

Army of the United States



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 Honorably 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.

Date 16 MARCH 1946.

ADMITTED TO RECORD
1946 DEC - 9 PM 1:39
BOOK NO. 4 PAGE NO. 62
HAY & HENDERSON - 1411

John W. Mayer
JOHN W. MAYER
MAJ AGD

**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Greathouse Charles F Jr			2. ARMY SERIAL NO. 35 748 220		3. GRADE CPL	4. ARM OR SERVICE DEML	5. COMPONENT AUS		
6. ORGANIZATION Hq Sec PW Camp 1580th SCU				7. DATE OF SEPARATION 16 Mar 46		8. PLACE OF SEPARATION Separation Center Ft Geo G Meade Md			
9. PERMANENT ADDRESS FOR MAILING PURPOSES PM Belpre (Washington) Ohio					10. DATE OF BIRTH 30 Aug 20		11. PLACE OF BIRTH Walton W Va		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9					13. COLOR EYES Brown	14. COLOR HAIR Brown	15. HEIGHT 5' 10"	16. WEIGHT 165 LBS.	17. NO. DEPEND. 2
18. RACE WHITE <input checked="" type="checkbox"/> NEGRO OTHER (specify)		19. MARITAL STATUS SINGLE MARRIED OTHER (specify)		20. U. S. CITIZEN YES NO		21. CIVILIAN OCCUPATION AND NO. Farm Hand General 3-16.10			

MILITARY HISTORY

22. DATE OF INDUCTION 11 Jan 42		23. DATE OF ENLISTMENT 01 Jan 40		24. DATE OF ENTRY INTO ACTIVE SERVICE		25. PLACE OF ENTRY INTO SERVICE Clarksburg W Va			
SELECTIVE SERVICE DATA YES <input checked="" type="checkbox"/> NO		26. REGISTERED YES <input checked="" type="checkbox"/> NO		27. LOCAL S.S. BOARD NO. 1		28. COUNTY AND STATE Roane W Va		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Zena W Va	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Military Policeman 677				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) MM Rifle 03					
32. BATTLES AND CAMPAIGNS None									
33. DECORATIONS AND CITATIONS Good Conduct Medal American Theater Ribbon Meritorious Unit Award World War II Victory Ribbon European African Middle Eastern Theater Ribbon									
34. WOUNDS RECEIVED IN ACTION None									
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN					
SMALLPOX Feb 44	TYPHOID May 45	TETANUS Mar 44	OTHER (specify) Flu Oct 45	DATE OF DEPARTURE NO		DESTINATION FOREIGN	DATE OF ARRIVAL SERVICE		
37. TOTAL LENGTH OF SERVICE CONTINENTAL SERVICE 3 1 26 FOREIGN SERVICE 0 0 0				38. HIGHEST GRADE HELD Cpl					
39. PRIOR SERVICE None									
40. REASON AND AUTHORITY FOR SEPARATION AR 615-365 dtd 15 Dec 44 RR 1-1									
41. SERVICE SCHOOLS ATTENDED None							42. EDUCATION (Years) Grammar 8 High School 0 College 0		

PAY DATA


VOUCHER NO 39247

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS 3	MONTHS 2	DAYS 3	TOTAL \$300.00	THIS PAYMENT \$100.00	None	\$22.30	\$229.66	CAPTAIN ED

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, 25, D. C.

48. KIND OF INSURANCE Nat. Serv. U.S. Govt. None		49. HOW PAID Allotment Direct to V. A.		50. Effective Date of Allotment Discontinuance 31 Mar 46	51. Date of Next Premium Due (One month after 50) 30 Apr 46	52. PREMIUM DUE EACH MONTH \$ 6.60	53. INTENTION OF VETERAN TO Continue Continue Only Discontinue		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

54. 	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) Lapel Button Issued No time lost under AW 107 ASR Score 43 PARKERSBURG, W. VA.								
56. SIGNATURE OF PERSON BEING SEPARATED <i>Charles F. Greathouse</i>					57. PERSONNEL OFFICER (Type name, grade and organization - signature) W M ARMAN 2ND LT INF				

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF KENT

STATE OF MICHIGAN

2-94 69-2130

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

Michigan Department of Public Health

118813

STATE FILE NUMBER

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

B-36
B-68
300M

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Duffy Greathouse					2. Male	3. October 25, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 63	5b. MOS. DAYS	5c. HOURS MIN.	6. Feb. 26, 1906	7. Kent	
CITY, TOWN, OR LOCATION OF DEATH		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Grand Rapids		7c. Yes		7d. Sunshine Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. West Virginia		9. U.S.A.		10. Never Married		11. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 273-14-4082		13a. Unknown					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Michigan		14b. Kent	14c. Grand Rapids		14d. Yes	14e. Oakway Hotel, 74 Ionia	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Charles Greathouse					16. Ella Greathouse		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Kent County Dept Social Welfare				1260 Butterworth, S.W., Grand Rapids, Mi			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Carcinoma of bladder				2 1/2 yrs.	
DUE TO, OR AS A CONSEQUENCE OF:		(b)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a.						19b.	19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.		20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20b.		20c.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
I ATTENDED THE DECEASED FROM		10/3/69		TO 10/25/69		21. 10/25/69	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR			
22a.		22b.		22c.			
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE	
23a. H.D. Ireland				23b. H.D. Ireland, M.D.		23c. 10/25/69	
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
23d. 750 Fuller, N.E., Grand Rapids, Michigan 49503							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial		24b. Woodlawn Cemetery		24c. Grand Rapids, Michigan			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Oct. 29, 1969		24e. Ronan Mortuary, Grand Rapids, Michigan					
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Ray G. Moser				25b. Jack Bronkema		25c. 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.

