No. 471443

U. S. MARINE CORPS





SERVICE-RECORD BOOK

Ol

COWART,

WILLIAM FRANKLIN
(CHRISTIAN NAME)

RANK

Private

SEP 26 1942

(DATE OF ENLISTMENT)

PREVIOUS SERVICE (ACTIVE)

None Years None Months None Days

DATE OF EXPIRATION OF EACH EXTENSION

N.M.C. 109—A & I 12-9-41—150M 711

16-9547-1

SERVICE RECORD

OF

COWARTWE

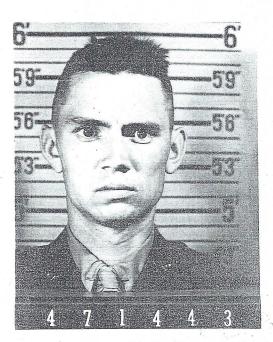
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Entries shall be made to s concerned as indicated on the accordance with the provision entries shall be made until the the administration of the oath

Neatness, clearness, and s served. No blank lines shall forms, letters, or certificates a this book,

COWART, William F. Enl 26Sep42. Taken 30ct42.



Name COWART, WILLIAM FRANKLIN
Citizenship U.S.
Date of birth 21 FEBRUARY , 1922
Place of birth REFORM, ALA.
Legal residence STAR ROUTE.
COLUMBUS, MISS.
Name, relationship, and address of person to be
notified in case of emergency MRS ALICE
COWART, (MOTHER), ROUTE*2,
ETHELSVILLE, ALA.
Accepted for enlistment at SDM5., Columbis, MISS.
Enlisted as Private.
At DHS Jackson Miss Q
SEP 26 1942 , 19 , to serve \{ \frac{- years 1}{during minority \text{ in Nove } }{\text{Nove } } \}
Foreign shore service last enlistment (months) None
From to G
Sea service last enlistment (months): None D
From to C
SI MI DE
Recruiting Officer.
EDWAN O. SOHULIZ, Major, USMOR, Z
91/1/11 9- DI- DI- JH
Milliam Danken (avail ?
(SIGNATURE OF RECRUIT IN FULL)

RESERVE

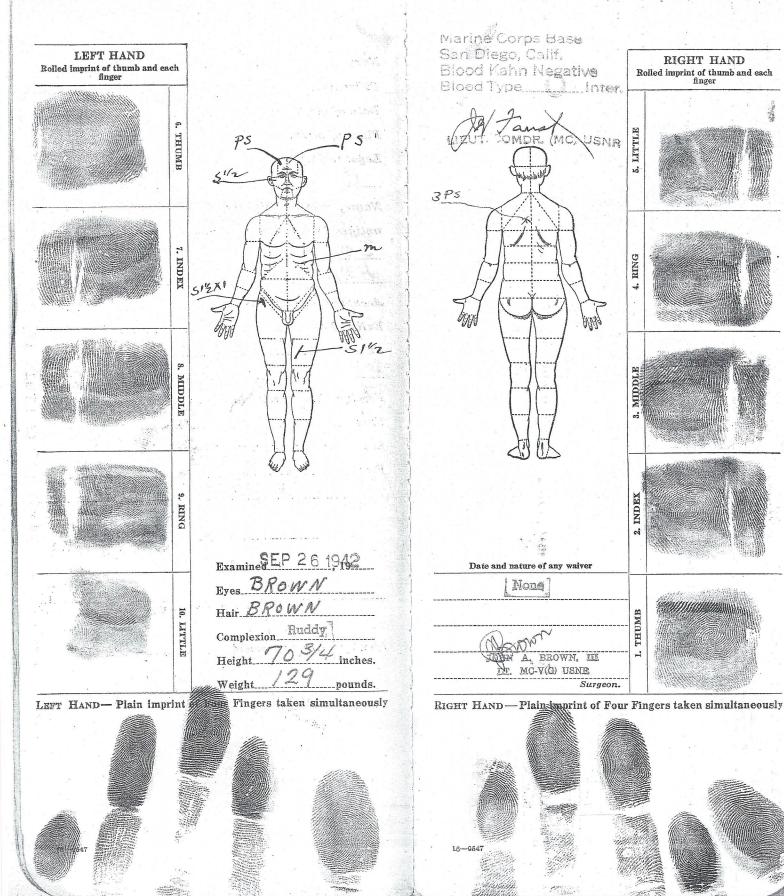
471443

DURATION OF NATIONAL EMERGENCY

COWART,	
	William Franklin
BORN:	21 February 1922
AT:	Reform, Ala.
Accepted: AT: 2d Recruit Rr	26 September 1942 Columbus, Miss. Jackson, Miss. SEP 30 1942 , San Diego Cl. 3c
	9/26/129 11/20/43
	NOV 2 / 1942 at Ba, FMF FMF, Trug Center, San Diego, C
for Duty in the	Field. JAN 2 0 1943
Ja Btry D 22 Ja Mar	nd Spl Weapons Bn FEB / 4 1943
DA A 1. 19.	2d Mar Division FMF 0C7 1 2 1943
Killed in acti	on NOV 20 19 43
Died Nov. 2	140.4 \(\times \) 17.49
Died Nov. 2	0, 1943 at Betio Is., 1, Gilbert Island.
Died Nov. 2	0, 1943 at Betio Is.
Died Nov. 2 Tarawa Atol Remains int 75, Row #1, Island, Tar	20, 1943 at Betio Is., l, Gilbert Island.
Died Nov. 2 Tarawa Atol Remains int	20, 1943 at Betio Is, 1, Gilbert Island. 24 Egain GRAVE #33, Plot Grave #11, at Betio
Died Nov. 2 Tarawa Atol Remains int 75, Row #1, Island, Tar	20, 1943 at Betio Is, 1, Gilbert Island. 24 Egain GRAVE #33, Plot Grave #11, at Betio
Died Nov. 2 Tarawa Atol Remains int 75, Row #1, Island, Tar	20, 1943 at Betio Is., 1, Gilbert Island. 29 Gerred in GRAVE #33, Plot Grave #11, at Betio
Died Nov. 2 Tarawa Atol Remains int 75, Row #1, Island, Tar	20, 1943 at Betio Is., 1, Gilbert Island. 29 Gerred in GRAVE #33, Plot Grave #11, at Betio

MARKS, SCARS, ETC.

(Marked in red ink by Medical Examiner)



RONKL CONDUCT RECORD OF. AND

The following shall be executed and signed semiannually and whenever the marine is transferred, retired, discharged, deserts, or dies, or the book is closed for discharge; also (without markings) when he joins, surrenders, or is apprehended. (0, Bad, 1, Indifferent; 2, Fair; 3, Good; 3.8, Very Good; 4.3 to 5, Excellent.) Semiannual markings and markings "For Discharge" shall be entered in red ink. Military Efficiency includes all marking relating to the duties of a marine other than Neatness and Military Bearing, Intelligence, Obedience, and Sobriety. PROFESSIONAL

Reproduced at the National Archives- STL Sat. Str. Canc. R USMCR CAPT. LISMC E. R. AMES CAPT. USMC MCH BOWLIN O. SCHULLS. and specification May or - Osmal Major V. Schulle Major, U.S.M.C.F Major, U.S.M.C.R. CAPT S.apt. SIGNATURE OF COMMANDING OFFICER SON ShoT WOUNDS find, and A. Jacan on 151 Class 79 A VERAGE STANDING 100 5 D 5 S SOBRIETY 3 (P) 0 77 0 5 OBEDIENCE J X 30, 5 2.5 40 6 K 0 لب د/ 3 ing Si 24 444 MILITARY BEARING 1.2 K Ś 80 MILITARY 1.3. CHAR A 7046 Pvt. DiED PUT. 5 Private Private, W. Private Maria Maria ST. I VENT Car RANK TIVE ARAWA UNKNOWN. 7et, 1943 1943 JUN 1943 242 1943 SOOR GL 2 1 1942 Nov Yr Dec. 1942 1942 1947 *** 0000 100 EN. 0.7 O GE DATE 20 鄉 SEP 2 ca ca 0 Service of the servic 0 1 1 1 1 1 1 1 1 BETIO 15 LA NA RAUR Transfer ed Active Duty JOINED, SURR.,
APP., TRANBE,
SEMI-AN., FOR
DIS., FINAL M.,
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DIED, RETHED,
TRANSE, TO
RESERVE WY NIS INANS. Find Sted Soined FINAN SON OF Servi Or TRANS Sp 9 40 10 thoughton. F.M.F. 20 SPL WEN Sale DES., Jackson, Miss. D", 2nd AMPH. TRACTOR BE DHS., Jackson, Miss. 10th Replace Br. 1 MATC 報道登録。 電路番の軍の利 D.J-SPI WPNS BN STATION OR VESSEL 10 th But Bur, From A 710 16)-2mdREn RD-2mdRBm DHS., Jackson, RIV Shall Br BERY " " では 0 1 Co. 13 19 60 13 63 34 2 20 000 33 ₹ ₹ 0 300

15

INFANTRY WEAPONS RECORD Rifle Qualification Course

				Kiffe	Qualification	Course			
WHERE ATTACHED	RANGE	DAY M	MONTE YEAR	SCORE	FINAL QUA	QUALIFICATIONS	SIGNATURE AND RAME OF VERIFYING	No. and Date M.Q. Order	DATE INSIGNIA DELIVERED
X MEGRUT DIL. WE., MEB., SAN	DIEFE	7 NON	2	24/	B	an	solidin com	, J.C.	
	Pistol Qualification and Shor	ation and	Short Courses	es			Credits for qualification as Distinguished Rifleman and/or Pistol Shot	shed Riffeman and/	or Pistol Shot
Wнеке Аттаснер	RANGE	DATE	Course	QUALIFICATION OR SCORE		DATE INSIGNIA DELIVERED			
74-3691									A
AUTOMATIC RIFLE, THOMPSON SUBMACHINE GUN, MACHINE GUN, 37 MM GRENADE, HAND GRENADE	ON SUBMACHINE GRE	GUN, MACE NADE, HAN	HNE GUN, 37 D GRENADE	MM GUN, 3	GUN, 3" MORTAR, BAYONET, RIFLE	AYONET, RIF		ARY QUALIFICATIONS	92
Where attached	Weapon	Course	Qualification	ation	Date	Date insignia delivered	A VALINY.—Saddler, norseshoer, veterinarian, etc. CAVALRY.—Saddler, horseshoer, veterinarian, etc. COMBAT ENGINEERS.—Draftsman, military maps, demolitions, etc. COMMUNICATIONS.—Radio operator, radio mechanic, telephone operator, lineman, signalman, etc. MISCELLANEOUS.—Scout, interpreter, chauffeur, tank driver, tractor driver, rallroad engineer, armorer, range estimator, instrument operator, etc.	erinarian, etc. an, military maps, de ttor, radio mechanie, te tter, chauffeur, tank driv inator, instrument opera	molitions, etc. dephone operator, er, tractor driver, tor, etc.
	BAYONET	# # # # # # # # # # # # # # # # # # #	38	-	V 2 0 194	IN/			
		-							
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16—9547									

