

**WAR DEPARTMENT**

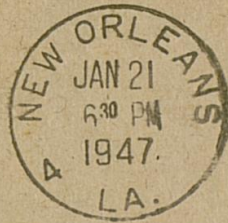
FINANCE OFFICE, U. S. ARMY  
POLAND & DAUPHINE STS.  
NEW ORLEANS 12, LA.

**OFFICIAL BUSINESS**

**PENALTY FOR PRIVATE USE TO AVOID**

**PAYMENT OF POSTAGE, \$300**

(PMGC)



Marshall A. Webb  
17802 Locust St.  
Oak Glen Station  
Lansing, Illinois

20J

Receipt is acknowledged of your application for pay under the Armed Forces Leave Act of 1946. Settlement will be made as soon as possible. To expedite payment of the large number of claims on hand, it is requested that no further communication regarding claim be sent to this office except to correct claim or report change of address.



APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION  
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)  
 First: **Marshall** Middle: **Alvernus** Last name: **Webb**  
 2. HOME ADDRESS: Number Street or rural route County, city, town, or post office State  
**RR#5** **Campbellsville** **Ky.**  
 3. I WAS BORN AT City, town, or post office State Day of month Month Year Age nearest birthday  
**Campbellsville** **Ky.** **24th** **Feb.** **1922** **21**  
 4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY 5. PRESENT ORGANIZATION Rank, grade, or rating. Organization, regiment, station, ship, etc. 6. SERIAL NUMBER  
**ERC Dec. 11, 1942** **Pvt.** **Unassigned** **35689580**  
 7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS  
**None**

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ **10,000**

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") **No** IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ POLICY No.  
 (No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL <b>Mary Elizie Webb</b>	<b>Mother</b>	<b>10,000.</b>	<b>RR#5, Campbellsville, Ky.</b>
CONTINGENT			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)  
**Mary E. Webb** **Same as above**  
 (Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **1st** day of **January**, 19**43**  
 A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by (Check, draft, or money order) in the amount of \$  
 in payment of the first premium on the insurance, or (Write above whether monthly, quarterly, semiannual, or annual)  
 B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ **6.50**  
 C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$  
 If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:  
 (a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.  
 (b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.  
 THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:  
 A. BY ALLOTMENT OF PAY MONTHLY **6.50**  
 B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION  
 Monthly Quarterly Semiannually Annually  
 \$ **6.50** \$ \$ \$ \$  
 SIGNED AT **RC Ft. Benj. Harrison, Ind.** ON THE **12th** DAY OF **Dec.** 19**43**

WITNESSED BY:  
 INFORMATION AS TO SERVICE CERTIFIED BY:  
**D. E. BAYLESS, 1st Lt. Inf.** (Applicant sign here. Do not print signature)  
 (Rank and organization. See reverse side, paragraph 4.)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date \_\_\_\_\_ Age \_\_\_\_\_ Amt., \$ \_\_\_\_\_ Premium: Mo. \$ \_\_\_\_\_ Qr. \$ \_\_\_\_\_ S. A. \$ \_\_\_\_\_ A. \$ \_\_\_\_\_  
 Beneficiary \_\_\_\_\_  
 Action taken \_\_\_\_\_  
 Examiner \_\_\_\_\_ Reviewer \_\_\_\_\_  
 Certificate issued \_\_\_\_\_ Policy issued \_\_\_\_\_

ALL QUESTIONS MUST BE COMPLETELY ANSWERED



**MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE**  
**FIVE-YEAR LEVEL PREMIUM TERM PLAN**

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	\$0. 63	25	\$0. 67	35	\$0. 76	45	\$0. 99	55	\$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

**SPECIFIC INSTRUCTIONS.**

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;

(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;

(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;

(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.



Mr. Marshall  
2170 Indiana Ave.  
Gansing, Ill.

MAR  
18  
1950





Don't destroy  
my ARMY PAPERS



PLEASE READ CAREFULLY

You have this date DEC 12 1942 received  
the following inoculations:

1st. dose triple Typhoid

It will be necessary on DEC 19 1942  
to receive your 2nd dose of Triple  
Typhoid Vaccine.

Also, on DEC 26 1942 it will  
be necessary to receive your 3rd dose  
of Triple Typhoid.

You Must receive the inoculations on  
the dates shown above, failure to do  
so will result in starting your series  
of inoculations over.

