

14—Did Applicant Apply For, or Receive From Any State, or From Any of the Allies of the United States, A Bonus or Gratuitous Payment Based Upon His (Her) Service in the Armed Forces of the United States or Her Allies During World War II?

No

If Answer is Yes, Show Amount Received \$ _____ Source _____

15—Names And Addresses of Beneficiaries.

Name of Present Wife *Robert E. Frownfelter (Husband)*
Address *Box 320 Rt. # 2 Gulfport Mississippi*
House No. Street City or Town County State

Full Name, Address and Age of Minor Living Child or Children.

Frownfelter, Jasmine Ellen Box 320 Rt. 2 Gulfport Miss. - 2 1/2 mos.
Robert Edward Frownfelter II Box 320 Rt. 2, Gulfport, Miss. - 2 1/2 mos.

Name Address Age

Full Name of Living Mother and Father and Address.

Mother's Name *Iverson Hall Collette Elizabeth* Address *511 Park St. Noasie, Pa.*
Father's Name *Darenhall Herbert G.* Address *511 Park St., Noasie, Pa.*

16—Applicant Was Discharged Under Honorable Conditions and as Evidence Thereof, Attached Hereto Is Original Discharge or Separation Papers or Other Official Record of Separation—Showing Active Service Between December 7, 1941 and September 2, 1945.

17—Complete the Following Only In Case Applicant's Service Was In the Navy or Its Components. List Below the Stations, Posts, Camps, Vessels or Units, At, On, or With Which Applicant Served From December 7, 1941 to March 2, 1946 (Both Dates Inclusive) Showing Date of Beginning and Date of Ending of Each Period of Service For Which SEA DUTY PAY was RECEIVED.

Stations—Posts—Etc.	Beginning Date	Ending Date

18—The Applicant, Whose Signature Appears Below, Applies To The Adjutant General Of The Commonwealth of Pennsylvania, For World War II Compensation As Authorized By Act 248 Approved June 11, 1947—P. L. 565.

Date of Application *March 15, 1950* Signature of Applicant *Edyth Susanna Darenhall Frownfelter*

COUNTY OF *Harrison*
STATE OF *Mississippi* } SS.

Personally appeared before me *Edyth Susanna Darenhall Frownfelter*, a Notary Public in and for the aforesaid County and State, the above named applicant, who being properly sworn or affirmed, states that he or she is the person who has signed this application, and that he or she is familiar with the contents thereof and that they are true to the best of his or her knowledge, information and belief.

Subscribed and Sworn to This *16th* Day of *March* 19 *50*
Notary Public *Wesley Hill* My Commission Expires *June 30/1953*