

File No. 44-1987-1A-99Date Received 4/18/68From SL  
(NAME OF CONTRIBUTOR)

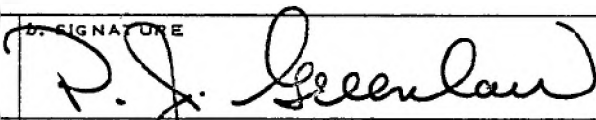
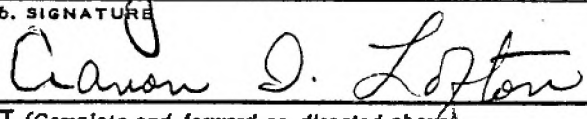
(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By SL  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

1 cc complete service record of  
AARON ISAAC LOFTON

<b>TRANSFER OR RELEASE TO RESERVE COMPONENT OF THE ARMY</b>		TRANSFER OR RELEASE FROM <input checked="" type="checkbox"/> ACTIVE DUTY (AR 635-250) <input type="checkbox"/> ACTIVE DUTY FOR TRAINING (AR 140-220)		DATE <b>1 Nov 57</b>
FROM: (Headquarters effecting release) <b>Commanding General Walter Reed AMC, Washington 12, D.C. ATTN: Transfer Point, Mil Pers Br.</b>		TO: (Last name - first name - middle name) <b>LOFTON, Aaron I.</b>		
1. SERVICE NUMBER <b>RA 24 919 772</b>	2. GRADE <b>Sp3</b>	3. COMPONENT AND BRANCH OF SERVICE <b>Sig C</b>	4. DATE OF INDUCTION OR OF INITIAL ENLISTMENT, OR APPOINTMENT <b>24 Jan 55</b>	
5. MILITARY SPECIALTY <b>058.20</b>	6. SPN <b>412</b>	7. PERMANENT ADDRESS FOR MAILING PURPOSES (Street, RFD, City, County, and State) <b>Post Office Box 64, Summit, Mississippi</b>		
<b>SECTION A - (Applies to individuals transferred or returned to a reserve component upon completion of active duty)</b>				
8. Pursuant to section 4 (d) (3) of the Universal Military Training and Service Act and AR 635-250 you are <input checked="" type="checkbox"/> transferred <input type="checkbox"/> released to the <input checked="" type="checkbox"/> Army Reserve <input type="checkbox"/> National Guard of <u>Mississippi Mil Dist</u> to fulfill the remainder of your <input type="checkbox"/> current enlistment and/or <input checked="" type="checkbox"/> * <u>8</u> year service obligation originally entered upon on the date shown in item 4 above.				
9. WITHIN 2 WEEKS FOLLOWING YOUR RELEASE FROM ACTIVE DUTY YOU WILL COMPLETE, SIGN, AND MAIL OR DELIVER IN PERSON ONE COPY OF THIS FORM TO: <b>Chief, Mississippi Military District, Building T-180 Post Office Box 6238, Parkway Station, Jackson 9, Mississippi</b>				
10. Pending your assignment to an organized unit of the Army Reserve or enlistment in a federally recognized unit of the National Guard, you will report any change of address to the military authority whose address is given in item 9 above. After assignment to a unit you will report any change of address to your unit commander.				
<b>SECTION B - (Applies to men returned to reserve component unit upon release from initial active duty for training under section 262, Armed Forces Reserve Act (USAR), or section 6 (c) (2) (A), Universal Military Training and Service Act (NGUS))</b>				
INCLUSIVE DATES OF RESERVE TRAINING FROM (Day, Month, Year) TO (Day, Month, Year)		UNIT ASSIGNED (USAR or NGUS) (Give complete address)		
11. Having completed, or having been released prior to completion of, initial period of 6 months active duty for training, you are returned to reserve duty status with unit indicated above to complete the remainder of your service obligation as a member of the Army Reserve or of the National Guard of the United States. You will report in person to the commanding officer of your unit at its earliest scheduled training assembly following your arrival home. If you are not a member of an organized unit but are assigned to a USAR Control Group (Annual Training) you will advise the Military District Chief whose address is shown in item 9 above of any change in your status or address.				
12a. TYPED NAME, GRADE AND ORGANIZATION OF AUTHENTICATING OFFICER <b>P. J. GREENLAW, Captain, MSC Hq WRAMC (9901) Wash 12, D.C.</b>		b. SIGNATURE 		
13a. I HAVE READ THE ABOVE INSTRUCTIONS AND FULLY UNDERSTAND MY SERVICE OBLIGATION AND MY DUTY TO REPORT AS STATED THEREIN.		b. SIGNATURE 		
<b>TO BE COMPLETED BY RESERVIST (Complete and forward as directed above)</b>				
14. CORRECT ADDRESS (If different from item 5)		15. REQUEST ASSIGNMENT TO (Name of unit of choice, if any)		
16. REMARKS				
17. DATE	18. SERVICE NUMBER	19. SIGNATURE OF RESERVIST		

\* Enter 8 or 6, whichever is applicable.

