

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE
 NAVPERS-553 (Rev. 7-44)

15198513

1. NAME (LAST) O'KEEFE (FIRST) James (MIDDLE) William			2. RATE AND CLASS Pharmacists Mate 3c		3. NAVY SERVICE NO. 225 42 30	
4. PERMANENT ADDRESS FOR MAILING PURPOSES 64 Purchase St., Ayn, N.Y. (per 2877)					5. RACE W	6. SEX M
8. ADDRESS FROM WHICH DISCHARGE WILL SEEK WORK (IF DIFFERENT FROM ITEM 4) Same					7. DATE OF BIRTH 10 3 25	
					9. U. S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

RECORD OF NAVAL SERVICE

10. REGISTERED SERVICE DATA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Same		12. LOCAL BOARD NO., COUNTY AND STATE - - -			
13. PLACE OF ENTRY INTO ACTIVE SERVICE NYS, New York, N.Y.			MO. 5 DAY 19 YR. 43	14. PLACE OF SEPARATION FROM ACTIVE SERVICE USNH, Corona, Calif.		MO. 8 DAY 15 YR. 45
15. CHARACTER OF DISCHARGE Honorable			16. LENGTH OF FOREIGN AND/OR SEA SERVICE WORLD WAR II -		YEARS 8	DAYS -
17. LAST RATING HELD Pharmacists Mate third class			MONTHS 14	18. NEXT TO THE LAST RATING HELD Hospital Apprentice first class		MONTHS 3
19. SERVICE SCHOOLS ATTENDED			COURSES	WKS.	20. OFF-DUTY EDUCATIONAL COURSES	
Hospital corps school				6	U.S. History	
Field Medical school				8		

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

21. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (GIVE FIRM NAME AND ADDRESS) None			DATE LEFT		
22. USUAL CIVILIAN OCCUPATION Student.			23. JOB FIELD PREFERENCE General office work.		
24. JOB AID DESIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			25. LOCALITY PREFERENCE (GIVE GENERAL AREA) New York.		
26. NON-SERVICE EDUCATION	ENTER NUMBER OF YEARS COMPLETED		27. MAJOR COURSE OR FIELD		
	GRAMMAR SCHOOL 8	HIGH SCHOOL 3	COLLEGE None		
28. VOCATIONAL OR TRADE COURSES (INDICATE NATURE AND LENGTH OF COURSES) None					

29. REMARKS Authorized to wear the Asiatic-Pacific Area Theater Campaign Rib on with one star.		30.
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I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the Navy Department and that a copy of this form has been delivered to him in person.

31. *G.A. Baxter*
 (SIGNATURE OF DISCHARGING OFFICER)

G.A. BAXTER, Lt. (JG) USN
 (TYPE IN NAME AND RANK OF DISCHARGING OFFICER)

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON, D. C.

22. KIND OF INSURANCE			33. HOW PAID		34. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	35. MONTH NEXT PREMIUM DUE (ONE MONTH AFTER 34)	36. AMOUNT OF PREMIUM DUE EACH MONTH	37. INTENTION OF VETERAN TO		
NAT. SERV. LIFE INS.	U.S. GOVT. LIFE INS.	NONE	ALLOTMENT	DIRECT TO VET. ADM.				(A) CONTINUE INS.	(B) CONTINUE ONLY	(C) DISCONTINUE INS.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		August	September	\$6.40	<input checked="" type="checkbox"/>		

38. *James William O'Keefe*
 (SIGNATURE OF DISCHARGED PERSON) 1985 (DATE)

TO: VETERANS' ADMINISTRATION

Dan

