



DEPARTMENT OF VETERANS AFFAIRS  
VA Regional Office  
210 Franklin Rd., S.W.  
Roanoke VA 24011

August 10, 2009

In Reply Refer To: 314/217/151  
C03988125  
**AULHOUSE, LEROY E.**

WILLIAM L. BEIGEL  
4824 NEWTON STREET  
TORRANCE, CA 90505

Dear Mr. Beigel:

This is in response to your recent request for a copy of Leroy E. Aulhouse's Department of Veterans Affairs (VA) claim file under the provision of the Privacy Act.

Enclosed is a copy of Leroy E. Aulhouse's Department of Veterans Affairs (VA) claim file.

**Please Note:** This is your one free copy of Mr. Aulhouse's VA claim file. You will be charged in the future if you request duplicate copies of this information from the VA. Keep these records in a safe place.

### What If I Have Any Questions?

If you have any questions, you may visit us at the above address or call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. Counselors are available Monday through Friday from 7:00 a.m. to 7:00 p.m. *If you call, please have this letter with you.*

Sincerely yours,

*D. Svirsky*

D. Svirsky  
Veterans Service Center Manager

Contact us on-line: <https://iris.va.gov/>

**FILE**

AUG 11 1986

**057**

AUG 11 1986

The American Legion  
PO Box 13399  
Philadelphia, PA 19101

314-211B  
XC 3 988 125  
AULHOUSE, Leroy E.

Dear Sir:

Our letter of April 30, 1986, requested Mrs. Mary Aulhouse to submit a copy of the veteran's birth certificate showing the names of both parents and a copy of the death certificate for the veteran's father. To date, we have not received a reply to our letter.

No further action can be taken on her claim without these documents.

VETERANS ADMINISTRATION

cc:  
A.L.

ALH

000 1 00A

160

000 1 00A



THE AMERICAN LEGION

DEPARTMENT OF PENNSYLVANIA  
REHABILITATION DIVISION  
CORE U.S. VETERANS ADMINISTRATION  
WISSAHICKON AVE. & MANHEIM ST.  
P.O. BOX 13399  
PHILADELPHIA, PENNA. 19101

NR 8/3/86

MEMORANDUM TO:

~~RECEIVED~~  
UNIT 21S2

DATE: MAY 21, 1986

SUBJECT:

AULHOUSE, LEROY EDGAR

XC 3 988 125

(MOTHER) MARY AULHOUSE  
1264 BALTIMORE PIKE  
GETTYSBURG, PA. 17325

FILE  
JUL 24 1986  
051

Attached please find a copy of our submission dated January 27, 1986 on behalf of the above named veteran's mother, Mary Aulhouse.

As of this date, the veteran's mother has not received any reply to her claim.

Kindly advise this office of the action taken on this claim.

  
Fernando Golingan, Ass't  
Department Service Officer

FG:fz

JUL 24 1986  
1-77  
P140  
LTD  
60  
P140/wlo





RECEIPT & DISPATCH  
UNIT 21S1

JANUARY 27, 1986

AULTHOUSE, LEROY EDGAR XC 3 988 125

(MOTHER) MARY M. AULTHOUSE  
1264 BALTIMORE PIKE  
GETTYSBURG, PA. 17325

We are submitting herewith the following:

1. VA Form 23-22
2. VA Form 21-538
3. Letter from Congress of the U.S.

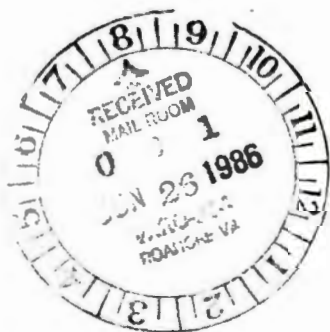
VETERAN'S HOME IS LOCATED (314) ROANOKE, VA.

Will advise this office of the action taken.

---

Ferrando Collingan, Ass't.  
Department Service Officer

FG. 2  
DC. 21, 21A



Regional Office

210 Franklin Road, SW  
Roanoke, VA 24011



**Veterans  
Administration**

APR 30 1986

**Mrs. Mary M. Aulthouse  
1264 Baltimore Pike  
Gettysburg, PA 17325**

IMPORTANT  
Read the back of this letter

**FILE**

APR 30 1986

314-...  
VARO

**Dear Mrs. Aulthouse:**

Reference is made to the claim for **parents' DIC.**

Please furnish the evidence indicated below by (X). **IGNORE ANY PARAGRAPH NOT CHECKED.**

- ☐ 1. Certified copy of the public or church record of your marriage.
- ☐ 2. Certified copy of documents (Divorce Decrees, Decrees of Annulment or Death Certificates) terminating all prior marriages for both you and your present spouse.
- ☐ 3. Certified copy of public record of birth or a copy of the record of baptism (showing the names of both parents) for your child(ren).
- ☐ 4. Complete the enclosed VA Form 21-686c, Declaration of Marital Status.
- ☐ 5. The enclosed VA Form 21-509, Statement of Dependency, completed by your parent or parents.
- ☐ 6. Certified copy of the public record of your birth or the church record of your baptism showing the names of both parents.
- ☐ 7. **A certified copy of the veteran's birth certificate showing the parents' names. Also furnish a copy of the death certificate for the veteran's father.**

This evidence should be submitted as soon as possible, preferably within 60 days and in any case it must be received in the Veterans Administration within one year from the date of this letter; otherwise, benefits, if entitlement is established, may not be paid prior to the date of its receipt. **IMPORTANT:** Please show your full name and VA file number on all documents submitted.

Sincerely yours,

*R. L. Sowell*

R. L. SOWELL  
Adjudication Officer

cc:  
A.L.

**AULTHOUSE, L. R.**

In Reply Refer To:

**314 211B**

**XC 3 988 125**

FL 21 117a  
Nov 1979(RS)



## PRIVACY ACT INFORMATION

No allowance of additional benefits for dependents of a veteran nor payment of death benefits based on relationship to the veteran may be granted unless the evidence requested is furnished as required by existing law (38 U.S.C. 101, 315, 410, 521, 541 and 542). The information requested is considered relevant and necessary to determine maximum benefits provided under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

## INSTRUCTIONS

When evidence is required to establish death, birth, marriage, etc., the proof outlined below should be submitted.

1. **DEATH.** A copy of the public record of death certified by the custodian of such records, or a duly certified copy of a coroner's report of death, or a verdict of a coroner's jury.
2. **BIRTH.** A copy of the public record of birth or the church record of baptism showing the name of the child, the date of birth and the names of the parents, certified by the custodian of such records. If neither of these records exists it is not necessary to establish one for the purpose of this claim; instead, submit the affidavit of the physician or midwife in attendance at birth, or the affidavits of two or more persons, preferably disinterested, who should state the name, date and place of birth of the person concerning whom the affidavit is made, and the names of the parents of such person. If establishing birth of a legally adopted child, a copy of the court order of adoption certified by the custodian of such records should be furnished.
3. **MARRIAGE.** A copy of the public or church record of marriage certified by the custodian of such records. (The church record of marriage should show the names of the parties to the marriage, their prior marital status, if available, the date of marriage, the name of the person who performed the marriage and the name and location of the church where the marriage was performed.) If neither of these records is obtainable, furnish either the affidavit of the clergyman or magistrate who performed the ceremony, or the original certificate of marriage, or the affidavits of two or more eye witnesses to the ceremony.
4. **DISSOLUTION OF PRIOR MARRIAGES.** Your certified statement showing the date, place and circumstances of the dissolution of your or your spouse's prior marriages, if any.
5. **AFFIDAVITS.** If affidavits are submitted in place of certified copies of public or church records, such affidavits should be signed before a notary public or other officer authorized to administer oaths for general purposes, whose official seal must be shown, or before a properly designated employee of the Veterans Administration. Persons making affidavits should state their ages, post office addresses, and means of knowledge of the facts in the affidavits.


**NOTE:** Certified copies of public records required by the Veterans Administration to determine eligibility for benefits, are furnished without charge in many states. Your request to the Custodian of Public Records should be accompanied by this letter.



50

3988 125

Form Approved  
OMB No. 76-R0011

 <b>Veterans Administration</b>				<b>(DO NOT WRITE IN THIS SPACE)</b> VA DATE STAMP	
<b>APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY PARENT(S)</b> (Including accrued benefits and death compensation, when applicable)					
IMPORTANT - Read instructions before filling in form. Answer all items fully.					
1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)				2. VA FILE NUMBER	
LeRoy Edgar Aulthouse				XC - 3988 125	
ITEM NO.	RELATIONSHIP OF CLAIMANT (Check) (A)	FULL NAME OF CLAIMANT (B)	DATE OF BIRTH (C)	SOCIAL SECURITY NUMBER (D)	
3	<input checked="" type="checkbox"/> MOTHER	Mary M. Aulthouse	09/09/1898	179 20 7295	
	<input type="checkbox"/> FOSTER MOTHER				
4	<input type="checkbox"/> FATHER				
	<input type="checkbox"/> FOSTER FATHER				
5. MAILING ADDRESS OF CLAIMANT(S) (Include No. and street or rural route, City or P.O., State and ZIP Code)			6A. WAS VETERAN SURVIVED BY (Complete item 6B if applicable)		
1264 Baltimore Pike Gettysburg PA 17325			<input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> CHILD UNDER 18 YEARS OF AGE <input type="checkbox"/> NEITHER		
			6B. NAME AND ADDRESS OF WIDOW/WIDOWER OR CHILD		
<b>PART I - INFORMATION RELATING TO VETERAN</b>					
7. RAILROAD RETIREMENT NUMBER OF VETERAN		8. SOCIAL SECURITY NUMBER OF VETERAN		9. IF VETERAN PREVIOUSLY APPLIED TO VETERANS ADMINISTRATION FOR ANY BENEFIT, INSERT VA FILE NUMBER, IF KNOWN	
		166 12 6564			
10. DATE OF BIRTH		11. PLACE OF BIRTH		12. DATE OF DEATH	
04/21/21		Adams County, PA		06/06/46	
				13. PLACE OF DEATH	
				English Channel	
14. CAUSE OF DEATH (See instructions, paragraph L)					
Shot down over English Channel - See attached letter					
NOTE - The following information should be furnished for each period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or service as a commissioned officer in the National Oceanic and Atmospheric Administration, including officers of the Coast and Geodetic Survey and Environmental Science Services Administration or Public Health Service.					
15A. ENTERED ACTIVE SERVICE		15B. SERVICE NO.		15C. SEPARATED FROM ACTIVE SERVICE	
DATE	PLACE			DATE	PLACE
01/14/43	Adams County	33529901		060645	Missing in action
16. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME				15D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE	
				Sgt.	
<b>PART II - INFORMATION RELATING TO PARENTS OF VETERAN</b>					
17. MAIDEN NAME OF MOTHER			18. NAME OF FATHER		
Mary Moritz			Henry Edgar Aulthouse		
19. NAME OF FOSTER MOTHER (If none, write "NONE")			20. NAME OF FOSTER FATHER (If none, write "NONE")		
None			None		
21A. NAME(S) OF DECEASED PERSON(S) NAMED IN ITEMS 17, 18, 19, AND 20 (If any, fill in item 21B)				21B. DATE(S) OF DEATH	
Henry E. Aulthouse				May 27, 1984	
22. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED 21 YEARS OF AGE?				23. DATES OF PARENTAL CONTROL:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete items 23, 24 and 25)				A. BEGAN B. ENDED	



**PART II - INFORMATION RELATING TO PARENTS OF VETERAN (Continued)**

24. REASON VETERAN WAS NOT A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED 21 YEARS OF AGE. (Explain fully)

25. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER VETERAN AFTER DATE SHOWN IN ITEM 23B.