**DA FORM 1270**  
1 FEB 56

REPLACES DA FORM 1270, 1 MAR 55, WHICH IS OBSOLETE

U. S. GOVERNMENT

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME LUTHER, ALAN T. JR.		2. SERVICE NUMBER R. 24 919 772		3a. GRADE, RATE OR RANK E-3(E)		b. DATE OF BIRTH (Day, Month, Year) 17 Dec 1956	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS 1st AF Sig C		5. PLACE OF BIRTH (City and State or Country) Brookhaven Mississippi				6. DATE OF BIRTH DAY MONTH YEAR	
	7a. RACE Caucasian	7b. SEX Male	7c. COLOR HAIR Blond	7d. COLOR EYES Gray	7e. HEIGHT 5-11	7f. WEIGHT 145	7g. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7h. MARITAL STATUS Single
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School-1		10b. MAJOR COURSE OR FIELD Commerce					
	11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAF		11b. STATION OR INSTALLATION AT WHICH EFFECTED Walter Reed Army Medical Center Washington DC					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Per S AF 635-205 SSB 412 PWTS Convenience of Government		13a. CHARACTER OF SERVICE HONORABLE		13b. EFFECTIVE DATE 1 Nov 57		13c. TYPE OF CERTIFICATE ISSUED DD Form 2174	
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE 462 McComb (Pike) Mississippi				16. DATE INDUCTED DAY MONTH YEAR N/A	
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Transferred 1st AF Mississippi Military District							
	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	
SERVICE DATA	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 Gurrit (Pike) Mississippi		24. STATEMENT OF SERVICE		YEARS MONTHS DAYS			
	25a. SPECIALTY NUMBER AND TITLE 055.20 Morse Interceptor		25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER N/A		25c. CREDITABLE FOR BASIC PAY PURPOSES			
					(1) NET SERVICE THIS PERIOD 2 9 8			
					(2) OTHER SERVICE 0 11 15			
					(3) TOTAL (Line (1) + line (2)) 3 8 23			
					b. TOTAL ACTIVE SERVICE 2 9 23			
					c. FOREIGN AND/OR SEA SERVICE 1 10 21			
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. AMOUNT OF ALLOTMENT N/A		30c. MONTH ALLOTMENT DISCONTINUED N/A			
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None				31b. VA CLAIM NUMBER C None			
AUTHENTICATION	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: 425-56-6206							
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Gurrit (Pike) Mississippi Post Office Box 64				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Alan S. Lutten			
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W. J. GREENLAW Capt MOC Asst Ch Mil Pers Br				35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN W. J. Greenlaw			

DD FORM 214 1 NOV 55

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

5

For immediate delivery to \_\_\_\_\_  
referred to in Par \_\_\_\_\_

MEDEC

HEADQUARTERS  
WALTER REED ARMY MEDICAL CENTER  
WASHINGTON 12, D.C.

SPECIAL ORDERS  
NUMBER 228

E X T R A C T

31 October 1957

21. SP2 NORMAN GROFE JR RA33230142 asg WRAH (9901.01) this sta is awarded skill level digit "2" to PMOS 914 per par 19b (3) (b) AR 611-203. Skill level digit "6" is w/d per par 25b (3) AR 611-203. Reporting MOS becomes 914.20.
22. PVT E-1 ROGER O WURTZBACHER FR15574740 asg WRAH (9901.01) this sta is awarded and designated PMOS 932.20 Pharmacy Specialist per par 18 and 22 AR 611-203.
23. PVT E-1 EMORY M HALL US52443898 asg WRAH (9901.01) this sta is awarded and designated PMOS 932.20 Pharmacy Specialist per par 18 and 22 AR 611-203.
24. Par 33 SO 18 this Hq 54 appointing Assistant Adjutants WRAMC for the purpose of issuing and authenticating extracts of Hq WRAMC Special Orders is hereby RESCINDED.
25. Eff 31 Oct 57 fol Offs (MSC) are in add to their other duties apt Assistant Adjutants for the purpose of authenticating Special Orders:  
MAJ ERVIN L SANDERS 01543305  
CAPT WILLIAM LEDBETTER 02050284
26. Under auth OTSG Adm Ltr 310-3, 18 Feb 57 CAPT THOMAS O MITCHELL 01170095 QMC Hq WRAMC (9901) this sta WP o/a 18 Nov 57 to New York NY on TDY for aprx five (5) das plus tvl time for the purpose of attending Class No 1 Command Staff Exchange Officers' Course. Compltn TDY return WRAMC Wash DC. TDN 2182020 06-8002 P2400 S49-024 (24281116).
27. VOCC on 30 Oct 57 cfm as fol: CAPT GENIE KEY N843 ANC Ward 5 Phys Profile 4111111 found med unfit by PEB is rel hosp and placed on TDY w/Hq WRAMC (9901) this sta eff 30 Oct 57 for the performance of such duty as his phys cond will permit while awaiting disp by SA. Indiv will remain asg to MHD WRAH WRAMC (9901) this sta pending EDCSA to be established by future orders. No tvl involved.
28. SGT LAKE C HODGE RA14296227 mbr MHD WRAH WRAMC (9901) this sta placed on TDY w/Hq WRAMC (9901) this sta eff 3 Nov 57 pending separation UP AR 635-209.
29. M SGT LESLIE L DOSER RA39430759 PMOS: 911.70 (TOE: 6 yrs) (ETS: Feb 59) Fgn Svc Avail Code B, Rtn o/s May 57 is rel fr asg WRAH (9901.01) this sta and reasg US Army Medical Unit Ft Detrick Md. EM WP 4 Nov 57 rept to CO prior to 1700 hrs in proper mil uniform. EDCSA: 4 Nov 57. TDN 2182010 801-6-206-13 P1311-02-03-07 S99-999. PCS. PHHGSIA.

(over)



30. Par 36 SO 221 this Hq cs rel SP3 ERVIN BAKER RA53237494 fr asg Hq WRAMC (9901) this sta and asg US Army Oversea Repl Sta (1264) Ft Dix NJ is REVOKED. (OVERSEA REPLACEMENT).

31. PVT E-2 JOHN H TAGGART US52438303 (Army) (MOS: 913.10) (TOI: 24 mos) (ETS: Mar 59) rel fr asg Army Stu Det Nr 2 WRAMC (9901) this sta asg WRAH (9901.01) this sta Oct Alloc SGO. No tvl involved. EDCSA: 5 Nov 57. MOS 913.10 awarded and designated Primary per par 18f and 22 AR 611-203. Auth: MEDEW 7847 ZAPE Ft Sam Houston Texas dtd 26 Oct 57 and Msg TAG 63146 AGPA-NR dtd 18 Oct 57.

32. DSA fol EM rel fr asg MHD WRAH WRAMC (9901) this sta and fr TDY w/Hq WRAMC (9901) this sta and AD not by reason of phys disability and trf to the Army Reserve on EDCSA shown below. EM asg to USAR Control Group (Reinf) of the Mil Dist shown opposite his name eff date fol date of rel fr active duty. EM will be given Report of Separation fr the Armed Forces of the US (DD Form 214) and Certificate of Service (DD Form 217A). Lump sum payment for unused accrued lv auth. Ent to \$300. MOP per VRAA 1952.

