

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION UNDER EO 10450

(SR 380-160-1, SR 380-160-10 or SR 620-220-1)

PART I BASIC INFORMATION

FROM: (Originating headquarters) Hq., The ASA Tng Cen, 8622 DU, Ft Devens, Mass.		DATE 12 May 1955	DOSSIER NUMBER E 3005127
LAST NAME - FIRST NAME - MIDDLE INITIAL LOFTON, Aaron I.		MILITARY OR CIVILIAN GRADE Pvt	SERVICE OR SOCIAL SECURITY NUMBER [REDACTED]
DATE OF BIRTH (Day, Month, Year) [REDACTED]	PLACE OF BIRTH (City, county, state, country) Lincoln County, Mississippi	CIVILIAN JOB TITLE (If any) none	

PART II SECURITY CLEARANCE

DATE INVESTIGATION COMPLETED (Day, Month, Year) 22 April 1955	TYPE OF INVESTIGATION CONDUCTED Background	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION Third Army
HIGHEST CLASSIFICATION OR TYPE OF INFORMATION TO WHICH ACCESS IS AUTHORIZED (Top Secret, Secret, Confidential, or Cryptologic duties) TOP SECRET	DATE INTERIM CLEARANCE GRANTED (Day, Month, Year) -----	DATE FINAL CLEARANCE GRANTED (Day, Month, Year) 12 May 1955

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED ~~FOR~~ UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; ☐ UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE JURISDICTION OF THE ARMY ESTABLISHMENT IS ATTACHED AS INCLOSURE ONE.

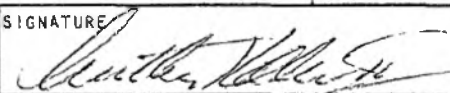
PART III SECURITY DETERMINATION UNDER EO 10450 - (CIVILIAN EMPLOYEES ONLY)

DATE INVESTIGATION COMPLETED (Day, Month, Year)	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION
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SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, II AND V
 NON-SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, III, AND V

PART IV REMARKS

PART V OFFICIAL MAKING CERTIFICATION

ORGANIZATION Hq., The ASA Tng Cen, 8622 DU	PLACE Ft Devens, Mass.	DATE 12 May 1955
TYPED NAME, GRADE AND SERVICE NUMBER LUTHER KELLER II, Lt Col, [REDACTED]		SIGNATURE 

DISTRIBUTION: (SR 380-160-1, SR 380-160-10 or SR 620-220-1 as appropriate)

- 1 Copy 201
- 1 Copy GAS-22, CRF
- 1 Copy TAG

RECORDS OF INTERIM CLEARANCE WILL NOT BE FORWARDED TO DEPARTMENT OF THE ARMY; SEE SR 380-160-1

DA FORM 873 DEC 53

REPLACES FORM 873 JAN 53, WHICH IS OBSOLETE

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES 1540R No. evid of A or N		2. WARD		3. TYPE OF CASE <input checked="" type="checkbox"/> DIS <input type="checkbox"/> INJ <input type="checkbox"/> BC		4. LAST NAME--FIRST NAME--MIDDLE INITIAL Lofton Aaron I			
5. SEX M	6. RELIGION P	7. PREV. ADM. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. REGISTER NO.		9. SERVICE NO.		10. GRADE DVT	
11. RATING OR DSGN		12. DEPARTMENT Army		13. ORGANIZATION AND BRANCH OF SERVICE ASA (3616th)				14. FLYING STATUS	
15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE Aaron Lofton (F) Box 64 Sumit, Mississippi				16. AGE 21	17. RACE CAU	18. LENGTH OF SERVICE 1 6/12	19. DATE OF ADMISSION 6 Aug 56		
				20. SOURCE OF ADMISSION Direct Abs SK Gorman Hosp, CZ					
21. ADMITTING OFFICER ME. Minnan, Capt/MC				22. CONTINUATION OF ITEMS 13 AND 20 (13) USARCA/MB NOS 056.10					

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

Dg.1 (7932) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show anesthetic for each operation)

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

26. PHYSICAL PROFILE													
TYPE	SERIAL						SUFFIX						<input checked="" type="checkbox"/> PROFILE IS UNCHANGED
	P	U	L	H	E	S	R	T	D	O	N		
PREVIOUS													
REVISED													
27. DAYS DURATION THIS FACILITY ALL <u>7</u> IN HOSPITAL OR INFIRMARY <u>7</u> SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____													
28. NATURE OF DISPOSITION Duty											29. DATE OF DISPOSITION 13 Aug 56		
30. SIGNATURE OF ATTENDING PHYSICIAN <i>Dr. E. Minnan</i>							31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER <i>Dr. L. L. Lerman</i>						
32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY US ARMY DISPENSARY FORT FORBES, CANAL ZONE											33. REGISTER NUMBER [REDACTED]		

DD FORM 1 MAY 51 481-3 (4 PART)

10-16-71200-1

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item.)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (*previously recorded*) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE <i>DISEASE, INJURY, or COMPLICATIONS</i> WHICH CAUSED DEATH.	1a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items 1a, b and c)	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (Item 1a) STATING THE UNDERLYING CAUSE LAST.	c. DUE TO (Or as the consequence of)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	11. OTHER SIGNIFICANT CONDITIONS	
36. AUTOPSY PERFORMED (If "YES," indicate date and place)	37. HOUR AND DATE OF DEATH		
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN		

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION
August 6, 1956

DATE OF DISCHARGE
August 13, 1956

NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

X-Ray No. 220-375

Chart No. 695035

History: This 21 year old army private complained of slight chest pain on very deep breathing in the middle of the chest, of one day's duration. In May of 1956, though feeling well, he had had a survey film taken. He was advised to have a large one made and this showed prominence of the right hilum.

Past History: Revealed occasional wheezing with URI's long ago and occasional hay fever.-

Physical Examination: This was normal except for a slight rib depression in the right anterior axillary line.

Laboratory: Routine hematology was normal; ESR was 19 mm.; urinalysis and stool examination were normal. Serum calcium was 10.0 mgs. %; A/G ratio was 4.54/2.14. Routine serology and heterophile agglutinins were negative. An EKG. was within normal limits. Chest x-rays showed hilar adenopathy on the right. X-Rays of the hands were normal.-

Course in the Hospital: Patient was completely afebrile. The chest pain disappeared during the first day. Histoplasmin and PPD #2 were positive.

Impression: Observation pulmonary lesion. 300-001
This work up failed to reveal the etiology of the hilar adenopathy.

Disposition: 1) Return to duty.
2) Return to the Chest clinic in 4 weeks.-
3) Obtain chest films taken in Jackson, Miss. in 1955.-

W. Strauss M.D.

Walter G. Strauss, M. D.
Chest Service
Gorgas Hospital

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN WALTER G. STRAUSS, M. D.	DATE 8/21/56	IDENTIFICATION NO. [REDACTED]	ORGANIZATION US ARMY
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME LOETON AARON T.		REGISTER NO. [REDACTED]	WARD NO. 30

GORGAS

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NARRATIVE SUMMARY
Standard Form 502

Clinical Record Cover Sheet

1. ADMISSION NOTES 1540R No Evid of A or N LD-Yes Dg 1: (1342) Histoplasmosis 84 2132	2. WARD 30		3. TYPE OF CASE <input checked="" type="checkbox"/> DYS <input type="checkbox"/> INJ <input type="checkbox"/> BC		4. LAST NAME — FIRST LOFTON, Aaron I		MIDDLE INITIAL	
	5. SEX M	6. RELIGION P	7. PREV. ADM. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. REGISTER NO. [REDACTED]	9. SERVICE NO. [REDACTED]	10. GRADE PVT2	
	11. RATING OR DESIG. —		12. DEPARTMENT Army		13. ORGANIZATION AND BRANCH OF SERVICE ASA (8616)		14. FLYING STATUS —	
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE Aaron Lofton (F) Box 64 Summit, Mississippi				16. AGE 21	17. RACE Gau	18. LENGTH OF SERVICE 1 6/12	19. DATE OF ADMISSION 6 Aug 1956
					20. SOURCE OF ADMISSION To be recorded by USA Disp Ft Kobbe, CZ			
21. ADMITTING OFFICER F Hinann CAPT/hg				22. CONTINUATION OF ITEMS 13 AND 20 (13)USARCARLE Ft Kobbe, CZ 056.10				

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show anesthetic for each operation)

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

26. PHYSICAL PROFILE												
TYPE	SERIAL						SUFFIX					<input type="checkbox"/> PROFILE IS UNCHANGED
	P	U	L	H	E	S	R	T	D	O	N	
PREVIOUS												
REVISED												
27. DAYS DURATION THIS FACILITY ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____												
28. NATURE OF DISPOSITION										29. DATE OF DISPOSITION		
30. SIGNATURE OF ATTENDING PHYSICIAN							31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER					
32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY										33. REGISTER NUMBER		

DD FORM 1 NOV 51 481-1 REPLACES WD MD FORM 59A, 1 FEB 45, WHICH IS OBSOLETE.