DATED: 10/06/2006

Mary Hollinrake
MARY HOLLINRAKE
COUNTY CLERK



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LOCAL FILE NUMBER		PHYSICIAN'S CERTIFICATE OF DEATH				STATE FILE NUMBER	
1. DECEDENT — NAME FIRST MIDDLE LAST Charles Franklin Greathouse			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) Sept. 26, 1983		
4. RACE (e.g., White, Black, American Indian, etc.) (Specify) White		5a. AGE — Last Birthday (Yrs.) 62		6. DATE OF BIRTH (Mo., Day, Yr.) 8/30/20		7a. COUNTY OF DEATH Harrison	
7b. CITY, TOWN OR LOCATION OF DEATH Clarksburg			7c. HOSPITAL OR OTHER INSTITUTION — Name (If not in either, give street and number) Louis Johnson Medical Center			7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) Inpatient	
8. SOCIAL SECURITY NUMBER W Va 234 14 06 80		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mildred (Dye) Greathouse	
13. RESIDENCE — STATE W Va		13. RESIDENCE — COUNTY Wood		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY	
15a. FATHER — NAME FIRST MIDDLE LAST W Va Charles Greathouse		15b. MOTHER — MAIDEN NAME FIRST MIDDLE LAST W Va Coe Ella Greathouse		15c. CITY, TOWN OR LOCATION Vienna		15d. STREET AND NUMBER 604 24th st.	
16. INFORMANT — NAME (Type or Print) Mildred Greathouse		17. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 604 24th St. Vienna W.Va. 26105		18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18b. CEMETERY OR CREMATORY — NAME Middlebourne Cemetery	
19a. FUNERAL SERVICE LICENSED (If Person Acting As Such) (Signature) <i>[Signature]</i>		19b. NAME OF FACILITY Middlebourne Cemetery		19c. ADDRESS OF FACILITY Middlebourne, W.V.		20c. ADDRESS OF DEATH Box 161 Middlebourne	
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i>		20b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Purbee Goodwin F. H.		20c. DATE SIGNED (Mo., Day, Yr.) September 26, 1983		20d. HOUR OF DEATH 2:20P M	
21a. NAME AND ADDRESS OF CERTIFIER (Type or Print) MOHAMMED W. OMAR, M.D., VA Medical Center, Clarksburg, WV 26301		21b. REGISTRAR (Signature) <i>[Signature]</i>		21c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 10-3-83		21d. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Acute bronchopneumonia	
22a. (a) DUE TO, OR AS A CONSEQUENCE OF: Acute bronchopneumonia		22b. (b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic bone cancer		22c. (c) DUE TO, OR AS A CONSEQUENCE OF: Renal cell carcinoma (transitional cell)		Interval between onset and death terminal	
23a. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) Diabetes mellitus, pneumoniae recurrent		23b. AUTOPSY (Specify Yes or No) No		23c. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No		Interval between onset and death months	
24a. ACCIDENT (Specify Yes or No)		24b. DATE OF INJURY (Mo., Day, Yr.)		24c. HOUR OF INJURY		24d. DESCRIBE HOW INJURY OCCURRED	
25a. INJURY AT WORK (Specify Yes or No)		25b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		25c. LOCATION		25d. STREET OR R.F.D. NO. CITY OR TOWN STATE	
26a. IF YES, NOTIFY MED. EXAMINER		26b. DATE OF INJURY		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION		27d. STREET OR R.F.D. NO. CITY OR TOWN STATE	

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.

FRANK J. MAXWELL, JR. CLERK

Edna K. Cox

DEPUTY

October 31, 1983

DATE

THIS IS A CERTIFIED COPY OF THE ORIGINAL ON FILE IN THE WILLIAMS COUNTY HEALTH DEPARTMENT, MONTEPELIER, OHIO.
Karen M. Tressel REGISTRAR
 8-28-06

STATE OF OHIO
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Williams
 Township of _____
 or
 Village of Blakeslee
 or
 City of _____

Registration District No. 1376 File No. _____
 Primary Registration District No. 3461 Registered No. 349
 No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give NAME instead of street and number)

FULL NAME OF CHILD Lillian Rosalie Greathouse (If child is not yet named, make supplemental report, as directed)

Sex of Child Female Twin, triplet or other? _____ Number in order of birth _____ Legitimate? yes Date of birth Jan 19, 1935
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Duffey S. Greathouse
 RESIDENCE Including P. O. Address Blakeslee Ohio

MOTHER
 FULL MAIDEN NAME Helen M. Lash
 RESIDENCE Including P. O. Address Blakeslee Ohio

COLOR or RACE White AGE AT LAST BIRTHDAY 27 (Years)

COLOR or RACE White AGE AT LAST BIRTHDAY 18 (Years)

Birthplace (city or place) W. Va.
 (State or country)

Birthplace (city or place) Blakeslee Ohio
 (State or country)

OCCUPATION
 a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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 _____, 19____
 g. Total time (years) spent in this work _____

OCCUPATION
 d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 e. 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 _____, 19____
 h. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

Is child congenitally deformed? no
 Was Prophylactic against Ophthalmia Neonatorum used? yes

If stillborn, period of gestation _____ { months or weeks } Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 a m. on the date above stated.
 (Born Alive or Stillborn)
 (Signed) E. H. Nibhart M. D.
 or _____ Midwife
 Address Edon Ohio
 Filed Jan 16, 1935 Edaine Nibhart REGISTRAR

When there was no attending physician or midwife, then the father, householder, etc. should make this return.
 Given name added from a supplemental report _____ (Date of) _____

REGISTRAR

REGISTRAR

MARGIN RESERVED FOR BINDING
 Write 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