind of license and State Ill. Pub. School Teacher  
 Earliest license (year) 1925  
 Most recent license (year) 1943 - Cook Co. - Teacher

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

Full name	Address (Give complete address, including street and number)	Business or occupation
<u>Nettie Pease</u>	<u>Oak School</u>	
<u>G. O. Smith</u>	<u>Coswith</u>	
<u>Director of Teachers Assoc.</u>	<u>U of I</u>	
<u>Norman Allen</u>		

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? No Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. **Start with your present position and work back to the first position you held**, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

Place (City)	From (Month) 19 (Year)	to (Month) 19 (Year)	Exact title of your position	Salary: Starting, \$	Per (Year) Final, \$
<u>La. Prange</u>	<u>9/1943</u>	<u>1/1944</u>	<u>Teacher of Eng + Social Studies</u>		<u>16.00</u>
Name of employer:	Duties and responsibilities				
<u>G. O. Pease</u>					
Address <u>La. Prange</u>					
Kind of business or organization:					
<u>Teacher in elem. grades</u>					
Number and class of employees you supervised					
Name and title of your immediate supervisor <u>Nettie</u>	Machines and equipment you used				

PRESENT POSITION



Place La Grange  
From 9/19 1935 To 6/1 1943  
(Month) (Year) (Month) (Year)

Name of employer: J. Pease + J.C. Davies  
Address La Grange

Kind of business or organization: Pub. Elem. Schools  
Number and class of employees you supervised

Name and title of your immediate supervisor: Hettie Belle

Reason for leaving: Perman. position when husk went to Army

Place La Grange  
From 9/19 1930 To 10/19 1935  
(Month) (Year) (Month) (Year)

Name of employer: J.C. Davies  
Address

Kind of business or organization: Pub. Elem. Schools  
Number and class of employees you supervised

Name and title of your immediate supervisor: Hettie

Reason for leaving: married

Place Princeton  
From 9/19 1925 To 6/19 1929  
(Month) (Year) (Month) (Year)

Name of employer: B.O. Smith  
Address Princeton

Kind of business or organization: Pub. Elem. Schools  
Number and class of employees you supervised

Name and title of your immediate supervisor: same as above

Reason for leaving: Went back to Univ. to get my degree

Place  
From 19 To 19  
(Month) (Year) (Month) (Year)

Name of employer:  
Address

Kind of business or organization:  
Number and class of employees you supervised

Name and title of your immediate supervisor:

Reason for leaving:

Exact title of your position Sub. teacher Salary: Starting, \$  
Per day Final, \$ 5-6

Duties and responsibilities

Machines and equipment you used

Exact title of your position Teacher in elem grades Salary: Starting, \$ 1600  
Per yr Final, \$ 1500

Duties and responsibilities (depression reduction)

Machines and equipment you used

Machines and equipment you used

Exact title of your position Teacher Salary: Starting, \$ 950  
Per yr Final, \$ 1092

Duties and responsibilities

Machines and equipment you used

Machines and equipment you used

Exact title of your position Salary: Starting, \$  
Per Final, \$

Duties and responsibilities

Machines and equipment you used

Machines and equipment you used



38. Do you hold any position or office under any State, Territory, county, or municipality?  Yes  No  
If so, give details under Item 45.

39. Do you receive any pension or other benefit (exclusive of Adjusted Service Certificate) for military or naval service, or an annuity from the U. S. Government under any Retirement Act?  Yes  No  
If so, give details under Item 45.

40. Show name and address of wife's (or husband's) employer (if none, write "None"):  
U.S. Army

41. (a) Were any of the following members of your family born outside Continental U. S. A.?  Yes  No  
--- Wife --- Husband  Father --- Mother.

If so, indicate which by marking the appropriate space, and show under Item 45 for each, (1) full name, including maiden name of wife or mother; (2) birthplace; (3) native citizenship; and (4) if U. S. naturalized, date of naturalization.

(b) Have you any relatives, by blood or by marriage (excluding persons in the U. S. armed forces), now living in a foreign country?  Yes  No

If so, for each relative show under Item 45 the (1) name, (2) relationship (3) place of residence, (4) birthplace, (5) present citizenship, and (6) whether transient or resident.

42. List any special skills not shown in Question 37, such as operation of short-wave radio, multilith, key-punch, turret-lathe, or scientific or professional devices:

SKILL ..... SKILL .....

SKILL ..... SKILL .....

Words per minute in typing .....; stenography .....

Do you have a license to operate an automobile?  Yes  No

43. State what kind of work you prefer .....

44. Give any special qualifications not covered elsewhere in your application, such as (a) your more important publications (do NOT submit copies unless requested); (b) your patents or inventions; (c) hobbies, construction of instruments, etc.

45. Space for detailed answers to other questions:

Item No.	Write in left column numbers of items to which detailed answers apply
41(a)	Father - Harold E. Godfrey was born in Toronto, Canada. Later was U. S. Citizen. Parents both born in London, Eng. Unable to give birth date.

If more space is required, use a sheet of THIN paper, size 8 x 10 1/2 inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Use one side only. Enclose, unattached, with application.

If you claim preference for the Indian Service as an Indian, you must file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

**JURAT (OR OATH).—This jurat (or oath) must be executed.**

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters (except in Alaska), Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief, SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married use your own given name, as "Mrs. Mary L. Doe."

(Signature of applicant)

(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

*Mrs. Grace M. J. Sheehan*

Subscribed and duly sworn to before me according to law by the above-named applicant this ..... day of ....., 19....., at city [or town] of ..... county of ....., and State [or Territory or District] of .....

(Signature of officer)

(Official title)



LV

**WAR DEPARTMENT**  
**REPORT OF FIELD PERSONNEL ACTION**

Bruns General Hospital  
(Station)

7 February 1944 bl  
(Date)

To:

1. Name **Grace M. Sheehan**
2. Nature of Action **War Service Appointment (Temporary)**
3. Effective Date **7 February 1944**

9. C. S. C. REPORT SERIES

Wp #

10. CIVIL SERVICE AUTHORITY

Form C-105 dtd.

7 February 1944

11. Appropriation

P 423-01

12. Date of Birth

9-27-1905

13. Subj. to Ret. Act  
Yes | No

X

14. If Separation, Last Paid Through

15. Bureau Authority for Action or Position

BGH-264

	From—	To—
4. Position		Clerk, CAF-1
5. Grade and/or Salary Allowances		\$1260 Per Annum
6. Bureau and/or Other Unit		Army Service Forces
7. Headquarters and Duty Station		Medical - Personnel Sec. Bruns General Hospital Santa Fe, New Mexico
8. Departmental or Field	FIELD	FIELD

REMARKS:

COPIES TO: (Check)

1.  District Manager—Temporary series only.
2.  C. S. C. copy attached—Permanent series only.
3.  Employee.
4.  Civ. Pers. Field Office—Change in name of graded employee only.