Name Home of Record	Date of Rel fr AD (EDCSA)	Mil Dist	Unused Accrued Lv	Svc Oblg
SP3 AARON I LOFTON RA24919772 (MOS: 058.20) (SigC) MA: P O Box 64 Summit Miss HOR: Summit Miss. EAD: Jackson Miss. TDN 2182010 801-147 P1021-1311-02-03-07 S99-999. PCS. Auth: Rel USAR par 8 AR 635-205 SPN 412 (PETS) (COG). SP3 LOFTON has 3 yrs 8 mos 23 das svc.	1 Nov 57	Miss Mil Dist Bldg T-180 P O Box 6238 Parkway Sta Jackson Miss (Third Army)	33 das	8 yrs

33. M SGT LEONARD C PEMBERTON JR RA7082539 PMOS 715.60 (TOE: 3 yrs) (ETS: Mar 60) Fgn Svc Avail Code C, Rtn o/s 14 Aug 56 is rel fr asg Hq WRAMC (9901) this sta and reasg WRAH (9901.01) this sta. No tvl involved. EDCSA: 7 Nov 57.

34. Fol EM rel fr asg Hq WRAMC (9901) this sta and reasg U S Army Dispensary (7004) The Pentagon Washington 25 DC w/Dy sta Hq WRAMC (9901) this sta. No tvl involved. EDCSA: 6 Nov 57. Auth: Ltr ANWAG-MP 220.3 Hq MDW 25 Oct 57 Subj: Reassignment of Personnel.

	PMOS	TOE	ETS	FSAC	Rtn O/S
SFC LESTER SOUZA RA31431547	934.66	6 yrs	Mar 61	B	Feb 57
SFC GEORGE T TARTER RA34509102	934.60	3 yrs	Dec 58	D	Oct 56
SP2 EDDIE ARNALDY-DIAZ RA30408001	934.26	6 yrs	Nov 57	D	Nov 45
SP3 JOHN R WEEKS RA14579460	934.10	3 yrs	May 58	A	

FOR THE COMMANDER:

RUDOLPH NYSTROM JR  
CAPT MSC  
ADJUTANT



HEADQUARTERS XII UNITED STATES ARMY CORPS  
Post Office Box 8337  
Atlanta 6, Georgia

AJTAG-R-1

LETTER ORDERS D- 9376

31 March 1962

SUBJECT: Discharge

TO: Individual Concerned

TC 411. By order of the Secretary of the Army the fol individual is  
DISCHARGED on date indicated.

JOFFIN, ARNOLD I., GR 24 919 772, SP-4, PMS 658.20  
XII USA CORPS CONTROL GROUP (SINF)

Type discharge: Honorable -- DD Form 256A

Reason (discharge): Expiration Term of Service

Authority (discharge): Paragraph 9a, Army Regulation 135-178

Date discharge: 31 March 1962

Selective Service or Standby Reserve service number: [REDACTED]

Home of record: 343 8th St., N. E., Apt F-1, Atlanta, Georgia

Component: USAR READY RESERVE

FOR THE COMMANDER:

*Edwin G. Jenkins*  
EDWIN G. JENKINS  
1st Lt AGC  
Asst AG

DISTRIBUTION:

SPECIAL:

AJTAG-A (1)

AJTAG-D (1)

AJTAG-R (3)

STATE DIRECTOR, SELECTIVE SERVICE CONCERNED (1)

# 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

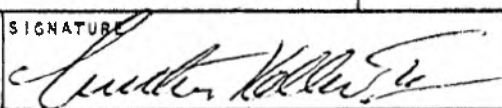
THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED ~~TOP SECRET~~ UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; ☐ UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE 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
SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, II AND V NON-SENSITIVE POSITION <input type="checkbox"/> 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, O-1291129		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 1 DEC 53 **873**

REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

GPO : 1953 O - 283651

HEADQUARTERS  
THE ARMY SECURITY AGENCY TRAINING CENTER  
FORT DEVENS, MASSACHUSETTS

SECURITY OATH

1. I, AARON I. Lofton about to be authorized to have access to cryptologic information or material of the Department of the Army, do solemnly swear (or affirm) and declare without any mental reservations whatsoever that I will protect such information or material to the best of my ability and that I will not disclose or discuss such information or material to or with any unauthorized person or persons, and, further, that I will discuss or disclose such information or material only as required in the proper conduct of official business.

2. I will thoroughly familiarize myself with the pertinent security provisions, instructions, and principles set forth in existing regulations or those hereafter promulgated. I fully appreciate and understand that the preservation of the security of cryptologic information and materials is of vital importance to the national interests of the United States. I also fully understand that improper disclosure or loss of such cryptologic information or material would subject me to punishment by either military or civil courts as prescribed in the applicable military regulations and public laws.

3. I further understand that my removal from an assignment requiring access to cryptologic information and material automatically bars me from further access to such information or material, and I hereby declare that I will never, after such removal, discuss such cryptologic information and material even after my retirement or release from the service of my country unless freed from this obligation by unmistakable and categorical official notice.

4. I will report without delay to my superiors the details or circumstances of any case which comes within my knowledge wherein an unauthorized person has obtained or is attempting to obtain cryptologic information or material or wherein such information or material may be or is being disclosed or removed in an unauthorized manner.

So help me God

(Name)

(Grade)

Sworn to before me on

(Date)

Sidney M. Swope, Jr., 0-4006873, 2nd Lt., Inf., Summary Court

(Name, grade and service No. of Officer administering oath.)

# 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  R0000127
LAST NAME - FIRST NAME - MIDDLE INITIAL  LORSON, 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)  Cryptologic	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: ☐ 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
SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, II AND V NON-SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, III, AND V		

## PART IV REMARKS

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## 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, O-1291129		SIGNATURE  <i>Luther Keller II</i>

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

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

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

DA FORM 1 DEC 53 **873**

REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

GPO: 1953 O - 283653

# 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>



# 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 - *AB*

Friends of the New Germany (*Freunde des Neuen Deutsch-*  
*lands*).  
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-Amerikan-*  
*ische Berufsgemeinschaft*).  
Guardian Club.