**PART III - INFORMATION RELATING TO CLAIMANT(S)**

26. IF REMARRIED, DATE OF MARRIAGE TO YOUR LAST SPOUSE  ---	27. ARE YOU LIVING WITH YOUR SPOUSE?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Item 28 or 29)	28. DATE OF DEATH OF SPOUSE IF DECEASED  05/27/84	29. DATE OF SEPARATION FROM SPOUSE  ---
---	---	---	---

30. INDICATE WHICH OF THE FOLLOWING YOU OR YOUR SPOUSE MAY BE ENTITLED TO RECEIVE THIS YEAR OR NEXT YEAR BY PLACING "P" FOR YOURSELF OR "S" FOR YOUR SPOUSE IN THE APPROPRIATE BOX, OR "B" IF YOU BOTH ARE TO RECEIVE THAT ANNUITY INCOME			CLAIMANT	SPOUSE
<input checked="" type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> CIVIL SERVICE	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> RAILROAD RETIREMENT	<input type="checkbox"/> U.S. ARMED FORCES	<input type="checkbox"/> NONE		

31. If you or your spouse has applied or will soon apply for any benefit checked in Item 30, list the name(s) of the benefit(s) in Item A or B as appropriate and enter the date in Item C.	A. WILL SOON APPLY FOR	MONTHLY ENTITLEMENT	\$ 307.00	\$
	B. HAVE APPLIED FOR	MO. MEDICARE DEDUCTION (If any)	+ 15.40	+
	C. DATE	TOTAL MONTHLY ENTITLEMENT	\$ 322.40	\$
	1970'S			

**ANNUAL INCOME (By calendar year)**

NOTE: If income and medical expenses are not shown in dollars, enter name of money unit in Item 33. →

33. NAME OF MONEY UNIT (Pesos, francs, pounds, liras, etc.)

1985				1986		1987	
34. INCOME RECEIVED -				35. INCOME EXPECTED -		36. INCOME EXPECTED FOR NEXT CALENDAR YEAR -	
Include income received from January 1 to date of veteran's death or if claim is filed more than a year after the veteran died, income received from January 1 to date you signed this application.				Include income expected from date of veteran's death to December 31 of that year, or, if claim is filed more than a year after the veteran died, income expected from the date you sign this application to December 31 of the same year.		If unable to state exact amounts, give approximate amounts expected, or enter "Unknown."	
IMPORTANT							
Read carefully paragraph C of instructions before answering questions. All items required to be filled in must be answered fully and completely.							
LINE NO.	SOURCE (A)	PARENT (B)	SPOUSE (If living together) (C)	PARENT (D)	SPOUSE (If living together) (E)	PARENT (F)	SPOUSE (If living together) (G)
1	TOTAL WAGES (Report total income and not take home pay)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	SOCIAL SECURITY (Green check)	3,568.80	-	3,568.80	-	3,568.80	-
3	OTHER ANNUITIES OR RETIREMENT BENEFITS	-	-	-	-	-	-
4	DIVIDENDS AND INTEREST	400	-	400	-	400	-
5	SUPPLEMENTAL SECURITY INCOME (Gold check)	-	-	-	-	-	-
6	UNEMPLOYMENT COMPENSATION	-	-	-	-	-	-
7	NET INCOME FROM RENTALS	-	-	-	-	-	-
8	NET PROFIT FROM SELF - EMPLOYMENT, BUSINESS OR FARM	-	-	-	-	-	-
9	INSURANCE	-	-	-	-	-	-
10	OTHER INCOME (Explain in remarks)	-	-	-	-	-	-

# ADDITIONAL INCOME INFORMATION (Continued)

	TOTAL INCOME, WITHOUT DEDUCTING EXPENSES, RECEIVED FROM:						
11	RENTAL(S)	---	---	---	---	---	---
12	SELF-EMPLOYMENT, FARM OR BUSINESS	---	---	---	---	---	---

## PART IV - MISCELLANEOUS INFORMATION

37. HAS CLAIMANT(S) FILED CLAIM FOR COMPENSATION FROM OFFICE OF FEDERAL EMPLOYEES COMPENSATION BECAUSE OF DEATH OF VETERAN ON WHOSE SERVICE THIS CLAIM IS FILED?		38. HAVE YOU PREVIOUSLY FILED A CLAIM WITH THE VETERANS ADMINISTRATION BASED ON YOUR OWN SERVICE OR THE SERVICE OF ANY OTHER VETERAN?	
A. FATHER (Claimant)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		B. MOTHER (Claimant)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
39. NAME OF PERSON WHO SERVED ---		40. RELATIONSHIP TO CLAIMANT ---	41. VA FILE NO. C- ---
42. HAS ANY FEE BEEN PAID OR WILL ANY FEE BE PAID TO ANY PERSON FOR ASSISTING IN THE PREPARATION OF THIS APPLICATION FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 43 and 44)		43. NAME AND ADDRESS OF PERSON ASSISTING ---	
		44. AMOUNT OF FEE \$ ---	

45. REMARKS (Family unusual medical expenses, if any, may be shown here or on reverse of this page of form. See instructions, paragraph D.)

Mother just starting to apply for benefits.

## CERTIFICATION AND SIGNATURE OF CLAIMANT

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

46. DATE  1-20-86	47. SIGNATURE OF MOTHER, FOSTER MOTHER, GUARDIAN, OR NEXT FRIEND  <i>Mary M. Cullhouse</i>
48. DATE	49. SIGNATURE OF FATHER, FOSTER FATHER, GUARDIAN OR NEXT FRIEND

## WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

NOTE - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signature and addresses of such witnesses must be shown below.

50A. SIGNATURE OF WITNESS	51A. SIGNATURE OF WITNESS
50B. ADDRESS OF WITNESS	51B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

1914

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1914

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1914





CHESTER H. GROSS  
21ST DIST. PENNSYLVANIA  
YORK, ADAMS, AND  
FRANKLIN COUNTIES

WASHINGTON SECRETARY:  
GEORGE H. MANNING

COMMITTEES:  
INSULAR AFFAIRS  
IRRIGATION AND RECLAMATION  
WAR CLAIMS

Congress of the United States  
House of Representatives  
Washington, D. C.

DISTRICT SECRETARY:  
LEE K. SMITH

August 8th  
1945

Mrs. Edgar H. Aulthouse,  
132 Breckenridge Street,  
Gettysburg, Pennsylvania.

Dear Mrs. Aulthouse:

Your inquiry concerning your late son, Sgt.  
LeRoy E. Aulthouse, ASN 33 529 901, has been referred to me  
in Washington.

I have contacted the War Department and have  
been advised that Sgt. Aulthouse was reported missing in action  
as of June 5, 1944 and his wife, Mrs. Esther W. Aulthouse, of  
1001 First Street, Southwest, Roanoke, Virginia was so notified.

By Act of Congress, Public Law 490 provides  
that servicemen shall be carried on the rolls in a "missing in  
action" status for a period of a year and a day. It provides  
also that the next of kin shall continue to receive the family  
benefit allotments during that period of time.

I am advised by the War Department that on  
June 6, 1945, Mrs. Esther W. Aulthouse was notified that her  
husband was declared legally dead under the provisions of Public  
Law 490 and at that time any family benefit allotments should  
and probably were discontinued.

All communications from the War Department are  
forwarded to Mrs. Esther W. Aulthouse since Sgt. Aulthouse listed  
her as next to kin.

Trusting that this information is satisfactory  
and assuring you that I shall be glad to hear from you if we can  
be of further service, I am

Yours very truly,

*George H. Manning*

George H. Manning  
For the Congressman

GHM:sf

XC 3-988-125







THE AMERICAN LEGION

DEPARTMENT OF PENNSYLVANIA  
REHABILITATION DIVISION  
CARE U.S. VETERANS ADMINISTRATION  
WISSAHICKON AVE. & MANHEIM ST.  
P.O. BOX 13399  
PHILADELPHIA, PENNA. 19101

MEMORANDUM TO:           RECEIPT & DISPATCH  
                                  UNIT 21S1

DATE:   JANUARY 27, 1986

SUBJECT:           AULHOUSE, LEROY EDGAR   XC 3 988 125

(MOTHER) MARY M. AULHOUSE  
1264 BALTIMORE PIKE  
GETTYSBURG, PA. 17325

---

We are submitting herewith the following:

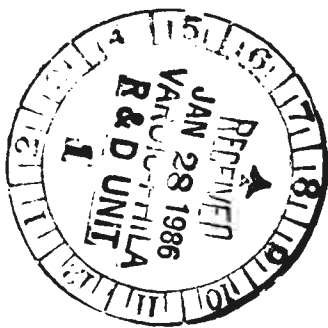
1. VA Form 23-22
2. VA Form 21-535
3. Letter from Congress of the U.S.

VETERANS FOLDER IS LOCATED (314) ROANOKE, VA.

Kindly advise this office of the action taken.

  
Fernando Golingan, Ass't.  
Department Service Officer

FG:fz  
cc: Fox, DVA





**Veterans  
Administration**

210 Franklin Rd., S.W.  
Roanoke VA 24011

August 2, 1983

IN REPLY REFER TO: 21/24

FILE NUMBER

3-988-125/10  
L E AULTH

ESTHER P SCOTT  
3445 NORWAY AVE  
ROANOKE VA 24017

Your claim for Dependency and Indemnity Compensation has been  
approved as follows:

MONTHLY RATE  
\$445.00

EFFECTIVE DATE  
6-01-83

Payments are based on the veteran's pay grade, E-1, as shown  
on service department records.

VETERANS ADMINISTRATION

IMPORTANT — SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS  
Encl: 21-8765 18 04-81-6  
KEEP THIS LETTER FOR FUTURE REFERENCE

## VETERANS ADMINISTRATION

## STATEMENT OF TERMINATION OF MARITAL RELATIONSHIP

1. VA FILE NO.

c. 3988/25

PRIVACY ACT INFORMATION: Action to restore benefits based upon termination of marital relationship may not be taken unless this form is completed and returned as required by existing law (38 CFR 3.55). The information requested is considered relevant and necessary to determine entitlement to those benefits claimed. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

INSTRUCTIONS - This form must be completed and returned to the VA Office shown in Item 3. Certified copies of public records may usually be obtained free if the county clerk or similar custodian of such records is informed that they are required by the Veterans Administration in determining eligibility for benefits. It will not be necessary to furnish documents previously submitted. Applicants for pension must complete Parts II, III and IV.

## PART I - GENERAL INFORMATION

2A. NAME OF VETERAN (First-middle-last)

Leroy E Ault house

2B. NAME OF CLAIMANT

Esther P Scott

2C. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

3445 Norway Ave  
Roanoke VA 24017

3. ORIGINATING VA OFFICE (Include symbol)

Roanoke

4. MARITAL STATUS (Check one)

☐ MARRIED ☐ DIVORCED  
☒ WIDOWED ☐ SEPARATED

5. NO. OF TIMES YOU  
HAVE BEEN MARRIED

2

6. HAVE YOU EVER FILED AN APPLICATION OR RECEIVED  
BENEFITS AS SPOUSE, WIDOWER, OR CHILD OF ANY  
OTHER VETERAN?

☒ YES ☐ NO (If "Yes," complete Item 7)

NOTE: List the name of each veteran, the claim number, and location of the VA office where the claim for benefits referred to in Item 6 was filed.

7A. NAME OF VETERAN

7B. VA FILE NUMBER

7C. VA OFFICE LOCATION

NOTE: Furnish the following information about each of your marriages. Submit a certified copy of the public record of death or of the court's final decree covering dissolution of each marriage subsequent to the death of the veteran.

8A. DATE AND PLACE OF MARRIAGE

8B. TO WHOM MARRIED

8C. HOW MARRIAGE  
TERMINATED  
(Death, divorce)

8D. DATE AND PLACE TERMINATED

1-1-42 Lutna<sup>VA</sup> Leroy Ault house Killed in action 6-5-44 English  
Choona

4-5-80 Robert Scott Robert W Scott death 5-13-83 Roanoke  
VA

## PART II - RETIREMENT AND/OR ANNUITY INCOME RECEIVED AND EXPECTED (Complete if applying for pension)

9. INDICATE WHICH OF THE FOLLOWING YOU MAY BE ENTITLED TO RECEIVE THIS YEAR OR NEXT YEAR

☐ SOCIAL SECURITY ☐ CIVIL SERVICE ☐ OTHER (Specify)  
☐ RAILROAD RETIREMENT ☐ SURVIVOR BENEFIT PLAN

11. INCOME  
FROMA. SOCIAL  
SECURITYB. RAILROAD  
RETIREMENT

NOTE: If you have applied or will soon apply for any benefit checked in Item 9, list by name(s) in either Item 10A or 10B and date(s) in Item 10C.

MONTHLY  
PAYMENT

\$

\$

10A. WILL SOON APPLY FOR

10B. HAVE APPLIED FOR

10C. DATE

MO. MEDICARE  
DEDUCTIONS  
(If any)

+

TOTAL  
MONTHLY  
ENTITLEMENT

\$

\$



### PART III - INCOME RECEIVED AND EXPECTED (Complete if applying for pension)

ITEM NO.	SOURCE <small>(Specify source of "All other income" in Item 16, "Remarks")</small>	WIDOW/ER	NAME OF CHILD/REN			
<b>INCOME RECEIVED LAST YEAR</b>						
12A	EARNINGS	\$	\$	\$	\$	\$
12B	SOCIAL SECURITY (GREEN CHECK)					
12C	OTHER ANNUITIES AND RETIREMENTS					
12D	SUPPLEMENTAL SECURITY INCOME (GOLD CHECK)					
12E	ALL OTHER INCOME					
<b>INCOME RECEIVED AND EXPECTED THIS YEAR</b>						
13A	EARNINGS					
13B	SOCIAL SECURITY (GREEN CHECK)					
13C	OTHER ANNUITIES AND RETIREMENTS					
13D	SUPPLEMENTAL SECURITY INCOME (GOLD CHECK)					
13E	ALL OTHER INCOME					
<b>INCOME EXPECTED NEXT YEAR</b>						
14A	EARNINGS					
14B	SOCIAL SECURITY (GREEN CHECK)					
14C	OTHER ANNUITIES AND RETIREMENTS					
14D	SUPPLEMENTAL SECURITY INCOME (GOLD CHECK)					
14E	ALL OTHER INCOME					

### PART IV - NET WORTH (Value of Estate) (Complete if applying for pension)

ITEM NO.	SOURCE	WIDOW/ER	AMOUNTS			
			NAME OF CHILD/REN			
15A	STOCKS, BONDS, BANK DEPOSITS	\$	\$	\$	\$	\$
15B	REAL ESTATE <small>(Do not include residence)</small>					
15C	OTHER PROPERTY					
15D	TOTAL DEBTS					
15E	NET WORTH					

#### 16. REMARKS

*I need the marriage & death certificate back*

**CERTIFICATION - I HEREBY CERTIFY** that the information I have given above is true and correct to the best of my knowledge and belief.