5.  \_\_\_\_\_  
(Other)

16.

*John O Mott*

JOHN O MOTT, (Signature)

2nd Lt., MAC, (Title)

Assistant Chief,  
Personnel Branch.



# WAR DEPARTMENT

## REPORT OF FIELD PERSONNEL ACTION

29 June 1944      b1  
~~Date~~

Bruns General Hospital  
~~Date~~  
Station

To:

1. Name                    **Grace M. Sheehan**

2. Nature of Action      **Conversion to War Service Indefinite Appointment and Promotion (A)**

3. Effective Date        **1 July 1944**

9. C. S. C. REPORT SERIES

"P"

10. CIVIL SERVICE AUTHORITY

C-141a dated  
1 July 1944

11. Appropriation

P 423-01

12. Date of Birth

9-27-1905

13. Subj. to Ret. Act.  
Yes                    No

X

14. If Separation, Last Paid Through

15. Bureau Authority for Action or Position

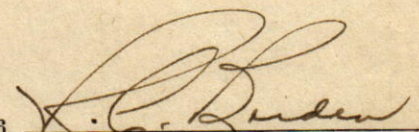
BP-13

	FROM—	TO—
4. Position	Clerk	Clerk
5. Grade and/or Salary Allowances	CAF-1, \$1260 Per Annum	CAF-2, \$1440 Per Annum
6. Bureau and/or Other Unit	Army Service Forces	Army Service Forces
7. Headquarters and Duty Station	Medical-Military Personnel	Medical-Military Personnel
8. Departmental or Field	FIELD	FIELD

REMARKS:

COPIES TO:            (Check)

- 1.  District Manager—Temporary series only.
- 2.  C. S. C. copy attached—Permanent series only.
- 3.  Employee.
- 4.  Civ. Pers. Field Office—Change in name of graded employee only.
- 5.  \_\_\_\_\_  
(Other)

16.   
R. C. BORDEN, ~~Chief~~ Capt., MAC,  
Director of Personnel Division.  
\_\_\_\_\_  
(Title)



NOTICE OF RATING

APPLICANT MUST FILL ALL BLANKS IN THIS COLUMN  
(Typewrite or print in ink)

1. EXACT title of examination for which you are applying:

APPLICANT WILL NOT WRITE IN THIS COLUMN

Your rating is:

- INELIGIBLE.  Required education not shown.
- Required experience not shown.
- 
- ELIGIBLE.  No numerical rating given in this examination.
- Your numerical rating is -----

NAME Grace M. Sheehan  
(Given) (Initial) (Last)

ADDRESS 330 Palace Avenue  
(Street, R. F. D., or P. O. Box No.)

Santa Fe, New Mexico  
(City and State)

15th U. S. Civil Service Commission Region  
New Customhouse, Denver.

*Marshall S. Curtis*

MILITARY PREFERENCE, if granted, is included as follows:

- Veteran (5 points).  Disabled veteran (10 points).
- Disabled veteran's wife (10 points).  Veteran's widow (10 points).

IMPORTANT MESSAGE TO ELIGIBLES

In order to meet the increasing demand for qualified personnel, the Civil Service Commission has adopted emergency recruiting measures designed to eliminate all operations which do not speed up the placement of employees in the War Agencies.

On those examinations where the demand for eligibles exceeds the supply, ratings are determined only to the point of eligibility or ineligibility. If you receive a rating of "Eligible" only, you may understand that the Commission has not assigned a numerical rating, and that your chances for early consideration for appointment are favorable. In examinations where there is need for more detailed ratings because the supply of eligibles exceeds demand, or when no additional delay or expense is involved in assigning and reporting ratings on a scale of 100, eligible ratings may be so reported.

Please understand that the Commission is giving you every consideration it can without impeding the War Program. Do not inquire further as to your prospects of appointment. Be sure, however, to keep the Commission informed as to your current address and any changes in the conditions under which you are available. Send such new information to the office whose address is shown on this Notice of Rating and refer to the title of the examination and the rating received.

U. S. C. S. C.  
Notice of Rating  
Form 4008-AB (A)  
September 1942

THE UNITED STATES CIVIL SERVICE COMMISSION

16-28175-2

(OVER)

ADDRESS SLIP

APPLICANT MUST FILL ALL BLANKS IN THIS COLUMN  
(Typewrite or print in ink)

1. EXACT title of examination for which you are applying:

2. EXACT option: (Leave blank unless announcement shows optional subjects.)

NAME Grace M. Sheehan  
(Given) (Initial) (Last)

ADDRESS 330 Palace  
(Street, R. F. D., or P. O. Box No.)

Santa Fe, New Mexico  
(City and State)

U. S. C. S. C.  
Address Slip  
Form 4008-AB (B)  
September 1942



WAR DEPARTMENT  
REPORT OF FIELD PERSONNEL ACTION

Bruns General Hospital  
(Station)

12 July 1944 ms  
(Date)

To:

1. Name **Grace M. Sheehan**  
2. Nature of Action **Leave Without Pay**  
3. Effective Date **12 July 1944**

9. C. S. C. REPORT SERIES  
**"P"**  
10. CIVIL SERVICE AUTHORITY  
11. Appropriation  
**P 423-01**  
12. Date of Birth  
**9-27-1905**  
13. Subj. to Ret. Act.  
Yes | No  
**X** |  
14. If ~~separated~~, Last Paid Through  
**COB**  
**11 July 1944**  
15. Bureau Authority for Action or Position  
**BP-13**

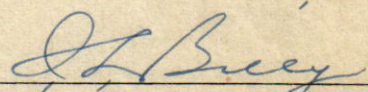
	FROM—	TO—
4. Position	<b>Clerk</b>	
5. Grade and/or Salary Allowances	<b>CAF-2, \$1440 pa.</b>	
6. Bureau and/or Other Unit	<b>Army Service Forces</b>	
7. Headquarters and Duty Station	<b>Medical-Military Personnel Bruns General Hospital Santa Fe, New Mexico</b>	
8. Departmental or Field	<b>FIELD</b>	<b>FIELD</b>

REMARKS: **Leave without pay approved for Ninety (90) days, effective 12 July 1944 through 9 October 1944. Last day of active work status was 7 July 1944.**

COPIES TO: (Check)

- 1.  District Manager—Temporary series only.
- 2.  C. S. C. copy attached—Permanent series only.
- 3.  Employee.
- 4.  Civ. Pers. Field Office—Change in name of graded employee only.
- 5.  \_\_\_\_\_

