



N. Nav. 1  
(July 1942)

1

Name HOWERTON, Jr. Walter Scott

(Name in full, surname to the left)

No. 6597574 C. S. C.

Accepted for enlistment Danville, Va.

Enlist. JUN -1 1943

Assigned  
Transferred

Rate AS A. A. Class V6  
P. A.

At N. R. S., Richmond, Va.

For 2 years from date.

Credited to Congressional District 5th

State of Va.

PRIOR SERVICE: (Navy, Naval Reserve Force, Naval Reserve, Marine Corps, Marine Corps Reserve Force, Marine Corps Reserve, Army, Coast Guard, Naval Militia, Naval Militia in Federal Status, N. N. V., Naval Auxiliary Reserve).

Branch service      Years      Months      Days

1st enlistment

Completed \_\_\_\_\_ years' net service for pay purposes on

(Date) \_\_\_\_\_ Total time lost and deducted for pay

purposes thereafter to date of discharge as follows:

Years      Months      Days

Last enlisted \_\_\_\_\_ (Date)

at \_\_\_\_\_ (Place)

as \_\_\_\_\_ (Rate) for \_\_\_\_\_ (Term) years.

Extended enlistment for aggregate of \_\_\_\_\_ years,

effective from \_\_\_\_\_ (Date)

Last discharged \_\_\_\_\_ (Date) from

(Ship or station)

as \_\_\_\_\_ with \_\_\_\_\_ (Character of discharge)

(Reason for discharge)

2

Citizenship USWhite  
 Place of birth SouthBoston, Va.  
 Date of birth July 20, 1925  
 Home address 689 Mt. Prospect Ave.  
518 Summit Ave.  
NEWARK, NEW JERSEY  
~~South Boston, Va.~~  
 Next of kin Walter Scott Howerton  
 Relationship Father  
 Address As above  
 Education 9th

Branch of service for which best suited Unknown

Trade schools attended None

Special duties for which qualified None

Language qualifications English

I CERTIFY that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

B. W. Armstrong  
 (Signature and rank of recruiting officer)  
N. R. L. (Richmond, Va) SNR  
 (Station) pa

Credited upon enlistment with pay at \$ 50.00 per  
 month (after \_\_\_\_\_ years') service and because of award  
 of \_\_\_\_\_

(Number and designation of D. S. M., M. H., or N. C.)

(Signature and rank of disbursing officer)

Credited with \$ 33.81 uniform gratuity upon first  
 reporting for active duty on \_\_\_\_\_ of war  
1941

[Signature] (SC) USN  
 (Signature and rank of disbursing officer)  
 Disbursing Officer  
 (Station)  
 Naval Training Station  
 Sampson, New York

28857-1

6597574

DESCRIPTIVE LIST OF HOMEYTON JR., Walter Scott  
(Name in full, surname to the left.)


(Service number.)

Age \_\_\_\_\_ years \_\_\_\_\_ months Height 5 feet 10 inches.

Weight 131 pounds. Eyes Brown Hair Brown

Complexion Ruddy Personal characteristics, marks, etc. ANT:OPS 4" R.abdomen, S1" L.forearm, bmk 1/2"

L.thigh.POST:VSLA.

BLOOD TYPE 

DATE AND NATURE OF ANY WAIVER

I agree to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by the Naval authorities.

Walter Scott Hammett, Jr.  
Signature of recruit, in his own handwriting

4-6111 GPO

M. P. Gordon, Jr.  
Signature and rank of Medical Officer, etc.  
M. P. GORDON, JR.,  
LT. COMDR. MC-7(S), USNR.

Revised July 1937

IDENTIFICATION RECORD

4-311

RIGHT HAND

1. Thumb



2. Index



3. Middle



4. Ring



5. Little



LEFT HAND

1. Thumb



2. Index



3. Middle



4. Ring



5. Little



Name \_\_\_\_\_ (Name in full, surname to the left.) Number \_\_\_\_\_

AUTHORIZED LEAVE

Vessel	No. Days	From—	To—	Remarks	Signature of Executive Officer
U.S.N.T.S. SAMPSON, N.Y.	7	7-20-43	7-27-43	RECRUIT LEAVE	Mel R. Summers, Lieut. (jg) USNR

N. Nav. I  
(July 1943)

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NAVPERS-601 (6-45)

5A

HOWERTON,

Walter

Scott, Jr.

