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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BALTIMORE, MARYLAND 21235

REFER TO:  
IPO-4-5-1

JUL 28 1978

010313

Ms. Jackie Hess  
Select Committee on Assassinations  
U.S. House of Representatives  
3331 House Office Building, Annex 2  
Washington, D.C. 20515

Dear Ms. Hess:

This is in response to Mr. Blakey's May 15, 1978, request for access to all files and documents concerning or referring to Lee Harvey Oswald and Marina Oswald. The following documents are enclosed:

1. Form SS-5, Application for Social Security Account Number, completed by Lee Harvey Oswald.
2. Form SS-5, Application for Social Security Account Number, completed by Marina Oswald.
3. Numident showing name changes for Marina Oswald.
4. Form OA-C5, Application for Survivors Insurance Benefits, completed by Marina Oswald.
5. Certificate of Death issued by the City of Dallas for Lee Harvey Oswald.
6. Marriage certificate (and translation) for Lee Harvey Oswald and Marina Nikolaevna Prusakova.
7. Birth certificate (and translation) for Marina Nikolaevna.
8. Birth certificate (and translation) showing child born to Lee Harvey Oswald and Marina Nikolaevna Oswald.
9. OA-C704, Certification of Contents of Document(s) or Record(s), re birth of child to Lee H. Oswald and Marina Nikolaevna Prusakova.


10. Form OA-C654, Certification By Uniformed Services, for Lee Harvey Oswald.
11. Letter dated 7/25/63 from the Department of the Navy to Lee Harvey Oswald.
12. Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, for Lee Harvey Oswald.
13. Undesirable Discharge from the Armed Forces of the United States, issued to Lee Harvey Oswald.
14. Forms OA-C668, Claimant's Report to Social Security Administration, completed by Marina Oswald on 3/27/64 and 5/1/65.
15. Form OA-C669, Claimant's Report About Work to the Social Security Administration, completed by Marina Oswald on 10/8/64.
16. Form SSA-1425, Reporting Card, completed by Marina Porter on 5/4/66.
17. Forms OA-C777, Annual Report of Earnings, completed by Marina Oswald for 1964 and 1965.
18. Form OAC-1001, Statement of Employer, completed by Jaggars-Chiles-Stovall, Inc.
19. Form OAC-1001, Statement of Employer, completed by Texas School Book Depository.
20. Form OAC-1001, Statement of Employer, completed by William B. Reily, Company, Inc.
21. OAC-5002, Report of Contact, re contact with Jaggars-Chiles-Stovall, Inc.
22. OAC-5002, Report of Contact, re earnings under Jaggars-Chiles-Stovall, Inc.
23. Copies of three pages of the Warren Commission Report re employment of Lee Harvey Oswald prior to service in the Marine Corps.
24. Form OA-C790, Request for E/R Action.
25. Memorandum dated 6/3/65, re remarriage of Marina Oswald.
26. Forms SSA-L735 sent to Marina Porter and completed by Mrs. Porter.

27. Forms OA-C107, Determination of Resumption of Award.
28. Forms OA-C528b, Determination of Termination of Entitlement or Suspension of Payments Based on Supporting Evidence on File.
29. Forms OA-C610, Payee, Address Change, or Hold Check Request.
30. Form OA-C526, Benefit Summary.
31. Form OA-C101, Determination of Award.
32. Form OA-C589, receipt for check.
33. Form OA-C596, 1965 Conversion of Benefit Rates.
34. Form AC-512, Appointment of Representative, completed by Marina N. Oswald and James H. Martin.
35. Form OAC-5002, Report of Contact, with James H. Martin.
36. Form OAC-5002, Report of Contact, re Lee Harvey Oswald's death.

The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. Under 26 U.S.C. 6103, this information is given to the Social Security Administration for the administration of the Social Security Act and redisclosure is prohibited. You may request this information directly from the Internal Revenue Service.

I understand that the Dallas Region has already sent you the local folder on Lee Harvey Oswald. We are also checking with the National Archives to determine if it may have further social security records on Lee Harvey Oswald or Marina Oswald. To date, we have found no records under the aliases you provided. We will contact you if further documents are located.

Sincerely yours,

  
Robert P. Bynum  
Associate Commissioner  
for Program Operations

Enclosures

**APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER**  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. **PRINT** IN BLACK OR DARK BLUE **INK** OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED		FIRST NAME <b>LEE</b>	MIDDLE NAME. (IF YOU HAVE A MIDDLE NAME OR INITIAL, DRAW A LINE —) <b>HARVEY</b>	LAST NAME <b>OSWALD</b>
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) <b>126 Exchange St. N.O., LA.</b>		3 PRINT FULL NAME GIVEN YOU AT BIRTH <b>LEE HARVEY OSWALD</b>		
4 AGE ON LAST BIRTHDAY <b>15</b>	5 DATE OF BIRTH (MONTH) (DAY) (YEAR) <b>OCT. 18 1939</b>	6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) <b>NEW ORLEANS LA.</b>		DO NOT WRITE IN THIS SPACE
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD <b>ROBERT LEE OSWALD</b>		8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD <b>MARGARET CLEVERLY</b>		
9 (MARK (X) WHICH) SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR WHITE NEGRO OTHER RACE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DOUBT <input type="checkbox"/>		
BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"		IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN		
12 EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE)		ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT <b>DAU NO RECORD</b>		
13 TODAY'S DATE <b>10/16/55</b>	14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) <b>Lee H. Oswald</b>			

1. *Имя (Name)*  
 2. *Фамилия (Surname)*  
 3. *Пол (Sex)*  
 4. *Дата рождения (Date of Birth)*  
 5. *Место рождения (Place of Birth)*  
 6. *Гражданство (Citizenship)*  
 7. *Паспорт (Passport)*  
 8. *Средства передвижения (Means of Transport)*  
 9. *Средства связи (Means of Communication)*  
 10. *Средства размещения (Means of Accommodation)*  
 11. *Средства питания (Means of Nutrition)*  
 12. *Средства гигиены (Means of Hygiene)*  
 13. *Средства одежды (Means of Clothing)*  
 14. *Средства обуви (Means of Footwear)*  
 15. *Средства ухода за собой (Means of Self-Care)*  
 16. *Средства развлечения (Means of Entertainment)*  
 17. *Средства образования (Means of Education)*  
 18. *Средства работы (Means of Work)*  
 19. *Средства отдыха (Means of Rest)*  
 20. *Средства безопасности (Means of Safety)*  
 21. *Средства здоровья (Means of Health)*  
 22. *Средства информации (Means of Information)*  
 23. *Средства связи (Means of Communication)*  
 24. *Средства размещения (Means of Accommodation)*  
 25. *Средства питания (Means of Nutrition)*  
 26. *Средства гигиены (Means of Hygiene)*  
 27. *Средства одежды (Means of Clothing)*  
 28. *Средства обуви (Means of Footwear)*  
 29. *Средства ухода за собой (Means of Self-Care)*  
 30. *Средства развлечения (Means of Entertainment)*  
 31. *Средства образования (Means of Education)*  
 32. *Средства работы (Means of Work)*  
 33. *Средства отдыха (Means of Rest)*  
 34. *Средства безопасности (Means of Safety)*  
 35. *Средства здоровья (Means of Health)*  
 36. *Средства информации (Means of Information)*

629 *Средства связи (Means of Communication)*  
 8-12-64

FORM 1 APPL/CYCLE 08 64 ENTRY 0

REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN BIRTHPLACE ARCHANGEL UR\*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2

REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636 2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV BIRTHPLACE ARCHANGEL UR\*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

DO COO FORM 8 APPL/CYCLE 011976 ENTRY 2

REF# 76010006538

NAME LINE M N PORTER 636 2ND NAME MARINA NIC OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE D SEX 2 RACE 0

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 3 OF 3

DALLAS, TEXAS

APPLICATION FOR SURVIVORS INSURANCE BENEFITS\*

(Do not write in this space)

*Received*  
*Dallas DO JAN 9 1954*

All items on this form requiring an answer must be answered or marked "Unknown."  
 NOTICE.—Whoever (a) makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual's disability, under Title II of the Social Security Act, or (b) who, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

*Lee Harvey Oswald* 433-54-3937  
 (Name of deceased wage earner or self-employed person) (Social security account number)

I, *Marina N. Oswald*, hereby apply for all insurance benefits payable to me under Title II of the Social Security Act, as amended, and to the children listed in item 14 below.

1. When was the deceased born? Month *10* Day *19* Year *39*

2. In what State or foreign country did the deceased have his fixed, permanent home when he died? *Louisiana*

3. (a) Did the deceased ever serve in the military or naval service of the United States?  Yes  No  
 If "Yes," answer (b).

(b) Was the deceased in active service after September 7, 1939, and before January 1, 1957?  Yes  No  
 If "Yes," answer (c) and (d).

(c) Give dates of service during the period specified in (b) above *10/24/56 - 9/11/59*

(d) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased?  Yes  No

If "Yes," name such person(s) \_\_\_\_\_  
 List all such agencies \_\_\_\_\_

4. Did the deceased work in the railroad industry at any time on or after January 1, 1937?  Yes  No

5. Give the names and addresses of the deceased's employers during the 12 months before his death; if the deceased worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write "Self-employed.")

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
<i>Waggers-Chiles Stovall, 522 Browder, Dallas</i>	<i>10</i>	<i>62</i>	<i>4</i>	<i>63</i>
<i>Wm. B. Bailey Co Inc, 640 Magazine, New Orleans, La</i>	<i>5</i>	<i>63</i>	<i>7</i>	<i>63</i>

6. If the deceased was self-employed last year or the year before, give:  
 Year \_\_\_\_\_ Kind of Trade or Business \_\_\_\_\_ Amount of Net Earnings \_\_\_\_\_  
 Less than \$400  \$400 or more  
 Less than \$400  \$400 or more

7. About how much did the deceased earn from employment and self-employment during the year in which he died? \$ *2600.00*

8. Give the following information about each marriage of the deceased, including his marriage to you.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place
<i>4/30/61</i>	<i>Mark, Pech Russia</i>	<i>Maria N. Prossakova</i>	<i>Li death</i>	<i>11/24/63</i>	<i>Dallas Tex</i>	

9. What was your maiden name? *Marina Nikolaevna Prossakova*  
 10. When and where were you born? *7/17/41* *Sverdlovsk, Russia*  
 (Month, day, and year) (State or foreign country)

\* This may also be considered an application for survivors benefits under Section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

PLEASE DO NOT WRITE IN MARGIN



11. Indicate by (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official  or Other  (Explain)

12. Were you married before your marriage to the deceased?  Yes  No

If "Yes," give the following information about each of your previous marriages.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place

13. (a) Were you and the deceased living together at the same address when the deceased died?  Yes  No

(b) If either you or the deceased was away from home (whether or not temporarily) when the deceased died, give the following: which of you was away; date last home; reason absence began; reason you were apart at time of death; if hospitalized, name of hospital and nature of confinement.

*He was last at home 11/22/63 when he left to go to work. He were not separated by marital difficulties; he was in police custody until his death.*

14. Was the deceased survived by any unmarried children (including stepchildren, adopted, and illegitimate children): (a) who were under 18 years of age when he died; or (b) who were 18 years of age or older, with a disability that began before age 18?  Yes  No

If your answer is "No," leave out the next questions and continue with question 21.

If your answer to question 14 is "Yes," give the following information about each such child.

(If uncertain as to name, date of birth, or whereabouts of any of these children, explain under "Remarks" on last page.)

Show relationship to you and the deceased by placing (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO DECEASED				RELATIONSHIP TO YOU	
	Month	Day	Year	Legitimate	Adopted	Stepchild	Illegitimate	Natural or Adopted	Stepchild
<i>June Lee Oswald</i>	<i>2</i>	<i>15</i>	<i>62</i>	<i>X</i>				<i>X</i>	
<i>Audrey Marina Rachel Oswald</i>	<i>10</i>	<i>20</i>	<i>63</i>	<i>X</i>				<i>X</i>	

(If you are not filing this application on behalf of any child listed above, give under "Remarks" on last page the name of each such child and the reason(s) for not filing. If a child of the deceased is born after this application is filed, notify your office of the Social Security Administration promptly, as such child may receive benefits.)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased?  Yes  No

If "Yes," give the name of child, by whom adopted, and when.