(Other)

16.   
**I. L. BILLY** (signature)  
**2nd Lt., MAC, Chief,**  
**Civ. Pers. Branch.**  
(Title)



WAR DEPARTMENT  
REPORT OF FIELD PERSONNEL ACTION

Bruno General Hospital  
(Station)

26 July 1944 b1  
(Date)

To:

1. Name Grace M. Sheehan S.S. No. 525-50-1770  
2. Nature of action Separation (Transfer)  
3. Effective date 26 July 1944

9. C. S. C. report series

"P"

10. Civil-service authority  
W. S. Reg. IX

C. S. Ltr. dtd.  
2-15-41

11. Appropriation

P 423-01

12. Date of birth

9-27-1905

13. Subject to Ret. Act

Yes	No
X	

14. If separation, last paid through

C.O.D.  
11 July 1944

15. Bureau authority for action or position

BP-13

	From--	To--
4. Position	Clerk	
5. Grade and/or salary allowances	CAF-2, \$1440 Per Annum	
6. Bureau and/or other unit	Army Service Forces	
7. Headquarters and duty station	Military Personnel Bruno General Hospital Santa Fe, New Mexico	
8. Departmental or field	FIELD	FIELD

REMARKS: Last day of active work status: 7 July 1944.

Placed on Leave Without Pay status for (90) days, effective 12 July 1944 through 9 October 1944 because she was moving from locality and wished to secure a transfer near her home.

COPIES TO: (Check)

1.  District Manager—Temporary series only.
2.  C. S. C. copy attached—Permanent series only.
3.  Employee.
4.  Civilian Personnel Field Office—Change in name of graded employee only.
5.  Other

FOR THE COMMANDING GENERAL:

16. R. C. BORDEN, Director of Personnel Division.  
(Title)

U. S. GOVERNMENT PRINTING OFFICE

16-29511-1

(CAF-930-2)

2.  CSC copy attached - Permanent series only.

3.  Employee

4.  Station Payroll Unit  
other

5.  ASF, Bruno General Hospital,  
Santa Fe, New Mexico  
other

x 201/file

For the District Chief:

16. M. J. Allen  
(Signature)  
M. J. Allen  
Chief, Civilian Personnel Section  
(Title)



*Final*

**WAR DEPARTMENT**  
**REPORT OF FIELD PERSONNEL ACTION**    pk

Chicago Ordnance District  
(Station)

27 July 1944  
(Date)

To:

1. Name **Grace G. Sheehan**
2. Nature of Action **Transfer**
3. Effective Date **27 July 1944**

9. C. S. C. REPORT SERIES

10. CIVIL SERVICE AUTHORITY  
R-600  
Cert. 33253  
File: 7X; JJW; lj  
Date: 18 July 1944  
7th U.S.C.S. Reg.

11. Appropriation

	From	To	
4. Position	Clerk	Clerk	12. Date of Birth
5. Grade and/or Salary Allowances	CAF-2 at \$1440 p. a.	CAF-2 at \$1440 p. a.	27 Sept. 1905
6. Bureau and/or other unit	ASF, Bruns General Hospital	Army Service Forces Ordnance Dept. at Large	13. Subj. to Ret. Act Yes      No x
7. Headquarters and duty Station	Santa Fe, New Mexico	Chicago Ordnance District, Chicago, Illinois	14. If Separation, Last Paid Thru
8. Departmental or Field	FIELD	FIELD	15. Bureau Authority for Action or Position  CPR. 35.5

Remarks: **Entrance on Duty: 27 July 1944**  
**Date of Oath: 27 July 1944**

Copies To: (Check)

1.  District Manager—Temporary series only.
2.  CSC copy attached - permanent series only.
3.  Employee
4.  Station Payroll Unit  
other
5.  ASF, Bruns General Hospital, Santa Fe, New Mexico  
other
- x 201/file

Position No. 102  
(CAF-930-2)

For the District Chief:

16. *M. J. Allen*  
(Signature)  
**M. J. Allen**  
Chief, Civilian Personnel Section  
(Title)



WAR DEPARTMENT  
REPORT OF FIELD PERSONNEL ACTION 1w

Chicago Ordnance District  
(Station)

18 November 1944  
(Date)

To:

1. Name **Grace G. Sheehan**

2. Nature of Action **Resignation**

3. Effective Date **2 hrs. of 17 November 1944**

9. C. S. C. REPORT  
SERIES

10. CIVIL SERVICE  
AUTHORITY

11. Appropriation

12. Date of Birth

**27 Sept. 1905**

13. Subj. to Ret. Act

Yes | No

**x**

14. If Separation,  
Last Paid Thru

**2 hrs. of  
17 Nov. 1944**

15. Bureau Authority  
for Action or  
Position

**CFR 60.10**

	From	To
4. Position	<b>Clerk</b>	
5. Grade and/or Salary Allowances	<b>CAF-3 at \$1620 p. a.</b>	
6. Bureau and/or other Unit	<b>Army Service Forces Ordnance Dept. at Large</b>	
7. Headquarters and duty Station	<b>Chicago Ordnance District Chicago, Illinois</b>	
8. Departmental or Field	<b>FIELD</b>	<b>FIELD</b>

Remarks: **Reason: To make a home for husband in another state.**

**No Veteran Status**

Copies To: (Check)

1.  District Manager—Temporary series only.

2.  CSC copy attached - permanent series only.

3.  Employee

4.  Station Payroll Unit  
other

5.  201 file  
other

For the District Chief:

16. M. J. Allen  
(Signature)

**M. J. Allen**  
**Chief, Civilian Personnel Section**  
(Title)



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, James Chester Sheehan, of LaGrange,  
Illinois, do by these presents hereby make, constitute  
and appoint Grace G. Sheehan, of LaGrange, Illinois to be  
my true and lawful agent and attorney in fact, for me and in my name,  
place and stead,

1. To sell and convey all of my interest in any real property which I may now own or hereafter possess by devise or otherwise. And I hereby give and grant unto my said agent and attorney-in-fact full power and authority in my name and in my behalf to execute, acknowledge, seal and deliver all deeds or other instruments in writing conveying my interest in any such real property, execute any contracts of sale necessary for the sale thereof and I give said agent and attorney the right, power and authority to sell same for whatever price he/or she deems best for my interest and to accept either cash or vendor's lien notes for such land or other property in trade for same, and to arrange the terms of said sale in whatever manner he/or she deems best for my interest; and to do anything else necessary or proper in the sale thereof, and I do hereby ratify and confirm all of the acts of my said attorney-in-fact done by virtue of the powers conferred on him/or her herein. And I do also authorize my said attorney-in-fact and agent to receive and receipt for all moneys due from the person or persons buying such real property or to accept conveyance of other property in exchange of same in my name and stead, and to do anything else necessary and proper in the disposal thereof as he/or she sees best.

