

589116  
589-07

No other service in the Marine Corps.

22 May

45

~~XXXXXXXXXX~~

Philadelphia 6, Pennsylvania

VIA: BUN 148

WRIGHT, Thomas  
Christopher, Private First Class

7-22-1921, Trainer, Pennsylvania

1-15-1942, Philadelphia, Pa.,  
RESERVE ACTIVE

1-15-1942

5-1-1942,

RE, BUN, Phila., Pa., Honorable,  
(Medical Survey,

G-4, 989, 120

A. E. O'NEIL  
By direction.

*File  
Bona*

**HONORABLE DISCHARGE,  
UNITED STATES MARINE CORPS.**

SERIES A.

A87106

Casual Company  
(Name of station.)

Thomas C. Wright  
(Name of enlisted man.)

15 January 1942  
(Date of enlistment.)

Pfc 359115  
(Rank at date of discharge.) (Serial number.)

1 MAY 1945  
(Date of discharge.)

MB., NYD., Phila., Pa.  
(Place of discharge.)

Pfc  
(Rank best qualified to fill.)

{ H.D. Button } No  
delivered, { Yes or no. }  
1011 Langley Ave.,  
Lenox Park, (Ranier), Pa  
(Home address.)

Pay per month at discharge, -- \$56.70

Paid in full at discharge, ---- \$4.49

Wells  
Commanding Officer.

Note.—Stubs to be forwarded, as bound, to Headquarters,  
U.S. Marine Corps, when the discharges in the book  
have been issued.

389115

DOM-mp

No other service in the Marine Corps.

22 May

45

~~XXXXXXXXXX~~

Philadelphia 6, Pennsylvania

VIA: BUN MSS

WRIGHT, Thomas

Christopher, Private First Class

7-28-1921, Trainer, Pennsylvania

1-15-1942, Philadelphia, Pa.,

RESERVE ACTIVE

1-15-1942

5-1-1945,

MB, NYd, Phila., Pa., Honorable,  
(Medical Survey.

C-4,989,120

*1st Lt. Wright*  
*3rd. Ground Cav. 1st Div. 1st Bn.*  
*Medical Service*  
*Internationally recognized*  
*disability*  
*Cpl. M. (1945)*



359115  
DGE-rf

MC 469151

31 May 1945

From: Director of Personnel, Marine Corps,  
(Enlisted Performance Division).  
To: The Director of Insurance, Veterans  
Administration.  
Subject: National Service Life Insurance, case of  
Thomas Christopher WRIGHT, (359115)  
Enclosure: (A) Insurance Form 337-B

1. The enclosure is returned since the records of this office show that the subject-named man has been discharged from the Marine Corps. His future address was given as 1011 Langley Avenue, Lennox Park, Trainer, Pa.

A. E. O'NEIL,  
By direction.

-----

## INSTRUCTIONS

1. Enter "Less than 60 days" or "60 days or more" as appropriate.

2. Navy and Coast Guard Personnel.

Prepare in quadruplicate and forward to disbursing officer for payment. After payment, the disbursing officer will complete form, and endorse payment on discharge certificate, if available, otherwise on original orders for release from active duty. Such payments will be expended daily on one public voucher (Std Form 1034 and 1035) for Navy personnel and one public voucher for Coast Guard personnel, listing thereon the name, file or service number and amount. The original of this form together with one copy of the public voucher will be forwarded daily to the Navy Department, Bureau of Supplies and Accounts, Field Branch (Mustering-out Payments Division) Cleveland 15, Ohio. The duplicate of this form will be attached to original public voucher. The triplicate copy will be forwarded to Bureau of Naval Personnel or Coast Guard Headquarters as appropriate. The quadruplicate will be retained in the disbursing officer's files.

3. Marine Corps Personnel

All Marine Corps personnel will be paid mustering-out pay by crediting \$100 on NAVMC-90 Statement of Account for Settlement, or on final pay voucher in case of officers, and payment will be made by separate check. Commanding officers will prepare in quadruplicate and submit to the disbursing officer with NAVMC-90 in case of enlisted personnel. After the disbursing officer has completed required entry, the original and duplicate will be forwarded to Headquarters, Marine Corps, by letter of transmittal numbered serially for each fiscal year. The triplicate will be retained by the disbursing officer and the quadruplicate delivered to the veteran. The commanding officer will endorse the following on the discharge certificate, or original orders in case of personnel relieved from active duty, "Paid \$100 mustering-out payment (date)." Navy and Coast Guard personnel carried on Marine Corps payrolls will be paid mustering-out pay as required by paragraph 2 of these instructions.

9/15/5  
K. L. ...

MUSTERING OUT PAYMENT  
COMMANDING OFFICER'S CERTIFICATE

50146

"Z"

I certify that **WRIGHT, Thomas G.**, **359115** **PFC USMCR**  
(Surname) (First Name) (Initial) (File or Service No.) (Rank or Rating & Branch of Service)

being discharged or released from active duty **1 May 45** and that he ~~was~~ had  
active service in the armed forces **"60 DAYS OR MORE"** and is entitled to payment  
(Date) (See Instrn. 1 on Reverse)

under the Mustering Out Payment Act of 1944. Service record **DOES**  
(Enter (does) (does not))

show service outside continental limits of U. S. or in Alaska **G. A. Reardon**  
(Name and signature of Officer Authorized to Sign in accordance with Art. 2025(2) NR.)

**Case No. 10341d Phila Pa**  
(Activity from which Discharged)

(Veteran's Certificate)

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

**FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE—** Have you served outside the continental limits of U. S. or in Alaska? **Yes**  
Address to which checks are to be mailed: (Enter Yes or No)

**1011 Langley Ave., Lennox Park,**  
(Number) (Street)  
**Trainer, Pa.** (City) (Zone) (State)

**G. A. Reardon** (Signature of Officer)

**DISBURSING OFFICER'S PAYMENT DATA**  
Paid \$100.00 on P. V. Check No. **24996** Date **1 May 45**  
**B. W. ATKINSON COLONEL ATM USMC 53-333**  
(Type Name and Symbol No. of Disbursing Officer Making Initial Payment.)  
(INSTRUCTIONS ON REVERSE)

**MUSTERING OUT PAYMENTS DIVISION DATA**

### NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(Indicate which by check mark)

- National Service Life Insurance Premiums
- United States Government Life Insurance Premiums

WRIGHT, Thomas Christopher      359115      PFC      CasCo MBNYd Phila Pa  
(Last name)      (First name)      (Middle initial)      (Service number)      (Grade or rank)      (Unit or organization)

I hereby request the discontinuance of allotment in the amount of \$ 5.94 for the monthly

premium on \$ 9,000. after deduction has been made for the month of May45, 1945  
(Amount of insurance)

I ~~do not desire~~ <sup>desire</sup> to continue my insurance in force and understand that if I do desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning June45, 1945  
(Date of birth)

Permanent home address 1011 Langley Ave., Lennox Park, Trainer, Pa.  
(Number and street or rural route)      (City, town, or post office)      (State)

Dated 28Apr45, 1945  
(Signature of insured)

Reason for discontinuance Discharge, report of MS 1May45  
(If discharged from active service give date)

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured <sup>was</sup> ~~will be~~ made for the month of May, 1945, for the premium due for the month of June, 1945

ROY C. ALLEN  
SPL. U.S.M.C.  
DEPUTY OF

B. W. ATKINSON  
COLONEL, APR, USMC  
(Signature of disbursing officer)      (Rank and organization)      (Service)

To: VETERANS ADMINISTRATION  
NAVY—via Allotment Officer (Original only).  
MARINE CORPS—via The Paymaster (In duplicate).  
COAST GUARD—via Headquarters (In duplicate).

REMARKS:

FILE-E.A.L

### NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(Indicate which by check mark)

- National Service Life Insurance Premiums
- United States Government Life Insurance Premiums

WRIGHT, Thomas Christopher      359115      PFC      CasCo MBNYd Phila Pa  
(Last name)                      (First name)                      (Middle initial)                      (Service number)                      (Grade or rank)                      (Unit or organization)

I hereby request the discontinuance of allotment in the amount of \$ .65 for the monthly

premium on \$ 1,000. after deduction has been made for the month of May45, 1945  
(Amount of insurance)

I ~~do not desire~~ <sup>desire</sup> to continue my insurance in force and understand that if I do desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning June45, 1945  
(Date of birth)

Permanent home address 1011 Langley Ave., Lennox Park, Trainer, Pa.  
(Number and street or rural route)                      (City, town, or post office)                      (State)

Dated 28Apr45, 1945  
(Signature of insured)

Reason for discontinuance Discharge, report of MS  
(If discharged from active service give date)

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured ~~was~~ <sup>will be</sup> made for the month of May, 1945, for the premium due for the month of June, 1945

\_\_\_\_\_  
 ROY C. ALLEN (Signature of disbursing officer)  
 2d Lt., U.S.M.C.  
 DEPUTY OF B. W. ATKINSON  
COLONEL, APM, USMC  
(Rank and organization)                      (Service)

To: VETERANS ADMINISTRATION  
 NAVY—via Allotment Officer (Original only).  
 MARINE CORPS—via The Paymaster (In duplicate).  
 COAST GUARD—via Headquarters (In duplicate).

REMARKS:

Form 365 furnished V. A. **FILE-E.A.L.**

ADJUTANT  
GENERAL  
PAYMASTER'S DEPT. OF  
DEFENSE  
RECEIVED  
MAY 3 1945  
OFFICE OF THE  
ADJUTANT GENERAL  
WASHINGTON, D.C.

**ALLOTMENT STOP NOTICE**

I request that my allotment, as described hereon, be stopped by reason of Discharge, report of MS 1May45

(Signature of grantor)

To: Paymaster, NEPA, Phila., Pa. 28Apr45  
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of Discharge, report of MS

\*Last settled to 30Apr45, 19    , on rolls of  
CasCo, MBNYd, Phila., Pa.

ENTERED in service record book.

G. A. Reardon, Capt., USMC, Commanding.

PAYMASTER, NEPA, PHILA., PA.

To: Marine Corps Allotment Officer, MAY 1 1945  
(Date)

Stoppage is requested by reason of Discharge.

Copy furnished custodian of service record book.

ROY C. ALLEN  
2dLt., U.S.M.G.  
DEPUTY OF

(Disbursing officer)

B. W. ATKINSON  
COLONEL, APM, USMC.

\*To be completed on all requests.  
†Enter "X" when stoppage is requested by D. O.

WRIGHT, Thomas Christopher PFC  
(Full name and rank of grantor)

SERIAL No. 359115

AMOUNT, \$ 5.94 NSI

FIRST PAYMENT July, 1944

LAST PAYMENT May, 1945

REG. BY W. O. Rogers Jr.

ALLOTTEE: Treas. of the U. S.  
Veterans Administration  
Washington, D. C.