16. (a) Were all the children listed in item 14 living with the deceased at time of death?  Yes  No

If "No," and the deceased was the FATHER or ADOPTING FATHER who died before September 1960, answer (b).

(b) Which of the children listed in item 14 were living with their STEPFATHER when the deceased died?

17. Are all the children listed in item 14 now living with you?  Yes  No

If "No," give the following information about each child not living with you now.

FULL NAME OF CHILD NOT LIVING WITH YOU	PERSON WITH WHOM CHILD NOW LIVES	
	Name and Address	Relationship to Child

18. Has a child listed in item 14 lived with you in every month since your husband's death?  Yes  No

If "No," list the months in which no such child lived with you.

PLEASE DO NOT WRITE IN MARGIN

19. Do you understand that all payments made to you on behalf of a child must be spent or saved for his use and benefit, and do you agree to so apply the benefits?  Yes  No
20. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing this application?  Yes  No

21. Have you or any children listed in item 14 married since the death of the deceased?  Yes  No  
 If "Yes," give name of person who married and date of marriage.....

22. Have you or any children listed in item 14 ever had a social security account number?  Yes  No  
 If "Yes," give the following information for each person having a number.

NAME OF PERSON AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER

23. Have you or any children listed in item 14 ever filed an application for social security benefits before?  Yes  No  
 If "Yes," give the name and account number of the person on whose earnings record such previous claim was based.  
 (Name of wage-earner or self-employed person) (Social security account number)

Answer questions 24 and 25 only if you are within 3 months of age 62 or older.

24. Were you in the active military or naval service of the United States after September 7, 1939, and before January 1, 1957?  Yes  No
25. Did you work in the railroad industry at any time on or after January 1, 1937?  Yes  No

Deductions are made from the benefits (other than disability benefits) of any person under age 72 who earns more than \$100 a month in employment or renders substantial services in self-employment, and has earnings in excess of \$1,200 for the taxable year.\* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

26. (a) Are you or any of the children for whom you are filing now earning more than \$100 a month in employment or rendering substantial services in self-employment?  Yes  No  
 If "Yes," give the name of each such person.....
- (b) Do you expect your total earnings or the total earnings of any child for whom you are filing to exceed \$1,200 this year (count all earnings beginning with the first month of this year)?  Yes  No  
 If "Yes," give the name of each such person and the amount of his expected earnings. If "No," continue with question 27.

PERSON	EXPECTED EARNINGS
	\$
	\$

(c) Did every person listed in (b) earn more than \$100 a month in employment or render substantial service in self-employment in all months of this year (counting the present month)?  Yes  No

If "No," give the name of each person and the months of this year in which the person did not earn more than \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None."

PERSON	MONTHS

\* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If you or any of the children use a fiscal year (one that does not end on December 31), enter here the name of such person and the month the fiscal year ends.

PLEASE DO NOT WRITE IN MARGIN

Answer item 27 only if the deceased died before this year.

27. Did you or any child for whom you are filing earn more than \$1,200 last year?  Yes  No

If "Yes," give the name of each such person, show his total earnings, and list the months of last year in which the person did not earn \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None." (Do not list any month before the month the deceased died.)

PERSON	EARNINGS	MONTHS
	\$	
	\$	

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you, while under age 72 at least one full month of that year, or any child for whom you are filing, earned more than \$1,200. Also, your benefit is not payable for any month you do not have in your care a child of the deceased entitled to a child's benefit unless you are receiving benefits because you are a widow age 62 or over.

**FAILURE TO REPORT THESE EVENTS MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.**

28. Do you agree to file the annual report of earnings when required?  Yes  No

29. Do you agree to notify the Social Security Administration promptly if you do not have an entitled child of the deceased in your care?  Yes  No

A widow's entitlement to benefits ends with the month before the month in which: (a) she remarries, with certain exceptions (however, all marriages must be reported); or (b) she is under age 62 and no child of the deceased is entitled to child's insurance benefits.

A child's entitlement to benefits ends with the month before the month in which the child: (a) attains age 18 (unless the child has a physical or mental impairment which began before age 18, is expected to be long-lasting, and prevents any substantial gainful activity); (b) dies; (c) marries, with certain exceptions where the child is disabled (however, all marriages must be reported); or (d) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle after the death of the parent on whose record the child's claim is based).

If the child is age 18 or over and is receiving benefits as a disabled child, his entitlement to benefits also ends with the second month after the month in which his disability ceases.

30. Do you agree to notify the Social Security Administration promptly if any of these events occur and to return promptly any check for benefits received by you if you or any of the children are not entitled to it?  Yes  No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

3. *Public School Book Depository 411 Elm, Dallas Tex 10/63-11/63*

PLEASE DO NOT WRITE IN MARGIN

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 (Street and number)  
 \_\_\_\_\_  
 (City) (Zone number) (State)

2. \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 (Street and number)  
 \_\_\_\_\_  
 (City) (Zone number) (State)

Signature of applicant (Write in ink):

Sign Here *M* Marina N. Oswald  
 (First name) (Middle initial) (Last name)

PO Box 1407  
 (Street and number)

Grand Prairie Tex 75050  
 (City) (Zone number) (State)

Telephone number at which I can be reached:  
DA 7-6569 DA 7-0188  
 (If none, write "None.")

Date: X  
 (Month) (Day) (Year)

020

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in l. b. <b>13 Mo.</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Parkland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1026 N. Beckley</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First <b>Lee</b> (b) Middle <b>Harvey</b> (c) Last <b>Oswald</b>		4. DATE OF DEATH <b>November 24, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>October 19, 1939</b>
9. AGE (In years last birthday) <b>24</b>		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing, Book, Metal</b>	11. BIRTHPLACE (State or foreign country) <b>New Orleans, La</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Robert Edward Lee Oswald</b>	
14. MOTHER'S MAIDEN NAME <b>Margeruite Claverie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> If yes, give year or date of service <b>10-1955 9-1959</b>	
16. SOCIAL SECURITY NO. <b>433-54-3937</b>		17. INFORMANT <b>Robert L Oswald</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hemorrhage, secondary to a gun shot wound of the chest.</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>Approx 45 minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) <b>Deceased shot at close range while officers were in process of transferring him from city to county jail.</b>			
20c. TIME OF INJURY (Hour, Minute, Day, Year) <b>11:25 a.m. 11/24/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>City Hall</b>		20f. CITY, TOWN, OR LOCATION <b>Dallas Dallas Texas</b>	
21. I hereby certify that I attended the deceased from <b>field request</b> on <b>11-24-63</b> and last <b>at the deceased's</b> on <b>11-24-63</b> . Death occurred at <b>12:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Pearl McBride J.P.</b>		22b. ADDRESS <b>310 Courthouse</b>	
22c. DATE SIGNED <b>12-5-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>November 25, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Burial Park</b>		23d. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Ft Worth, Texas</b>	
23e. LOCATION (City, town, or county) <b>Fort Worth Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Ft Worth, Texas</b>	
25a. REGISTRAR'S FILE NO. <b>6717</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 6 1963</b>	
25c. REGISTRAR'S SIGNATURE <b>J.W. Baca</b>		25d. BY <b>Maurine Damon</b> ACTING REGISTRAR	

DALLAS, TEXAS Jan. 2, 1964

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE Lee Harvey Oswald

AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

BY J.W. Baca  
ACTING REGISTRAR - VITAL STATISTICS  
DALLAS, TEXAS

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

Russian

TRANSLATING OFFICE

Social Security Administration

3. PERSON(S) FOR WHOM PROOF SUBMITTED:  
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Marriage Certificate

2. DATE EVENT RECORDED, IF SHOWN

4/30/61

3. DATE DOCUMENT ISSUED

4/30/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau Manager (Chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Citizens Statistics, Mikhok, Dist. Leningrad

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?  YES  NO

7. Is Foreign Service post verification stamp shown on document?  YES  NO

8. Describe and explain any irregularities in document:

9. The document, which is in the \_\_\_\_\_ language, contains the following pertinent information:

Citizen: Oswald, Lee Harvey, born 10/18/39 in New Orleans

and

Citizen: Puzanova, Marina Nikolaevna, born July 17, 1941 in Melotoosk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415 Cert. No. 332281

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Kotichen

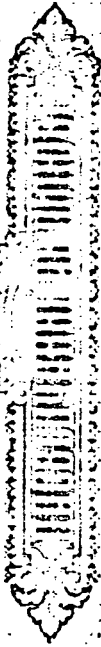
TITLE

cl auth T-1

DATE

1/23/64

Marriage Certificate



СВИДЕТЕЛЬСТВО О БРАКЕ

Гражданин  
Гражданка

*Осваля*  
(протавител)

*Или Карсест*  
(имя по браку) или отчество

1939 года рождения

года рождения

*гор Норман Орсон*  
(место рождения - место жительства)

Гражданка  
Гражданин

*Джессика*  
(протавител)

*Джессика Джонасон*  
(имя по браку) или отчество

1911 года рождения

года рождения

*гор Валентина*  
(место рождения - место жительства)

*гор Валентина*  
(место рождения - место жительства)

*гор Валентина*  
(место рождения - место жительства)

услуги и шлюб *30 апреля 1939*

вступили в брак (подпись) *Или Карсест*

*Джессика Джонасон*

*Джессика Джонасон*

*Джессика Джонасон*

*Джессика Джонасон*

аб или у кнѣге записку актау грамалянскага стану  
аб шлюбѣ

о чѣм в кнѣге записей актов грамалянскаго состояннѣ  
о браке

19 *31* года *апреля* меснѣ *30* числа

зроблен *Или Карсест* за

протавителю соответствующая запись за № *4172*

Настоящий акт шлюбѣ приписанъ прѣдѣлѣ  
Правѣнскѣмъ въ припискии фамилии:

*Осваля*

*Джессика Джонасон*

Меснѣ *апрель* годѣ *1939*

Местѣ *гор Норман Орсон*

*Джессика Джонасон*

*Джессика Джонасон*

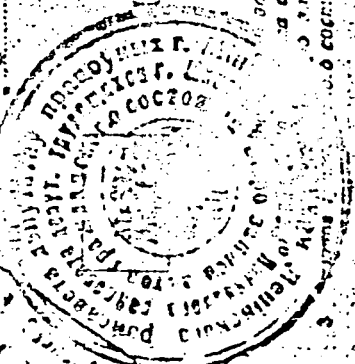
*Джессика Джонасон*

*Джессика Джонасон*

*Джессика Джонасон*

*Джессика Джонасон*

*Джессика Джонасон*



КП № 332281

*Джессика Джонасон*

The original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported.