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

33. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY or COMPLICATIONS WHICH CAUSED DEATH.	1a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items 1a, b, and c)	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
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CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES 1540R No. evid of A or B		2. WARD		3. TYPE OF CASE <input type="checkbox"/> DIS <input type="checkbox"/> INJ <input type="checkbox"/> BC		4. LAST NAME—FIRST NAME—MIDDLE INITIAL Lofton Aaron I					
5. SEX M		6. RELIGION P		7. PREV. ADM. <input type="checkbox"/> YES <input type="checkbox"/> NO		8. REGISTER NO. [REDACTED]		9. SERVICE NO. [REDACTED]		10. GRADE 1577	
11. RATING OR DSGN		12. DEPARTMENT ARMY		13. ORGANIZATION AND BRANCH OF SERVICE ADA (M16th)				14. FLYING STATUS			
15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE Aaron Lofton (F) Box 67 Ardit, Mississippi				16. AGE 27		17. RACE C.M.		18. LENGTH OF SERVICE 1 6/12		19. DATE OF ADMISSION 6/12/56	
20. SOURCE OF ADMISSION Placed by the Army Medical Dept.				NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (Dep of EM, etc.) in space 13.							
21. ADMITTING OFFICER HE. Elston, Capt/MA				22. CONTINUATION OF ITEMS 13 AND 20 (13) USARCSAR 100 056.10							

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

**Dg.1 (7932) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.**

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	P	U	L	H	E	S	R	T	D	O	N		
PREVIOUS													
REVISED													

27. DAYS DURATION THIS FACILITY
ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION
Duty

29. DATE OF DISPOSITION
13 Aug 56

30. SIGNATURE OF ATTENDING PHYSICIAN
[Signature]

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
[Signature]

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
US ARMY DISPENSARY FORT ROBBE, CANAL ZONE

33. REGISTER NUMBER
[REDACTED]

DD FORM 1 MAY 51 **481-3 (4 PART)**

09-16-71260-1

4

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item.)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (*previously recorded*) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

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36. AUTOPSY PERFORMED (If "YES," indicate date and place)	37. HOUR AND DATE OF DEATH		
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN		

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD <i>M-1</i>	3. TYPE OF CASE <input type="checkbox"/> DIS <input type="checkbox"/> INJ <input type="checkbox"/> BC		4. LAST NAME — FIRST NAME — MIDDLE INITIAL <i>Koston, Aaron F.</i>	
	5. SEX <i>M</i>	6. RELIGION <i>P</i>	7. PREV. ADM. <input type="checkbox"/> YES <input type="checkbox"/> NO	8. REGISTER NO. <i>[REDACTED]</i>	10. GRADE <i>PFC</i>
	11. RATING OR DESIG.		12. DEPARTMENT <i>Army</i>	13. ORGANIZATION AND BRANCH OF SERVICE <i>40ASAPCIB(8616)</i>	
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE <i>AARON KOSTON (F) Post Office #64 Summ. H, Miss</i>			16. AGE <i>21</i>	17. RACE <i>CAU</i>
	21. ADMITTING OFFICER			22. CONTINUATION OF ITEMS 13 AND 20.	

23. DIAGNOSES (See instructions for recording as shown on reverse side, Include all required related data)

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	P	U	L	H	E	S	R	T	D	O	N	
	PREVIOUS											
REVISED												
27. DAYS DURATION THIS FACILITY												
ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____												
28. NATURE OF DISPOSITION										29. DATE OF DISPOSITION		
30. SIGNATURE OF ATTENDING PHYSICIAN						31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER						
32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY										33. REGISTER NUMBER		

DD FORM 481
1 MAY 51

Replaces WD AGO Form 8-33, 1 Apr 45, which is obsolete.

16-64559-2

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item)

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(Do not enter more than one cause per line for items 1a, b, and c)	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
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36. AUTOPSY PERFORMED (If "Yes" indicate date and place)	37. HOUR AND DATE OF DEATH		
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN		

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

19 June 56 Chronic indigestion for past year.
No vomiting. No bowel sensation after
eating mintacid acid & Squeezed food.
Rx Bellubarb, Vitcarnal.
M. J. King, M.D.

8 Sept 56 Photographs of callos on foot.
Exam: seems to be a corn type callus
with depression in its base.
Rx TB treatment room for removal.

Rx Plaster cast. Removed by E.S.V. and
baritacin dressing applied. Ret 10 Aug 56
by (S.D.)

Oct. 19-1956 Pt arrived at disp. at 1036 with first 3
1035 toes on RT foot amputated. X-Ray shows
that 1st & 2nd toes are fractured. Rx 4 (4-0) sutures
put on Big toe. P. 100,000 units. PCN, 1/2 cc of
tetracycline. Codine #2. Pt. discharged at
Big Med. Toes closed. Pt. arrived at
0400 TB and complain of pain. Given 2 more
Codine.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

2005/11/14 If any received a wound, redness
Patient admitted to hospital
(limited) + the patient is being
treated

CLINICAL RECORD

ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION

The 21-year-old JD was sent in from the Semi Center at 1035 last night with the Hx of dropping a piano on his Rt foot. &

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

abrasion of dorsum of Rt 5th toe. Location about nail bed of I toe. X rays show comminuted fx of distal phalanx of I toe and single fx of distal phalanx of II toe

PROGRESS

Treatment - Toe cleaned & sutured under procaine anesthetic

DOCTOR'S ORDERS (Date and sign all orders):

1) PEN 600,000 U.

2) Tetan tox 1/2 cc

3) Codeine tab q 4 hr #2 046 for pain

SIGNATURE OF PHYSICIAN

W. H. Jones, M.D.

DATE

10-6-58

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16-61555-1

ABBREVIATED CLINICAL RECORD
Standard Form 539

LABORATORY AND RADIOGRAPHIC REPORTS

STAPLE 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

STAPLE 2D REPORT WITH TOP AT THIS LINE ↑

STAPLE 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

STAPLING MARGIN

TEMPERATURE-PULSE-RESPIRATORY

NURSE'S NOTES

DATE	A. M.			P. M.			STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			

[illegible]

THE LETTERING ON RUBBER STAMPS USED FOR THE PURPOSE OF MAKING ENTRIES IN THE BODY OF THE SERVICE RECORD WILL NOT BE LARGER THAN PICA TYPEWRITER TYPE. THE SERVICE RECORD WILL NOT BE FOLDED OR CREASED. FOR INSTRUCTIONS SEE AR 640-201.

RELIGIOUS PREFERENCE (if voluntarily given)

BAPTIST

COVERING PERIOD (Inclusive)

FROM

70

24 Jan 55

1 NOV 57

SECTION 1 - APPOINTMENTS, PROMOTIONS, OR REDUCTIONS

10

SECTION 2 - REENLISTMENT AND/OR EXTENSION (Check appropriate box) OF ENLISTMENT DATA

[illegible]

SECTION 3 - RECORD OF INSERT SHEETS ATTACHED (Enter each Section No. for which an insert sheet has been attached)

DA FORM 24
1 NOV 54

REPLACES DD FORMS 280, 280-A, 280-B, 280-C, 280-D (For Army use); DA FORMS 24-A-2, 24-A-3, 24-A-8 AND 24-A-12, WHICH ARE OBSOLETE.

SECTION 4 - CHRONOLOGICAL RECORD OF MILITARY SERVICE

DATE		M/R DESIGNATION OF UNIT AND STATION	DUTY MOS	CONDUCT	EFFICIENCY	INITIALS OF PERSONNEL OFFICER
FROM	TO					
24 Jan 55	30 Jan 55	3432SU RS, Ft Jackson, SC				
31 Jan 55	1 Apr 55	101st Abn Inf Div, Ft Jackson, SC		EX	EX	
2 Apr 55	14 Apr 55	Enroute to ASAProcBn 8622DU, Ft Devens, Mass				
15 Apr 55	26 Apr 55	Co B ASAProcBn, 8622DU, Ft Devens, Mass				
27 Apr 55	26 Aug 55	Co I ASA StuBn, 8622DU, Ft Devens, Mass		EX	EX	
27 Aug 55	21 OCT 55	Co D 1st Stu Bn ASA Trp Comd 8622 DU	006.00	EX	-X	
22 OCT 55	27 Oct 55	ENROUTE TO H-2 HQ 1ST ASA				
	1 Nov 57	CARIBBEAN CO 101 DU FT KOBBE CARIB ZONE				
28 Oct 55	31 Dec 56	H/H Det ASACARIB 8616DU Ft Kobbe	058.10	(-)	(-)	
1 Jan 57	27 Mar 57	Hq USASACARIB, Ft Kobbe, CZ (CO Trfd)	058.10	(Ex)	(-)	
28 Mar 57	29 Sep 57	Hq USASACARIB, Ft Kobbe, CZ	058.20	Exc	Exc	
30 Sep 57	16 Oct 57	MHD USA Ln Unit Gorgas Hosp Ancon CZ		Unk	Unk	
16 Oct 57	17 Oct 57	Enroute to CONUS				
18 Oct 57	1 Nov 57	MHD WRAH(9901) WRAMC Wash, DC (Hon Dash)		Unk	Unk	PJG

SECTION 5 - SERVICE OUTSIDE CONTINENTAL UNITED STATES				
PORT OF EMBARKATION	DATE DEPARTED	PORT OF DEBARKATION	DATE ARRIVED	FOR DUTY IN
Brookley AFB, Ala	27 Oct 55	Albrook AFB, CZ	28 Oct 55	USARGARIB
Tocumen, R of Panama	1 May 56	Miami, Fla	1 May 56	Ord lv
Miami, Fla	2 Jun 56	Tocumen, R of Panama	2 Jun 56	Returned fr lv
Canal Zone	16 Oct 57	Charleston AFB US	17 Oct 57	CONUS

[illegible][illegible]

BRIEF DESCRIPTION	DATE	BRIEF DESCRIPTION	DATE

[illegible]

[illegible][illegible]

