

**MILITARY RECORD AND REPORT OF SEPARATION  
CERTIFICATE OF SERVICE**

|  |   |   |   |                                |                            |
|--|---|---|---|--------------------------------|----------------------------|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>MCDONALD JAMES E</b>                                |   | 2. ARMY SERIAL NUMBER<br><b>0 302 473</b>                   | 3. AUS. GRADE<br><b>CAPT</b>  | 4. ARM OR SERVICE<br><b>MC</b> | 5. COMPONENT<br><b>AUS</b> |
| 6. ORGANIZATION<br><b>OLIVER GEN HOSP AUGUSTA GEORGIA</b>  |   | 7. DATE OF RELIEF FROM ACTIVE DUTY<br><b>17 SEP 46</b>      | 8. PLACE OF SEPARATION<br><b>SEPARATION CENTER<br/>FORT BRAGG NC</b>                    |                                |                            |
| 9. PERMANENT ADDRESS FOR MAILING PURPOSES<br><b>230 COLUMBIA ST COHOES NEW YORK</b>                  |   | 10. DATE OF BIRTH<br><b>9 FEB 09</b>                        | 11. PLACE OF BIRTH<br><b>COHOES N Y</b>   |                                |                            |
| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE BOUGHT<br><b>SEE 9</b>                                     |   | 13. COLOR EYES<br><b>BLUE</b>                               | 14. COLOR HAIR<br><b>BROWN</b>  | 15. HEIGHT<br><b>5' 7 1/2"</b> | 16. WEIGHT<br><b>139</b>   |
| 17. NO. OF DEPENDENTS<br><b>2</b>  |   | 21. CIVILIAN OCCUPATION AND NO.<br><b>PHYSICIAN 0-26.10</b> |   |                                |                            |
| 18. RACE<br>WHITE <input type="checkbox"/> NEGRO <input checked="" type="checkbox"/> OTHER (specify) | 19. MARITAL STATUS<br>SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> OTHER (specify) |   | 20. U.S. CITIZEN<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                |                            |


**MILITARY HISTORY**

|  |   |  |  |  |                                     |
|--|---|--|--|--|-------------------------------------|
| SELECTIVE SERVICE DATA<br><input checked="" type="checkbox"/>  | 22. REGISTERED<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 23. LOCAL S. S. BOARD NUMBER<br><b>UNKNOWN</b>                                     | 24. COUNTY AND STATE<br><b>ALBANY CO NY</b>      | 25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY<br><b>625 N PEARL ST ALBANY N Y</b> |                                     |
| 26. DATE OF ENTRY ON ACTIVE DUTY<br><b>13 JAN 43</b>   |   | 27. MILITARY OCCUPATIONAL SPECIALTY AND NO.<br><b>MEDICAL OFFICER GENERAL 3100</b> |  |  |                                     |
| 28. BATTLES AND CAMPAIGNS<br><b>EUROPEAN AFRICAN MIDDLE EAST RIBBON NAPLES FOGGIA ROME ARNO</b>                                      |   |  |  |  |                                     |
| 29. DECORATIONS AND CITATIONS<br><b>DISTINGUISHED UNIT BADGE</b>   |   |  |  |  |                                     |
| 30. WOUNDS RECEIVED IN ACTION<br><b>NONE</b>   |   |  |  |  |                                     |
| 31. SERVICE SCHOOLS ATTENDED<br><b>M F S SCHOOL</b>  |   |  | 32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN |  |                                     |
|  |   |  | DATE OF DEPARTURE<br><b>23 APR 43</b>            | DESTINATION<br><b>FRENCH MOROCCO</b>   | DATE OF ARRIVAL<br><b>28 APR 43</b> |
| 33. REASON AND AUTHORITY FOR SEPARATION<br><b>RELD FR AD WD RR1'1 (DEMOB) SO 147<br/>PAR 3 HQ OLIVER GH AUGUSTA GA 28<br/>JUN 46</b> |   |  | 7 OCT 44   | U S A  | 7 NOV 44                            |
| 34. CURRENT TOUR OF ACTIVE DUTY  |   |  |  |  |                                     |
| CONTINENTAL SERVICE  |   |  | FOREIGN SERVICE                                  |  |                                     |
| YEARS<br><b>2</b>  | MONTHS<br><b>1</b>  | DAYS<br><b>20</b>  | YEARS<br><b>1</b>                                | MONTHS<br><b>6</b>   | DAYS<br><b>15</b>                   |
|  |   |  | 35. EDUCATION (years)                            |  |                                     |
|  |   |  | GRAMMAR SCHOOL<br><b>8</b>                       | HIGH SCHOOL<br><b>4</b>  | COLLEGE<br><b>7</b>                 |

**INSURANCE NOTICE**

**IMPORTANT** IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

|   |  |  |   |  |   |  |   |   |  |
|---|--|--|---|--|---|--|---|---|--|
| 36. KIND OF INSURANCE<br>Nat. Serv. <input checked="" type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/> |  |  | 37. HOW PAID<br>Allotment <input checked="" type="checkbox"/> Direct to V.A. <input type="checkbox"/> |  | 38. Effective Date of Allotment Discontinuance<br><b>SEP 46</b> | 39. Date of Next Premium Due (one month after 38)<br><b>OCT 46</b> | 40. PREMIUM DUE EACH MONTH<br><b>7.50</b> | 41. INTENTION OF VETERAN TO<br>Continue <input checked="" type="checkbox"/> Continue only <input type="checkbox"/> Discontinue <input type="checkbox"/> |  |
|---|--|--|---|--|---|--|---|---|--|

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|---|--|---|
| 42.  RIGHT THUMB PRINT | 43. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)<br><b>AUTH: AMERICAN THEATER RIBBON<br/>VICTORY MEDAL WW 2<br/>ASRS ( 2 SEPT 45) 72<br/>LAPEL BUTTON ISSUED<br/>O T L FROM 10 JUL 46 TO 17 SEP 46</b> |   |
|   | 44. SIGNATURE OF OFFICER BEING SEPARATED<br><i>James E McDonald</i>  | 45. PERSONNEL OFFICER (Type name, grade and organization - signature)<br><b>EUGENE E DUNCAN CAPT AUS</b> <i>Eugene E Duncan</i> |