

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

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Roberts Milton H		2. ARMY SERIAL NO. 33 846 302	3. GRADE Pfc	4. ARM OR SERVICE Inf	5. COMPONENT AUS
6. ORGANIZATION 78th Div 310th Inf		7. DATE OF SEPARATION 4 Aug 45	8. PLACE OF SEPARATION Brooke Conv Hosp FSHTex		
9. PERMANENT ADDRESS FOR MAILING PURPOSES R D 2, Box 150, Johnstown Pennsylvania		10. DATE OF BIRTH 4 Dec 25	11. PLACE OF BIRTH Johnstown Pennsylvania		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9		13. COLOR EYES Blue	14. COLOR HAIR Blonde	15. HEIGHT 5' 10"	16. WEIGHT 148 LBS.
18. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify) <input type="checkbox"/>		19. MARITAL STATUS SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify) <input type="checkbox"/>		20. U.S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. CIVILIAN OCCUPATION AND NO. Box Maker Wood II 6-39.114					

MILITARY HISTORY


22. DATE OF INDUCTION 2 Mar 44		23. DATE OF ENLISTMENT 2 Mar 44	24. DATE OF ENTRY INTO ACTIVE SERVICE 2 Mar 44			25. PLACE OF ENTRY INTO SERVICE Fort George G Meade Maryland		
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	26. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	27. LOCAL S.S. BOARD NO. 1	28. COUNTY AND STATE Blair Pennsylvania		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Route 2, Box 150, Johnstown, Cambria, Pennsylvania			
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Light mortar Gunner 607				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) Combat Infantryman Badge GO No not available Dec 44				
32. BATTLES AND CAMPAIGNS Ardennes GO 33 WD 45 Germany GO 33 WD 45								20 051150
33. DECORATIONS AND CITATIONS Purple Heart GO No not available Good Conduct Medal GO No not available European African Middle Eastern Service Medal								
34. WOUNDS RECEIVED IN ACTION European Theater 14 Dec 44								
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN				
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL		
Not available				13 Oct 44	Europe Theater	Not available		
TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD					
DOMESTIC SERVICE			Pfc					
YEARS	MONTHS	DAYS	Not available					
9	21	0	USA					
39. PRIOR SERVICE None								
40. REASON AND AUTHORITY FOR SEPARATION Certificate of Disability for Discharge Section 1 AR 615-261 4 Nov 44 and 1st Indorsement Brooke Convalescent Hospital FSHTex 2 Aug 45								
41. SERVICE SCHOOLS ATTENDED None						42. EDUCATION (Years) Grammar 8 High School 2 College 0		

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	None	\$ 82.55	\$ 284.95	A O WALSH COL FD
1	5	3	\$ 300	\$ 100				

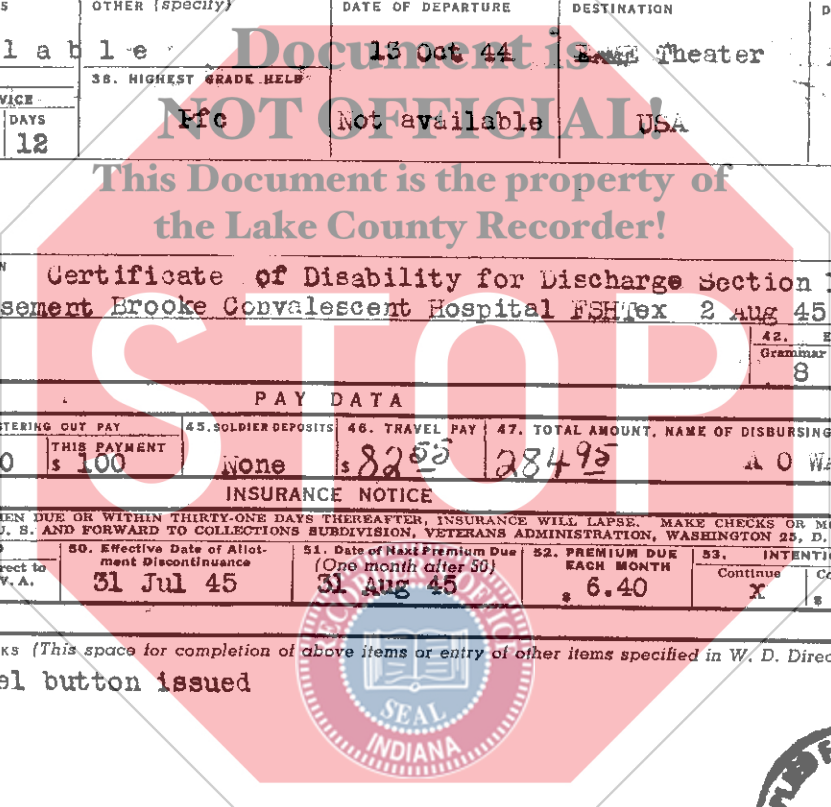
INSURANCE NOTICE

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.									
48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO	
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V.A.	31 Jul 45	31 Aug 45	\$ 6.40	Continue <input checked="" type="checkbox"/>	Continue Only <input type="checkbox"/> Discontinue <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

54.  RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) Lapel button issued	
	56. SIGNATURE OF PERSON BEING SEPARATED <i>Milton H Roberts</i>	57. PERSONNEL OFFICER (Type name, grade and organization - signature) WILMA M MARSHALL 1st Lt WAC <i>Wilma M. Marshall</i>

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.



nc
RN

Michelle R. Fajman

Recorder of Deeds
Lake County Indiana
2293 North Main Street
Crown Point, In 46307
219-755-3730
fax: 219-648-6028

Certification Letter

State of Indiana)
) SS
County of Lake)

This is to certify that I, Michelle R. Fajman, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

UNITED STATES DISCHARGE
MILTON H ROBERTS

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

as recorded as 2011-051150 SEPTEMBER 16, 2011

as this said document was present for the recordation when Michelle Fajman

was Recorder at the time of filing of said document

Dated this 16TH day of September, 2011

[Signature]

Deputy Recorder

[Signature]



Michelle R. Fajman, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002