Antitank School, FMF, TC,	Camp El	liott, S	an Diego,	Californi	.a.
		Date:	13 Janua	ry 1943	
1. Pvt. COWART, Willi (Name) tank course at this school				eted the ar	nti-
tauk contre at mit some		A.A.	NELSON, USMC, OI	O.	
	21	IU.e. IIV.			e and a second by
			17		
ANT AND MILES					
M.M.C. S35 PM THIS ALLO IMENT FOR PR	EMIUM ON	J NATIONA	L SERVICE	E LIFE INS	JRANCE Y
ALLOTMENT GRANTED MONTHLY SUM ALLOTTED	31110121 1193	TRUCTIONS OF	OTHER SIDE		10
Ry these presents	7754 00000	(Won	de)		3
By these presents,	inee pot	LANS (Wor	da) T. L.T.A.T.	CENTS'	(Figures)
By these presents, I, COWARDSurname) 1 1 am F (Full-Chris	man name)		First pay		V. Vear 194
By these presents, I, COWARTSURPAGE TO THE PROPERTY OF THE P	in of my nave	Number		(Payable	V. Year 194 e on last day of month
By these presents, I, COWARTS WITTIAM FRANKI do allot the sum stated above per month of and do appoint the person named below m	in of my nave	Number Enlistme	of mos	(Payable Indefinite (Words and final Allotment	Y Year 194 e on last day of month
By these presents, I, COWARDSurname) 11 am Frankli do allot the sum stated above per month of and do appoint the person named below me to receive the sum so allotted.	in of my nave	Number Enlistme	of mos	(Payable Indefinite	Y Year 194 e on last day of month
By these presents, I, COWARTSURPHENTIAN F (Full-Christen) do allot the sum stated above per month of and do appoint the person named below me to receive the sum so allotted. Allottee. Treasurer of the	of my pay; y attorney	Number Enlistme	of mos.	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, GOWARDSurname 11am Frankii do allot the sum stated above per month of and do appoint the person named below more ceive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration	of my pay; y attorney	Number Enlistme	of mosnt	(Payable Indefinite (Words and final Allotment	Y Year 194 e on last day of month
By these presents, I, GOWARDSurname 11am Frankii do allot the sum stated above per month of and do appoint the person named below more ceive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration	of my pay; y attorney Month	Number Enlistme	of mosnt	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARTSurname liam F Fant liam F Fant liam of the liam	Month Feb.	Number Enlistme Date	of mosnt	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARTSurname liam F Fant liam F Fant liam of the liam	Month Jan. Feb.	Number Enlistme	of mos	(Payable Indefinite (Words and fi Allotment Expires	Y Year 194 e on last day of month
By these presents, I, COWARDSurname liam Frankli do allot the sum stated above per month of and do appoint the person named below more receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Oate of registry: (Signature of grantor)	Month Jan. Feb. Mar.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Y Year 194 e on last day of month
By these presents, I, COWARE Surname 111am F (Full-Christed) do allot the sum stated above per month of and do appoint the person named below more receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Date of registry: (Signature of grantor)	Month Jan. Feb. Mar. Apr.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Y Year 194 e on last day of month
By these presents, I, COWARDSurname liam F (Full-Christer) do allot the sum stated above per month of and do appoint the person named below more receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Oate of registry: (Signature of grantor)	Month Jan. Feb. Mar. Apr. May June	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Y Year 194 e on last day of month
By these presents, I, COWARDSURP II am F (Full Christer) do allot the sum stated above per month of and do appoint the person named below more receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Oute of registry: (Signature of grantor)	Month Jan. Feb. Mar. Apr. May June July	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARDSurname 111am Frank1 do allot the sum stated above per month of and do appoint the person named below more receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Date of registry: (Signature of grantor) Registered:	Month Jan. Feb. Mar. Apr. May June July Aug.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARDSURPAGE PROBLEM FOR THE PROBLEM	Month Jan. Feb. Mar. Apr. May June July Aug. Sept.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARDSURPASSURPAMENTIAM FRANKI do allot the sum stated above per month of and do appoint the person named below me to receive the sum so allotted. Allottee, Treasurer of the UNITED STATES Veterans Administration Washington, D. C. Date of registry: (Signature of grantor) Registered: Approved: Entered in Service Record Book.	Month Jan. Feb. Mar. Apr. June July Aug. Sept. Oct.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month
By these presents, I, COWARDSURPANT I AM Frank! do allot the sum stated above per month of and do appoint the person named below me to receive the sum so allotted. Allottee, Treasurer of the Address, UNITED STATES Veterans Administration Washington, D. C. Date of registry: (Signature of grantor) Registered: Approved: Entered in Service Record Book. S. F. ELLIOF S. M. C. Commanding. RD MCB San Dieso Calif	Month Jan. Feb. Mar. Apr. May June July Aug. Sept.	Number Enlistme Date	of mos	(Payable Indefinite (Words and fi Allotment Expires	Year 194 e on last day of month

(Name: To be typewritten, surname to the left)

Affines- STL

September

CT 61

DHS., Jackson, Miss.

our the provisions of the acts approved May 22, 1928, and May 12, (4 U.S. C. 948, 944), and March 17, 1941, relating to the payment months par to the widow or children or dependent relative of any nor enlisted man on the active list of the Regular Marine Corps, the retired list when on active duty, or of any transferred member of Fleet Marine Corps Reserve when on active duty, or of any different fisted man of the Marine Corps Reserve, if ordered to active duty operiod in excess of 30 days and while so employed, who dies from 68 or disease not the result of his own misconduct, I give below the wand address of my wife and the name and address of each of my September of the National

(Full name of wife; if not married, so state)

MODE

(Address of wife)

(Full name and address of each child; if none, so state)

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative,

(Relationship) Mother

ALLOS COMALT. (Name in full) A CAN

Alabama TINGLOVI LOT (Address) C.

*(State briefly wherein dependency consists, such as "allobrants registered", "monthly contributions by Government check", etc.) Voluntary contributions

(SEE REVERSE SIDE)

16-18046

471443

COWART. William Franklin

(Name: To be typewritten, surname to the left) September 26, 1942 Enlisted,

Marine TOD-2ndPP-

Under the provisions of the acts approved May 22, 1928, and May 12, 1980 (34 U. S. C. 943, 944), and March 17, 1941, relating to the parment of 6 months pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the Regular Marine Corps, or on the retired list when on active duty, or of any transferred member of the Rietz Marine Corps Reserve when on active duty, or of any transferred active duty for a period in excess of 30 days and while so employed, who dies from wounds or disease not the result of his own misconduct. I give below the name and address of my wife and the name and address of each of my children.

Not married

(Full name of wife; if not married, so state)

(Address of wife)

(Full name and address of each child; if none, so state)

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative,

Mother

(Relationship)

(Name in full) Mrs. 411me Cowert

Alabama Route #2 Ethelsyille,

(Address)

*(State briefly wherein dependency consists, such as "allotments registered," "monthly contribution by Government cheek," etc.)

(SEE REVERSE SIDE)

(Name: To be typewritten, surname to the left)

1942

26 September Enlisted,

Marine .2d SpluppeBr. 2dMarDiv, IMI In the Field (Place)

Under the provisions of the acts approved May 22, 1928, and May 12 193 (54 U. S. C. 943, 944), and March 17, 1941, relating to the payment of 6 months pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the Regular Marine Corps or on the retired list when on active duty, or of any transferred member of the Fleet Marine Corps Reserve when on active duty, or of any officer or enlisted man of the Marine Corps Reserve, if ordered to active duty for a period in excess of 30 days and while so employed, who diss from manne and address of my wife and the name and address of each of my hildren.

Legal Cy. Alicon. Billes. Cones, este)

Burges Ad. ... Johnson 11 o Wellington, W. C. name and address of each child; if none, so state)

(Full

In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under said act the following dependent relative.

(Relationship)

(Name in full) Alice Cowert

R. # 2, Ethelsville Alebana.

*(State briefly wherein dependency consists, such as "allotments registered", "monthly contributions by Government check", etc.)

(SEE REVERSE SIDE)

In the event that payment cannot be made to the abovedependent relative, I then designate as my bene-under said act the following dependent relative, my herary

(Name in full) (Address)

* State briefly wherein dependency consists

and...., 1943, and have not changed the foregoing beneficiary slip are true my knowledge and belief, and were true do solemnly swear (or affirm) that the facts stated The Manual Solvan Sentember since that date. for trad disclosed ne

U. S. Marine Corps. 型。 FVT (Rank)

DAY sworn to before me this. Subscribed and

October day of.

1943

Personnel DISM CH Office, 2dsplwmaBn. 2dbarbly Centain, Officer in Charge The Lo Les Land A. H. HILLS

must affirmatively appear hereon that the officer before whom the

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps, authorized to administer oaths, or before a notary public. The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband, thus: "Mrs. Anna May Smith", not "Mrs. John Smith." New beneficiary slips should be filled out and forwarded in all cases in Which such action becomes necessary, by reason of a change in the status of the officer or enlisted man, or of his beneficiaries, due, for example, to narriage, death, birth of children, or the fact that a designated beneficiarts should case to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whether designated or not.

N. M. C. 502—A&I (Revised 1941)

In the event that payment cannot be made to the abovenamed dependent relative, I then designate as my beneficiary under said act the following dependent relative, my

(Name in full) (Relationship) (Address) HOME

* State briefly wherein dependency consists

disclosed in the foregoing beneficiary slip are true to I do solemnly swear (or affirm) that the facts stated and and were true on ..., 194....., and have not changed the best of my knowledge and belief, S since that date. in the same

(Signature) Theres & Made la far 2 18 2.

U. S. Marine Corps. 14/3 d & Softer

Subscribed and sworn to before me this. (Rank)

194 10 MON day of

CAPT COMON (SEAL)

AND AND のの変のの

It must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.

INSTRUCTIONS

This form must be sworn to before an officer of the United States are or Marine Corps, authorized to administer oaths, or before a

Navy or Marine Corps, authorized to administer oaths, or before a notary or Marine Corps, authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries should be carefully staded. If a married woman her own Christian name should be given, not that of her husband, thus: "Mrs. Anna May Smith," not "Mrs. John Smith," not "Mrs. Anna May Smith," not "Mrs. In which action becomes necessary, by reason of a change in the in which action becomes necessary, by reason of a change in the in which action of enfect or enlisted man, or of his beneficiaries, due, for extatus of the onficer of enlisted man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whether designated or not.

N. M. C. 502-A&I (Revised 1941)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my bene-ficiary under said act the following dependent relative, my

(Relationship) (Name in full,

& I has been executed 501-A Ö N

* State briefly wherein dependency consists

I do solemnly swear (or affirm) that the facts stated and 07 true on -, 194. and have not changed disclosed in the foregoing beneficiary slip are the best of my knowledge and belief, and were (Signature) and. since that

Private.

U. S. Marine Corps.

2661 Subscribed and sworn to before me this

19 September day of

EDWYN Q. SOMULTZ, Major USMCR. SEAL

RECRUITING OFFICER

If must affirmatively appear hereon that the officer before whom the above oath was made had authority to administer oaths.

INSTRUCTIONS

Reproduced a ដីខ្លាំខ្លង់ប្រាស់ This form raust be sworn to before an officer of the United States or Marine Gorps, authorized to administer oaths, or before a notary property of the full names and addresses of the beneficiaries should be care stated. If a married woman, her own Christian name should be a not that of her husband, thus: "Mrs. Anna May Smith", not "Mrs. Smith."

New beneficiary slips should be filled out and forwarded in all case which such action becomes necessary, by reason of a change in the brother or enlisted man, or of his beneficiaries, due, for example marriage, death, birth of children, or the fact that a designated ficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man whe designated or not.