17. DATE <b>7-11-83</b>	18A. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN <i>Esther P. Deatt</i>	18B. ADDRESS <small>(If different than Item 2C)</small> <b>3445 Norway Ave NW Roanoke, VA 24017</b>
WITNESS - If you sign by mark (X), it must be witnessed by two persons who know you personally and the signature and address of such witness must be shown.		
19A. SIGNATURE OF WITNESS		19B. ADDRESS OF WITNESS
20A. SIGNATURE OF WITNESS		20B. ADDRESS OF WITNESS

**PENALTY** - The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF  
VITAL RECORDS

REGISTRATION AREA NUMBER 223	CERTIFICATE NUMBER 612	STATE FILE NUMBER
DECEDENT		
1 FULL NAME OF DECEASED (first) (middle) (last) ROBERT WILLIAM SCOTT		2 SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
4 DATE OF DEATH (mo) (day) (year) May 13, 1983		5 AGE 68 years
6 DATE OF BIRTH (mo) (day) (year) Nov. 22, 1914		7 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
PLACE OF DEATH		
8 NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none so state) Roanoke Memorial Hospital		9 COUNTY OF DEATH (if independent city, leave blank) FILE
10 CITY OR TOWN OF DEATH Roanoke		11 STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Bellevue Avenue at Jefferson St. 1983
12 STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		13 COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)
14 CITY OR TOWN OF RESIDENCE Roanoke		15 STREET ADDRESS OR RT. NO. OF RESIDENCE 3445 Norway Ave., N.W. 12 24017
PERSONAL DATA OF DECEDENT		
16 NAME OF FATHER OF DECEASED Forrest Scott		17 MAIDEN NAME OF MOTHER OF DECEASED Nellie Davis
18 CITIZEN OF WHAT COUNTRY USA	19 BIRTHPLACE (state or country) Pennsylvania	20 NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>
21 IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Esther Prillaman Scott	22 SOCIAL SECURITY NUMBER 230-03-8815	
23 USUAL OR LAST OCCUPATION Retired	24 KIND OF BUSINESS OR INDUSTRY Supply Division Veterans Hosp. Salem	25 INFORMANT - OR SOURCE OF INFORMATION Esther P. Scott, Wife
26 CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Metastatic Poorly Differentiated Adenocarcinoma - primary site undetermined. DUE TO (B) Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last DUE TO (C) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 26a AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
26b IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		
26c IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH NOTE IF EXTERNAL CAUSE, NOTIFY MED EXAMINER		
26d DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
26e TIME OF INJURY (mo) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	26f INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
26h (city or town) (county) (state)		
26i To the best of my knowledge, death occurred at 1:15 (p.m.) on the date and place and from the cause(s) stated.		
ACTUAL SIGNATURE Thomas E. Donnelly, M.D.		DATE SIGNED 5/23/83
NAME OF ATTENDING PHYSICIAN (Type or Print) Thomas E. Donnelly, M.D.		
ADDRESS OF ATTENDING PHYSICIAN 1315 2nd St., SW, Roanoke, Va.		
FURNAL DIRECTOR		
27 BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Sherwood Memorial Park, Salem, Virginia	29 (Signatures of funeral director or person legally responsible for this certificate) John M. Oakey, Inc. Roanoke, Virginia
REGISTRAR		
30 (Signature of Registrar) Wanda J. McGee, Deputy		DATE RECORD FILED May 24, 1983

This is to certify that this is a true and correct reproduction of the original record filed with the Roanoke City Health Department, Roanoke, Virginia and bearing the impressed seal of this department.

Date Issued 5-24-83

(Seal)

Deputy Registrar

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE

Do not accept unless the impressed seal of the Roanoke City Health Department is clearly affixed. Section 32.1-272, Code of Virginia.

IMPORTANT: Use black ribbon in typewriter or print, apply with ball point pen having black ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

NOTE: H  
Pending must be  
indicated so state in  
part I and notify reg-  
istrar of final decision  
as soon as possible

MEDICAL CERTIFICATION

VS 2 B/8





# COMMONWEALTH OF VIRGINIA

STATE DEPARTMENT OF HEALTH, RICHMOND



## CERTIFICATE OF MARRIAGE

FILE

JUL 29 19

12

I, Begonia Moore Beckham, a Minister  
OF THE Methodist

CHURCH, OR RELIGIOUS ORDER  
OF THAT NAME, DO CERTIFY THAT ON THE 5th DAY OF April, 1950  
AT Roanoke

VIRGINIA UNDER AUTHORITY OF A LICENSE ISSUED BY  
R. J. Watson CLERK OF THE Seventy COURT OF Roanoke CITY  
OR COUNTY, STATE OF VIRGINIA, DATED THE 4th DAY OF April, 1950.

I JOINED TOGETHER IN THE HOLY STATE OF MATRIMONY:

Robert William Smith HUSBAND, AND Esther P. Smith, HIS WIFE.

GIVEN UNDER MY HAND THIS 5th DAY OF April, 1950.

Begonia Moore Beckham

(PERSON WHO PERFORMS CEREMONY SIGN HERE.)



July 5, 1983

Mrs. Esther P. Scott  
3445 Norway Ave.  
Roanoke, VA 24017

314-211B-71-7  
C 3 988 125  
AULHOUSE, Leroy E.

Dear Mrs. Scott:

You must complete Part I of the enclosed form 21-8796 and return it to our office.

The basic benefit payable to you by reason of Mr. Aulhouse's service is death compensation and the monthly amount is \$87.00. However, you have the right to elect Dependency and Indemnity Compensation in which you would be entitled to DIC of at least \$445 a month. We will assume that is the benefit you wish to receive unless you inform us otherwise. However, you cannot receive both benefits nor can you receive benefits in behalf of both veterans, Mr. Leroy Aulhouse and Mr. Robert Scott.

Further consideration will be given your claim when this information has been received.

Sincerely yours,

R. L. SOWELL  
Acting Adjudication Officer

Enclosure

159  
7-1

9/130



6/17

FOLDER LOC. 030  
REQ'D DATE: 6-7-83

2116-C  
Form Approved  
OMB No. 76-RO335

VETERANS ADMINISTRATION

EX:

SOCIAL SECURITY NO.

VA FILE NO.

STATEMENT IN SUPPORT OF CLAIM

XC- 03988125

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN (Type or print)

*Leroy E. Gulthouse*

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

FILE

JUL 5 1983

*I would like to know if I would be eligible <sup>71</sup> for benefits due to my first husband's death in the military. Attached is copy of my second husband's death certificate*

FILE

CHIEF, SYMB.

SP

DATE

71  
130  
6/2/83  
7-28-83

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED

SIGNATURE

6/2/83

*E. J. P. Acet*

ADDRESS

*3445 Norway Ave, Lincoln, 24017.*

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A		REGISTRATION AREA NUMBER 223		CERTIFICATE NUMBER 612		STATE FILE NUMBER	
DECEDENT		1 FULL NAME OF DECEASED (first, middle, last) ROBERT WILLIAM SCOTT				2 SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3 RACE Cauc.
		4 DATE OF DEATH (mo, day, year) May 13, 1983	5 AGE (year, month, day) 68 years	6 DATE OF BIRTH (mo, day, year) Nov. 22, 1914	7 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PLACE OF DEATH		8 NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Roanoke Memorial Hospital				9 COUNTY OF DEATH Roanoke	
USUAL RESIDENCE OF DECEDENT		10 CITY OR TOWN OF DEATH Roanoke				11 STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Bellevue Avenue at Jefferson St.	
		12 STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia				13 COUNTY OF DECEDENT'S RESIDENCE JUL 5 1983	
		14 CITY OR TOWN OF RESIDENCE Roanoke				15 STREET ADDRESS OR RT. NO. OF RESIDENCE 3445 Norway Ave., N.W. 71 24017	
PERSONAL DATA OF DECEDENT		16 NAME OF FATHER OF DECEDENT Forrest Scott				17 MAIDEN NAME OF MOTHER OF DECEDENT Nellie Davis	
		18 CITIZEN OF WHAT COUNTRY USA	19 BIRTHPLACE (state or country) Pennsylvania	20 NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	21 MARRIED OR WIDOWED, NAME OF SPOUSE (if deceased leave blank) Esther Prillaman Scott		
		22 SOCIAL SECURITY NUMBER 230-03-8815	23 USUAL OR LAST OCCUPATION Retired Supply Division Veterans Hosp. Salem	24 KIND OF BUSINESS OR INDUSTRY Esther P. Scott, Wife			
		25 INFORMANT—OR SOURCE OF INFORMATION					
		26 CAUSE OF DEATH (If more than one cause per line for (A), (B), and (C).) PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Metastatic Poorly Differentiated Adenocarcinoma - primary site undetermined. DUE TO (B) _____ DUE TO (C) _____					
TO PHYSICIAN:		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					
MEDICAL CERTIFICATION		26d IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		26e IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH NOTE IF EXTERNAL CAUSE NOTIFY MED. EXAMINER		26f DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
		26g TIME OF INJURY (mo, day, year) AM _____ PM _____		26h INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		26i PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) 26j (city or town) (county) (state)	
		26k To the best of my knowledge, death occurred at 1:15 (p.m.) on the date and place and from the cause(s) stated.					
		ACTUAL SIGNATURE <i>Thomas E. Donnelly</i> MD				DATE SIGNED 5/23/83	
		NAME OF ATTENDING PHYSICIAN (If not a M.D.) Thomas E. Donnelly, M.D.				ADDRESS OF ATTENDING PHYSICIAN 1315 2nd St., SW, Roanoke, Va	
FUNERAL DIRECTOR		27 BURIAL REMOVAL OR CREMATION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation		28 PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Sherwood Memorial Park		(city or county) Salem, Virginia	
		29 (Signature of funeral director or person legally authorized to sign this certificate)		NAME OF FUNERAL HOME AND ADDRESS John M. Oakey, Roanoke, Virginia			
REGISTRAR		30 (Signature of Registrar) Wanda J. McQueen, Deputy		DATE RECORD FILED May 24, 1983			

This is to certify that this is a true and correct reproduction of the original record filed with the Roanoke City Health Department, Roanoke, Virginia and bearing the impressed seal of this department.

Date Issued 5-24-83

(Seal)

Deputy Registrar

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE

Do not accept unless the impressed seal of the Roanoke City Health Department is clearly affixed. Section 32.1-272, Code of Virginia.

April 18, 1950 G

U.S. Treasury Dept  
Richmond 20, Va.

Gentlemen:

It is my understanding that at the time  
of my re marriage I am no longer  
eligible for widows pension. This is  
to advise that I, Esther Willard Aulthouse,  
(911-6th St S.E. Roanoke 13, Va.)  
widow of LeRoy Edgar Aulthouse, 33, 529, 901,  
U. S. G. A. 7. was married to Robert W. Seath,  
on April 5, 1950. If this is correct,  
please discontinue my widows pension.  
You may mail my National Service Life  
Insurance checks to: (new name) Esther  
Aulthouse Seath, 3418 Greenland Avenue  
N.W. Roanoke 12, Va.

Yours very truly 5-11-8, 2-8-13-1

new

Esther Aulthouse Seath  
3418 Greenland Ave N.W.  
Roanoke 12, Va.

File  
14-19-10

old name and address  
Esther Willard Aulthouse  
911 Sixth Street S.E.  
Roanoke 13, Va





DISTRICT OFFICE  
Post Office Box No. 244  
Richmond 19, Virginia

August 12, 1949

RV433

Mrs. Esther Willard Aulthouse  
911 6th Street, S. E.  
Roanoke 13, Virginia

XC 3 938 126  
AULTHOUSE, LeRoy E.  
S N 8 289 581

Dear Mrs. Aulthouse:

We have your letter of August 4, 1949 reporting the loss of your insurance check for the month of May.

The Treasury Department has been requested to investigate the status of the check and they will advise you of further action. If the check should be recovered, it should not be negotiated until this office has been advised and the Treasury Department has issued necessary instructions as to when it may be cashed.

Very truly yours,

MALCOLM C. GRAHAM  
Finance Officer

FILE  
AUG 12 1949

Vet. Res.  
LMB:mtb

District Office  
P. O. Box 244

XX  
19

August 12, 1949

RV4BB

U. S. Treasury Department  
Division of Disbursement  
900 North Lombardy Street  
Richmond 20, Virginia

MC 3 988 125  
AULHOUSE, LeRoy E.  
5 N 8 289 531

Gentlemen:

Enclosed is a statement from Mrs. Esther Willard Aulthouse, unmarried widow of the above-named veteran, advising that the following listed check has been lost:

<u>Check No.</u>	<u>Date</u>	<u>Amount</u>	<u>Symbol</u>	<u>Appropriation</u>
51,190,531	5-5-49	\$37.50	405	3675846

The proceeds of this check are due the payee. It is requested that stoppage of payment be placed against this item to determine if it is outstanding, and necessary action be taken to provide the payee with the proceeds.