If you are in the Reception Center on  
the dates shown above, your guide will  
make the arrangements necessary if at  
another post or camp, see your  
immediate superior and he will inform  
you what to do. MS #5

PLEASE READ CAREFULLY



QUADRUPPLICATE **WAR SAVINGS BOND, CLASS A PAY RESERVATION APPLICATION**  OFFICER.  NURSE.  WARRANT OFFICER.  
 SOLDIER.  CIVILIAN.  CONTRACT SURGEON.  
 (See Instructions and conditions on reverse)

1. Place RG Pt. Benj. Harrison, Indiana Date Dec. 12, 1942  
(Station, post, or camp) (City) (State)

2. I,  Mrs. Webb Marshall A. 35639580  
 Mr. (Last name) (First name) (Initial) (Serial number)  
 Miss Unassigned (Grade) (Last name) (First name) (Initial) (Serial number)

3. of Unassigned hereby request and authorize a Class A Pay Reservation from my pay for the  
(Regiment and Arm or Service)

4. purchase of War Savings Bonds, Series E, in the denomination of:  \$25  \$50  \$100  \$500  \$1,000 MATURITY VALUE,  
 at the rate of \$ 1.25 each pay day beginning with pay due me on Dec. 31, 1942

5. my pay-roll period being  monthly,  semimonthly,  weekly. I FURTHER AGREE that in signing this form I understand that this author-  
 ization will remain in effect to include last full month of my enlistment, period of active duty, or employment with War Department, unless  
 revoked by me, in writing, prior to that date, and that sums reserved pursuant to this authorization will not bear interest before they have been  
 converted into War Savings Bonds.

6. Register bonds in my name—At RR/5 Campbellsville Ky.  
(Number and street) (City) (State)

7. List as my  Co-owner— Mrs. Webb Mary B.  
 or  Mr. (Last name) (First name) (Initial)  
 Beneficiary— Miss. RR/5 Campbellsville Ky.  
(Grade) (Last name) (First name) (Initial)

CAUTION.—See instruction No. 7 on reverse.  
 8. Mail bonds to\*— Mrs. Webb Mary B.  
 Mr. (Number and street) (City) (State)  
 Miss. RR/5 Campbellsville Ky.  
(Grade) (Last name) (First name) (Initial)

At RR/5 Campbellsville Ky.  
(Number and street) (City) (State)

9. Hold bonds in safekeeping in the Treasury Department at no expense to me and mail receipt therefor to me\*—  
 At \_\_\_\_\_  
(Number and street) (City) (State)

10. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me—  
 At RR/5 Campbellsville Ky.  
(Number and street) (City) (State)

11. Entered on Service Record or Pay Card by ewb  
(Initials only)

\*Select plan desired.—USE ONE, NOT BOTH.  
 Wherever a box  appears, it is essential that subscriber indicate by check mark (✓) the appropriate title, status, or designation. Mark not more than ONE box under each heading.

12. Marshall Webb  
(Signature of subscriber)

13. \_\_\_\_\_  
(Signature of personnel or other responsible officer with grade and organization)  
S. D. BARRIS, 1st Lt. Col.



### INSTRUCTIONS AND CONDITIONS

*Numbers used refer to items on face of form*

1. Enter place and date form is executed.
2. State proper title, grade (if any), name of subscriber, and serial number (if any). Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss, Grade. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, i. e., Mrs. Mary A., NOT Mrs. John R.
3. State Arm or Service of subscriber. Give regiment, if known, of military subscriber.
4. Indicate denomination of bond desired; state amount to be deducted each pay day.
5. Indicate subscriber's pay-roll period.
6. Give home address or other permanent post-office address, if any.
7. Co-owner or Beneficiary is not necessary, but if desired. ONE person may be named as either a Co-owner or a Beneficiary, NOT BOTH. In cases of married women, see (2) above. If a Co-owner is designated, either the Co-owner or the subscriber may redeem the bond without the signature of the other. If a Beneficiary is designated the bond can be redeemed ONLY by the subscriber during his lifetime, and by the Beneficiary ONLY if he or she survives the subscriber.
8. If subscriber desires bonds to be mailed, give name and address of person to whom bonds are to be sent. Subscribers who are seldom at home when mail is delivered should designate their business or place of employment address rather than their residence address.
9. If subscriber desires Treasury Department to hold bonds in safekeeping, give address to which receipt therefor is to be mailed.  
CAUTION.—If name and address are given on line 8, line 9 should be left blank or vice versa.
10. Give address to which refunds are to be sent.
11. Enter initials of person making required entries on Service Records and on other pertinent records.
12. Subscriber must sign original and duplicate copies of application in ink or indelible pencil.
13. Personnel or other Responsible Officer must sign original and duplicate copies of applications submitted by civilian and enlisted subscribers.

