

# ARMY OF THE UNITED STATES

WD AGO Form 15-55-1 November 1944

## HONORABLE DISCHARGE

This is to certify that  
Private First Class, Robert L. Wright, 34 887 577

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 **Camp Roosevelt, France**

David S. Brody, Major AGD

Date **14 November 1945**

### ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. Last Name—First Name—Middle Initial <b>Wright, Robert L</b>			2. Army Serial No. <b>34 887 577</b>		3. Grade <b>Pfc</b>		4. Arm or Service <b>ENGRS</b>		5. Component <b>AUS</b>		
6. Organization <b>Co "A" 245th Engineers</b>				7. Date of Separation <b>14 Nov 1945</b>		8. Place of Separation <b>Camp Roosevelt, France</b>					
9. Permanent Address for Mailing Purposes <b>229 S. Tipton St. Covington, Tenn.,</b>						10. Date of Birth <b>18 July 1926</b>		11. Place of Birth <b>Covington, Tenn.,</b>			
12. Address from Which Employment Will Be Sought <b>United States Army</b>						13. Color Eyes <b>Blue</b>	14. Color Hair <b>Brown</b>	15. Height <b>5'11½"</b>	16. Weight <b>188 Lbs.</b>	17. No. Depend. <b>one (1)</b>	
18. Race <input checked="" type="checkbox"/> White			19. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married			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 <b>27 Oct 43</b>		23. Date of Enlistment		24. Date of Entry Into Active Service <b>17 Nov 43</b>		25. Place of Entry Into Service <b>Camp Shelby, Miss.,</b>				
SELECTIVE SERVICE DATA	26. Registered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Local S. S. Board No. <b>#1</b>		28. County and State <b>Tipton Co. Tenn.,</b>		29. Home Address at Time of Entry Into Service <b>---</b>			
30. Military Occupational Specialty and No. <b>Carpenter-050</b>					31. Military Qualification and Date (i.e. Infantry, Aviation and Marksmanship Badges, etc.) <b>None</b>					
32. Battles and Campaigns <b>Campaign-Rhineland Campaign-Central Europe</b>										
33. Decorations and Citations <b>None</b>										
34. Wounds Received in Action <b>None</b>										

35. Latest Immunization Dates						36. Service Outside Continental U. S. and Return							
Smallpox <b>29 Aug 44</b>		Typhoid <b>7 Aug 45</b>		Tetanus <b>29 Aug 45</b>		Other (Specify) <b>Typ. 10 May 45</b>		Date of Departure <b>30 Oct 44</b>		Destination <b>England</b>		Date of Arrival <b>10 Nov 44</b>	
37. Total Length of Service						38. Highest Grade Held							
Continental Service			Foreign Service			<b>Pfc</b>							
Years	Months	Days	Years	Months	Days								
<b>0</b>	<b>11</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>14</b>								

39. Prior Service <b>None</b>											
40. Reason and Authority for Separation <b>Convenience of the Government AR 615-365 and WD Cir 310 dated 1945</b>											
41. Service Schools Attended <b>None</b>								42. Education (Years)			
								Grammar <b>8</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>0</b>	Days <b>18</b>	Total <b>\$ 300</b>	This Payment <b>\$ 300</b>	<b>None</b>	<b>None</b>	<b>\$445.34 R.E. Gleeson, 2nd Lt.</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	None	Allotment <input checked="" type="checkbox"/>	Direct to V. A.	<b>-</b>		<b>-</b>	
52. Premium Due Each Month <b>\$ 6.40</b>			53. Intention of Veteran to					
			<input checked="" 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) <b>No travel allowance paid, Nox time lost under AW 107. Honorably discharged for the Convenience of the Government. AR 615-365, and WD Cir 310, dated 1945. Character: Excellent; Efficiency rating as soldier, Excellent</b>									
-----------------------	--	--	--	--	--	--	--	--	--	--

56. Signature of Person Being Separated <b>Robert L. Wright</b>					57. Personnel Officer (Type Name, Grade and Organization—Signature) <b>Roland M. Hudson, 1st Lt. Cav Hq Camp Roosevelt Fran</b>				
--	--	--	--	--	--	--	--	--	--

Filed for Record the **21** day of **May**, A.D. 19 **47** at **3:00** o'clock **P** M.

