

Honorable Discharge

This is to certify that

CHARLES F GREATHOUSE JR, 35 748 220, CORPORAL,

HEADQUARTERS SECTION PRISONER OF WAR CAMP, 1580TH SERVICE COMMAND UNIT,

Army of the United States

is hereby Honoralty Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at

SEPARATION CENTER, FORT GEORGE G. MEADE, MARYLAND.

Dute

16 MARCH 1946.

HAY F. HENDERSON, OLTHE

19620EC-5 MI 1:39

VOMILIED TO RECORD

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SEE	RIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
Greathouse Charles F Jr	35 71	18 220	CPL	DEML	AUS
8. ORGANIZATION	7. DATE OF	SEPARATION			n Center
Hq Sec PW Camp 1580th SCU	16	Mar 46	Ft Ge	partice of Meade	Md
9. PERMANENT ADDRESS FOR MAILING PURPOSES		10. DATE OF BI		11. PLACE OF BIRTH	
%PM Belpre (Washington) Ohio		30 Au	ıg 20	Walton W	V a
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT					
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X	X		Hand Ge	eneral 3-1	
		SERVICE 25. PL	ACE OF ENTRY IN	TO SERVICE	777
SELECTIVE 26, REGISTERED 27, LOCAL S.S. BOARD NO. 28, COUNTY AND STATE		29. HC	ME ADDRESS AT T	INE OF ENTRY INTO SERVI	CE
SERVICE YES NO 1 ROane	VI Vi	7.0	na W	Va	
SERVICE YES NO 1 ROSNO 30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITAR	Y QUALIFICATION AND	D DATE (i.e., infa	ntry, aviation and mar	ksmanship badges, etc.)
Military Policeman 677	1	Rifle			
32. BATTLES AND CAMPAIGNS					
None					
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Meritorious Unit Award Worl	al II on	merican	Theate	rkibbon	
can Middle Eastern Theater Ribbe	on on	TT ATCC	OT. 2 LITE	poor Euro	pean Alri-
34. WOUNDS RECEIVED IN ACTION	011	-			
None					
35. LATEST IMMUNIZATION DATES	36	. SE	RVICE OUTSIDE C	ONTINENTAL U. S. AND RE	TURN
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Feb 44 May 45 Mar 45 Flu Oct	45	NO	FC	REIGN	SERVICE
37. TOTAL LENGTH OF SERVICE 38, HIGHEST GRADE	HELD				
SONTINENTAL SERVICE CPL	M. M. L.			Variable of the second	
39. PRIOR SERVICE					
None					
40. REASON AND AUTHORITY FOR SEPARATION					
AR 615-365 dtd 15 Dec 44 RR 1-1					Joseph 1
41. SERVICE SCHOOLS ATTENDED None	V 4			42. E	High School College
				0	
		T A TRAVEL PAY	VOUCHE	R NO 3924	
YEARS MONTHS DAYS TOTAL THIS PAYMENT	ER DEPOSITS 46	. TRAVEL PAY	47. IOIAL AMOU	NT, NAME OF DISBURSTA	ARSON
3 2 3 200.00 100.00 Wone	UDANCE N	22.30 1	\$229.6	6 CAPTAI	V FD
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54. 55. REMARKS (This space for completion	on of above it	ems or entry of o	other items spec	ified in W.D. Directiv	es)
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Lapel Button ASR Score 43					
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Allowances made Hannah W. Va.