### ADDITIONAL INSTRUCTIONS AND CONDITIONS

#### *Disposition of forms:*

ORIGINAL and DUPLICATE copies sent to Chief of Finance, War Bond Division, New Armory Building, 19th and A Streets SE., Washington, D. C.  
TRIPPLICATE copy retained by Commanding or Personnel Officer.  
QUADRUPPLICATE copy retained by Subscriber.

#### *Amounts:*

Only multiples of \$1.25 acceptable.

Minimum Reservations: (a) Officers, Nurses, Warrant Officers, Contract Surgeons, \$3.75 per month; (b) Enlisted men, \$1.25 per month; (c) Civilian employees (if paid weekly), \$1.25 per pay day; (d) Civilian employees (if paid semimonthly), \$2.50 per pay day; (e) Civilian employees (if paid monthly), \$5 per pay day.

*For further instructions, see War Department Circular No. 77, March 16, 1942*



Government Request for Transportation  
MEMORANDUM  
PENALTY for fraudulent use \$1000 and imprisonment.

29 Nov 45

(Good until) 19

THE UNITED STATES OF AMERICA  
WAR DEPARTMENT—TRANSPORTATION CORPS

WQ 25,087,946

(Bill to) FINANCE OFFICER, U. S. ARMY, WASHINGTON, D. C.  
Requests the TRANSIT (Department and Bureau or Service)  
s/Sgt. Marshall Webb Company to furnish  
Camp Atterbury Indiana (Name of traveler) Campbellsville Ky at lowest rate the following  
from TS Cols PGL Losvie SEGL to  
via

Class	Number of persons	Berths				Seats	Staterooms
		Upper	Lower	Upper	Lower		
2nd	1						
		BUS ONLY					

TICKET AGENTS WILL NOT ACCEPT THIS

Value  
\$ 3<sup>20</sup>

CAMP ATTERBURY, IND. 29 August 45 19

*(Place of issue)*  
W A Gates  
*(Signature of issuing officer)*  
Title William A. Gates, Major, T.C., A.T.G.

I certify that transportation has been furnished as above, except as noted on reverse hereof.  
307209/216 Hq RS 8-28-45

Authorization or object  
CAMP ATTERBURY, IND. Cha SI a (MIL)

Appropriation  
601-8P432-02899-999A212/60425  
In Con WQ 25,087,946-7-8

*(Place)* 19


*(Signature of traveler)*  
Title s/SGT. MARSHALL WEBB IM

NOTE - Follow strictly instructions on reverse hereof.



*copy*

# Army of the United States



## Honorable Discharge

*This is to certify that*

MARSHALL A WEBB 35 689 580 STAFF SERGEANT  
COMPANY "K" 349TH INFANTRY

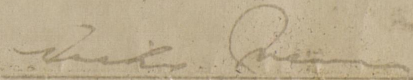
Army of the United States

*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 CENTER  
CAMP SHELBY MISSISSIPPI

*Date* 21 OCTOBER 1945

  
ARCHIE SORENSON  
MAJOR AUS



**ENLISTED RECORD AND REPORT OF SEPARATION  
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>WEEKS MARSHALL A</b>		2. ARMY BRANCH NO. <b>35 530</b>	3. GRADE <b>s/sgt INF</b>	4. ASN OR RESERVE <b>INF</b>	5. COMPONENT <b>ADS</b>
6. ORGANIZATION <b>CO "K" 349TH INF</b>		7. DATE OF SEPARATION <b>21 OCT 45</b>	8. PLACE OF SEPARATION <b>SEP CAMP CP SHELBY MISS</b>		
9. HOME ADDRESS FOR MAILING PURPOSES <b>RT 5 CAMPBELLVILLE TAYLOR KY</b>		10. DATE OF BIRTH <b>24 FEB 22</b>	11. PLACE OF BIRTH <b>CAMPBELLVILLE KY</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>5'10"</b>	16. WEIGHT <b>157 lbs</b>
17. NO. DEPEND.	18. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		19. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. CIVILIAN OCCUPATION AND NO. <b>TEAM HAND GENERAL 31610</b>