Signature \_\_\_\_\_

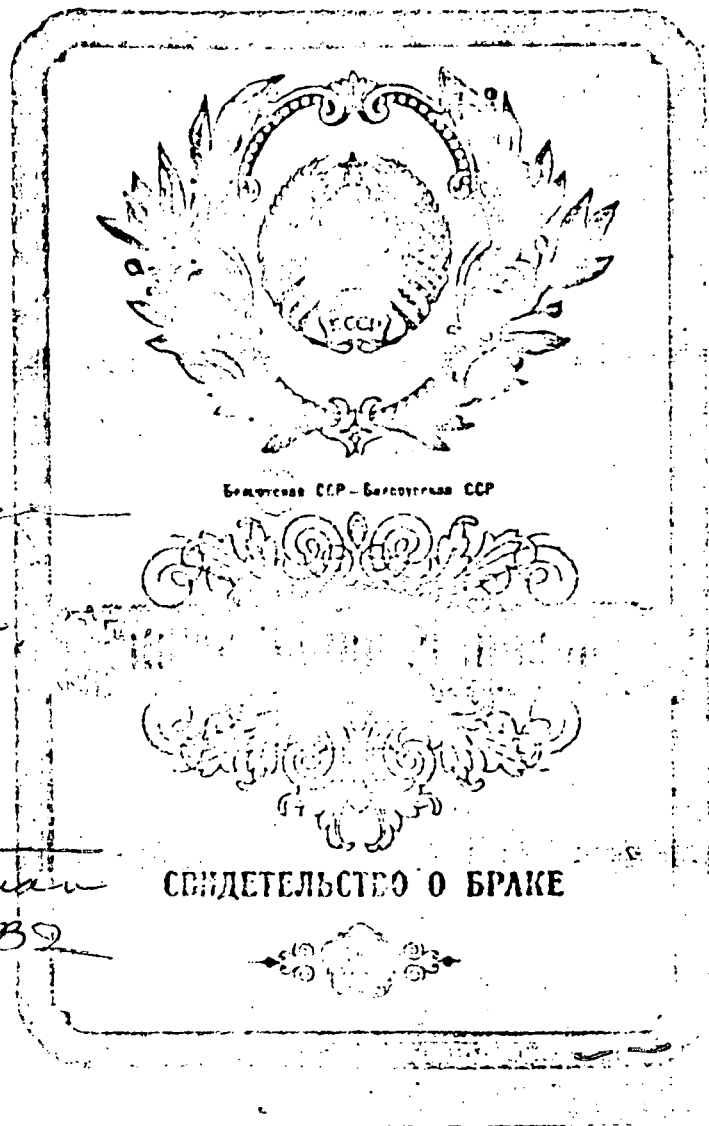
Date \_\_\_\_\_ Title \_\_\_\_\_

This is a true copy of a document held as evidence by the Federal Bureau of Investigation and examination of the original document by the F.B.I. Laboratory discloses no evidence of alteration.

William R. Newman  
Special Agent FBI  
Dolly, Ukraine

Белорусский 45.  
Гомель. 1959.

item.



TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

RUSSIAN

TRANSLATING OFFICE

Social Security Administration

3. PERSON(S) FOR WHOM PROOF SUBMITTED:  
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

8/14/41

3. DATE DOCUMENT ISSUED:

7/14/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

5. NAME OF ISSUING AGENCY:

Illegible\*

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?  YES  NO

7. Is Foreign Service post verification stamp shown on document.  YES  NO

8. Describe and explain any irregularities in document:

9. The document, which is in the \_\_\_\_\_ language, contains the following pertinent information:

Name: PRYKANOVA, Marina Nikolayevna was born (No. illegible) 17, 1941 (month appears to be July or June)

Place of Birth: (City Illegible), District Arkhangelsk, RSFSR

Father: (Illegible)

Mother: ( " )

Req. No. 1285

Cent No. (Illegible)

REQUESTING OFFICE:

\* Document shows official Soviet ZACS bureau stamp.

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

Geo. Rotishkov

TITLE

Ch. Auth. In

DATE

1/23/64



Marina's  
Birth Certificate

Гр. *Мурманск*

ро. *Семь*  
*моряк гвардии*

мест. *Семь*

республики *Архангельская*

о чем в *14*  
числа *1235*  
представлена соответствующая запись

*01*

национальность *Р. С. С. С. Р.*

*В. П. ...*



*Ваня*

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

Russian

TRANSLATING OFFICE

Social Security Administration

3. PERSON(S) FOR WHOM PROOF SUBMITTED:  
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

D/B

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

2/25/62

3. DATE DOCUMENT ISSUED:

2/25/62

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau manager (chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Statistics

6. Does this document appear to be genuine and unaltered, and made at the time purported? *Minsk, Dist. Lenin* YES  NO

7. Is Foreign Service post verification stamp shown on document? YES  NO

8. Describe and explain any irregularities in document:

9. The document, which is in the \_\_\_\_\_ language, contains the following pertinent information:

Family Name: OSWALD

FATHER'S NAME: OSWALD,

First Name: June

LEE HARVEY

FATHER'S NATIONALITY: AMERICAN

Patronymic: Lee

MOTHER'S NAME: OSWALD,

MARINA NIKOLAEVNA

BORN: February 15, 1962

MOTHER'S NATIONALITY: RUSSIAN

Place of Birth: Minsk, White Russian SSR

REG. No. 208

(over)

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Koteshin

TITLE

Chief

DATE

1/23/64

Place of Registration: Minsk, District Lenin

Office of Registration

Certificate No. 123610

# СЯСВЕДЧАННЕ АБ НАРАДЖЭННІ

## СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гр. Освальд  
 (прывішчы і прозьвішча)  
 Г. Джун Лу  
 (прывішчы і прозьвішча)  
(імя і імя па бацьку — імя і адчество)

нарадзіўся (дзяў) 15. II. 1962.  
 родзіўся (дзяў) (прывішчы і лічбамі год, месца і часу)

Язтнадцятэго дзеврале  
(прывішчы і лічбамі год, месца і часу)  
тысяча дзевятсот  
шэсцьдзясят второго года

Месца нараджэння дзіцяці: горад, сяло Минск  
 Место рождения ребенка: город, сяло БССР  
 раён БССР  
 район БССР  
 вобласць БССР  
 область БССР

аб чым у кнізе запісаў актаў грамадзянскага стану аб нараджэнні

о чем в книге записей актов гражданского состояния о рождении

1962 года дзеврале 25 25 года  
года года года года

зроблен адпаведны запіс за № 208  
 произведена соответствующая запись за

*June Lee Birth Certificate*

БАЦЬКІ: 433-54-3757  
 РОДИТЕЛИ:

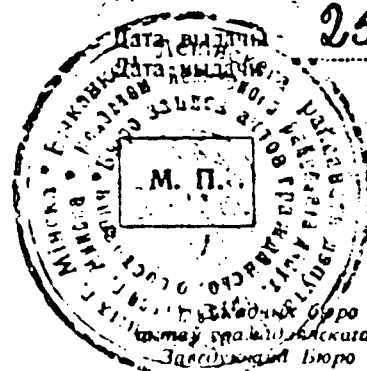
Бацька Освальд  
 Отец Лу Карвей  
(прывішчы і прозьвішча)

нацыянальнасць амерыканец  
 национальность Освальд  
 Маті Марыя Николаевна  
(прывішчы і прозьвішча)

нацыянальнасць русская  
 национальность Минск  
 Месца рэгістрацыі Бюро ЗАГС  
(назва і месцазнаходжанне бюро ЗАГС)

Месца рэгістрацыі Бюро ЗАГС  
(назва і месцазнаходжанне бюро ЗАГС)

Место рэгістрацыі Бюро ЗАГС  
(назва і месцазнаходжанне бюро ЗАГС)  
Ленинского р-на



25. дзеврале 1962 г.  
г.

IV-ПЯ № 123610

*Handwritten signature*

CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)

(This form must be executed by an authorized employee of the Social Security Administration)

Name of wage earner or self-employed person Lee Harvey Oswald Social security account number 433-54-3937

Every item in a block must be filled out with exact excerpts from the paper certified or the item must be marked "not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. **CROSS OUT ALL UNUSED SPACES.**

**A. AGE (OR RELATIONSHIP) OF:**

1. NAME OF PERSON AS SHOWN ON EVIDENCE Audrey Marina Rachel Oswald BORN 10/20/63 AGE no BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN  DATE RECORDED no

NAME OF FATHER  NOT SHOWN Lee H. Oswald AGE  NOT SHOWN NAME OF MOTHER  NOT SHOWN Marina Nikolaevna Prosakova AGE  NOT SHOWN

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:  APPLICANT NATURE OF EVIDENCE Cert. of Birth Reg.

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication) BVS, Dallas, Tex  CUSTODIAN DOCUMENT NO. 19133

2. NAME OF PERSON AS SHOWN ON EVIDENCE BORN AGE BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN DATE RECORDED

NAME OF FATHER  NOT SHOWN AGE NAME OF MOTHER  NOT SHOWN AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:  APPLICANT NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)  CUSTODIAN DOCUMENT NO.

3. NAME OF PERSON AS SHOWN ON EVIDENCE BORN AGE BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN DATE RECORDED

NAME OF FATHER  NOT SHOWN AGE NAME OF MOTHER  NOT SHOWN AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:  APPLICANT NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)  CUSTODIAN DOCUMENT NO.

4. NAME OF PERSON AS SHOWN ON EVIDENCE BORN AGE BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN DATE RECORDED

NAME OF FATHER  NOT SHOWN AGE NAME OF MOTHER  NOT SHOWN AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:  APPLICANT NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)  CUSTODIAN DOCUMENT NO.

**B. MARRIAGE OF:**

NAME OF HUSBAND AS SHOWN ON EVIDENCE NO. OF PREVIOUS MARRIAGES (1, 2, ETC.)  NOT SHOWN BORN AGE BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN

NAME OF WIFE AS SHOWN ON EVIDENCE NO. OF PREVIOUS MARRIAGES (1, 2, ETC.)  NOT SHOWN BORN AGE BIRTHDAY AT WHICH AGE SHOWN  LAST  NEXT  NEAREST  NOT GIVEN

NATURE OF EVIDENCE  MARRIAGE CERTIFICATE PLACE OF MARRIAGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:  APPLICANT DATE OF MARRIAGE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)  CUSTODIAN DOCUMENT NO.

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

FROM: Social Security Administration  
 Division of Claims Policy  
 Entitlement Branch, Room 645  
 Baltimore, Md. 21235

~~Maxwell~~ Thomas C. Parrott *TP* Date 1/24/64  
 Director

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION			
LAST NAME - FIRST NAME - MIDDLE NAME Oswald, Lee Harvey	DATE OF BIRTH 10/19/39	DATE OF DEATH 11/24/63	SOCIAL SECURITY NUMBER 433-54-3951
BRANCH OF SERVICE Marine Corps	DATE(S) OF ENTRY INTO SERVICE 10/24/56	DATE(S) OF SEPARATION 9/11/59	PLACE(S) OF SEPARATION
RATE OR RANK			
SERIAL NO. 1653230			
Part II <input checked="" type="checkbox"/> . . . Part III <input type="checkbox"/> below to be completed by the service department			
REMARKS:			

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE <b>24Oct56</b>	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE <b>11Sep59</b>	3. CHARACTER OF SEPARATION (S) * (If Bad Conduct or Dishonorable, INDICATE IF GIVEN AS A RESULT OF A General COURT MARTIAL) <b>Honorable</b>
4. If period of service was less than 90 days, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		*IF CHARACTER OF SEPARATION WAS NOT <i>Honorable</i> , Under <i>Honorable Conditions</i> , <i>Dishonorable</i> , NOR <i>Bad Conduct</i> AS A RESULT OF A <i>General COURT MARTIAL</i> , CHECK REASON FOR SEPARATION BELOW: a. <input type="checkbox"/> DESERTION. b. <input type="checkbox"/> RESIGNATION FOR THE GOOD OF THE SERVICE ( <i>Officers Only</i> ). c. <input type="checkbox"/> CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY. d. <input type="checkbox"/> CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES. e. <input type="checkbox"/> NONE OF THE ABOVE.
5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED? <input type="checkbox"/> INDUCTED <input type="checkbox"/> CALLED FROM INACTIVE SERVICE <input type="checkbox"/> ENLISTED <input type="checkbox"/> RE-ENLISTED <input type="checkbox"/> COMMISSIONED		

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . .

Sign and return the form without answering items 1, 2 and 3 below.

- (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? . . . . .  Yes  No

(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? . . . . .  Yes  No

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? . . . . .  Yes  No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? . . . . .  Yes  No
- (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? . . . . .  Yes  No

If answer is "Yes," answer (b) and (c).