Harlem Trade Union Council.  
Hawaii Civil Liberties Committee.  
Heimuska Kai, also known as Nokubei Heicki Gimusha Kai,  
Zuhei Nihonjin, Heijaku Gimusha Kai and Zaibei Heim-  
uska Kai (*Japanese Residing in America Military Conscription*  
*Association*).  
Hellenic-American Brotherhood.  
Hinode Kai (*Imperial Japanese Reservists*).  
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese*  
*War Veterans*).  
Hokubei Zaigo Shoke 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 Crisis*).  
Johnson-Forrest Group.  
Johnsonites.  
Joint Anti-Fascist Refugee Committee.  
Joint Council of Progressive Italian-Americans, Inc.  
Joseph Weydemeyer School of Social Science, St. Louis, Mis-  
souri.

Kibei Seinen Kai (*Association of U. S. citizens of Japanese an-*  
*cestry 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 Kamerad-*  
*schaft*).  
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 Shirt*).

Macedonian-American People's League.  
Mario Morgantini Circle.  
Maritime Labor Committee to Defend Al Lannon.

Maryland 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.).  
Maui Braverman Defense Committee.  
Michigan Civil Rights Federation.  
Michigan Council for Peace.  
Michigan School of Social Science.

Nanka Teikoku Gonyudan (*Imperial Military Friends Group*  
*or Southern California War Veterans*).  
National Association of Mexican Americans (also known as  
*Asociacion Nacional Mexico-Americana*).  
National Blue Star Mothers of America (not to be confused  
with the Blue Star Mothers of America organized in Febru-  
ary 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 Demo-  
cratic 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.  
Native Friends of America (since 1935).  
Negro Labor Victory Committee.  
New Committee for Publications.  
Nichiei Kogyo Kaisha (*The Great Fujii 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 Committee Pro L. B. Smith & Cavities (P.L.C.).  
Puerto Riquenos Unidos (*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, com-*  
*posed of veterans of Russo-Japanese War*).

Samuel Adams School, Boston, Mass.  
Santa Barbara Peace Forum.  
Schappes 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 Temples.  
Silver Shirt Legion of America (limited to State Shinto abol-  
ished 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, Pennsyl-  
vania.

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 Croats.  
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".

# 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.  
Armenian 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 Coordinador 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.  
Dante Alighieri Society (Between 1935 and 1940).  
Dennis Defense Committee.  
Detroit Youth Assembly.

Easy Bay Peace Committee.  
Elsinore 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.

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"/>	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

ARON J. LOFTON

SIGNATURE

Aaron J. Lofton

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  
R. HOWARD SNOLINICK, MD

DATE  
29 Oct 57

SIGNATURE

R. Howard Snolinick

NUMBER OF ATTACHED  
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 <b>LOFTON, ARRON I</b>			2. GRADE AND COMPONENT OR POSITION <b>SP-3 Army</b>		3. IDENTIFICATION NO. <b>RA 24919772</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>P.O. Box 64, Summit, Miss.</b>			5. PURPOSE OF EXAMINATION <b>SEPARATION</b>		6. DATE OF EXAMINATION <b>29 OCT 57</b>	
7. SEX <b>m</b>	8. RACE <b>Cauc</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY <b>2 YR 9 MO</b> CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE <b>ARMY</b>		11. ORGANIZATION UNIT <b>9901</b>	
12. DATE OF BIRTH		13. PLACE OF BIRTH <b>Lincoln Co., Miss.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>MR. ARRON A. LOFTON—Father—Box 64, Summit, Miss.</b>		
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
AND					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	Cousin
SISTERS					<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"/>		MUMPS	<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"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<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"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<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"/>	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? <b>1</b>	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>2 YR 9 MO.</b>	25. WHAT IS YOUR USUAL OCCUPATION? <b>Interior Decorator</b>	26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 11"		52. WEIGHT 145		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER MEDIUM HEAVY OBESE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		56. TEMP. 98.6																																	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																					
SITTING	SYS. 110	RECUM. BENT	SYS.	STANDING (5 min.)	SYS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.																																	
	DIAS. 70		DIAS.		DIAS.						72																																
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																			
RIGHT 20/		CORR. TO 20/		BY		S. CX		20/		BY																																	
LEFT 20/		CORR. TO 20/		BY		S. CX		20/		BY																																	
62. HETEROPIORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																																			
RIGHT Normal LEFT Normal				Normal - 100 - 100 - 100 - 100				UNCORRECTED																																			
								CORRECTED																																			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																																	
Normal										Normal																																	
70. HEARING			71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																	
			<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>4096</td> <td>8192</td> <td></td> </tr> <tr> <td>RIGHT WV</td> <td>/15 SV</td> <td>/15</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT WV</td> <td>/15 SV</td> <td>/15</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								250	500	1000	2000	3000	4000	8000		250	512	1024	2048	4096	8192		RIGHT WV	/15 SV	/15						LEFT WV	/15 SV	/15							
	250	500	1000	2000	3000	4000	8000																																				
	250	512	1024	2048	4096	8192																																					
RIGHT WV	/15 SV	/15																																									
LEFT WV	/15 SV	/15																																									
			<table border="1"> <tr> <td>RIGHT</td> <td>5</td> <td>5</td> <td>10</td> <td>10</td> <td>15</td> <td>15</td> <td>15</td> </tr> <tr> <td>LEFT</td> <td>5</td> <td>5</td> <td>10</td> <td>10</td> <td>15</td> <td>15</td> <td>15</td> </tr> </table>							RIGHT	5	5	10	10	15	15	15	LEFT	5	5	10	10	15	15	15																		
RIGHT	5	5	10	10	15	15	15																																				
LEFT	5	5	10	10	15	15	15																																				