**S.M. Beaver**

Recorder

# ARMY OF THE UNITED STATES

WD AGO Form 12-15-1 November, 1944

1007-1007-1007

## HONORABLE DISCHARGE

This is to certify that  
**Robert L. Wright 34 887 577 Technician Fifth Grade**  
Hq Co Det 2  
**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 Fort Lewis Washington

Date 16 May 1947

Frank S. Sherman, Major Cmp

### ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. Last Name—First Name—Middle Initial <b>Wright Robert L</b>			2. Army Serial No. <b>34 887 577</b>	3. Grade <b>Tec 5</b>	4. Arm or Service <b>CE</b>	5. Component <b>RA 18 Mo.,</b>
6. Organization <b>Hq Co. Det 2</b>			7. Date of Separation <b>16 May 47</b>	8. Place of Separation <b>Sep. Bntr Fort Lewis Wash.</b>		
9. Permanent Address for Mailing Purposes <b>11 S Maple Covington, Tenn.,</b>				10. Date of Birth <b>18 Jul 25</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>Blue</b>	14. Color Hair <b>Brown</b>	15. Height <b>6-0</b>
				16. Weight <b>190 Lbs.</b>	17. No. Depend. <b>1</b>	
18. Race		19. Marital Status		20. U. S. Citizen		21. Civilian Occupation and No.
White	Negro	Other (Specify)	Single	Married	Other (Specify)	Yes
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
						Farmer 3-06.10

### MILITARY HISTORY

22. Date of Induction		23. Date of Enlistment <b>15 Nov 45</b>		24. Date of Entry Into Active Service <b>15 Nov 45</b>		25. Place of Entry Into Service <b>Cp Roosevelt France</b>		
SELECTIVE SERVICE DATA	26. Registered		27. Local S. S. Board No.		28. County and State		29. Home Address at Time of Entry Into Service	
	Yes	No.	<b>XXXXXX--</b>		<b>Tipton Tenn</b>		<b>See 9</b>	
30. Military Occupational Specialty and No. <b>Truck Driver Light 345</b>				31. Military Qualification and Date (i.e. Infantry, Aviation and Marksmanship Badges, etc.) <b>Exp M1 Rifle</b>				

32. Battles and Campaigns  
**None**

33. Decorations and Citations  
**Victory Medal**

34. Wounds Received in Action  
**None**

35. Latest Immunization Dates				36. Service Outside Continental U. S. and Return		
Smallpox	Typhoid	Tetanus	Other (Specify)	Date of Departure	Destination	Date of Arrival
<b>Aug 44</b>	<b>July 45</b>	<b>Aug 44</b>	<b>None</b>	<b>Reenlisted</b>	<b>ETO</b>	<b>15 Nov 45</b>
37. Total Length of Service				38. Highest Grade Held <b>Tec 5</b>	39. Service Outside Continental U. S. and Return	40. Date of Arrival <b>11 Dec 45</b>
Continental Service		Foreign Service				
Years	Months	Days	Years	Months	Days	
<b>1</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>Dec</b>	

39. Prior Service  
**United States Army 2 years 0 months 18 days**

40. Reason and Authority for Separation  
**Expiration of term of service**

41. Service Schools Attended <b>None</b>			42. Education (Years)		
			Grammar	High School	College
			<b>8</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	Months	Days	Total	This Payment			
<b>3</b>	<b>6</b>	<b>20</b>	<b>None</b>	<b>None</b>	<b>\$ 130.05</b>	<b>54.73</b>	<b>S.J. Taggart</b>
							<b>Lt. Col 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)
Nat. Serv.	U. S. Government	None	Allotment	Direct to V. A.		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<b>31 May 47</b>	
52. Premium Due Each Month <b>\$ 6.40</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)  
**Lapel Button Issued  
Rec fdd fur Mil trng.,**

56. Signature of Person Being Separated <b>Robert L. Wright</b>	57. Personnel Officer (Type Name, Grade and Organization—Signature) <b>Eldon M. Schmidt.,</b>
--	--

Filed for Record the **21** day of **May**, A.D. 19 **47**, at **3:01** o'clock **P** M.  
**S.M. Weaver**

Recorder