(Use by Allotment Officer)

ADMINISTRATIVE AUDIT DIVISION

FILE  
201

UNITED STATES  
DEPARTMENT OF THE ARMY  
HEADQUARTERS

ALLOTMENT  
HOTOS, U.S.A.C.  
RECEIVED  
MAY 3 1945  
PAYMASTER'S DEPT. RET.



ALLOTMENT STOP NOTICE

I request that my allotment, as described hereon, be stopped by reason of  
**Discharge, report of MS 1May45**

(Signature of grantor)

To: **Paymaster, NEPA, Phila., Pa. 28Apr45**  
 (Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of  
**Discharge, report of MS**

\*Last settled to **30Apr45**, 19\_\_\_\_, on **rolls of**  
**CasCo. MBNYd, Phila., Pa.**

ENTERED in service record book.

**G. A. Reardon, Capt., USMC** Commanding.

To: **PAYMASTER, NEPA, Phila., Pa. MAY 1 1945**  
 Marine Corps Allotment Officer, PA. (Date)

Stoppage is requested by reason of **Discharge.**

Copy furnished custodian of service record book.

**ROY C. ALLEN**  
 2d Lt., U.S.M.C.  
 DEPUTY OF

(Disbursing officer)

**B. W. ATKINSON**  
 COLONEL, APM, USMC.

\*To be completed on all requests.  
 †Enter "X" when stoppage is requested by D. O.

**WRIGHT, Thomas Christopher PFC**  
 (Full name and rank of grantor)

SERIAL No. **359115**

AMOUNT, \$ **.65** **NSI**

FIRST PAYMENT **January, 1942**

LAST PAYMENT **May, 1945**

REG. BY **C. S. Schmidt**

ALLOTTEE: **Treas. of the U. S.**  
**Veterans Administration**  
**Washington, D. C.**

(Use by Allotment Officer)

ADMINISTRATIVE AUDIT DIVISION

FILE  
*[Handwritten initials]*

RECEIVED  
MAY 3 1945  
PAYMASTERS DEPT.  
RET'D. & RE-ENR.  
M. G.

### ALLOTMENT STOP NOTICE

I request that my allotment, as described hereon, be stopped by reason of Discharge, report of MS 1May45

(Signature of grantor)

To: Paymaster, NEPA, Phila., Pa. 28Apr45  
(Disbursing officer) (Date)

It is requested that the allotment described hereon be stopped by reason of Discharge, report of MS

\*Last settled to 30Apr45, 19     on rolls of  
Casco., MBNYd, Phila., Pa.

ENTERED in service record book.

*G. A. Reardon*  
G. A. Reardon, Capt., USMC Commanding.

To: PAYMASTER NEPA PHILA. PA. MAY 1 1945  
Marine Corps Allotment Officer (Date)

Stoppage is requested by reason of Discharge

Copy furnished custodian of service record book.

ROY C. ALLEN  
2d Lt., U.S.M.C.  
DEPUTY OF

(Disbursing officer)

B. W. ATKINSON  
COLONEL, APM, USMC.

\*To be completed on all requests.  
†Enter "X" when stoppage is requested by D. O.

WRIGHT, Thomas Christopher PFC  
(Full name and rank of grantor)

SERIAL No. 359115

AMOUNT, \$ 44.00

FIRST PAYMENT January, 1944

LAST PAYMENT April, 1945

REG. BY Henry L. Henning

ALLOTTEE: Annie Wright  
1011 Langley Ave.  
Trainer, Pa.

(Use by Allotment Officer)

ADMINISTRATIVE AUDIT DIVISION

FILE  
08

## INSTRUCTIONS

1. Enter "Less than 60 days" or "60 days or more" as appropriate.

2. Navy and Coast Guard Personnel.

Prepare in quadruplicate and forward to disbursing officer for payment. After payment, the disbursing officer will complete form, and endorse payment on discharge certificate, if available, otherwise on original orders for release from active duty. Such payments will be expended daily on one public voucher (Std Form 1034 and 1035) for Navy personnel and one public voucher for Coast Guard personnel, listing thereon the name, file or service number and amount. The original of this form together with one copy of the public voucher will be forwarded daily to the Navy Department, Bureau of Supplies and Accounts, Field Branch (Mustering-out Payments Division) Cleveland 15, Ohio. The duplicate of this form will be attached to original public voucher. The triplicate copy will be forwarded to Bureau of Naval Personnel or Coast Guard Headquarters as appropriate. The quadruplicate will be retained in the disbursing officer's files.

3. Marine Corps Personnel

All Marine Corps personnel will be paid mustering-out pay by crediting \$100 on NAVMC-90 Statement of Account for Settlement, or on final pay voucher in case of officers, and payment will be made by separate check. Commanding officers will prepare in quadruplicate and submit to the disbursing officer with NAVMC-90 in case of enlisted personnel. After the disbursing officer has completed required entry, the original and duplicate will be forwarded to Headquarters, Marine Corps, by letter of transmittal numbered serially for each fiscal year. The triplicate will be retained by the disbursing officer and the quadruplicate delivered to the veteran. The commanding officer will endorse the following on the discharge certificate, or original orders in case of personnel relieved from active duty, "Paid \$100 mustering-out payment (date)." Navy and Coast Guard personnel carried on Marine Corps payrolls will be paid mustering-out pay as required by paragraph 2 of these instructions.

MUSTERING OUT PAYMENT

COMMANDING OFFICER'S CERTIFICATE **D 50146**

I certify that **WRIGHT, Thomas C.** **359115** **PFC** **USMCR**  
(Surname) (First Name) (Initial) (File or Service No.) (Rank or Rating & Branch of Service)

is being discharged or released from active duty **1 May 45** and that he ~~has~~ had active service in the armed forces **60 DAYS OR MORE** and is entitled to payment

under the Mustering Out Payment Act of 1944. Service record **DOES** (Enter (does) (does not))

show service outside continental limits of U. S. or in Alaska **G. A. Reardon**  
**G. A. Reardon, Capt., USMCR.**

**CasCo MBNYd Phila Pa** (Activity from which Discharged) **FILE-A.D.W.** (Name and signature of Officer Authorized to Sign in accordance with Art. 2025(2) NR.)

(Veteran's Certificate)

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE— Have you served outside the continental limits of U. S. or in Alaska? **yes** (Enter Yes or No)

Address to which checks are to be mailed: **1011 Langley Ave., Lennox Park,**  
(Number) (Street) **Trainer, Pa.** (City) (Zone) (State) **F. Thomas** (Signature of Applicant)

DISBURSING OFFICER'S PAYMENT DATA  
Paid \$100.00 on P. V. Check No. **24996** Date **1 May 45**  
**B. W. ATKINSON COLONEL APM USMC 53-333**  
(Type Name and Symbol No. of Disbursing Officer Making Initial Payment.)  
(INSTRUCTIONS ON REVERSE)

MUSTERING OUT PAYMENTS DIVISION DATA  
**JUN 1 1945 1034795**  
**JUL 2 1945 1040233**

(Please Print)

8 0 /45/359115-TCW

My present occupation ..... Unemployed .....

Company employed by or  
school attending ..... Brown Vocational School (Wil., Del.) .....

Obtained position how? .....

Reason for unemployment ..... Employment not available as yet .....

Do you intend to go to school soon? .....

Did you file a pension claim? ..... Yes .....

Has pension claim been settled? ..... Yes .....

New address ..... 1011 $\frac{1}{2}$  Langley Ave. Trainer, Pa. ....

Remarks .....

D 16 Aug. 1945 ..... Signature *James C. Wright* .....

NAVY DEPARTMENT

HEADQUARTERS U. S. MARINE CORPS  
WASHINGTON 25, D. C.

OFFICIAL BUSINESS (1945)

AUG 17 3 30 PM '51

UNITED STATES MARINE CORPS

HEADQUARTERS  
EASTERN PROCUREMENT DIVISION  
1237-39 Market Street  
PHILADELPHIA, PA.

~~Captain George H. Mc Grath, USMCR,  
Rehabilitation Officer,  
Fourth Marine Reserve District,  
Hq. Eastern Procurement Division,  
1700 ~~Market Street~~  
Philadelphia, 37 Pennsylvania.~~

PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE GUARANTEED

8/r  
File  
Am

UNITED STATES MARINE CORPS

REHABILITATION OFFICE

4 DISTRICT

21 Aug 45

MEMORANDUM TO: Officer in Charge, Rehabilitation Division (Personnel Department)  
Headquarters USMC, Washington 25, D. C.

Subject: Final Disposition, case of

Wright, Thomas Christopher  
Pfc, 359115  
1011 $\frac{1}{2}$  Langley Avenue  
Trainer, Pa.

Enclosure: (A) Questionnaire Card

1. Employed by: Unemployed - in school
2. Enrolled at: Brown Vocational School  
studying photography.
3. Pension status: claim settled.

GTC - ~~no record~~

105

Coded

AUG 22 1945



**FILE**

**359115**

**DURATION OF NATIONAL EMERGENCY**

WRIGHT.....

Thomas Christopher.....

BORN:..... 28 July 1921

AT:..... Trainer, Pa.

ENLISTED:..... 15 January 1942

AT:..... Philadelphia, Pa.

2d Recruit Bn JAN 16 1942

Rec. Depot, Parris Is.

*01-3-c*

Active duty fr 1/15/42 to 5/1/45

Class 3b FEB 20 1942

MB. New River, N. G.

Jd Co D, 1st Bn 1st Marines FMF MAR 12 1942

TEMPORARY

LINE

PVT 1ST CLASS

NOV 1 1942

In the Field AUG 7 1942

Wounded in action

1944

*3A* Via *Mail Air*

Cas. Co. MB. Mare Is, Calif.

OCT 27 1944

By S/Rs

Jd. 1st CasCo MB. NYd., Phila., Pa.

DEC 6 1944

Designation changed to  
Casual Co

FEB 5 1945

Honorable Dis

Pvt. 1st Class

Casual Co

MAY 1 1945

MB. NYd., Phila., Pa.

**FILE**

*HVR*

INSTRUCTIONS

1. The allotment Form N. M. C. 535a is to be executed on typewriter and will be forwarded together with the original and a copy of N. M. C. 535 to the Paymaster, Headquarters U. S. M. C., Washington, D. C. (In case of allotments for Government insurance, an additional copy of N. M. C. 535 will be forwarded.)
2. In writing the grantor's name, the surname must be stated first, followed by the full Christian name; e. g., Smith, John Edgar; and the grantor in signing should sign name in full; e. g., John Edgar Smith. Grantor's pay number is not to be entered on allotment granted.
3. In writing the amount in figures opposite the monthly sum allotted, *omit ciphers in cents column* when the amount allotted is in dollars only.
4. In naming the allottee, the *first name in full and middle initials*, if any, must be stated, and great care exercised to insure absolute accuracy in the spelling of all names and addresses. The titles, "Mr.", "Mrs.", "Miss", etc., should in no case be used.
5. The date of first payment must be made sufficiently remote to allow the allotment granted to reach the Paymaster, Headquarters U. S. M. C., on or before the *tenth* of the month for which first payment is to be made.
6. No notations will be made in the spaces marked "Year", "Jan.", "Feb.", etc., as they are for check numbers, etc., to be put in by Marine Corps allotment office.
7. S. & A. Form No. 10 (identification blank) must be forwarded by the registering officer *direct to the payee* whenever an allotment is payable to a bank or similar institution of deposit. These forms will in no case be forwarded to the Paymaster, Headquarters U. S. M. C., Washington, D. C.
8. Signatures on allotments granted and identification blanks must be identical.
9. *Legible carbon copies only* will be accepted by the Paymaster, U. S. M. C.