**MILITARY HISTORY**

21. DATE OF INDUCTION <b>3 DEC 42</b>	22. DATE OF ENLISTMENT <b>11 DEC 42</b>	23. DATE OF ENTRY INTO ACTIVE SERVICE <b>LOUISVILLE KY</b>	24. PLACE OF ENTRY INTO SERVICE <b>SEE 9</b>
25. REGISTERED LOCAL S.S. BOARD NO. <b>152</b>	26. COUNTY AND STATE <b>TAYLOR KY</b>	27. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>SEE 9</b>	
28. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>ARMED LEADER 745</b>		29. MILITARY QUALIFICATION AND DATE (I O., infantry; aviation and marksmanship badges, etc.) <b>COMB INF BADGE AR ?</b>	
30. BATTLES AND CAMPAIGNS <b>ROME ARNO, N APENNINES, PO VALLEY</b>			

31. DECORATIONS AND CITATIONS  
**RAMETO MED, GOOD COND MED, PURPLE HEART MED, BRONZE STAR**

32. WOUNDS RECEIVED IN ACTION  
**RAMETO ?**

33. LATEST IMMUNIZATION DATES				34. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX <b>NOV 44</b>	TYPHOID <b>MAY 45</b>	TETANUS <b>OCT 43</b>	OTHER (specify) <b>TY MAY 45</b>	DATE OF DEPARTURE <b>24 DEC 43</b>	DESTINATION <b>RAMETO</b>	DATE OF ARRIVAL <b>2 JAN 44</b>
35. TOTAL LENGTH OF SERVICE			36. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE				
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
<b>1</b>	<b>2</b>	<b>16</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>S/SGT</b>
37. PERIOD SERVICE			38. PERIOD SERVICE			
<b>NONE</b>			<b>NONE</b>			

39. REASON AND AUTHORITY FOR SEPARATION  
**AR 615 365 DOWN OF GOVT BB 1 1 (DEMOBILIZATION)**

40. SERVICE SCHOOLS ATTENDED  
**NONE**

41. EDUCATION (Years)  

Grammar	High School	College
8	0	0

**PAY DATA**

42. GRADE	43. MONTHS	44. DATE	45. MONTHLY PAY	46. TOTAL PAY	47. TOTAL AMOUNT, RATE OF DISBURSEMENT OFFICER
<b>2</b>	<b>10</b>	<b>19 45</b>	<b>300</b>	<b>3000</b>	<b>NONE 2700 2050 W F HALLFRISCH CAPT I D</b>

48. IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-DAY PERIOD INSURANCE WILL Lapse. MAKE CHECKS OR MONEY ORDER PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25 D. C.

49. KIND OF INSURANCE	50. HOW PAID	51. Effective Date of Discontinuation	52. Date of Next Premium Due (One month after 50)	53. PREMIUM DUE EACH MONTH	54. INTENTION OF VETERAN TO Continue Continue Only Discontinue
<b>U.S. Govt.</b>	<b>None</b>	<b>31 OCT 45</b>	<b>30 NOV 45</b>	<b>6.50</b>	<b>Continue Only Discontinue</b>

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

**NO TIME LOST UNDER AF 107  
LABEL BUTTON ISSUED  
ASR (2 SEP 45) 78**

56. SIGNATURE OF PERSON BEING SEPARATED <i>W. Marshall A. Weeks</i>	57. PERSONNEL OFFICER (Type name, grade and organization - signature) <b>AVA P LEATHERMAN 1ST LT WAC</b> <i>AVA P Leatherman</i>
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WD AGO FORM 63-53  
1 November 1944

This form supersedes all previous editions of WD AGO Forms 52 and 53 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.



A copy attest:

E. Poe Young, Clerk

By

Lena Parratt

D.C.



