

THE UNITED STATES OF AMERICA
VETERANS' ADMINISTRATION
WASHINGTON, D. C.

National Service Life Insurance

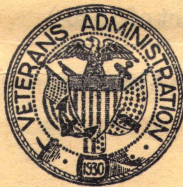
DATE INSURANCE EFFECTIVE APRIL 1, 1942

CERTIFICATE NO. N- 1 750 512

This Certifies That JOSEPH C. CRANE

has applied for insurance in the amount of \$ 5,000, payable in case of death.

Subject to the payment of the premiums required, this insurance is granted under the authority of The National Service Life Insurance Act of 1940, and subject in all respects to the provisions of such Act, of any amendments thereto, and of all regulations thereunder, now in force or hereafter adopted, all of which, together with the application for this insurance, and the terms and conditions published under authority of the Act, shall constitute the contract.



Frank D. Swice

Administrator of Veterans' Affairs.

Countersigned at Washington, D. C.

July 24, 1942
(Date)

F. W. Parker
Registrar.

Mrs. Mildred J. Crane
764 Oak Grove Avenue
Marion, Ohio

THE UNITED STATES OF AMERICA
VETERANS' ADMINISTRATION

IMPORTANT NOTICE

Pending completion of the policy applied for, this certificate is issued as evidence that National Service Life Insurance, in the amount specified, has been granted the individual named, subject to the provisions of The National Service Life Insurance Act of 1940, and subsequent amendments. If the person to whom this certificate is sent is other than the individual named therein, it is sent to you for safekeeping in accordance with directions contained in the application and you should notify the insured of receipt.

This insurance, or part of it in multiples of \$500. (but not less than \$1,000), may be converted at any time after it has been in force 1 year and within 5 years from the effective date, to a policy of insurance on the Ordinary Life, 20-Payment Life, or 30-Payment Life plans.

Unless changed to another plan of insurance, the policy will terminate at the expiration of the 5-year period.

The insured may change the beneficiary without the consent of the previous beneficiary named. This insurance is not assignable and is not subject to the claims of creditors.

Should a claim arise under this insurance, it should be directed to the Veterans' Administration, Washington, D. C., in order to secure a prompt settlement. It will not be necessary to consult or employ an attorney, claim agent, or other person to secure benefits under this insurance, but if one is consulted or employed, the law prohibits the payment of any fee except as allowed by the Veterans' Administration or by a court in a judgment on the policy. (See Secs. 616 and 617, National Service Life Insurance Act of 1940.)

Always give the certificate number when corresponding with the Veterans' Administration regarding this insurance.

Mrs. Mildred J. Crane
201 Oak Grove Avenue
Warren, Ohio

THE UNITED STATES OF AMERICA
VETERANS' ADMINISTRATION
WASHINGTON, D. C.

National Service Life Insurance

DATE INSURANCE EFFECTIVE NOVEMBER 1, 1942

CERTIFICATE No. N- 7 127 049

This Certifies That JOSEPH C. CRANE

has applied for insurance in the amount of \$ 5,000, payable in case of death.

Subject to the payment of the premiums required, this insurance is granted under the authority of The National Service Life Insurance Act of 1940, and subject in all respects to the provisions of such Act, of any amendments thereto, and of all regulations thereunder, now in force or hereafter adopted, all of which, together with the application for this insurance, and the terms and conditions published under authority of the Act, shall constitute the contract.



Frank D. Suisse
Administrator of Veterans' Affairs.

Countersigned at Washington, D. C.

February 20, 1943
(Date)

R. C. Ellis
Registrar.

Mrs. Mildred Josephine Crane
764 Oak Grove Ave.
Marion, Ohio

THE UNITED STATES OF AMERICA
VETERANS' ADMINISTRATION

IMPORTANT NOTICE

Pending completion of the policy applied for, this certificate is issued as evidence that National Service Life Insurance, in the amount specified, has been granted the individual named, subject to the provisions of The National Service Life Insurance Act of 1940, and subsequent amendments. If the person to whom this certificate is sent is other than the individual named therein, it is sent to you for safekeeping in accordance with directions contained in the application and you should notify the insured of receipt.

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Always give the certificate number when corresponding with the Veterans' Administration regarding this insurance.

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 3, 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 3, 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 350 a, which requires a complete report of physical examination.) USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)

First: Joseph Middle: C. Last name: Crane

2. HOME ADDRESS: Number 764 Oak Grove Ave Street or rural route Marion County, city, town, or post office Ohio State

3. I WAS BORN AT City, town, or post office Marion Co., Ohio State Ohio Day of month 3 Month March Year 1912 Age nearest birthday 30

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY March 23, 1942 5. PRESENT ORGANIZATION Rank, grade, or rating Private Organization, regiment, station, ship, etc. Co. "B" 907th CL FA Bn. 6. SERIAL NUMBER 35290625

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 5,000

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS:			
		Monthly	Quarterly	Semiannual	Annual
\$ <u>3.35</u>	\$	\$	\$	\$	\$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") Yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ 5,000 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 <u>Mildred Josephine Crane</u>	<u>Wife</u>	<u>65,000</u>	<u>764 Oak Grove Ave, Marion, Ohio</u>
CONTINGENT <u>Mrs Dora Floetta Beckley</u>	<u>Mother</u>		<u>Agosta, Ohio</u>

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 _____ day of _____, 19____. 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—

Mildred Josephine Crane (Name) (Please print or type) 764 Oak Grove Ave, Marion, Ohio (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of November, 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 / Money order / Check} 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 _____ ON THE 30 DAY OF October, 1942

WITNESSED BY: _____

INFORMATION AS TO SERVICE CERTIFIED BY: _____

HENRY G. ... 907th CL FA Bn. (Applicant sign here. Do not print signature)

(Rank and organization. See reverse side, Paragraph 6)

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.

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: First Middle Last name
 (Please print or type) Joseph Clarence Crane

2. HOME ADDRESS: Number Street or rural route County, city, town, or post office State
764 Oak Grove Ave., Marion, Ohio.

3. I WAS BORN AT City, town, or post office State Day of month Month Year Age nearest birthday
Hardin Co., Ohio 3 March 1912 30

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY Mar. 23, 1942

5. PRESENT ORGANIZATION Rank, grade, or rating. Organization, regiment, station, ship, etc. Pvt. Unasgd.

6. SERIAL NUMBER 35290625

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 5,000

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS:			
		Monthly	Quarterly	Semiannual	Annual
\$ <u>3.55</u>	\$	\$ <u>X</u>	\$	\$	\$

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)

	Relationship	Amount for each beneficiary	Post-office address
PRINCIPAL <u>Mildred Josephine Crane</u>	<u>Wife</u>	<u>5,000</u>	<u>764 Oak Grove Ave., Marion, O.</u>
CONTINGENT			

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 _____ day of _____, 19____. 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— Mildred J. Crane Sene. (Address)

(Name) (Please print or type)

15. (A) I WILL AUTHORIZE (Allotment/Deduction) from my pay for month of Mar/42, to cover the monthly premium of \$ 3.55 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 Money order Check } 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 Port Hayes, Ohio. ON THE 24 DAY OF Mar., 1942

WITNESSED BY: _____

INFORMATION AS TO SERVICE CERTIFIED BY: CHARLES A. ROBERTSON
2nd Lt. P. A. (Applicant sign here. Do not print signature)

(Rank and organization. See reverse side, Paragraph 6)

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 813, 815, and 812, 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

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FIVE YEAR LEVEL PREMIUM TERM PLAN**

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17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
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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
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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.

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(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.