DEPARTMENT OF DEFENSE WASHINGTON 25, D. C.				INITIAL ENLISTMENT		Form Approved Budget Bureau No. 22-R016.3	
ENLISTMENT RECORD - UNITED STATES ARMY							
1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee) Lofton, Aaron Isaac <i>ALL</i>				2. SERVICE NUMBER [REDACTED]		3. SEX MALE	4. RACE Caucasian
5. PHYSICAL AND MENTAL DATA		6. HOME ADDRESS (Number & street or rural route (if none, so state), city, town or P.O., county and state) P. O. Box 64, Summit, Pike, Mississippi					
8. PHYSICAL CATEGORY <i>H</i>		b. MENTAL DATA AFQT-3/96-1		7. PLACE OF ENLISTMENT Jackson, Mississippi			
9. ENLISTED UNDER AUTHORITY OF SR615-120-52				8. ENLISTED IN THE GRADE OF (To be initialed by enlistee) Pvt-1 <i>ALL</i>		AUTHORIZATION SR615-120-2	
11. FOR ASSIGNMENT IN Army Security Agency/ <i>ALL</i>				12. TOTAL SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
DECLARATION OF APPLICANT							
13. DATE OF BIRTH DAY MONTH YEAR		14. PLACE OF BIRTH (City and state) Brookhaven, Mississippi		15. COLOR EYES Grey		16. COLOR HAIR Blond	
17. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, FILED DECLARATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND COURT OF JURISDICTION NOT APPLICABLE		19. NATURALIZATION OR DECLARANT NUMBER NOT APPLICABLE			
20. MARITAL STATUS Single		21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by enlistee) None <i>ALL</i>					
22. EDUCATION (Years) GRAMMAR HIGH SCH COLLEGE 8 4 1		23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) None <i>ALL</i>					
24. CIVILIAN TRADE OR OCCUPATION (Best qualified) Student		HOW LONG EMPLOYED (Yrs & mos) (Best qualified trade or occupation) Not applicable		WEEKLY WAGE (Average) None			
25. REGISTERED FOR SELECTIVE SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NUMBER [REDACTED]		26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state) #62, McComb, Pike, Mississippi					
27. PRIOR ROTC OR CADET TRAINING (Years-Type unit) None		28. RESERVE COMMISSIONED STATUS (Br. SN, & grade now held, if any) None					
29. LAST SERVICE (USA, USAF, USN, USMC, USCG) USA		30. COMPONENT (Reg, Res, AUS, AFUS, FedNG, or St G) FedNG (No Active Fed Svc)				31. SERVICE NUMBER [REDACTED]	
32. ORGANIZATION 154 Inf Bn, Miss NG		33. TYPE, AUTHORITY, AND DATE OF DISCHARGE				34. IN GRADE OF MOS	
35. HAVE YOU EVER BEEN: a. CONVICTED OF A FELONY OR ANY OTHER OFFENSE (excluding minor traffic violations)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If a or b is yes, give details. Prior service personnel consider only convictions and adjudications since last active service.) (To be initialed by enlistee). <i>1/ALL</i>							
36. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF ANY COURT? IF SO, GIVE DETAILS. (Prior service personnel answer "No" unless imprisoned subsequent to date of last discharge.) (To be initialed by enlistee) <i>NO 1/ALL</i>							
37. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SENTENCE, PAROLE, PROBATION, OR ARE YOU AWAITING FINAL ACTION ON CHARGES AGAINST YOU? (Prior service personnel consider only period since date of last discharge.) (To be initialed by enlistee) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>1/ALL</i>							
38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION OR ENLISTMENT IN ANY OF THE ARMED FORCES OR HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS ENLISTMENT OTHER THAN HONORABLY, OR BY REASON OF UNSUITABILITY OR UNDESIRABLE HABITS OR TRAITS OF CHARACTER, OR FOR MEDICAL REASONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
39. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ENTRIES RECORDED BY ME ON STANDARD FORM 89, REPORT OF MEDICAL HISTORY, ARE TRUE AND CORRECT. (To be initialed by enlistee) <i>1/ALL</i>							
40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" GIVE DETAILS. (To be initialed by enlistee) <i>3/1/96 1/ALL</i>							

PROCESSED

DD FORM 1 NOV 53 4

EDITION OF 1 NOV 51 IS OBSOLETE

GPO : 1954 O - 283364

ORIGINAL-MORNING REPORT COPY
DUPLICATE-SERVICE RECORD COPY

41. REMARKS (To be initialed by enlistee)

None/ *ADL*

42. I UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT IF I SECURE ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO MY QUALIFICATIONS FOR ENLISTMENT; IN ADDITION, I KNOW IF I AM REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCEALED FROM THE ACCEPTING OFFICER, THE GOVERNMENT WILL NOT FURNISH ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.

I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FORCES (Army, Air Force, Navy, Marine Corps, or Coast Guard) OR OF ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) IN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS UNLESS SO INDICATED AND EXPLAINED BY ME; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

GIVEN AT (Place of acceptance)

Jackson, Mississippi

DATE OF ACCEPTANCE

24 January 1955

SIGNATURE OF WITNESS (First name-Middle initial-Last name)

SIGNATURE OF APPLICANT (First name-Middle name-Last name)

43. REMARKS (For use by the recruiting officer)

43a. DATE DD FORM 53
FORWARDED

24 Jan 55

VERIFIED AT

Jackson, Mississippi

BY (Signature of recruiting officer)

Clynton J. Collins

GRADE AND ORGANIZATION OF RECRUITING OFFICER

Capt USAF 3370 SU

44. OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Mississippi SS:

CITY, TOWN, OR MILITARY POST Jackson

1. Aaron Isaac Lofton

DO SOLEMNLY SWEAR (or affirm) THAT I WILL BEAR TRUE FAITH AND

ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE; AND DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS 24th DAY OF January 19 55, IN THE UNITED STATES Army FOR A PERIOD OF three (3) years UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY.

WORDS AND FIGURES INITIALED BY ENLISTEE

SIGNATURE

Aaron Isaac Lofton
FIRST NAME-MIDDLE NAME-LAST NAME

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 24th DAY OF January

A.D. 1955. I FURTHER CERTIFY THAT THIS ENLISTEE WAS MINUTELY INSPECTED BY ME PREVIOUSLY TO SUBSCRIBING TO THE OATH; THAT I FOUND ENLISTEE ENTIRELY SOBER AND IN FULL POSSESSION OF ALL MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF ENLISTEE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING APPLICANT INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE SUBSCRIBING THERETO.

CLYNTON J COLLINS, Capt USAF 3370 SU

TYPED NAME, GRADE, AND ORGANIZATION OF RECRUITING OFFICER

Clynton J. Collins
SIGNATURE OF RECRUITING OFFICER

1 Carefully compare with the name at top of Page 1.






2 The dates in the oath and certificate must be the same.

3 The signature must be identical with that subscribed to Declaration of Applicant.

45.

FINGERPRINTS - RIGHT HAND

(Fingerprint impressions will be made in this space in the case of every person enlisting or reenlisting)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

19 Jan 55
(Date)

SUBJECT: Enlistment and Schooling for Army Security Agency

TO: Chief, Army Security Agency
Washington 25, D.C.

1. I, the undersigned do voluntarily request enlistment in the Regular Army for assignment to the Army Security Agency and, upon acceptance, do further request enrollment in an Army School for the purpose of pursuing a course of instruction which will qualify me for a job with the Army Security Agency. I thoroughly understand that:

a. I must attain a minimum percentile score of 31 or higher on the Armed Forces Qualification Test (AFQT).

b. Non-Prior-Service personnel, unless possessing a usable skill based on civilian qualifications, will normally be sent, following basic training, to a service or troop school for technical training; however, the individual must qualify for attendance in accordance with current school selection criteria.

c. The schooling I am finally selected for will be based upon scores I obtain on a series of Army aptitude tests to be given me.

d. In the event my test scores do not meet the prerequisites for technical training, I will be scheduled for schooling or duty in a non-technical field.

e. Personnel found to be disqualified for duty with the Army Security Agency, or not possessing normally accepted aptitude for training in an MOS required by the Agency, will be reassigned in accordance with the needs of the Army and required to complete the period for which enlisted.

f. All personnel assigned to the Army Security Agency must be cleared in accordance with 3A 350-160-10. Personnel who fail to receive clearance will be reassigned outside the Agency in accordance with the needs of the Army and required to complete the period for which enlisted.

g. Continued assignment to the Army Security Agency will be contingent upon satisfactory service, maintenance of required standards, and the needs of the Agency.

2. I am qualified by previous service in MOS _____, and desire to serve in this specialty with the Army Security Agency.

WITNESSED BY:

Evelyn H. Rute

Aaron Isaac Lofton
(Signature of Applicant)

AARON ISAAC LOFTON

(Typed or printed name of applicant)

DISTRIBUTION: Original to Chief, ASA, duplicate to 201 file.
GAS Form 34 (23 Oct 53)
Local reproduction is authorized

DATE: 24 January 1955

In connection with my enlistment in the Regular Army this date, I hereby acknowledge that I completely understanding the following:

That the statement included in my enlistment record which indicates my choice of service does not constitute any guarantee that my entire enlistment will be served in the branch of service, overseas command, or specific assignment that I have chosen, and

That military necessity may make it necessary for the Army to effect my transfer at any time to any other assignment within the continental United States or an overseas command,

That acceptance for enlistment carries no promise, whatsoever, relative to furnishing transportation for dependents to overseas commands or to the furnishing of family quarters either in overseas commands or in the continental United States.

I further certify that entered under item 41 of the enlistment record are all promises made to me other than those listed in items 8, 10, and 11 thereof.

X Aaron Isaac Lofton

* - - - - -

DATE 24 January 1955

I, Aaron Isaac Lofton, a citizen of the United States or
- , for the purpose of amplifying the statements made by
me in the enlistment record this date, do hereby acknowledge to have voluntarily enlisted this 24th day of January 1955, in the Regular Army of the United States of America. I understand that the period of my enlistment is three (3) years. I understand that upon separation from my current enlistment, if qualified, I will be transferred to the Army Reserve and required to serve therein for a period which then added to my active service will equal a total of 8 years, unless sooner discharged in accordance with standards proscribed by the Secretary of Defense.

X Aaron Isaac Lofton

C E R T I F I C A T E

S T A T U S O F D E P E N D E N T S

I certify that the following statements are true and correct:

1. I have been informed and am fully aware that Army regulations prohibit the enlistment of non-prior service personnel who have dependents whose existence would establish an entitlement to increased allowances or allocations of pay.

2. I hereby state that I have no persons dependent upon me for support, including, but not limited to, the following:

a. Wife and/or children.

b. Parents dependent upon me for support to the extent that I contribute more than fifty (50) percent of the amount necessary for their support.

3. I have been informed and fully am aware that concealment of dependents upon enlistment in the Armed Forces is punishable under Article 83, Uniform Code of Military Justice, with penalties authorized including dishonorable discharge, forfeiture of all pay due, and confinement for one (1) year.