N. M. C. 502-A (Revised 1941)

16-18046 U. S. GOVERNMENT PRINTING OFFICE

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MARINE	CORPS	RESERVE		4	71443
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SSEMPER FIDELISZ.		MARINE CO	ORPS RES	ÉRVE	t (d'the
	I. William			COWART	desiring
	(First name) to enlist in the UNITED STATES	(Middle name, if any)		(Surname, in capitals)	
	EMERGENCY, do declare that				
	Reform	in the State	of	Alabama /	· that I have
neither wife nor	child and that there is nobody of	lependent upon me	for support	beyond my ability to co	ontribute from the
pay of a private	that I know of nothing wrong w	ith my health or b	ody that the o	loctor did not find when	he examined me;
that I am of goo	d habits and character; that no ju States Army, Navy, Marine Corp	dge or jury has eve	er found me g	fullty of a crime; that I have nev	ave never deserted
therefrom with	a dishonorable, bad-conduct, unc	lesirable, or inaptit	ude discharge	e, or for disability, and	that I have never
served therein ex	scept as stated to the recruiting o	fficer and recorded	on the reverse	e side of this contract; th	nat I am by present
occupation a	Student	; and that I am	a citizen of t	the United States. I ag	ree to accept from
of court martial	s such bounty, pay, rations, and o or for bad conduct, undesirabil	ity, unfitness, or in	naptitude, I as	gree to surrender my un	iform in exchange
for civilian cloth			1		
Given at	SDHS., Columbus, Mi	SS., this_	24th d	lay of September	, 1942
ACCEPTED AND	SIGNATURE WITNESSED:*	91	1.01.	m Frankle	
WITNESS:*	To the	[NZ	Mag	(Signature of applicant, in full)	z vang-
	Norman E. Goza				
	Staff Sgt. , U.	S. M. C			
	DATE	AND NATURE OF	ANY WAIVER		
		None			
Transferred	27 September , 19	42 , to _RD., N	ICB., San 1	Diego, Calif.	and the same of th
T Wi	lliam Fra	nklin	COW	ART , do h	ereby acknowledge
to have volunta	rily enlisted as a PRIVATE in th	e Volunteer MA	ARINE CORPS	RESERVE for the DUR	ATION OF THE
NATIONAL E	MERGENCY, unless sooner direction in the Marine Corps in time	scharged by compe	etent authorit	y; and I do obligate fi	cy declared by the
Dresident And	I do solemnly swear (or affirm)	that I will bear true	e faith and a	llegiance to the United	States of America;
that I will carve	them honestly and faithfully aga	inst all their enemi	es whomsoev	er: and that I will obey	the orders of the
Dresident of the	United States and the orders of	the officers appoint	ted over me.	according to the Rules a	nd Articles for the
Government of	the Army, Navy, and Marine C by me, as now given in this reco	rd. are correct.	d States. An	id i do iditalei swear	of amini) that all
Statements made	b) 1110, 20 110 11 81 111 1111 1111 1111 1111 11	11	Willia	m trank	hn Coupr
		THE TANKENT		Signature of enlisted man, in fu	(1)
Subscribed	and duly sworn to before me at _	DDS., Gackbor	3 2		
11: 26th	don of September	- A. D	1942 an	d .	1. 1 1 1
I CERTIEV	that I minutely inspected the abov	e-named man previous	ous to his enli	stment, and that he was	entirely sober when
nations of the co	the best of my judgment and belivice he is to perform, I have enlist	ted him into the ser	vice of the Ui	lited States under this co	illiact of emistineme
as duly qualified	to perform the duties of an able-b	odied marine, and	in doing so i	have strictly observed the	e regulations winch
govern the recru	iting service; also that the prior	service as shown on	the reverse s	ide has been vermed by	me personally from
the man's discha	arge certificates, and that I am sat	isfied that his status	s as to citizens	hip is the Month	
REGE	The state of the s		THE STATE	1 STC 1 STATES	
A LUDI	IRVE EDW:	N O. SOHTI.T	Z. Major r	ISMÇR.S.M.C	Doguerities ~ Office
	and the same of th	and the same and the same of the same of	3 my my 2 3 m	~ 372, 744. J. WI. C	, Rectuiling Officer.
	ddress of person to be notified in cas		, 0		April 1

#2 , Ethelsville, Alabame (Address, including name of street and number of house)

Home or residence, with street and number Star Route, Columbus, Miss.

[†]Native born, use initials U. S.; naturalized, N. U. S. *To be signed by the officer or noncommissioned officer witnessing signature.

PERSONAL DESCRIPTION

Name William	Frankli	n COWART porn 21 Febr	ruary , 19 22
	e this 26th	day of September	, 19 42
DHS., Jack	zson, Miss.	carefully examined the above-r	named man in accordance
bodily defects and menta	l infirmities which wou ion is as follows:	stated to me that he has no disease, and in my opi ld in any way disqualify him from performing the	duties of a marine, and
Brown	eyes, <u>Brown</u>	hair, complexion; height	70 3/4 inches,
weight129	pounds, mean circun	nference 33 inches, expansion	$2\frac{1}{2}$ inches,
		eft 20/20, indelible or permanent	
ANT: PS rt. Fro	ontal; Si" rt.	Cheek; Sla X a rt. Upper I	high; PS lft.
Frontal; M lft.	Thorax; Sla"	lft. Lower Thigh.	
POST: 3 PS lft	. Inter-Scapu	ılar.	
		Danit	
		JOHN A RROWN -	(M. C.), U. S. Navy.
		Jan W. V(G) USNR	(m. c.), 0.5.1vavy.
	DATES OF E	ORMER ENLISTMENTS AND DISCHARGES	
			- CYLIN LOTTIN
ENLISTED	DISCHARGED .	REGIMENT, CORPS, ETC.	CHARACTER
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	Space below is	for use in Adjutant and Inspector's Department	
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Date Rec'd	16th		
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	477443
TOMADM	
	william Franklin Name: To be typewritten, surname to the left)
	September 26, 1942
Enlisted,	Debrember of 1978
Marine	RD-2ndRBn
	(Place)
Under the 1930 (34 U. ment of 6 m of any officer Corps, or on member of t any officer o active duty who dies fro I give below address of e	provisions of the acts approved May 22, 1928, and May 12, S. C. 943, 944), and March 17, 1941, relating to the payonths' pay to the widow or children or dependent relative ror enlisted man on the active list of the Regular Marine the retired list when on active duty, or of any transferred he Fleet Marine Corps Reserve when on active duty, or of re enlisted man of the Marine Corps Reserve, if ordered to for a period in excess of 30 days and while so employed, m wounds or disease not the result of his own misconduct, when the name and address of my wife and the name and each of my children. Not married
	(Full name of wife; if not married, so state)
	(Address of wife)
	None
(Full	name and address of each child; if none, so state)
decease b	event of my leaving no widow or child, or of their efore payment is made, I then designate as my y under said act the following dependent relative,
	Mother
	(Relationship)
Mrs. A	live Cowart
	(Name in full)
Route	#2 Ethelsville, Alabama
	(Address)
*	
*	
	그 이 아름지어지면 걸었다고 있다면 된 보이다?
*	
*(State) registered,"	oriefly wherein dependency consists, such as "allotment "monthly contribution by Government check," etc.) (SEE REVERSE SIDE)

In the event that payment cannot by de named dependent relative, I then des the ficiary under said act the following dependent
None
(Relationship)
(Name in full)
(Address)
*
*
N. M. C. 501-A & I has been execu
* State briefly wherein dependency consists
I do solemnly swear (or affirm) that the fact disclosed in the foregoing beneficiary slip the best of my knowledge and belief, and use since that date. (Signature)
Private.
(Rank) , U. S. Mar
Subscribed and sworn to before me this
day of September , 19 4
John Marie M
[SEAL] MUMBHELLER
EDWYN Ø SCHULTZ, Mejor,
RECRUITING OFFIC
It must affirmatively appear hereon that the officer be- above oath was made had authority to administer oaths.
INSTRUCTIONS
This form must be sworn to before an officer of the Unitor Marine Corps, authorized to administer caths, or before a The full names and addresses of the beneficiaries shoul stated. If a married woman, her own Christian name shot that of her husband, thus: "Mrs. Anna May Smith", n Smith."
New beneficiary slips should be filled out and forwarded which such action becomes necessary, by reason of a chang of the officer or enlisted man, or of his beneficiaries, due, for marriage, death, birth of children, or the fact that a deciciary should cease to be dependent. In any event paymen to the widow or children, if any, of the officer or enlisted designated or not.
N. M. C. (Revise
U. S. GOVERNMENT PRINTING OFFICE 16-18048

In the event that payment cannot be made to the above-
In the event that payment cannot be made to the distance of the following dependent relative, my
named dependent relative, I then dependent relative, my
named dependent relative, I then designate as a final named dependent relative, my ficiary under said act the following dependent relative, my
RIONE
(Relationship)
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(Name in full)
(Address)
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And the state of t
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doney consists
* State briefly wherein dependency consists
m with at the facts stated and
I do solemnly swear (or affirm) that the facts stated and
disclosed in the loregoing belief, and were true on
the best of my knowledge and borred
the best of my knowledge and solution that the best of my knowledge and solution and have not changed
since that date.
since that date.
(Signature)
, U. S. Marine Corps.
(Rank)
Subscribed and sworn to before me this
Subscribed and sworn to below
NOV. 5 194 194 194
day of MOV 5 146 7 194
(SEAL) JAJA SMES
E OT USMOR
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JOMDG ZNO RBN
officer before whom the
It must affirmatively appear hereon that the officer before whom the
It must affirmatively appear hereon that the officer become above oath was made had authority to administer oaths.
INSTRUCTIONS The tod States
This form must be sworn to before an officer of the United States This form must be sworn to before a dominister oaths, or before a Navy or Marine Corps, authorized to administer oaths, or before a Navy or Marine Corps, authorized to administer should be carefully
Navy or Marine Corps, authorized to administer occurs,
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John Smith." New beneficiary slips should be filled out and forwarded in all cases. New beneficiary slips should be filled out and forwarded in all cases in which action becomes necessary, by reason of a change in the in which action becomes necessary, by reason of a change in the in which action becomes necessary, by reason of a change in the status of the officer or enlisted ample, to marriage, death, birth of children, or the fact that a designample, to marriage, death, birth of children, if any, of the officer or enlisted will be made to the widow or children, if any, of the officer or enlisted will be made to the widow or not.
will be made to the widow or children, if any, of the older
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(Revised 1941)
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471443

	(Name: To	William be typewritten, sur	Franchame to the l	eft)
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nlisted,	<u> </u>	Debrember		and the same of th
Iarine				
	DES	., Jackson, M	iss.	
	<u> </u>	(Place)		
Under the 930 (34 U. of 6 month officer or e for on the Fleetor enlisted for a period wounds or name and children.	e provisions S. C. 948, 5 s' pay to the nlisted man etired list w tt Marine Co man of the d in excess disease not address of r	(Place) of the acts approve \$44), and March 17, e widow or children on the active list chen on active duty, rps Reserve when o; Marine Corps Rese of 30 days and whi the result of his own ny wife and the nan	id May 22, 18 1941, relating or dependen of the Regula or of any tra n active duty, erve, if order le so employe n misconduct, ne and addre	28, and May y to the payme t relative of a x Marine Cor nsferred mem or of any offi ed to active d d, who dies fr I give below ss of each of
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decease benefici my Mrs	• Alic	Mothel (Relationsh Ce COWART (Name in f thelsvill (Address	e in	sama.
decease benefici my Mrs Rt.	. Alic	Mothel (Relationsh Ce COWART (Name in f thelsvill (Address	c ip) ull) e, Mlæl	sama.