- Tuchuccognio/

WD AGO FORM 53 - 55 1 November 1944

56. SIGNATURE OF PERSON BEING SEPARATED

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

Lathouse

2ND LT

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			STATE O	F MIC	HI	GAN						
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_ /			CEDTIE		_							
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DECEASED - NAME	FILE NUMBE	R FIRST		Department of P	ublic		10000		STATE FI			1
DECEASED - NAME			WIDDLE			LAST	SEX	DATE O	F DEATH (MOI	NTH, D	AY, YEAR)	
1.		Duffy		reathou	se		2 Male	3. 0	ctober	r 2	5, 1969	
RACE WHITE, NEGRO, AM ETC. I SPECIFY!	ERICAN IND	IAN, AGE-LAST	ARS) MOS. DAYS	UNDER 1 DAY	IN.	DATE OF B	IRTH (MONTH, DAY,		OF DEATH			
. Whi		so 63	5b.	Sc.		Feb.	26,1906	70. K	ent			
CITY, TOWN, OR LOCA	TION OF	DEATH	INSIDE CITY LIMITS	HOSPITAL OF	R OTH	IER INSTITU	TION-NAME IIF NO	T IN EITHE	R, GIVE STREET A	אטא סא	MSER)	
n Grand			n. Yes	14. Sun	sh	ine I	Hospital					
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. West Vir	gini		.S.A.	Never	NOVICE M	a pri e	ed Nor	10				
SOCIAL SECURITY NUM	BER	USUAL OCCI	UPATION (GIVE KIND (OF WORK DONE DE	URING	MOST OF	KIND OF BUSINESS		ISTRY			
12.273-14-4	082	130. Unk					13b.					
RESIDENCE-STATE	cou		CITY, TOWN, O	R LOCATION			***************************************	STREET	AND NUMBER			
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FATHER-NAME	FIRST	110110	MIDDLE	IMPIU	-	THER-MA	14d. Yes	STREET, SQUARE, SQUARE	kway H	OU	31, 74 10	on:
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INFORMANT—NAME	nari	CB	Greatilo	MAILING ADD	16.		Ella	-			nouse	
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PART I	ncy.	pebr 206	rar werr	aure, 120	00	Butt	erworth,	S.	W., Gr	and	l Rapids	LM
10.		CAUSED BY:		ENTER ONLY	ONE (CAUSE PER	INE FOR (a), (b), AN	D (c)]			APPROXIMATE INTERV	
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CONDITIONS, IF ANY,	1	TO THE HEAD IN CONSEQUE										
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									19a.	OF D	EATH	
ACCIDENT, SUICIDE, HO OR UNDETERMINED (SPE		DATE OF INJURY	LMONTH, DAY, YEAR I	HOUR		HOW IN	URY OCCURRED	NTER NATU	RE OF INJURY IN		OR PART II, ITEM 181	_
200.		205.		20c.	M.	20d.						
INJURY AT WORK		F INJURY AT HOME, FA	RM, STREET, FACTORY,	LOCATION			OR R.F.D. NO., CITY	OF TOWN,	STATE)			-

CAUSE

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

	LYING CAUSE LAST	(e)	SEGUENCE OF:							
-	PART II. OTHER SIGNIF	ICANT CONDITIONS: CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO	CAUSE GIVEN IN PAR		AUTOPSY LYES OR NOT	IF YES WE SIDERED IN OF DEATH	RE FINDINGS CON DETERMINING CAUS
	OR UNDETERMINED (SPEC		URY LMONTH, DAY, YEAR I				CURRED CENTER NATU		1	RT 11, STEM 18)
	INJURY AT WORK (SPECIPY YES OR NO) 200.		ME, FARM, STREET, FACTORY,	LOCATION	M. 20d		NO., CITY OF TOWN,	STATE)		
1	CERTIFICATION MO PHYSICIAN: I ATTENDED THE ZID. DECEASED FROM	10/3/69		YEAR AND	LAST SAW MONTH	HIM/HER ALIVE ON YEAR /25/69	I DID/DID NOT VIEW BODY AFTER DEATH.	THE DEATH CHOURT	DAI	THE PLACE, ON THE IE, AND, TO THE BEST MY KNOWLEDGE, DUI THE CAUSE(S) STATED.
	CERTIFICATION MEDICAL EXAMINATION OF THE BODY AS DEATH OCCURRED ON THE DATE 22d.	ND/OR THE INVESTIGATION,	IN MY OPINION.	HOUR OF DEA		THE DECEDENT WAR	AS PROHOUNCED DEAD DAY	YEAR	HOUR	
	234. H.D. Ire			SIGNATURE H D			DEGREE OR TITE	E DA		M. AONTH, DAY, YEAR)

CERTIFIER

N.E. Fuller, Grand ls, Michigan 49503 Rapids, BURIAL, CREMATION, REMOVAL 246. Woodlawn Cemetery Grand Rapids, Michigan 29, 1969 I STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 1 24. Oct. 29,196
FUNERAL DIRECTOR—SIGNATURE 35-Ronan Mortuary Grand Rapids. Michigan

BURIAL

B-36 8-68 300M

Ray G. Moser

DATED: __

Jack Bronkema

10/28/69



I, MARY HOLLINRAKE, CLERK OF KENT COUNTY DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in the office of the County Clerk.