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . . .  Yes  No

(c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957? . . . . .  Yes  No
3. Did the veteran have active duty or active duty for training after December 31, 1956? . . . . .  Yes  No

REMARKS BY CERTIFYING AGENCY:  
 Served in an inactive status in the Marine Corps Reserve from 12Sep59 to 13Sep60 when discharged as Undesirable.  CONTINUED ON REVERSE SIDE

ORGANIZATION Records Service Section Hq. U. S. Marine Corps	SIGNATURE <i>W.C. Keene</i> Head of Section
DATE 27Jan64	RANK OR TITLE

PART I—The items identifying the veteran are completed by the requesting Social Security Administration office shown in the upper right corner of the form. That office will also check block(s) after "Part II" and/or "Part III" to show the type of information being requested.

The duplicate copy of this form should be kept in the veteran's military file. If there is ever a subsequent change made in the service or retirement record which affects the information furnished on this form, the Social Security Administration should be advised accordingly.

This form requests information to permit the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940--July 24, 1947) or post-World War II (July 25, 1947--December 31, 1956) for which military service wage credits may be granted.

## INSTRUCTIONS

telecom. with Marine Corps 1/24/64  
and attached OA-C654 completed 1/27/64.

Attached OA-C654 reflects DWE's honorable active service 10/24/56 - 9/11/59 which confirms telecom. with Marine Corps (W. C. Keene, Record Service Section, Hdqs. Marine Corps, Washington, D.C.) on 1/24/64. The DWE's discharge as Undesirable was from his inactive status in the Marine Corps Reserve from 9/12/59 to 9/13/60, which discharge did not affect the character of separation from earlier service.

MS wage credits for 10/56 - 12/56 are not precluded by type of discharge from later period of service. See CM 1823.

*L. Benning*  
Lorene B. Benning  
Claims Policy Examiner

*His Act does not apply since military service is not required for insured status and benefits were computed based on non-military service in 1962 and 1963.*

*Walter D. Lubenstein*  
Claims Policy Examiner



DEPARTMENT OF THE NAVY  
NAVY DISCHARGE REVIEW BOARD  
WASHINGTON 25, D. C.

IN REPLY REFER  
EXOS:QB(33  
JAP:gjc

JUL 25 1963

Mr. Lee H. Oswald  
P. O. Box 30061  
New Orleans, La.

Dear Mr. Oswald:

The review of your discharge has been completed in accordance with the regulations governing the procedures of this Board. Careful consideration was given to the evidence presented in your behalf as well as that contained in your official records. The Secretary of the Navy has reviewed the proceedings of the Board.

It is the decision that no change, correction or modification is warranted in your discharge.

Sincerely yours,

D. W. BOWMAN  
Captain, USN

President

Navy Discharge Review Board

Encls: Original Discharge Certificate.  
Two (2) letters dated 31 Jan 1962, 13 Nov 1961.  
Information on Reenlistment



*Service Discharge* LEGEND: Insert N/A to the items below which are not applicable. *20*

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>OSWALD, Leo Harvey</b>		2. SERVICE NUMBER <b>1653230</b>		30. GRADE, RATE OR RANK <b>PFC (E-2)</b>		D. DATE OF RANK (Day, Month, Year) <b>Mar 59</b>												
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>USMC</b>		B. PLACE OF BIRTH (City and State or Country) <b>New Orleans, Louisiana</b>			G. DATE OF BIRTH	DAY <b>18</b>	MONTH <b>Oct</b>	YEAR <b>39</b>										
	70. RACE <b>Caucasian</b>	D. SEX <b>Male</b>	C. COLOR HAIR <b>Brown</b>	D. COLOR EYES <b>Grey</b>	E. HEIGHT <b>71"</b>	F. WEIGHT <b>150</b>	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS <b>Single</b>										
	100. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>High School - 1</b>		B. MAJOR COURSE OR FIELD <b>Academic</b>																
MILITARY DATA	110. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to Marine Corps Reserve</b>			D. STATION OR INSTALLATION AT WHICH EFFECTED <b>H&amp;HS, MCAS, El Toro, (Santa Ana), California</b>															
	C. REASON AND AUTHORITY <b>226-Dependency. Par 10273 MARCOMMAN &amp; MCO 1000.2B &amp; CG 3dMAW's 5th End of 31Aug59</b>						D. EFFECTIVE DATE	DAY <b>11</b>	MONTH <b>Sep</b>	YEAR <b>59</b>									
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3dMAW, MCAS, El Toro (Santa Ana) California</b>			130. CHARACTER OF SERVICE <b>HONORABLE</b>			D. TYPE OF CERTIFICATE ISSUED <b>DD-217-MC</b>												
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER <b>N/A</b>		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>N/A</b>						16. DATE INDUCTED										
									DAY	MONTH	YEAR								
									<b>N/A</b>	<b>N/A</b>	<b>N/A</b>								
SERVICE DATA	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>MARTC NAS, Glenview, Illinois</b>																		
	18. TERMINAL DATE OF RESERVE OBLIGATION			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION				B. TERM OF SERVICE (Years)		C. DATE OF ENTRY									
	DAY <b>8</b>	MONTH <b>Dec</b>	YEAR <b>62</b>	D. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:				<b>3</b>		DAY <b>24</b>	MONTH <b>Oct</b>	YEAR <b>55</b>							
	20. PRIOR REGULAR ENLISTMENTS <b>NONE</b>			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Private</b>			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Dallas, Texas</b>												
	25. ADDRESS OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>4936 Collinwood Street Fort Worth, Tarrant, Texas</b>			24. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS										
	260. SPECIALTY NUMBER AND TITLE <b>6771: AvnElectronic Operator</b>			D. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER <b>Radio Operator O-61.30</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NLT SERVICE THIS PERIOD	2	9	3	(2) OTHER SERVICE	0	0	0	(3) TOTAL (Line (1) + line (2))	2	9	3
							b. TOTAL ACTIVE SERVICE	2	9	3	c. FOREIGN AND/OR SEA SERVICE	1	2	2					
26. DECORATIONS, MEDALS, BAUGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NONE</b>																			
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NONE</b>																			
28. OTHER COURSE SUCCESSFULLY COMPLETED											28. OTHER COURSE								

20. PRIOR REGULAR ENLISTMENTS		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)					
NONE		Private		Dallas, Texas					
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)				24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS	
4936 Collinwood Street Fort Worth, Tarrant, Texas				a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD	2	9	3
						(2) OTHER SERVICE	0	0	0
						(3) TOTAL (Line (1) + line (2))	2	9	3
25a. SPECIALTY NUMBER AND TITLE				b. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER		b. TOTAL ACTIVE SERVICE			
6741: AvnElectronic Operator				Radio Operator O-61.30		2	9	3	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED				NONE					
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)									
NONE									
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSE AND/OR POST-GRADUATE COURSE SUCCESSFULLY COMPLETED						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
a. SCHOOL OR COURSE		b. DATES (From - To)		c. MAJOR COURSES					
Jacksonville, Florida		18Mar57-3May57		AvnFundamentalCl "P" Scol		USAFI GED HSI Low			
Biloxi, Mississippi		11May57-19Jun57		ACMID Oper Crse					
30a. GOVERNMENT LIFE INSURANCE IN FORCE				b. AMOUNT OF ALLOTMENT		c. MONTH ALLOTMENT DISCONTINUED			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				N/A		N/A			
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)				b. VA CLAIM NUMBER		c. VA CLAIM NUMBER			
				NONE		N/A			
32. REMARKS									
Lump sum leave settlement due but not settled ✓ Mileage paid: \$91.56 ✓ Recommended for Reenlistment. Time lost current active duty: Forty-five (45) days Periods in a non-pay status: From 29Jun58 to 12Aug58 Good Conduct Medal period commences 27Jun58 (1st Award) Total payment on separation: \$132.30 (9/11/59)									
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED					
3124 W. 5th Street, Fort Worth, Tarrant, Texas				<i>Lee Harvey Oswald</i>					
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER				b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					
A.G. AYERS Jr, 1st Lt USMCR Ass't OIC SepsCo				<i>A. G. Ayers Jr</i>					

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

423-54-1157

# UNDESIRABLE DISCHARGE

FROM THE ARMED FORCES OF THE  
UNITED STATES OF AMERICA

THIS IS TO CERTIFY THAT

PRIVATE FIRST CLASS LEE HARVEY OSWALD 1653230

WAS DISCHARGED FROM THE  
UNITED STATES MARINE CORPS

ON THE 13th DAY OF SEPTEMBER 1960

AS UNDESIRABLE

M. G. Letscher

M. G. LETSCHER, FIRST LIEUTENANT, USMC

Authority for discharge \_\_\_\_\_

at \_\_\_\_\_ on the \_\_\_\_\_ day of

\_\_\_\_\_, 19\_\_\_\_, to serve \_\_\_\_\_ years

of service \_\_\_\_\_

held on discharge \_\_\_\_\_

(Date of receipt)

of occupational specialty \_\_\_\_\_ *ww*

(sea, foreign, battles, engagements, expeditions) \_\_\_\_\_

number \_\_\_\_\_

of discharge \_\_\_\_\_

of discharge \_\_\_\_\_

that the above is correct according to the service records.

NAS, GLENVIEW, ILL. 26 Sep 60

non-delivery of Discharge  
(address unknown)

*Abraham* By direction

U.S. GOVERNMENT PRINTING OFFICE 16-63063-2

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input checked="" type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

**INCOMING CORRESPONDENCE ASSIGNMENT**  
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to \_\_\_\_\_  
Received by \_\_\_\_\_  
Searcher \_\_\_\_\_  
Final disposition \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Form Approved  
Budget Bureau  
No. 72-R597.1

**CLAIMANT'S REPORT TO  
SOCIAL SECURITY ADMINISTRATION**

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

*Marina Oswald*

SOCIAL SECURITY CLAIM NUMBER

*433-54-3937 E, C1, 2*

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS: (Fill in new address at bottom.)  
Check if change is for:  more than 6 months  6 months or less  
To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.

2. MARRIAGE \_\_\_\_\_  
Show new name \_\_\_\_\_  
Enter date of marriage \_\_\_\_\_

3. DEATH \_\_\_\_\_  
Enter date of death \_\_\_\_\_

4. DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual) \_\_\_\_\_  
Enter date decree final \_\_\_\_\_

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE \_\_\_\_\_  
Enter date child left your care \_\_\_\_\_

6. CHILD LEGALLY ADOPTED BY \_\_\_\_\_  
 Stepparent  Grandparent  Aunt  Uncle  Other  
Enter date of adoption \_\_\_\_\_

7. WORK OUTSIDE THE UNITED STATES: \_\_\_\_\_  
I was employed or self-employed outside the United States beginning with the month of \_\_\_\_\_  
Month and Year \_\_\_\_\_

SIGNATURE of person making this report  
*Marina Oswald*

Date signed  
*March 27, 1964*

P.O. Box or Street  
*629 Belt Line*  
City Zone No. State  
*Richardson, Tex. 75080*

UNIT DES	
<input type="checkbox"/> PES	
<input checked="" type="checkbox"/> CC	
<input type="checkbox"/> CAS	

INCOMING CORRESPONDENCE

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

Form Approved.  
Budget Bureau  
No. 72-R597.2

CLAIMANT'S REPORT TO  
SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER(S)

433-54-3937-E

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)  
Check if change is for:  more than 6 months  6 months or less  
To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.

2. MARRIAGE ..... Enter date of marriage  
Show New Name

3. DEATH OF (Show Name) ..... Enter date of death

4. DIVORCE OR ANNULMENT OF MARRIAGE ..... Enter date decree final  
(of spouse beneficiary from insured individual)

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE ..... Enter date child left your care

Show Given Name(s) of Person(s) Who Left:

6. GOING OUTSIDE THE U.S. ..... Date of departure from U.S.A.  
Name of country to which going

Given Name(s) of Person(s) Going

7. CHILD LEGALLY ADOPTED ..... Enter date of adoption  
Show Given Name(s) of Child(ren)

BY  Stepparent  Grandparent  Aunt  Uncle  Other

SIGNATURE of person making this report

Mrs. Marina Oswald

P.O. Box or Street

1245 DONNA DRIVE

City State Zip Code  
RICHARDSON, TEXAS 75080

Enter name of county, if any, in which you live

DALLAS COUNTY

Date Signed

5-1-65

Form OA-C669  
(11-60)

Form Approved.  
Budget Bureau No. 72-R598

### CLAIMANT'S REPORT ABOUT WORK TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER

433-54-3937-E

Fill in Only the item being reported.