4. I will not attempt to claim additional allowances, or allotments requiring contributions on the part of the United States Government, subsequent to my arrival at my first duty station, based on my present status of dependents.

5. I make this certificate freely and with no mental reservations whatsoever, prior to enlisting in the United States Army.

Aaron Isaac Lofton

(Enlistee Signature)

Aaron Isaac Lofton

(Typed Name of Enlistee)

WITNESS:

Clinton J. Collins

(Signature of Commissioned Officer)

CLYNTON J COLLINS, Capt USAF

(Typed Name of Officer)

DATE: 24 January 1955

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Lofton Aaron Isaac</u>				2. GRADE AND COMPONENT OR POSITION <u>E-1</u>		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <u>P.O. Box 64, Summit (Pike) Miss</u>				5. PURPOSE OF EXAMINATION <u>Enlist RA</u>		6. DATE OF EXAMINATION	
7. SEX <u>Male</u>	8. RACE <u>Cau</u>	9. TOTAL YRS. GOVT. SERVICE MILITARY <u>0</u> CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT		
12. DATE OF BIRTH		13. PLACE OF BIRTH <u>Brookhaven, Miss</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <u>Aaron Alton Lofton (Father) P.O. Box 64, Summit, Miss</u>			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION			

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

GOOD

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<u>45</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<u>42</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE						<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS AND SISTERS	<u>B 17</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD CANCER	
						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

<input checked="" type="checkbox"/>	BEEN PREGNANT	<input checked="" type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input checked="" type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input checked="" type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input checked="" type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

3

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

MONTHS 30

25. WHAT IS YOUR USUAL OCCUPATION?

Student

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Isaac L. L. L.

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

20. undergoing surgery a child not yet born

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

HUGH C. WATSON, JR IT MC

18 Jan 55

Hugh C. Watson

☆ U.S. GOVERNMENT PRINTING OFFICE : 1950 O-74712

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME LOFTON, AARON Isaac <u>Isaac</u>			2. GRADE AND COMPONENT OR POSITION E-1		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) PO Box 64, Summit, Miss			5. PURPOSE OF EXAMINATION Enl RA		6. DATE OF EXAMINATION 18 Jan 55	
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT	
12. DATE OF BIRTH		13. PLACE OF BIRTH Brookhaven, Miss		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron Alton Lofton, Father, Same as item #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFES, Jackson, Miss				16. OTHER INFORMATION		

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL		LAST SIX MONTHS		
CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)				
NORMAL	ABNOR- MAL	(Check each item in appropriate column; enter "N.E." if not evaluated)				
X		18. HEAD, FACE, NECK, AND SCALP				
X		19. NOSE				
X		20. SINUSES				
X		21. MOUTH AND THROAT				
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)				
X		23. DRUMS (Perforation)				
	X	24. EYES—GENERAL (Visual acuity and refraction under items 68, 69, and 71)				
X		25. OPHTHALMOSCOPIC				
X		26. PUPILS (Equality and reaction)				
X		27. OCULAR MOTILITY (Associated parallel movement, convergence)				
X		28. LUNGS AND CHEST (Include breasts)				
X		29. HEART (Thrust, size, rhythm, sounds)				
X		30. VASCULAR SYSTEM (Varicosities, etc.)				
X		31. ABDOMEN AND VISCERA (Include hernia)				
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)				
X		33. ENDOCRINE SYSTEM				
	X	34. G-U SYSTEM				
X		35. UPPER EXTREMITIES (Strength, range of motion)				
X		36. FEET				
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)				
X		38. SPINE, OTHER MUSCULOSKELETAL				
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS				
X		40. SKIN, LYMPHATICS				
X		41. NEUROLOGIC (Equilibrium tests under item 72)				
X		42. PSYCHIATRIC (Specify any personality deviation)				
Females only		(Check how done)				
		43. PELVIC	<input type="checkbox"/> VAGINAL	<input type="checkbox"/> RECTAL	(Continue in item 73)	

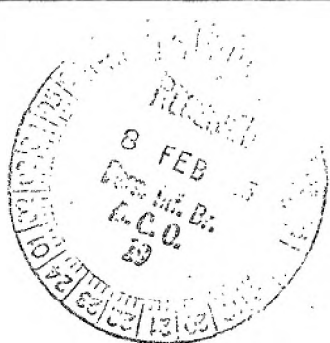
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O.—Restorable teeth /—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 6).—Fixed bridge, brackets to include abutments																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES ACCEPTABLE		
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (Place, date, film number, result)		47. SEROLOGY (Specify test used and result)	
ALBUMIN NEG	SUGAR NEG	MICROSCOPIC NOT DONE	NORMAL FINDINGS		BLOOD TAKEN	
48. EKG NOT DONE		49. BLOOD TYPE AND RH FACTOR NOT DONE	50. OTHER TESTS NONE			

MEASUREMENTS AND OTHER FINDINGS																																															
51. HEIGHT 70		52. WEIGHT 132		53. COLOR HAIR Blond		54. COLOR EYES Lt Hazel Lt Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP.																																					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																									
SITTING SYS. 142 DIAS. 80		RECUM. BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 73		AFTER EXERCISE 2 MIN. AFTER		RECUMBENT AFTER STANDING 3 MIN.																																					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																							
RIGHT 20/ 20 CORR. TO 20/				BY S. CX				CORR. TO BY																																							
LEFT 20/ 20 CORR. TO 20/				BY S. CX				CORR. TO BY																																							
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																															
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) Yarn Passed				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED																																							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																																					
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																							
RIGHT WV 15 /15 SV /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td>250</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>4000</td><td>6000</td><td></td> </tr> <tr> <td></td><td>250</td><td>512</td><td>1024</td><td>2048</td><td>3072</td><td>4096</td><td>6144</td><td></td> </tr> <tr> <td>RIGHT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>LEFT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							250	500	1000	2000	3000	4000	6000			250	512	1024	2048	3072	4096	6144		RIGHT									LEFT												
	250	500	1000	2000	3000	4000	6000																																								
	250	512	1024	2048	3072	4096	6144																																								
RIGHT																																															
LEFT																																															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

NSA



(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check)

☒ IS

QUALIFIED FOR

Military Service

☐ IS NOT

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

HUGH C. WATSON, JR. LT MC

Hugh C. Watson, Jr.

NUMBER OF ATTACHED SHEETS

⑤ FELIX ORRMS, [REDACTED] USA
CWO, 8616DU, ASACARIB

MA S.H. ARTHIN, [REDACTED]
CWO, W-2, USA, HQ USASACARIB

289
[REDACTED] J. GREENLAW, CAPT, MSC
[REDACTED]
Hq. WFMC (9901) Wash DC

ERR

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME LOFTON AARON ISAAC		2. SERVICE NUMBER [REDACTED]		3a. GRADE, RATE OR RANK Sp3(T)		b. DATE OF RANK (Day, Month, Year) 17 Dec 1956		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA Sig C		5. PLACE OF BIRTH (City and State or Country) Brookhaven Mississippi				6. DATE OF BIRTH		
	7a. RACE Caucasian	7b. SEX Male	7c. COLOR HAIR Blond	7d. COLOR EYES Grey	7e. HEIGHT 5-11	7f. WEIGHT 145	7g. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. MARITAL STATUS Single	
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School-1		9. MAJOR COURSE OR FIELD Commerce						
	11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR		b. STATION OR INSTALLATION AT WHICH EFFECTED Walter Reed Army Medical Center Washington DC						
	c. REASON AND AUTHORITY Par 8 AR 635-205 SPN 412 PETS Convenience of Government					d. EFFECTIVE DATE 1 Nov 57	e. TYPE OF CERTIFICATE ISSUED DD Form 217A		
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Hq USASACARIB Ft Kobbe CZ		13a. CHARACTER OF SERVICE HONORABLE				13b. DATE OF CERTIFICATE ISSUED DD Form 217A		
	14. SELECTIVE SERVICE NUMBER 22 62 34 283		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE #62 McComb(Pike)Mississippi				16. DATE INDUCTED DAY MONTH YEAR N/A		
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Transferred USAR Mississippi Military District								
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 8 Feb 62		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			b. TERM OF SERVICE (Years) 3		c. DATE OF ENTRY DAY MONTH YEAR 24 Jan 55	
	20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Pvt E-1		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Jackson Mississippi				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) Post Office Box 64 Summit(Pike)Mississippi		24. STATEMENT OF SERVICE						
	25a. SPECIALTY NUMBER AND TITLE 058.20 Morse Interceptor		25b. RELATED CIVILIAN OCCUPATION AND O. O. T. NUMBER N/A		24. STATEMENT OF SERVICE				
					a. CREDITABLE FOR BASIC PAY PURPOSES				
					(1) NET SERVICE THIS PERIOD				
					(2) OTHER SERVICE				
					(3) TOTAL (Line (1) + line (2))				
					b. TOTAL ACTIVE SERVICE				
					c. FOREIGN AND/OR SEA SERVICE				
VA DATA	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Sharpshooter(Rifle M-1 Carbine)								
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None								
	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED								
	29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED								
AUTHENTICATION	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT N/A		c. MONTH ALLOTMENT DISCONTINUED N/A				
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None				b. VA CLAIM NUMBER C None				
	32. REMARKS No time lost under Prov of Sec 6a Appendix 2b MCM 1951 Blood Group "A" \$300.00 MOP certified on final MPO Item 3a: Pvt(P) 25 Jun 56 SSAN: [REDACTED]								
AUTHENTICATION	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Post Office Box 64 Summit(Pike)Mississippi				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED [Signature]				
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER P J GREENLAW CAPT MBO Asst Ch Mil Pers Br				35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]				

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

2

LOFTON, Aaron Isaac		Pvt-1		15 Mar 55	
1. DESIGNATOR'S LAST NAME - FIRST NAME - MIDDLE NAME		2. PRESENT SERVICE NO.		3. GRADE	
6. PERMANENT ADDRESS (No., Street, City & State (County))		7. FORMER SERVICE NO.		8. DATE OF BIRTH	
PO Box 64, Summit, Mississippi (Pike Co)		None		24 Jan 55	
9. DATE & TERM OF ENLISTMENT, REGAL OR APPOINTMENT		10. INITIAL		3 yrs	
		CHANGE			

DESIGNATIONS				
		FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS	RELATIONSHIP
10. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
11. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD	PRIN- CIPAL	Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
	ALTER- NATE	Agnes Nunnery Lofton	PO Box 64 Summit, Miss	Mother
12. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (PL 23, 82D C). (All prior designations are cancelled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation.)	PRIN- CIPAL(S)	SHARE		
		\$		
	CONTIN- GENT(S)	SHARE		
		\$		
		\$		
13. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS		Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
14. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFE KEEPING		Aaron Alton Lofton	PO Box 64 Summit, Miss	Father
POST, CAMP, OR STATION		SIGNATURE OF DESIGNATOR		
Fort Jackson, South Carolina		Aaron Isaac Lofton		

DD FORM 93
1 OCT 54

EDITION OF 1 FEB 52 MAY BE USED; DA AGO FORMS 41, 1 FEB 51 AND 41-1, 1 JUN 51 ARE OBSOLETE.