MARY HOLLINRAKE COUNTY CLERK



10/06/2006

	LOCAL FILE NUI	MRIP P	HYSICIAN'S CERTIFI				STATE FILE NUMBER	
1	DECEDENT-NAME FIRST		DDLE	LAST		SEX	DATE OF DEATH (M	o., Doy. Yi.)
	Char	les Fr	anklin	Greatho	1156	2. Male	3Sept.	26.19
	RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Lost Birthday UNDE	R 1 YEAR UNDER 1	DAY DATE OF BIRTH	(Mo., Doy, Yr.)	COUNTY OF DEATH		
		5062 MOS.	DAYS HOURS	The second secon	0/20	70. Harri	icon	
	CITY, TOWN OR LOCATION OF DEA	ATH	HOSPITAL OR OTHER INST	TUTION - Name (If not in	either, give street		IF HOSP, OR INST. I	
	7b Clarkshur	CT.	Louis Jo	hasan Wa	diani (Contor	OP/Emer. Rm., Inpote	
# DEATH		CHIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SA	SURVING SPC	DUSE (II wife, pive)	maiden name)	WAS DECEDENT EVE ARMED FORCES? (Specify Yes or No)	R IN U.S.
OCCURRED IN	SOCIAL SECURITY NUMBER	9. USA	10 Married	mild	red(Dy	() Great	louse	Yes
SEE HANDBOOK REGARDING	DO CINE SECONITY HOMOCK		USUAL OCCUPATION (Giv	e kind at work done during king life, even it retired)	g most of .	KIND OF BUSINESS O	# INDUSTRY	
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A SILVER TO THE	KESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATIO	и	STREET AND NU	MBER	(Specity	TY LMTS Yes or No)
	150. W V9	15b. Wood	15c. Vienna		15d. 604		15e. Y	
17/10/13	FATHER - NAME FIRST	MIDDLE	LAST	MOTHER-MAE	DEN NAME	FIRST	MIDDLE	LAST
A Comment of the Comm	Charle	es	Greathouse	17. CO	e El	lla	Great!	house
	INFORMANT - NAME (Type or print)		MAILING ADDRESS	STREET OR R.F.D.	NO.	CITY OR TOWN	STATE	ZP
	180. Mildred Gr	reathouse	185.	604 24tl	h St.	Vienna	W. Va.	26105
(BURIAL, CREMATION, REMOVAL OT	HER (Specify)	CEMETERY OR CREMATORY			LOCATION	CITY OR TOWN	STATE
	19a. D	- 1	19b. 3 7 3 3 3	_		19c.		
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	Ouse(s) stoled.	ho De	nov.	1 -		26. 198		:20P *
	NAME OF ATTENDING PHY	SKIAN FOTHER THAN CERTIFIE	R (Type or Print)	1 00)		40, 100		, 201
(तम्याग्राप्तः)	To the best of my knd-ledge cuse(s) storiety 210. To pure (s) storiety 210. To pure (s) NAME OF ATTENDING PHY EN OF OF OTTO CONTROL OTTO							
	NAME AND ADDRESS OF C	ERTIFER (Type or Print)					*	
(21. MOHAMMED	LI OMAR M.D.	WA Wedies	1 Contar	Clawlach	1111 26	201	
	REGISTRAR	W. OMAR, M.D	va neurca	i temer,	Marksu	DATE RECEIVED BY REC	GISTRAR (Mo., Doy. Yr.)	
CONDITIONS IF ANY	22a. (Signature)	athor!	Line Ila	. /		22b. 10 -	~ ~ ~	
WHICH GAVE RISE TO	23. MMEDIATE CAUSE	MANUE C	(ENTER ONLY ON	E CAUSE PER LINE FOR (o.	1 (b). AND (c).)	125. / 0	Interval between or	nset and deat
CAUSE	PART		,	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
STATING THE UNDERLYING	DUE TO, OR AS A CONSECU	chopneumonia_					i termin	
CAUSE LAST								
	DUE TO, OR AS A CONSEQU						i months	
्द्रोग्राहरू जीगाहरू	(c) Renal cell	carcinoma (t	ransitional	cell)		AUTOPSY (Specify Yes	was case referred to med	KAI
and the second	PART	TO CONTINUE CONTINUENT	To begin but not related to co	buse given in FAX1 1 (0)		or No)	EXAMINER OR CORONER (Specify Yes or No)	rcra
	Diabetes mel	litus, peeumo	niae recurre	nt	LILINY OCCUPATI	24. NO	25.	
	ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Doy, Yr.)	HOUR OF INJURY	DESCRIBE HOW I	INJURY OCCURRED	,		
	260. IF YES, NOTIFY MED. EXAMINER		26.	M 26d.				
	INJURY AT WORK (Specify Yes or No.)	PLACE OF INJURY — At home, for etc. (Specify)		ing, LOCATION	STREET	OR R.F.D. NO.	CITY OR TOWN	STATE
FORM-VS-002 REV. 1-78	/	26f.		26g.				
	And the second s						*	
		-		COUNTY	RECORD			