Very truly yours,

MALCOLM C. GRAHAM  
Finance Officer

Vet. Rec.  
LMB:mtb

FILE  
AUG 13 1949



C O P Y

August 4, 1949  
911 - 6th St. S.E.  
Roanoke 13, Va.

Mr. Malcolm C. Graham  
Finance Officer  
V. A. Richmond, Va.

Ref: RV4BB

Dear Sir,

I'm sorry I forgot to sign my last letter - will try to explain as best I can again:

So far as I can tell my insurance check for May, 1949 has been lost in the mails. Here is the story: I myself received the check and endorsed it. After receipt and endorsing, as has always been my habit, I put it in a plain 3-cent stamped envelope and mailed to my late husband's parents Mary and Edgar Aulthouse, R. D. 1, Gettysburg, Pa. They did not receive this check.

I will appreciate any help you may be able to give us on this, and am sorry it happened, however, it is beyond my control.

Yours very truly,

/s/ Esther Willard Aulthouse,

P.S.

Before my mother and father-in-law cash these checks they endorse them to, either in the name of Mary or Edgar Aulthouse.

E.W.A.

DISTRICT OFFICE

Post Office Box No. 244  
Richmond 19, Virginia

August 4, 1949

RV4BB

Mrs. Esther Willard Aulthouse  
911 6th Street, S. E.  
Roanoke 13, Virginia

XC 3 988 125  
AULTHOUSE, LeRoy E.  
5 N 8 289 581

Dear Mrs. Aulthouse:

We have your letter postmarked June 21, 1949 addressed to the Treasury Department, Division of Disbursements, Richmond, Virginia relative to your insurance check for the month of May 1949.

As your letter was unsigned, it is requested that you advise this office stating the facts over your personal signature before any action can be taken. Immediately upon receipt of your statement, necessary action will be taken to place a stoppage of payment against the above check.

Very truly yours,

MALCOLM C. GRAHAM  
Finance Officer

Vet. Rec.  
LMB:Mth

FILE

AUG 4 1949

June 21, 1949

Director:  
Division of Disbursements:  
Richmond 19, Va.

Dear Sir:

I receive a check each month, National Service Life Insurance, in as much as I am the widow of Sgt. L. E. Aulthouse, deceased. Upon receipt of these checks each month, I in turn mail them to my late Husbands Mother, in Gettysburg, Penna. She has not received the check for May, 1949. I mailed same in an uninsured, three-cent envelope and have no way to my knowledge of checking on it through the mails.

Could you check your cancelled checks for that month and see if it has been received. It would be endorsed by my self. (Esther Willard Aulthouse) and if my mother-in-law has received same and merely forgotten it, should also be endorsed by Mary or Edgar Aulthouse.

I am so sorry to trouble you, however, it is beyond my control, and I would very much appreciate anything you may be able to do to help me.

I did not know until her letter today, (She lives in a distant town) that she had not received this above named check.

Yours very truly,

Esther Willard (Mrs. L. E.) Aulthouse,

a

911 Sixth Street S. E.  
Roanoke 13, Virginia.

511-8227

11/1

12/1





V. A. FO  
NOV 1945  
A. J. AGO

FOR ARMY INFORMATION

TYPE OF CLAIM  
Death (See Additional  
Pub. 419)

LOCATION OF REQUEST

Branch Office No.  
900 North Lombardy Street  
Richmond 20, Virginia

NO

ORGANIZATION UNIT

Dependents & Beneficiaries  
Claims Service

DATE

6-13-47

If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

To be completed by Veterans Administration

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

AULHOUSE, Leroy E.

2. ARMY SERIAL NO.

33 529 901

3. C. NO.

I C. 3 988 125

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

K.

N.

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

1-7-43

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

Sgt. AG

10. DATE OF DEATH

6-5-44

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

Roanoke, Virginia

13. DATE OF BIRTH

14. PLACE OF BIRTH

To be completed by War Department

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. ARMY SERIAL NO.

3. C. NO.

C.

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

K.

N.

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

13. DATE OF BIRTH

14. PLACE OF BIRTH

ALLEGED DISEASE OR INJURY

DATE INCURRED

HOSPITAL OR INFIRMARY

DIAGNOSIS

ORGANIZATION WITH WHICH SERVING

SIGNATURE

*W. B. H. H. H.*  
W. B. H. H. H.

ADDITIONAL INFORMATION

Claimant is Esther Willard Aulthouse, widow

Director, Claims Service

Class E allotment, \$20.00, pd thru ~~May~~ <sup>June</sup> 1945 to Esther W. Aulthouse, wife.

Class F allowance, \$50.00, pd thru ~~June~~ <sup>July</sup> 1945, to Esther W. Aulthouse, wife.

Entitlement to pay ceased 6 June 1945. Arrears of Pay \$1,000.00, paid to Esther W. Aulthouse, as widow of Leroy E. Aulthouse, deceased. Approximately \$50.16, reserved pending claim from legal representative of the estate.

C. F. HATHAWAY, JR  
Captain, FD  
Chief, Pay Settl Br

rk JUL 2 1947

COPIES

ORIGINALS (LOANED)

OTHER RECORDS

PHYS. EXAM.

AT ENTRANCE

OTHER

CLINICAL

CARDS

FIELD MEDICAL

MEDICAL

FINAL PHYS. EXAM.

TAGS

FIELD

DENTAL

DATE

EDWARD F. WITTEL  
Major General  
The Adjutant General

BY

SEE SETTLEMENT  
SETTLEMENT ACCT  
JUL 2 11



# VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

July 9 1947.

YOUR FILE REFERENCE:

Manager,

IN REPLY REFER TO:

3BBA

Branch Office #4  
900 North Lombardy St  
RICHMOND 20 Virginia

## Public 419

Enclosed herewith are (~~several hundred~~) records listed below. Kindly acknowledge receipt of these records, returning the original of this list for the attention of the Chief, Record Verification Section, Room 7000 Central Office:  
513

NAME

C NUMBER

AULTHOUSE,	Leroy E	IC 3 988 126
BURTON,	William J Jr	IC 3 354 297
CARTER,	Zeb C	IC 3 696 060
HAPPENY,	Namuel E	IC 6 039 154
ICARD,	Joe W	IC 4 093 396
MORRAL,	Bert	IC 6 093 326

fw

These records should be carefully re-checked immediately upon receipt and any papers not applicable to the claim returned promptly to the Central Office, attention, Record Verification Section.

FL 3-24  
Oct 1946  
(Replaces Form 602)

F.G. FRASER  
Acting Director  
Administrative Service

23965



V. A. FORM 8101  
NOV. 1948

# REQUEST FOR ARMY INFORMATION

TYPE OF CLAIM  
Death (See Additional  
Pub. 419)

WD AGO FORM 53 SERIES RECEIVED ☒ YES ☐ NO

LOCATION OF REQUESTING OFFICE

Branch Office No. 4  
900 North Lombardy Street  
Richmond 20, Virginia

ORGANIZATION UNIT

Dependents & Beneficiaries  
Claims Service

DATE

6-13-47

If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

To be completed by Veterans Administration

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

AULHOUSE, Leroy E.

2. ARMY SERIAL NO.

33 529 901

3. C. NO.

X c. 3 988 125

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

K -

N -

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

1-7-43

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

Sgt. AC

10. DATE OF DEATH

6-5-44

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

Roanoke, Virginia

13. DATE OF BIRTH

14. PLACE OF BIRTH

To be completed by War Department

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. ARMY SERIAL NO.

3. C. NO.

c.

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

K -

N -

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

13. DATE OF BIRTH

14. PLACE OF BIRTH

ALLEGED DISEASE OR INJURY

DATE INCURRED

HOSPITAL OR INFIRMARY

DIAGNOSIS

ORGANIZATION WITH WHICH SERVING

SIGNATURE

*W. B. Ufford*  
W. B. UFFORD  
Director, Claims Service

ADDITIONAL INFORMATION

Claimant is Esther Willard Aulthouse, widow

May

Class E allotment, \$20.00, pd thru ~~May~~ 1945 to Esther W. Aulthouse, wife.

June

Class F allowance, \$50.00, pd thru ~~July~~ 1945, to Ester W. Aulthouse, wife.

Entitlement to pay ceased 6 June 1945. Arrears of Pay \$1,000.00, paid to Esther W. Aulthouse, as widow of Leroy E. Aulthouse, deceased. Approximately \$50.16, reserved pending claim from legal representative of the estate.

*NAH*  
*79-47*  
*CWS*

rk JUL 2 1947

*C. F. Hathaway, Jr.*  
C. F. HATHAWAY, JR.  
Captain, FD  
Chief, Pay Settl Br

COPIES

ORIGINALS LOANED

OTHER RECORDS

PHYS EXAM.

AT ENTRANCE

OTHER

CLINICALS

CARDS

FIELD MEDICAL

MEDICAL

FINAL PHYS. EXAM.

TAGS

FIELD

DENTAL

DATE

EDWARD F WITSELL  
Major General  
The Adjutant General

BY



V. A. FORM 3101  
NOV. 1945

# REQUEST FOR ARMY INFORMATION

TYPE OF CLAIM

Death (See Additional  
Pub. 419)

WD AGO FORM 53 SERIES RECEIVED ☒ YES ☐ NO

LOCATION OF REQUESTING OFFICE

Branch Office No. 4  
200 North Lombardy Street  
Richmond 20, Virginia

ORGANIZATION UNIT

Dependents & Beneficiaries  
Claims Service 6-13-47

DATE

To be completed by Veterans Administration

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. ARMY SERIAL NO. **ANLTHOUSE, Leroy B.**

3. C. NO. -

4. CONVERTED INS. NO.

5. C. - **2 200 125**  
5. NAT. SER. LIFE INS. NO.

K. -

N. -

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

12. HOME ADDRESS

13. DATE OF BIRTH

14. PLACE OF BIRTH

To be completed by War Department

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. ARMY SERIAL NO.

3. C. NO.

C. -

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12. HOME ADDRESS

13. DATE OF BIRTH

14. PLACE OF BIRTH

ALLEGED DISEASE OR INJURY

DATE INCURRED

HOSPITAL OR INFIRMARY

DIAGNOSIS

ORGANIZATION WITH WHICH SERVING

SIGNATURE

ADDITIONAL INFORMATION

Claimant is Esther Villard Anthouse, widow

**W. B. UFFERD,**  
Director, Claims Service

6-13-47  
*[Signature]*

COPIES

ORIGINALS (LOANED)

OTHER RECORDS

PHYS. EXAM.

AT ENTRANCE

OTHER

CLINICALS

CARDS

FIELD MEDICAL

MEDICAL

FINAL PHYS. EXAM.

TAGS

FIELD

DENTAL

DATE

EDWARD F. WITSELL  
Major General  
The Adjutant General

BY

SENSITIVE SURFACE - HANDLE EDGES ONLY

*Exp. 3rd*

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

REPORT OF DEATH

plm-5D834

DATE

15 May 1947

FULL NAME <b>AULHOUSE, LEROY E.</b>		ARMY SERIAL NUMBER <b>33 529 901</b>	GRADE <b>SGT</b>
HOME ADDRESS <b>Roanoke, Va.</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>21 Apr 1921</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>5 Jun 1944</b>
SPOT OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>7 Jan 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Esther W. Aulhouse, wife, 1001 First Street S.W., Roanoke, Va.**

BENEFICIARY (Name, relationship, and address)

**Esther W. Aulhouse, wife, address as shown above**

**Mary M. Aulhouse, mother, 132 Breckenridge St., Gettysburg, Pa.**

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE

☐ NON-BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, 7 Mar 1942 as amended, showing presumed date of death as 6 Jun 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

*plm x c*

Filed **6-13-47**  
Date  
Initial *[Signature]*

C	3988125
K	
N	
V	
A	
T	
P	
S	
I	
Date	
Initial	

BY ORDER OF THE SECRETARY OF WAR

*[Signature]*

ADJUTANT GENERAL



January 7, 1946

BA-EA

Mrs. Esther Willard Aulthouse,  
1001 First Street, South West,  
Roanoke 10, Virginia.

XC- 3-988-125  
AULTHOUSE, Leroy E.

Dear

~~Madam;~~

This is to notify you that the records of the Veterans Administration pertaining to the case of the above-named deceased veteran are being transferred to the field office of the Veterans Administration at Roanoke, Virginia.

Accordingly, any future correspondence or inquiry relating to this case should be addressed to the Manager of that field office, and should show the veteran's name and XC- number given in the caption of this letter.

