FICER SEPARATION CENTER, SAN FRANTISCO, CALIFORNIA FROM: COMMANDING OFFICER, DATE REPORTED 1945 TO: La Fayette Rona MUBBARD. (D). USNR, 113392 Examined and found /to be/not to be/ physically qualified for release from active duty. DATE EXAMINED SIGNATURE OF MEDICAL OFFICER EXAMINING a 1945 Cpt.E.L. DRAVO, MC. USNR 2 Civil readjustment process completed. Veterans rights and benefits made known. Lt. (jg) Assistant Civil Readjustment Officer. SIGNED (Give rank, Name and functional (title) 6 Dec. 1945 By Direction of the Commanding Officer DETACHMENT Detached as of this date. Proceed to your home. You are granted leave as indicated below, upon the expiration of which you will regard yourself released from all active duty. AMOUNT OF LEAVE GRANTED DATE LEAVE EXPIRES 6 Dec. 1945 2 MONTHS 10DAYS MIDNIGHT 16 Feb. You have stated that you were called to active duty from the following address CITY OR TOWN WHERE INITIAL ACTIVE DUTY ORDERS WERE ADDRESSED ADDRESSES Explorer's Club, New York City, New York You have stated that your official residence is as follows OFFICIAL RESIDENCE Explorer's Club, New York City, New York Immediately upon detachment you will furnish the disbursing officer of this Sepaaration Center a copy of these orders, bearing all endorsements, including the date of detachment. Forward a copy of these orders bearing all endorsements to the Bureau of Naval Personnel and to the Commandant of your home Naval District. NSTRUCTIONS During the period of leave granted you under these orders you may, at your option, wear civilian clothes; and, while wearing civilian clothes, you are authorized to engage in any occupation not contrary to law. The Chief of Naval Personnel has determined that your separation from active naval service is considered to be under honorable conditions and that you are entitled to MINISHED FILE PERS 221 a Certificate of Satisfactory Service. COPIES TO AUTHORIZED BY Disbursing officer carrying accounts DNI Navy Department BuPers J. C. RHODES, Comdt. home Naval District DEPUTY GERTIFIED TO BE AFFIDAVIT 12ND FORM 471 I hereby certify that the data li correct to the best of my knowledg DATE CALLED TO DAYS ACCUMULATED LEAVE DAYS AUTHORIZED LEAVE OF ABSENCE OFFICIAL ADDRESS WHILE ON LEAVE 5 Dec. 1945 lmt