2. To demand, sue for, and receive all debts, moneys, securities for money, goods, chattels, legacies, or other personal property to which I am now or may hereafter become entitled, or which are now or may become due, owing, or payable to me from any person or persons whomsoever, and in my name to give effectual receipts and discharges for the same.

3. To buy, sell or transfer all or any goods, including but not limited to, all personal property, stocks, mortgages, bonds, choses in action and automobiles, which I may now or hereafter own or to transfer the same into his/or her name and to execute in my name any and all bills of sale or other documents necessary thereto; such sales or transfers to be made from time to time, at such prices and on such terms as my said attorney shall deem best; and to receive and retain the proceeds of such sales or transfers and to do with such proceeds as my said attorney shall deem best.

4. To pay or deposit moneys in my name, or otherwise, with any bank, banker, broker, or other agent, to draw out such moneys from time to time, and to apply the same as my attorney shall deem best, or from time to time to invest the same at the discretion of said attorney, and from time to time to sell, vary and dispose of such investments, and to apply the purchase moneys in any manner whatsoever in the discretion of my said attorney.

5. To receipt any bill of exchange, check or order, or any promissory note or other negotiable paper, payable to me, or to indorse or negotiate the same in my name, and the proceeds to receive and apply, as he/or she shall see fit; and also in my name to accept any draft or bill of exchange which may be drawn upon me in relation to the matters aforesaid committed or intrusted to my said attorney.

6. To execute vouchers in my behalf for any and all allowances and reimbursements properly payable to me by the United States, including but not restricted to allowances and reimbursements for transportation of dependents or for shipment of household effects as authorized by law and Army Regulations, and to receive, indorse, and collect the proceeds of checks payable to the order of the undersigned drawn on the Treasury of  
The United States.



7. To borrow from time to time such sums of money and upon such terms as the said attorney may think expedient upon the security of any of my property, whether real or personal, or otherwise, and to give and execute and acknowledge mortgages with such powers and provisions as he/or she may think proper, and also such notes or bonds as it is necessary or proper to use therewith.

8. To commence, prosecute, or enforce, or to defend, answer, or oppose, all actions or other legal proceedings touching any of the matters aforesaid, or any other matters in which I am or may hereafter be interested or concerned; and also, if it shall seem best, to compromise, refer to arbitration, or submit to judgment in any such action or proceeding.

9. To effect insurance on any of my property real, personal or mixed, wheresoever situated, with any insurance company, on such terms as my attorney shall deem proper; to sign any application for said insurance, any representation of the conditions and value of said property, articles of agreement, promissory or premium note, and all other papers that may be necessary for that purpose; and also to cancel and surrender any policy, and on such cancelling or the expiration thereof to receive any dividends, with return premium, for deposit that may be due, and on such receipt to give full discharge therefor.

10. And generally to act as my attorney or agent in relation to the premises, and all other matters in which I may be interested or concerned, and on my behalf to execute all such instruments, and to do all such acts and things as fully and effectually in all respects as I myself could do if personally present.

11. Granting and giving unto said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted, with power to do and perform all acts authorized hereby, as fully and to all intents and purposes as I might or could do if personally present with full power of substitution. The powers herein granted shall not limit my said agent and attorney in any respect; it being my intention to give him/or her absolute, complete and unlimited powers.

12. And in case the said agent and attorney shall die, or become incapable of acting as my agent and attorney, I hereby appoint Grace G. Sheehan of LaGrange, Illinois, to be my agent and attorney in the place of the said agent and attorney, with power to exercise all or any of the powers and authorities conferred on the said agent and attorney, in as full and ample a manner in all respects as if the name of the said substitute had been hereinbefore throughout inserted instead of the said agent and attorney.

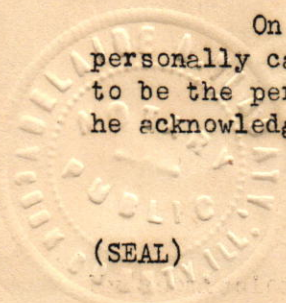
IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Chicago, Illinois, this fourth day of July 1945.

James Chester Sheehan (SEAL)

WITNESSES

Adelbert C. Lyon  
Burneta E. Kuebra

On the fourth day of July 1945, before me personally came James G. Sheehan, to me known, and known to me to be the person described in and who executed the foregoing instrument and he acknowledged to me that he executed the same.



ADELAIDE A. VLASATY  
My Commission Expires Nov. 25, 1948

Adelaida A. Vlasaty  
Notary Public



POWER OF ATTORNEY BY INDIVIDUAL FOR THE COLLECTION OF CHECKS DRAWN ON  
THE TREASURER OF THE UNITED STATES

Know all Men by these Presents:

That the undersigned, James Chester Sheehan, of  
LaGrange, Illinois, does hereby appoint  
(Post-office address)  
Grace G. Sheehan, of LaGrange, Illinois  
(Post-office address)

as his attorney to receive, endorse, and collect checks payable to the order of the undersigned, drawn on  
the Treasurer of the United States, for whatever account, \_\_\_\_\_

(See footnote)

and to give full discharge for same, granting to said attorney full power of substitution and revocation,  
hereby ratifying and confirming all that said attorney, or his substitute, shall lawfully do or cause to be  
done by virtue hereof.

WITNESS the signature and seal of the undersigned, this fourth day  
of July, 1945.

James Chester Sheehan [SEAL]  
(Signature of grantor)

Personally appeared before me the above-named James Chester Sheehan  
known or proved to me to be the same person who executed the foregoing instrument, and acknowledged  
to me that he executed the same as his free act and deed.

WITNESS my signature, official designation, and seal.

Adelaide A. Vlasaty  
(Signature of attesting officer)  
Notary Public  
(Official designation)

[IMPRESS SEAL HERE]

ADELAIDE A. VLASATY  
My Commission Expires Nov. 25, 1948

Dated at Chicago, Ill., this fourth day of July, 1945.

My commission expires \_\_\_\_\_, 1948.

IMPORTANT.—Do not execute this instrument without first reading the instructions on the reverse side hereof. Exact  
compliance with these instructions will avoid complications.

NOTE.—If desired, the words "whatever account" may be stricken out and the space used to insert a description of the particular check or checks  
involved.





IN REPLY REFER TO \_\_\_\_\_

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.