**REPORT HERE IF YOU WORK**  
and expect to earn more than \$1,200 during this taxable year.

I am working for wages of more than \$100 (or rendering substantial services in self-employment) beginning with the month of . . . → 

Month & Year
<u>9-64</u>

Fill in both boxes →

I estimate that my total earnings for this taxable year will be . . . → 

Amount
<u>\$ 5,000</u>

Your estimate will be used to schedule benefit payments to you during the year. At the end of the year an annual report of actual earnings is required, at which time adjustments, as necessary, will be made.

**REPORT HERE IF YOU STOP WORKING**  
for wages of more than \$100 a month (or rendering substantial services in self-employment).

The last month I worked for wages of more than \$100 (or rendered substantial services in self-employment) was . . . . . → 

Month & Year
--------------

**REPORT HERE TO REVISE AN ESTIMATE**  
of earnings you previously gave for this taxable year.

I estimate that my total earnings for this taxable year will be . . . → 

Amount*
\$

\*If \$1,200 or less, show "\$1,200 or less"

Your benefit payments will be rescheduled in line with the changes in your work activity reported above.

SIGNATURE of person making this report | Date signed

Mrs. Marina Oswald | Oct. 8, 1964

P.O. Box or street

629 BELT LINE ROAD

City | Zone No. | State

RICHARDSON, TEXAS 75080

GPO : 1960 O-572939

559 to file 10-15-64 J.D.

<input type="checkbox"/> PES	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> RECON
<input type="checkbox"/> CAS	<input type="checkbox"/> REC

# INCOMING CORRESPONDENCE ASSIGNMENT RE

(MAIL AND DISTRIBUTION SYSTEM)

## REPORTING CARD

Form Approved  
Budget Bureau  
No. 72-8597.3

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. PORTER  
ENTER SOCIAL SECURITY CLAIM NUMBER IN THIS SPACE

433 54 3937

Check or fill in ONLY the information being reported.

1.  CHANGE OF ADDRESS (Print new address at bottom)  
Check if change is for:  More than 6 mos.  6 mos. or less

2.  WORKING AND WILL EARN OVER \$1,500 THIS YEAR:

I am working for wages of more than \$125 a month for rendering substantial services in self-employment beginning with the month of . . . . .

MONTH AND YEAR
----------------

Fill in both boxes

I estimate that my total earnings for this taxable year will be . . . . .

AMOUNT
\$

3.  STOPPING WORK:

The last month I worked for wages of more than \$125 for rendered substantial services in self-employment was . . . . .

MONTH AND YEAR
----------------

4.  SIGNIFICANT CHANGE IN ESTIMATE:

I estimate that my total earnings for this taxable year will be . . . . .

AMOUNT
\$ 0

NOTE: The work of beneficiaries who were over age 72 when the year began need not be reported.

5.  DEATH . . . . .

ENTER DATE OF DEATH

6.  GOING OUTSIDE THE U.S.

Name of country to which going

DATE GOING

DATE EXPECT TO RETURN

7.  MARRIAGE

Place of marriage (City, County & State)

DATE OF MARRIAGE

8.  DIVORCE OR ANNULMENT . . . . .

DATE DECREE FINAL

9.  CHILD LEGALLY ADOPTED BY

- Stepparent  Brother or
- Aunt or Uncle  Sister
- Other  Grandparent

ENTER DATE OF ADOPTION

10.  CHILD OR OTHER CLAIMANT LEFT YOUR CARE . . . . .

ENTER DATE HE LEFT YOUR CARE

SIGNATURE OF PERSON MAKING THIS REPORT

Mrs. Marina N. Porter

NUMBER AND STREET, P.O. BOX, OR ROUTE

6448 Dunstan Lane

CITY STATE ZIP CODE

Dallas Texas 75214

DATE SIGNED

5-4-66

TELEPHONE NUMBER, IF ANY

EM 8 2177

ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

DALLAS

FORM SSA-1425 (12-65) KC

Referred to

Received by

Searcher

Final disposition

REMARKS:

nit

late

osition

U.S. GOVERNMENT



433-54-3937 F



# SOCIAL SECURITY ADMINISTRATION

## ANNUAL REPORT ON EARNINGS - 1964

Please read enclosed INSTRUCTIONS leaflet carefully.

Form Approved  
Budget Bureau  
No. 72-RS24.9  
App. Exp. 12-31-66

4. Answer only if you answered Item 2d on other side.  
Show what work you did in connection with your business during the month for which you made an entry in Item 2d. (Also explain if ownership of your business changed.)

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT ALREADY SHOWN, THEN ANSWER QUESTIONS ON OTHER SIDE.

MARIANA N OSWALD  
629 BELT LINE RD  
RICHARDSON TEX  
75080

Please do not bend, pin or tear this card.

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
		ERR 07 2/27/65 AMB
SEPT	457	WRITER
OCT	457	"
NOV	457	"
DEC	457	"

**1. WERE YOU AN EMPLOYEE IN 1964?**  
 YES *If "yes" complete a & b*  
 NO

**a. Show amount of wages earned from January 1, 1964 through December 31, 1964 (gross wages before payroll deductions)** \$

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

**b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.**

---

**2. WERE YOU SELF-EMPLOYED IN 1964?**  
 YES *If "yes" complete a, b, c & d*  
 NO

**a. Show 1964 total receipts (farmers show gross profits)** \$ *40,935.05*

**b. Show 1964 net earnings or loss (if a loss, write "L" after the amount)** \$ *10,502.06*

**c. State kind of trade or business** *99999*

**d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>

---

**3. DO YOU EXPECT TO EARN OVER \$1,200 in 1965?**  
 YES *If "yes" complete a & b*  
 NO

**a. Show your expected total earnings for 1965.** \$ *5,000.00*

**b. Are you now EITHER working for wages of over \$100 a month OR rendering substantial services in self-employment?**  YES  NO

**DATE AND SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **SIGNATURE** *X Mrs. Marina E. Crowl* **SOCIAL SECURITY CLAIM NUMBER** *433 54-3937 E*

HIP 720 BACK

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

Dallas, Tex.

DATE:

1-10-64

W/E OR S/E PERSON

Lee Harvey Oswald

A/N

433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

Mr. Geo. R. Clower - Office  
Mgr. - Jaggars Chiles Stroull Inc. RI-1-55011

CONTACT MADE:

IN PERSON

TELEPHONE

PLACE OF CONTACT

Dallas

I asked Mr. Clower to look at his copy of his 941 for 12/62. He did so and reported that he showed #727,81.

It is obvious that the the #636.50 appearing on the 794 for 1962 was another Employer and therefore 1962 is one of the high years.

This reason the #727,81 did not get on the wage record is because the Jaggars Corporation used an inaccurate account number. They showed 433-54-3739 instead of 433-54-3937.

1/27/64 Jaggars Corp did report for Oswald 3/63, + 6/63 as they say. The same show same for under a wrong number. reports as on 1001.  
E. J. Johnson, Sr. Chief Clerk

CONTACT MADE BY

John A. Carter (SIGNATURE)

Asst. Mgr. (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)



# SOCIAL SECURITY ADMINISTRATION ANNUAL REPORT OF EARNINGS - 1965

Please read enclosed INSTRUCTION leaflet carefully.

Form Approved  
Budget Bureau  
No. 72-R574-9  
App. Exp. 12-31-66

4. Answer only if you answered item 2d on other side.  
Show what work you did in connection with your business during each month for which you made an entry in item 2d. (Also explain if ownership of your business changed.)

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT ALREADY SHOWN, THEN ANSWER QUESTIONS IN OTHER SIDE.

MARINA M. WALD  
1245 DONNA DR  
RICHARDSON TEX  
75080

Please do not bend, pin or tear this card.

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
JAN		WRITER
FEB		"
JUNE		"
JULY		"
		<i>L. Brunke F198A 4/23/66</i>
		<i>PH 107</i>
		<i>Franklin E-30-13</i>
		<i>4/25/66</i>

EAC H1P 2569

1. WERE YOU AN EMPLOYEE IN 1965?

YES *If "yes" complete a & b*

NO

a. Show amount of wages earned from January 1, 1965 through December 31, 1965 (gross wages before payroll deductions) \$

b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

2. WERE YOU SELF-EMPLOYED IN 1965?

YES *If "yes" complete a, b, c & d*

NO

a. Show 1965 total receipts from self employment (farmers show gross profits) \$ 5130.24

b. Show 1965 net earnings (or loss) from self employment (if a loss, write "L" after the amount) \$ 5130.24

c. State kind of trade or business Writer

d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

3. DO YOU EXPECT TO EARN OVER \$1,500 IN 1966?

YES *If "yes" complete a & b*

NO

a. Show your expected total earnings for 1966 \$ 0

b. Are you now EITHER working for wages of over \$125 a month OR rendering substantial services in self-employment?  YES  NO

DATE AND SIGNATURE: 4-5-66 Mrs. Marina N. Porter

SOCIAL SECURITY CLAIM NUMBER: 467 82 4034

EAC HIP 2569 BACK

In replying, Address: SOCIAL SECURITY ADMINISTRATION  
 3716 Rawlins St. P. O. Box 6556  
 Dallas, Texas 75219  
 Telephone RI 9-2885 RI 9-2991 late 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

JAGGARS-CHILES-STOVALL, INC.

522 S. BROWDER ST.

DALLAS TEXAS 75222

*J. J. Malone*  
 District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. LEE HARVEY OSWALD 433-54-3937  
 (Name of wage earner) (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19. 62	WAGES PAID YEAR 19. 63	WAGES PAID YEAR 19. ....	WAGES PAID YEAR 19. ....
January 1-March 31, inclusive.....	\$ none	\$ 945.69	\$.....	\$.....
April 1-June 30, inclusive.....	\$ none	\$ 121.67	\$.....	\$.....
July 1-September 30, inclusive.....	\$ none	\$ none	\$.....	\$.....
October 1-December 31, inclusive.....	\$ 727.81	\$ none	\$.....	\$.....

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION Camera Dept.		7. NATURE OF BUSINESS Typography	
4. BUSINESS NAME OF EMPLOYER (Type or print) Jaggars-Chiles-Stovall, Inc.		8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <i>J. J. Malone</i>	
5. STREET ADDRESS OF EMPLOYER 522 Browder St.		9. TITLE OF PERSON SIGNING ABOVE Secretary-Treasurer	
6. CITY Dallas, Texas	STATE Texas	10. EMPLOYER'S FEDERAL IDENTIFICATION NO. 75 0359250	11. DATE THIS STATEMENT FILLED OUT 1-10-64

3716 Rawlins St. P. O. Box 6556  
 Dallas, Texas 75219  
 RI 9-2885 Telephone RI 9-2991 Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

TEXAS SCHOOL BOOK  
 DEPOSITORY  
 ELM AT HOUSTON  
 DALLAS, TEXAS

*J. Dickenson*  
 District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. LEE HARVEY OSWALD 433-54-3937  
 (Name of wage earner) (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19. <u>63</u>	WAGES PAID YEAR 19. ....	WAGES PAID YEAR 19. ....	WAGES PAID YEAR 19. ....
January 1-March 31, inclusive.....	\$ <u>NONE</u>	\$ .....	\$ .....	\$ .....
April 1-June 30, inclusive.....	\$ <u>NONE</u>	\$ .....	\$ .....	\$ .....
July 1-September 30, inclusive.....	\$ <u>NONE</u>	\$ .....	\$ .....	\$ .....
October 1-December 31, inclusive.....	\$ <u>261.68</u>	\$ .....	\$ .....	\$ .....