73. NOTES (CHANGES AND SIGNIFICANT OR INTERVAL HISTORY)

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 11"		52. WEIGHT 145		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER MEDIUM HEAVY OBESE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		56. TEMP. 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
SITTING	SYS. 110	RECUM. BENT	SYS.	STANDING (5 min.)	SYS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.	
	DIAS. 70		DIAS.		DIAS.						72
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/		CORR. TO 20/		BY		S. CX		20/		BY	
LEFT 20/		CORR. TO 20/		BY		S. CX		20/		BY	
62. HETEROPIORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											



# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.			2. GRADE AND COMPONENT OR POSITION Sp3		3. IDENTIFICATION NO. RA 24 919 772	
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 MED-WRAH	
12. DATE OF BIRTH		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		

NORMAL	ABNOR- MAL	(Check each item in appropriate col- umn: 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 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
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

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

22 Partial loss of hearing, bilateral; Hospital Diagnosis, H3.

(Continue in item 73)

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

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

REMARKS (To be Initialed by enlistee)

None/ *add*

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) <u>Jackson, Mississippi</u>		DATE OF ACCEPTANCE <u>24 January 1955</u>
SIGNATURE OF WITNESS (First name-Middle initial-Last name) <u>[Signature]</u>		SIGNATURE OF APPLICANT (First name-Middle name-Last name) <u>[Signature]</u>
43. REMARKS (For use by the recruiting officer)		43a. DATE DD FORM 53 FORWARDED <u>24 Jan 55</u>

VERIFIED AT <u>Jackson, Mississippi</u>	BY (Signature of recruiting officer) <u>[Signature]</u>	GRADE AND ORGANIZATION OF RECRUITING OFFICER <u>Capt USAF 3370 SU</u>
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44. 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

FIRST NAME-MIDDLE NAME-LAST NAME

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 1955, 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<sup>3</sup>

FIRST NAME-MIDDLE NAME-LAST NAME

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS<sup>2</sup> 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

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

ENLISTMENT RECORD - UNITED STATES

1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee) <b>Lofton, Aaron Isaac</b>		2. SERVICE NUMBER <b>RA24 919 772</b>	3. SEX <b>MALE</b>	4. RACE <b>Caucasian</b>	CODING COLUMN
5. PHYSICAL AND MENTAL DATA a. PHYSICAL CATEGORY <b>A</b> b. MENTAL DATA <b>AFQT-3/96-1</b>		6. HOME ADDRESS (Number & street or rural route (if none, so state), city, town or P.O., county and state) <b>P. O. Box 64, Summit, Pike, Mississippi</b>			
7. PLACE OF ENLISTMENT <b>Jackson, Mississippi</b>		8. ENLISTED IN THE GRADE OF (To be initialed by enlistee) <b>Private-1</b>		AUTHORIZATION <b>SR615-120-2</b>	
9. ENLISTED UNDER AUTHORITY OF <b>SR615-120-52</b>		10. BRANCH ENLISTED FOR <b>Signal Corps (ASA)</b>			
11. FOR ASSIGNMENT IN <b>Army Security Agency/</b>		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) <b>Brookhaven, Mississippi</b>		15. COLOR EYES <b>Grey</b>	16. COLOR HAIR <b>Blond</b>
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 <b>NOT APPLICABLE</b>		19. NATURALIZATION OR DECLARANT NUMBER <b>NOT APPLICABLE</b>	
20. MARITAL STATUS <b>Single</b>		21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by enlistee) <b>None/</b>			
22. EDUCATION (Years) GRAMMAR HIGH SCH COLLEGE <b>8 4 1</b>		23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) <b>None</b>			
24. CIVILIAN TRADE OR OCCUPATION (Best qualified) <b>Student</b>		HOW LONG EMPLOYED (Yrs & mos) (Best qualified trade or occupation) <b>Not applicable</b>		WEEKLY WAGE (Average) <b>None</b>	
25. REGISTERED FOR SELECTIVE SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NUMBER		26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state) <b>#62, McComb, Pike, Mississippi</b>			
27. PRIOR ROTC OR CADET TRAINING (Years-Type unit) <b>None</b>		28. RESERVE COMMISSIONED STATUS (Br. SN, & grade now held, if any) <b>None</b>			
29. LAST SERVICE (USA, USAF, USN, USMC, USCG) <b>USA</b>		30. COMPONENT (Reg, Res, AUS, AFUS, FedNG, or St G) <b>FedNG (No Active Fed Svc)</b>		31. SERVICE NUMBER <b>24 919 772</b>	
32. ORGANIZATION <b>154 Inf Bn, Miss NG</b>		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).					
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)					
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)					
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)					

DD FORM 4  
1 NOV 53

EDITION OF 1 NOV 51 IS OBSOLETE

GPO : 1954 O - 283369

ORIGINAL-MORNING REPORT COPY  
DUPLICATE-SERVICE RECORD COPY

33. RECORD OF ASSIGNMENTS		34. REMARKS			
EFFECTIVE DATE	PRINCIPAL DUTY	MOS	GRADE	ORGANIZATION AND STATION	MONTHS HELD
1 Feb 55	Basic Combat Training	-	Pvt-3	Co. 3 404th Inf Ft. Jackson	2
27 Apr 55	Svc Sch Morse Int.	058.15	Pvt-1	Co. 1 2nd SFG BN Ft. Devens	1
27 Aug 55	Svc Sch Morse Int.	058.10	PFC	H/H Det ASACARIB Ft Kobbe	2
31 Oct 55	Morse Interceptor	058.20	SF (E4)	HqUSASACARIB, Ft Kobbe CZ	23
1 Jan 57	Morse Interceptor				

34. REMARKS: Code of Conduct 27 Apr 56  
 Rel USAR Par 8 AR 635-205  
 SPN 412 PETS Convenience of  
 Government 1 Nov 57



RA 24 919 772

2025 RELEASE UNDER E.O. 14176

SECTION 10 - REMARKS	
1 Nov 57 eligible for re-enlistment	
transf USAR Control Group/ERP(Annual Training) Mississippi Mil Dist 2 Nov 57	
31 MAR 1962	
UP Det. 17 165-178 (ETS)	
DD Form 1000 mailed to	
343 ST- 27 TL E.	
Upst 5th R	
Atlanta, Ga.	