THIS ALLOTMENT TO COVER PREMIUM ON NATIONAL SERVICE LIFE INSURANCE

N. M. C. 585 PM

FOLLOW STRICTLY INSTRUCTIONS ON OTHER

ALLOTMENT GRANTED  
MONTHLY SUM ALLOTTED

By these presents, 359115

<b>SIXTY FIVE CENTS</b> (Words)	<b>\$ .65</b> (Figures)
------------------------------------	----------------------------

I, WRIGHT, Thomas Christopher Pvt. U. S. M. C., First pay't: Month Jan. Year 1942  
(Surname) (Full-Christian name) (Payable on last day of month)

do allot the sum stated above per month of my pay; and do appoint the person named below my attorney to receive the sum so allotted.

Number of mos. INDEF (Words and figures)  
Enlistment Allotment  
Date 15 Jan 42 Expires INDEF

Treasurer of The  
Allottee, United States,  
Address, Veterans Administration,  
Washington, D. C.

Date of registry: JAN 20 1942  
Thomas Christopher Wright  
(Signature of grantor)

Registered: O S. SCHMIDI  
Captain, A.P.M., U.S.M.C., Retd.

Approved: Entered in Service Record Book.  
/s/ E. N. RYDALOH

1st Lt. U. S. M. C. Commanding.  
U. S. 2d Recruit Bn, RDep.  
MB, Parris Island, S. O.

Month	19 <u>42</u>	19____	19____	19____
Jan.	<u>O. S. SCHMIDI</u>			
Feb.	<u>O. S. SCHMIDI</u>			
Mar.	<u>O. S. SCHMIDI</u>			
Apr.	<u>Henry</u>			
May	<u>Do</u>			
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

**REQUEST FOR ALLOTMENT INFORMATION**

Correspondence symbol B09 CAB  
Jan 14, 1949

TO: WAR DEPARTMENT  Office of Fiscal Director  
 MARINE CORPS  Allotment Officer

NAVY DEPARTMENT  Allotment Officer  
 \* (Navy Department requires original only)  
 COAST GUARD  Allotment Officer

Allotment

Allotment discontinuance

XC No. none

Name Thomas C. Wright (Give name in full) Date of death alive

Serial No. 359 115 Rank unknown Date of discharge unknown

The records of the Veterans Administration do not contain a notice of allotment or notice of discontinuance of allotment as above indicated. The records show insurance to have been issued by the Veterans Administration as follows:

U. S. G. L. I.	N. S. L. I.	Amount of insurance	Effective date of insurance	Amount of premium	Policy No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <u>1000</u>	<u>unknown</u>	\$ <u>unknown</u>	<u># 933 702</u>
<input type="checkbox"/>	<input type="checkbox"/>	\$ <u>9000</u>	<u>8-1-44</u>	\$ <u>unknown</u>	<u># 7590 858</u>
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	\$ _____	_____

Please return the duplicate copy of this form setting forth in the space for your reply the information as shown on your records. If notice of allotment or notice of discontinuance of allotment as above indicated has not been forwarded to the Veterans Administration, please attach such notice to the copy of this form returned to the Veterans Administration.

Conversion Pending  
V 1145 211

C. R. Harbert  
 DIRECTOR OF INSURANCE SERVICE  
 By Chase

SPACE FOR REPLY

FROM: 55 Tremont St. Boston Mass.  
 TO: VETERANS ADMINISTRATION, DIRECTOR OF INSURANCE SERVICE  
 ADDRESS:

3-24- 1949

Records show the allotments in effect or established on or after July 1, 1942:

Amount	Effective date	Date of discontinuance	Reason for discontinuance	Enclosed	
				Allotment	Discontinuance
\$ <u>0.65</u>	<u>Jan. 42</u>	<u>May 45</u>	<u>Discharge</u>	<input type="checkbox"/>	<input type="checkbox"/>
\$ <u>5.94</u>	<u>July 44</u>	<u>May 45</u>	<u>Discharge</u>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<u>Feb</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\*(Navy Department will return original)

By \_\_\_\_\_

OCCUPATIONAL QUALIFICATION RECORD

Wright, Thomas Christopher  
 (Name in full, surname to left)

Age 20 years. Occupation Cake boy

How many years have you worked at it? 1 yr

Name of last employer American Viscose Corp.

Business Sweets Milk  
 Address Martinsburg, Pa

Your weekly wage in this position, \$ 2.4

Describe the jobs or enterprises in which you exercised the greatest authority or leadership, such as foreman, manager, captain, etc.

In the columns below draw one line in black ink under those occupations at which you have worked; draw two lines under those at which you are an expert.

After each underlined occupation write in years column also the number of years (i. e., 1, 5, 9) of experience you have had in that occupation.

OCCUPATION	YRS.	OCCUPATION	YRS.
1 Aerial cameraman, still camera		42 Motorcycle mechanic	
2 Aerial photographic laboratory technician		43 Painter, general	
3 Aerial phototopographer		44 Painter, sign	
4 Airplane engine mechanic		45 Painter, sign letterer	
5 Airplane fabric and dope worker		46 Parachute mechanic	
6 Airplane mechanic		47 Photographer, amateur, expert	
7 Armorer		48 Photographer, camera-man, still	
8 Automobile electrician		49 Plumber, general	
9 Automobile mechanic		50 Power man, telephone	
10 Diesel engine		51 Radiator repairman	
11 Automobile mechanic, general		52 Radio electrician	
12 Baker		53 Radio operator, amateur	
13 Barber		54 Radio operator, commercial	
14 Blacksmith, general		55 Rigger, general	
15 Blacksmith, tool		56 Rodman and chainman, survey	
16 Blaster and powderman		57 Sheet-metal worker	
17 Blueprinter		58 Shovel operator, gas engine	
18 Bricklayer, general		59 Stenographer	
19 Bridge carpenter		60 Stone mason	
20 Butcher		61 Storage battery electrician	
21 Cable splicer, telephone and telegraph		62 Student, chemical engineering	
22 Carpenter, general		63 Student, civil engineering	
23 Chief clerk		64 Student, electrical engineering	
24 Clerk, general		65 Student, mechanical engineering	
25 Clerk, postal or mail		66 Surveyor, general	
26 Construction foreman		67 Switchboard installer, manual, telephone and telegraph	
27 Cook		68 Tailor	
28 Cordage worker		69 Telephone and telegraph lineman	
29 Draftsman, general		70 Tire repairer	
30 Draftsman, topographical		71 Tractor driver	
31 Electrician, general		72 Truck driver	
32 Engineman, gas, oil, and gasoline		73 Typist	
33 Filter operator, water supply		74 Upholsterer	
34 Horse trainer		75 Welder, electric arc	
35 Instrument maker		76 Welder, oxyacetylene	
36 Line surveyor, telephone and telegraph		77 Well driller	
37 Linotype or monotype operator		78 Wire chief, telephone and telegraph	
38 Lithographer, general		79 Wireworker	
39 Machinist, general			
40 Mechanic, general			
41 Mess sergeant			
42 Meteorologist			

If you are an expert in any occupation not listed above, write it here

Outline any previous military experience (including C. C. C.) you have had, give period of service, rank or grade, and organization

SCHOOLING:  
 Grade reached in school  
 Years in high school  
 Years in college  
 Subjects of specialization  
 Years in technical school  
 Name course(s) pursued

Did you graduate?  
 Did you graduate?  
 Did you graduate?

Do you speak a foreign language well?  
 Any other languages?  
 Describe any talent you have in furnishing public entertainment.

Number of children

MARRIED }  
 UNMARRIED }

Signature of recruit

Date JAN 26 1942

Initials of officer

Name Wright, Thomas C.

To be filled out only when discharge is effected BEFORE the book is forwarded to Headquarters.

Discharged at Marine Barracks Navy Yard,  
Philadelphia, Pa.

on MAY 1 1945, 1945, by reason of  
Honorably upon report of  
medical survey, for disability.  
Form: NAVMP Character: 70 PD  
Issued honorable service lapel  
button. Directed to register  
with Selective Service Law.

Gerard A. Reardon  
GERARD A. REARDON  
Captain, USMCR, U.S.M.C.,  
Casual Company

In appropriate cases add "Awarded good-conduct medal (or good-conduct medal bar) No. — upon discharge."

To be filled out only when the book is forwarded for preparation of discharge certificate.

Closed and forwarded at \_\_\_\_\_

on \_\_\_\_\_, 19\_\_\_\_, by reason of \_\_\_\_\_

Recommended for character \_\_\_\_\_

\_\_\_\_\_, U.S.M.C.,

In appropriate cases add "Is (or, Is not) recommended for good-conduct medal (or good-conduct medal bar)."

Future address:

1011 Langley Ave.  
Henry Park  
Primer, Pa.

FORMS 782 AND/OR 782B REMOVED BY SMC IN COMPLIANCE WITH: OJT 1620000  
DATED 11/19/43; D-4 MEMO TO SMC RE: RECOMMENDATIONS, 1. SMC 17-111, 17-110  
10 SEP 43; MEMO TO COLDR, RE: REVISION, 1 SMC 17-111, 17-110, 1621000042.



Name Wright, Thomas C.

To be filled out only when discharge is effected BEFORE the book is forwarded to Headquarters.

Discharged at Marine Barracks Navy Yard,  
Philadelphia, Pa.

on MAY 1 1945, 1945, by reason of

Honorably upon report of  
medical survey, for disability  
Form: NAVMC Character: 70 PD  
Issued honorable service hard  
button. Directed to register  
with Selective Service Law

Gerald A. Reardon  
GERARD A. REARDON  
----- Captain, USMC -----, U.S.M.C.,  
Casual Company

In appropriate cases add "Awarded good-conduct medal (or good-conduct medal bar) No. --- upon discharge."

To be filled out only when the book is forwarded for preparation of discharge certificate.

Closed and forwarded at -----

on -----, 19-----, by reason of

Recommended for character -----

-----, U.S.M.C.,

In appropriate cases add "Is (or, Is not) recommended for good-conduct medal (or good-conduct medal bar)."