(SEE REVERSE SIDE)

16--18046

REPORT OF DEPENDENTS

Mom	e of Marine COWART, William F. (471443)
Name	(Surname) (First name) (Middle initial) (Identif. No.)
	Under the provisions of the Act of 7 March 1942, relating to allotments of pay
	the support of dependents of officers and men who are missing, interned, or cap-
	ed by the enemy, I submit the following information for consideration in deter-
	ing the relationship and extent of dependency of claimants requesting support by
allo	otments to be made from my base pay plus longevity:
	I wish my,
	(State relationship) Alice (None) COWART,
	(First name) (Middle initial) (Surname) Rt. #2 Ethelsville Ala.
	(Street address) (City) (State)
to	100110. (00mp10.00 01111) 0110 1 0110 1 0110 1
	(a) Approximately 50 per cent of my base pay plus longevity, and of any base
	pay plus longevity to which I may be entitled in the future.
	(b)x xand no/100 dollars x (\$ x x . 90)x per month of my xpax. (Strike out the alternative above which is rejected)
	(5011k6 6k6 6k6 6k16 k1601k66176 k6676 Willou 15 16,666664)
	The following may be accomplished if desired:
	In addition to the foregoing I wish the following named dependent relative,
	하는 사람들이 가장 살아가 살아 있었다. 이번 이번 이번 사람들은 사람들은 사람이 아름이 하는 사람이 되었다.
my .	(State relationship)
	(blate letationship)
	(First name) (Middle initial) (Surname)
	(Street address) (City) (State)
to	receive under the Act of 7 March 1942:
	(a) Approximately per cent of my base pay plus longevity, and of any base
	pay plus longevity to which I may be entitled in the future. (b)
===	======================================
	I fully understand that my signing this form does not of itself constitute an
all	otment of any pay, but that it is intended only as a general guide for the conve-
	nce of the Commandant, U.S. Marine Corps, and the Secretary of the Navy, either
	whom is free to render a decision without being bound by any request I have made
on	this form.
	William trankling Conder
WIT	NESSED: 26 September, 1942. (Signature)
	(Day) (Month) (Year)
	and the second s
	(Signature)
	EDWYN O. SCHULTZ, Major, USMCR.
	U. S. Marine Corps
	(Rank)
	DHS., Jackson, Miss.
	Commanding
	INAME OF COMPANY OF DETACOMENT IN THEFT

CONSENT OF PARENTS OR GUARDIAN TO ENLISTMENT OF A MINOR IN THE MARINE CORPS RESERVE

*We}	Lester V. Cowart	, and	Alice Cowart
residing in	Ethelsville	county of .	Pickens
and State of	Alabama		do freely consent to the enlistment
Reserve as a PRI ONLY upon his o to exist. We or I of the officers who	VATE, to serve FOUR YEARS, wn written request, except in time of consent to his being subject while may from time to time be placed	unless sooner discha of war or a national on active duty to al over him. We or I	in the United States Marine Corps arged, with assignment to active duty emergency, declared by the President ll requirements and lawful commands do hereby relinquish all claim to his n for the same, and do hereby certify
that he was born is	Reform, Alabama	3	on the 21st day
of Febru	ary , 19 22.		
William NOTE: Paren in ink and Public or Po	Franklin Cowart ts must sign their name in the presence of a No stmaster, with his Sea all copies. Sign and	Axanxine in all x appoints and that he has no comes tary	of the said standard wing patents of the said standard wing parents of the said standard wing parents. Other legal guardian: So help me God. Other legal guardian: So help me God. (Signature of father or guardian)
Address (with str	eet and number) Route 2, E	thelsville, A	labama.
Personally app	peared before me	Lester V. Cow	art and
Alice	Cowart , residents	of Ethelsv	ille , in the county
ofP	ickens, and St	ate of Alabama	each of whom is well
known to me as a	credible person, and made oath the	at the foregoing state	ement is correct and true, and signed
the same in my pro	esence this 24 day of	Sept.	1942

*Strike out words which do not apply.

N. M. C. 524-A.&I.

CONSENT OF PARENTS OR GUARDIAN TO ENLISTMENT OF A MINOR IN THE MARINE CORPS RESERVE

*We)	Lester V. Cowart	, and	Alloe Cowart
residing in	Ethelsville	county of	Pickens
and State of	Alabama		do freely consent to the enlistment
Reserve as a PRIV ONLY upon his ow to exist. We or I of the officers who:	ATE, to serve FOUR YEARS, on written request, except in time consent to his being subject while may from time to time be placed	unless sooner discharge of war or a national en on active duty to all r over him. We or I do	in the United States Marine Corps ed, with assignment to active duty nergency, declared by the President requirements and lawful commands of hereby relinquish all claim to his or the same, and do hereby certify
that he was born in	Reform, Alaban		on the 21st day
of Februa	, 19 ²		
William NOTE: Parent in ink and i Public or Po	Frenklin Cowart, s must sign their name in the presence of a Nostmaster, with his Seall copies. Sign and	and that he has no other opening of the control of	of the said of guardian; So help me God. Coward ture of father or guardian) Lie Loward (Signature of mother)
Address (with stree	et and number)Route 2, 5	thelsville, Als	bama.
Personally appe	ared before me	lester V. Cowar	and
Alice C	owart, residents	of Ethelsvil	le , in the county
of Pi	ckens, and St	ate ofAlabama	, each of whom is well
known to me as a c	redible person, and made oath the	at the foregoing stateme	ent is correct and true, and signed
the same in my prese	ence this 24 day of	Sefet 19	4.7
		(Signature	of officer administering outh)

*Strike out words which do not apply.

(OVER)

Reprodu	ced at the National Archives-	September 1
	Individual instruction	-

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	ದ	To be used for all privates, privates first-class, field musicians, corporals, sergeants, staff sergeants, platoon sergeants, technical sergeants, gunner of each year and upon transfer of enlisted man or commanding officer and on closing service-record book for discharge. An "S" will be placed opposite the signature of the commanding officer. Similarly, a "U" will be placed in the column of each subject in which instruct prescribed for each rank will be covered each calendar year.	
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	Organization or Post 69 70	Organization or Post	Organization or Post (Name of paymaster) Date Inclusive to Which Last Paid on Settled Paid on Settled
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Nors —Immediately after the payment of each monthly pay roll the commanding officer of Marines, charged with the keeping of this book, will, without delay, cause to be entered and verified, in the space above grovided, a record of the payment or settlement as shown by the pay roll as andited and settled by the paymaster concerned. If there is no balance "Overgaid", or "Unpaid", the words "Paid in full" will be stamped through the space provided for "Balance." Upon the transfer of a man, the commanding officer will, at the time of transfer, see that proper entry as to date of last settlement, etc., as shown above is made, and that such a space provided for "Balance." Upon which the last settlement appears.

GENERAL PAY DATA

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OCCUPATIONAL QUALIFICATION RECORD

COWART, WILLIAM FRAN	KI
(Name in full, surname to left)	
Age 20 years. Occupation STUDENT	
How many years have you worked at it?	
Name of last employer	
Business	
Address	
Your weekly wage in this position, \$	
Describe the jobs or enterprises in which you exercis	
the greatest authority or leadership, such as forema	
manager, captain, etc.	
	1
In the columns below draw one line in black ink und	ier

those occupations at which you have worked; draw two lines under those at which you are an expert.

After each underlined occupation write in years column also the number of years (i. e., 1, 5, 9) of experience you have had in that occupation.

37			1		
38		OCCUPATION	YRS.	OCCUPATION	YRS.
39					
40	1	Aerial cameraman, still	TO ATT	42 Motorcycle mechanic	
41		camera		43 Painter, general	
42	2	Aerial photographic lab-		45 Painter, sign letterer	
43	-	oratory technician		46 Parachute mechanic	
AA	3	Aerial phototopographer Airplane engine mechanic_		47 Photographer, amateur,	
-	4	Airplane fabric and dope		expert	
45	1 3	worker		48 Photographer, camera-	
46	6	workerAirplane mechanic		man. sull	
47	7	Armorer		49 Plumber, general	
48	8	Automobile electrician		50 Power man, telephone	
0007.770	9	Automobile mechanic,		51 Radiator repairman	
49		Diesel engine		52 Radio electrician 53 Radio operator, amateur	
20	10	Automobile mechanic,		54 Radio operator, commer-	
51	1	general		cial	
52	11	Barber		55 Rigger, general	
	12	Blacksmith, general		56 Rodman and chainman,	
53	14	Blacksmith, tool		survey	
54	15	Blaster and powderman		57 Sheet-metal worker	
55	16	Blueprinter		58 Shovel operator, gas en-	
56	17	Bricklayer, general		gine 59 Stenographer	
57	18	Bridge carpenter		60 Stone mason	
58	19	Butcher Cable splicer, telephone		60 Stone mason61 Storage battery electri-	
-	20	and telegraph			
59	21	Carpenter, general		62 Student, chemical engi-	
60	22	Chief clerk			
61	23	Clerk, general		63 Student, civil engineering_	
62	24	Clerk, postal or mail		64 Student, electrical engi-	
63	25	Construction foreman		neering 65 Student, mechanical engi-	
-	26	Cook		neering	
64	27	Cordage worker Draftsman, general			
65	28	Draftsman, topographical		67 Switchboard installer,	
66	30	Electrician, general		manual telephone and	
67		Engineman, gas, cil, and		telegraph	
		gasoline	1	68 Tailor	1
58	1 34	Filter operator, water		69 Telephone and telegraph	9 1
69		supply		lineman	
70	33	Horse trainer		71 Tractor driver	
71		Line surveyor, telephone		72 Truck driver	
72	1 22	and telegraph		73 Typist	
73		Linotype or monetype		74 Upholsterer	
-		operator		75 Welder, electric arc	
74	1 51	Lithographer, general		76 Welder, oxyacetylene	
75	38	Machinist, general		77 Weil driller	
76	39	Mechanic, general		78 Wire chief, telephone and telegraph	
77	40	Mess sergeant			
11	41	Meteorologist	.	II 13 AATTOMOTECT TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	1

If you are an expert in any occupation not listed above,

experience (including G. C. C.) you have had, gi period of service, rank or grade, and organization. Outline any previous military

Did you graduate?

Did you graduate?

Subjects of specialization. Years in technical school. Name course(s) pursued.

Years in college.

Grade reached in school Years in high school... Did you graduate?

(Insert language)

Describe any talent you have in furnishing public entertainment

Do you speak a foreign language well?

Any other languages?

Marrice Number of children.

List any hobbies, pertaining to any subject listed on page 36, with years of experience

and indicate by underlining in red ink in

occupation

specified for

as

same manner

Date_

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 3, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350 a, which requires a complete report of physical examination.) USE INK OR TYPE.

