

Hq, 331st Engrs
APO 3083, c/o Postmaster,
Seattle, Washington
September 25, 1942

Dear Mama-

I wrote you a business letter yesterday, enclosing an insurance policy—I thought I was sending mine. I found mine in my desk this morning, so I know I sent you the wrong one. Here is mine—you may return the one I sent you.

Not much to write about—a lot of the fellows are going to a football game in Seattle. I didn't get my name on the list early enough to go. They limited the number from each company to 44.

I haven't written Johnny—I guess he thinks I've left the States. I am going to write him though, as soon as I can. I have his APO.

I haven't called Cecil yet—I doubt if I get a chance to visit him. The least I can do is call—I have his phone number. Uncle Joe said his number was listed in his mother-in-laws' name, so I suppose he is living with her. If I could have gotten my name on the list to go to the football game, I might have visited him today.

Tell Blanche I will write her. I have received ^{her} Morgan County papers twice since I've been here, and have never written them. How is Mr. Pemberton? And did Ralph go back to work in the shipyards yet? Or is he still around Lancing.

I'M glad you've moved back to town—who is taking care of the farm. Is Floyd still around? How was the crop? Was the fruit any good? You're going to have a book to write, if I don't stop firing questions.

I noticed in one of the M. C. papers that Dad was making a talk at a Sunday School Convention or something. A tribute to the boys from Morgan County in the service. He had already made it when I saw the paper.

I've had one letter from Bernice since her return to school. Told me about Dean Stubbs leaving, —also Mr. Overbey. And that the girls were kinda scarce in Ritter. I guess boys and girls are both kinda scarce everywhere now, with all the defense work and everything.

Enough for once, I guess, I'm rambling a lot about nothing, and making too many mistakes.

Hoping everybody is OK.

Love to all,

Bill

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

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

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, 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 William	Middle T.	Last name Scott		
2. HOME ADDRESS: Number		Street or rural route		County, city, town, or post office		State
Gen'l Del		Lancing,		Tennessee		
3. I WAS BORN AT	City, town, or post office	State	Day of month	Month	Year	Age nearest birthday
	Glenmary,	Tenn.	24	March	1918	24
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY		5. PRESENT ORGANIZATION Rank, grade, or rating. Organization, regiment, station, ship, etc.			6. SERIAL NUMBER	
April 15, 1942		Pvt. Co. "E", 331st Engr. Regt., Camp Claiborne			34280952	
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")			8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS			
None			No			

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF		10. I WILL PAY PREMIUMS AS INDICATED BELOW:	
\$ 5,000.00		BY DEDUCTION MONTHLY	
		\$ 3.35	
		BY ALLOTMENT MONTHLY	
		\$ _____	
		PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS:	
		Monthly	Quarterly
		\$ _____	\$ _____
		Semiannual	Annual
		\$ _____	\$ _____

11. 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)

12.	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
	PRINCIPAL	Mrs. Alta Mae Scott	Mother	\$5,000.60
	CONTINGENT	Mr. John Long Scott	Father	Gen'l Del - Lancing, Tenn.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **1st** day of **July**, 19**42** If no date is specified the insurance herein applied for shall become effective as follows:
 a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
 b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
 (See reverse side, Paragraph 1, for further information as to effective dates of insurance)

THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO—
Mrs. J. L. Scott **Gen'l Del - Lancing, Tennessee**
 (Name) (Please print or type) (Address)

15. (A) I WILL AUTHORIZE **deduction** from my pay for month of **June, 1942**, to cover the monthly premium of **\$3.35** on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)
 (B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by **Draft** in the amount of \$ _____ to cover the first _____ premium of \$ _____ on the amount of insurance applied for.
 (Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT **Camp Claiborne, La.** ON THE **3rd** DAY OF **June**, 19**42**

WITNESSED BY: _____
 INFORMATION AS TO SERVICE CERTIFIED BY: _____
LYN E. DAVIS, 2nd Lt., 331st Engr. Asst. Adj. **William T. Scott**
 (Rank and organization. See reverse side, Paragraph 6) (Pers.) (Applicant sign here. Do not print signature)
WILLIAM T. SCOTT, 34280952

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

Effective Date _____ Age _____ Amt., \$ _____ Premium: Mo. \$ _____ Qr. \$ _____ S. A. \$ _____ A. \$ _____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

**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

1. Upon written request of the applicant, the policy of insurance may be issued effective as of the first day of the month in which the application and tender of premiums are made to the Veterans Administration, provided such date is not prior to date of entrance into the active service, or as of the first day of any month prior to the month in which the application and tender of premiums are made, provided such date is not prior to date of entrance into the active service, upon payment of the amount of the first premium and the reserve, if any, as required by the regulations of the Veterans Administration; or effective as of the first day of the month following the date of application and tender of premiums if premiums are paid by direct remittances.

2. At any time after the insurance has been in effect for 1 year and within the 5-year period, National Service Life Insurance on the 5-year level premium term plan may be exchanged for or converted to policies of insurance on the ordinary life, twenty-payment life, or thirty-payment life plans. All 5-year level premium term policies shall cease and terminate at the expiration of the 5-year term period.

3. Subject to regulations, upon application and submission of evidence satisfactory to the Administrator of Veterans' Affairs that the insured prior to becoming 60 years of age, is and has been continuously totally disabled for 6 or more consecutive months, premiums may be waived, effective as of the due date of the monthly premium becoming payable for the 7th consecutive month of such disability, and such waiver shall continue until such disability ceases.

4. 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 person in loco parentis), brother or sister (whole or 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.

5. 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.

(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.

(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, 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.

6. 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 non-commissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.