[illegible]



[illegible][illegible][illegible]

SECTION 3 - RECORDS RECEIVED THROUGH EXEMPT ACTION			
BRIEF DESCRIPTION	DATE	BRIEF DESCRIPTION	DATE
1			

[illegible]

[illegible]

# SERVICE RECORD

NAME AND SERVICE NUMBER

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 1 NOV 54 24

REPLACES DD FORMS 230, 230-A, 230-B, 230-C, 230-D (For Army use); DA FORMS 24-A-2, 24-A-6, 24-A-8 AND 24-A-12, WHICH ARE OBSOLETE.

DEPARTMENT OF THE ARMY

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

OFFICIAL BUSINESS

CHIEF OR COMMANDING OFFICER

MILITARY DISTRICT OR UNIT

ARMY RESERVE CHANGE OF ADDRESS AND STATUS REPORT (SR 140-242-5)		READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM	
LAST NAME - FIRST NAME - MIDDLE NAME <b>LOFTON, AARON I.</b>		SERVICE NUMBER <b>ML 24 912 772</b>	GRADE <b>SPL</b>
PRESENT PERMANENT HOME ADDRESS <b>1164 Ogilvie Dr, NE, Atlanta, Georgia</b>		BRANCH <b>SG Sig C</b>	
LAST PERMANENT HOME ADDRESS <b>P O Box 64 Summit, Mississippi</b>			
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) <b>603 prepared from DA Form 1140</b>			
DATE <b>13 Dec 59</b>	SIGNATURE <b>/s/ Aaron I. Lofton</b>		
COMMANDERS RECEIVING THIS REPORT WILL FORWARD IT BY CONTINUOUS LINE INDORSEMENTS, STAMPED OR TYPED.			
1ST IND NO HQ IV US CORPS STAM <b>21 Jan 60</b> TO: CG, THIRD US ARMY, FT McPHERSON, GA ATTN: MR. Red. fwd. CG XII US Army Corps this date			
RECORDS WERE FORWARDED	TO (Headquarters)	BY (Headquarters) <b>18-12-</b>	ON DATE INITIALS

DA FORM 603  
1 AUG 58

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

U. S. GOVERNMENT PRINTING OFFICE : 1955 O-355487



15. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH OF VETERAN IN ACTIVE SERVICE					
FULL NAME AND ADDRESS OF COMPANY		OFFICE RECEIVING POLICY	POLICY NUMBER		
16. FATHER			ADDRESS		
FIRST NAME - MIDDLE NAME - LAST NAME OF (If deceased so state) Aaron Alton Lofton			PO Box 64 Summit, Miss		
17. MOTHER			ADDRESS		
Agnes Munnery Lofton			PO Box 64 Summit, Miss		
18. WIFE OR HUSBAND (If none, so state)					
None					
19. NAME OF CHILDREN (If none, so state)		ADDRESS	MARRIED YES NO	SEX	DATE OF BIRTH
None		None			

FOR INSTRUCTIONS ON PREPARATION AND DISPOSITION REFER TO:

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 : 1934 O-321013

DO NOT FORWARD THIS FORM TO VETERANS ADMINISTRATION



1. DESIGNATOR'S LAST NAME - FIRST NAME - MIDDLE NAME LOFTON, Aaron I. JR		2. PRESENT SERVICE NO. RA 24 919 772		3. GRA Pvt-1		4. DATE OF BIRTH 15 MAR 55		5. DATE	
6. PERMANENT ADDRESS (No., Street, City & State, County) PO Box 64, Summit, Mississippi (Pike Co)		7. FORMER SERVICE NO. None		8. DESIGNATION [X] INITIAL [ ] CHANGE		9. DATE & TERM OF ENLISTMENT 24 JAN 55		10. REGULAR APPOINTMENT 3 yrs	

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		
		S		
		SHARE		
	CONTIN. GENT(S)	SHARE		
		S		
13. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS	% OF PAY EACH MONTH 100%	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 Fort Jackson, South Carolina	SIGNATURE OF DESIGNATOR <i>Aaron I. Lofton</i>
--	---

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 (VA FORM 8-526e)		DATE 30 October 1957
PLACE OF SEPARATION (Hospital or other separation activity) WALTER REED ARMY HOSPITAL WALTER REED ARMY MEDICAL CENTER WASHINGTON DC		
<p>INSTRUCTIONS</p> <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. <i>ALP</i></p>		
<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.</p> <p><input checked="" type="checkbox"/> I HAVE FILED AN APPLICATION FOR SUCH COMPENSATION ON VA FORM 8-526e.</p> <p><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.</p>		
NAME, GRADE, AND SERVICE NO. (Addressograph plate may be used in this space.) AARON I. LOFTON SP3 RA 24 919 772 PO Box 64 Summit, Mississippi		SIGNATURE OF INDIVIDUAL BEING SEPARATED <i>Aaron I. Lofton</i>
<p>PREPARATION AND DISTRIBUTION</p> <p>ORIGINAL will be prepared in all cases. Attach to SF 88 and forward to The Adjutant General with personnel records.</p> <p>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.</p>		