Very truly yours,

W. C. BLACK.  
Director,  
Administrative Service.

Form 3164a  
Rev. Oct. 1945

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



Ctf. \_\_\_\_\_  
X C- 3 988 125  
N- 8 289 531

**DETERMINATION OF LIABILITY AND CERTIFICATION  
BY THE COMMITTEE ON EXTRA HAZARDS OF SERVICE  
NATIONAL SERVICE LIFE INSURANCE**

Name of insured LeRoy E. Aulthouse Date of death 6/5/44  
Entered active service \_\_\_\_\_ Active service terminated \_\_\_\_\_ Date of application for insurance \_\_\_\_\_  
Face value of policy, \$ 10,000 Plan 5 LPT Effective Date 1/15/43 Age at Issue 22  
Changed to \$ \_\_\_\_\_  
Premiums paid to \_\_\_\_\_ Date of total disability \_\_\_\_\_ Due date of first premium covered by waiver \_\_\_\_\_  
Date for application for premium waiver \_\_\_\_\_ Does total disability continue? \_\_\_\_\_ If not, date terminated \_\_\_\_\_  
Disease or injury causing disability or death and statement of facts:

**Missing. Insured was crew member of plane which sustained damage from enemy antiaircraft over France. Officially declared dead.**

(IF ADDITIONAL SPACE IS REQUIRED USE REVERSE OF FORM)

On the basis of the evidence recited above, it is the decision of this committee that the disease or injury resulting in the above-numbered claim is traceable to the performance of duty in the military or naval service and that said disease or injury is traceable to the extra hazards of such service. Accordingly, by virtue of the authority conferred upon the Administrator of Veterans' Affairs it is authorized and directed that transfer be made pursuant to the provisions of Section 607 of the National Service Life Insurance Act of 1940 from the National Service Life Insurance Appropriation to the National Service Life Insurance Fund of

- ☒ an amount which, when added to the reserve of the policy will equal the then value of such benefits under above policy.  
☐ an amount sufficient to cover the premiums on the policy for the period while the payment of premiums by the insured is waived by reason of the total disability of the insured.

FOR THE ADMINISTRATOR OF VETERANS' AFFAIRS:

AML:ph

COMMITTEE ON EXTRA HAZARDS OF SERVICE

Member.

Member.

Date \_\_\_\_\_ Vice Chairman.

I CERTIFY that in accordance with Section 607 of the National Service Life Insurance Act of 1940 the calculations on the above-numbered claim are as follows:

\_\_\_\_\_ Monthly premiums of \$ \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Commuted value of policy \_\_\_\_\_ \$ \_\_\_\_\_  
Reserve \_\_\_\_\_ \$ \_\_\_\_\_  
Amount to be transferred \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_

Insurance Accounts Section, Finance Service.

C

Ci

MBAB  
-5

**AULTHOUSE, LeRoy E.**  
**IC 3,988,125**

unremarried widow of

whose death was due to service, an award  
 LeRoy E. Aulthouse, has been made to you under the provisions of the  
 pension act of  
 3-20-33, as amended, \$50.00 commencing 6-7-45.

Payments of compensation or pension to or for a widow will be discontinued upon her remarriage or death. Payments of compensation or pension to or for a child will be discontinued upon reaching the age of \_\_\_\_\_, marriage, or death. Payment of compensation or pension to or for a dependent parent will be discontinued upon death, or when actual dependency ceases to exist, and may be discontinued in the event of remarriage. Payments of compensation or pension to a guardian or other fiduciary will be discontinued upon his discharge.

Any correspondence with reference to this case must show the veteran's name and the XC-number given above.

762

R. J. HINTON,  
Director,  
Dependents Claims Service.



**APPLICATION FOR PENSION OR COMPENSATION BY WIDOW and/or CHILD OF  
DECEASED PERSON WHO SERVED IN THE ACTIVE MILITARY OR  
NAVAL SERVICE OF THE UNITED STATES**

This form is to be used in making application for pension or compensation and accrued benefits under any public law of the United States. After execution, it should be forwarded directly to the Veterans Administration.

I, Esther Willard Aulthouse  
(Print clearly) (First name) (Middle name) (Last name)

hereby make application for pension or compensation as the widow  
(State your relationship to the veteran)  
of the veteran described below, and for any accrued benefits that may be payable:

1. (a) Name of deceased veteran LeRoy E. Aulthouse  
(b) Race White (c) Date of birth April 21, 1921  
(d) His place of birth Gettysburg Pg.  
(City or town) (County) (State)
2. Did the deceased veteran ever apply for pension, compensation, disability allowance, emergency officers' retirement pay, Government insurance, or adjusted-compensation benefits during his lifetime? No If so, indicate which benefit was applied for and give the claim number \_\_\_\_\_
3. (a) Give dates of enlistment and discharge for each period of service of deceased veteran in the Army, Navy, Marine Corps, or Coast Guard of the United States:

ENLISTED		SERIAL No.	DISCHARGED		RANK AND ORGANIZATION
Date	Place		Date	Place	
1-14-43	Roanoke, Va.	33 529 901	Reported missing in service 6-5-44 Presumed to have been killed on that date 6-6-45		

- (b) Did veteran serve under a name other than the one given in answer to question No. 1? No If so, state the other name and the service rendered under that name \_\_\_\_\_
4. (a) Date of veteran's death. (See instruction No. 2) June 5, 1944 (missing, later presumed to have been killed)  
(b) Place of death In service  
(c) Cause of death Killed in service
5. How many times was veteran married? Once Indicate to whom and how each marriage was terminated in space below: (See instruction No. 3)

DATE AND PLACE OF MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (Death, Divorce)	DATE AND PLACE MARRIAGE TERMINATED
1-1-42 Roanoke, Va.	Esther Willard Prillaman	Death	See above



6. (a) Name of widow Esther Willard Aulthouse  
(b) Present address 1001 First St., S. W., Roanoke 16, Va.  
(c) Has she remarried since death of veteran? No  
(d) If so, give name of person to whom married and date of marriage \_\_\_\_\_
7. Was veteran survived by mother or father? Yes If so, give names and addresses:  
Father's name Edgar Henry Aulthouse Address 132 Breakenridge St., Gettysburg, Pa.  
Mother's name Mary Moritz Aulthouse Address " " " " "
8. If claimant is widow of deceased veteran, give following information:  
(a) Maiden name Esther Willard Prillaman  
(b) Date of birth May 7, 1915 (c) Place of birth \_\_\_\_\_  
Franklin County Virginia  
(County) (State)  
(d) How many times was she married? Once (e) Did she live continuously with the veteran from date of marriage to date of his death? Yes If not, state fully all the facts and circumstances which led up to and immediately attended the separation, as well as the date or dates and the duration thereof, and if there was a separation by court order attach a certified copy of such order.  
\_\_\_\_\_  
\_\_\_\_\_  
(f) Did any other husband render military or naval service? Not applicable  
If so, state claim number assigned to him or them by the Veterans Administration or the former Veterans Bureau or Bureau of Pensions in the event a claim was filed \_\_\_\_\_  
(g) Indicate to whom married and how each marriage of the widow was terminated, in space below: (See instruction No. 3)

[illegible]

9. State below the name of each living child of the deceased veteran, including adopted children and stepchildren, under 18 years of age and unmarried, or over 18 years of age and under 21 years of age, unmarried and attending school; or by any age who is insane, idiotic, or otherwise permanently helpless or incapable of self-support by reason of mental or physical defect: (See instruction No. 4)

[illegible]



10. Which, if any, of the children is—(a) Stepchild? Not applicable ;  
 (b) an adopted child? \_\_\_\_\_ ; (c) an illegitimate child? \_\_\_\_\_ ;  
 or (d) a helpless child? \_\_\_\_\_ ; (e) over 18 and attending school? \_\_\_\_\_  
 (See instruction No. 4 (b))
11. If any child was a stepchild, was such child a member of the veteran's household at the time of his death? Not applicable
12. (To be answered by widow only.) Is it your desire that this application also be considered as a claim for compensation or pension benefits for any of the veteran's children not in your custody? \_\_\_\_\_ If so, give name of child or children and name and post-office address of person having custody of each child \_\_\_\_\_  
Not applicable
13. (a) What is the amount of the widow's present and expected annual income?  
\$1600.00  
 (b) If claim is solely for children, what is the amount of their annual income?  
 \_\_\_\_\_  
 (c) Name the sources of income and amount from each source Employment, as Credit Manager, Hofheimer's, Roanoke, Va.
14. Has the claimant filed, or is the claimant filing a claim for: (a) Compensation or pension based on the service of any other person? No (b) Retainer pay? No  
 (c) Retirement pay? No (d) Adjusted compensation? No (e) Government insurance? Yes (f) Compensation from the United States Employees' Compensation Commission? No (g) State Employees' Compensation Commission? No (h) Old Age Assistance? No (i) Survivors' insurance under the Social Security Act? No (j) Civil Service annuity? No (k) Any other benefits from the United States? No Give full particulars including date, place, claim number, and full name of person on account of whose service each claim was filed, and whether payments are now being received by reason of any such claim Claim for National Service Life Insurance filed this date on account of death of LeRoy E. Aulthouse.
15. (a) Was the applicant named as beneficiary of any insurance policies of the veteran at the time of his death? Yes If so, give name of companies and policy numbers Policy with Continental Life Ins. Co., Roanoke, Va. (No payments due to war clause in policy)  
 (b) Has the widow received, or will she receive, any commercial or fraternal insurance payments? No If so, name the source and amount thereof \_\_\_\_\_
16. Was deceased veteran employed by the United States Government in a civilian capacity at the time of his death? No If so, in what capacity? \_\_\_\_\_

17. Has any child named in this application ever applied for benefits from the National Youth Administration? Not applicable If so, give name, claim number, and benefits, if any, being received \_\_\_\_\_
18. Is the widow or any child in receipt of active-service pay on account of service in the Army, Navy, Marine Corps, or Coast Guard? No
19. Did any person or persons assist or advise you in the preparation of this application? Yes If so, give the name and address of such person or persons, and state the nature and extent of the assistance or advice, the amount of fee paid or to be paid for such assistance Post Office, Veterans Administration, Roanoke, Va. (No fee)

I make the foregoing statements, as part of my claim, with full knowledge of the penalty provided for making a false statement.

WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY (X) MARK	
NOTE.—Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known, and the signatures and addresses of such witnesses must be shown below.	
1. _____ (Signature of witness)	_____
_____	(Address)
2. _____ (Signature of witness)	_____
_____	(Address)

Mrs. Esther Willard Aulthouse  
(Signature of claimant)

1001 First St., S. W., Roanoke, Va.  
(Address)

Subscribed and sworn to before me this 1st day of August, 1945,  
by Esther Willard Aulthouse claimant, by whom (to whom)  
(Strike out part not applicable)  
the questions and answers were read and the statements made herein were fully explained.

Authority  
[SEAL] Veterans Administration  
Form 4505, dated 12-8-44

Linwood L. Bay  
Linwood L. Bay  
Notary Public.

THE FOLLOWING STATEMENT MUST BE SIGNED BY TWO WITNESSES (See Instruction 10)

We, the undersigned, severally state that we are well acquainted with the person whose name is subscribed above, and that we know said person to be the  
{widow or guardian or next best friend of the incompetent widow  
guardian or next friend of the child  
(Strike out parts not applicable)} of \_\_\_\_\_  
(Name of veteran)  
the deceased veteran on whose service this claim is based; that we have read the statements made herein, and the facts stated are true to the best of our knowledge and belief.

\_\_\_\_\_  
(Signature of witness) \_\_\_\_\_  
(Address of witness)

\_\_\_\_\_  
(Signature of witness) \_\_\_\_\_  
(Address of witness) (GPO) 16-19417-1

RECEIVED  
REPRESENTATIVE

AUG 1 1945

VETERANS ADM.  
ROANOKE, VA.



CLAIM No. XC 3,988,125

**APPLICATION FOR PENSION OR COMPENSATION BY WIDOW and/or CHILD OF A  
DECEASED PERSON WHO SERVED IN THE ACTIVE MILITARY OR  
NAVAL SERVICE OF THE UNITED STATES**

This form is to be used in making application for pension or compensation and accrued benefits under any public law of the United States. After execution, it should be forwarded directly to the Veterans Administration.

