

381st Medical General Dispensary
FAR EAST AIR FORCE
APO 925

DATE: 7 Jan 46
TIME: 1100

This is to certify that Mayewaki, Ben, M/Sgt, 39082424
has been given a physical examination and found free of any vermin or
communicable diseases.

M. H. Long
MARTIN H. LONG
Capt, Med Corp
Flight Surgeon

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

M/Sgt BEN MAYEWAKI 39082424

USSBS APO 234 C/O PM SF

Meiji Bldg Aircraft Division

HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(TOKYO)

CERTIFICATE

Pursuant to provisions of Section VI, War Department Circular No. 155, 1945, as amended by Section VIII, War Department Circular No. 267, 1945, the bearer:

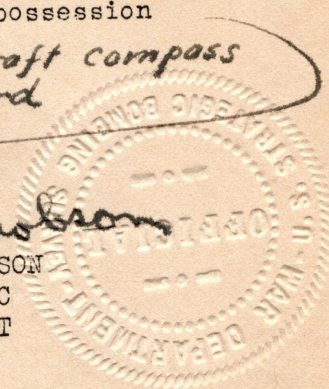
Mayewaki, Ben M/sgt 39082424
(Name) (Rank) (ASN)

of this certificate is entitled to retain in his possession or to mail the following:

*one aircraft compass
one sword*

FOR THE CHAIRMAN:

M. W. Jacobson
M. W. JACOBSON
MAJOR, AC
ADJUTANT



HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(TOKYO)

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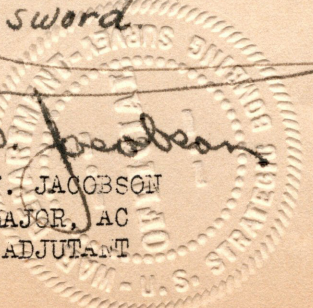
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M. W. JACOBSON
MAJOR, AC
ADJUTANT



HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(Pacific)

C-L-E-A-R-A-N-C-E

Date: _____

I, _____, _____ certify that I am
(Name & Rank, printed or typed) (Division or Branch)

cleared of all obligations, responsibility and property accountability to the USSBS, except as shown on the reverse side of this form, to which signature of responsible section officer is ascribed, indicating clearance. I further certify that I have personally checked the items shown on the right of this page to ascertain which matters are in need of attention before my departure.

CLEARANCE		CHECK LIST	
Division or Section	Signature	Check	Item
Div. or Br. Chief		_____	1. Baggage shipped.
G-2 (Intelligence) (Room 730)		_____	2. Post office for change of address.
G-3 (Operations) (Room 732)		_____	3. Transportation (time, place, baggage, etc.)
General Supply (Basement)		_____	4. Finance Office.
Photo Supply (Basement)		_____	5. Sign USASTAF Register.
Motor Pool (Info. desk)		_____	6. Passport (civilians must show number on priority application.
G-4 (Supply) (Room 753)		_____	7. Personal affairs and individual records.
Medical Officer (Room 220)		_____	8. Carry following on person: Air Travel Clearance Priority Certificate Individual Health Certificate Copies of orders
Billeting Officer		_____	
G-1 (Personnel) (Room 715)		_____	
Adjutant (Room 706)		_____	

I further certify that I do not have in my possession any documents or personal notes or any other papers containing information that I have gained through my association with the Survey; nor have I forwarded, or caused to be forwarded, any information of such nature.

(Signature)

(Rank & Ser. No. or WD AGO No.)

Departure Date: _____

Note: This form will be completed and returned to the Adjutant at the time of signing out.