

# ARMY OF THE UNITED STATES

WD AGO Form 22-22-1 November, 1944

100-100000-2000

## HONORABLE DISCHARGE

This is to certify that  
**Willie J. Jones**  
 34 717 147 Corporal 838 Engr Avn Bn Mac Dill Fld. Fla  
 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 Mac Dill Fld. Fla**

Date **3 January 1947**

**John A. Doughtie Maj Air Corps**

### ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. Last Name—First Name—Middle Initial <b>Jones Willie J</b>			2. Army Serial No. <b>34 717 147</b>		3. Grade <b>Cpl</b>	4. Arm or Service <b>AC</b>	5. Component <b>AUS</b>		
6. Organization <b>838 Engr Avn Bn Mac Dill Fld Fla.</b>				7. Date of Separation <b>3 Jan 47</b>		8. Place of Separation <b>Mac Dill Fld. Fla</b>			
9. Permanent Address for Mailing Purposes <b>324 W S. Maple St. Covington, Tenn.,</b>					10. Date of Birth <b>30 Mar 1924</b>		11. Place of Birth <b>Covington, Tenn.,</b>		
12. Address from Which Employment Will Be Sought <b>See 9</b>					13. Color Eyes <b>Brown</b>	14. Color Hair <b>Black</b>	15. Height <b>5'6"</b>	16. Weight <b>197 Lbs.</b>	17. No. Depend. <b>1</b>
18. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other (Specify)			19. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other (Specify)			20. U. S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. Civilian Occupation and No. <b>Farmer 499</b>	

### MILITARY HISTORY

22. Date of Induction		23. Date of Enlistment <b>6 Oct 1945</b>		24. Date of Entry into Active Service <b>6 Oct 1945</b>		25. Place of Entry into Service <b>Camp Earle, Alaska</b>	
SELECTIVE SERVICE DATA	26. Registered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Local S. S. Board No. <b>Unk</b>		28. County and State <b>Tipton Tenn</b>		29. Home Address at Time of Entry into Service <b>See 9</b>	
30. Military Occupational Specialty and No. <b>Const Mach Opr 359</b>				31. Military Qualification and Date (I.e. Infantry, Aviation and Marksmanship Badges, etc.) <b>None</b>			
32. Battles and Campaigns <b>None</b>							

33. Decorations and Citations  
**ATO Ribbon E/A.M.E Ribbon WW II Victory Medal**

34. Wounds Received in Action  
**None**

35. Latest Immunization Dates				36. Service Outside Continental U. S. and Return			
Smallpox <b>2/18/46</b>	Typhoid <b>2/18/46</b>	Tetanus <b>9/9/44</b>	Other (Specify) <b>15/10/45Flu</b>	Date of Departure <b>6 Oct 45</b>		Destination <b>Alaska</b>	Date of Arrival <b>6 Oct 45</b>
				<b>19 Oct 45</b>		<b>USA</b>	<b>1 Nov 45</b>
				<b>19 Mar 46</b>		<b>ITALY</b>	<b>1 Apr 46</b>
				<b>24 Oct 46</b>		<b>USA</b>	<b>6 Nov 46</b>
37. Total Length of Service			38. Highest Grade Held				
Continental Service		Foreign Service		<b>Cpl</b>			
Years <b>0</b>	Months <b>3</b>	Days <b>14</b>	Years <b>0</b>		Months <b>8</b>	Days <b>14</b>	

39. Prior Service  
**2 yrs. 3 mo. 17 days AUS**

40. Reason and Authority for Separation  
**TWX 15 AF ALBA 2496 2 Dec 1946 and RR 1-1**

41. Service Schools Attended <b>None</b>			42. Education (Years)		
			<b>7</b>	<b>0</b>	<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>3</b>	Months <b>6</b>	Days <b>15</b>	Total <b>None</b>	This Payment <b>None</b>	<b>49.45</b>	<b>49.45</b>	<b>\$65.46 C.F. Layton Maj</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. <input checked="" type="checkbox"/>	U. S. Government <input type="checkbox"/>	None <input type="checkbox"/>	Allotment <input checked="" type="checkbox"/>	Direct to V. A. <input type="checkbox"/>	<b>31 Jan 1947</b>	<b>28 Feb 1947</b>
52. Premium Due Each Month <b>\$ 6.50</b>			53. Intention of Veteran to			
			Continue <input checked="" type="checkbox"/>	Continue only <input type="checkbox"/>	Discontinue <input 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)  
**Reenlisted in RA while stationed in Alaska 6 Oct 1945  
 Yellow Fever 9 Sep 1944 Typhus and Cholera 2-18-46  
 No time lost under AW 107  
 Recommended for further military training**

56. Signature of Person Being Separated <b>Willie J. Jones</b>		57. Personnel Officer (Type Name, Grade and Organization—Signature) <b>Karl L M Hans Captain AC</b>	
---	--	--	--

Filed for Record the **14** day of **Jan.**, A.D. 19 **47**, at **1:48** o'clock **P** M.

**S.M. Beaver**

Recorder