**GENERAL MOTORS**  
**INSTALLMENT PLAN**

**CONDITIONAL SALE CONTRACT**  
ORIGINAL

Contract Number \_\_\_\_\_

The undersigned seller hereby sells, and the undersigned purchaser or purchasers, jointly and severally hereby purchase (s), subject to the terms and conditions hereinafter set forth, the following property, delivery and acceptance of which in good order is hereby acknowledged by purchaser, viz.:

New or Used	Year Model	No. Cyl.	Make Trade Name	Type of Body If Truck, Give Tonnage	Model Letter or Number	Motor No.	Manufacturer's Serial No.
Used	1930	6	Pontiac			P 691203	

RADIO—Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Utility Trailer—Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_

For a **Total Time Price** of \_\_\_\_\_ \$ \_\_\_\_\_ (9)

Payable in an amount **on or before delivery** of \_\_\_\_\_ \$ \_\_\_\_\_ (5)

Leaving a **Deferred Balance** of \_\_\_\_\_ \$ 100.00 (8)

Payable at the office of General Motors Acceptance Corporation to be hereafter designated 10 in instalments of \$ 10.00 (7a) commencing July 19 40

The final instalment payable hereunder shall equal the amount of the deferred balance remaining due. Interest is due on instalments after maturity at the highest lawful contract rate, and if this contract be placed with an attorney for collection, 15% of the amount due hereunder shall be paid by the purchaser as attorney's fees, or if prohibited, the amount permitted by law.

**Schedule for unequal monthly instalments**

\$ _____	1 Mo. hereafter
\$ _____	2 Mos. hereafter
\$ _____	3 Mos. hereafter
\$ _____	4 Mos. hereafter
\$ _____	5 Mos. hereafter
\$ _____	6 Mos. hereafter
\$ _____	7 Mos. hereafter
\$ _____	8 Mos. hereafter
\$ _____	9 Mos. hereafter
\$ <u>10.00</u>	10 Mos. hereafter
\$ _____	11 Mos. hereafter
\$ _____	12 Mos. hereafter
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	

- Title to said property shall not pass to purchaser until said amount is fully paid in cash.
- No transfer, renewal, extension or assignment of this contract or any interest thereunder, or loss, injury or destruction of said property shall release purchaser from his obligation hereunder; assignee shall be entitled to all the rights of seller.
- In the event purchaser defaults on any payment due on this contract or fails to comply with any condition of this contract or a proceeding in bankruptcy, receivership or insolvency be instituted against the purchaser or his property, or seller deems the property in danger of misuse or confiscation, the full amount shall be immediately due and payable; the seller's acceptance, after the full amount may have become immediately due and payable as hereinbefore provided, of any instalment or payment shall not be deemed to alter or affect the purchaser's obligations and/or the seller's rights hereunder with respect to any subsequent payments or default therein.
- No warranties, expressed or implied, representations, promises or statements have been made by seller unless endorsed hereon in writing.
- Purchaser shall keep said property free of all taxes, liens and encumbrances; shall not use same illegally, improperly or for hire; shall not remove same from the state without permission of the holder of this contract; shall not transfer any interest in this contract or said property. Any sum of money paid by the seller in payment or discharge of taxes, liens and encumbrances on said property shall be secured by and under this contract. The proceeds of any insurance, whether paid by reason of loss, injury, return premium or otherwise, shall be applied toward the replacement of the property or payment of this obligation, at the option of seller. Seller may insure said property against fire and theft, or any accidental physical damage to the car to protect purchaser, seller or seller's assignee. Purchaser agrees to pay the premium upon demand and that on failure to do so, payment of said premium shall be secured by this contract.
- Time is of the essence of this contract, and if purchaser default in complying with the terms hereof, or seller deems the property in danger of misuse or confiscation, seller or any sheriff or other officer of the law may take immediate possession of said property without demand (possession after default being unlawful), including any equipment or accessories thereto; and for this purpose seller may enter upon the premises where said property may be and remove same. Such repossession shall not affect seller's right, hereby confirmed, to retain all payments made prior thereto by the purchaser hereunder. Seller may resell said property, so retaken, at public or private sale, without demand for performance, with or without notice to purchaser (if given, notice by mail to address below being sufficient), with or without having such property at place of sale, and upon such terms and in such manner as seller may determine; seller may bid at any public sale. From proceeds of any such sale, seller shall deduct all expenses for retaking, repairing and selling such property, including a reasonable attorney's fee. The balance thereof shall be applied to amount due; any surplus shall be paid over to purchaser; in case of deficiency purchaser shall pay the same with interest. Seller may take possession of any other property in the above described motor vehicle at time of repossession, wherever such other property may be therein, and hold same temporarily for purchaser without liability on the part of seller.
- Seller shall have the right to enforce one or more remedies hereunder, successively or concurrently. Purchaser hereby waives the right to remove any legal action from the court originally acquiring jurisdiction and waives all homestead and other property exemption laws. Any provision of this contract prohibited by law of any state shall as to said state be ineffective to the extent of such prohibition without invalidating the remaining provisions of the contract.