RECORD OF EMERGENCY DATA
(Original)

SERVICEMAN'S STATEMENT CONCERNING APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION <small>(VA FORM 8-526e)</small>		DATE 30 October 1957
PLACE OF SEPARATION (Hospital or other separation activity) WALTER REED ARMY HOSPITAL WALTER REED ARMY MEDICAL CENTER WASHINGTON DC		
INSTRUCTIONS		
<p>Each officer and enlisted person being processed for separation from active military service for any reason who has undergone prolonged hospitalization, or suffered from wounds, injury or disease while in service, is advised to apply for compensation from the Veterans Administration by completing VA Form 8-526e. Each individual who had a physical defect when he entered the service which he feels was aggravated by military service should file VA Form 8-526e. You are further advised that, if you do not apply for compensation from the Veterans Administration by completing VA Form 8-526e at the time of separation, you may do so at any time thereafter; that, if you do intend to file, it is advisable to do so before you leave the service as at that time your medical records are more easily obtainable and action by the Veterans Administration on your claim will be expedited thereby; and that filing VA Form 8-526e will in no way delay your separation. When you have read the above paragraph, place your initials at the end of this sentence.</p> <p style="text-align: right;"><i>WRL</i></p>		
I AM BEING PROCESSED FOR SEPARATION FROM THE ARMY AND HAVE BEEN ADVISED THAT I AM ENTITLED TO FILE AN APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION.		
<input checked="" type="checkbox"/> I HAVE FILED AN APPLICATION FOR SUCH COMPENSATION ON VA FORM 8-526e.		
<input type="checkbox"/> I HAVE DECIDED NOT TO FILE AN APPLICATION FOR SUCH COMPENSATION AT THIS TIME. I UNDERSTAND THAT I MAY DO SO AT A LATER DATE.		
NAME, GRADE, AND SERVICE NO. (Addressograph plate may be used in this space.) AARON I. LOFTON SP3 PO Box 64 Summit, Mississippi		SIGNATURE OF INDIVIDUAL BEING SEPARATED <i>Aaron I. Lofton</i>
PREPARATION AND DISTRIBUTION		
ORIGINAL will be prepared in all cases. Attach to SF 88 and forward to The Adjutant General with personnel records.		
DUPLICATE will be prepared in all disability separations regardless of whether VA Form 8-526e is prepared, and in all other types of separations only when VA Form 8-526e is prepared. Attached to #4 copy of DD Form 214 and duplicate copy of SF 88. Forward to VA regional office having jurisdiction over area in which individual's home is located as shown in item 47, DD Form 214, not later than 48 hours after separation.		

DA FORM 664
1 MAY 52

REPLACES DA AGO FORM R-5277, 1 DEC 1951, WHICH IS OBSOLETE

16-66766-1

U. S. GOVERNMENT PRINTING OFFICE: 1957-O-410859

15. FULL NAME AND ADDRESS OF C. POLICY		OFFICE RECEIVING P. POLICY		POLICY NUMBER							
16. FATHER FIRST NAME - MIDDLE NAME - LAST NAME OF (If deceased so state) Aaron Alton Lofton			ADDRESS PO Box 64 Summit, Miss								
17. MOTHER Agnes Nunnery Lofton			PO Box 64 Summit, Miss								
18. WIFE OR HUSBAND (If none, so state) None											
19. NAME OF CHILDREN (If none, so state)		ADDRESS		<table border="1"> <tr> <th colspan="2">MARRIED</th> <th rowspan="2">SEX</th> <th rowspan="2">DATE OF BIRTH</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </table>		MARRIED		SEX	DATE OF BIRTH	YES	NO
MARRIED		SEX	DATE OF BIRTH								
YES	NO										
None		None									
<p>FOR INSTRUCTIONS ON PREPARATION AND DISPOSITION REFER TO:</p> <table> <tr> <td>ARMY (Including Army Reserve) - SR 600-105-1</td> <td>AIR FORCE - AFR 35-38</td> </tr> <tr> <td>ARMY NATIONAL GUARD - NGR 29</td> <td>AIR NATIONAL GUARD - ANGR 35-38</td> </tr> </table>						ARMY (Including Army Reserve) - SR 600-105-1	AIR FORCE - AFR 35-38	ARMY NATIONAL GUARD - NGR 29	AIR NATIONAL GUARD - ANGR 35-38		
ARMY (Including Army Reserve) - SR 600-105-1	AIR FORCE - AFR 35-38										
ARMY NATIONAL GUARD - NGR 29	AIR NATIONAL GUARD - ANGR 35-38										

★ GPO : 1954 O—321013

DO NOT FORWARD THIS FORM TO VETERANS ADMINISTRATION

ARMY RESERVE CHANGE OF ADDRESS AND STATUS REPORT (SR 140-5)		READ INSTRUCTIONS ON REVERSE SIDE OF FORM COMPLETING FORM	
LAST NAME - FIRST NAME - MIDDLE NAME LOFTON, AARON I.		SERVICE NUMBER [REDACTED]	GRADE SP4 BRANCH Sig C
PRESENT PERMANENT HOME ADDRESS 1164 Ogilvie Dr, NE, Atlanta, Georgia		LAST PERMANENT HOME ADDRESS P O Box 64 Summit, Mississippi	
TEMPORARY ADDRESS		DURATION OF TEMPORARY ADDRESS	
FOREIGN ADDRESS		DATE OF DEPARTURE	DATE OF RETURN
PURPOSE OF FOREIGN TRAVEL OR RESIDENCE (including any occupation you expect to follow)		DURATION OF FOREIGN TRAVEL OR RESIDENCE	
STATUS (See paragraph 1e of Instructions) 603 prepared from DA Form 1140 00031			
DATE 13 Dec 59	SIGNATURE /s/ Aaron I. Lofton		
COMMANDERS RECEIVING THIS REPORT WILL FORWARD IT BY CONTINUOUS LINE INDORSEMENTS, STAMPED OR TYPED.			
1ST IND HQ HQ IV US CORPS B'HAM 21 Jan 60 TO: CG, THIRD US ARMY, FT McPHERSON, GA ATTN: MRU Red. fwd. CG XII US Army Corps - his date			
RECORDS WERE FORWARDED	TO (Headquarters)	BY (Headquarters) 13-12	ON DATE INITIALS

DA FORM 603

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

U. S. GOVERNMENT PRINTING OFFICE : 1955 O-155487

DEPARTMENT OF THE ARMY

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

OFFICIAL BUSINESS

CHIEF OR COMMANDING OFFICER

MILITARY DISTRICT OR UNIT

SERVICE RECORD

[illegible]

LOFTON, AARON I

THE LETTERING ON RUBBER STAMPS USED FOR THE PURPOSE OF MAKING ENTRIES IN THE BODY OF THE SERVICE RECORD WILL NOT BE LARGER THAN PICA TYPEWRITER TYPE. THE SERVICE RECORD WILL NOT BE FOLDED OR CREASED. FOR INSTRUCTIONS SEE AR 640-201.

RELIGIOUS PREFERENCE (If voluntarily given)

Baptist

COVERING PERIOD (Inclusive)

SSAN:

FROM

24 Jan55 (1 Nov 57)

TO

31 MAR 1962

SECTION I - APPOINTMENTS, PROMOTIONS, OR REDUCTIONS

[illegible]

SECTION 2 - REENLISTMENT AND/OR EXTENSION (Check appropriate box) OF ENLISTMENT DATA

[illegible]

SECTION 3 - RECORD OF INSERT SHEETS ATTACHED (Enter each Section No. for which an insert sheet has been attached)

[illegible]DA FORM 24
1 NOV 54

REPLACES DD FORMS 280, 280-A, 280-B, 280-C, 280-D (For Army use);
DA FORMS 24-A-2, 24-A-6, 24-A-8 AND 24-A-12, WHICH ARE OBSOLETE.

[illegible]

[illegible][illegible][illegible]

BRIEF DESCRIPTION	DATE	BRIEF DESCRIPTION	DATE
1			

[illegible]

SECTION 10 - REMARKS	
1 Nov 57 eligible for re-enlistment	
transf USAR Control Group/ERP(Annual Train-	
ing) Mississippi Mil Dist #2 Nov 57	
Hon Disch fr USAR 31 MAR 1962	
UP Par 92, AR 165-178 (ETS)	
DD Form 25CA mailed to	
3435th St R.E.	
Apt 5th	
Atlanta, Ga.	