(Please print of	r tyne)	First		Д	iddle		Last nan	16	
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2. HOME ADDRESS:	Number	Street or rural route		and the second s	ity, town, or post off	ice	AANER	State	
R	oute 2	Name 1		Ethels			AT	la.	
3. I WAS BORN AT		, town, or post office	State	Day of 1		Month	2300	Year	Age nearest
BORN AT	Ref		8.7		77 - 4 E	2-2		7.0	birthday
4. DATE OF ENTRY			Ala.	ANIZATION	elst P	ebrual	*y		22 2
ACTIVE DUTY		Ra	nk, grade,	or rating. On	ganization, regiment				
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active duty, state	"none.")	last tour of active i None	OTY. (II)	no previous 8. A	RE YOU NOW DISA STATE DETAILS	BALED ON AC	NO	INJURY OF	C DISEASE? IF S
9. I HEREBY APPLY	FOR INSUE	RANCE ON THE FIVE-YE.	AR 10. 1	WILL PAY PREM	IUMS AS INDICATE	ED BELOW:			
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<u> </u>			\$		1 3.25	8		8	\$
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(No person n	nay carry a co	mbined amount of Nation	al Service I	Life Insurance and	U. S. Government Li	fe Insurance i	n excess of \$10	,000 at any	one time)
(If married wor	man, her own	OF BENEFICIARY a first and middle name ar ne must be stated)	ıd	Relationship	Amount for each beneficiar		1.3	ffice addres , city, town	a, or post office)
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PRINCIPAL A11	ce Co	wart		Mother-		Reu	ite-2-		
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CASE REQUEST CARD (5211) NAVMC HQ. 606 (1-68)

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(National Service Life Insurance Premiums)

630-44

TOTAL TOTAL	a Ar	77443 7	nt. 2	d AmphT	rBn.
COWART, William I	initial) (Serv	vice number) (C	rade or rank) (U	Init or organiza	tion)
(Last name) request the discontinuance of	allotment in the	amount of \$.5.	25	for the	monthly
oremium on \$ 5,000,00 after dedu	iction has been n	nade for the mor	nth of <u>Octob</u>	er,	, 19.45
I { desire } to continue my ins	urance in force	and understand	that if I do des	ire to con	inue my
nsurance I must tender premiums due within	the grace perio	d by remittance	direct to the Ve	eterans Ad	ministra-
ion, Washington, D. C., beginning					
Permanent home address(Number and st	reet or rural route)	(City, to	wn, or post office)	(Si	ate)
Dated			Signature of insured)		
Reason for discontinuance KIA 20 N	ovember, 1	943.			
This is to inform the Veterans Admir					
account of the allotment of the above-named	$\operatorname{insured} \left\{ egin{array}{l} \operatorname{was} \ \operatorname{will} \operatorname{be} \end{array} \right.$	made for the r	nonth of Oct	ober,	,
19.43, for the premium due for the month of	of	. 19			
		C OUNTIPUNEAGE	ature of disbursing offi	ner)	
		TOOL. U.S.M.C.			
				(Servic	
		(Rank and organ	F THE DIVISI	ON PAYM	ASTER,
To: VETERANS ADMINISTRATION		CECO	NO MARINE DI	VISIUN.	WIT.,
Navy—via Allotment Officer (Ori	ginal only).		U., SAN FRAN	CISCO C	ALIF.
Marine Corps—via The Paymast Coast Guard—via Headquarters	(In duplicate).				
COAST GOIND VIA 119004					
REMARKS:					9765
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IF CASE IS IN FEDERAL RECORDS CENTER, ST. LO DO NOT DESIRE CASE SIGNATURE OF AUTHORIZED REQUESTER	(FIRST)		CASE (CIRCLE ON	E) OFFIC	E CODE
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* U.S. GPO: 1969-330-414

PART 2

* Name - William Franklin Cowart
y Who _ 20 Nov 43 _ KIA Tasawa, M. J.
+ Entered the Marine Corps August 26 Sept 42 Jackson Min. (date)
+ Born 2/71622 At Reform, ale, + Height 70 1/4 Inches Romm Eyes Brown Hair Ruddy Complexion - Previous Service: Now
+ Height 70 1/4 Inches Brown Eyes Brown Hair Muldy Complexion
Terevious Service: Mrs.
Rank: Print
/ Service: (Sea and Foreign) 20 Jan 43 to 20 km 43
* Wounds Received in Action: 20 Arr 43
x Battles, Engagements, Skirmishes, Expeditions: Taxama_Millid
Wands 20 Mar 93
+ Awards: People Heart: P.V.C. relendon to the action of Painte Painte Compinger
Mudel, WWII Victory mulel.
Remarks: On active duty throughout undulimit.
v Scriol Numbers (17/44)
x Serial Number: 47/743

EMBARKED ABOARD THE S. S. PRESIDENT MONROE AT SAN DIEGO, CALIFORNIA, 19 JANUARY, 1943; SAILED 20 JANUARY, 1943.

ARPIVED AT Mourment There Calebonian, DISEMBARKED 6 7 ch. 1943.

A. SCHMULIAN, MAJOR, U.S.M.C.R., COMMANDER OF TROOPS.

Embarked aboard the S.S. President Monroe at Noumea, New Caledonia 10 February, 1943; Sailed 11 February, 1943. Arrived at Wellington, 1943 on 14 Feb., 1943 Disembarked 15 Feb., 1943

WILLIAM H. HAUDENSCHILD Jr.
1St. Lt. U.S.M.C.R.
for Commander of Troops.

HEADQUARTERS MUSTER ROLLS

Feb43 through Sep43 Wellington, N.Z.

Oct43 12, trans to 2d Amph Tractor Bh.,
2d Mar Div, FMF; 16, emb aboard USS VIRGO
at Wellington, N.Z. for special temp duty
at Wellington, N.Z. for special temp duty
with 6th Mar, 2d Mar Div. FMF.

With 6th Mar, 2d Mar Div. FMF.

Nov43. 1, sailed from Wellington, N.Z.;
6, arr at Exate, N.H.; 9, emb and 12,
6, arr at Exate, N.H.; 9, emb at Tarawa,
sailed; 19, arr and 20, disemb at Tarawa,
sailed; 19, arr and 20, Killed in Action.

WAR DEPARTMENT

OFFICE OF DEPENDENCY BENEFITS

REFER TO AG 201

AG 201 Cowart, William F. X-2933783 213 WASHINGTON STREET NEWARK, NEW JERSEY HMB/B-4A/mbl/

June 4, 1943.

Mr. L. V. Cowart, McShaw, Alabama.

Dear Sir:

Reference is made to application, which you submitted by reason of the military service of the soldier named above.

Application submitted was incomplete. It is requested that inclosed application be filled out completely. Original and official copies are to be identical, and to be returned to this office. Applicant's copy may be retained by you for personal reference.

It is requested that inclosed affidavits be filled out by two different persons, and returned with application. The names of all dependents are to be listed. More than one dependent may be included in one affidavit provided they are all listed in the same application.

It is requested birth certificates be submitted in behalf of all minor dependents.

For the DIRECTOR:

Adjutant General

Please do not address mail for this office to an individual by name. The correct address is:

5 Incls.
Affidavits
Application.

The Director,
WD, Office of Dependency Benefits,
Newark, New Jersey.



BUREAU OF THE CENSUS

WASHINGTON

Rotification of Birth Registration

This certifies that the followi Registrar of Vital Statistics at _	ing Record of Birth is registered and preserved in the office of the State Montgomery, Ala.
ame Betty Joe Cowart	Sex Female No. 97- 48416
	Place of Birth Pickens Co.
ame of Father L. V. Cowar	t
aiden Name of Mother	Mary Alice Robison
W. A. I	en en en en en en en en en en en en en e
W. L. Austin, Director of the Census.	Lonard V. Pholys Special Agent, Bureau of the Census.

O U. S. GOVERNMENT PRINTING OFFICE : 1938



OFFICE OF G. S. HINTON

COUNTY SERVICE COMMISSIONER
OF PICKENS COUNTY

TO HELP SOLDIERS AND DEPENDENTS WITH CLAIMS

CARROLLTON, ALABAMA

State of Alabama

Pickens County

I, L. V. Cowart, do hereby state on oath that my name is Cowart and not Coward and the birth certificate of Edward L. Coward is wrong and it should be Edward L. Cowart. This is just a mistake.

L.V. Canarl

Sworn to and subscribed before me this 14th day of September, 1943.

H.S. Heulon.

Notary Public

a &- 201-Chard William 7-2933783.

Reproduced at the National Archives-STL

APPLICATION FOR FAMILY ALLOWANCES
(Servicemen's Dependents Allowance Act of 1942)

-2	APPI	ICAT	ION	NUM	BER
V.					-

									Se p				101
. (a) Soldier	Cowart (Last name)	Willia	em F.		Don	tk	now	P	vt.		MG	2	
U.	S. Marin	e Corp Hr	Middle i	name)	(Army serial	number)	(Present A	riny gra	de (priv	ate, corp	oral, serg	eant, et	c.))
Sa	S. Marin	(Soldier's Army mailing	afidees) in i		hos eme	15 00	Single, marrie	ngl	9		whi		
Rt.	#/2.	300, 0023	FFOTHTO		E		(Janase, marrie	da, divor	Ced)		Rad bama		
T hereby enr	oldier's home address:	Number and street or F	R: F. D.)	-		(City, to	wn, or P. O.)	2	seo				711
me in the man	oly for the family nner stated in p	aragraphs II an	thorized by land III below.	w for the	following-	named	relatives	and/o	. ate				elat
I. (b) This S	PACE MUST AL	SO BE FILLED I	N WHEN APPI	LICATION	IS MADE B	Y A PE	RSON OT	ייי אאד	HANT	22 ran Sa	SEP 1	943	ALCO AND
(Applicant's n	name) I, Co	owart	L.			V	1		2.0	the	6244		
(Address)	Rt. # 2	(Last name)	(First r	name)	7.	Middle na	me)	(Yo				penden	t)
allowances au	Rt # 2 (Number and street of	r R. F. D.)	(City o	r town)	.LG.,	ALAI (Stai	oama	\he	reby :	apply	for the	e fam	ily
paragraph I al	thorized by law bove, to whom t	this application	ng-named re pertains.	latives a	nd/or depe	ndents	of the s	oldier	whos	se nar	ne app	oears	in
			CT	LASS A			1		ACAM YAL		attimen variables	er en en en en en en en en en en en en en	-
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	Name		1		Address	<u> </u>			1		7		
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Members of immediate family now serving in the military or naval service

(Last)	Name			Home address		Serving in-	
	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State	Serving in— (Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relationship
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I hereby swe family all support	ear or affirm owance is de	that all the for ependent, to the	egoing statements are e degree indicated, up	correct and that ever	name a	ppears in paragrap	hom I clair bh I above
				200	Co	gnature)	1
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THIS SPACE	TO BE US	SED BY ARMY	ORGANIZATIONS TO THE WAR	TRANSMITTING AT	APPI	LICATION FROM	A SOLDIE
			(-	ND.	1		, 194
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3. Proper deductions wi on June 1, 194	r notations hill begin with 12, and who fificial copy of oldier has becurt decrees children, legal rties attestin 10th and B S	tave been made the first montailed application this application on advised that of separation or agreements of g to relationsh treets by	in the soldiers serving after date of filing in June 1942, deduct	rified. Date of chlist the solder have been dinsure that sufficient in the family allowances sonal use. The family allowances application, except that you has been made beg. It is supporting papers (ales of children, write papers; and for Class pass be submitted to ain 6 months from date	rolls to t for ap inning w and filed consisti- ten ack B depe the All of filing	insure that appropriplicants who were in plicants who were it with the month of Julant the soldier's see now ledgments of pandents the affidavit lowance and Alloting application, otherwards.	iate month n the servi ne 1942. ervice recor s of marria arenthood s of two d nent Branc vise payme
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Do not write in this space APPLICATION NUMBER

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WAR DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES (Servicemen's Dependents Allowance Act of 1942)

Date Sept. 14, 19, 194 3

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III.	List pa wi	below rentis ho are the n	the broken	father ther, s endent column	r, mother ister, hal upon the	grandfat f brother, soldier fo	her, gran half sis or a subs	ndmother ter, steph tantial po	, stepfa prother, rtion of	ther, step, stepsister their supp	mother, adop	, eithe ted br (If the	r of l other re are	nusba , ado	nd o pted e in (r wife siste	e, pers r, gran B, writ	on in dchil e "N	loco dren,
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7. D.	, A. (G. O. F	orm	No. 62	5 .	40.70		10000000000											

Reproduced at the National Archives-STL Members of immediate family now serving in the military or paval services.