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION <u>Order Clerk</u>	7. NATURE OF BUSINESS <u>Text Books</u>
4. BUSINESS NAME OF EMPLOYER (Type or print) <u>Texas School Book Depository</u>	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <u>O. S. Campbell</u>
5. STREET ADDRESS OF EMPLOYER <u>Elm at Houston St.</u>	9. TITLE OF PERSON SIGNING ABOVE <u>Vice President</u>
6. CITY STATE <u>Dallas 7, Texas</u>	10. EMPLOYER'S FEDERAL IDENTIFICATION NO. <u>075-0491330</u>
	11. DATE THIS STATEMENT FILLED OUT <u>1-10-64</u>

In replying, Address: SOCIAL SECURITY ADMINISTRATION

701 Loyola Avenue  
 New Orleans, La 70113

Telephone 527-2551 Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

William B. Reilly Co., Inc  
 640 Magazine St  
 New Orleans, La

Martha A. McSteen  
 (Mrs.) Martha A. McSteen

District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. Lee H. Oswald 433-54-3937  
 (Name of wage earner) (Social security account number)

PLEASE DO NOT WRITE IN MARGIN

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. PERIOD	WAGES PAID YEAR 19. 63	WAGES PAID YEAR 19. ....	WAGES PAID YEAR 19. ....	WAGES PAID YEAR 19. ....
January 1-March 31, inclusive.....	\$	\$	\$	\$
April 1-June 30, inclusive.....	\$ 422.25	\$	\$	\$
July 1-September 30, inclusive.....	\$ 191.25 ✓	\$	\$	\$
October 1-December 31, inclusive.....	\$	\$	\$	\$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION order in plant	7. NATURE OF BUSINESS Coffee Roasters
4. BUSINESS NAME OF EMPLOYER (Type or print) Wm B. Reilly Co., Inc	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM H. Schlunderman - Controller
5. STREET ADDRESS OF EMPLOYER 640 Magazine St	9. TITLE OF PERSON SIGNING ABOVE
6. CITY STATE New Orleans La 70130	10. EMPLOYER'S FEDERAL IDENTIFICATION NO.
	11. DATE THIS STATEMENT FILLED OUT 1/10/64



Wage Earner

Lee H. Oswald

A/N

433-54-3937

Understanding that this statement is for the use of the Social Security Administration in the administration of the Social Security Act, Title II, I hereby certify that the following information is correct:

- (1) Were the wages shown on the attached statement of employer reported to the Director of Internal Revenue?

Yes

No

- (2) If wages were reported, please give date(s) reported and under what employer's name the report(s) was made:

*Same, on regular Return*

- (3) If the wages were not reported, please give reason for failure to report:

1/10/64  
Date

H. J. Schlundwein Controller  
Signature

Attachment to Form OAC-1001  
NOLA-7/63

Form OA-589

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
10-14-64

Always give  
Claim No. 433-54-3937-E  
when writing about your claim

acknowledged of the following:

DESCRIPTION OF REMITTANCE	AMOUNT	SCHEDULE NO.
Personal check dated 10-6-64	37.50	OCT 15 1964 74

Forwarded by:

Mrs. Marina Oswald  
629 Belt Line Road  
Richardson, Texas 75080

ACKNOWLEDGED

OCT 15 1964

LP

Previous balance	\$
Current remittance	\$
Current balance	\$
Next date for payment	

REPORT OF CONTACT  
(USE INK OR TYPEWRITER)

OFFICE: Dallas, Texas

DATE: 1/16/64

W/E OR S/E PERSON

Lee Harvey Oswald

A/N

433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

CONTACT MADE:

IN PERSON

TELEPHONE

PLACE OF CONTACT:

We have requested scouting of the wife's unreported 12/62 earnings from Jaggers - Chiles - Stovall, Inc. We have a 1001 showing wife's correct earnings for this period, & we have also verified that these earnings were reported under an incorrect AIN. We are forwarding claim for adjudication without waiting for the scouting which we have requested. As soon as it is received, we will forward it to PC for association with wife's file. We presume that these earnings will be located through scouting. However, if not, we will prepare 7010's. Results of this development will be forwarded for association with wife's file. We will also ~~check~~ <sup>check</sup> 3/63<sup>6/63</sup> earnings from this source (over) they are also pre-lag.

CONTACT MADE BY

N. Lynde  
(SIGNATURE)

Claims Rep.

(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

MILITARY OCCUPATIONAL SPECIALTIES				
DATE	PRIMARY MOS	ADDITIONAL MOS	TITLE OF MOS	AUTHORITY
25 Jun 57	67h1	- - - -	Avn Electronics Oper ✓	CAC Spd Ltr DFI-pad-12 of 27 May 57

EDUCATION					CIVILIAN OCCUPATIONS	
CIVILIAN					JOB TITLE (Name occupation)	
TYPE SCHOOL	MAJOR SUBJECT	NUM. YRS	GRAD. YES NO	YEAR LEFT SCHOOL	DOT NO.	YEARS EXPERIENCE
GRAMMAR SCHOOL		8	X	1956	1-23.02	4/12
HIGH SCHOOL	Acad	1	X	1956	Office Boy	
COLLEGE-UNIVERSITY					DUTIES PERFORMED Performed various clerical duties such as distributing mail, delivering messages & answering telephone. Helped file records & operated ditto, letter opening & sealing machines.	
TRADE-BUSINESS						
MILITARY					JOB TITLE (Secondary occupation)	
SCHOOL ATTENDED AND COURSE	NUM. YRS	YEAR COMPLETED	INCOM. PLETS		DOT NO.	YEARS EXPERIENCE
Avn Fund Scol JAX	6	1957				
ACE Oper Course Keesler AFB	6	1957				

TESTING AND SPECIAL QUALIFICATIONS							
LANGUAGE	FORM	COMPREHENSION			RATING		DATE
		UNDERSTANDS	READS	WRITES	TOTAL SCORE	ADJ RATING	
Russian	DA AGO EPT-357	5 (p)	4 (p)	3 (P)	2 (P)		25 Feb 59

OPERATES (Name of machine, vehicle, equipment, etc.)	CLASSIFICATION, APITUDE, AND TRADE TESTS				
	TITLE	FORM	DATE	GRADE-SCORE	AUTHENTICATION (Name and rank)
	GCT	3a		III-105	Trans from old page
	RY	3a		II-125	
	AC	3a		III-108	
	AR	3a		III-90	
	PA	3a		III-94	
	RGT	SR-2	30 Oct 56	III-92	1st Lt

PREFERENCE OF DUTY: Aircraft Maintenance and Repair RECOMMENDED DUTY ASSIGNMENT: Aircraft Maintenance and Repair

1. Completed HS level GED 23 Mar 59 sat passed USAFI HS GED PT. 1-46, 2-57, 3-55, 4-58, 5-52

NAME (Last)	(First)	(Middle)	SERVICE NO.
OSWALD	Lee	Harvey	1653230

e. The Marine has no firm offer of employment he has indicated that his former employer will entertain offering employment with a suitable salary to provide the necessary support of his mother.

3. In evaluation of all facts available, it is the opinion of the Board that Private First Class OSWALD meets the requirements of paragraph 10273 MCM for release from active duty.

4. The Board recommends that Private First Class Lee H. OSWALD be released from active duty with the Marine Corps for reasons of dependency.

*B. J. Kozak*  
B. J. KOZAK

Lieutenant Colonel, U. S. Marine Corps

FOLSOM EXHIBIT No. 1—Continued (p. 80)

10:GCK:wdp  
26 Aug 1959

THIRD ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing  
To: Senior Member, 3d Marine Aircraft Wing Hardship/  
Dependency Discharge Board.

Subj: Dependency Discharge; request for; case of Private  
First Class Lee H. OSWALD 1653230/6741 USMC

Ref: (b) Para 10273 MarCorMan  
(c) CG 3d MAW ltr to LtCol KOZAK 10:RH:dln of 30  
Jul 1959

1. Delivered.

2. In accordance with the provisions of subparagraph 9c of reference (b), you will convene the 3d Marine Aircraft Wing Hardship/Dependency Discharge Board, as designated by reference (c), as soon as practicable for the purpose of considering the subject case.

3. The recommendations of the Board will be returned to this Headquarters by endorsement hereon as expeditiously as possible.

*W. A. Cushman, Jr.*

W. A. CUSHMAN, JR.  
By direction

FOLSOM EXHIBIT No. 1—Continued (p. 81)

726

1910  
AUG 28 1959

FOURTH ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Senior Member, 3d Marine Aircraft Wing Hardship or  
Dependency Discharge Board  
To: Commanding General, 3d Marine Aircraft Wing  
Subj: Discharge by reason of dependency; request for case of  
Private First Class Lee H. OSWALD 1653230/6741 USMC

1. Guided by the provisions of reference (a) and in compliance with Third Endorsement hereto, the Hardship or Dependency Discharge Board met at 1530, 27 August 1959 to consider the case of Private First Class Lee H. OSWALD 1653230/6741 USMC. The Marine had submitted an official request for a dependency discharge in accordance with reference (a). The following members were present:

Lieutenant Colonel Bolish J. KOZAK 07108 USMC (AWHG-3)  
Major George E. MC CLANE 016430/7335 USMC (MAG-36)  
Major Eugene T. CARD 035129/7304 USMC (AWHG-3)

2. Upon examination of the basic request, supporting enclosures and Service record, Private First Class Lee H. OSWALD was interviewed by the Board. The following facts were then considered:

a. Private First Class Lee H. OSWALD, not married, on his initial three (3) year enlistment in the Marine Corps is obligated to serve on active duty until 7 December 1959.

b. The Marine submitted his request for a dependency discharge in order that he may provide physical and financial assistance to his invalid mother residing in Fort Worth, Texas.

c. The home situation of Private First Class OSWALD has been aggravated subsequent to his enlistment date through incapacitation of his mother as a result of an industrial accident. The mother is no longer gainfully employed due to her physical condition and has no source of income. The presence of her son, Private First Class OSWALD, is required for physical and financial assistance.

d. One son, married and residing in Fort Worth is unable to provide either financial or physical assistance to the Marine's mother due to his marital responsibilities and the inability of the two families to maintain a common ~~home~~ <sup>house</sup>. Another son, married, with the U. S. Air Force on active duty in Japan, cannot furnish financial support.

FOLSOM EXHIBIT No. 1--Continued (p. 79)

PAYMENT CENTER  PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA-C556)  PRIOR CERTIFICATION (SEE OVER)

DISTRICT OFFICE <b>DALLAS TEX</b>			CODE <b>814</b>	REQUEST DATE <b>01 17 64</b>	TYPE ACTION <b>B-SOA</b>	BLOCK NUMBER <b>G 74962</b>	ACCOUNT NUMBER <b>433-54-3937</b>	
NAME OF A/N HOLDER <b>OSWALD, LEE H</b>			SEX <b>M</b>	DATE OF BIRTH <b>10 19 39</b>	P <b>01 09 64</b>	DATE OF APPL. <b>01 09 64</b>	TYPE CLAIM <b>D</b>	DATE OF DEATH <b>11 24 63</b>
MULTIPLE A/N	MULTIPLE A/N	MILITARY SERVICE FROM THRU		V	DATE OF ONSET	MO. ELECT.	R R SERVICE	
LAG INFORMATION FURNISHED BY DISTRICT OFFICE				FAMILY COMPOSITION		PRIOR CERTIFICATION	FORM 805	
TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN	
		<b>LAG NP</b>						
				AUXILIARY OR SURVIVOR DATA		SEP CHK		
				SEX	DATE OF BIRTH	P	MO. ELECT.	
DED. DATA								
REMARKS								
IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN								
F				M				
N				I				
P				E				
R				R				

REQUEST FOR E/R ACTION

**0097012064** DATE

FORM OA-C790 (IDP) 1-62

SS-5 REMOVED BY

UNITED STATES GOVERNMENT

# Memorandum

CONFIDENTIAL - ADMINISTRATIVE

TO : Kansas City Payment Center

DATE: June 3, 1965

FROM : Jess C. Carter, Assistant Manager  
Dallas, Texas

SUBJECT: Lee Harvey Oswald - A/N 433 54 3937

Our newspaper has reported the re-marriage of the wage earner's widow. Since the language barrier is still a problem with her it is possible she will overlook making a proper report. Reportedly the marriage took place on Tuesday June 1, 1965.