5 September 1946

1st Lt. James C. Sheehan, QMC  
340 North Spring Avenue  
LaGrange, Illinois

My dear Lieutenant Sheehan,

Upon your relief from active duty, I wish to express my sincere appreciation for the loyal support and service you have rendered the Quartermaster Corps during your tour of duty.

The Quartermaster Corps is justly proud of its achievements in World War II. This success could not have been won without the splendid co-operation of the individual officers and men of the Corps.

It is my earnest hope that you will maintain contact with postwar Quartermaster activities and developments. We will continue to need the advice, assistance, and support of those of you who so ably helped in the tremendous job that has been accomplished.

Please accept my best wishes for continued success and happiness.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General





# Army of the United States

## CERTIFICATE OF SERVICE

*This is to certify that*  
**JAMES C SHEEHAN** 01 597 923 1st Lt

Philippine Ground Force Command Manila P I APO 707

*honorably served in active Federal Service*

*in the Army of the United States from*

10 November 1944

*to*

11 October 1946

*Given at* SEPARATION CENTER Fort Sheridan, Illinois

*on the* 11th *day of* October 1946

*J. A. Carroll*

J. A. CARROLL  
MAJ. CAV.



# MILITARY RECORD AND REPORT OF SEPARATION CERTIFICATE OF SERVICE


1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>SHEEHAN JAMES C</b>			2. ARMY SERIAL NUMBER <b>01 597 923</b>	3. AUS. GRADE <b>1st Lt</b>	4. ARM OR SERVICE <b>QMC</b>	5. COMPONENT <b>AUS</b>
6. ORGANIZATION <b>Philippine Ground Force Command Manila P I</b>			7. DATE OF RELIEF FROM ACTIVE DUTY <b>11 Oct 46</b>	8. PLACE OF SEPARATION <b>Separation Center Fort Sheridan Ill</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>340 North Spring Ave La Grange Ill</b>				10. DATE OF BIRTH <b>24 Oct 06</b>	11. PLACE OF BIRTH <b>Galesburg Ill</b>	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT <b>See #9</b>				13. COLOR EYES <b>blue</b>	14. COLOR HAIR <b>brn</b>	15. HEIGHT <b>5'8"</b>
16. WEIGHT <b>165 LBS.</b>		17. NO. OF DEPENDENTS <b>None</b>		18. RACE <b>X</b> WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify) <input type="checkbox"/>		
19. MARITAL STATUS <b>X</b> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> OTHER (specify) <input type="checkbox"/>		20. U.S. CITIZEN <b>X</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. CIVILIAN OCCUPATION AND NO. <b>Life Insurance Agent</b>		

## MILITARY HISTORY

SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	22. REGISTERED <b>X</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	23. LOCAL S. S. BOARD NUMBER <b>8</b>	24. COUNTY AND STATE <b>Cook Ill</b>	25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY <b>804 No Catherine La Grange Ill</b>		
26. DATE OF ENTRY ON ACTIVE DUTY <b>10 Nov 44</b>		27. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>Adjutant and Personnel Officer 2110</b>				
28. BATTLES AND CAMPAIGNS <b>None</b>						
29. DECORATIONS AND CITATIONS <b>Meritorious Unit Award AP Theater Ribbon Philippine Lib Ribbon 2 Overseas Service Bars Military Merit Medal Commonwealth of the Philippines Victory Medal</b>						
30. WOUNDS RECEIVED IN ACTION <b>None</b>						
31. SERVICE SCHOOLS ATTENDED <b>OCS QM Camp Lee Va</b>				32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
				DATE OF DEPARTURE <b>29 Jul 45</b>	DESTINATION <b>PTO</b>	DATE OF ARRIVAL <b>5 Sep 45</b>
33. REASON AND AUTHORITY FOR SEPARATION <b>Reld AD RR 1-1 L of S</b>				<b>21 Jul 46</b>	<b>USA</b>	<b>12 Aug 46</b>
34. CURRENT TOUR OF ACTIVE DUTY						35. EDUCATION (years)
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS <b>0</b>	MONTHS <b>10</b>	DAYS <b>18</b>	YEARS <b>1</b>	MONTHS <b>0</b>	DAYS <b>14</b>	
			GRAMMAR SCHOOL <b>8</b>			HIGH SCHOOL <b>4</b>
						COLLEGE <b>2 1/2</b>

## INSURANCE NOTICE

<b>IMPORTANT</b> IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.							
36. KIND OF INSURANCE <b>X</b> Nat. Serv. <input type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/>		37. HOW PAID <b>X</b> Allotment <input type="checkbox"/> Direct to V.A. <input type="checkbox"/>		38. Effective Date of Allotment Discontinuance <b>31 Oct 46</b>	39. Date of Next Premium Due (one month after 38) <b>30 Nov 46</b>	40. PREMIUM DUE EACH MONTH <b>\$ 7.90</b>	41. INTENTION OF VETERAN TO <b>X</b> Continue <input checked="" type="checkbox"/> Continue only <input type="checkbox"/> Discontinue <input type="checkbox"/>

42.  RIGHT THUMB PRINT	43. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)  <p style="text-align: center;"><b>LAPEL BUTTON ISSUED ASR SCORE (2 Sept 45) 28</b></p> <p style="text-align: center;"><b>On Terminal Leave from 21 Aug 46 to 11 Oct 46 incl</b></p> <p style="text-align: center;"><b>Expert with Carbine Sharpshooter with 03</b></p>
44. SIGNATURE OF OFFICER BEING SEPARATED <i>James C. Sheehan</i>	45. PERSONNEL OFFICER (Type name, grade and organization - signature) <b>ELEANOR E MOFFIE</b> <b>1st Lt WAC 1612 ASU</b> <i>Eleanor E. Moffie</i>





## Honorable Discharge

*This is to certify that*

JAMES C. SHEEHAN

36756196, Corporal, Quartermaster Corps

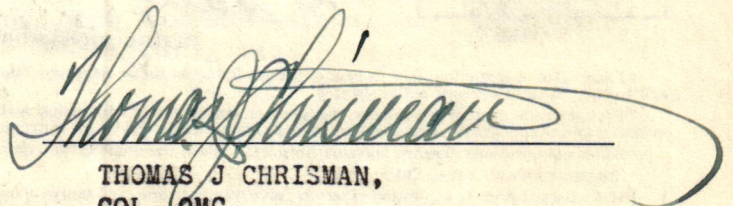
Army of the United States

*is hereby Honorably Discharged from the military service of the  
United States of America.*

*This certificate is awarded as a testimonial of Honest and Faithful  
Service to his country.*