V. The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

		- 1/ · · ·	8	127 Balling Barrier		
Name		Home address	1499	Serving in— (Specify: Army, Navy, Marine Corps, or Coast	Relationship	Age
(Last) (First) . (Middle)	Number and street or R. F. D.	City, town, or post office	State	Marine Corps, or Coast Guard)	, J	
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		- -				
I hereby swear or affirm that all the fore family allowance is dependent, to the support ubscribed and sworn to before me this	e degree indicated, u	(Seal is required	name ar	er of Class B for wopears in paragrammature)	hom I claim ph I above	n tl
tle) H. S. Hauler (Notary, summary court, et			>			
THIS SPACE TO BE USED BY ARMY	ORGANIZATIONS TO THE WAR	TRANSMITTING ALL	N APPL	ICATION FROM	A SOLDII	ER
	150	MD.			, 194	
1. Grade of soldier as shown on the a 2. Any voluntary allotments now in to the Finance Officer, U. S. Army, of the for the deduction required for the soldie court-martial forfeitures, at least \$10 per i 3. Proper notations have been made deductions will begin with the first mont on June 1, 1942, and who filed application 4. The official copy of this application 5. The soldier has been advised that certificate, court decrees of sepayation of illegitimate children, legal agreements of interested parties attesting to relationsh Building Y, 20th and B Streets NR., We of allowance will be stopped.	a force pertaining to a necessary forms, to a necessary forms, to a necessary forms, to a necessary forms, to a necessary forms, to a necessary forms and a necessary for the	the soldier have been of the read of the family allowances sonal use. It is record and on pay application, except that tion has been made begins has been withdrawn a hip, supporting papers ficates of children, write papers; and for Class must be submitted to	discontinuonthly and still rolls to it for appinning wand filed consisting the above the All	naure that approp plicants who were that the month of Journal of the control of t	by submissi- dier to provi- ive of possil- criate month in the serv- une 1942. service recor- es of marria parenthood its of two dieservices.	on ide ble ble ble ch.
	-			Perso	onnel Officer	
THIS SPACE TO BE USED BY THE WAR	IDENT OR RELAT	IVE TO THE SOLDI.	er's o	RGANIZATION		
Allowance and Allotment Branch, WAR To:						
1. Family allowances under the Separagraphs II and III on the reverse side 2. Monthly deductions of (\$22), (\$2 194 3. The "official copy" of the applications.	ervicemen's Depende e of this form. 7), (\$) must be	nts Act of 1942 has been made on the pay roll s	een auth	norized for the per	sons shown	in
By order of the Secretary of W	AR:	Ann a fi	* *1 * 1 * 1 * 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				Adju	tant Genera	Z.

Under Servicemen's Dependents Allowance Act of 1942 (Public Law 625, 77th Congress)

STATE OF Alabama) SS
COUNTY OF Pickens
I, W.W. Beesley being duly sworn, depose and say
1. I am 60 years of age, reside at Carrollton in the State of
Alabama and am not related by blood or marriage
to either the dependent or soldier hereinafter referred to and have
no financial interest in the application made for family allowance
for said dependent. Mary Alice Cowart KXXXXXXXXX
2. I have for past 10 years personally known (Name of Dependent)
of Rt.2.Ethelville State of Alabama and William F. Cowart (Name of Soldier)
that my acquaintance with both of them resulted from
Knowing them for a number of vears
(State basis of acquaintanceship, whether you are neighbor, co-worker, employer, church or lodge co-member and other pertinent facts.)
That Mary Alice Cowart is the Mother (Relationship)
of William F. Cowert and is approximately 38 years of age none, housewife
and for past year has been employed as at Rt.2. Ethelville
State of Alabama by The No one and received
from such employment approximately none dollars per month.
(If dependent has not been gainfully employed during last year inser
reason therefor, such as physical and mental defects, etc.)
For past year dependent resided in the household of husband, renter of farm

X-2933783

4. That during rash year the said soldion has active Reproduced at the National Archives
approximately \$15.00 farm. 3bor the support of said c endent, which
sum constituted approximately 60 per cent of dependent's total
support. Dependent received remainder of income from following
sources: from husband, L.V. Cowart and from soldier herein
named. Dependent has 7 children at home, allowance of \$57.00 rec-
ommended as stated in the application.
(Affiant Signs Here)
Subscribed and sworn to before me this 20th day of Sept , 1943. Notary Public, Pickens County, State of My commission expires Sept 3, 1947.
PUBLIC LAW 62577th CONGRESS, provides in part:

"Sec. 116. Whoever shall obtain or receive any money, check, or family allowance under this title without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both."

"Sec. 117. Whoever in any claim for family allowance or in any document required by this title or by regulation made under this title makes any statement of a material fact knowing it to be false, shall be guilty of prejury and shall be panished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or both."

Affidavit of Dependency

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Under Servicemen's Dependents Al wance Act of 1942 (Public Law 625, 77th Congress)

STATE OF Alabama) ss
COUNTY OF Pickens
I, W.W.Beasley being duly sworn, depose and say:
1. I am -60 years of age, reside at Carrollton in the State of
Alabama and am not related by blood or marriage
to either the dependent or soldier hereinafter referred to and have no financial interest in the application made for family allowance
for said dependent.
2. I have for past -HO years personally known L.V.Cowart (Name of Dependent) Rt.2.Ethelville, Labama of and William F.Cowart of (Name of Soldier)
that my acquaintance with both of them resulted from
(State basis of acquaintanceship, whether you are neighbor, co-worker, employer, church or lodge co-member and other pertinent facts.)
3. That L.V.Cowart is the Father (Relationship) 45
ofWilliam F.Cowart and is approximately years (Soldier) (Soldier) renter, farmer Rt.2.Ethelvill
and received and received
from such employment approximately dollars per month.
(If dependent has not been gainfully employed during last year inser- reason therefor, such as physical and mental defects, etc.)
For past year dependent resided in the household of rented farm

support. Dependent received remainder of income from following sources: from own work as renter of farm, pays I/4 rent. Has 7 minor children at home to support. Allowance of \$57.00 per month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20 thay of Sept 194 3. (Affix Seal here)	Danied used at the National Archives, STI
Support. Dependent received remainder of income from following sources: from own work as renter of farm, pays I/4 rent. Has 7 minor children at home to support. Allowance of \$57.00 per month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20-thay of Sept , 194 3. (Affix Seal here) [JAHJ] Notary Public, Pickens County, State of Alabama	do That during road your the said bown or the neglect of the said and
Subscribed and sworn to before me this 20-thay of Sept 194 3. (Affix Seal here) Dependent received remainder of income from following sources: from own work as renter of farm, pays I/4 rent. Has 7 minor children at home to support. Allowance of \$57.00 per month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20-thay of Sept 194 3. (Affix Seal here)	approximately \$15.00 ps month farm labor before entring service dollers to the support of said dependent, which
Has 7 minor children at home to support. Allowance of \$57.00 per month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20 thay of Sept , 194 3. (Affix Seal here) []Allowance of \$57.00 per month recommended as made out in the application.	sum constituted approximately60 per cent of dependent's total
Has 7 minor children at home to support. Allowance of \$57.00 per month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20 thay of Sept 194 3. (Affix Seal here) [Mail Notary Public, Pickens County, Brace of Alabama	support. Dependent received remainder of income from following
month recommended as made out in the application. (Affiant Signs Here) Subscribed and sworn to before me this 20 thay of Sept , 194 3. (Affix Seal here) (Affix Seal here) (Affix Seal here)	sources: from own work as renter of farm, pays I/4 rent.
(Affiant Signs Here) Subscribed and sworn to before me this 20 thay of Sept 194 3 (Affix Seal here) (Affix Seal here)	Has 7 minor children at home to support. Allowance of \$57.00 per
Subscribed and sworn to before me this 20 thay of Sept 194 3 (Affix Seal here) (Affix Seal here) (Affix Seal here)	month recommended as made out in the application.
Subscribed and sworn to before me this 20 thay of Sept 194 3 (Affix Seal here) (Affix Seal here) (Affix Seal here)	
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(Affix Seal here) (Affix Seal here) (Affix Seal here)	Subscribed and sworn to before me this 20 thay of Sept 194 3
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commission expires 9/3/47	(Affix Seal here) []A[]] Stare of Alabama
	commission expires 9/3/47

PUBLIC LAW 625 -- 77th CONGRESS, provides in part:

"Sec. 116. Whoever shall obtain or receive any money, check, or family allowance under this title without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both."

"Sec. 117. Whoever in any claim for family allowance or in any document required by this title or by regulation made under this title makes any statement of a material fact knowing it to be false, shall be guilty of prejury and shall be punished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or both,"

Under Servicemen's Dependents Allowance Act of 1942 (Public Law 625, 77th Congress)

STATE OF
COUNTY OF Tickens
I, W. S. McGee being duly sworn, depose and say:
1. I am 51 years or age, reside at Carrol son consultation
Alabama and am not related by blood or marriage
to either the dependent or soldier hereinafter referred to and have
no financial interest in the application made for family allowance
for said dependent,
2. I have for past 3 years personally known Betty Joe Cowart
of Rt #-2, Ethelville State of Alabama and William F. Cowart
(Name of Soldier)
that my acquaintance with both of them resulted from
Knowing the family for some time.
(State basis of acquaintanceship, whether you are neighbor, co-worker, employer, church or lodge co-member and other pertinent facts.)
3. That Betty Joe Cowart is the Sister (Relationship)
of William F Cowart and is approximately 6 years of age (Soldier)
and for past year has been employed as goes to schoolat
State of and received
from such employment approximately dollars per month.
(If dependent has not been gainfully employed during last year insert
reason therefor, such as physical and mental defects, etc.)
For past year dependent resided in the household of
Father, rented family

X-2933783

Subscribed and sworn to before me this 20th day of Sept. , 1943



A STATE OF THE PROPERTY OF THE

Notary Public, Pickens County, State of Alabama

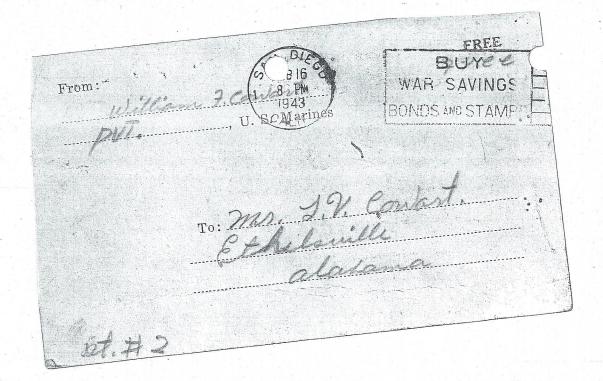
My commission expires 9/3/47

PUBLIC LAW 6252-77th CONGRESS, provides in part:

"Sec. 116. Whoever shall obtain or receive any money, check, or family allowance under this title without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both."

"Sec. 117. Whoever in any claim for family allowance or in

MMA



Dear A A A A A A A A A A A A A A A A A A A
I have been transferred overseas and have safely reached my
destination.
Allease address all mail for me exactly as follows:
1 0 0 3 William 7 Cowarts, U.S.M.C.
U.S. Marine Corps Unit No. 1265
The Postmaster, San Zhancie
La Calle
2016am (Signature)
(This card was prepared prior to departure, held and mailed in the United States upon receipt of information of writer's arrival.)
11ND—10-6-42—28M.
When Keep this Card far me.





HEADQUARTERS U. S. MARINE CORPS WASHINGTON

50 September, 1945.

From:

The Commandant, U. S. Marine Corps.

To:

The Commanding Officer, Battery "D", Second Special Manpons Battalion, Second Harine Division, Fleet

Marine Force.

Subject:

Family allowance, case of Private William Franklin Cownet, U. S. Marine Corps Reserve.