[illegible]

25. SECURITY CLEARANCE B1 COMP 22 APR 55
3AA TOP SECRET B1 COMP 22 APR 55
3AA PER SR 280-160-10 CERT BY
HQ ASATC TO TAG FOR CRYPTO
CLEARANCE 12 MAY 55

NAME (Last, first, middle)
FORM 20
NOV 57
PREVIOUS EDITIONS OF
THIS FORM ARE OBSOLETE
EXISTED
QUALIFIED
(48 644-207)

RECORD OF ASSIGNMENTS						34. REMARKS - Code of Conduct - 27 Apr 56
33. EFFECTIVE DATE	PRINCIPAL DUTY	MOS	GRADE	ORGANIZATION AND STATION	MONTHS HELD	
1 Feb 55	Basic Combat Training	-	Pvt-1	Co. R 49 Abn Engr Ft. Jackson S.	2	Re: USAR Par 8-AR 635-205. SPN 412 PETS Convenience of Government 1 Nov 57
27 Apr 55	Svc Sch Morse Int.	058.10	Pvt-1	Co. I 2nd SFU BN Ft. Devens Mass	9	
27 Aug 55	Co. I 2nd SFU BN	058.10	PFC	Co. I 2nd SFU BN	10	
31 Oct 55	Morse Interceptor	058.10	SP3	H/H Det ASACARIB Ft Kobbe		
1 Jan 57	Morse Interceptor	058.20	SP3/E4	Hq USASACARIB, Ft Kobbe CZ	23	

DEPT. OF DEFENSE WASHINGTON 25, D. C.		INITIAL ENLISTMENT		Form Approved Budget Bureau No. 22-R016.3	
3420 ASU Enlistment Record - United States Army					
1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee)		2. SERVICE NUMBER	3. SEX	4. RACE	CODING COLUMN
Lofton, Aaron Isdac			MALE	Caucasian	
5. PHYSICAL AND MENTAL DATA		6. HOME ADDRESS (Number & street or rural route (if none, no state), city, town or P.O., county and state)			
a. PHYSICAL CATEGORY A b. MENTAL DATA AFQT-3/96-1		P. O. Box 64, Summit, Pike, Mississippi			
7. PLACE OF ENLISTMENT		8. ENLISTED IN THE GRADE OF (To be initialed by enlistee)			
Jackson, Mississippi		Pvt-1 / SR615-120-2			
9. ENLISTED UNDER AUTHORITY OF		10. BRANCH ENLISTED FOR			
SR615-120-52		Signal Corps (ASA) /			
11. FOR ASSIGNMENT IN		12. TOTAL SERVICE FOR PAY PURPOSES			
Army Security Agency /		YEARS MONTHS DAYS 7 7 5			
DECLARATION OF APPLICANT					
13. DATE OF BIRTH		14. PLACE OF BIRTH (City and state)		15. COLOR EYES	16. COLOR HAIR
DAY MONTH YEAR		Brookhaven, Mississippi		Grey	Blond
17. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		18. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND COURT OF JURISDICTION		19. NATURALIZATION OR DECLARANT NUMBER	
IF NO, FILED DECLARATION?		NOT APPLICABLE		NOT APPLICABLE	
20. MARITAL STATUS		21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by enlistee)			
Single		None /			
22. EDUCATION (Years)		23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind)			
GRAMMAR HIGH SCH COLLEGE		None			
8 4 1					
24. CIVILIAN TRADE OR OCCUPATION (Best qualified)		HOW LONG EMPLOYED (Yrs & mos) (Best qualified trade or occupation)		WEEKLY WAGE (Average)	
Student		Not applicable		None	
25. REGISTERED FOR SELECTIVE SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state)			
IF YES, GIVE NUMBER		#62, McComb, Pike, Mississippi			
27. PRIOR ROTC OR CADET TRAINING (Years-Type unit)		28. RESERVE COMMISSIONED STATUS (Br. SN, & grade now held, if any)			
None		None			
29. LAST SERVICE (USA, USAF, USN, USMC, USCG)		30. COMPONENT (Reg, Res, AUS, AFUS, FedNG, or St G)		31. SERVICE NUMBER	
USA		FedNG (No Active Fed Svc)			
32. ORGANIZATION		33. TYPE, AUTHORITY, AND DATE OF DISCHARGE		34. IN GRADE OF MOS	
154 Inf Bn, Miss NG					
35. HAVE YOU EVER BEEN: a. CONVICTED OF A FELONY OR ANY OTHER OFFENSE (excluding minor traffic violations)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If a or b is yes, give details. Prior service personnel consider only convictions and adjudications since last active service.) (To be initialed by enlistee).					
36. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF ANY COURT? IF SO, GIVE DETAILS. (Prior service personnel answer "No" unless imprisoned subsequent to date of last discharge.) (To be initialed by enlistee)					
NO /					
37. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SENTENCE, PAROLE, PROBATION, OR ARE YOU AWAITING FINAL ACTION ON CHARGES AGAINST YOU? (Prior service personnel consider only period since date of last discharge.) (To be initialed by enlistee)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION OR ENLISTMENT IN ANY OF THE ARMED FORCES OR HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS ENLISTMENT OTHER THAN HONORABLY, OR BY REASON OF UNSUITABILITY OR UNDESIRABLE HABITS OR TRAITS OF CHARACTER, OR FOR MEDICAL REASONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
39. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ENTRIES RECORDED BY ME ON STANDARD FORM 89, REPORT OF MEDICAL HISTORY, ARE TRUE AND CORRECT. (To be initialed by enlistee)					
40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" GIVE DETAILS. (To be initialed by enlistee)					
C - Baptist /					

DD FORM 4
1 NOV 53

EDITION OF 1 NOV 51 IS OBSOLETE

GPO : 1954 O - 203260

ORIGINAL-MORNING REPORT COPY
DUPLICATE-SERVICE RECORD COPY

42. REMARKS (To be initialed by enlistee)

None/ *ASL*

42. I UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT IF I SECURE ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO MY QUALIFICATIONS FOR ENLISTMENT; IN ADDITION, I KNOW IF I AM REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCEALED FROM THE ACCEPTING OFFICER, THE GOVERNMENT WILL NOT FURNISH ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.

I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FORCES (Army, Air Force, Navy, Marine Corps, or Coast Guard) OR OF ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) IN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS UNLESS SO INDICATED AND EXPLAINED BY ME; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

GIVEN AT (Place of acceptance)

DATE OF ACCEPTANCE

Jackson, Mississippi
SIGNATURE OF WITNESS (First name-Middle initial-Last name)

24 January 1955
SIGNATURE OF APPLICANT (First name-Middle name-Last name)

43. REMARKS (For use by the recruiting officer)

43a. DATE DD FORM 53
FORWARDED

CJC
24 Jan 55

VERIFIED AT

BY (Signature of recruiting officer)

GRADE AND ORGANIZATION OF RECRUITING OFFICER

Jackson, Mississippi

Capt USAF 3370 SU
OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Mississippi SS:

CITY, TOWN, OR MILITARY POST Jackson

I, Aaron Isaac Lofton, DO SOLEMNLY SWEAR (or affirm) THAT I WILL BEAR TRUE FAITH AND

ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE; AND DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS

24th DAY OF January 19 55, IN THE UNITED STATES Army FOR A PERIOD OF three (3) years UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY.

WORDS AND PHRASES INITIALED BY ENLISTEE

SIGNATURE

Aaron Isaac Lofton
FIRST NAME-MIDDLE NAME-LAST NAME

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 24th DAY OF January A.D. 1955. I FURTHER CERTIFY THAT THIS ENLISTEE WAS MINUTELY INSPECTED BY ME PREVIOUSLY TO SUBSCRIBING TO THE OATH; THAT I FOUND ENLISTEE ENTIRELY SOBER AND IN FULL POSSESSION OF ALL MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF ENLISTEE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING APPLICANT INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE SUBSCRIBING THERETO.

CLYNTON J COLLINS, Capt USAF 3370 SU

TYPED NAME, GRADE, AND ORGANIZATION OF RECRUITING OFFICER

Clynton J Collins
SIGNATURE OF RECRUITING OFFICER

1Carefully compare with the name at top of page 1.

3The signature must be identical with that subscribed to Declaration of Applicant.

2The dates in the oath and certificate must be the same.

45.

FINGERPRINTS - RIGHT HAND

(Fingerprint impressions will be made in this space in the case of every person enlisting or reenlisting)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.			2. GRADE AND COMPONENT OR POSITION Sp3		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) PO Box 64, Summit, Miss.			5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 Oct 57	
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT MID-WRAH	
12. DATE OF BIRTH [REDACTED]		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton, Father, Same as # 4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Walter Reed Army Hospital, Wash. 12, D.C.				16. OTHER INFORMATION		

47. RATING OR SPECIALTY TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)
NORMAL	ABNORMAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) # 22. Partial loss of hearing, bilateral; Hospital Diagnosis, H3.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 58, 59, and 60)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
Females only (Check how done)		
<input type="checkbox"/>	<input type="checkbox"/>	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O.—Restorable teeth X.—Missing teeth (6 X 6).—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX.—Replaced by dentures		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Class 2
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	L E F T

LABORATORY FINDINGS		
45. URINALYSIS: SP. GR. 1.017 ALBUMIN Neg SUGAR Neg MICROSCOPIC Essen. Negative		46. CHEST X-RAY (Place, date, film number, result) WRAH, 29 Oct 57 Normal
47. SEROLOGY (Specify test used and result) Cardiolipin Flocculation Negative		48. EKG
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5' 11"		52. WEIGHT 145		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 99.0	
57. BLOOD PRESSURE (.1rm at heart level)						58. PULSE (.1rm at heart level)					
SITTING SYS. 110 DIAS. 70		RECUM- BENT SYS. DIAS.		STANDING (8 min.) SYS. DIAS.		SITTING 72		AFTER EXERCISE		2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/20 CORR. TO 20/		BY S. CX		J-1 CORR. TO BY							
LEFT 20/20 CORR. TO 20/		BY S. CX		J-1 CORR. TO BY							
62. HETEROPIORIA (Specify distance) -ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											
63. ACCOMMODATION RIGHT Normal LEFT Normal				64. COLOR VISION (Test used and result) Normal-Pseudo-Ischo				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED			
66. FIELD OF VISION Normal				67. NIGHT VISION (Test used and score)				68. RED LENS			
								69. INTRAOCULAR TENSION Normal			
70. HEARING			71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
				250 550	500 815	1000 1025	2000 2045	3000 2695	4000 4095	8000 8195	
RIGHT WV /15 SV /15			RIGHT	5	5	10	10	55	45	8	
LEFT WV /15 SV /15			LEFT	0	5	20	15	60	80	13	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hospitalized WWII.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

