

12179

1108

RE-1

LEGEND: Insert N/A to the items below unless otherwise applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>ISON, JIMMIE DON</b>		2. SERVICE NUMBER <b>RA 19 758 755</b>		3a. GRADE, RATE OR RANK <b>SGT E5 (T)</b>		b. DATE OF RANK (Day, Month, Year) <b>30 Nov 65</b>	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY RA INF</b>		5. PLACE OF BIRTH (City and State or Country) <b>Wright City Oklahoma</b>		6. DATE OF BIRTH DAY <b>12</b> MONTH <b>Nov</b> YEAR <b>43</b>			
	7a. <b>NA</b>	b. SEX <b>Male</b>	c. COLOR HAIR <b>Brown</b>	d. COLOR EYES <b>Hazel</b>	e. HEIGHT <b>6'4</b>	f. WEIGHT <b>178</b>	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL <b>12 years</b>		b. MAJOR COURSE OR FIELD <b>General</b>		11a. TYPE OF TRANSFER OR DISCHARGE <b>Trans to USAR (See #18)</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Hamilton New York</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Trans to USAR (See #18)</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Hamilton New York</b>		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Co B 3d Bn 6th Inf Berlin Comd</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>	
	14. SELECTIVE SERVICE NUMBER <b>35 18 43 323</b>		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>#18 Klamath Falls Oregon</b>		16. DATE INDUCTED DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		17. TYPE OF CERTIFICATE <b>NONE</b>	
SELECTIVE SERVICE DATA	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>Trans to USAR Control Gp (Reinf) USAAC St Louis Missouri</b>		18. TERMINAL DATE OR RESERVE OBLIGATION DAY <b>8</b> MONTH <b>Jul</b> YEAR <b>69</b>		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:		b. TERM OF SERVICE (Years) <b>3</b>	
	20. PRIOR REGULAR ENLISTMENTS <b>None</b>		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Pvt E1</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Portland Oregon</b>		c. DATE OF ENTRY DAY <b>9</b> MONTH <b>Jul</b> YEAR <b>63</b>	
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>1930 Würden Ave Klamath Falls (Klamath) Oregon</b>		24. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD <b>2</b> (2) OTHER SERVICE <b>0</b> (3) TOTAL (Line (1) + line (2)) <b>2</b> b. TOTAL ACTIVE SERVICE <b>2</b> c. FOREIGN AND/OR SEA SERVICE <b>2</b>		YEARS <b>2</b>		MONTHS <b>11</b>	
SERVICE DATA	25a. SPECIALTY NUMBER AND TITLE <b>11C20 Inf Ind Fire Crum</b>		b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER <b>NA</b>		26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Sharpshooter (Rifle) National Defense Service Medal Army of Occupation Medal (Berlin)</b>		27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>None</b>	
	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED SCHOOL OR COURSE <b>None</b>		DATES (From-To) <b>NA</b>		MAJOR COURSES <b>NA</b>		OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>ATP21-114 CrseA NonJud Pun</b>	
	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		d. VA CLAIM NUMBER <b>C- NA</b>	
AUTHENTICATION	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>		32. REMARKS <b>Item #3a: SP4 E4 (P) Aptd 30 Nov 65 DOR 18 Jun 65 Lump sum payment made for 16 days accrued leave Blood Group: 0 SSAN 54148 1348 SGLI Declined</b>		33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>Rt 3 Box 228 Klamath Falls (Klamath) Ore 1 W QUIMBY 2D LT AGC ASST ADJ</b>		34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jimmie D Ison</i>	
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>1 W QUIMBY 2D LT AGC ASST ADJ</b>		35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>		35c. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>		35d. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>	
	35e. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>		35f. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>		35g. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>		35h. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>	

DD FORM 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGESTATE OF OREGON, } ss.  
County of Klamath

Filed for record at request of:

Jimmie Don Ison

on this 16 day of February A. D., 19 67

at 12:40 o'clock P.M. and duly

recorded in Vol. M-67 of Discharges.

Page 1108

DOROTHY ROGERS, County Clerk

By *[Signature]* Deputy.

Fee, None.