DA FORM 664  
1 MAY 52

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

16-60706-1

U. S. GOVERNMENT PRINTING OFFICE: 1957-O-410869

PERSONAL DATA		TRANSFER OR DISCHARGE DATA		SELECTIVE SERVICE DATA		SERVICE DATA		VA DATA		AUTHENTICATION	
1. LAST NAME - FIRST NAME - MIDDLE NAME DUTTON ANNE T. LANE		2. SERVICE NUMBER RA 24 919 772		3a. GRADE, RATE OR RANK Sp3(T)		b. DATE OF RANK (Day, Month, Year) 17 Dec 1956					
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ATTN RA Sig C		5. PLACE OF BIRTH (City and State or Country) Brookhaven Mississippi		6. DATE OF BIRTH							
7a. RACE Caucasian		b. SEX Male		c. COLOR HAIR Blond		d. COLOR EYES Gray		e. HEIGHT 5-11		f. WEIGHT 145	
8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single									
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School-1		b. 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 SEP 412 PETS Convenience of Government		d. EFFECTIVE DATE 1 Nov 57									
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Hq USAMCMRIB Ft Monrovia		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD Form 217A							
14. SELECTIVE SERVICE NUMBER		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE #62 McComb(Pike)Mississippi		16. DATE INDUCTED N/A							
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Transferred USAR Mississippi Military District											
18. TERMINAL DATE OF RESERVE OBLIGATION 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 24 Jan 55					
20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Pvt F-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, CHV, County and State) Post Office Box 64 Summit(Pike)Mississippi		24. STATEMENT OF SERVICE		YEARS		MONTHS		DAYS			
25a. SPECIALTY NUMBER AND TITLE C5G.20 Morse Interceptor		b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER N/A		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		2		9	
				(2) OTHER SERVICE		0		11		15	
				(3) TOTAL (Line (1) + line (2))		3		8		23	
				b. TOTAL ACTIVE SERVICE		2		9		23	
				c. FOREIGN AND/OR SEA SERVICE		1		10		21	
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									
SCHOOL OR COURSE		DATES (From - To)		MAJOR COURSES							
ASA Training School		25 wks-1955		Direction Finding Operator Course						None	
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 MDP certified on final MPO Item 3a: Pvt(P) 25 Jun 56 SSAN: [redacted]											
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 MSC Asst Ch Mil Pers Br		b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]									

DD FORM 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

2

⑤ FELIX CAMERAS, W2113844, USA  
CWO, 8616DU, ASACARIB

My S.H. ARTHIN, W2148099  
CWO, W-2, USA, HQ USASACARIB

20 J. GREENGLAN, CAPT, MSG  
O-6047873  
Hq. WSMC (8801) Wash DC

[illegible]

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 70		52. WEIGHT 152		53. COLOR HAIR Blond		54. COLOR EYES Blue 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 78		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		250 500 1000 2000 3000 4000 6000 250 512 1024 2048 4096 8192									
LEFT WV 15 /15 SV /15		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  
☐ IS NOT

QUALIFIED FOR

Military Service

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

76. PHYSICAL PROFILE

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

PHYSICAL CATEGORY

A	B	C	E
X			

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 AT-  
TACHED SHEETS



# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME LOFTON, AERON ALTON				2. GRADE AND COMPONENT OR POSITION E-1		3. IDENTIFICATION NO. RA 24 919 772	
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 Aeron Alton Lofton, Father, Same as item #4	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFPE, 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 59, 60, and 61)	24. Right eye hazel--left eye green Congenital heterochromic right iris			
X		25. OPHTHALMOSCOPIC				
X		26. PUPILS (Equality and reaction)				
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)				
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, fistulas) (Prostate if indicated)				
X		33. ENDOCRINE SYSTEM				
	X	34. G-U SYSTEM	34. One Plus albumin on one occasion, negative for 3 successive days			
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)			(Continue in item 73)			
		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)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES ACCEPTABLE	
O.—Restorable teeth      X.—Missing teeth      (6 X 8).—Fixed bridge, brackets to include abutments /.—Nonrestorable teeth      XXX.—Replaced by dentures																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
I																	E
G																	F
H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T

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

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. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS 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 COLD? (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

*Walter Isaac L. [Signature]*

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

*20. [Handwritten notes]*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

HUGH C. WATSON, JR. LT MC

18 Jan 55

*[Signature]*

# 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 Lofgren, Aaron Isaac				2. GRADE AND COMPONENT OR POSITION E-1		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) P.O. Box 64, Summit (11th) Miss				5. PURPOSE OF EXAMINATION Enlist M		6. DATE OF EXAMINATION	
7. SEX Male	8. RACE Cauc	9. TOTAL YRS. GOVT. SERVICE MILITARY 0 CIVILIAN 0	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 Isaac Lofgren (Father) P.O. 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)

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	45	2001					HAD TUBERCULOSIS	
MOTHER	42	2000					HAD SYPHILIS	
SPOUSE							HAD DIABETES	
BROTHERS	B 11	2000					HAD CANCER	
AND							HAD KIDNEY TROUBLE	
SISTERS							HAD HEART TROUBLE	
							HAD STOMACH TROUBLE	
							HAD RHEUMATISM (Arthritis)	
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							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)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VENEREAL DISEASE			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SINUSITIS			JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

WORN GLASSES	ATTEMPTED SUICIDE	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
WORN AN ARTIFICIAL EYE	BEEN A SLEEP WALKER	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
WORN HEARING AIDS	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
STUTTERED OR STAMMERED	COUGHED UP BLOOD	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
WORN A BRACE OR BACK SUPPORT	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	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 20	25. WHAT IS YOUR USUAL OCCUPATION? Student	26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
--	---	---	--

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.

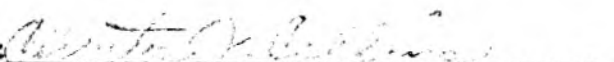


(Enlistee Signature)

Aaron Isaac Lofton

(Typed Name of Enlistee)

WITNESS:

  
(Signature of Commissioned Officer)

OLYNTON J COLLINS, Capt USAF

(Typed Name of Officer)

DATE: 24 January 1955

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.

Aaron Isaac Leften

\* - - - - -

DATE 24 January 1955

I, Aaron Isaac Leften, 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 prescribed by the Secretary of Defense.

Aaron Isaac Leften



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 to 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 Gm 380-160-10. 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:

Ernest L. Rector

Aaron Isaac Lofton  
(Signature of Applicant)

AARON ISAAC LOFTON

(Typed or printed name of applicant)

DISTRIBUTION: Original to Chief, ASA, duplicate to 201 file.