STATE OF WEST VIRGINIA COUNTY OF HARRISON, TO-WIT;

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE COUNTY COMMISSION OF HARRISON COUNTY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION OF THE OFFICE OF FRANK J. MAXWELL, JR., CLERK OF THE COUNTY COMMISSION OF HARRISON COUNTY, CLARKSBURG, WEST VIRGINIA.

FRANK J. MAXWELL, JR. CLERK

DEPUTY

October 3/ 1983

THIS IS A CERTIFIED COPY OF THE ORIGINAL ON FILE IN THE WILLIAMS COUNTY HEALTH DEPARTMENT, MONTPELIER, OHIO.

County of Mildian DIVISION OF VITAL STATISTICS CERTIFICATE OF BIRTH OVIIAge of Blekele Primary Registration District No. 376 File No. No. (If birth occurred in a hospital or institution, give NAME instead of street and number or other? FULL NAME OF CHILD Sellian Bordie General Section of the Child of County of the Child of Chi		
Township of CERTIFICATE OF BIRTH OF VIllage of Blekelse Registration District No. 376 File No. Primary Registration District No. 376 Registered No. 349 No. (If birth occurred in a hospital or institution, give NAME instead of street and number of the control of the primary Registration District No. 346 Registered No. 349 NO. (If birth occurred in a hospital or institution, give NAME instead of street and number of the primary Registration District No. 346 Registered No. 349 NO. (If birth occurred in a hospital or institution, give NAME instead of street and number street of primary Registration District No. 346 Registered No. 349 NO. (If birth occurred in a hospital or institution, give NAME instead of street and number control of the number of primary Registration District No. 346 Registration of primary Registration District No. 346 Registration District No	PLACE OF BIRTH	STATE OF OHIO DEPARTMENT OF HEALTH
Township of or Village of Blakeslee Registration District No. 376 File No. Registered No. 349 City of No. No. (If birth occurred in a hospital or institution, give NAME instead of street and number of Child Township of the Course of the No. (If birth occurred in a hospital or institution, give NAME instead of street and number of Child Township of the No. (If birth occurred in a hospital or institution, give NAME instead of street and number of Child Township of the No. (If birth occurred in a hospital or institution, give NAME instead of street and number of birth of birth order of the property of	County of Williams	DIVISION OF VITAL STATISTICS
City of Primary Registration District No. 346 Registered No. 349 No. (If birth occurred in a hospital or institution, give NAME instead of street and number FULL NAME OF CHILD Sullan Box alice Secretary (To be answered only in event of plural births) Sex of Child Flences (To be answered only in event of plural births) FATHER RESIDENCE NAME OF CHILD Sullan Box alice Pulls Instead of street and number of birth instead of street and number of the plural births) FATHER Number in order of birth instead of street and number of birth instead of street and num	Township of	CERTIFICATE OF BIRTH
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FULL NAME OF CHILD Sallian Royale Guathouse of street and number of child Female of the country	or .	Primary Registration District No. 346/ Registered No. 349
Sex of Child Flexual Twin, triplet or other? Twin, triplet or other? Twin, triplet or other? To be answered only in event of plural births) FATHER NAME OF CHILD FATHER NAME NAME NAME NAME NAME NAME NAME NAME	nain piesange	(If birth occurred in a hospital or institution, give NAME instead of street and number)
Child Tennals Twin, triplet or other? (To be answered only in event of plural births) FATHER RESIDENCE Including P. O. Address Blakeslee Skiss FULL MOTHER MAME Dufley S. Sueathouse FULL MOTHER MAMDEN FATHER MAIDEN MAME MAIDEN MAME MAIDEN MAME RESIDENCE Including P. O. Address Blakeslee Skiss RESIDENCE Including P. O. Address Blakeslee Skiss RESIDENCE Including P. O. Address BIRTHDAY (Years) Birthplace (city or place) BIRTHDAY (Years) Birthplace (city or place) Birthplace (city	FULL NAME OF CHILD. Sill	
FATHER NAME Duffey S. Seathouse NAME SIDENCE Including P. O. Address Blakeolee Chi. COLOR or RACE White AGE AT LAST 77 Grace (city or place) Birthplace (city or place) (State or country) A. Trade, profession, or particular kind of work was done, as spinner, sawyer, box done, as spinner, shind of work was done, as silk mill, sawmill, bank, etc. b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. c. Date (month and year) last surgard in this work sugaged in this work Number of children of this mother (At time of this mother) Number of children of this form a live but now dead. Sometime of the spent in this work Sometime of this mother (At time of this mother (At time of this mother) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was leaved from the state, householder, to the state, householder, to the state, householder, to the number of this this work was number of this this work was number of the state, householder, to should make this tester, householder, to should make this tester. CERTIFICATE OF ATTE	Child or other?	Number in order of birth only in event of plural births) only in event of plural births) only in event of plural births)
