

**QUADRUPPLICATE**

To be retained and made a part of the man's service record after completion by the Disbursing Officer.

**APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT**

NAVPERS 668 (REV. 3-45)

CHECK ONE  ORIGINAL APPLICATION  SUPPLEMENTAL APPLICATION

<input checked="" type="checkbox"/> BUPERS  <input type="checkbox"/> COMDT. U. S. C. G.  <input type="checkbox"/> COMDT. U. S. M. C.	SHIP OR STATION <b>U.S. NAVAL RECEIVING STATION                  PIER 92, West 52nd St.,                  New York, N.Y.</b>	DATE OF APPLICATION <b>1-2-46</b>  DATE REPORTED FOR ACTIVE DUTY <b>June 3, 1943</b>  RATING <b>SI3c</b>
NAME OF SERVICEMAN (LAST) <b>HOWERTON</b>	(FIRST) (MIDDLE) <b>Walter Scott Jr.</b>	SERVICE NUMBER <b>659 75 74</b>

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2)		ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
			MO.	YR.		
1 <input checked="" type="checkbox"/>	<b>June Elizabeth HOWERTON 689 Mt. Prospect Ave., Newark, N.J.</b>	<b>Wife</b>				
2						
3						
4						
5						
6						

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE <b>Newark, N.J.</b>	DATE OF MARRIAGE <b>Nov. 22 '45</b>	If separated, is there a court order or written separation agreement in effect? If so, attach a certified copy. <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF SO, HOW WAS MARRIAGE DISSOLVED? <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DEATH	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE		ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	Payments to dependents (other than wife, child or wife divorced) shall start with the month of:
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- NOTE: 1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).  
 2. Enter dates of birth only for children, brothers and sisters, and grandchildren.  
 3. For your wife and/or children do not state estimated income or amounts contributed.  
 4. Do not include any amounts paid by you to your dependents for your own room and board.

**CERTIFICATE OF DISBURSING OFFICER**

ACTIVITY <b>RS @ NEW YORK</b>	DATE <b>1/3/46</b>
<input checked="" type="checkbox"/> ORIGINAL APPLICATION Monthly checkage entered on applicant's pay record: \$ <b>22.00</b>	Effective <b>1/46</b> For Class <b>A</b> Dependents (Month & Year)
<input type="checkbox"/> SUPPLEMENTAL APPLICATION Current monthly checkage shown on applicant's pay record: \$ _____	For Class _____ Dependents
Additional monthly checkage entered per this application: \$ _____	Effective _____ For Class _____ Dependents (Month & Year)

(Paymasters Of The Marine Corps Will Not Execute This Part Of The Form)

Signature of Disbursing Officer  
 LIEUT. (SC), USNR  
 SY. NO. 55-217

In lieu of  
S&A Form 28

REQUISITION RECEIPT FOR CLOTHING  
AND SMALL STORES

NOV 24 October 1944

Pay No \_\_\_\_\_

Name HOWERTON, Walter Scott, Jr. SM3c, 659 75 74 USNR

Rate \_\_\_\_\_

HAMMOCK AND SHARAC

No.	Article	Value	No.	Article	Value
	Belt, black or white	ea.	8	Jumpers, white undress	ea. 4.80
2	Blankets, wool	ea. 16.50		Leggings	pr.
	Broom, whisk	ea.		Mattress, hair	ea.
	Brush, hair	ea.		Neckerchief	ea.
	Brush, scrubbing	ea.	1	Overcoat	ea. 16.25
	Brush, shoe, set	ea.		Pillow, feather	ea.
	Cap, ribbon	ea.		Raincoat	ea.
1	Cap, cloth, blue	ea. 1.85	1	Shirts, chambray	ea. .85
	Cap, watch	ea.	1	Shoes, gymnasium	pr. 1.00
	Clothes stops	pk.		Shoes, leather, high	pr.
	Comb	ea.	1	Shoes, leather, low	pr. 5.00
2	Covers, mattress	ea. 2.40		Socks, cotton	pr.
2	Covers, pillow	ea. .60		Socks, woolen	pr.
2	Drawers, heavy	pr. 2.60	1	Towel, turkish, large	ea. .50
	Drawers, nainsock	pr.	1	Towel, turkish, small	ea. .30
	Gloves, woolen, blue	pr.	2	Trousers, blue	pr. 14.50
	Handkerchiefs	ea.	1	Trousers, dungaree	pr. 1.30
3	Hats, white	ea. 1.95		Trousers, white	pr.
	Jackknife	ea.		Trunks, bathing	pr.
	Jersey	ea.		Undershirts, cotton	ea.
1	Jumper, blue, dress	ea. 9.00	2	Undershirts, heavy	ea. 2.40
2	Jumpers, blue, undress	ea. 10.00		Total	993.10
1	Jumpers, dungaree	ea. 1.50			

