

# ARMY OF THE UNITED STATES

WD AGO Form 52-55-1 November, 1944

## HONORABLE DISCHARGE

This is to certify that  
**John N. Dickerson** 34 904 105 Private First Class  
 Company A 15th Infantry  
 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 Point Camp Campbell Ky

Date 21 November 1946

Roland L. East, Major Field Artillery

### ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. Last Name—First Name—Middle Initial <b>Dickerson John N</b>			2. Army Serial No. <b>34 904 105</b>		3. Grade <b>23 Oct 44 Pfc</b>		4. Arm or Service <b>Inf</b>		5. Component <b>RA 14 mos</b>	
6. Organization <b>Co A 15th Inf</b>				7. Date of Separation <b>21 Nov 1946</b>		8. Place of Separation <b>Sep. Point Camp Campbell Ky</b>				
9. Permanent Address for Mailing Purposes <b>154 Church St. Covington, (Tipton) Tenn.,</b>						10. Date of Birth <b>26 Dec 25</b>		11. Place of Birth <b>Millington, Tenn.,</b>		
12. Address from Which Employment Will Be Sought <b>See 9</b>						13. Color Eyes <b>Brown</b>	14. Color Hair <b>Brown</b>	15. Height <b>5'11"</b>	16. Weight <b>155 Lbs.</b>	17. No. Depend. <b>1</b>
18. Race		19. Marital Status			20. U. S. Citizen		21. Civilian Occupation and No.			
<input checked="" type="checkbox"/> White		<input type="checkbox"/> Negro		<input type="checkbox"/> Other (Specify)		<input checked="" type="checkbox"/> Single		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> X						<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<b>Farmer '3-06.10)</b>

### MILITARY HISTORY

22. Date of Induction		23. Date of Enlistment <b>25 Oct 45</b>		24. Date of Entry Into Active Service <b>25 Oct 45</b>		25. Place of Entry Into Service <b>Cp Campbell Ky</b>				
SELECTIVE SERVICE DATA		26. Registered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Local S. S. Board No.		28. County and State		29. Home Address at Time of Entry Into Service <b>See 9</b>		
30. Military Occupational Specialty and No. <b>Mortar Crewman (1608)</b>					31. Military Qualification and Date (i.e. Infantry, Aviation and Marksmanship Badges, etc.) <b>Combat Infantry Badge 21 Mar 46</b>					
32. Battles and Campaigns <b>None</b>										

33. Decorations and Citations  
**Good Conduct Medal WW II Victory Ribbon**

34. Wounds Received in Action  
**None**

35. Latest Immunization Dates				36. Service Outside Continental U. S. and Return						
Smallpox <b>Oct 44</b>	Typhoid <b>Oct 44</b>	Tetanus <b>Oct 44</b>	Other (Specify) <b>None</b>	Date of Departure <b>None</b>		Destination <b>None</b>		Date of Arrival <b>None</b>		
37. Total Length of Service						38. Highest Grade Held				
Continental Service			Foreign Service							
Years <b>1</b>	Months <b>0</b>	Days <b>27</b>	Years <b>0</b>	Months <b>0</b>	Days <b>0</b>	<b>Pfc</b>				

39. Prior Service  
**US Army 1 year 8 months 28 days**

40. Reason and Authority for Separation  
**Conv. of Government AR 615-365 dtd 15 Dec 44 & TWX WDGPA WCL 23531 dtd 22 Oct 46**

41. Service Schools Attended <b>None</b>			42. Education (Years)		
Grammar <b>6</b>	High School <b>0</b>	College <b>0</b>			

### 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 <b>2</b>	Months <b>9</b>	Days <b>25</b>	Total <b>\$ -</b>	This Payment <b>\$</b>		<b>:10.10</b>	<b>\$52.12 John A. Townley Capt FD</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)	
<input checked="" type="checkbox"/> Nat. Serv.	<input type="checkbox"/> U. S. Government	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Allotment	<input type="checkbox"/> Direct to V. A.				
52. Premium Due Each Month			53. Intention of Veteran to					
			<input type="checkbox"/> Continue	<input type="checkbox"/> Continue only	<input type="checkbox"/> Discontinue			

54. Right Thumb Print

55. Remarks (This space for completion of above items or entry of other items specified in W. D. Directives)  
**Lapel button issued  
Notime lost under AW 107**

56. Signature of Person Being Separated <b>John N. Dickerson</b>				57. Personnel Officer (Type Name, Grade and Organization—Signature) <b>K.M. McNeese, Capt AG</b>			
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Filed for Record the **9** day of **Dec.**, A.D. 19 **46** at **1:45** o'clock **P M.**

**S.M. Beaver**, Recorder