Executed in quadruplicate, one copy of which was delivered to and retained by purchaser, this 8th day of July, 19 40 (Do not date on Sunday)

Purchaser Signs Marshall Webb By Marshall Webb Campbellville, Ky  
(Purchaser's Signature) (If Company) (Title) (Street) (Town) (State)

Seller Signs \_\_\_\_\_ By Auto Supply Co. Campbellville, Ky  
(Seller's Signature) (If Company) (Title) (Town) (State)

**SIGN IN INK**

(Witness)

(Witness)

**DEALER'S RECOMMENDATION, ASSIGNMENT AND GUARANTY**

**TO GENERAL MOTORS ACCEPTANCE CORPORATION:**  
For value received, undersigned does hereby sell, assign and transfer to the General Motors Acceptance Corporation his, its or their right, title and interest in and to the within contract, herewith submitted for purchase by it, and the property covered thereby and authorizes said General Motors Acceptance Corporation to do every act and thing necessary to collect and discharge the same.  
The undersigned certifies that said contract arose from the sale of the within described property, warranting that title to said property was at time of sale and is now vested in the undersigned free of all liens and encumbrances; that said property is as represented to the purchaser of said property by the undersigned and that statements made by the purchaser of said property on the statement form attached hereto are true to the best of the knowledge and belief of the undersigned.  
In consideration of your purchase of the within contract, undersigned guarantees payment of the full amount remaining unpaid hereon, and covenants if default be made in payment of any instalment herein to pay the full amount then unpaid to General Motors Acceptance Corporation upon demand, except as otherwise provided by the terms of the present General Motors Acceptance Corporation Retail Plan. Liability of the undersigned shall not be affected by any settlement, extensions, variation of terms of the within contract effected with, or by the discharge or release of the obligation of, the purchaser or any other person interested, by operation of law or otherwise. Undersigned waives notice of acceptance of this guaranty and notices of non-payment and non-performance.

Seller Signs \_\_\_\_\_ By Auto Supply Co. Campbellville, Ky  
(Seller's Signature) (If Company) (Title)



Pd by	ck	7-30-40	10.00
"	"	8-31-40	10.00
"	"	9-28-40	10.00
"	"	11-2-40	10.00
"	"	11-23-40	10.00
"	"	12-21-40	10.00

<i>Red 1-1-41</i>		<i>40.00</i>	
By	ck	1-27-41	10.00
"	"	9-19-41	30.00
"	"	9-19-41	<i>Pd Int.</i>
			3.65
			3.65

*paid in full*  
*9-19-41*  
*L. R.*

(Address)

(Guarantor)

TO WITNESS:

In consideration of the making of the within contract by the dealer therein, the undersigned does hereby guarantee to said dealer, or any assignee of said contract, payment of all deferred payments as specified therein and covenants in default of the undersigned shall not be affected by any settlement, extension, variation of terms of the within contract effected with, or by the discharge or release of the obligation of the purchaser or any other person interested, by operation of law or otherwise. Notice of acceptance of this guaranty, notices of non-payment and non-performance, notices of amount of indebtedness outstanding at any time, protests, demands, and prosecution of collection, foreclosure and possessory remedies, and the right to remove any legal action from the court originally acquiring jurisdiction, are hereby expressly waived.

PERSONAL GUARANTY BY THIRD PARTY



Government Request for Transportation  
 NOT TRANSFERABLE  
 PENALTY for fraudulent use \$1,000 and imprisonment

29 Nov 45

**THE UNITED STATES OF AMERICA**  
 WAR DEPARTMENT-TRANSPORTATION CORPS

**WQ 25, 087, 948**

Bill to FINANCE OFFICER, U. S. ARMY WASHINGTON, D. C.  
 (Department and Bureau or Service)  
 Requests the PULLMAN Company to furnish  
S/Sgt. MARSHALL WEBB at lowest rate the following  
 from Louisville Ky. to Jackson Miss.  
 via L&N Losvle IC

Class	Number of persons	Berths				Seats	Staterooms
		Upper	Lower	Upper	Lower		
1st.	1		1				

Form No. \_\_\_\_\_ Ticket No. \_\_\_\_\_  
 (To be filled in by ticket agent)  
 Value (to be inserted by carrier) \$ \_\_\_\_\_

