

MEMORIAL HEADSTONE TO BE PLACED ON

MILITARY HEADSTONE ORDERED 9/20/8.

DARLENE AKERS - PLOT 9A R 8

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT	
HONORABLE				U. S. NAVY	
1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER		3. GRADE - RATE - RANK AND DATE OF APPOINTMENT	
AKERS, James Edward		388 30 87		PR3 5-16-54	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION		7. TYPE OF SEPARATION	
SPECIALTY NUMBER OR SYMBOL PR-7309-35		RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 7-49.021 Parachute Packer		16 SEP 54 DISCHARGED	
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION			
BUPERS INST 1910.5B		Utility Squadron SEVEN (VU-7) NAS, San Diego 35, California			
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)		12. DESCRIPTION	
DAY 20 MONTH JUL YEAR 50		Pueblo, Colorado		SEX Male RACE Cau COLOR HAIR Brown COLOR EYES Blue HEIGHT 73 1/2" WEIGHT 164	
13. REGISTERED		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		15. INDUCTED	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		#13, Tacoma, Pierce, Washington		DAY MONTH YEAR	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		COGNIZANT DISTRICT OR AREA COMMAND			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COMPONENT AND BRANCH OR CLASS			
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE			
<input checked="" type="checkbox"/> ENLISTED 29NOV50 <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		SR			
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)			
DAY 29 MONTH NOV YEAR 50		Seattle, Washington Box 235, National, Pierce, Washington			
STATEMENT OF SERVICE FOR PAY PURPOSES		A. YEARS		B. MONTHS	
21. NET (NAVAL) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		00		00	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD		03		09	
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		00		00	
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		03		09	
25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF		C. DAYS		DAYS	
26. FOREIGN AND/OR SEA SERVICE		00		00	
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		03		09	
NATIONAL DEFENSE		02		06	
28. MOST SIGNIFICANT DUTY ASSIGNMENT		29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)		30. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED	
UTILITY SQUADRON ONE (VU-1)		NONE		BTC & PF FOR POS & AB3	
31. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST GRAD. COURSES SUCCESSFULLY COMPLETED		DATES (From-To)		MAJOR COURSES	
PR(A) SCOL, NTPC, LAKEHURST, NEW JERSEY		2-16-53 6-2-53		Parachute Rigger	
GOVERNMENT INSURANCE INFORMATION (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver name as (C) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown on Form 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3) When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, Date of separation. Contact nearest VA office for information concerning Government Life Insurance.					
32A. KIND & AMT OF INSURANCE & MTHLY PREMIUM		32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951		33. MONTH ALLOTMENT DISCONTINUED	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER	
\$ 178.57		\$ 82.74		L. KREISSL, KREISSL, LTJG, SC, USN, 07098	
REMARKS		RECOMMENDED FOR REENLISTMENT		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN	
				JAMES E. AKERS, LT, USN PERSONNEL OFFICER BY DIRECTION OF C. O.	
40. A BENEFIT'S PREVIOUSLY APPLIED FOR (Specify type)		41. DATES OF LAST CIVILIAN EMPLOYMENT		42. CLAIM NUMBER	
COMPENSATION, PENSION, INSURANCE BENEFITS, ET.		FROM - TO -		8/23	
PAID INIT MOP \$100. 9/16/54 Due \$300.00 PVI		43. MAIN CIVILIAN OCCUPATION		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER	
		Student			
44. UNITED STATES CITIZEN		45. MARITAL STATUS		46. NON-SERVICE EDUCATION (Years successfully completed)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Married 08 04 00		H. S. Vocational	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)		48. SIGNATURE OF PERSON BEING SEPARATED			
Box 235, National, Pierce, Washington		James E. Akers		JAMES E. AKERS	