(Last Name)

(First)

(Middle)

659 75 74

Slc

V-6

(Service No.)

(Rate)

(Class)

MARKS

DATE	RATE	Prof. in Rate	Sea-man-ship	Mech. Ability	Leader-ship	Conduct	INITIALS
11/27/43	Slc					4.0	JMY
12/31/43	Slc					4.0	JMY
6/30/44	Slc	3.5	3.5		3.5	4.0	JMY
12/31/44	Slc	3.5	3.5		3.5	4.0	JMY
6/30/45	Slc	3.5	3.5		3.5	4.0	JMY
11/28/45	Slc	3.5	3.5		3.5	4.0	JMY
3/4/46	SM3c	3.7	5.7		3.6	4.0	JMY

**BENEFICIARY SLIP**

Name HOWERTON, Jr. Walter Scott  
(Name in full, surname to the left.)

Service number 6597574

Station N. R. S., Richmond, Va.  
(Name.)

JUN - 1 1943  
(Date.)

(Place.)

Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of six months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:  
(See instructions on reverse side)

**Not married**

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

(Address of wife)

(Full name of child; if none, so state.)

(Date of birth.)

(Address of child.)

(Full name of child; if none, so state.)

(Date of birth.)

(Address of child.)

(Full name of child; if none, so state.)

(Date of birth.)

(Address of child.)

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

**Father**

(Relationship.)

**Walter Scott Howerton**

(Name in full.)

**616 Summit Ave., South Boston, Va.**

(Address.)

**Insurable Interest**

\* State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof.



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In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following *dependent relative*, my

-----  
(Relationship.)

-----  
(Name in full.)

-----  
(Address.)

\* {  
-----  
-----  
-----  
-----  
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\*State briefly wherein dependency exists, indicating amounts and regularity thereof.

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

I certify that I will inform my Commanding Officer immediately of any changes in marital status, or conditions of dependency, or of voluntary occupancy of public quarters by my dependents.

I certify that there has been no change in condition of dependency between -----  
and -----

*Shatter Scott Hawestayn*  
(Name.)

AS V6, U. S. Navy,  
(Rank or rating.) Marine Corps.

Subscribed and sworn to before me this -----

day of JUN - 1 1943, 19, I having authority to

administer oaths. *B. W. Armstrong*  
B. W. Armstrong,  
Lt. (jg), D-V(S), USNR *pa*

**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 must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip should be made out and handled as follows:  
Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record, and in cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

**BENEFICIARY SLIP**

Name HOWERTON, Walter Scott, Jr.  
(Name in full, surname to the left)

Service No. 659-75-74

Station Naval Training School (Signal & Radio)  
University of Chicago, Chicago, Illinois  
(Name)

**1 OCT 1943**

(Place) (Date)

Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

**Not married**  
**None**  
**None**  
**None**  
**None**  
**None**  
**None**

(Full name of wife; if not married, so state)  
(Address of wife)  
(Full name of child; if none, so state) (Date of birth)  
(Address of child)  
(Full name of child) (Date of birth)  
(Address of child)  
(Full name of child) (Date of birth)  
(Address of child)

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

Mother  
(Relationship)  
Mrs. Rosa Mae Howerton  
(Name in full)  
616 Summit Ave., S. Boston, Virginia  
(Address)

\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If the beneficiary named above is your father, mother, brother, or sister, you need not fill in these three lines. If the beneficiary is a more distant relative, such as a grandparent, state briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof.