APPROVED IDENTIFICATION CARD

Name Mitsuye Roeslin

Address #8-8 Umezuma-cho, Taniguchi Ukyo-ku

City Kyoto

Phone Office 26058

Employed By Camp Kyoto PMO, APO

Social Security No. AGO E 413838

SEX	AGE	WEIGHT	HEIGHT	HAIR	EYES
Female	27	108	5'	[illegible]	Brown

1951	SUN	MON	TUE	WED	THU	FRI	SAT
JAN	....	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	....	....	....
	....	....	....	....	....	....	....
FEB	....	....	....	....	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	....	....	....
MAR	....	....	....	....	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
APR	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	....	....	....	....	....
	....	....	....	....	....	....	....
MAY	....	....	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	....	....
	....	....	....	....	....	1	2
JUN	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	....	....	....	....	....	....	....

1951	SUN	MON	TUE	WED	THU	FRI	SAT
JULY	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	....	....	....	....
AUG	....	....	....	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	....
SEP	....	....	....	....	....	....	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	....	....	....	....	....	....
OCT	....	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	....	....	....
NOV	....	....	....	....	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	....
	....	....	....	....	....	....	....
DEC	....	....	....	....	....	....	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	....	....	....	....	....

1952	SUN	MON	TUE	WED	THU	FRI	SAT
JAN	....	....	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	....	....
FEB	....	....	....	....	....	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	....
MAR	....	....	....	....	....	....	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	....	....	....	....	....
APR	....	....	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	....	....	....
MAY	....	....	....	....	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
	....	....	....	....	....	....	....
JUN	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	....	....	....	....	....
	....	....	....	....	....	....	....

MADE IN U.S.A.

COMMISSARY STORE PERMIT

PERMIT NO. 673

NAME OF INSTALLATION: West Point NY

The agent whose signature appears on the reverse side is authorized to make purchases in the commissary store on behalf of Roeslin, C. Cpl. (MP)

AGENT

WHEN REQUESTED AGENT MUST DISPLAY THIS PERMIT AND FURNISH IDENTIFICATION

DATE: NOV 1 1951

SIGNATURE OF APPROVING AUTHORITY: Robert E. Stetekluh
1st Lt., Q. M. Corps
Sales Officer

S

DD FORM 1 OCT 50 391-1 NOT TRANSFERABLE

Identification Card for Medical Care and/or Hospitalization
U. S. Army Hospital, U.S.M.A., West Point, N. Y.

Name and Address of Dependent	Relationship	Age
Mitsuye Roeslin	Wife	27

River Crest Cabins, RFD, Highland Falls, NY

DEPENDENT(S) OF (Name)

Charles Roeslin Jr.

Rank	Serial No.	Branch	Org.
Cpl	RA12256430	Mil Pol	MP Det

Signature of Applicant: Mitsuye Roeslin

The applicant named on the reverse side hereof has submitted adequate proof of dependency of his named dependent(s) who is/are eligible for medical care at the U. S. Army Hospital, West Point, New York, under the provisions of current regulations.

In case of maids or servants, they are registered by Provost Marshal, U.S.M.A., as such.

1802d Sp Regt, USMA, West Point, NY Headquarters	10 Jun 52 Date
Personnel Officer IKE THOMAS	Rank CWO USA

If applicant has definite termination date for term of service—date of

ETS: 15 Dec 52

This card will be surrendered prior to separation or transfer from the Post.

ARMY—U.S.M.A. WEST POINT, N.Y.—A.G. FORM 9-35 1000 12-17-51

U. S. MILITARY ACADEMY
WEST POINT EXCHANGE
WEST POINT, N. Y.

No. 757

UNLIMITED PRIVILEGE CARD

This card entitles the holder to all exchange patronage privileges. It is not transferable.

The purchase of any merchandise in an exchange for resale is prohibited.

The privilege of purchasing at exchanges may be denied completely by installation commanders to any person who resells merchandise purchased at an exchange. The receipt of money or any other articles of value in exchange for such merchandise will be deemed to be a resale.

FOR THE SUPERINTENDENT

Mrs. Mitsuyo Kiesling

Signature of Holder (In Ink)

6/10/52

Date Issued

DAYTON C. BEVERLY
Lt Col AGC

Exchange Officer

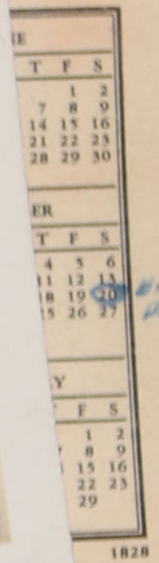
THIS CARD AUTOMATICALLY EXPIRES 30 JUNE 1952 UNLESS SOONER RENDERED INVALID OR WITHDRAWN

Mrs. Mitsuye Roeslin

The purchase of any merchandise in an exchange for resale is prohibited.

The privilege of purchasing at exchanges may be denied completely by installation commanders to any person who resells merchandise purchased at an exchange. The receipt of money or any other article of value in exchange for such merchandise will be deemed to be a resale.

ARMY–U.S.M.A. WEST POINT, N.Y.–A.G. FORM 16-4 1000 5-14-51



1951 MEMBERSHIP CARD

CHARLES Jr. ROESLIN

THE AMERICAN NATIONAL RED CROSS

(Affiliated with the League of Red Cross Societies)

As a member you are urged to attend your chapter's annual meeting . . . vote in the election of its board of directors.

Contribution $ 1.00

William W. Griffin
Red Cross Representative

Roland Harriman
President

PARCEL IS ACCOUNT
me and complete addr
hotel, etc.

ROESLIN
21 RIVERTE

oted on the face of rec
and that no indemnit
ce of required endorser
m is made for loss. In
with the insured serial
nce.
from date of mailing.
idence of value, shou

TIC INSURANCE FEES
FEES
20 cents
25 cents
30 cents
l at any post office)
6—13285-10

REMITTER SHOULD HOLD THIS RECEIPT
UNTIL SURE THE ORDER HAS BEEN PAID.

WHEN MAKING INQUIRY REGARDING ORDER,
PRESENT THIS RECEIPT AT ANY POST OFFICE.

SENT TO _____

ADDRESS _____

FOR _____

Form 3813—Rev. 7-50

RECEIPT FOR INSURED PARCEL

No. 3576

Addressed for delivery at

Riverhead, N.Y.

(Post office of address) WRITE PLAINLY (State)

Postage 41 cts. Special handling ____ cts.

Insurance fee 10 cts. Return receipt ____ cts.

Special delivery ____ cts. Restricted delivery ____ cts.

Fragile ____ Perishable ____

Other endorsement ____

SENDER.—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.

(Postmark of Mailing Office)

ARMY AIR FORCE POSTAL SERVICE
JAN 21 1952 9
APO

POSTMASTER,

By A.S.

SAVE THIS RECEIPT UNTIL PARCEL IS ACCOUNTED FOR

NOTICE TO SENDER.—Enter below name and complete address of addressee. Show also if addressed in care of person, hotel, etc.

SENT TO MISS JANE ROESLIN
455 GRIFFING AVE, RIVERHEAD, N.Y.
C/O MRS BROWN

It is understood that unless specially noted on the face of receipt, parcel contained no fragile or perishable matter, and that no indemnity will be paid for damage or spoiling resulting from absence of required endorsement.

This receipt must be submitted if claim is made for loss. In cases of damage or spoiling, the wrapper of the parcel with the insured serial number may be accepted as equivalent evidence of insurance.

Claim must be filed within 6 months from date of mailing. Receipted bills, cash sales slips, if available, or other evidence of value, should be submitted.

SCHEDULE OF DOMESTIC INSURANCE FEES

FEES	INDEMNITY	FEES	INDEMNITY
5 cents	Value up to $5	20 cents	Value up to $50
10 cents	Value up to $10	25 cents	Value up to $100
15 cents	Value up to $25	30 cents	Value up to $200

(Claims may be filed at any post office)

GPO c9—16—13285-10

MISS JANE RYESLIN
455 GRIFFING AVE.,
RIVIERHEAD, NEW YORK.

C/O MRS. BRIWN

（警　察　用　紙）

21537
PX
E 41338

Elaine Kawakami
1363 Aline Ave
Long Beach Calif.

Manzanar 26-221-

T. Takemiya
1525 Bolivia St.
San Pedro, Calif.

2- 39,087,183

United States Postal Money Order

DOLLARS			CENTS
		18	—

PURCHASER'S RECEIPT

DETACH AND HOLD

SEE INSTRUCTIONS ON REVERSE SIDE

ISSUING OFFICE

2

STAMP

REMITTER SHOULD HOLD THIS RECEIPT
UNTIL SURE THE ORDER HAS BEEN PAID.

WHEN MAKING INQUIRY REGARDING ORDER,
PRESENT THIS RECEIPT AT ANY POST OFFICE.

SENT TO _____

ADDRESS _____

FOR _____