I, Esther W. Ault House  
(Print clearly) (First name) (Middle name) (Last name)

hereby make application for pension or compensation as the Wife  
(State your relationship to the veteran)  
of the veteran described below, and for any accrued benefits that may be payable:

1. (a) Name of deceased veteran Harvey E. Ault House  
(b) Race White (c) Date of birth April 21, 1921  
(d) His place of birth Gettysburg Penn.  
(City or town) (County) (State)
2. Did the deceased veteran ever apply for pension, compensation, disability allowance, emergency officers' retirement pay, Government insurance, or adjusted-compensation benefits during his lifetime? No If so, indicate which benefit was applied for and give the claim number None

3. (a) Give dates of enlistment and discharge for each period of service of deceased veteran in the Army, Navy, Marine Corps, or Coast Guard of the United States:

ENLISTED		SERIAL No.	DISCHARGED		RANK AND ORGANIZATION
Date	Place		Date	Place	

- (b) Did veteran serve under a name other than the one given in answer to question No. 1? No If so, state the other name and the service rendered under that name \_\_\_\_\_

4. (a) Date of veteran's death. (See instruction No. 2) \_\_\_\_\_  
(b) Place of death \_\_\_\_\_  
(c) Cause of death \_\_\_\_\_
5. How many times was veteran married? \_\_\_\_\_ Indicate to whom and how each marriage was terminated in space below: (See instruction No. 3)

DATE AND PLACE OF MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (Death, Divorce)	DATE AND PLACE MARRIAGE TERMINATED



6. (a) Name of widow Ethel W. Aulthouse  
 (b) Present address 1001 First Street S.W. Room 1106  
 (c) Has she remarried since death of veteran? no  
 (d) If so, give name of person to whom married and date of marriage \_\_\_\_\_
7. Was veteran survived by mother or father? yes If so, give names and addresses:  
 Father's name Edgar Aulthouse Address 132 Brookridge St Gettysburg Pa.  
 Mother's name Mrs. Aulthouse Address 132 Brookridge St Gettysburg Pa.
8. If claimant is widow of deceased veteran, give following information:  
 (a) Maiden name Ethel W. Hillman  
 (b) Date of birth May 7, 1915 (c) Place of birth Colerain  
Franklin (County) Virginia (State)  
 (d) How many times was she married? One (e) Did she live continuously with the veteran from date of marriage to date of his death? yes If not, state fully all the facts and circumstances which led up to and immediately attended the separation, as well as the date or dates and the duration thereof, and if there was a separation by court order attach a certified copy of such order.
- (f) Did any other husband render military or naval service? no  
 If so, state claim number assigned to him or them by the Veterans Administration or the former Veterans Bureau or Bureau of Pensions in the event a claim was filed none
- (g) Indicate to whom married and how each marriage of the widow was terminated, in space below: (See instruction No. 3)

[illegible]

9. State below the name of each living child of the deceased veteran, including adopted children and stepchildren, under 18 years of age and unmarried, or over 18 years of age and under 21 years of age, unmarried and attending school; or by any age who is insane, idiotic, or otherwise permanently helpless or incapable of self-support by reason of mental or physical defect: (See instruction No. 4)

[illegible]



10. Which, if any, of the children is—(a) Stepchild? \_\_\_\_\_;  
(b) an adopted child? \_\_\_\_\_; (c) an illegitimate child? \_\_\_\_\_;  
or (d) a helpless child? \_\_\_\_\_; (e) over 18 and attending school? \_\_\_\_\_  
(See instruction No. 4 (b))
11. If any child was a stepchild, was such child a member of the veteran's household at the time of his death? \_\_\_\_\_
12. (To be answered by widow only.) Is it your desire that this application also be considered as a claim for compensation or pension benefits for any of the veteran's children not in your custody? \_\_\_\_\_ If so, give name of child or children and name and post-office address of person having custody of each child \_\_\_\_\_
13. (a) What is the amount of the widow's present and expected annual income? 1680.00  
(b) If claim is solely for children, what is the amount of their annual income? \_\_\_\_\_  
(c) Name the sources of income and amount from each source \_\_\_\_\_
14. Has the claimant filed, or is the claimant filing a claim for: (a) Compensation or pension based on the service of any other person? no (b) Retainer pay? no  
(c) Retirement pay? no (d) Adjusted compensation? no (e) Government insurance? no (f) Compensation from the United States Employees' Compensation Commission? no (g) State Employees' Compensation Commission? no (h) Old Age Assistance? no (i) Survivors' insurance under the Social Security Act? no (j) Civil Service annuity? no (k) Any other benefits from the United States? no Give full particulars including date, place, claim number, and full name of person on account of whose service each claim was filed, and whether payments are now being received by reason of any such claim \_\_\_\_\_
15. (a) Was the applicant named as beneficiary of any insurance policies of the veteran at the time of his death? yes If so, give name of companies and policy numbers U.S. Army Insurance  
(b) Has the widow received, or will she receive, any commercial or fraternal insurance payments? no If so, name the source and amount thereof none
16. Was deceased veteran employed by the United States Government in a civilian capacity at the time of his death? no If so, in what capacity? none





17. Has any child named in this application ever applied for benefits from the National Youth Administration? ..... If so, give name, claim number, and benefits, if any, being received .....
18. Is the widow or any child in receipt of active-service pay on account of service in the Army, Navy, Marine Corps, or Coast Guard? *Yes* .....
19. Did any person or persons assist or advise you in the preparation of this application? *No* ..... If so, give the name and address of such person or persons, and state the nature and extent of the assistance or advice, the amount of fee paid or to be paid for such assistance, *if any* .....

I make the foregoing statements as part of my claim, with full knowledge of the penalty provided for making a false statement.

WITNESSES TO SIGNATURE OF CLAIMANT	
IF MADE BY (X) MARK	
NOTE.—Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known, and the signatures and addresses of such witnesses must be shown below.	
1. ....	(Signature of witness)
.....	(Address)
2. ....	(Signature of witness)
.....	(Address)

*E. Aulthouse*  
(Signature of claimant)

*1001 First St. S.W. Roanoke, Va.*  
(Address)

Subscribed and sworn to before me this ..... day of ....., 19....., by ..... claimant, by whom (to whom) (Strike out part not applicable) the questions and answers were read and the statements made herein were fully explained.

[SEAL]

..... Notary Public.

**THE FOLLOWING STATEMENT MUST BE SIGNED BY TWO WITNESSES. (See Instruction 10)**

We, the undersigned, severally state that we are well acquainted with the person whose name is subscribed above, and that we know said person to be the {widow or guardian or next best friend of the incompetent widow} of *Leroy E. Aulthouse* (Name of veteran) guardian or next friend of the child (Strike out parts not applicable) the deceased veteran on whose service this claim is based; that we have read the statements made herein, and the facts stated are true to the best of our knowledge and belief.

*Mrs. William G. Ambler* (Signature of witness) *1001 First St. S.W. Roanoke, Va.* (Address of witness)  
*Mrs. J. E. Williamson* (Signature of witness) *1001 First St. S.W. Roanoke, Va.* (Address of witness) (GPO) 16-19417-1

WORK SHEET FOR DEATH CLAIM VOUCHER  
NATIONAL SERVICE LIFE INSURANCE

V. \_\_\_\_\_  
AN- \_\_\_\_\_  
File N. \_\_\_\_\_

Payee Esther Willard Aulthouse  
Address \_\_\_\_\_

N. 8 289 531  
XC 3 988 125

Effective date 1-15-43 Plan \_\_\_\_\_ Age 22 Name of insured Leroy E. Aulthouse Date of death 6-5-44  
W-29 ea

Claim payable in 267 installments. Previous payments on voucher No. \_\_\_\_\_  
dated \_\_\_\_\_ installments each paid to previous beneficiary.

Amount of policy at date of death . . . \$ 10,000.  
Policy loan . . . \$ \_\_\_\_\_  
Loan interest . . . \_\_\_\_\_  
Premium . . . \_\_\_\_\_  
Premium interest . . . \_\_\_\_\_  
Net amount of policy . . . \$ \_\_\_\_\_

Share of this beneficiary is

all, or \$ \_\_\_\_\_

\_\_\_\_\_ installments accrued \$ \_\_\_\_\_ Deductions . . \$ \_\_\_\_\_  
Unearned premium . . . \_\_\_\_\_ Premium due . . \_\_\_\_\_  
Dividend accumulations . . \_\_\_\_\_ Div. adj. . . \_\_\_\_\_  
Dividend . . . \_\_\_\_\_  
TOTAL CREDITS . . . \$ \_\_\_\_\_ TOTAL DEDUCTIONS \$ \_\_\_\_\_

BALANCE NOW DUE, \$ \_\_\_\_\_  
Next installment of \$ 37.50 payable \_\_\_\_\_ Final installment due ann

Premium status Ref Application . . Insured 43 Date of birth \_\_\_\_\_  
ned | 4-21-21 Beneficiary \_\_\_\_\_  
Death Ctf. . . 22 5-1-15  
Claim . . . \_\_\_\_\_ " 29  
Birth Ctf. . . \_\_\_\_\_  
6-14-44

REMARKS: 78. 1-7-43

Prepared by: M. F. Lypis  
Converted Insurance Subdivision

Date: SE





Mrs. Esther Willard Aulthouse  
1001 First Street, S. W.  
Roanoke 16, Virginia

September 15, 1945  
AULHOUSE  
Le Roy E.  
3,988,125

\$10,000.00

Le Roy E. Aulthouse

\$37.50

June 5,

44, to continue for life

with 267 monthly installments certain.

5 M 3,988,125.  
8,289,531.



N 8,289,531

XC 3,988,125

CLAIM FOR NATIONAL SERVICE LIFE INSURANCE

FCDA

(Please read carefully before executing. Be sure that the seal of notary or other officer administering oath appears after such officer's signature)

(PAR. I) I, Esther Willard Aulthouse, receiving mail at 1001 First St. S. W.  
(Name of beneficiary) (Street and number)

Roanoke 16, Virginia, believe myself to be the beneficiary of the insurance granted  
(City or town) (State)

by the United States to LeRoy E. Aulthouse, who died June 5, 1944  
(Name of deceased insured)

Did the insured leave a last will and testament? (Answer Yes or No) No

In support of my claim to such insurance I make the following statements: I was born on May 7,

1915 My relationship to the insured is that of Widow  
(Widow, brother, etc.)

If the beneficiary is the widow or widower of the deceased insured, it will be necessary to answer the following questions:

(a) How many times had insured been married? Once

(b) How many times have you been married? Once

The only surviving relatives of the insured within the classes of widow and widower; children (including adopted children); mother and father (including mothers and fathers through adoption, and persons who have stood in loco parentis to the serviceman at any time for a period of not less than 1 year prior to the serviceman's entry into active service); brothers and sisters (including those of the halfblood) are as follows:

FULL NAME	RELATIONSHIP	AGE	ADDRESS
<u>Esther Willard Aulthouse</u>	<u>Wife</u>	<u>30</u>	<u>1001 First St. S.W. Roanoke Va.</u>
<u>Mary Moritz Aulthouse</u>	<u>Mother</u>	<u>48</u>	<u>132 Breckenridge St., Gottysburg, Pa.</u>
<u>Edgar Henry Aulthouse</u>	<u>Father</u>	<u>48</u>	<u>132 Breckenridge St., Gottysburg, Pa.</u>

I do solemnly swear that the foregoing statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me

on August 1, 1945

Mrs. Esther Willard Aulthouse  
(Beneficiary's signature in full)

Notary public Linwood L. Bay [SEAL]

Contact Representative

Execution of paragraph II is unnecessary if insured died in active service or in a hospital under the jurisdiction of the United States Government.

**AFFIDAVIT OF IDENTIFICATION**  
(To be executed by a disinterested person)

Authority:  
Veterans Administration  
Form 4565 dated 12-8-44

(PAR. II) I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Number) (Street)

in \_\_\_\_\_, State of \_\_\_\_\_, depose and say that I am \_\_\_\_\_ years

of age and that I have known \_\_\_\_\_, hereinafter called the deceased,  
(Name of insured)

for \_\_\_\_\_ years; that the said deceased died at \_\_\_\_\_

in the State of \_\_\_\_\_, on or about \_\_\_\_\_, and that I have  
seen the body and know it to be the body of said deceased.

Subscribed and sworn to before me

(Signature of affiant)

on \_\_\_\_\_, 19\_\_\_\_

Notary public \_\_\_\_\_ [SEAL]

IMPORTANT.—See notice on other side.

VETERANS ADM.  
ROANOKE, VA.

AUG 1 1945

RECEIVED  
OFFICE OF THE  
REPRESENTATIVE

NEW YORK BRANCH - UNIT 8  
U.S. INSURANCE CLAIMS DIVISION

## PENALTIES

SEP 6 1945  
See Sections 613, 614, 615 National Service Life Insurance Act of 1940;  
38 U.S.C.A. 813, 814, 815; 54 Stat. 1013, 1014)

"Section 613. Whoever in any claim for insurance issued under the provisions of this part makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall, upon conviction thereof, be punished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or by both such fine and imprisonment.

"Section 614. Whoever, with intent to defraud the United States or any beneficiary of such insurance, shall obtain or receive any money or check for National Service Life Insurance without being entitled to the same, shall, upon conviction thereof, be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or by both such fine and imprisonment.

"Section 615. Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any-wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any application for insurance or reinstatement thereof, waiver of premiums or claim for benefits under National Service Life Insurance for himself or any other person, shall, upon conviction thereof, be punished by a fine of not more than \$1,000, or imprisonment for not more than one year, or by both such fine and imprisonment."

New Man  
H. Barker  
8-10-45



## ELECTION OF MODE OF PAYMENT BY BENEFICIARY OF NATIONAL SERVICE LIFE INSURANCE

### I. If Beneficiary Is Under 30 Years of Age on Date of Insured's Death.

In accordance with the provisions of the National Service Life Insurance Act of 1940, as amended,  
I hereby elect to receive insurance payable to me as beneficiary:

*Option 1.* In 240 equal monthly installments at the rate of \$5.51 per month per thousand.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Beneficiary)

*Option 2.* In a refund life income in monthly installments payable for such period certain as may be required in order that the sum of the installments certain, including a last installment of such reduced amount as may be necessary, shall equal the face value of the contract, less any indebtedness, with such payments continuing throughout my lifetime.