CAS Form 34 (23 Oct 53)

Local reproduction is authorized

41. REMARKS (To be initialed by enlistee)

None/ *adl*

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)

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

I, Aaron Isaac Lofton

FIRST NAME-MIDDLE NAME-LAST NAME

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 1955, IN THE UNITED STATES Army FOR A PERIOD OF three (3) years

WORDS AND FIGURES INITIALED BY ENLISTEE

SIGNATURE

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

SIGNATURE OF RECRUITING OFFICER

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




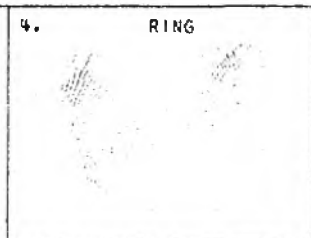
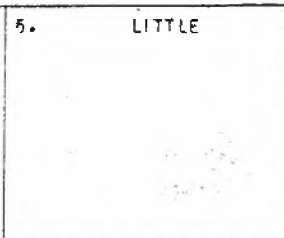
3 The signature must be identical with that subscribed to Declaration of Applicant.

2 The 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
				

DEPARTMENT OF DEFENSE WASHINGTON 25, D. C.			INITIAL ENLISTMENT ARMY		Form Approved Budget Bureau No. 22-R016.3	
ENLISTMENT RECORD - UNITED STATES						
1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee) Lofton, Aaron Isaac <i>WLL</i>			2. SERVICE NUMBER RA24 919 772		3. SEX MALE	4. RACE Caucasian
5. PHYSICAL AND MENTAL DATA a. PHYSICAL CATEGORY <i>H</i> b. MENTAL DATA AFQT-3/96-1			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			
7. PLACE OF ENLISTMENT Jackson, Mississippi			8. ENLISTED IN THE GRADE OF (To be initialed by enlistee) Pvt-1/ <i>WLL</i>		AUTHORIZATION SR615-120-2	
9. ENLISTED UNDER AUTHORITY OF [REDACTED]			10. BRANCH ENLISTED FOR Signal Corps (ASA)/ <i>WLL</i>			
11. FOR ASSIGNMENT IN Army Security Agency/ <i>WLL</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>WLL</i>				
22. EDUCATION (Years) GRAMMAR HIGH SCH COLLEGE 8 4 1		23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) None				
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 24 919 772	
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>WLL</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 / WLL</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>WLL</i>						
38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDOCTION 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>WLL</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>WLL</i>						

DD FORM 1 NOV 53 4

EDITION OF 1 NOV 51 IS OBSOLETE

GPO : 1954 O - 283369

ORIGINAL-MORNING REPORT COPY  
DUPLICATE-SERVICE RECORD COPY

20 yrs 11 mos 15 days prior svc completed upon entry into act mil svc for basic pay purposes verified by MGB Form 22 9 Mar 55. DD Form 2A No 4918134 Issued 4 Feb 55. 19 May 55 DI Per SR 380-160-10 Completed 22 Apr 55 by 3rd Army Cert by Hq TASATC, Ft Devens, Mass to TAG for Crypto Clearance 12 May 55. New Service Record prep UP par 5a, AR 640-201, 23 Jun 55. GEORGE E. AUMOCK 2d Lt, Inf 1 Nov 57 eligible for re-enlistment

[illegible]



[illegible]



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 ASAProcBn8622DU, 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	27 Oct 55	Co D 1st Stu Bn ASA Trp Co'd 8622 DU	006.00			
	1 Nov 57	ENROUTE TO H/H Det ASACARIB 8616DU FT KOBBE, CZ				
		ZONE				
28 Oct 55	31 Dec 56	H/H Det ASACARIB 8616DU Ft Kobbe, CZ	058.10	(-)	(-)	
1 Jan 57	27 Mar 57	Hq USASACARIB, FtKobbe, CZ (CO Trfd)	058.10	(Ex)	-	
28 Mar 57	29 Sep 57	Hq USASACARIB, FtKobbe, CZ	058.20	Exc	Exc	
30 Sep 57	1 Oct 57	MHD USA Ln Unit Gorgas Hosp Ancon CZ		Unk	Unk	
1 Oct 57	17 Oct 57	Enroute to CONUS				
18 Oct 57	1 Nov 57	MHD WRAH(9901) WRAMC Wash, DC (Hon Disch)		Unk	Unk	PJG

## RTME

LOFTON, AARON I RA 24 919 772

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

TO

24 Jan 55

1 Nov 57

## SECTION I - APPOINTMENTS, PROMOTIONS, OR REDUCTIONS

REC'D

## 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]

REPLACES DD FORMS 230, 230-A, 230-B, 230-C, 230-D (For Army use); DA FORMS 24-A-2, 24-A-6, 24-A-8 AND 24-A-12, WHICH ARE OBSOLETE.

# 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			

CLINICAL RECORD

ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION

The 21-year-old, F.D. was sent in from  
the Semi Center at 1035 last night with the  
Hx of dropping a piano on his left foot.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

abrasion of dorsum of Rt III toe. Laceration about  
half inch at I toe. X ray shows comminuted 1st distal  
phalanx of I toe and fracture of distal phalanx of II toe

PROGRESS

Treatment - Toe cleaned, sutured under previous anesthesia

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

1) Penicillin 600,000 U.

2) Tetracycline 1/2 cc

3) Codeine 1/2 cc #2 oral pain

Do not smoking - limited  
diet

SIGNATURE OF PHYSICIAN

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16-61655-1

ABBREVIATED CLINICAL RECORD  
Standard Form 539



DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

2005/5/4 Wound remained & wound redressed  
Patient discharged to duty  
(limited) to return in 6 days  
A/H/D



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. Primarily Acid & Spicy food.  
Rx: Bellubarb, VitCapsul.  
M. Bingerhut

8 Sept 56

Platypod of calus in foot.

Exam: seems to be a cone type callus  
with depression in its base.

Rx To treatment room for removal.

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

Oct. 19-1956

1035

Pt arrived at disp. at 1035 with first 3  
toes on Rt foot smashed. X-Ray shows  
that 1<sup>st</sup> & 2<sup>nd</sup> toes are fractured. Rx 4 (4-0) sutures  
put in Big toe. 600,000 mc. PCM, 1/2 cc of  
tetracycline. Codeine #2. Pt. placid at  
11:00. Toes closed. Pt. avoid  
0400 TB and complaint of pain. Given 2 more  
Codeine.

(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

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.

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