RESIDENCE Including P. O. Address Blakeslee Shies RESIDENCE Including P. O. Address Blakeslee Shies Residence	FULL FATHER	FULL MOTHER
COLOR OF RACE White AGE AT LAST 17 COLOR OF RACE White BIRTHDAY (Years) Birthplace (city or place)	RESIDENCE L. MEA	MAME Gelen M. Lash
Birthplace (city or place) (State or country) (State or country of waresison or particular kind of work done, as housekeeper, the country of work done, as housekeeper, the country of work done, as housekeeper, the country of work was housekeeper, the country of work was housekeeper, the country of work	rougees	ee This RESIDENCE Including P. O. Address Black Polos The
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a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. c. Date (month and year) last engaged in this work c. Date (month and year) last engaged in this work mother (At time of this now living birth and including this child) f. Stillborn, period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was limit and wife that I attended the birth of this child, who was limit and wife that it attended the birth of this child, who was limit and wife, then the father, householder, c. should make this return. (Date of) Address d. Trade, profession, or particular kind of work done, as housekeeper, thouseholder, of owork done, as housekeeper, typist, nurse, clerk, etc. Journal time (pears) typist, nurse, clerk, etc. Lindustry or business in which work work was done, as own home, lawyer's office, silk mill, etc. Endustry or business in which work work was done, as own home, lawyer's office, silk mill, etc. Date (month and year) last engaged in this work angaged in this work Engaged in this work (b) Born alive and now living. (c) Stillborn. If e child congenitally the deformed? Was Prophylactic against Ophthalmia Neonatorum used? In this work was prophylactic against Ophthalmia Neonatorum used? In this work was done, as own home, lawyer's office, silk mill, etc. Date (month and year) last engaged in this work (b) Born alive and now living. (c) Stillborn. During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was limit and the prophylactic against Ophthalmia Neonatorum used? In this work was done, as own home, lawyer's office, silk mill, etc. Date (month and year) last engaged in this work was done, as own home, last was one, as own home, last was engaged in this work was done, as own home, last was engaged in this work was done, as own home, last		Birthplace (city or place). Blaskeslee
sawyer, bookkeeper, etc. b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. c. Date (month and year) last engaged in this work c. Date (month and year) last engaged in this work Mumber of children of this mow living mother (At time of this now living child) f. Stillborn, period of gestation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was believed the father, householder, c. should make this return. (Date of) Address Control of work done, as housekeeper, to of work was housekeeper, typist, nurse, clerk, etc. of work done, as housekeeper, typist, nurse, clerk, etc. of work done, as housekeeper, typist, nurse, clerk, etc. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. f. Date (month and year) last engaged in this work work was done, as housekeeper, typist, nurse, clerk, etc. typist, nurse, clerk, etc. thousekeeper, typist, nurse, clerk, etc. Industry of silk mill, etc. f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (month and year) last engaged in this work f. Date (mont		
Stillborn, period of gestation	kind of work done, as spinner, sawyer, bookkeeper, etc	our Z d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
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mother (At time of this birth and including this (b) Born alive but now dead	Total spent	in this work h. Total time (years)
mow dead	birth and including this now living	Is child congenitally to
During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was bline at the same on attending physician (Born Alive or Stillborn) When there was no attending physician (Born Alive or Stillborn) midwife, then the father, householder, c. should make this return. (Signed) (Signed) (Signed) (Signed) (Date of) Address Address	now dead	Was Prophylactic acciona
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9 11 10:	(Date of)	Address Edva ohin
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Warite Plainly with Unfading Ink—This is a Permanent Record

N. B.—In case of more than one child at a birth, a SEPARATE RETURN

must be made for each, and the number of each child, in order of birth, stated

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