*Given at* The Quartermaster School, Camp Lee, Virginia

*Date* 9 November 1944

  
THOMAS J CHRISMAN,  
COL, QMC,  
COMMANDING



# ENLISTED RECORD OF

**Sheehan** **James** **C** **36756196** **Cpl**  
(Last name) (First name) (Middle initial) (Army serial number) (Grade)  
 Born in **Galesburg**, in the State of **Illinois**  
~~Enlisted~~ inducted <sup>1</sup> **25 June**, 19 **43**, at **Chicago, Illinois**  
 When ~~enlisted~~ inducted he was **thirty-six** years of age and by occupation  
 a **Salesman**  
 He had **blue** eyes, **grey** hair, **ruddy** complexion,  
 and was **5** feet **6½** inches in height.  
 Completed **1** years, **4** months, **15** days service for longevity pay.  
 Prior service: <sup>2</sup> **None**

Noncommissioned officer **Corporal, 16 October 1943**  
 Military qualifications <sup>3</sup> **SS Rifle Course C P4 SO 108 Hq Sch Regt QMS Cp Lee Va 11 Aug 44**  
 Army specialty **Message Center Clerk**  
 Attendance at **Officer Candidate School, Quartermaster Corps, Course No. 43**  
(Name of noncommissioned officers' or special service school)

Battles, engagements, skirmishes, expeditions **None**

Decorations, service medals, citations **None**

Wounds received in service **None**

Date and result of smallpox vaccination <sup>4</sup> **3 Nov 43 Vaccinoid**

Date of completion of all typhoid-paratyphoid vaccinations <sup>4</sup> **28 July 43 Comp; 29 Jun 44 Stim**

Date and result of diphtheria immunity test (Schick) <sup>4</sup> **Not given**

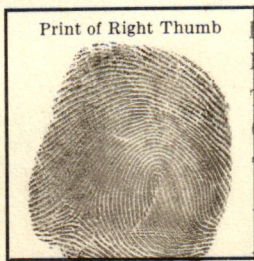
Date of other vaccinations (specify vaccine used) <sup>4</sup> **Tet Toxoid 2 Sep 43 Comp**

Physical condition when discharged **Good** Married or single **Married**

Honorably discharged by reason of <sup>5</sup> **C. of G (Sec X, AR 615-360) to accept apmt & AD as 2d Lt**

Character **Excellent** Periods of active duty <sup>6</sup> **8 Jul 43 to 9 Nov 44**

Remarks <sup>7</sup> **Soldier not entitled to either travel pay or Mustering-Out Payment. No time lost under AW 107. Blood Type: "A". Soldier entitled to wear Good Conduct Medal.**



Date: **NOV 9 1944**

Signature of soldier

*James C. Sheehan*  
*K. J. Connelly*  
**K. J. CONNELLY,**  
**1ST LT, QMC,**  
**ASST. ADJ.**

FINAL STATEMENT PAID IN FULL  
 THIS DATE: \$ **None**  
 CONTRIBUTION MADE FOR MUSTERING OUT PMT AMT OF \$ **None**

*D. D. Walt*  
 Disbursing Officer, Camp Lee,  
 Virginia

### INSTRUCTIONS FOR ENLISTED RECORD

- <sup>1</sup> Enter date of induction only in case of trainee inducted under Selective Training and Service Act of 1940 (Bull. 25, W. D., 1940); in all other cases enter date of enlistment. Eliminate word not applicable.
- <sup>2</sup> For each enlistment give company, regiment, or arm or service with inclusive dates of service, grade, cause of discharge, number of days lost under AW 107 (if none, so state), and number of days retained and cause of retention in service for convenience of the Government, if any.
- <sup>3</sup> Enter qualifications in arms, horsemanship, etc. Show the qualification, date thereof; and number, date, and source of order announcing same.
- <sup>4</sup> See paragraph 12, AR 40-210.
- <sup>5</sup> If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.
- <sup>6</sup> Enter periods of active duty of enlisted men of the Regular Army Reserve and the Enlisted Reserve Corps and dates of induction into Federal Service in the cases of members of the National Guard.
- <sup>7</sup> In all cases of men who are entitled to receive Certificates of Service under AR 345-500, enter here appointments and ratings held and all other items of special proficiency or merit other than those shown above.

### INSTRUCTIONS FOR CERTIFICATE OF DISCHARGE

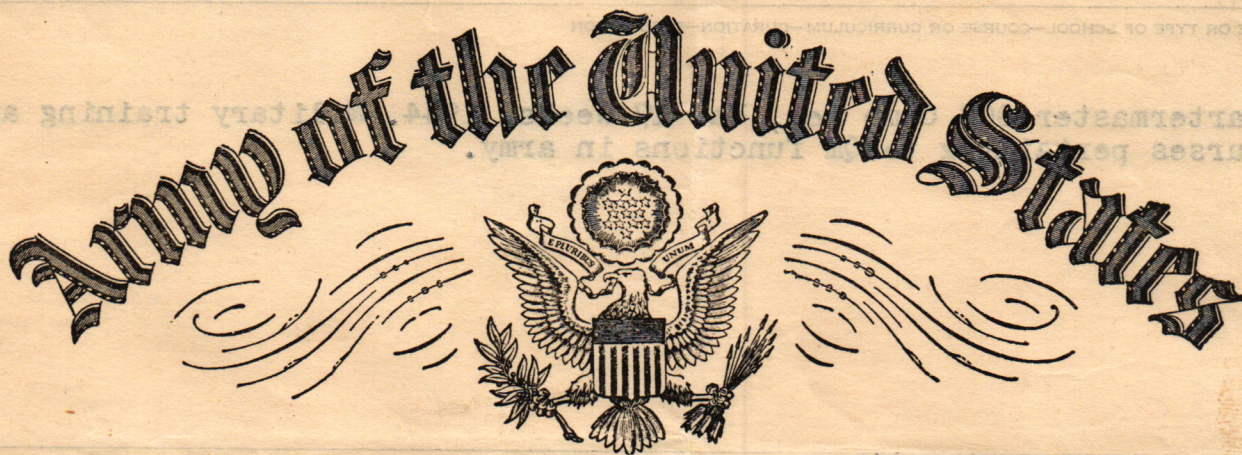
AR 345-470.

Insert name; as, "John J. Doe," in center of form.

Insert Army serial number, grade, company, regiment, or arm or service; as "1620302"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps."

The name and grade of the officer signing the certificate will be typewritten or printed below the signature.





## SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

<b>1. LAST NAME—FIRST NAME—MIDDLE INITIAL</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">SHEEHAN    JAMES    C</p>			<b>MILITARY OCCUPATIONAL ASSIGNMENTS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">10. MONTHS</th> <th style="width: 15%;">11. GRADE</th> <th style="width: 70%;">12. MILITARY OCCUPATIONAL SPECIALTY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">2d Lt</td> <td style="text-align: center;">Adjutant (2110)</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">1stLt</td> <td style="text-align: center;">Military Personnel Officer (2200)</td> </tr> </tbody> </table>			10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY	15	2d Lt	Adjutant (2110)	6	1stLt	Military Personnel Officer (2200)
10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY												
15	2d Lt	Adjutant (2110)												
6	1stLt	Military Personnel Officer (2200)												
<b>2. ARMY SERIAL No.</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">01 597 923</p>	<b>3. GRADE</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">1stLt</p>													
<b>4. SOCIAL SECURITY No.</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">340-09-2064</p>														
<b>5. PERMANENT MAILING ADDRESS (Street, City, County, State)</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">340 N Spring La Grange, Ill.</p>														
<b>6. DATE OF ENTRY INTO ACTIVE SERVICE</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">10 Nov 44</p>	<b>7. DATE OF SEPARATION</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">11 Oct 46</p>													
<b>8. DATE OF BIRTH</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">24 Oct 06</p>														
<b>9. PLACE OF SEPARATION</b>  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Separation Center Ft Sheridan Ill.</p>														

### SUMMARY OF MILITARY OCCUPATIONS

**13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION**

**ADJUTANT PERSONNEL OFFICER:** Asiatic Pacific theater. Officer in charge of personnel section. Administering - records (S/R Forms 66-1 and 20) EM payroll and officers pay vouchers, morning reports, concurring reports publications. Also duties pertinent to acting assistant adjutant general.



MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

Quartermaster OCS Camp Lee, Va. 17 weeks, 1944. Military training and courses pertaining to QM functions in army.

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
			20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
2½ yr col	-	1926	CLU Ins. Northwestern Univ.	8 weeks.
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED				
Knox College Galesburg, Ill.				
19. MAJOR COURSES OF STUDY				
Economics				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

**LIFE INSURANCE AGENT:** Metropolitan Life Ins. Co. Berwyn, Ill.  
Dec 1939-24 Jun 1943. Selling and serving ordinary life and industrial life insurance policies. Collecting weekly and monthly debits. Preparing weekly and monthly accounts. Taking care of loans cash surrenders, etc. All work pertinent to the function of an individual life insurance agency.

ADDITIONAL INFORMATION

23. REMARKS

24. SIGNATURE OF PERSON BEING SEPARATED

*James C. Sheehan*

25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER

*Gordon J. Mott*

26. NAME OF OFFICER (Typed or Stamped)

GORDON J MOTT, MAJ., AC



# MILITARY RECORD AND REPORT OF SEPARATION CERTIFICATE OF SERVICE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>SHEEHAN JAMES C</b>			2. ARMY SERIAL NUMBER <b>01 597 923</b>		3. AUS. GRADE <b>1st Lt</b>	4. ARM OR SERVICE <b>QMC</b>	5. COMPONENT <b>ASB</b>
6. ORGANIZATION <b>APG 707 Philippine Ground Force Command Manila P I</b>			7. DATE OF RELIEF FROM ACTIVE DUTY <b>11 Oct 46</b>		8. PLACE OF SEPARATION <b>Separation Center Fort Sheridan Ill</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>340 North Spring Ave La Grange Ill</b>				10. DATE OF BIRTH <b>24 Oct 06</b>		11. PLACE OF BIRTH <b>Galesburg Ill</b>	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT <b>See #9</b>				13. COLOR EYES <b>blue</b>	14. COLOR HAIR <b>brn</b>	15. HEIGHT <b>5'8"</b>	16. WEIGHT <b>165</b> LBS.
17. NO. OF DEPENDENTS <b>None</b>	18. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify) <input type="checkbox"/>		19. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> OTHER (specify) <input type="checkbox"/>		20. U.S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. CIVILIAN OCCUPATION AND NO. <b>Life Insurance Agent</b>

## MILITARY HISTORY

SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	22. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		23. LOCAL S. S. BOARD NUMBER <b>8</b>		24. COUNTY AND STATE <b>Cook Ill</b>		25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY <b>804 No Catherine La Grange Ill</b>		
26. DATE OF ENTRY ON ACTIVE DUTY <b>10 Nov 44</b>			27. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>Adjutant and Personnel Officer 2110</b>						
28. BATTLES AND CAMPAIGNS <b>None</b>									
29. DECORATIONS AND CITATIONS <b>Meritorious Unit Award AP Theater Ribbon Philippine Lib Ribbon 2 Overseas Service Bars Military Merit Medal Commonwealth of the Philippines Victory Medal</b>									
30. WOUNDS RECEIVED IN ACTION <b>None</b>									
31. SERVICE SCHOOLS ATTENDED <b>OCS QM Camp Lee Va</b>				32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN					
				DATE OF DEPARTURE		DESTINATION		DATE OF ARRIVAL	
				<b>29 Jul 45</b>		<b>PTO</b>		<b>5 Sep 45</b>	
				<b>21 Jul 46</b>		<b>USA</b>		<b>12 Aug 46</b>	
33. REASON AND AUTHORITY FOR SEPARATION <b>Held AD RR 1-1 L of S</b>									
34. CURRENT TOUR OF ACTIVE DUTY						35. EDUCATION (years)			
CONTINENTAL SERVICE			FOREIGN SERVICE			GRAMMAR SCHOOL		HIGH SCHOOL	COLLEGE
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS				
<b>0</b>	<b>10</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>8</b>		<b>4</b>	<b>2 1/2</b>

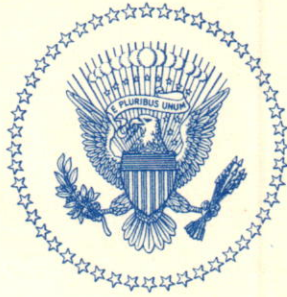
## INSURANCE NOTICE

**IMPORTANT** IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

36. KIND OF INSURANCE Nat. Serv. <input checked="" type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/>			37. HOW PAID Allotment <input checked="" type="checkbox"/> Direct to V.A. <input type="checkbox"/>		38. Effective Date of Allotment Discontinuance <b>31 Oct 46</b>		39. Date of Next Premium Due (one month after 38) <b>30 Nov 46</b>		40. PREMIUM DUE EACH MONTH <b>\$ 7.90</b>		41. INTENTION OF VETERAN TO Continue <input checked="" type="checkbox"/> Continue only <input type="checkbox"/> Discontinue <input type="checkbox"/>		
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42.	RIGHT THUMB PRINT	43. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)  <b>LABEL BUTTON ISSUED ASB SCORE (2 Sept 45) 28 On Terminal Leave from 21 Aug 46 to 11 Oct 46 incl Expert with Carbine Sharpshooter with O3</b>							
44. SIGNATURE OF OFFICER BEING SEPARATED <i>James C. Sheehan</i>					45. PERSONNEL OFFICER (Type name, grade and organization - signature) <b>ELEANOR E MOFFIE 1st Lt HQ 1612 ASB</b>				





JAMES C SHEEHAN

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**T**o you who answered the call of your country and served in its Armed Forces to bring about the total defeat of the enemy, I extend the heartfelt thanks of a grateful Nation. As one of the Nation's finest, you undertook the most severe task one can be called upon to perform. Because you demonstrated the fortitude, resourcefulness and calm judgment necessary to carry out that task, we now look to you for leadership and example in further exalting our country in peace.