*Linwood L. Bay*  
(Witness)

*Mrs. Esther Willard Aulthouse*  
(Beneficiary)

### II. If Beneficiary Is 30 Years of Age or Older and Is Not 69 or Older on Date of Insured's Death.

In accordance with the provisions of the National Service Life Insurance Act of 1940, as amended,  
I hereby elect to receive insurance payable to me as beneficiary:

*Option 1.* In equal monthly installments for 120 months certain with such payments continuing throughout my lifetime.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Beneficiary)

*Option 2.* In a refund life income in monthly installments payable for such period certain as may be required in order that the sum of the installments certain, including a last installment of such reduced amount as may be necessary, shall equal the face value of the contract, less any indebtedness, with such payments continuing throughout my lifetime.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Beneficiary)

NOTE.—Settlement under one of these options shall be considered full and complete settlement of all liability under this contract. This option shall not be valid unless and until it is recorded in the Veterans Administration.

(See other side for instructions and tables of values)



# INSTRUCTIONS

1. A beneficiary may not receive National Service Life Insurance in a lump sum but must be paid in monthly installments.
2. Only beneficiary first receiving payment may make an election.
3. If insured selects option 1, beneficiary may elect option 2 provided he has not attained 69th birthday.
4. If insured selects option 2, beneficiary may not elect option 1.
5. If insured has made no selection, beneficiary will be paid under option 1 unless he elects option 2.
6. Settlement under option 2 is not authorized by law in cases in which payment would be made over a shorter period than 120 months. Therefore if beneficiary is 69 or more, settlement must be made under option 1.
7. Payment under option 1 (for beneficiaries under 30) is always at rate of \$5.51 per thousand.
8. Tables below indicate what is payable monthly under option 1 for beneficiaries 30 or over and under option 2 for beneficiaries of any age under 69. The amounts represent value per thousand. If you are entitled to receive more than \$1,000 under the contract, the value will be increased proportionately, e. g., \$5,000 under option 2 at age 54 the monthly installments will be five times \$5.48, or \$27.40. If there is an indebtedness against contract, you will receive proportionately less.

## OPTION 1

(Beneficiaries 30 or over: Payable for life of first beneficiary or 120 months certain)

Age of beneficiary at date of death of insured	Amount of each monthly installment per \$1,000 of insurance payable to original beneficiary	Age of beneficiary at date of death of insured	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary	Age of beneficiary at date of death of insured	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary	Age of beneficiary at date of death of insured	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary
30	\$3.97	44	\$4.80	58	\$6.49	72	\$8.80
31	4.01	45	4.89	59	6.65	73	8.94
32	4.06	46	4.98	60	6.81	74	9.06
33	4.10	47	5.08	61	6.98	75	9.18
34	4.15	48	5.18	62	7.15	76	9.28
35	4.20	49	5.28	63	7.32	77	9.37
36	4.26	50	5.39	64	7.50	78	9.44
37	4.31	51	5.51	65	7.67	79	9.50
38	4.37	52	5.63	66	7.84	80	9.55
39	4.43	53	5.76	67	8.02	81	9.58
40	4.50	54	5.90	68	8.19	82	9.60
41	4.57	55	6.03	69	8.35	83	9.61
42	4.64	56	6.18	70	8.51	84	9.61
43	4.72	57	6.33	71	8.66	85	9.61

## OPTION 2

(Payable for life of first beneficiary or for number of installments stated below)

Age of beneficiary at date of death of insured	Number of guaranteed monthly installments	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary	Age of beneficiary at date of death of insured	Number of guaranteed monthly installments	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary	Age of beneficiary at date of death of insured	Number of guaranteed monthly installments	Amount of each monthly installment per \$1,000 insurance payable to original beneficiary
10*	304	\$3.29*	30	265	\$3.78	50	199	\$5.04
11	303	3.31	31	262	3.82	51	195	5.14
12	302	3.32	32	260	3.86	52	191	5.25
13	300	3.34	33	257	3.90	53	187	5.36
14	298	3.36	34	254	3.94	54	183	5.48
15	296	3.38	35	251	3.99	55	179	5.60
16	295	3.40	36	248	4.04	56	175	5.73
17	293	3.42	37	245	4.09	57	171	5.87
18	291	3.44	38	241	4.15	58	166	6.03
19	290	3.46	39	239	4.20	59	162	6.18
20	288	3.48	40	235	4.26	60	158	6.34
21	285	3.51	41	232	4.32	61	154	6.52
22	284	3.53	42	228	4.39	62	150	6.68
23	281	3.56	43	225	4.45	63	145	6.90
24	279	3.59	44	222	4.52	64	141	7.10
25	277	3.62	45	218	4.60	65	137	7.32
26	274	3.65	46	214	4.68	66	133	7.55
27	272	3.68	47	211	4.76	67	129	7.79
28	270	3.71	48	207	4.85	68	124	8.07
29	267	3.75	49	203	4.94			

\*For age 10 and under same monthly installment is paid.





VETERANS ADMINISTRATION

2 Park Avenue  
WASHINGTON 25, D. C.  
New York 16, New York  
July 21, 1945



YOUR FILE REFERENCE:

Mrs. Esther Willard Aulthouse  
1001 First Street, South West  
Roanoke, Virginia

IN REPLY REFER TO FCDA

XC-3,988,125

AULTHOUSE, LeRoy E.

Dear Madam:

You were named beneficiary for \$10,000.00 of the National Service Life Insurance issued to the above captioned insured which is payable monthly in an amount based on your age on the date of the insured's death. It is desired to settle this insurance as soon as possible. Your prompt submission of the following evidence is requested:

1. Your claim in duplicate on enclosed Form 355. (Par. II need not be executed if death occurred in active service.)
2. Your election of mode of payment on the enclosed Form 1501. Complete information as to mode of payment will be obtained by a careful reading of the form.
3. Certified copy of public or church record of your marriage to the insured. (If either you or the insured was previously married, it will be necessary to file certified copy of the court decree of divorce or annulment, or certified copy of public record of death of the deceased spouse of such former marriage.)
4. Certified copy of public record of your birth or church record of your baptism. (Church record must show date of birth of claimant.) (Certified copies of public or church records must bear the signature and seal of the legal custodian of such records.)
5. ~~Your signature on enclosed signature card. Standard Form 1099.~~

If public or church record of your birth or baptism cannot be furnished, the following may be submitted:

- (a) An affidavit by physician or midwife in attendance at birth; or
- (b) Affidavits of two persons, preferably disinterested, who should state their ages and addresses, the name, date, and place of your birth, the names of your parents, and the source of their information.

If evidence to prove relationship and age requested in Pars. 3 and 4, or any of the alternatives in (a) and (b), is not readily available, your own statements as to relationship and age on properly executed claim, Form 355, will be accepted tentatively subject to later submission of the further required evidence as soon as practicable, but it is to be understood that unless the necessary supporting evidence is furnished within a reasonable period, payments may be suspended until the receipt of such confirmatory evidence.

Very truly yours,

*H. L. McCoy*  
H. L. MCCOY,  
Director of Insurance.

Enc.  
Form 355 (2)  
Form 1501  
Stand. Form 1099  
~~XXXXXXXXXX~~  
Insurance Form 1500a  
Rev. Oct. 1944

ER IS - WORKING WITH NEW  
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1945

Virginia  
TO AM  
of the

# MARRIAGE LICENSE

CITY OF ROANOKE

to-wit:

**TO ANY PERSON LICENSED TO CELEBRATE MARRIAGES:**

do hereby authorized to join together in the Holy State of Matrimony, according to the rites and ceremonies of your Church or religious denomination, and the laws of the Commonwealth of Virginia.

LE ROY EDGAR AULHOUSE and ESTHER WILLARD PRILLIMAN

Given under my hand, as Clerk of HUSTINGS Court of ROANOKE County

(or City) this 31st day of DEC., 19 41. R. J. WATSON, Clerk.

By Elsie Boone. Deputy Clerk.

**-COPY TESTE:**

R.J.Watson, Clerk.

By *Elsie Boone* Deputy Clerk.

**RECEIVED**  
**CONTACT**  
**REPRESENTATIVE**

AUG 1 1945

VETERANS ADM.  
BROOKS, VA.

# MARRIAGE LICENSE

VOL 5 PAGE 168 LINE 17

\_\_\_\_ of ROANOKE  
County (for City)

LEROY EDGAR AULTHOUSE

*Husband*  
**ESTHER WILLARD PRILLMAN**

Date of Issue DEC. 31, 1941

Marriage Register No. 5 Page 168



# CERTIFICATE OF MARRIAGE COMMONWEALTH OF VIRGINIA

OL 5 PAGE 168 LINE 17

CITY ~~XXXX~~ of Roanoke, Va

FULL NAME OF GROOM LeRoy Edgar Aulthouse

CLERK'S NO.

PRESENT NAME OF BRIDE Esther Willard Prilliman

MAIDEN NAME Prilliman

## GROOM

## BRIDE

AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
22	white	single	none

AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
24	white	single	none

OCCUPATION Tree Surgeon INDUSTRY OR BUSINESS . . . .

OCCUPATION None INDUSTRY OR BUSINESS . . . .

BIRTHPLACE Gettysburg, Pennsylvania

BIRTHPLACE Calloway, Virginia

FATHER'S FULL NAME Edgar H. Aulthouse

FATHER'S FULL NAME James G. Prilliman

MOTHER'S MAIDEN NAME Mary Moritz

MOTHER'S MAIDEN NAME Estelle Price

RESIDENCE: 925 South Jefferson St.  
CITY OR COUNTY Roanoke, Virginia  
MAILING ADDRESS

RESIDENCE: 1524 Chapman Ave.  
CITY OR COUNTY Roanoke, Virginia  
MAILING ADDRESS

Date of Proposed Marriage January 1, 1942

Place of Proposed Marriage Gretna, Virginia

Given under my hand this 31st day of December, 1941

R. J. Watson, Clk. By Elsie Boone, / Depy. Clerk of Hustings Court.

## CERTIFICATE OF DATE AND PLACE OF MARRIAGE

I, Lincous Preston Bland, a Minister of the Methodist Church, or  
(Denomination)

City or religious order of that name, do certify that on the 1st day of January, 1942 ~~XX~~ Gretna Virginia, under authority of this license, I joined together in the Holy State of Matrimony the persons named and described therein. I qualified and gave bond according to law authorizing me to celebrate the rites of marriage in the county (~~XXX~~) of Albemarle Commonwealth of Virginia.

Given under my hand this 1st day of January, 1942

Address of celebrant Gretna, Virginia

L. P. Bland

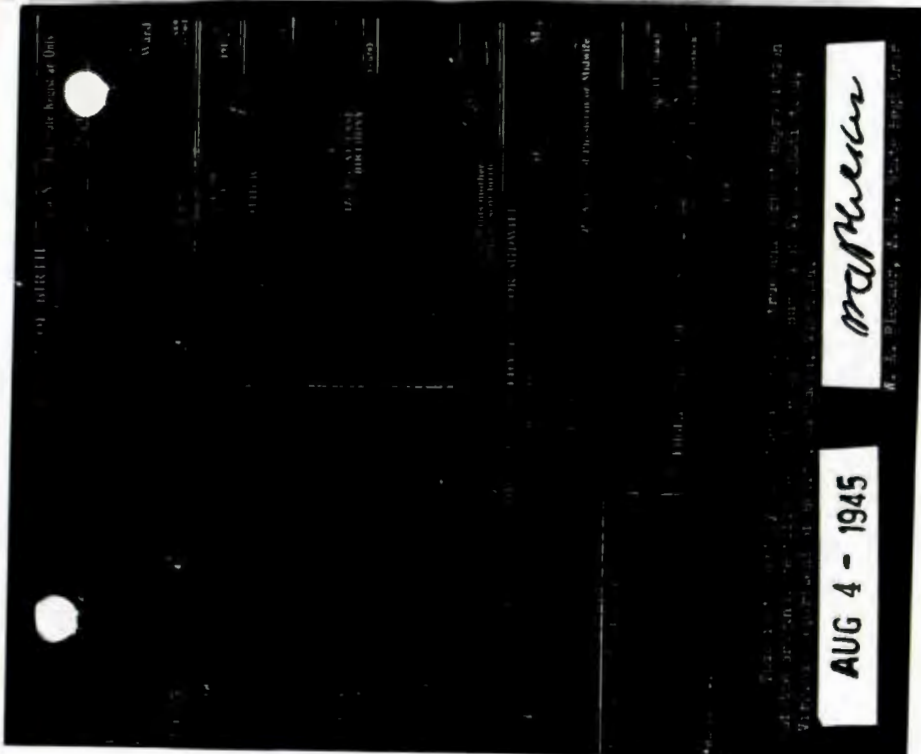
(Person who performs ceremony sign here.)

15M-3-3-44

MARGIN RESERVED FOR BINDING

V. S. 77-4

The minister or other person celebrating this marriage is required within five days to fill out and sign both copies of the Certificate of Date and Place of Marriage, and deliver them to the clerk who issued the license. The copy with the license and waiver on the back is for the clerk, the other for the Bureau of Vital Statistics.