71 Deafness, perceptive type, bilateral, very mild, possibly due to acoustic trauma. Hearing: Average Loss: AS: 13db; AD: 8db. Speech reception score: AS: 10 db; AD: 5 db; AU: 5 db. Discrimination: AS: 92%; AD: 92%. Unchanged. LOD: FTS

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check)

☒ IS

QUALIFIED FOR

Separation

☐ IS NOT

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	3	1	1

PHYSICAL CATEGORY

A	B	C	E
		3	

79. TYPED OR PRINTED NAME OF PHYSICIAN

R. EDWARD SKOLNICK, MD

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

DR. JACOB A. BRIDG, JR., D.D., DC

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-
TACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME LOFTON, ARRON I			2. GRADE AND COMPONENT OR POSITION SP-3 Army		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) P.O. Box 64, Summit, Miss.			5. PURPOSE OF EXAMINATION SEPARATION		6. DATE OF EXAMINATION 29 OCT 57	
7. SEX M	8. RACE CAUC	9. TOTAL YRS. GOVT. SERVICE MILITARY 2 YR 9mo CIVILIAN	10. DEPARTMENT, AGENCY OR SERVICE ARMY		11. ORGANIZATION UNIT 4901	
12. DATE OF BIRTH		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MR. ARRON A. LOFTON—FATHER—Box 64, Summit, Miss.		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	49	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	47	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE					<input checked="" type="checkbox"/>		HAD DIABETES	Cousin
	20	Good				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	Brother
					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	Cousin
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	Father, Brother
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	Father, Mother
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		WUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:		
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 2 YR 9mo.		25. WHAT IS YOUR USUAL OCCUPATION? Interior Decorator		
					26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

YES	NO	CHECK EACH ITEM OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Chest Clinic
Gorgas Hospital
Ancon, Canal Zone

Pending on condition of hearing at a later date

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE AARON I. LOFTON	SIGNATURE <i>Aaron I. Lofton</i>
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40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Partial loss of hearing, hospitalized
Whooping cough, childhood- no sequela
Asthma, hay fever, EPTS, mild
ENT, running ears, fungus, treated and cured
Indigestion, mild, improved.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER E. H. ARD SKOLNICK, MD	DATE 29 Oct 57	SIGNATURE <i>E. H. Ard Skolnick</i>	NUMBER OF ATTACHED SHEETS 1
---	--------------------------	--	---------------------------------------

ARMED FORCES SECURITY QUESTIONNAIRE

I - EXPLANATION

1. The interests of National Security require that all persons being considered for membership or retention in the Armed Forces be reliable, trustworthy, of good character, and of complete and unswerving loyalty to the United States. Accordingly, it is necessary for you to furnish information concerning your security qualifications. The answers which you give will be used in determining whether you are eligible for membership in the Armed Forces, in selection of your duty assignment, and for such other action as may be appropriate.

2. You are advised that in accordance with the Fifth Amendment of the Constitution of the United States you

cannot be compelled to furnish any statements which you may reasonably believe may lead to your prosecution for a crime. This is the only reason for which you may avail yourself of the privilege afforded by the Fifth Amendment in refusing to answer questions under Part IV below. Claiming the Fifth Amendment will not by itself constitute sufficient grounds to exempt you from military service for reasons of security. You are not required to answer any questions in this questionnaire, the answer to which might be incriminating. If you do claim the privilege granted by the Fifth Amendment in refusing to answer any question, you should make a statement to that effect after the question involved.

II - ORGANIZATIONS OF SECURITY SIGNIFICANCE

1. There is set forth below a list of names of organizations, groups, and movements, reported by the Attorney General of the United States as having significance in connection with the national security. Please examine the list carefully, and note those organizations, and organizations of similar names, with which you are familiar. Then answer the questions set forth in Part IV below.

2. Your statement concerning membership or other associations, with one or more of the organizations named may not, of itself, cause you to be ineligible for acceptance or retention in the Armed Forces.

Your age at the time of such association, circumstances, prompting it, and the extent and frequency of involvement, are all highly pertinent, and will be fully weighed. Set forth all such factors under "Remarks" below, and continue on separate attached sheets of paper if necessary.

3. If there is any doubt in your mind as to whether your name has been linked with one of the organizations named, or as to whether a particular association is "worth mentioning", make a full explanation under "Remarks".

Organizations designated by the Attorney General, pursuant to Executive Order 10450, are listed below:

Communist Party, U. S. A., its subdivisions, subsidiaries and affiliates,

Communist Political Association, its subdivisions, subsidiaries and affiliates, including—
Alabama People's Educational Association
Florida Press and Educational League
Oklahoma League for Political Education
People's Educational and Press Association of Texas
Virginia League for People's Education.

Young Communist League.

Abraham Lincoln Brigade.
Abraham Lincoln School, Chicago, Illinois.
Action Committee to Free Spain Now.
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions.
American Christian Nationalist Party.
American Committee for European Workers' Relief.
American Committee for Protection of Foreign Born.
American Committee for the Settlement of Jews in Birobidjan, Inc.
American Committee for Spanish Freedom.
American Committee for Yugoslav Relief, Inc.
American Committee to Survey Labor Conditions in Europe.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity.
American Council on Soviet Relations.
American Croatian Congress.
American Jewish Labor Council.
American League Against War and Fascism.
American League for Peace and Democracy.
American Lithuanian Workers Literary Association (also known as Amerikos Lietuviu Darbininku Literaturos Draugija).
American National Labor Party.
American National Socialist League.
American National Socialist Party.
American Nationalist Party.
American Patriots, Inc.
American Peace Crusade.
American Peace Mobilization.
American Poles for Peace.
American Polish Labor Council.
American Polish League.
American Rescue Ship Mission (a project of the United American Spanish Aid Committee).
American-Russian Fraternal Society.
American-Russian Institute, New York (also known as the American Russian Institute for Cultural Relations with the Soviet Union).

American Russian Institute, Philadelphia.
American Russian Institute of San Francisco.
American Russian Institute of Southern California, Los Angeles.
American Slav Congress.
American Women for Peace.
American Youth Congress.
American Youth for Democracy.
American Progressive League of America.
Associated Klans of America.
Association of Georgia Klans.
Association of German Nationals (Reichsdeutsche Vereinigung).
Association of Lithuanian Workers (also known as Lietuviu Darbininku Susivienijimas).
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party.
Baltimore Forum.
Benjamin Davis Freedom Committee.
Black Dragon Society.
Boston School for Marxist Studies, Boston, Massachusetts.
Bridges-Robertson-Schmidt Defense Committee.
Bulgarian American People's League of the United States of America.

California Emergency Defense Committee.
California Labor School, Inc., 321 Divisadero Street, San Francisco, California.
Carpatho-Russian People's Society.
Central Council of American Women of Croatian Descent (also known as Central Council of American Croatian Women, National Council of Croatian Women).
Central Japanese Association (Beikoku Chuo Nipponjin Kai).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront).
Cervantes Fraternal Society.
China Welfare Appeal, Inc.
Chopin Cultural Center.
Citizens Committee to Free Earl Browder.
Citizens Committee for Harry Bridges.
Citizens Committee of the Upper West Side (New York City).
Citizens Emergency Defense Conference.
Citizens Protective League.
Civil Liberties Sponsoring Committee of Pittsburgh.
Civil Rights Congress and its affiliated organizations, including:
Civil Rights Congress for Texas.
Veterans Against Discrimination of Civil Rights Congress of New York.
Columbians.

Comite Coordinator Pro Republica Espanola.
Comite Pro Derechos Civiles.
Committee to Abolish Discrimination in Maryland.
Committee to Aid the Fighting South.
Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners.
Committee for a Democratic Far Eastern Policy.
Committee for Constitutional and Political Freedom.
Committee for the Defense of the Pittsburgh Six.
Committee for Nationalist Action.
Committee for the Negro in the Arts.
Committee for Peace and Brotherhood Festival in Philadelphia.
Committee for the Protection of the Bill of Rights.
Committee for World Youth Friendship and Cultural Exchange.
Committee to Defend Marie Richardson.
Committee to Uphold the Bill of Rights.
Commonwealth College, Mena, Arkansas.
Congress Against Discrimination.
Congress of the Unemployed.
Connecticut Committee to Aid Victims of the Smith Act.
Connecticut State Youth Conference.
Congress of American Revolutionary Writers.
Congress of American Women.
Council on African Affairs.
Council of Greek Americans.
Council for Jobs, Relief, and Housing.
Council for Pan-American Democracy.
Croatian Benevolent Fraternity.

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan).
Daily Worker Press Club.
Daniels Defense Committee.
Danilo Alighieri Society (Between 1935 and 1940).
Dennis Defense Committee.
Detroit Youth Assembly.
Easy Bay Peace Committee.
Elsmore Progressive League.
Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee).
Everybody's Committee to Outlaw War.
Families of the Baltimore Smith Act Victims.
Families of the Smith Act Victims.
Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America).
Finnish-American Mutual Aid Society.
Florida Press and Educational League.
Frederick Douglass Educational Center.
Freedom Stage, Inc.

