

# ARMY OF THE UNITED STATES

WD AGO Form 53-55-1 November, 1944

100-100000-54000

## HONORABLE DISCHARGE

This is to certify that  
**Aaron Adams 46 028 571 Private Company B 1696th Engineer**  
**Combat Battalion**  
**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 this country.

Given at Separation Center, Camp Hood, Texas

Date 5 November 1946.

Merle L. Joyce

Lt. Col Inf.,

### ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. Last Name—First Name—Middle Initial <b>Adams Aaron</b>			2. Army Serial No. <b>46 028 571</b>		3. Grade <b>Pvt</b>	4. Arm or Service <b>ENGINEER</b>		5. Component <b>AUS</b>	
6. Organization <b>CO B 1696th Engineer Combat Bn</b>				7. Date of Separation <b>5 Nov 46</b>		8. Place of Separation <b>Camp Hood Texas</b>			
9. Permanent Address for Mailing Purposes <b>Rte 2, Box 82, Brighton, Tenn</b>					10. Date of Birth <b>24 Dec 1923</b>		11. Place of Birth <b>Covington, Tenn,</b>		
12. Address from Which Employment Will Be Sought <b>Unknown</b>					13. Color Eyes <b>Brown</b>	14. Color Hair <b>Blac</b>	15. Height <b>5' 8 1/2"</b>	16. Weight <b>156 Lbs.</b>	17. No. Depend. <b>2</b>
18. Race <b>White</b>			19. Marital Status <b>Single</b>			20. U. S. Citizen <b>Yes</b>		21. Civilian Occupation and No. <b>Laborer 9-32.21</b>	
<input checked="" type="checkbox"/> White			<input checked="" type="checkbox"/> Single			<input checked="" type="checkbox"/> Yes			
<input type="checkbox"/> Negro			<input checked="" type="checkbox"/> Married			<input type="checkbox"/> No			
<input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Other (Specify)						

### MILITARY HISTORY

22. Date of Induction <b>27 Jun 1945</b>		23. Date of Enlistment <b>27 Jun 1945</b>		24. Date of Entry Into Active Service <b>27 Jun 1945</b>		25. Place of Entry Into Service <b>Chicago Illinois</b>	
26. Registered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Local S. S. Board No. <b>36</b>		28. County and State <b>Cook Illinois</b>		29. Home Address at Time of Entry Into Service <b>334 West 94 Place Chicago Ill</b>	
30. Military Occupational Specialty and No. <b>Pioneer (229)</b>				31. Military Qualification and Date (I.e. Infantry, Aviation and Marksmanship Badges, etc.) <b>Rifle M-1 Marksman Aug 1945</b>			
32. Battles and Campaigns <b>None</b>							
33. Decorations and Citations <b>World War II Victory Medal</b>							
34. Wounds Received in Action <b>None</b>							

35. Latest Immunisation Dates				36. Service Outside Continental U. S. and Return			
Smallpox <b>4Aug45</b>		Typhoid <b>4Aug45</b>		Tetanus <b>4Aug45</b>		Other (Specify) <b>None</b>	
Date of Departure		Destination		Date of Arrival			
		<b>None</b>					
37. Total Length of Service						38. Highest Grade Held	
Continental Service			Foreign Service				
Years	Months	Days	Years	Months	Days		
<b>1</b>	<b>4</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>Pvt</b>	
39. Prior Service <b>None</b>							

40. Reason and Authority for Separation <b>Conv of Govt. RR1-1 Service 14 Dec 1944</b>	
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41. Service Schools Attended <b>None</b>			42. Education (Years)		
Grammar	High School	College	8	0	0

### PAY DATA

43. Longevity for Pay Purposes			44. Mustering Out Pay		45. Soldier Deposits	46. Travel Pay	47. Total Amount, Name of Disbursing Officer	
Years	Months	Days	Total	This Payment	None		<b>7.30 W.G. Pursley Capt</b>	
<b>4</b>	<b>9</b>		<b>\$200</b>	<b>\$100</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 United States and forward to Collections Subdivision, Veterans Administration, Washington 25, D. C.

48. Kind of Insurance			49. How Paid		50. Effective Date of Allotment Discontinuance		51. Date Next Premium Due (One Month after 50)	
Nat. Serv.	U. S. Government	None	Allotment	Direct to V. A.	<b>30 Nov 46</b>		<b>31 Dec 1946</b>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
52. Premium Due Each Month <b>\$ 6.50</b>			53. Intention of Veteran to					
			Continue	Continue only	Discontinue			
			<input checked="" type="checkbox"/>					

54. Right Thumb Print		55. Remarks (This space for completion of above items or entry of other items specified in W. D. Directives) <b>No time lost under the 107th AW Lapel Button Issued</b>					
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56. Signature of Person Being Separated <b>Aaron Adams</b>				57. Personnel Officer (Type Name, Grade and Organization—Signature) <b>Armand E. Moreda 1st Lt. AGD</b>			
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Filed for Record the 20 day of Jan., A.D. 1947, at 2:50 o'clock P M.

**S.M. Beaver**

Recorder