Future address:

1044 Langley Ave.  
Lennox Park  
Primer, Pa.

Forms N.M.C. 782 and 782b to be pasted here

N. M. C. 782b-QM.  
(In lieu of Form N. M. C. 782)

Date 12 August 1943

Name and rank WRIGHT, Thomas C.  
of enlisted man -----

Private First Class

Organization 1st Bn, 1st Mars, TMD, FMF

Date of ISSUE shown  
on Form 782-QM  
removed from SRB -----

Reason for turning in equipment See CirLtr

#588

Accountable officer to whom  
it was delivered and his  
initial acknowledging receipt -----

Raymond C. Flynn  
RAYMOND C. FLYNN  
1st Lt. U. S. M. C., Commanding.

Personnel Officer

To be removed and turned over to accountable officer when new 732 form is placed in SRB. See art. 17-110 (2) MCM.

**GENERAL PAY DATA OF**

ALLOTMENT IN FAVOR OF—	PER MONTH	NUMBER MONTHS	DATE 1ST PAYMENT		EXPIRES		ORIGINALLY REGISTERED BY—	SHIP OR STATION	STOP'D LAST PAYMENT		CAUSE OF STOPPAGE
			Month	Year	Month	Year			Month	Year	
Treas. of U. S.	\$ 1.65	INDEF.	JAN	1942	INDEF.		C. S. SCHMIDT	2d Recruit Bn, RDe	MAY	1945	DISCHARGED
<i>Annie Wright</i>	<i>44 - Indef</i>		JAN	1944	<i>Indef</i>		Henry L. Heming	M.B. Farris Island, S. O.	APR	1945	DISCHARGED
<i>Treas. U.S. 751</i>	<i>5.94</i>	<i>Indef</i>	<i>July</i>	<i>1944</i>	<i>Indef</i>		<i>W. Rogers Jr.</i>	<i>1st Div. 1st Mar.</i>	MAY	1945	DISCHARGED

**POST EXCHANGE INDEBTEDNESS**  
(To be used only in case of transfer)

DATE OF TRANSFER <sup>1</sup>	NAME OF EXCHANGE	AMOUNT DUE	REMARKS (If in excess of authorized allowance show cause of excess here)	DATE OF TRANSFER <sup>1</sup>	NAME OF EXCHANGE	AMOUNT DUE	REMARKS (If in excess of authorized allowance show cause of excess here)
		\$				\$	

<sup>1</sup>If date of transfer as given above is subsequent to date of last settlement as shown under "Pay Account Record," checkage must be made on next pay roll rendered.

**DEPOSIT ACCOUNT**

(To be filled in by marine officer commanding, or noncommissioned officer in charge of post or detachment)

**OTHER CHECKAGES PENDING, Except Courtmartial Fines**

Such as lost property, Clo. and SS., rewards, requests of paymasters, etc.  
(Used only in case of transfer)

DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT	DATE OF DEPOSIT	AMOUNT	DATE OF TRANSFER <sup>1</sup>	NATURE OF CHECKAGE	AMOUNT	REMARKS (Here show by whom requested and date of letter or request, etc., so that proper credit may be given the paymaster or quartermaster concerned)
	\$		\$		\$		\$			\$	

<sup>1</sup>If date of transfer as given above is subsequent to date of last settlement as shown under "Pay Account Record", checkage must be made on next pay roll rendered.





PAY ACCOUNT RECORD OF

*Thomas Christopher Wright*

(See instructions on page 24)

ORGANIZATION OR POST	BY WHOM PAID (Name of paymaster)	DATE INCLUSIVE TO WHICH LAST PAID OR SETTLED	BALANCE		ORGANIZATION OR POST	BY WHOM PAID (Name of paymaster)	DATE INCLUSIVE TO WHICH LAST PAID OR SETTLED	BALANCE	
			Overpaid	Unpaid				Overpaid	Unpaid
2d Recruit Bn, RDep. MB, Parris Island, S. C.	O. S. SCHMIDT	MAR 7 1942	\$	\$ 30	181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Wm. O. Rogers Jr.	AUG 31 1944	\$	\$ 8 83
2 D-1-1	Henry L. Heming	MAR 31 1942		16 25	181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Wm. O. Rogers Jr.	SEP 30 1944		23 04
3d Lt. Bn. 1st Mar. Div. 1st Mar. Div. F.M.F.	Henry L. Heming	MAR 30 1942		14 40	181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Wm. O. Rogers Jr.	OCT 23 1944		2 13
Dec 1st Bn. 1st Mar. Div. 1st Mar. Div. F.M.F.	Henry L. Heming	MAY 31 1942		15 35	1st. MAR. DIV. F.M.F. Mar. Island, Calif.	Erwin Mehlinger	30 Nov 44		3 50
Dec 1st Bn. 1st Mar. Div. 1st Mar. Div. F.M.F.	Henry L. Heming	JUN 20 1942		4 57	1st GasCo MBNYd Phila Pa	G. E. FRANK	FEB 28 1945		16 97
6 D-1-1	Henry L. Heming	JUL 31 1942		61 65	1st GasCo MBNYd Phila Pa	B. W. ATKINSON	MAR 31 1945		13 08
7 D-1-1	Henry L. Heming	AUG 31 1942		120 80	1st GasCo MBNYd Phila Pa	B. W. ATKINSON	APR 30 1945		9 19
8 D-1-1	Henry L. Heming	SEP 30 1942		169 95	1st GasCo MBNYd Phila Pa	B. W. ATKINSON	MAY 1 1945	PAID IN FULL	
9 D-1-1	Henry L. Heming	OCT 31 1942		229 10					
10 D-1-1	Henry L. Heming	NOV 30 1942		288 25					
11 D-1-1	Henry L. Heming	DEC 31 1942		347 40					
12 D-1-1	Henry L. Heming	JAN 31 1943		202 27					
13 D-1-1	Henry L. Heming	FEB 28 1943		142 10					

14 D-1-1	Henry L. Heming	MAR 31 1943		44 65					
15 D-1-1	Henry L. Heming	APR 30 1943		34 36					
16 Co. 1st. Bn. 1st. Mar. Div. 1st. Mar. Div. F.M.F.	Henry L. Heming	MAY 31 1943		66 08					
17 D-1-1	Henry L. Heming	JUN 30 1943		33 14					
18 1st. Bn. 1st. Mar. Div. 1st. Mar. Div. F.M.F.	Henry L. Heming	JUL 31 1943		32 73					
19 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	AUG 31 1943		40 55					
20 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	SEP 30 1943		1 40					
21 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	OCT 31 1943		65 33					
22 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	NOV 30 1943		65 14					
23 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	DEC 31 1943		64 51					
24 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	JAN 31 1944		84 66					
25 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	FEB 29 1944		104 81					
26 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	MAR 31 1944		124 96					
27 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	MAY 31 1944		135 26					
28 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Henry L. Heming	JUN 30 1944		5 41					
29 181 BN, 181 MAR. 181 MAR. DIV. F.M.F.	Wm. O. Rogers Jr.	JUL 31 1944		15 56					







**INFANTRY WEAPONS RECORD**  
Rifle Qualification Course

14

WHERE ATTACHED	RANGE	DAY	MONTH	YEAR	SCORE	FINAL QUALIFICATIONS	SIGNATURE AND RANK OF VERIFYING OFFICER	NO. AND DATE M.Q. ORDER	DATE INSIGNIA DELIVERED
OVER RANGE MARINE BARRACKS 1ST BN. 1ST MAR. 1ST MAR. DIV. 5TH	PARRIS IS. S. G. <i>Willebrordus</i> <i>Australia</i>		FEB 12	1942	167	UNQUALIFIED	<i>C. N. Klorig</i> MARINE <i>J. E. Hudgins</i> Major		
			SEP 2	1943	213	unq			

**Pistol Qualification and Short Courses**

Credits for qualification as Distinguished Rifleman and/or Pistol Shot

WHERE ATTACHED	RANGE	DATE	COURSE	QUALIFICATION OR SCORE	DATE INSIGNIA DELIVERED
OVER RANGE MARINE BARRACKS	PARRIS IS. S. G.	FEB 9	1942	136	

16-0547

**AUTOMATIC RIFLE, THOMPSON SUBMACHINE GUN, MACHINE GUN, 37 MM GUN, 3" MORTAR, BAYONET, RIFLE GRENADE, HAND GRENADE**

**SPECIAL MILITARY QUALIFICATIONS**

ARTILLERY.—Gun pointer, stator type of gun, etc.  
 AVIATION.—Pilot, motor mechanic, rigger, aerologist, etc.  
 CAVALRY.—Saddler, horseshoer, veterinarian, etc.  
 COMBAT ENGINEERS.—Draftsman, military maps, demolitions, etc.  
 COMMUNICATIONS.—Radio operator, radio mechanic, telephone operator, lineman, signalman, etc.  
 MISCELLANEOUS.—Scout, interpreter, chauffeur, tank driver, tractor driver, railroad engineer, armorer, range estimator, instrument operator, etc.

Where attached	Weapon	Course	Qualification	Date	Date insignia delivered
2d Recruit Bn, RDep. MR. Parris Island, S. G.	BAYONET		QUAL	MAR 10 1942	MAR 10 1942

16-0547

15

Authorized to wear Presidential Citation for action  
against Japanese Forces on Guadalcanal, Island 7 August to 9 December, 1942,  
while a member of First Marine Division.

*J. N. Rantz*  
J. N. RENTZ  
Capt. USMCR

*Rantz*

EXPEDITIONS, ENGAGEMENTS, DISTINGUISHED SERVICE

7 Aug 42, distinguished on Guadalcanal  
Sallymore, Guadalcanal and participated  
in action against Japanese  
enemy forces Sweet P. Box

1st Lt. U.S.M.C.  
Ordered from Guadalcanal on 22 Dec 42  
Sweet P. Box 1541, USMC

16-9547

MEDALS (including good-conduct medals and bars, but excluding those awarded for qualification with infantry weapons), BADGES, AND DECORATIONS; MEDAL OR  
BADGE NUMBER AND DATE AWARDED

Presidential Citation with ~~stars~~  
Asiatic Pacific ~~with stars~~  
Auth. star for Bismarck Archipelago Operation  
(Asiatic Pacific)

LETTERS OF COMMENDATION (Pasted on page 19)

SUBJECT	DATE	BY WHOM ISSUED
Presidential Citation for Guadalcanal Campaign	4 Feb 43	Frank Knox - Army Navy
MEDALS		

OFFENSES.—Enter date, place, organization, offense, and punishment. Give date and hour from and to which a.o.l. or a.w.o.l.; courtmartial; desertion and known attending circumstances; rewards offered. All entries will be signed by commanding officer. Where no offenses are committed no entries will be made

25 Aug 43. Melbourne, Australia. 2nd Lt Robert M. Dyer, F.M.D.F.M.F. Award 10  
 hrs. E.P.D. by C.O. at O.H. for Award for 6 hrs. on 23 Aug 43. to 13:00 Noon  
 23 Aug 43.