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Friends of the New Germany (*Freunde des Neuen Deutschlands*).
 Friends of the Soviet Union.
 Garibaldi American Fraternal Society.
 George Washington Carver School, New York City.
 German-American Bund (*Amerika-deutscher Volksbund*).
 German-American Republican League.
 German-American Vocational League (*Deutsche-Amerikanische Berufsgemeinschaft*).
 Guardian Club.
 Harlem Trade Union Council.
 Hawaii Civil Liberties Committee.
 Heimuska Kai, also known as Nukubei Heieki Gimusha Kai, Zaihei Nihonjin, Heijaku Gimusha Kai and Zaihei Heimusha Kai (*Japanese Residing in America Military Conscripts Association*).
 Hellenic-American Brotherhood.
 Hinode Kai (*Imperial Japanese Reservists*).
 Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese War Veterans*).
 Hokubei Zaigo Shike Dan (*North American Reserve Officers Association*).
 Hollywood Writers Mobilization for Defense.
 Hungarian-American Council for Democracy.
 Hungarian Brotherhood.
 Idaho Pension Union.
 Independent Party (*Seattle, Washington*).
 Independent People's Party.
 Independent Socialist League.
 Industrial Workers of the World.
 International Labor Defense.
 International Workers Order, its subdivisions, subsidiaries and affiliates.
 Japanese Association of America.
 Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*).
 Japanese Overseas Convention, Tokyo, Japan, 1940.
 Japanese Protective Association (*Recruiting Organization*).
 Jefferson School of Social Science, New York City.
 Jewish Culture Society.
 Jewish People's Committee.
 Jewish People's Fraternal Order.
 Jikyoku Lin Kai (*The Committee for the Critics*).
 Johnson Forest Group.
 Johnsenites.
 Joint Anti-Fascist Refugee Committee.
 Joint Council of Progressive Italian-Americans, Inc.
 Joseph Weydemeyer School of Social Science, St. Louis, Missouri.
 Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*).
 Knights of the White Camellia.
 Ku Klux Klan.
 Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*).
 Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*).
 Labor Council for Negro Rights.
 Labor Research Association, Inc.
 Labor Youth League.
 League for Common Sense.
 League of American Writers.
 Lictor Society (*Italian Black Shirts*).
 Macedonian-American People's League.
 Mario Morgantini Circle.
 Maritime Labor Committee to Defend Al Lamon.

Midwest Congress Against Discrimination.
 Massachusetts Committee for the Bill of Rights.
 Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.).
 Maurice Braverman Defense Committee.
 Michigan Civil Rights Federation.
 Michigan Council for Peace.
 Michigan School of Social Science.
 Nanka Teikoku Gungyudan (*Imperial Military Friends Group or Southern California War Veterans*).
 National Association of Mexican Americans (also known as *Association Nacional Mexicano-Americana*).
 National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942).
 National Committee for the Defense of Political Prisoners.
 National Committee for Freedom of the Press.
 National Committee to Win Amnesty for Smith Act Victims.
 National Committee to Win the Peace.
 National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy).
 National Council of Americans of Croatian Descent.
 National Council of American-Soviet Friendship.
 National Federation for Constitutional Liberties.
 National Labor Conference for Peace.
 National Negro Congress.
 National Negro Labor Council.
 Nationalist Action League.
 Nationalist Party of Puerto Rico.
 Nature Friends of America (*Since 1935*).
 Negro Labor Victory Committee.
 New Committee for Publications.
 Nichibei Kogyo Kaisha (*The Great Fuji Theatre*).
 North American Committee to Aid Spanish Democracy.
 North American Spanish Aid Committee.
 North Philadelphia Forum.
 Northwest Japanese Association.
 Ohio School of Social Sciences.
 Oklahoma Committee to Defend Political Prisoners.
 Oklahoma League for Political Education.
 Original Southern Klans, Incorporated.
 Pacific Northwest Labor School, Seattle, Washington.
 Palo Alto Peace Club.
 Partido del Pueblo of Panama (*operating in the Canal Zone*).
 Peace Information Center.
 Peace Movement of Ethiopia.
 People's Drama, Inc.
 People's Educational and Press Association of Texas.
 People's Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*), also known as People's Educational Center, People's University, People's School.
 People's Institute of Applied Religion.
 Peoples Programs (*Seattle, Washington*).
 People's Radio Foundation, Inc.
 People's Rights Party.
 Philadelphia Labor Committee for Negro Rights.
 Philadelphia School of Social Science and Art.
 Photo League (*New York City*).
 Pittsburgh Arts Club.
 Political Prisoners' Welfare Committee.
 Polonia Society of the IWO.
 Progressive German-Americans, also known as *Progressive German-Americans of Chicago*.
 Proletarian Party of America.
 Protestant War Veterans of the United States, Inc.
 Provisional Committee of Citizens for Peace, Southwest Area.
 Provisional Committee on Latin American Affairs.
 Provisional Committee to Abolish Discrimination in the State of Maryland.

Puerto Rican Comité Pro Indistable Cycles (C.I.C.).
 Puerto Rican Quilts (*Puerto Ricans United*).
 Quad City Committee for Peace.
 Queensbridge Tenants League.
 Revolutionary Workers League.
 Romanian-American Fraternal Society.
 Russian American Society, Inc.
 Sakura Kai (*Patriotic Society, or Cherry Association, composed of veterans of Russo-Japanese War*).
 Samuel Adams School, Boston, Mass.
 Santa Barbara Peace Forum.
 Schepes Defense Committee.
 Schneiderman Darcy Defense Committee.
 School of Jewish Studies, New York City.
 Seattle Labor School, Seattle, Washington.
 Serbian-American Fraternal Society.
 Serbian Vidovdan Council.
 Shinto Temple.
 Silver Shirt Legion of America (Limited to State Shinto abolished in 1945).
 Slavic Council of Southern California.
 Slovak Workers Society.
 Slovenian-American National Council.
 Socialist Workers Party, including American Committee for European Workers' Relief.
 Socialist Youth League.
 Sokoku Kai (*Fatherland Society*).
 Southern Negro Youth Congress.
 Suiko Sha (*Reserve Officers Association, Los Angeles*).
 Syracuse Women for Peace.
 Tom Paine School of Social Science, Philadelphia, Pennsylvania.
 Tom Paine School of Westchester, New York.
 Trade Union Committee for Peace.
 Trade Unionists for Peace.
 Tri-State Negro Trade Union Council.
 Ukrainian-American Fraternal Union.
 Union of American Citizens.
 Union of New York Veterans.
 United American Spanish Aid Committee.
 United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations.
 United Committee of South Slavic Americans.
 United Defense Council of Southern California.
 United Harlem Tenants and Consumers Organization.
 United May Day Committee.
 United Negro and Allied Veterans of America.
 Veterans Against Discrimination of Civil Rights Congress of New York.
 Veterans of the Abraham Lincoln Brigade.
 Virginia League for People's Education.
 Voice of Freedom Committee.
 Walt Whitman School of Social Science, Newark, New Jersey.
 Washington Bookshop Association.
 Washington Committee to Defend the Bill of Rights.
 Washington Committee for Democratic Action.
 Washington Commonwealth Federation.
 Washington Pension Union.
 Wisconsin Conference on Social Legislation.
 Workers Alliance (*since April 1936*).
 Workers Party (*including Socialist Youth League*).
 Yiddisher Kultur Farband.
 Yugoslav-American Cooperative Home, Inc.
 Yugoslav Seamen's Club, Inc.

III - INSTRUCTIONS

1. Set forth an explanation for each answer checked "Yes" under question 2 below under "Remarks". Attach as many extra sheets as necessary for a full explanation, signing or initialing each extra sheet.
 2. Title 18, U.S. Code, Section 1001, provides, in pertinent part: "Whoever ... falsifies, conceals or covers up ... a material fact, or makes any false ... statements ... or makes or uses any false writing ... shall be fined not more than \$10,000 or imprisoned not more than five years, or both". Any false, fraudulent or fictitious response to the questions under Part IV below may give rise to criminal liability under Title 18, U.S.C., Section 1001. You are advised, however,

that you will not incur such liability unless you supply inaccurate statements with knowledge of their untruthfulness. You are therefore advised that before you sign this form and turn it in to Selective Service or military authorities, you should be sure that it is truthful; that detailed explanations are given for each "Yes" answer under question 2 of Part IV below, and that details given are as full and complete as you can make them.

3. In stating details, it is permissible, if your memory is hazy on particular points, to use such expressions as, "I think", "in my opinion", "I believe", or "to the best of my recollection".

GERALD J. BESMENS JK

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Gerald J. Besmens JK

IV - QUESTIONS

(For each answer checked "Yes" under question 2 set forth a full explanation under "Remarks" below)

	YES	NO		YES	NO
1. I have read the list of names or organizations, groups, and movements set forth under Part II of this form and the explanation which precedes it.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Have you ever contributed money to any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Concerning the list of organizations, groups and movements set forth under Part II above:	<input type="checkbox"/>	<input type="checkbox"/>	k. Have you ever contributed services to any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Are you now a member of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you ever subscribed to any publication of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you ever been a member of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	m. Have you ever been employed by a foreign government or any agency thereof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are you now employed by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Are you now a member of the Communist Party of any foreign country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Have you ever been employed by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Have you ever been a member of the Communist Party of any foreign country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Have you ever attended any meeting of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Have you ever been the subject of a loyalty or security hearing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Have you ever attended any social gathering of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	q. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons not on the Attorney General's list which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have you ever attended any gathering of any kind sponsored by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	r. Have you ever been known by any other last name than that used in signing this questionnaire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Have you prepared material for publication by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Have you ever corresponded with any of the organizations, groups, or movements listed or with any publication thereof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

REMARKS

None to my knowledge - ABG

CERTIFICATION

IN REGARD TO ANY PART OF THIS QUESTIONNAIRE CONCERNING WHICH I HAVE HAD ANY QUESTION AS TO THE MEANING, I HAVE REQUESTED AND HAVE OBTAINED A COMPLETE EXPLANATION. I CERTIFY THAT THE STATEMENTS MADE BY ME UNDER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (if any)	SIGNATURE OF PERSON MAKING CERTIFICATION
Aaron Isaac Lofton	[REDACTED]	<i>Aaron Isaac Lofton</i>
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
GERALD J. BESHENS JR	23 Nov 56	<i>Gerald J. Beshens Jr.</i>