*Harry Truman*



IN REPLY REFER TO:

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

7 JUN 1947

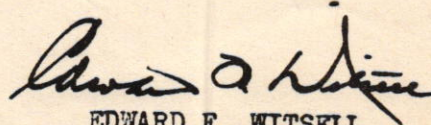
SUBJECT: Commission in the Army of the United States.

TO: Officers who served in World War II.

1. The Secretary of War has directed me to issue a commission, in the highest rank attained, to each officer relieved from active duty after serving honorably in the Army of the United States during the recent war, who has not been issued a commission subsequent to being processed for relief from active duty.

2. The commission herewith does not constitute a new appointment but is formal evidence of the highest military rank you attained. It is forwarded to you with the grateful thanks and deep appreciation of the War Department for your services.

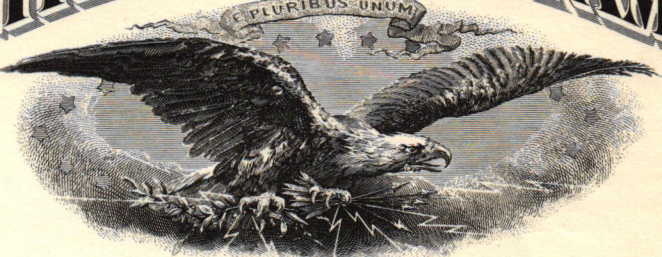
1 Incl  
Commission



EDWARD F. WITSELL  
Major General  
The Adjutant General



THE  
**PRESIDENT**  
OF  
**THE UNITED STATES OF AMERICA**



To all who shall see these presents, greeting:  
Know Ye, that reposing special trust and confidence in the patriotism, valor, fidelity  
and abilities of \_\_\_\_\_ **James Chester Sheehan** \_\_\_\_\_,  
I do appoint him, temporarily, \_\_\_\_\_ **First Lieutenant** \_\_\_\_\_,  
\_\_\_\_\_ in

**The Army of the United States**

such appointment, to date from the \_\_\_\_\_ **twenty-seventh** \_\_\_\_\_ day of \_\_\_\_\_ **February** \_\_\_\_\_,  
nineteen hundred and \_\_\_\_\_ **forty-six** \_\_\_\_\_. He is therefore carefully and diligently to  
discharge the duty of the office to which he is appointed by doing and performing all  
manner of things thereunto belonging.

And I do strictly charge and require all Officers and Soldiers under his command  
when he shall be employed on active duty, to be obedient to his orders, as an officer of his  
grade and position. And he is to observe and follow such orders, and directions, from time  
to time, as he shall receive from me, or the future President of the United States of  
America, or the General or other Superior Officers set over him, according to the rules  
and discipline of War.

This Commission to continue in force during the pleasure of the President of the United  
States, for the time being, and for the duration of the present emergency, and for six  
months thereafter unless sooner terminated.

Done at the City of Washington, this \_\_\_\_\_ **third** \_\_\_\_\_ day of \_\_\_\_\_ **June** \_\_\_\_\_,  
in the year of our Lord, one thousand nine hundred and \_\_\_\_\_ **forty-seven** \_\_\_\_\_, and of the  
Independence of the United States of America, the one hundred and \_\_\_\_\_ **seventy-first** \_\_\_\_\_.

By the President:



*Edward D. Winter*

Major General,  
The Adjutant General.



VETERANS ADMINISTRATION  
DISTRICT OFFICE  
17 N. DEARBORN STREET  
CHICAGO 2, ILLINOIS

IMPORTANT MESSAGE FOR INSURED ON OTHER SIDE

M.8751 9.90

JAMES C SHEEHAN

V 731 37 88

445 HOMESTEAD ROAD

LA GRANGE PARK ILL

10



# YOUR NATIONAL SERVICE LIFE INSURANCE POLICY IS ENCLOSED

## READ IT CAREFULLY – KEEP IT IN A SAFE PLACE

If your policy becomes a claim, the proceeds will be paid in accordance with any settlement option you may have elected and to the beneficiary you have designated. The mode of settlement and the name of the beneficiary do not appear in the enclosed policy because you have the privilege of changing either without sending your policy to the Veterans Administration.

If you desire any change, simply notify the Veterans Administration in writing, if possible on forms which may be obtained from any Veterans Administration Office.



7014 7442  
SOCIAL SECURITY BOARD,  
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE,  
Baltimore, Md.

ACCOUNT NUMBER

340 09 2064

DATE OF BIRTH

OCT 24 1906

(Month) (Day) (Year)

Please send me a statement of the wages recorded in my Old-Age and Survivors Insurance Account.

Name

JAMES C. SHEEHAN

Street and number

3423 50 HARLEM AVE.

City and State

BERWYN, ILLINOIS

Print or  
Type  
Name  
and  
Address  
Use Ink

Signature (Do not print)

James C. Sheehan

If your name has been changed from that shown on your account number card, please copy your name below exactly as it appears on that card.

(This card is supplied by the Metropolitan Life Insurance Co., New York, N. Y.  
for your convenience in requesting a statement of your Social Security Account.)

6075  
Form T-4427 (4-44)



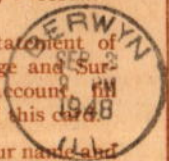
## Your Social Security Account

If you want a statement of your Federal Old-Age and Survivors Insurance Account, fill out the other side of this card.

Be sure to give your name and account number exactly as they are shown on your account number card, in order to make sure your account is properly identified. If you have more than one account number, give all of them.

It is not necessary for you to pay anyone to aid you in securing this information. There is no charge for this service.

Place a 1-cent stamp on this card before mailing it, or mail it in a sealed envelope which requires a 3-cent stamp.



SOCIAL SECURITY BOARD,  
CANDLER BUILDING,  
BALTIMORE, MD.