I, HOWERTON, Walter Scott, Jr. SM3c, 659 75 74 USNR USNR  
(name) (rate) (service number)

HEREBY CERTIFY that the foregoing is a correct list of the articles belonging to me which were damaged beyond further use in the disaster <sup>at</sup> to the USS AT 718 (lost, destroyed, damaged) occurring on or about 18 Sept. 18 October 1944; that such damage was due to \*OPERATIONS OF WAR. (loss, destruction, damage)

and was without fault or negligence on my part.

I HEREBY CERTIFY that no other claim covering this loss has been or will be submitted, and reimbursement for loss of articles listed on face is hereby claimed.

Walter Scott Howerton  
Walter Scott Howerton

Claim approved 23 October 1944 in the amount of \$ 93.10 and any supply officer to whom this is presented is authorized to issue clothing or small stores within the limit of amount approved herein.

L. W. SNELL, Comdr. USNR, Commanding Officer.

\* 1. "The operations of war." 2. "Shipwreck or other disaster" (stating its character). 3. "Lost, damaged, or destroyed, whether or not due to negligence on the part of government personnel, while in shipment pursuant to orders issued by competent authority." 4. Due to attention given to "The saving of lives of others or of property belonging to the United States" (stating which).

FINISHED FILE PERS 1002

AGC/PAC/Orders- ARMED GUARD CENTER (PACIFIC)  
delayed TWELFTH NAVAL DISTRICT  
Pl8-1/Pl6-4/ Treasure Island  
Serial No. **A-137-45** San Francisco, California

**7 November 1945**

From: The Commanding Officer, Armed Guard Center (Pacific)  
To: **HOWERTON, Jr. Walter S. SM2c 659 75 74 USNR**  
Subject: Orders

References: (a) BuPers ltr Pers 635-ear-20 over NM22/Pl6-1,  
dated 1 August 1945.  
(b) BuPers ltr Pers 6303-nu-9, dated 2 July 1945.

1. Upon receipt of these orders, you will proceed and report to the Commanding Officer, Receiving Station, New York, New York. You are hereby granted **30 (Thirty)** days' leave and **4 (Four)** days' travel time commencing at 0800 this date and expiring on board the above station at 0800 **11 December 1945**.

2. You have given your address while on leave as:  
**689 Mount Prospect Ave.,  
Newark, N. J.**

3. You will keep the Commanding Officer, Receiving Station, New York, New York, advised of any change in your leave address.

4. Under the provisions of references (a) and (b), you are authorized to travel at your own expense subject to reimbursement at the rate of 3¢ per mile, in accordance with Ar. 2503-4 U.S. Navy Travel Instructions. No transportation or subsistence was furnished by this command.

5. In case of accident or sickness during any part of this leave, requiring medical attention, report to a Government hospital or Government Medical Officer. ONLY IN AN EMERGENCY report to a civilian hospital or doctor, then forward the facts immediately to your new Commanding Officer of the Command to which you are reporting, giving all the details and he will issue the necessary instructions.

6. You will not discuss naval or military matters, or participate in press conferences or talk to reporters or over the radio except after consultation with or clearance of the subject matter by a Navy Public Relations Officer.

7. By copy of these orders the Commanding Officer, Armed Guard Center, (Atlantic) is requested to immediately forward your service records, pay accounts, and health record to the Commanding Officer, Receiving Station, New York, New York.

8. These orders are of a confidential nature and the contents herein shall not be disclosed to anyone other than necessary military personnel.

cc: BuPers  
CO, AGC (Pacific) & (Atlantic)  
Receiving Station, New York, N. Y.

**E. D. FLAHERTY**

CERTIFIED TO BE A TRUE COPY

RECEIVED

**G. N. HARRIS**  
By Direction

15 NOV 34

NOV 15 1945  
# 6 12 273

FINISHED FILE PERS 2274