Raymond C. Flynn Capt USMC

16-0647

FURLOUGHS

FROM—	TO—	DAYS	DATE OF RETURN	FROM—	TO—	DAYS	DATE OF RETURN

16-0647



PROFESSIONAL AND CONDUCT RECORD OF

WRIGHT, T.C.

The following shall be executed and signed semiannually and whenever the marine is transferred, retired, discharged, deserts, or dies, or the book is closed for discharge; also (without markings) when he is apprehended. (0, Bad; 1, Indifferent; 2, Fair; 3, Good; 3.8, Very Good; 4.3 to 5, Excellent.) Semiannual markings and markings "For Discharge" shall be entered in red ink. Military Efficiency relating to the duties of a marine other than Neatness and Military Bearing, Intelligence, Obedience, and Sobriety.

STATION OR VESSEL	JOINED, SURR., APP., TRANSF., SEMI-AN, FOR DIS., FINAL M., DESERTED, DIED, RETIRED, DISCHARGED, TRANSF. TO RESERVE	DATE	RANK	MILITARY EFFICIENCY	NEATNESS AND MILITARY BEARING	INTELLIGENCE	OBEDIENCE	SOBRIETY	AVERAGE STANDING	SIGNATURE OF COMMANDING OFFICER	OFFICER'S NAME AND GRADE
PHILADELPHIA, PA	Discharged	JAN 15 1942	PRIVATE	ASSN.	CL.	IV	UMCR			<i>W. D. Smith</i>	LT-COLONEL, U.S.M.C.
PHILADELPHIA, PA	Trans	JAN 15 1942	PRIVATE	ASSN.	ACT.	DUTY				<i>W. D. Smith</i>	LT-COLONEL, U.S.M.C.
MB. Parris Island, S. C.	Joined	JAN 16 1942	PVT.			NO SERVICE				<i>L. U. Bradley</i>	
MB. Parris Island, S. C.	TR.	MAR 12 1942	PVT.	3.5	3.5	4.0	5.0	5.0		<i>James A. Michener</i>	JAMES A. MICHENER, 2ND LIEUT., USMCR
Trans by SRS from USMCR Clt (c) to USMCR Clt (b)	Joined	MAR 12 1942	Pvt							<i>Stamwood W. Meredith</i>	Capt. USMCR
ABO USS BARNETT	Semi-AN	30 JUN 42	POT.	4.1	4.3	4.8	5	5		<i>S. W. O'Connell</i>	MAJOR USMCR
"D" Co. 1st Bn. 1st Mar.	Semi-An	31 Dec 42	Pvt	3.5	3.5	4	5	5		<i>Elliott P. Pope</i>	Capt. USMCR
"D" Co. 1st Bn. 1st Mar	Semi-An	JUN 30 1943	1 Pfc.	3.5	3.5	3.5	5	3		<i>Robert H. Goetz</i>	Capt. USMCR
"D" Co. 1st Bn. 1st Mar Div. FMF.	Semi-An	DEC 31 1943	PFC	3.8	3.8	4	5	5		<i>Raymond C. Flynn</i>	Capt. USMCR

11	1st Bn. 1st Mar.	DISCHARGED	MAY 8 1944	P.F.C.	4	4.2	4.2	5	5	<i>Sweet P. Pope</i>	Capt USMCR
12	1st Bn. 1st Mar.	Joined	MAY 1 1944	P.F.C.						<i>Albin Stevenson</i>	Capt USMCR
13	1st Bn. 1st Mar.	Semi-An.	JUN 30 1944	Pfc.	4.1	4.3	4.3	5	5	<i>Sweet P. Pope</i>	Capt. USMC.
14	1st Bn. 1st Mar.	Is.	OCT 23 1944	Pfc.	4.2	4.5	4.5	5	5	<i>Albin J. Kach</i>	Capt. USMCR.
15	CasCo MBNYd	JOINED SRS Recd.	18 Nov 44	Pfc						<i>Gerard A. Reardon</i>	Captain USMCR
16	CasCo MBNYd	Trans	30 Nov 44	PFC	None			5	5	<i>Gerard A. Reardon</i>	Captain USMCR
17	1st CasCo MBNYd Phila Pa	Joined	DEC 6 1944	PFC						<i>G. A. Reardon</i>	Captain, USMCR
18	1st CasCo MBNYd Phila Pa	Semi-An	DEC 31 1944	PFC	4.2	4.5	4.5	5	5	<i>G. A. Reardon</i>	Captain, USMCR
19	CasCo, MBNY, Phila., Pa.	For Dis	MAY 1 1945	PFC	38	39	41	5	5	<i>G. A. Reardon</i>	Captain, USMCR
20	CasCo, MBNY, Phila., Pa.	DISCHARGED	MAY 1 1945	PFC	38	39	41	5	5	<i>G. A. Reardon</i>	GERARD A. REARDON Captain, USMCR
21				PFC			39	5	44	<i>G. A. Reardon</i>	

**PROFES**

The following shall be executed when apprehended. (O, B) relating to the duties of

5 Feb 45: Designation of First Casual Company, MBNYd, Philadelphia, Pa. changed to Casual Company, MBNYd, Philadelphia, Pa., auth CMC Ltr MC-394888, dated 31 Jan 45.

of 216

STATION OR

G. A. REARDON, Capt., USMCR.

STATION OR	RESERVE	DATE	RANK	ASSN.	CL.	ACT. DUTY	REMARKS	OFFICER	
PHILADELPHIA, PA	Enlisted	JAN 15 1942	PRIVATE	ASSN.	CL.	ACT. DUTY		W. DULTY SMITH LT-COLONEL, U.S.M.C.	
PHILADELPHIA, PA	Trans	JAN 15 1942	PRIVATE	ASSN.	ACT. DUTY			W. DULTY SMITH LT-COLONEL, U.S.M.C.	
2d Recruit Bn, RDep.	Joined	JAN 16 1942	PVT.		NO SERVICE				
MB, Parris Island, S. O.	TR.	MAR 12 1942	PVT.	3.5	3.5	4.0	5.0	5.0	JAMES A. MICHENER, 2ND LIEUT., USMCR
Trans by SPS from USMCR clat (c) to USMCR clat (b)	Joined	MAR 12 1942	Pvt					20 FEBRUARY 1942. Stewart W. Meredith Capt. USMCR	
ABO USS BARNETT	Semi-An	30 JUN 42	POT.	4.1	4.3	4.8	5	5	S. W. O'Keefe AMDR USMCR
D-1-1	Semi-An	31 Dec 42	Pvt	3.5	3.5	4	5	5	Elliott P. Pope, 1st Lt. Capt. USMCR
D Co. 1st Bn. 1st Mar.	Semi-An.	JUN 30 1943	Pfc.	3.5	3.5	3.5	5	5	Robert H. G. Allen Capt. USMCR
1st Lt. Div. F.M.F.	Semi-An.	DEC 31 1943	PFC	3.8	3.8	4	5	5	Raymond C. Flynn Capt. USMCR

10-0547

11	1st Bn. 1st Mar.	Joined	MAY 8 1944	P.F.C.	4	4.2	4.2	5	5	Sweet P. Pope Capt USMCR
12	1st Bn. 1st Mar.	Joined	MAY 8 1944	P.F.C.						Nathan Stevenson Capt USMCR
13	1st Bn. 1st Mar.	Semi-An.	JUN 30 1944	Pfc.	4.1	4.3	4.3	5	5	Sweet P. Pope Capt USMC
14	1st Mar. Div. F.M.F.	Joined	OCT 23 1944	Pfc.	4.2	4.5	4.5	5	5	Albert J. Raab Capt USMCR
15	CasCo MBNYd	Trans	18 Nov 44	PFC	None			5	5	Gene I. Lesons Capt USMCR
16	CasCo MBNYd	Trans	30 Nov 44	PFC	None			5	5	Gene I. Lesons Capt USMCR
17	1st CasCo MBNYd	Joined	DEC 6 1944	PFC						G. A. Reardon Captain, USMCR
18	1st CasCo MBNYd	Semi-An	DEC 31 1944	PFC	4.2	4.5	4.5	5	5	G. A. Reardon Captain, USMCR
19	CasCo, MBNY, Phila., Pa.	For Dis	MAY 1 1945	PFC	38	39	41	5	5	G. A. Reardon Captain, USMCR
20	CasCo, MBNY, Phila., Pa.	DISCHARGED	MAY 1 1945	PFC	38	39	41	5	5	G. A. Reardon GERARD A. REARDON Captain, USMCR
21				PFC		39		5	44	G. A. Reardon

10-0547

# MARKS, SCARS, ETC.

(Marked in red ink by Medical Examiner)

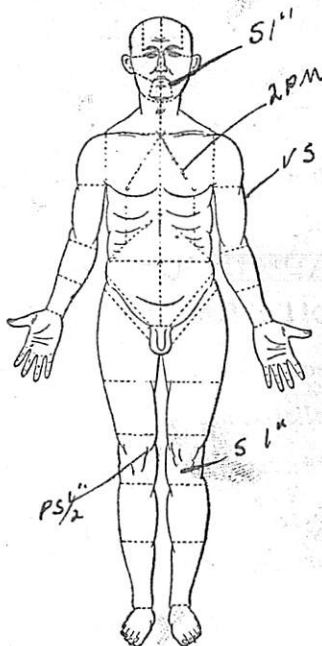
# MARKS, SCARS, ETC.

(Marked in red ink by Medical Examiner)

## LEFT HAND

Rolled imprint of thumb and each finger

	6. THUMB
	7. INDEX
	8. MIDDLE
	9. RING
	10. LITTLE



Examined JAN 15 1949  
 Eyes BLUE  
 Hair DK. BROWN  
 Complexion RUDDY  
 Height 68 1/4 inches.  
 Weight 160 pounds.

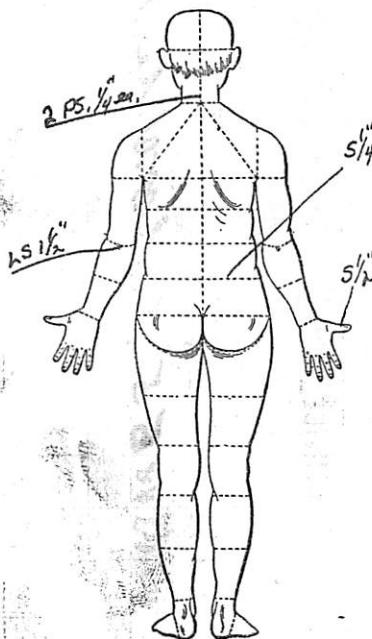
LEFT HAND— Plain imprint of Four Fingers taken simultaneously



## RIGHT HAND

Rolled imprint of thumb and each finger

	6. LITTLE
	4. RING
	3. MIDDLE
	2. INDEX
	1. THUMB



Date and nature of any waiver  
NONE  
66/100  
 C. C. KRASS Surgeon.

RIGHT HAND— Plain imprint of Four Fingers taken simultaneously





## INSTRUCTIONS

This book is a part of the staff returns of a marine and must accompany him throughout his enlistment.

Entries shall be made to show complete information of the man concerned as indicated on the several pages of this book and in accordance with the provisions of the Marine Corps Manual. No entries shall be made until the man's enlistment is accomplished by the administration of the oath of enlistment.

Neatness, clearness, and strict economy of space must be observed. No blank lines shall be left between entries. Only such forms, letters, or certificates as may be authorized will be pasted in this book.

WRIGHT (359115) Thomas  
Christopher  
Enl 15Jan42  
Photo taken 19Jan42



## SERVICE RECORD

OF

Name THOMAS CHRISTOPHER WRIGHT

Citizenship U.S.

Date of birth 28 JULY, 1921

Place of birth TRAINER, PA.

Legal residence 1011 LANGLEY AVE.,  
TRAINER, PA.

Name, relationship, and address of person to be notified in case of emergency

ANNIE WRIGHT (MOTHER)  
1011 LANGLEY AVE, TRAINER, PA.

Accepted for enlistment at PHILADELPHIA, PA.

Enlisted as PRIVATE

At PHILADELPHIA, PA.  
JAN 15 1942, 1942, to serve FOR DURATION NAT'L EMERGENCY years.  
{ during minority.

Foreign shore service last enlistment (months):

From \_\_\_\_\_ to \_\_\_\_\_

Sea service last enlistment (months):

From \_\_\_\_\_ to \_\_\_\_\_

W. DORIS SMITH

\_\_\_\_\_, U.S.M.C.,  
W. DORIS SMITH Recruiting Officer.  
LT-COLONEL, U.S.M.C.

Thomas Christopher Wright  
(SIGNATURE OF RECRUIT IN FULL)

Identification tag issued \_\_\_\_\_, 19\_\_\_\_

PROCESSED EQ

RESERVE (C)(1)(b)

DATE Initiated SHELLBACK

2 Jul 42 - ABSUSS BARNETT

No. 359115

U. S. MARINE CORPS

DISCHARGED

MAY 2 - 1945

Rec'd in A & I Dept. ....  
(Initial and pass to next number)

Discharge..... 4. Discharge.....

Dev & Medals..... 5. Q.M. Clo. *Wright*

6. Mil. Hist. (FILM)..... E.S.S.



CLASSIFIED

1 MAR DIV

22 JUL 44

# SERVICE-RECORD BOOK

OF

*WRIGHT*

(SURNAME)

*THOMAS CHRISTOPHER*

(CHRISTIAN NAME)

RANK

PRIVATE

*PFC*

JAN 15 1942

(DATE OF ENLISTMENT)

PREVIOUS SERVICE (ACTIVE)

0 Years 0 Months 0 Days

DATE OF EXPIRATION OF EACH EXTENSION

N. M. C. 109-A & I  
10-23-40-61 M

**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.



# 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.

ALL NOT INVOLVING ALL QUESTIONS MUST BE COMPLETELY ANSWERED PURSUANT ACT. 11 FEB 42.

1. NAME IN FULL: (Please print or type) First Middle Last name  
 Thomas Christopher WRIGHT

2. HOME ADDRESS: Number Street or rural route County, city, town, or post office State  
 1011 Langley Ave., Lennox Park, Trainer, Pa.

3. I WAS BORN AT City, town, or post office State Day of month Month Year Age nearest birthday  
 Trainer Pa. July 1921 23

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY Jan. 15, 1942

5. PRESENT ORGANIZATION Rank, grade, or rating. Organization, regiment, station, ship, etc.  
 Pfc. 1stBn 1stMar 1stMarDiv PMF

6. SERIAL NUMBER 350175

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS No

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

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" OR "NO") Yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ 1,000 POLICY No. Unknown  
 (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 Mrs. Annie Wright	Mother	9,000	1011 Langley Ave., Lennox Park, Trainer, Pa.
CONTINGENT			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 3.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)  
 Mrs. Annie Wright 1011 Langley Ave., Lennox Park, Trainer, Pa.

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 August, 1944 and

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 \$ 5.94 on the insurance, or

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 \$ 5.94 on the insurance.

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	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ 5.94	\$	\$	\$	\$

SIGNED AT 1stBn 1stMar 1stMarDiv PMF THE 30th DAY OF July 19 44

WITNESSED BY: AND: INFORMATION AS TO SERVICE CERTIFIED BY: Capt. USMC  
 1stCo 1stBn 1stMar 1stMarDiv PMF  
 (Rank and organization. See reverse side, paragraph 4.)  
 (Applicant sign here. Do not print signature)

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 618, 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 \_\_\_\_\_

**INSTRUCTIONS**

1. The allotment Form N. M. C. 535a is to be executed on typewriter and will be forwarded together with the original and a copy of N. M. C. 535 to the Paymaster, Headquarters U. S. M. C., Washington, D. C. (In case of allotments for Government insurance, an additional copy of N. M. C. 535 will be forwarded.)
2. In writing, the grantor's name, the surname must be stated first, followed by the full Christian name; e. g., Smith, John Edgar; and the grantor in signing, should sign name in full; e. g., John Edgar Smith. Grantor's pay number is not to be entered on allotment granted.
3. In writing the amount in figures opposite the monthly sum allotted, omit ciphers in cents column when the amount allotted is in dollars only.
4. In naming the allottee, the first name in full and middle initials, if any, must be stated, and great care exercised to insure absolute accuracy in the spelling of all names and addresses. The titles, "Mr.", "Mrs.", "Miss", etc., should in no case be used.
5. The date of first payment must be made sufficiently remote to allow the allotment granted to reach the Paymaster, Headquarters U. S. M. C., on or before the tenth of the month for which first payment is to be made.
6. No notations will be made in the spaces marked "Year", "Jan.", "Feb.", etc., as they are for check numbers, etc., to be put in by Marine Corps allotment office.
7. S. & A. Form No. 10 (identification blank) must be forwarded by the registering officer direct to the payee whenever an allotment is payable to a bank or similar institution of deposit. These forms will in no case be forwarded to the Paymaster, Headquarters U. S. M. C., Washington, D. C.
8. Signatures on allotments granted and identification blanks must be identical.
9. Legible carbon copies only will be accepted by the Paymaster, U. S. M. C.



SN: 359118  
N. M. C. 585 PM

**THIS ALLOTMENT TO COVER PREMIUM ON NSI**

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

**ALLOTMENT GRANTED  
MONTHLY SUM ALLOTTED**

By these presents;

<del>FIVE DOLLARS AND NINETY FOUR CENTS</del>	\$ <del>5.94</del>
(Words)	(Figures)

I, ~~WRIGHT~~ Thomas Christopher Efc, U. S. M. C.,

First pay't: Month July Year 1944  
(Payable on last day of month)

do allot the sum stated above per month of my pay;  
and do appoint the person named below my attorney  
to receive the sum so allotted.

Number of mos. <u>Indefinite</u>	Enlistment Date <u>15 Jan 42</u>	Allotment Expires <u>Indefinite</u>
----------------------------------	----------------------------------	-------------------------------------

Allottee, ~~Treas of United States~~  
Address, ~~Veterans Administration~~  
Washington, D. C.

Date of registry: \_\_\_\_\_

*Thomas Christopher Wright*  
(Signature of grantor)

Registered By: E. M. SEYMOUR  
Deputy

Approved; Entered in Service Record Book.

EVERETT P. POPE

Capt. U. S. M. C. Commanding.

U. S. "C" Co, 1st Bn, 1st Mar.

Month	19____	19____	19____	19____
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

Thomas Christopher WRIGHT  
(Full Name)

Pfc.  
(Rank)

359115  
(Serial Number)

I certify that this applicant for insurance is a member of my command and on duty outside of the United States proper; that it is neither practicable nor feasible for a medical officer to examine him; that he is now performing full and unrestricted duty; and that I have this day personally inspected said applicant and believe him to be free from disease, defect, or infirmity except as noted below.

30 July, 1944  
(Date)

*Everett P. Pope*  
EVERETT P. POPE  
(Commanding Officer)

Capt. 08092  
(Rank and File Number)

THE SECRETARY OF THE NAVY

W A S H I N G T O N

4 February, 1943.

Cited in the Name of

THE PRESIDENT OF THE UNITED STATES

THE FIRST MARINE DIVISION, REINFORCED

Under command of

Major General Alexander A. Vandegrift, U. S. M. C.,

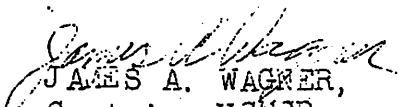
CITATION:

"The officers and enlisted men of the First Marine Division, Reinforced, on August 7 to 9, 1942, demonstrated outstanding gallantry and determination in successfully executing forced landing on Tulagi, Gavutu, Tanambogo, Florida and Guadalcanal, British Solomon Islands, completely routing all the enemy forces and seizing a most valuable base and airfield within the enemy zone of operations in the South Pacific Ocean. From the above period until 9 December, 1942, this Reinforced Division not only held their important strategic position despite determined and repeated Japanese naval, air and land attacks, but drove the Japanese from the proximity of the airfield and inflicted great losses on them by land and air attacks. The courage and determination displayed in these operations were of an inspiring order."

/s/ FRANK KNOX

Secretary of the Navy.

CERTIFIED A TRUE COPY:

  
JAMES A. WAGNER,  
Captain, USMCR,  
Personnel Officer.

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under said act the following dependent relative, my

.....  
(Relationship)

.....  
(Name in full)

.....  
(Address)

\*

\*

\*

.....  
\* State briefly wherein dependency consists

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.

*Thomas Christopher Wright*  
.....  
(Signature)

PRIVATE....., U. S. Marine Corps.  
(Rank)

Subscribed and sworn to before me this 15th  
day of January....., 19 42

[SEAL].....

*W. S. Dulty*  
.....  
W. S. DULTY SMITH  
LT-COLONEL, U.S.M.C.]

It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.

#### INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, or before a notary public. The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband, thus: "Mrs. Anna May Smith", not "Mrs. John Smith."

New beneficiary slips should be filled out and forwarded in all cases in which such action becomes necessary, by reason of a change in the status of the officer or enlisted man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whether designated or not.

WRIGHT, Thomas Christopher  
(Name: To be typewritten, surname to the left)

Enlisted, JAN 15 1942, 19

Marine R.S. PHILADELPHIA, PA  
(Place)

Under the provisions of the acts approved May 22, 1928, and May 12, 1930, relating to the payment of six months' pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the Regular Marine Corps, or on the retired list when on active duty, or of any transferred member of the Fleet Marine Corps Reserve when on active duty, who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children.

Not Married  
(Full name of wife; if not married, so state)

None  
(Address of wife)

(Full name and address of each child; if none, so state)

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

Mother  
(Relationship)

Aunty Wright 1011 Langley Ave.,  
(Name in full)

Trainer, Penna.  
(Address)

\*  
\*  
\*

\*(State briefly wherein dependency consists, such as "allotments registered", "monthly contributions by Government check", etc.)

(SEE REVERSE SIDE)

# CONSENT OF PARENTS OR GUARDIAN TO ENLISTMENT OF A MINOR IN THE MARINE CORPS

\*We ~~XX~~ Thomas Wright and Annie Wright residing in Trainer, County of Delaware and State of Pennsylvania, do freely consent to the enlistment of Thomas Christopher Wright in the United States Marine Corps as a PRIVATE, to serve FOUR YEARS, unless sooner discharged, subject to all the requirements and lawful commands of the officers who may, from time to time, be placed over him; do hereby relinquish all claim to his service, and to any wages or compensation for the same, and do hereby certify that he was born in Trainer on the 28th day of July 1921.

And ~~we~~ ~~XX~~ do solemnly swear (or affirm) that ~~I am the father and only surviving parent~~ ~~I am the mother and only surviving parent~~ ~~I am the legally appointed guardian~~ of the said Thomas Christopher WRIGHT, that he has no other legal guardian, and that he has never been married, had military service, or been convicted of any crime: So help me God.

CERTIFIED A TRUE COPY  
*W. Dulty Smith*  
 W. DULTY SMITH  
 Lt.-Col. U. S. M. C.  
 OFFICER IN CHARGE

/s/ Thomas Wright  
 (Signature of father or guardian)  
/s/ Annie Wright  
 (Signature of mother)

ADDRESS (with street and number) Langley Ave. & Lermone Park, Trainer, Pa.

Personally appeared before me Thomas Wright and Annie Wright, residents of Trainer in the county of Delaware, and State of Pennsylvania, each of whom is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 2nd day of January, 1942.

Joseph O. Garrity  
 (Signature of officer administering oath)  
 Justice of the Peace

\*Strike out words which do not apply.

### INSTRUCTIONS

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2. In writing the grantor's name, the surname must be stated first, followed by the full Christian name; e. g., Smith, John Edgar; and the grantor in signing should sign name in full; e. g., John Edgar Smith. Grantor's pay number is not to be entered on allotment granted.

3. In writing the amount in figures opposite the monthly sum allotted, *omit ciphers in cents column* when the amount allotted is in dollars only.

4. In naming the allottee, the *first name in full and middle initials*, if any, must be stated, and great care exercised to insure absolute accuracy in the spelling of all names and addresses. The titles, "Mr.", "Mrs.", "Miss", etc., should in no case be used.

5. The date of first payment must be made sufficiently remote to allow the allotment granted to reach the Paymaster, Headquarters U. S. M. C., on or before the *tenth* of the month for which first payment is to be made.

6. No notations will be made in the spaces marked "Year", "Jan.", "Feb.", etc., as they are for check numbers, etc., to be put in by Marine Corps allotment office.

7. S. & A. Form No. 10 (identification blank) must be forwarded by the registering officer *direct to the payee* whenever an allotment is payable to a bank or similar institution of deposit. These forms will in no case be forwarded to the Paymaster, Headquarters U. S. M. C., Washington, D. C.

8. Signatures on allotments granted and identification blanks must be identical.

9. *Legible carbon copies only* will be accepted by the Paymaster, U. S. M. C.

SN: 359115

SAVINGS

N. M. C. 535 PM

FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE

ALLOTMENT GRANTED  
MONTHLY SUM ALLOTTED

***FORTY FOUR DOLLARS*** (Words)	\$ 44. (Figures)
-------------------------------------	---------------------

By these presents,

I, WRIGHT Thomas Christopher PFC U. S. M. C.,  
(Surname) (Full-Christian name)

First pay't: Month Jan Year 1942  
(Payable on last day of mo.)

do allot the sum stated above per month of my pay;  
and do appoint the person named below my attorney  
to receive the sum so allotted.

Number of mos. <u>INDEFINITE</u> (Words and figures)
Enlistment <u>Allotment</u>
Date <u>15 Jan 42</u> Expires _____

Allottee, Annie Wright  
Address, 1011 Langley Ave.,  
Trainer, Pa.

Date of registry: NOV 12 1943

Thomas Christopher Wright  
(Signature of grantor)  
Registered: HENRY L. HEMING,  
Major, A.P.M., U.S.M.C.R.

By J. H. Maday,  
1st Lt., U.S.M.C., Deputy  
Approved: Entered in Service Record Book.

R. C. FLYNN, 1st Lt., USMCR  
Per O., 1st Lt., USMCR, Commanding.  
U. S. \_\_\_\_\_

Month	19.....	19.....	19.....	19.....
Jan. ....				
Feb. ....				
Mar. ....				
Apr. ....				
May ....				
June ....				
July ....				
Aug. ....				
Sept. ....				
Oct. ....				
Nov. ....				
Dec. ....				



Embarked aboard USAT NOORDAM at Guadalcanal Island on 21 December, 1942. Sailed 22 December, 1942, transferred aboard the USS AMERIC LEGION at New Hebrides on 26 December, 1942. Sailed 28 December, 1942, arrived at Brisbane, Australia, 1 January, 1943. Sailed 3 January, 1943, arrived and disembarked on 6 January, 1943 at Melbourne Australia.

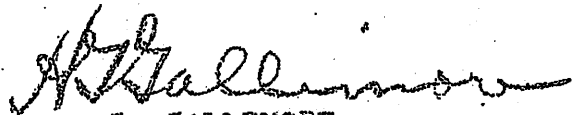
*E. A. Pollock*

E. A. POLLOCK,  
Lieutenant Colonel, U. S. Marine Corps,  
Executive Officer.

3 October, 1943, embarked on board US William Beaumont at Melbourne, Victoria, Australia, and sailed therefrom 4 October, 1943. Arrived at Cape Cleveland Bay, Townsville, Queensland, Australia, 11 October, 1943, and sailed therefrom 12 October, 1943. Arrived and disembarked at Goodenough Island, D'Entrecasteaux Islands, New Guinea, 15 October, 1943.

W. A. REAVES  
LtCol., USMC  
Commanding Troops.

Arrived in the United States via Government Aircraft on 24Oct44



H. G. GALLIMORE,  
Commissioned Warrant Officer, (Gen), USMC.,  
Assistant G-1  
Headquarters, Department of the Pacific.

First Battalion, First Marines, First Marine Division, FMF.

21Aug42 Participated in Battle of Tenaru River from 0200 to  
1630 at which time enemy was annihilated.  
2,12Sep42 Enemy bombed battalion bivouac areas.  
13,14Sep42 Battalion positions bombarded by enemy Naval gunfire.  
17Sep42 Involved in patrol up Lunga River where subjected to  
enemy machine gun fire and sniper ambush.  
27Sep42,10Oct42 Enemy bombed battalion positions.  
30Oct42 Enemy strafed battalion positions.  
13Oct42 Enemy air attacks and heavy naval gunfire.  
14Oct42 Enemy naval gunfire and artillery bombardment,  
15Oct42 Two enemy air attacks. Day-long enemy artillery bom-  
bardment. Naval gunfire at night.  
16Oct42 Enemy naval gunfire in morning; enemy bombing and  
strafing during day.  
17Oct42 Enemy strafing, bombing and artillery bombardment.  
18Oct42 Enemy naval and artillery shelling, bombing attack.  
20, 21Oct42 Subjected to enemy bombing raids.  
23, 24, 25, 29Oct42 Artillery shellings,  
24Oct42 Enemy bombing attacks,  
25Oct42 Enemy strafing attacks;  
11Nov42 Enemy bombing attacks,  
14Nov42 Naval shelling and heavy artillery fire,  
25Nov42, 12, 13Dec42 Enemy bombings,

*R. C. Flynn*  
R. C. FLYNN,  
Capt., USMCR,  
Personnel Officer.

FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

13Dec43 Embarked aboard LST #452 and sailed from Goodenough  
Island, D'Entrecasteaux Islands, Territory of Papua.

16Dec43 Arrived and disembarked at Nasing, Alatu, New Guinea.


*RC Flynn*  
R. C. FLYNN,  
Capt., USMCR,  
Personnel Officer

WRIGHT, Thomas C.

15Sep44, wounded, fragment mortar, evacuated from Peleliu Island,  
Palau Group, via ship. (name and destination unknown).

*R. M. Highsmith, Jr.*  
R. M. HIGHSMITH,  
2ndLt., USMCR, Bn-1.

Embarked on board USS BARNETT at San Francisco, California, on  
JUN 13 1942 and sailed therefrom on June 22, 1942. Arrived at  
Wellington, New Zealand, on July 11, 1942 and disembarked

  
C. B. CATES,  
Colonel, U. S. Marine Corps,  
Commanding Troops.

FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

25Aug44, embarked at Pavuvu Island, Ruesell Islands, British Solomon Islands, on board USS WARREN and 26Aug44, sailed for Guadalcanal, British Solomon Islands. 27Aug44, arrived and anchored at Guadalcanal, 8Sep44 sailed therefrom for Peleliu Island, Palau Group and 15Sep44 disembarked.

*J.C. Stanfield*  
J.C. STANFIELD,  
1st Lt., USMC,  
Troop Adjutant.



PERSONNEL SECTION,  
FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

24Apr44 Embarked aboard U. S. S. PRESIDENT JACKSON at Cape Gloucester,  
New Britain and sailed therefrom on 25Apr44. 28Apr44 Arrived and disembarked  
at Pavuvu Island, Russell Islands, British Solomon Islands.

*R. C. Flynn*  
R. C. FLYNN,  
Captain, USMCR.  
Personnel Officer.

2

PERSONNEL SECTION,  
FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

7Aug42, arrived, disembarked and participated in landing operations against Japanese enemy forces and capture of Guadalcanal Island, British Solomon Islands. Involved in offensive operations against enemy forces until 21Dec42.

*R.C. Flynn*  
R.C. FLYNN  
Capt. USMCR  
Personnel Officer.

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PERSONNEL SECTION,  
FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

25Dec43 Embarked aboard LST at Finschhafen, New Guinea and  
called therefrom same date. 26Dec43, arrived, disembarked and  
participated in landing operations against enemy forces (Japanese)  
at Cape Gloucester, New Britain. 26-29Dec43 participated in  
offensive against enemy airbases which were captured on 29Dec43.  
Engaged in offensive and defensive operations against enemy from  
25Dec43 to APR 23 1944.

*R. G. Flynn*  
R. G. FLYNN,  
Capt., USMC.  
Personnel Officer.

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PERSONNEL SECTION,  
FIRST BATTALION, FIRST MARINES,  
FIRST MARINE DIVISION, FLEET MARINE FORCE.