References: (a) Ltr of Inst #165, 1110-BE-84-rs, dated 7/18/42.

(b) Ltr of Inst #201, 1110-BE-84-bf, dated 9/11/42.

1. A request for financial assistance has been received from Mr. Court, father of Private Court.

. The attention of the subject named man is directed to the above references.

2. If **Private Count** makes application for family allowance, please return application by return endorsement hereon.

JOSEPHUS DARIELS, JR., By direction - - - - -

NAVY DEPARTMENT

Mai	I to:	APPLICATION	FOR FAMILY	ALLOWANCES	+ NUFF
	☐ COMMANDANT, U	L PERSONNEL (ENL . S. COAST GUARD (I LARINE CORPS (ENLI	ENLISTED MEN, COA	ST GUARD)	92472
I.	I, COWART (Last name)		Frankli		Prot
		2dSplWpnsBn_2dMa		471443	(Rate or rank)
do l	, , , , , , , , , , , , , , , , , , , ,	5		(Service or serial	
nam that depe	ted under Class B are a monthly deduction endents or \$27 for Cla	e each dependent up will be made from ss A and B dependen	ents who are related on me for a substated my pay in the amots). CLASS A ed child, stepchild, step	to me in the manne antial portion of thei unt as required by la	lowance Act of 1942, for r stated below and those r support. I understand w (\$22 for Class A or B mate child), former wife A, write "None."
1	COWART Lesl	ey Alison B (First name)	iggs	Wife	
				(Relationship)	(Date of birth if minor)
	Burges 1Rd., Johns (Number and street or	r R. F. D.)	(City or post of	New Zealand.	(State)
۵	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
2	(Number and street or	R. F. D.)	(City or post o	ffice)	(State)
)	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
1	(Number and street or	R. F. D.)	(City or post o	ffice)	(State)
x	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
Stat	(Number and street or te name and address of th		(City or post of check is to be sent for	ffice) each minor or incompet	(State) ent dependent named above)
	(Name)	(Num	ber and street or R. F. D.)	(City or post office)	(State)
	(Name)	(Num	ber and street or R. F. D.)	(City or post office)	(State)
	(Name)	(Num	ber and street or R. F. D.)	(City or post office)	(State)
Date	and place of marriag	ge to present wife	7Sep43 et Johnso	nville, Wellingt	on, N. Z.
	and place of marriag				
Amo	ount of monthly alime	ony or support payn	nent decreed by con	art order or legal aga	reement for former wife
	divorced, or wife and				
Date	alimony or support 1	payment ceases	·		
	e and location of cour				
Vam	e and designate any	child included above	who is legally adop	ted or has been ackn	owledged as illegitimate
1111		9/1/2011		14 14 2 1	

Consists of only the following relatives to whom you contribute a substantial portion of their support (father, mother, natural or adoption; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren).

Give following information as to each Class B dependent claimed:

			·	11 10 1
(Full name)	(Relationship)		(Date of bi	rth if minor)
(Number and street or R. F. D.)	(City or post offic	e)	, "(;	State)
Estimated monthly income this dependent, \$				\$
Estimated notions stocks and any				
(Full name)	(Relationship)		(Date of bi	rth if minor)
(Number and street or R. F. D.)			(
Estimated monthly income this dependent, \$	My tota	$l\ contributi$	ion last year,	\$
(Full name)	(Relationship)5 : 2 i 1 :	(Date of b	irth if minor)
(Number and street or R. F. D.)	(City or post office	ce) ,		(State)
Estimated monthly income this dependent, \$	My tota	l contribut	ion last year,	\$
(Full name)	(Relationship)	(Date of b	irth if minor)
			~ ***	
	(City or post offi			(State)
Estimated monthly income this dependent, \$	My tota	l contribut	ion last year,	\$
(Full name)	(Relationshir	o)	(Date of k	oirth if minor)
(Full name)	(Relationship	9)	(Date of k	pirth if minor)
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(Number and street or R. F. D.)	(Relationship	ice)		(State)
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I do solemnly swear (or affirm) that the facts stated	-
disclosed in the foregoing beneficiary clip and	an
disclosed in the foregoing beneficiary slip are true the best of my knowledge and belief, and were true	e
7. September 1943, and have not cha	. (
since that date. , 1943 , and have not cha	ng
since that date. MILITAM FRANKLAMITSOWART WILLIAM FRANKLAMITSOWART	-
WILLIAM FRANKITH COULDER CONC	2/
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Subscribed and sworn to before me this 3rd	
day of October 1043	
[SEAL] a. R. Hills	
A. R. HILLS, Captain, USM	CD
Officer in Charge, Person	CAE !
A 224 LIL VIOLEE, FETSON	ne
Office, 2dSplWpnsBn. 2dMarD	TV
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It must affirmatively appear hereon that the officer before whom above oath was made had authority to administer oaths.	41.
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was made had authority to administer oaths.	=
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INSTRUCTIONS This form must be sworn to before an officer of the United States Nor Marine Corps, authorized to administer oaths, or before a notary pure The full names and addresses of the beneficiaries should be careful to that of her husband, thus: "Mrs. Anna May Smith", not "Mrs.	Vav blid full ver
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MARINA

OFFICE OF G. S. HINTON

COUNTY SERVICE COMMISSIONER
OF PICKENS COUNTY

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TO HELP SOLDIERS AND DEPENDENTS WITH CLAIMS

CARROLLTON, ALABAMA

October I5th, 1943.

Navy Department,

Headquarters U.S. Marine Corps,

Washington, D.C.

Gentlemen: -

In Re: William F. Cowart in Marines, claim originally made with War Department and transfered to you with Claim No.

from War Department X-2933783.

Mr. L.V.Cowart father of the Marine has received notice from you that claim is being referred to his son for attention.

He wants to thank you but asked me to write you that in view of the fact that he owes Doctor bills and the birth of child expected soon, that you do all you can to speed up this matter, or turn the matter over to emergency relief pending the allowance.

Thanking you for your attention to this claim,

Respectfully,

G.S. Hinton.

Address: L.V. Cowart, Rt. 2. Ethelville, Alabama.

40 4

IN REPLYING ADDRESS
THE COMMANDANT, U. S. MARINE CORPS
AND REFER TO NO.

471443 DGV-296-aw



HEADQUARTERS U. S. MARINE CORPS WASHINGTON

20 October, 1943.

My dear Mrs. Cowart:

An application for family allowance executed in your favor has been received from your husband, Private William Franklin you furnish a certified copy of your marriage certificate before consideration may be given claim No. 92472. This copy which must be prepared and certified by the officer who has charge of the records in the office where the marriage was recorded is to be retained by this office.

Sincerely yours,

JOSEPHUS DANIELS, JR., Captain, U. S. Marine Corps.

Mrs. Lesley Alison Cowart, Burges Road, Johnsonville, Wellington, New Zealand.



NAVY DEPARTMENT

Reproduced at the National Archives- STL

PART

APPLICATION FOR FAMILY ALLOWANCES

Marl	to:				2
	☐ BUREAU OF NAVA☐ COMMANDANT, U	L PERSONNEL (J. S. COAST GUA	Enlisted Men, Navy) rd (Enlisted Men, Coa	Date 6-0	-29th, 1943
	Commandant, N	TARINE CORPS (Enlisted Men, Marine	CORPS)	3 11/10
I.	I, Coward,	<u>A</u>	ester /	Tormer -	47/443
	Ellew	ille 86	(First name)	(Middle name)	(Rate or rank)
		ganization)		(Service or serial	number)
name that deper	ed under Class B ar	e each dependent will be made f	endents who are related it upon me for a substa rom my pay in the amo	to me in the manne	owance Act of 1942, for r stated below and those r support. I understand w (\$22 for Class A or B
II. List:	Wife, children (inc divorced (to whom a	cluding legally a	CLASS A dopted child, stepchild, stepchild, syable). If you have no	cknowledged illegiting	mate child), former wife
1		M O	NE	dependents in Class	A, write "None."
	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
2	(Number and street o	r R. F. D.)	(City or post o	ffice)	(State)
	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
2	(Number and street o	r R. F. D.)	(City or post o	ffice)	(State)
·	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
	(Number and street or	· R. F. D.)	(City or post of	fice)	(State)
1	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
(State	(Number and street or name and address of th	R. F. D.) e adult person to w	(City or post of hom check is to be sent for	^{fice)} each minor or incompete	(State) nt dependent named above)
	(Name)		(Number and street or R. F. D.)	(City or post office)	(State)
	(Name)		(Number and street or R. F. D.)	(City or post office)	(State)
Date :	(Name) and place of marriag		(Number and street or R. F. D.)	(City or post office)	(State)
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					eement for former wife
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		child included ab	ove who is legally adopt	ed or has been ackno	wledged as illegitimate
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CERTIFICATE OF DEATH

and the same and t	Medical Department, for instructions) Or 2: Mandi and Company of Manifest Company of
Born Place	Date Transfer C. S. Mange
Nationality (White—U. S., Colored, Samoan, etc.) Eyes Hair Complexion Marks, scars, etc. (noted in health record)	0n 1161g110
	State which finger
8. Died: PlacePrincipal	nen first admitted to siek list) Date Hour 55 Key Letter
7. Original admission: Place (Ship or station to which attached w. Ship or station to	nen first admitted to sick list) Date Hour 545 Key Letter

OFFICE OF G. S. HINTON

OF PICKENS COUNTY



TO HELP SOLDIERS AND DEPENDENTS WITH CLAIMS

CARROLLTON, ALABAMA

November 22nd, 1943.

Commandant Marine Corps, Washington, D.C.

Gentlemen:-

In Re:- Pvt.William F.Cowart. D Battery, 2nd Spl, WEA FMF. Care Fleet Post Office, San Francisco, California.

Dependent: L.V. Cowart, father, Ethelville, Rt. 2. Alabama

Please write to Mr. Cowart inreferency to this case.

His family has been sick and he is greatly in need of funds.

He will appreciate you doing anything you can to hasten this matter. Letter written at his request.

Respectfully, H.S. Hulan. G.S. Hinton.

Burgess Rd.,
Johnsanwelle,
Elellington,
West Gealand.
Man. 28-2. 1943.

The Commandant,

26. S. Marine Poupe,

Washington.

Bear Six,

Please find attached herewith

a certified copy of my makings

certificate, heing claim no. 92472.

This copy has been prepared

and certified as requested by you.

Sumain,

James faithfully,

Lesly Q. Cowart.

0 RHO WIER

This		TAX TAX TAX TAX TAX TAX TAX TAX TAX TAX		100	J	Reproc	luced at t	he Natior	nal Archives	s- STL
This Marriage was solemnized between us, William 1	MARRIED, after the c	AND THE TAXABLE AND A STATE OF THE THE THE THE THE THE THE THE THE THE	S.John's Church, Johnsonville.	1943.	2 3 +	When and where married.	8/1/43-9408]			
uzed between us, William Franklin Cowart	Married, after the delivery to me of the Certificate required by the Marriage Act, 190	echopien elococomposament com deveno, vaceda y con o society miscrescio secto, a presendant con constante describados	Lesley Alison Biggs	Cowart Franklin		Names and Surnames of the Parties.	4 3.			
rewo	e requi	THE RESERVE THE PROPERTY OF TH	17	<u> </u>	ב ס	Ages.	age ir			`
In	red by the Marr	N-V-KRI ING GREGORIE CONTRACTORIZACIONI GOVERNO GOVERN	1 1 1 1 1	States	TT	Rank or Profession.	Marriage in the District of	TI	(,	
In the presence of us,	iage Act, 1908	2.	1. Spinster	2	1. Bachelor	Condition of Parties: 1. Bachelor or Spinister (or as case may be), If Widower or Widow, 2. Date of Decease of former Wife or Husband.	THE THE THE THE THE THE THE THE THE THE		NEW ZEAL	
s, ggs, Pensioner	, byB		Nelson	Alabama, United States of America.	Reform	Birthplace.	WELLINGTON,	OH NA	ZEALAND	
, Burgess Rd.,	B.R.White	2.Johnsonville 2.		Alabama, United States 2.of America,	1.Titahi Bay Ethelsville.	Residence. 1. Present. 2. Usual.	AND THE PROPERTY OF THE PROPER	MARRIAGE		
Johnsonville	Officiating	2. Farmer		63	1. Lester Veane	Father's Name and Surnam and his Rank or Professio				

I hereby certify that the above is a true copy of an entry of Marriage in the records of my office.