NOT VALID unless signed in writing by issuing officer

CAMP ATTERBURY, IND 29 Aug us 45

*[Signature]*  
 (Signature of issuing officer)

Identify that transportation has been furnished as above, except as noted on reverse hereof.  
 Authorization or object: SO#209/216 Hq RS 8-28-45  
CAMP ATTERBURY, IND  
Cha S. a (MIL)

Major A. Gates, Major, T.C., A.T.C.  
 (Place) \_\_\_\_\_

Appropriation: 601-8P432-02S99-999A212/60425  
 In Con WQ 25,087,946-7-8 **K**

*[Signature]*  
 (Signature of traveler)  
 Title S/Sgt. MARSHALL WEBB 1M  
 NOTE - Follow strictly instructions on reverse hereof.



Standard Form No. 1030.  
Form approved by Comptroller General U.S., Oct. 6, 1926.  
Printed by Bureau of Engraving and Printing and pro-  
curable through the Secretary of the Treasury (Division  
of Printing). *Printing of transportation requests by  
commercial concerns is strictly prohibited.*

### GENERAL INSTRUCTIONS TO CARRIERS

1. Carriers must furnish transportation of the class or character and between the points specified in the request. The United States Government will not be responsible for excess costs occasioned by violation of these instructions. Transportation exceeding that called for on the face of the request must be paid for by the traveler when obtained and not billed against the Government.
2. Where exceptional conditions require the issuance of transportation differing from that specified in the request, the traveler should note in the following space the actual transportation furnished, the reason for the difference, and sign the statement:  

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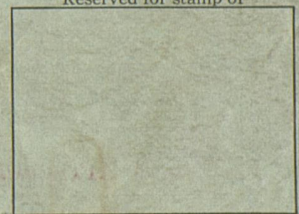
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3. Transportation for a number of persons should be furnished at the lowest available rate for said number.
4. Money must not be exchanged for Transportation Requests.
5. Ticket agent's insertions on request should be in ink or indelible pencil.
6. Requests showing erasures or alterations should not be honored.

#### BILLING

7. Bills should be prepared by carrier's general officers on Government forms obtainable from the Public Printer, Washington, D. C., and rendered direct to the issuing bureau or office as shown on the face of the request.
8. Requests should not be passed through banks for collection.
9. Original requests must accompany bills and be listed thereon by numbers.
10. If original requests are lost, carrier should furnish affidavit explaining loss and showing the exact service rendered, including date of issue and number of ticket.

Reserved for stamp of



Ticket Agent.



Prepare in Duplicate

Local Board No. 152	52
Taylor County	217
NOV 23 1942	152
Campbellsville, Kentucky	
(LOCAL BOARD DATE STAMP WITH CODE)	



11-23-42  
(Date of mailing)

ORDER TO REPORT FOR INDUCTION

The President of the United States,

To Marshall Alverius Hebb  
(First name) (Middle name) (Last name)

Order No. 10, 756

GREETING:

Having submitted yourself to a local board composed of your neighbors for the purpose of determining your availability for training and service in the armed forces of the United States, you are hereby

notified that you have now been selected for training and service in the Army  
(Army, Navy, Marine Corps)

You will, therefore, report to the local board named above at Campbellsville, Ky  
(Place of reporting)

at 6:20 a m., on the 3 day of Dec, 1942  
(Hour of reporting)

This local board will furnish transportation to an induction station of the service for which you have been selected. You will there be examined, and, if accepted for training and service, you will then be inducted into the stated branch of the service.

Persons reporting to the induction station in some instances may be rejected for physical or other reasons. It is well to keep this in mind in arranging your affairs, to prevent any undue hardship if you are rejected at the induction station. If you are employed, you should advise your employer of this notice and of the possibility that you may not be accepted at the induction station. Your employer can then be prepared to replace you if you are accepted, or to continue your employment if you are rejected.

Willful failure to report promptly to this local board at the hour and on the day named in this notice is a violation of the Selective Training and Service Act of 1940, as amended, and subjects the violator to fine and imprisonment. Bring with you sufficient clothing for 3 days.

You must keep this form and bring it with you when you report to the local board.

If you are so far removed from your own local board that reporting in compliance with this order will be a serious hardship and you desire to report to a local board in the area of which you are now located, go immediately to that local board and make written request for transfer of your delivery for induction, taking this order with you.

Porter Ford  
Member or clerk of the local board.