4Mar44 Embarked and sailed abd LCM from Cape Gloucester, New Britain. 5Mar44 arrived and disembarked at Iboki Plantation, New Britain. 11Mar44 embarked and sailed abd LCM from Iboki Plantation, New Britain, arrived and disembarked at Linga-Linga Plantation same date. 17Mar44 Embarked and sailed abd LCM from Linga-Linga Plantation, New Britain, arrived and disembarked at Iboki Plantation, New Britain same date. 18Mar44 embarked and sailed abd LCM from Iboki Plantation, New Britain arrived and disembarked at Cape Gloucester, New Britain same date.

R. C. FLYNN,  
Captain, USMCR,  
Personnel Officer

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U. S. MARINE CORPS REPORT OF SEPARATION

NAVMC 78-PD.

MAY 1 1945

10/9/45  
@m  
39

CODE COLUMN

1. LAST NAME <b>WRIGHT,</b>		FIRST NAME <b>Thomas Christopher</b>		MIDDLE NAMES		2. RANK <b>PTC.</b>	3. PAY GRADE <b>6</b>	4. SERIAL NUMBER <b>359115</b>		60 36029 1 721 1 1 142 1 36 542 1 028 0605 380 06 1 02 1 1 7 4 846 0	
5. PERMANENT ADDRESS FOR MAILING PURPOSES <b>Pa. 1011 Langley Ave., Lennox Park, Trainer</b>						6. RACE <b>W</b>	7. SEX <b>M</b>	8. CITIZEN YES NO <b>X</b>			9. DATE OF BIRTH <b>28 July 21</b>
10. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT <b>Pa. 1011 Langley Ave., Lennox Park, Trainer</b>						11. MARRIED YES NO <b>X</b>		12. NO. OF DEP. <b>1</b>	13. PLACE OF BIRTH <b>Trainer, Pa.</b>		
RECORD OF MARINE CORPS SERVICE						16. SEL. SER. BD. NO.		17. COUNTY & STATE			

SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>		14. REGISTERED YES NO <input checked="" type="checkbox"/>		15. ADDRESS AT TIME OF ENTRY INTO SERVICE <b>Trainer, Pa. 1011 Langley Ave., Lennox Park,</b>			16. SEL. SER. BD. NO.		17. COUNTY & STATE		1 1 1 142 1 36 542 1 028 0605 380 06 1 02 1 1 7 4 846 0
18. MEANS OF ENTRY ENLISTED INDUCTED COMMISSIONED <input checked="" type="checkbox"/>			19. PLACE OF ENTRY INTO ACTIVE SERVICE <b>Philadelphia, Pa.</b>			20. DATE OF ENTRY <b>15 Jan 42</b>		21. COMPONENT REG. RES. <input checked="" type="checkbox"/>		1 142 1 36 542 1 028 0605 380 06 1 02 1 1 7 4 846 0	
22. PENSION CLAIM FILED <input checked="" type="checkbox"/>		YES NO		23. PLACE OF SEPARATION FROM ACTIVE SERVICE <b>CasCo., MBNYd., Phila. 12, Pa.</b>			24. DATE OF SEPARATION <b>1 May 45</b>		25. ORG. AT SEPARATION <b>Casual Co.</b>		
26. TYPE OF DISCHARGE CERT. <b>HONORABLE</b>					27. LENGTH OF FOREIGN AND/OR SEA SERVICE →		YEARS <b>2</b>		MOS. DAYS <b>4 2</b>		

28. MILITARY SPECIALTIES <b>Heavy machine gun crewman-605. Light machine gun crewman-604.</b>			29. SERVICE SCHOOLS ATTENDED			COURSES			WEEKS		
<b>Auto Mechanics-165</b>			<b>Auto mechanics by Correspondence</b>			<b>16</b>					

30. PRINCIPAL MILITARY DUTY  
**Heavy and Light machine gun crewman 604 and 605.**

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA			
31. CIVILIAN OCCUPATION (TITLE)	D.O.T. NUMBER	NO. YRS.	LAST EMPLOYED
<b>Aviation Mechanic Helper -5-80</b>		<b>1/2</b>	
JOB SUMMARY <b>Assisted mechanic in making engine repairs to planes.</b>			

32. SECONDARY OCCUPATION (TITLE)	D.O.T. NUMBER	NO. YRS.	LAST EMPLOYED

33. LAST EMPLOYER BEFORE ENTRY INTO SERVICE	DATE LEFT	34. JOB AID DESIRED YES NO <input checked="" type="checkbox"/>
<b>Chester Airport Inc., Chester, Pa.</b>		

35. EDUCATION IN YEARS				36. MAJOR COURSES			
GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE	<b>Elementary.</b>			
<b>6</b>							

37. TRADE COURSES	38. COURSES OF GREATEST INTEREST	39. LAST SCHOOL ATTENDED
<b>Photography</b>	<b>Mechanical</b>	<b>Resurrection, Chester, Pa.</b>

40. PREFERENCE FOR ADDITIONAL TRAINING  
**None.**

41. JOB PREFERENCE	REASON
<b>None.</b>	<b>Wants work.</b>

42. LOCALITY PREFERENCE	REASON
<b>Print Developing (Photograph)</b>	<b>Has Experience.</b>

43. LOCALITY PREFERENCE	REASON
<b>Philadelphia Area.</b>	<b>Home and Contacts there.</b>

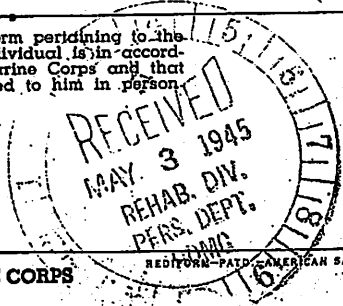
I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Marine Corps and that a copy of this form has been delivered to him in person.

43. SIGNATURE OF C.O. OR PERS. O.  
*G.A. Reardon*

G.A. REARDON, CAPT. USMCR.  
TYPE IN NAME OF OFF. - RANK

44. SIGNATURE OF DISCHARGEE  
*G.A. Reardon*

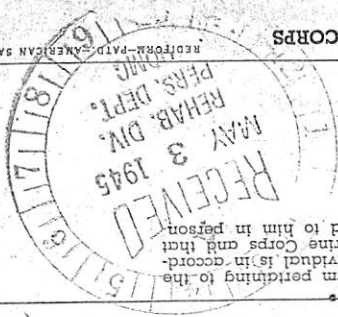
1 May 45.



TO: HEADQUARTERS MARINE CORPS  
Washington 25, D. C.

REDIFORM PAPER - AMERICAN SALES BOOK CO., INC., NIAGARA FALLS, N.Y.

U.S.M. SECTION



TO: HEADQUARTERS MARINE CORPS  
Washington 25, D. C.  
I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Marine Corps and that a copy of this form has been delivered to him in person.

44. SIGNATURE OF DISCHARGEE  
43. SIGNATURE OF C.O. OR PERS. O.  
42. LOCALITY PREFERENCE  
41. JOB PREFERENCE  
40. PREFERENCE FOR ADDITIONAL TRAINING

37. TRADE COURSES  
36. COURSES OF GREATEST INTEREST  
35. EDUCATION IN YEARS  
34. LAST EMPLOYER BEFORE ENTRY INTO SERVICE  
33. MAJOR COURSES  
32. SECONDARY OCCUPATION (TITLE)  
31. CIVILIAN OCCUPATION (TITLE)  
30. PRINCIPAL MILITARY DUTY

29. SERVICE SCHOOLS ATTENDED  
28. MILITARY SPECIALTIES  
27. TYPE OF DISCHARGE CERT.  
26. PENSION CLAIM  
25. PLACE OF SEPARATION FROM ACTIVE SERVICE  
24. DATE OF SEPARATION  
23. PLACE OF ENTRY INTO ACTIVE SERVICE  
22. MEANS OF ENTRY  
21. COMPONENT  
20. DATE OF ENTRY  
19. ADDRESS AT TIME OF ENTRY INTO SERVICE  
18. REGISTERED  
17. COUNTY & STATE

16. SERIALIZED  
15. MIDDLE NAMES  
14. FIRST NAME  
13. PAY GRADE  
12. RANK  
11. MARIED  
10. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT  
9. DATE OF BIRTH  
8. CITIZEN  
7. SEX  
6. RACE  
5. PERMANENT ADDRESS FOR MAILING PURPOSES  
4. SERIAL NUMBER  
3. PAY GRADE  
2. RANK  
1. LAST NAME

39. DATE OF BIRTH  
38. CITIZEN  
37. SEX  
36. RACE  
35. PERMANENT ADDRESS FOR MAILING PURPOSES  
34. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT  
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30. SERIAL NUMBER

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15. COMPONENT  
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11. PLACE OF ENTRY INTO ACTIVE SERVICE  
10. MEANS OF ENTRY  
9. INDUCED  
8. COMMISSIONED  
7. PENSION CLAIM  
6. TYPE OF DISCHARGE CERT.  
5. HONORABLE  
4. MILITARY SPECIALTIES  
3. SERVICE SCHOOLS ATTENDED  
2. AUTO MECHANICS-165  
1. HEAVY MACHINE GUN CREWMAN-604

39. DATE OF BIRTH  
38. CITIZEN  
37. SEX  
36. RACE  
35. PERMANENT ADDRESS FOR MAILING PURPOSES  
34. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT  
33. DATE OF BIRTH  
32. RANK  
31. PAY GRADE  
30. SERIAL NUMBER

29. SERIALIZED  
28. MIDDLE NAMES  
27. FIRST NAME  
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25. RANK  
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39. DATE OF BIRTH  
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NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002

[www.archives.gov](http://www.archives.gov)



September 20, 2016

NANCY BARTER  
C/O MICHELLE DUMAS  
274 LONG RIDGE RD  
SANBORNVILLE, NH 03872-4004

**RE:           Veteran's Name: WRIGHT, Thomas Christopher**  
**SSN/SN:**  
**Request Number: 2-19848676926**

Dear Recipient:

Thank you for contacting the National Personnel Records Center.

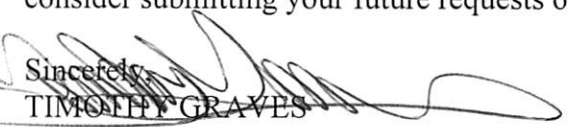
We have received your payment for copy material for the veteran named above. Your photocopies are enclosed. We regret if the photocopy is of poor quality; however, it is the best that we can obtain.

Copies of medical documents will be found in the enclosed photocopy of the veteran's OMPF.

The medical treatment record you requested was designated as a "temporary" record and has been destroyed with written authorization from the service department.

Title 44 of U.S. Code establishes the disposal authority and retention period for records maintained by the U.S. government. Records designated as "permanent" are kept indefinitely. However, records with a "temporary" designation are destroyed after they have reached the end of their retention period after approval from the agency that created the record. The medical treatment records you requested were part of a series of records that were "temporary" with a 50 year retention period. **(Pelieu-1944//Philadelphia-1944)**

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,  
  
TIMOTHY GRAVES  
Archives Technician (AFN-MC1E)

Enclosures



**We Value Our  
Veterans' Privacy**

*Let us know if we have  
failed to protect it.*