Lesley

Alison Biggs

I.J. Aitken,

Married

(The fee for this certificate is 2/6.)

CAUTION.—Any person who (1) falsifies any of the particulars on this certificate, or (2) uses it as true, knowing it to be false, is liable to prosecution under the Crime (Act, 1908. Given under my hand at We

Or Acting 26th _day of_

ph., Wellington.

NEW ZEALAND

REGISTER OF MARRIAGE.

TL			TEN LEALAND.				
Chives-S	0		NO E	OF WARR	ZZ A GE		0 24258
al A	4 6	the District of		WELLINGTON.			
THE SALES OF THE S	and a second	Seminocomposition of the second seminocomposition of the seminocomposit	8			$ ho_{ m ARBNTS}$	S.
mames of the Parties.	Ages.	Rank or Profession.	1. Bachelor or Spirister (or as case may be). If Widower or Widow, 2. Date of Decease of former Wife or Husband.	Birthplace.	I. Present. 2. Usual.	Father's Name and Surname (1), and his Rank or Profession (2).	Mother's Name (1), and Maiden Surname(2).
approduced Franklin	100	United	1. Bachelor	Reform,	LTitahi Bay Ethelsville, Alabama,	1. Lester Veaner Cowart	1. Mary Alice Cowart
R.		States	2	United States of America.	United States 2.of America.		2. Robinson
			1. Spinster	er en en en en en en en en en en en en en	1.Johnsonville 1. Mostyn Biggs	1. Mostyn Leslie Biggs	1. Muriel Emma Biggs
ey Alison Biggs	17	distribution of the same terms (the		Nelson			
		man A CROOKAN CONTRACTOR IN THE CONTRACTOR AND CONTRACTOR IN CONTRACTOR	2. = 00 - 00 - 00 10 100		2.Johnsonville 2	2. Farmer	2. Pahl
to me of the Certificate required by the Marriage Act, 190	requi	red by the Marri	age Act, 190	, by	B. R. White	Officiating Mix	Officiating Minister [orxRegistrax]
stween us, lliam Franklin C	Cowart	t In	In the presence of us,	liggs, Pensioner	, Burgess Rd.,	Johnsonville.	
sley Alison Bigg	Ø		I.J.	itken, Married,	76 Nairn 64.	Wellington	MANTEN AND MANTEN TO LEGGE AND AND AND AND AND AND AND AND AND AND
a true copy of an entry of Marriage in the records of my office.	arriage	in the records of my	office.	Given under my hand at Well	gton his	26th day of No.	November , 194 3.
CAUTION.—Any pers	on who	(1) falsifies any of the I lse, is liable to prosecut	articulars on this cetii ion under the Crime <i>L</i>	CAUTION.—Any person who (1) falsifies any of the particulars on this certificate, or (2) uses it as true, knowing it to be false, is liable to prosecution under the Crime Act, 1908.		Acting DeputyRegistrar-General	ty Registrar-General.

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OFFICE OF G. S. HINTON

COUNTY SERVICE COMMISSIONER
OF PICKENS COUNTY

TO HELP SOLDIERS AND DEPENDENTS WITH CLAIMS

CARROLLTON, ALABAMA

MAYY DEPARTMENT RECEIVED

December 2nd, 1943.

1943 DEC 4 PM 9 35

Chief of Naval Personnel, Navy Department, Washington, D.C.

Gentlemen:-

In Re:- Pvt.William F.Cowart, D Battery, 2nd Spl, WEA Bn, Care of Fleet Postoffice, San Francisco, California.

I have been requested by Mr.L.V.Cowart Route 2, Ethelville, Alabama to state to youthat it is probably impractible for his son to make a family allowance and
he hereby requests the payment of such allowance.

For your information I might state that you are in
contact with the sailor now and have given Mr.Cowart
this information.

This party is receiving Red Cross Assistance, has had a great deal of sickness in the family, and I will appreciate it if you can get this allowance fixed up for Mr. Cowart.

Respectfully G.S. Hinton.

Control of the Contro



OFFICE OF G. S. HINTON

OF PICKENS COUNTY

TO HELP SOLDIERS AND DEPENDENTS WITH CLAIMS

CARROLLTON, ALABAMA

State of Alabama, County of Pickens. Add ress: Care of Fleet Post Office, San Francisco, Calif.

I, Lester Vonner Cowart want to make the following statement:-

My son William F.Cowart is in the U.S.Marines, and my financial condition is very bad.

I have tried in every way to get an allowance through, and it looks like it cannot be done.

I have tried for months to do so, and I now appeal for some kind of help to the U.S.Government.

I have borrowed money to take care of op-erations for my family and I owe around \$187.00 I borrowed for operations for my family.

My wife is confined and I have 7 children at

home.

I would appreciate the Government contacting me and see if they can do something for my family.

I previously made application through War Department under No. X-2933783.2 birth certificates sent them.

The Navy writes me they have contacted my boy to try to get allowance through, but as he is an oversea soldier I doubt if contact can be made.

I therefore make the above appeal. My family in addition to above needs clothes. I will need doctor for her pregnancy.

Sworn to and subscribed before me this the 29th day of Oct, 1943.

noting Public

IN REPLYING REFER TO NO.



471443 DGV-296-jhs

HEADQUARTERS U. S. MARINE CORPS

WASHINGTON

16 December, 1943.

From:

The Commandant, U. S. Marine Corps.

To:

The Commanding Officer,

Company "C", Second Amphibian Tractor

Battalion, Second Marine Division, Fleet Marine Force.

Subject:

Family allowance, case of

Private William Franklin Cowart, U. S.

Marine Corps Reserve.

References: (a) Ltr of Inst #165, 1110-BE-84-rs, dated 7/18/42.

(b) Ltr of Inst #201, 1110-BE-84-bf, dated 9/11/42.

1. A request for financial assistance has been received from

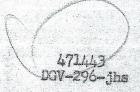
Mrs. Cowart, mother of Private Cowart.

The attention

of the subject named man is directed to the above references.

2. If makes application for a mile tallowance, please return application by return endorsement hereon.

BOSEFFECTIONIELS,-JE., - - -



16 December, 1943.

My dear Mrs. Cowart:

This office is in receipt of several communications from Mr. G. S. Hinton written in your behalf requesting financial assistance from the pay of your son, Private William Franklin Cowart, U. S. Marine Corps Reserve.

To date, no application for family allowance filed in your behalf has been received from your son. An inspection of the available pay rolls of the organization to which he is attached fails to disclose a checkage of his pay account for family allowance. It is necessary that the claim for family allowance for a dependent parent be made by the person in service and your request is again being referred to your son through his commanding officer in order that he may know of your need and claim an allowance in your behalf.

You are assured that prompt attention will be given your case if an application filed in your behalf is received in this Headquarters. It is suggested that you write directly to your son regarding this matter.

Sincerely yours,

JOSEPHUS DANIELS, JR., Captain, U. S. Marine Corps.

Mrs. Mary Alice Comart, Route #2, Ethelville, Alabams. Enterite wheel

UNITED STATES MARINE CORPS

PAYMASTER'S DEPARTMENT

OFFICE OF THE DIVISION PAYMASTER. SECOND MARINE DIVISION, FMF.,

From: The Division Payor's FRO. SAN FRANCISCO. CALIF. DEC 31 1943

To: The Paymaster.

SUBJECT: Request to discontinue allotment.

It is requested that payment on the following-described allotment be discontinued for the reason assigned below, viz:

Grantor's name

COWART, William Franklin (471443)

Rank

Pyte U.S.M.O.R.

To whom payable

Monthly sum allotted

The Treasurer of the United States, Veterans Administration, Washington, D. C. THREE DOLLARS THENTY PIVE CENTS (\$3.05)

Movember, 1942.

Date of first payment

Total number of months for which registered

Last month charged

October, 1943.

Originally registered by J. H. RATH

Inderdotes, U.S. M. C RECEIVED

KIA 20 November, 1943 PAYMACTER'S DEPT.

Cause for stoppage

Last settled on pay roll of and Amphiria. 2nd Marbir, Fur. to include 30 lovember. 1945.

CIGIFEL AFTER BUY ME A MIN THEM THEM THESE WORLD CALDECTED CON PARTY OF

VIA AIR MAIL

I. I. SHATGHIES HY

VA 365 attached.

INSTRUCTIONS: To be prepared and forwarded to the Paymaster, Headquarters, Marine Corps, in triplicate.

ACCOLADE INFORMATION SHEET

IN GRATEFUL MEMORY OF

FILL OUT ACCOLADE AS FOLLOWS:

WILLIAM I RANKLIN COWARY
UNITED STATES MARINE CORPS
WHO DIED IN THE SERVICE OF HIS COUNTRY AT
TARAWA ATOLL, GLLBERT ISLANDS, 20 NOVEMBERI
SEND TO FOLLOWING ADDRESSEE(s);
1. MRS. WILLIAM E. COWART
Rua Street
WELLINGTON, NEW ZEALAND
2. MRS. MARY A. COWART
ROUTE #3
MILLEPORT - ALABAMA
3
JAN 1 1944
Accolada cent

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P.O. BOX POSS"

AMERICAN RED CROSS

WELLINGTON AREA OFFICE 423, D.I.C. BUILDING, WELLINGTON, N.Z.

January 18th 1944.

IAY 10 1844

Military & Naval Welfare Service American Red Cross, National Headquarters, WASHINGTON: D.C.

Re COWART, Wm.F. Pvt. (Deceas USMC. Serial No.471443. Formerly a member of: Ed.C., 2nd Amph.Trac.Bn. 2nd Marine Division.

Dear Sirs,

At the request of the Naval Attache, we have delivered to Leslie Alison (Biggs) Cowart, wife of the above-mentioned serviceman, residing at Burgess Road, Johnsonville, Wellington, New Zealand, the information concerning his death in combat.

Mrs. Cowart and her mother, Mrs. M.L. Biggs, recently called at this office requesting our co-operation in that we notify Mr. and Mrs. L.V. Cowart, parents, Route 2, Ethelsville, Alabama, of the death of their son.

Mrs. Cowart is anxious that the personal effects of the marine be returned to his mother with the exception of a blue and silver butterfly ring formerly belonging to her, and also the wedding band ring.

Mrs. Cowart indicates that a certified copy of her marriage certificate was sent to United States Marine Corps Headquarters for finalising a Class A allowance under Claim 92472 but that no checks for sam have been received. She is expecting confinement in June 1944. We will thank you to send through us for her any necessary forms for the finalisation of the payment of the gratity and the National Service Life Insurance claim. She water stands that the marine had placed \$5,000 payable in her hame.

Thanking you for these courtesies, we remain

these courtesies? We remain

Cordially yours,

WILLIAM F. ANGELL, Acting Field Director.

WFA.med

Look gratuity Appl mailed 29 Jan

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