*Jess C. Carter*

(2) 510's, 101, 526  
R681  
V. Daugherty L02  
6/7/65

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan





**NR** DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

*John R. ...  
11/15/67  
Lee H. Oswald*

*OFFICE*

3716 Rawlins Street  
P.O. Box 6556  
Dallas, Texas 75219

WAGE EARNER:  
When writing about your claim  
always give Claim No.

433-54-3937 C

*Mrs. Marina Porter  
733 Scottsdale  
Richardson TX 75080*

This will acknowledge your inquiry regarding the check(s) for the month(s) of *July 1969 to be rec in Aug*

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

District Manager

Enclosures:  
Envelope  
Post Card OA-C1247

DALLAS, TEXAS	
AUG 10 1969	
Amount	71014
SSA DISTRICT OFFICE (10-66) (FORMERLY OA-CL735)	

DO NOT WRITE BELOW THIS LINE

Check Number \_\_\_\_\_ Date \_\_\_\_\_

A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet?.....  Yes  No

*If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.*

2. If your answer is "No," have you asked your local post office about the check? (If your answer is "No," this should be done.).....  Yes  No

3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.).....  Yes  No

4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.").....  Yes  No

5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.")  Yes  No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

*same as Residence*  
.....  
(Number and Street) (City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.

.....  
(Number and Street) (City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check. *yes*

9. REMARKS (State any other facts which may aid in locating the check): .....

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.

SIGNATURE OF PAYEE OR CLAIMANT

1. NAME

*Mrs. Kenneth Parker*

ADDRESS (Street number, City, State and ZIP Code)

SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check)

2. NAME

RESIDENCE NUMBER AND STREET

*733 Scottsdale Dr*

ADDRESS (Street number, City, State and ZIP Code)

CITY, STATE AND ZIP CODE

*Richardson Tex*

DATE (Mo., Day, and Year)

TELEPHONE NUMBER

*Aug 12, 1969*

*AD 1-0720*

NR



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

OFFICE

3716 Rawlins Street  
P.O. Box 6556  
Dallas, Texas 75219

WAGE EARNER: *Lee Oswald*  
When writing about your claim  
always give Claim No. *467-82-4034*

2631  
AD

*Mrs. Porter*  
*733 Scottsdale*  
*Richardson, Tex 75080*

*24*

ALWAYS DO JUL 19 1969

This will acknowledge your inquiry regarding the check(s) for the month(s)  
of *June 1969*

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

*Clarence M Vaden*  
District Manager

*7/6/69*

- Enclosures:
- Envelope
- ~~Post Card OA-C1247~~

DO NOT WRITE BELOW THIS LINE

Check Number	Date	Amount
<i>75080</i>	<i>7/3/69</i>	

FORM SSA-L735 (10-66)  
(FORMERLY OA-CL735)

DELAYED PAYMENT  
AS SSA-555  
PROCESS

**A PROMPT REPLY WILL EXPEDITE ACTION**  
**QUESTIONNAIRE**

1. Have you received the check described on the other side of this sheet?  Yes  No  
*If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.*
2. If your answer is "No," have you asked your local post office about the check?  Yes  No  
(If your answer is "No," this should be done.)
3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.)  Yes  No
4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.")  Yes  No
5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.")  Yes  No
6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

733 Scottsdale dr.  
(Number and Street)

Richardson, Texas 75080  
(City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.  
\_\_\_\_\_  
(Number and Street) \_\_\_\_\_  
(City, State and ZIP Code)
8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check.

9. REMARKS (State any other facts which may aid in locating the check):

*None*

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.		SIGNATURE OF PAYEE OR CLAIMANT <input checked="" type="checkbox"/>	
1. NAME		Mrs. Kenneth Porter	
ADDRESS (Street number, City, State and ZIP Code)		SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check)	
2. NAME		733 Scottsdale dr.	
ADDRESS (Street number, City, State and ZIP Code)		RESIDENCE NUMBER AND STREET	
		Richardson, Texas, 75080	
		CITY, STATE AND ZIP CODE	
		DATE (Mo., Day, and Year)	TELEPHONE NUMBER
		July 18, 1969	AD-1-0720

DIVISION OF INVESTIGATION  
 AUG 12 26 PM '69  
 NO. 45080  
 ASSISTANT ATTORNEY GENERAL

DETERMINATION OF  
 RESUMPTION OF AWARD

DISTRICT OFFICE 3716 RAWLINS ST,  
 DALLAS, TEX ACCOUNT NUMBER 433-54-3927

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS MARINA N. PORTER-  
 1245 DONNA DR.  
 RICHARDSON, TX 75080 FOR MINOR CHILDREN OF \_\_\_\_\_  
 FOR \_\_\_\_\_  
 GUARDIAN OF \_\_\_\_\_

- 1. TEMPORARY DEDUCTIONS \_\_\_\_\_ EMPLOYED \_\_\_\_\_
- 2. PERMANENT DEDUCTIONS "E" EMPLOYED 1/65-2/65 F.A.

TOTAL EARNINGS \$ 5130.40 TOTAL EXCESS EARNINGS \$ 3680 CHARGEABLE EXCESS EARNINGS \$ 1.60 TOTAL MONTHLY BENEFIT(S) \$ 40.30

- 3. EMPLOYED OUTSIDE THE U. S. \_\_\_\_\_
- 4. MOTHER HAS A CHILD IN HER CARE BEGINNING \_\_\_\_\_
- 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE.  6. AGE 65, RECOMP. \_\_\_\_\_
- 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO.  8. NEW ADDRESS \_\_\_\_\_
- 9. ATTAINED AGE 72 \_\_\_\_\_  10. TO COMBINE A & B BENEFITS \_\_\_\_\_
- 11. OTHER "E"-TERM-6/65 REMARITAGE <sup>202 (T) EXC</sup>
- ONE CHECK ONLY  AWARD  ADJUSTMENT  SUPP L/S  CONDITIONAL ADJUSTMENT  FOLDER REFERENCE

BENEFICIARY NOTICE: 587(5130.24)(-)(34.50)(34.50) R45(40.30)(1/65-2/65)

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS			R F D	W I C	NET AMOUNT DUE
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT			
				FROM	TO		FROM	TO				
E /			33.40				1/65	5/65	167.00			
E /			40.30	1/65	2/65	80.60						2
E /			40.30	3/65	5/65	120.90						34.50

REMARKS PIA 76.00 ABS-C35  
A-6J 41KOMAY SL-3

PREPARED BY EXAMINER L. B. ... DATE 4/23/66 APPROVED BY REVIEWER M. Rankin E-30-13 DATE 4/25/66

DETERMINATION OF  
 RESUMPTION OF AWARD

DISTRICT OFFICE 3716 Rawlins St.  
 Dallas, Tex. 75219 CLAIM NUMBER 433-54-3937

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS Marina N. Oswald  
 629 Belt Line Rd.  
 Richardson, Tex. 75080 FOR MINOR CHILDREN OF \_\_\_\_\_  
 FOR \_\_\_\_\_  
 GUARDIAN OF \_\_\_\_\_

1. TEMPORARY DEDUCTIONS E EMPLOYED 9/64 ON (Partial)

2. PERMANENT DEDUCTIONS \_\_\_\_\_ EMPLOYED \_\_\_\_\_

TOTAL EARNINGS \$ \_\_\_\_\_ TOTAL EXCESS EARNINGS \$ \_\_\_\_\_ CHARGEABLE EXCESS EARNINGS \$ \_\_\_\_\_ TOTAL MONTHLY BENEFIT \$ \_\_\_\_\_

3. \_\_\_\_\_ EMPLOYED OUTSIDE THE U. S. \_\_\_\_\_  4. MOTHER HAS A CHILD IN HER CARE BEGINNING \_\_\_\_\_

5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE.  6. AGE 65. RECOMP. \_\_\_\_\_  7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO.  8. NEW ADDRESS \_\_\_\_\_

9. ATTAINED AGE 72 \_\_\_\_\_  10. TO COMBINE A & B BENEFITS \_\_\_\_\_  11. OTHER \_\_\_\_\_ 202 (T) EXC \_\_\_\_\_

ONE CHECK ONLY  A-  AWARD  ADJUSTMENT  SUPP L/S  CONDITIONAL ADJUSTMENT  FOLDER REFERENCE

BENEFICIARY NOTICE:  
 "S"

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS			R F D	W I C	NET AMOUNT DUE	
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT				
				FROM	TO		FROM	TO					
E			37.60					9/64	9/64	37.60			
E			37.50	AA	37.50								
E		10/64	31.40	9/64	9/64	31.40						2	31.30

REMARKS  
 PIA 71.00  
 MAX. 106.60  
 E 31.40  
 C2 37.60 C1-37.60  
 AA-Excess refund received on Schedule #74, dtd. 10/15/64  
 3-00 35KC OCT

PREPARED BY-EXAMINER G. E. De Hoffmann DATE 10-16-64 APPROVED BY-REVIEWER W. E. Law DATE 10/16/64

### DETERMINATION OF RESUMPTION OF AWARD

Department of Health, Education, and Welfare  
Social Security Administration

DISTRICT OFFICE \_\_\_\_\_ ACCOUNT NUMBER 4-33-54-3934 E

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS MARINA N. OSWALD FOR MINOR CHILDREN OF \_\_\_\_\_  
FOR \_\_\_\_\_  
GUARDIAN OF \_\_\_\_\_

- 1. TEMPORARY DEDUCTIONS E EMPLOYED 1/65 ON (PARTIAL)
- 2. PERMANENT DEDUCTIONS E EMPLOYED 9/64-12/64 (PARTIAL)

TOTAL EARNINGS \$ 9999.00 TOTAL EXCESS EARNINGS \$ 8549.00 MERGEABLE EXCESS EARNINGS \$ 24.80 TOTAL MONTHLY BENEFIT(S) \$ 37.60

- 3. EMPLOYED OUTSIDE THE U. S.
- 4. MOTHER HAS A CHILD IN HER CARE BEGINNING \_\_\_\_\_
- 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE.
- 6. AGE 65. RECOMP. \_\_\_\_\_
- 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO.
- 8. NEW ADDRESS \_\_\_\_\_
- 9. ATTAINED AGE 72 \_\_\_\_\_
- 10. TO COMBINE A & B BENEFITS
- 11. OTHER \_\_\_\_\_

- ONE CHECK ONLY
- A-
- AWARD
- ADJUSTMENT
- SUPP L/S
- CONDITIONAL ADJUSTMENT
- FOLDER REFERENCE

BENEFICIARY NOTICE: NLN

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS					NET AMOUNT DUE	
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT	R F D	W I C		
				FROM	TO		FROM	TO					