**WAR DEPARTMENT**  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

3114

**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant LeRoy E. Aulthouse, Army Serial Number 33,529,901, Air Corps,

to be dead. He was officially reported as missing in action as of the 5th day of June 1944. For the purposes stated in said Act, death is presumed to have occurred on the 6th day of June, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Herbert*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

**SUMMARY OF INFORMATION**

AREA	FLYING STATUS	DISP STATUS	LINE OF DUTY	OWN DIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	Yes	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
21 Apr 1921	Roanoke, Virginia	7 Jan 1943	YEARS	MONTHS	DAYS	
			2	4	21	

**EMERGENCY ADDRESSEE**

NAME	RELATIONSHIP	ADDRESS
Mrs. Esther W. Aulthouse	Wife	1001 First Street, S.W. Roanoke, Virginia

**BENEFICIARIES**

NAME	RELATIONSHIP	ADDRESS
Mrs. Esther W. Aulthouse	Wife	1001 First Street, S.W. Roanoke, Virginia
NAME	RELATIONSHIP	ADDRESS
Mrs. Mary M. Aulthouse	Mother	132 Breckenridge Street Gettysburg, Pennsylvania

**REMARKS**

Distribution 56

Circumstances of disappearance: Soldier became missing in action when the plane in which he was a crew member was observed to sustain damage from enemy anti-aircraft fire north of Dieppe, France, and was last sighted burning on the English Channel.

3114



# DEATH CLAIM WORK SHEET

NATIONAL SERVICE LIFE INSURANCE

NL 955 019

K \_\_\_\_\_  
N \_\_\_\_\_  
File N. 8289531  
V \_\_\_\_\_  
XC 2988125

NAME

*LeRoy E. Bullhouse*

Date of Enlistment

*1-7-43*

Date of Discharge

Date of Death

*Missing 6-5-44  
Presumed 6-6-45*

Original amount of LPT insurance *10,000*  
Effective date *1-15-43* Age *22*  
Certificate issued ☒ Policy issued \_\_\_\_\_  
Additional amount of LPT insurance \_\_\_\_\_  
Effective date \_\_\_\_\_ Age \_\_\_\_\_  
Certificate issued \_\_\_\_\_ Policy issued \_\_\_\_\_  
LPT policy reduced to \_\_\_\_\_  
Effective date of reduction \_\_\_\_\_  
Premiums paid to include \_\_\_\_\_

Amount of { Ordinary Life \_\_\_\_\_  
20-Payment Life \_\_\_\_\_  
30-Payment Life \_\_\_\_\_  
Effective date of change \_\_\_\_\_  
Above policy reduced to \_\_\_\_\_  
Effective date of reduction \_\_\_\_\_  
Policy issued \_\_\_\_\_  
Premiums paid to include \_\_\_\_\_  
Surrendered for cash \_\_\_\_\_  
Paid-up Life \_\_\_\_\_  
Expiring date of extended insurance \_\_\_\_\_

BENEFICIARY

RELATIONSHIP

SHARE

*Miss Esther Willard Bullhouse Wife 10,000*  
*Carly. Mary Martha Bullhouse Mother -*

3

4

## REMARKS

*10,000 under N 8289531 effec. 1-15-43*  
*Prem. pd. from 1-15-43 thru 7-14-45*

Examined by

*Trill*

Date

*7-20-45*

Chief, Converted Insurance Subdivision.

Reviewed by

Date

PREMIUM INFORMATION FOR DEATH CLAIM

NATIONAL SERVICE LIFE INSURANCE

To: LIFE INSURANCE CLAIMS DIVISION

DEATH

Name Le Roy E. Aulthouse XC 3988125 V —  
FN — N 8289531

Premium, \$ 6.60 Amount of insurance, \$ 10000 Service No. 33529901

Effective date 1-15, 1943 Date of death missing 6-5-44 presump 6-6, 1945

CERTIFICATION OF RECORD FROM PREMIUM ACCOUNT:

Premiums on insurance described above paid from 1-15, 1943 to 7-14, 1945

Overage, \$ — Shortage, \$ — Date of separation from active service no record, 194—

REMARKS: \_\_\_\_\_

Prepared by Satanofsky 7/4, 1945 Certified by H. Irish 7/4, 1945  
FINANCE SERVICE, PREMIUM ACCOUNTS DIVISION.



# SPECIAL

Date 6 21 45

FROM: OFFICE OF CHIEF CLERK.

TO: CHIEF, PREMIUM ACCOUNTS DIVISION.

SUBJECT: PREMIUM INFORMATION DATA.

In accordance with the provisions of existing joint agreements please forward immediately to—

Converted Ins. Sub-Div.

Ins. Claims Council

~~NEW YORK BRANCH~~

premium information data on the case of—

Name <u>AULHOUSE, LeRoy Edgar</u>	"N" <u>8 289 531</u>
X <u>C- 3 988 125</u>	"N" _____
Date of P. T. _____	"N" _____
Date of death _____	"K" _____
Date missing <u>6 5 44</u>	"K" _____
Date presump. death <u>6 6 45</u>	"K" _____
Date discharge _____	"V" _____
S# <u>Army 33 529 901</u>	"T" _____
<u>Sgt Air Corps</u>	"I" _____
<u>Born 4 21 21</u>	

F. M. CALHOUN

(Office of Chief Clerk)

Copy to Readjustment Accts. Control Sub-Div. ( )

This notice dispatched to Prem. Accts.

Div. by Office of Chief Clerk . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. ms

Received by Prem. Accts. Div. . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. \_\_\_\_\_

Premium data above listed received

except as noted . . . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. \_\_\_\_\_

# SPECIAL

Date 6 21

FROM: OFFICE OF CHIEF CLERK.

TO: CHIEF, PREMIUM ACCOUNTS DIVISION.

SUBJECT: PREMIUM INFORMATION DATA.

In accordance with the provisions of existing joint agreements please forward immediately to—

Converted Ins. Sub-Div.

Ins. Claims Council

premium information data on the case of—

~~NEW YORK BRANCH~~

Name <u>AULTHOUSE, LeRoy Edgar</u>	"N" <u>8 289 831</u>
<u>I-C 3 988 125</u>	"N" _____
Date of P. T. _____	"N" _____
Date of death _____	"K" _____
Date missing <u>6 5 44</u>	"K" _____
Date presump. death <u>6 6 45</u>	"K" _____
Date discharge _____	"V" _____
S# <u>Army 33 529 901</u>	"T" _____
<u>Sgt Air Corps</u>	"I" _____
<u>Born 4 21 21</u>	

F. M. CALHOUN  
(Office of Chief Clerk)

Copy to Readjustment Accts. Control Sub-Div. ( )

This notice dispatched to Prem. Accts.

Div. by Office of Chief Clerk . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. MS

Received by Prem. Accts. Div. . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. \_\_\_\_\_

Premium data above listed received

except as noted . . . . . at \_\_\_\_\_ Date \_\_\_\_\_ Clk. \_\_\_\_\_





VETERANS ADMINISTRATION

WASHINGTON 25, D. C.  
New York 16, New York  
JULY 17, 1945



Mrs. Mary M. Aulthouse  
132 Breckenridge Street  
Gettysburg, Pennsylvania

YOUR FILE REFERENCE:

IN REPLY REFER TO: MBAB -5

AULHOUSE, Leroy E.  
XC 3, 988 125

Madam:

Dear

The Veterans Administration has learned with regret of the death of the above-named veteran.

Existing laws provide for the payment of pension to the dependent mother or father, or both, of a veteran who dies as a result of a disease or injury incurred in service in line of duty. Dependency may not be held to exist, however, if the mother or father, or both, have an income sufficient to provide for their reasonable support and maintenance, including clothing and necessary medical treatment for themselves and members of the family under legal age, or of any age if mentally or physically incapacitated. The fact that the mother or father or other member of the family has been granted, under any of the laws administered by the Veterans Administration, insurance, pension, compensation, or other benefits will be disregarded in determining dependency.

If you desire to file a claim, the enclosed form should be carefully filled out in accordance with the instructions printed thereon and returned to the Veterans Administration, Washington 25, D. C. Should you feel the need of assistance in the preparation of your claim, you may write to the Veterans Administration, Washington 25, D. C., or contact any Veterans Administration Facility.

You may be assured that upon receipt of the claim it will be given careful consideration and you will be informed of any additional evidence which may be required.

All correspondence relative to this case should be addressed to this office, and should show the veteran's name and XC-number given above, to permit prompt identification.

**\*If the veteran's father is living he may join with you in executing this application.**

Respectfully,

R. J. HINTON,  
Director,  
Dependents Claims Service.

Enc. Form 535  
bv

2 Park Avenue  
~~XXX XXXXXXXXXXXXX~~  
New York 16, New York  
July 17, 1945

Mrs. Esther W. Aulthouse  
1001 First Street S.W.  
Roanoke, Virginia

MBAB -3

AULTHOUSE, Leroy E.  
XC 3,988,125

Dear Madam:

The Veterans Administration has learned with regret of the death of the above named veteran.

Under existing laws you may be entitled to a pension, and there is enclosed a blank form for your use. If you desire to file a claim, the enclosed form should be carefully filled out in accordance with the instructions printed thereon and returned to the Veterans Administration, ~~Washington 25, D.C.~~ Should you feel the need of assistance in the preparation of your claim you may write to the Veterans Administration, ~~Washington 25, D.C.~~, or contact any Veterans Administration Facility.

Any pension benefits payable will be in addition to any Government life insurance benefits to which you may be entitled, for which reason a separate claim for pension must be filed. You may be assured that upon receipt of the claim it will be given careful consideration and you will be informed of any additional evidence which may be required.

All correspondence relative to this case should be addressed to this office, and should show the veteran's name and XC-number given above, to permit prompt identification.

Respectfully,

R. J. HINTON,  
Director,  
Dependents Claims Service.

Enc. 534

lv



JANUARY 15, 1943

N 8 289 531

LE ROY E. AULHOUSE

10,000.

COPY  
FEB 2 1943  
10

File  
Phillips  
2-24-43

Mrs. Esther W. Aulhouse  
1524 Chapman Avenue, South West  
Roanoke, Virginia

RFT

# APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION  
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)	First <b>LeRoy</b>	Middle <b>Edgar</b>	Last name <b>Aulthouse</b>
2. HOME ADDRESS: Number <b>1524 Chapman Ave. S. W.</b>	Street or rural route	County, city, town, or post office <b>Roanoke,</b>	State <b>Virginia</b>
3. I WAS BORN AT <b>Gettysburg, Pa.</b>	City, town, or post office	State <b>Pa.</b>	Day of month <b>21</b>
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY <b>January 7, 1943</b>	5. PRESENT ORGANIZATION Rank, grade, or rating. <b>Private</b>	Organization, regiment, station, ship, etc. <b>Company C R.R.C.</b>	6. SERIAL NUMBER <b>33,529,901</b>
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") <b>None</b>	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS <b>No</b>		

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF **\$10,000**

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") **NO** IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY  
NUMBER IF AVAILABLE. AMOUNT, \$ POLICY No.

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insur- ance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL <b>Esther Willard Aulthouse</b>	<b>Wife</b>	<b>\$10,000</b>	<b>Same as above</b>
CONTINGENT <b>Mary Martha Aulthouse</b>	<b>Mother</b>		<b>132 Breckenridge St. Gettysburg, Pa.</b>

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 5.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)  
**Esther W. Aulthouse** **1524 Chapman Av. S. W., Roanoke, Va.**  
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).  
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **15th** ~~first~~ day of **January**, 19**43**

A. enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
in payment of the first \_\_\_\_\_ premium on the insurance, or  
(Write above whether monthly, quarterly, semiannual, or annual)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium  
of \$ **6.60** on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ \_\_\_\_\_  
on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:  
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall be-  
come effective as of the date on which valid application is signed and such premium is tendered.  
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective  
as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service  
and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
<b>\$ 6.60</b>				

SIGNED AT **Camp Lee, Virginia** ON THE **15th** DAY OF **January**, 19**43**

WITNESSED BY: **AND**  
INFORMATION AS TO SERVICE CERTIFIED BY: **LeRoy E. Aulthouse**  
(Applicant sign here. Do not print signature)

**L. T. LUCK, W.O. (ig) NMB**  
(Rank and organization. See reverse side, paragraph 4.)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for  
mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

602a  
Effective Date **Jan 15, 1943** 22 Amt. **\$ 10,000** Premium: Mo. **\$ 6.60** Qr. **\$** S. A. **\$** A. **\$**  
Beneficiary **AK**  
Action taken **Approved 1/43 \$6.60 (2ded) JP**  
Examiner **ms 2/19/43 7-40** Reviewer  
Certificate issued Policy issued



**MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE**  
**FIVE-YEAR LEVEL PREMIUM TERM PLAN**

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	\$0. 63	25	\$0. 67	35	\$0. 76	45	\$0. 99	55	\$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

**SPECIFIC INSTRUCTIONS.**

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered; if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;

(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;

(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;

(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.