REMARKS  
PIA 71.00

PREPARED BY EXAMINER Wilks 202 DATE 2/27/65 APPROVED BY REVIEWER R. R. Burks C065 DATE 2/27/65

DISTRICT OFFICE		<b>DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE</b>		CLAIM NO. <b>433-54-3937-E</b>	PIC <b>E</b>			
<b>Marina N. Oswald</b>				ADJMT. CODING				
				DATE <b>6/7/65</b>				
				CR. BLOCK NO. <b>0208 JUN '65 KC</b>				
				DATE OF BIRTH				
				PAYEE FILE				
				INITIALS <div style="text-align:right; font-family: cursive; font-size: 1.2em;">mjb</div>				
CLC	MONTHLY RATE	SHOULD HAVE BEEN (SHOULD BE) STOPPED		DIARY FILE				
<b>45</b>	<b>31.40</b>	<b>6/65</b>						
SPA	LAST SCHED. NO.	TREASURY REQUESTED TO DISCONTINUE PAYMENT		CROSS-REF.				
	<b>9A</b>	<b>6/65</b>		ACCOUNT NO.				
<table style="width:100%; border:none;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 0. Investigation pending determ. of cont. disability  <input type="checkbox"/> 1. Worked outside the United States  <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200  <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200                         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care  <input type="checkbox"/> 5. OAIB worked outside the United States                         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 7. Refused VR Services  <input type="checkbox"/> 8. Payee not determined  <input type="checkbox"/> 9.                         </td> </tr> </table>						<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200	<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States	<input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.
<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200	<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States	<input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.						
mjb <i>revised mjb 6/7/65</i> ----- (Clerk) (Date) (Reviewer) (Date)								
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> 0. Benefits payable by some other agency  <input type="checkbox"/> 1. Death of beneficiary  <input type="checkbox"/> 2. Dependent terminated due to death of insured individual  <input checked="" type="checkbox"/> 3. <del>Divorce</del> Remarriage  <input type="checkbox"/> 4C. Attained age 18 and not disabled  <input type="checkbox"/> 4. Child attained age 18 and not disabled  <input type="checkbox"/> 5. Beneficiary entitled to other benefits  <input type="checkbox"/> 6C. Child no longer disabled  <input type="checkbox"/> 9.                         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> 6. Death Marriage of child  <input type="checkbox"/> 7C. Adoption  <input type="checkbox"/> 7. Adoption of child  <input type="checkbox"/> 8H. DIB no longer disabled  <input type="checkbox"/> 8. Mother terminated- Child no longer disabled  <input type="checkbox"/> X. DIB attained age 65  <input type="checkbox"/> R. Claim withdrawn                         </td> </tr> </table>						<input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input checked="" type="checkbox"/> 3. <del>Divorce</del> Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.	<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn	
<input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input checked="" type="checkbox"/> 3. <del>Divorce</del> Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.	<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn							



DISTRICT OFFICE		<b>DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE</b>		CLAIM NO. <b>433-54-3937</b>	PIC <b>E</b>	
		ADJMT. CODING <b>A9</b>		DATE <b>10/16/64</b>		
<b>Marina N. Oswald</b>		CR. BLOCK NO. <b>W-0402 OCT '64 KC</b>				
		DATE OF BIRTH			INITIALS  <i>Bea D.</i>	
		PAYEE FILE				
CLC <b>45</b>	MONTHLY RATE <b>37.60</b>	SHOULD HAVE BEEN (SHOULD BE) STOPPED		DIARY FILE		
SPA	LAST SCHED. NO. <b>9A</b>	TREASURY REQUESTED TO DISCONTINUE PAYMENT <b>10/64</b>		CROSS-REF. ACCOUNT NO.		
<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAI B worked and expects net earnings to exceed \$1200		<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAI B worked outside the United States		<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8. Payee not determined. <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> 9.		
<input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input type="checkbox"/> 3. Divorce Marriage Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.		<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn		red <i>W. C. L.</i> 10/14/64 (Clerk) (Date) (Reviewer) (Date)		

PREVIOUS DISTRICT OFFICE		DEPARTMENT OF <b>HEALTH, EDUCATION, AND WELFARE</b> SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
DATE <b>5/10/65</b>		WAGE EARNER		CLAIM NO.	
FLOA	LLOA	MBA <b>03140</b>	SPA	<b>E</b>	
TR FILE CODE <b>9A</b>	CLC <b>45</b>	S & C CODE <b>45390A</b>	<b>Marina N Oswald</b> <b>1245 Donna Dr</b> <b>Richardson Tex 75080</b>		
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED _____ <input checked="" type="checkbox"/> PAYEE CHANGE REPLACE CK DATED <b>6/3/65</b> DRAWN PAYABLE TO _____ <b>Mariana N Oswald</b>					

FORM OA-C610 (2-64)

FILE COPY

mvj

PREVIOUS DISTRICT OFFICE		DEPARTMENT OF <b>HEALTH, EDUCATION, AND WELFARE</b> SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
DATE		WAGE EARNER		CLAIM NO.	
05/05/65 06				<del>3716 RAWLINS ST</del> <del>DALLAS TEX 75219</del>	
FLOA	LLOA	MBA	SPA		
2	3	03140	MARIANA	433 54 3937 E	
TR FILE CODE	CLC	J & C CODE	MARIANA N OSWALD		
9A	45	45390A	1245 DONNA DR		
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED <input checked="" type="checkbox"/> PAYEE CHANGE			RICHARDSON TEX _____ 75080		
REPLACE CK DATED DRAWN PAYABLE TO			<i>Request 5/6/65 ell</i>		
MARIANA N OSWALD			CK REDIRECTED		

FORM OA-C610B (6-64)

FILE COPY

US DISTRICT OFFICE		DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
4-3-64		WAGE EARNER		PIC B	
LLOA 4		MBA 03760		Marina N Oswald 433 54 3937 B 629 Belt Line Richardson Tex 75080	
CODE		S & C CODE 15390			
ADDRESS CHANGE					
OLD CHECK DATED _____					
NEW CHECK DATED _____					
NEW PAYEE PAYABLE TO _____					

A-C610 (6-63)

FILE COPY

D

BENEFIT SUMMARY

Department of Health, Education, and Welfare  
Social Security Administration  
Bureau of Old-Age and Survivors Insurance

Form approved by  
Comptroller General, U. S., October 25, 1950

CLASS OF ACTION

ACCOUNT NUMBER

433-54-3937

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS					NET AMOUNT DUE	
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT	R F D	W I C		
				FROM	TO		FROM	TO					
E		2/64	37.60	11/63	1/64	112.80							
E			213.00	LS.		213.00							325.80
E1		2/64	75.20	11/63	1/64	225.60							225.60

REMARKS

E1 (2)

157 P 74KC FEB

CLERK	DATE	REVIEWER	DATE
F. Cordiel	2/3/64	[Signature]	2-3-64

Form OA-C-101

Determination of Award

Form approved by Comptroller General, v. v. v.  
January 23, 1958

1. INSURED INDIVIDUAL <b>Lee H Oswald</b>		RACE <b>X</b>		W	N	O	DATE OF BIRTH <b>10/19/39</b>	DATE OF DEATH <b>11/24/63</b>	DATE CLAIM FILED
2. REQUIRED QTRS. <b>6</b>	HAS AT LEAST <b>6</b>	CURRENT QTRS.	3. First Base Yr. Or Starting Date <b>1951</b>		LAST BASE YR. OR CLOSING DATE <b>1963</b>		4. LUMP SUM AMOUNT <b>213.00</b>		
5. TOTAL EARNINGS <b>3306.85</b>		DISABILITY PERIOD EXCLUDED		ELAPSED YRS. OR YRS. DROPPED <b>61-62</b>		DIVISOR <b>24</b>	INCREMENTS	PRIMARY AMOUNT <b>71.00</b>	
6. SYMBOL	NAME	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCT. NUMBER (IF ANY)		
G1		7/17/41	1/9/64						
E		"	"	53.30		37.60	47-2-4754		
C2	June L	2/15/62	"	53.30		37.60			
C1	Audrey M	10/20/63	"	53.30		37.60			
8. REIMBURSABLE F. H. EXPENSES ARE		PAID AS FOLLOWS				REMAINS UNPAID		7. MAXIMUM PAYABLE <b>112.80</b>	

II. REMARKS

3716 Rawlins St  
Dallas Tex 75219

O.O. CODE

814

**117 P74KCFEB**

12. CERTIFICATION OF PAYMENT		HF --	/	
Symbol	Name and address of payee as claimant or as representative of the claimant	DATE OF ENTITLEMENT TO MONTHLY BENEFITS	MONTHLY BENEFIT	LUMP-SUM DEATH PAYMENT
E	Marina N Oswald	11/63	37.60	213.00
-63	Bx 1407 Grand Prairie Tex 75050			
C	Marina N Oswald for minor children of L H Oswald	11/63	75.20	
	Same			

Pursuant to lawfully delegated authority, I certify that, on application by or on behalf of the claimant(s) named above as payee(s) and the supporting evidence forwarded herewith, the foregoing statements are my determination of fact and decisions as to the benefit(s) to be paid as indicated.

By D. Lynde  
(Claims Representative)

Date **1/16/64**

I certify that pursuant to lawfully delegated authority I have verified the above statements with the supporting evidence on file in this office; that I have computed all amounts and that same are correct as shown; and that all indicated benefit(s) are in accordance with the provisions of Title II of the Social Security Act as amended.

Approved E. L. Linn  
(Claims Authorizer)

Date **2/3/64**

ACCOUNT NUMBER	1958 PIA	1965 PIA	FAMILY MAXIMUM	REMARKS	TRANSCRIP
433 54 3937	71.00	76.00	114.00 T A		09/65R

BENEFICIARY'S NAME		PIC	BIC	LAF	RETROACTIVE AMOUNT PAID	NEW MONTHLY RATE	
OSWALD	AUDREY	M	C1	C1	C	24.60	57.00
01	37.60	01	37.60	01	37.60	01	53.30
PD	2.70	PD	2.70	PD	2.70	PD	3.70
	40.30		40.30		40.30		57.00
01	53.30	01	53.30				
PD	3.70	PD	3.70				
	57.00		57.00				
OSWALD	JUNE	L	C1	C2	C	24.60	57.00
01	37.60	01	37.60	01	37.60	01	53.30
PD	2.70	PD	2.70	PD	2.70	PD	3.70
	40.30		40.30		40.30		57.00
01	53.30	01	53.30				
PD	3.70	PD	3.70				
	57.00		57.00				
TOTAL PAYMENT AMOUNT						49.20	114.00
OSWALD	MARINA	N	E	E	T3	10.00	33.40
21	31.40	21	31.40	21	31.40	21	31.40
PD	2.00	PD	2.00	PD	2.00	PD	2.00
	33.40		33.40		33.40		33.40

R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA
F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE
D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint James H. Martin to act as my repre-

(Name of representative)

sentative with respect to my claim under the Social Security Act, based on the earnings record of

Lee Harvey Oswald

(Name of wage earner or self-employed individual)

433-54-3937

(Social security account number)

The above-named representative is authorized to obtain from the Administration information concerning my claim; and it is understood that any notice or request sent to him shall have the same force and effect as if sent to me.

Mrs. Marino N. Oswald

(Signature)

P. O. Box 1407

(Address)

Grand Prairie, Texas

Jan 10, 1964

(Date)

ACCEPTANCE OF APPOINTMENT

I accept the above appointment. I am a person in good standing in my community and I am able to assist and advise the above party in this case.

I am Business advisor

(Union representative, relative, etc.)

James H. Martin

(Signature)

14611 Farrar St.

(Address)

Dallas, Texas

Jan 10, 1964

(Date)

(SEE REVERSE SIDE FOR REGULATIONS AS TO FEES OF REPRESENTATIVES FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)



REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:	Dallas, Tex.
DATE:	1-10-64
A/N	433-54-3937

W/E OR S/E PERSON  
*Lie Harvey Oswald*

NAME AND ADDRESS OF PERSON(S) CONTACTED:  
*Mr. James H. Martin - Business  
Manager for Mrs. L. H. Oswald*

CONTACT MADE:  
IN PERSON  TELEPHONE

PLACE OF CONTACT  
*Dallas*

I discussed the amount of earnings for 1963 with Mr. Martin. He said our 1001's were correct. He stated, the \$2600<sup>00</sup> shown on the application form was simply a very liberal "guess".

I feel that we can accept the 1001 total for 1963 without hesitancy.

CONTACT MADE BY *John A. Carter*  
(SIGNATURE)

*Asst. Mgr.*  
(TITLE)

(FOR CONTINUATION OF THIS REPORT. TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

**REPORT OF CONTACT**  
(USE INK OR TYPEWRITER)

OFFICE:

DATE:

W/E OR S/E PERSON

A/N

NAME AND ADDRESS OF PERSON(S) CONTACTED:

= Transmittal =

CONTACT MADE:

IN PERSON

TELEPHONE

PLACE OF CONTACT:

Since there were several million witnesses to the shooting which resulted in Lee H. Oswald's death, we feel it is not necessary to obtain a statement from authorities showing Mrs. Oswald was not involved.

CONTACT MADE BY

*Just Carter*  
(SIGNATURE)

*Asst. Mgr.*  
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)