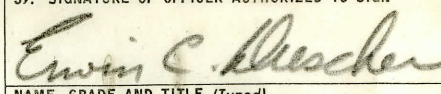


CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES			DEPARTMENT		
HONORABLE					U.S. PUBLIC HEALTH SERVICE		
SEPARATION DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME RAPAPORT, Joseph			2. SERVICE NUMBER PHS-9358	3. GRADE - RATE - RANK AND DATE OF APPOINTMENT A SURG 1JUL52		4. COMPONENT AND BRANCH OR CLASS USPHS (R)
	5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER xxxxxx Physician				6. EFFECTIVE DATE OF SEPARATION DAY MONTH YEAR 3 JUL 52		7. TYPE OF SEPARATION Termination of Military Status
	8. REASON AND AUTHORITY FOR SEPARATION (E.O. 9575, E.O. 10367 & P.L. 313, 82nd Cong.) Expiration of War Powers				9. PLACE OF SEPARATION PHS Hospital, Boston, Mass.		
	10. DATE OF BIRTH DAY MONTH YEAR 30 MAY 22		11. PLACE OF BIRTH (City and State) Vienna, Austria		12. DESCRIPTION SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT Male White Brown Grey 5' 10" 160		
SELECTIVE SERVICE DATA	13. REGISTERED YES NO xxx		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) Unknown Local Board #113, Waltham, Mass.		15. INDUCTED DAY MONTH YEAR xxxxxxxxxxxx		
	16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES NO Remains on active duty in non-military status in Public Health Service				COGNIZANT DISTRICT OR AREA COMMAND A SURG (R)		
SERVICE DATA	17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY				18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE A SURG (R)		
	19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) 1 JUL 52 Boston, Mass.				20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State) 51 W. Fallcreek Parkway, Indianapolis, Ind.		
	21. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD				A. YEARS	B. MONTHS	C. DAYS
	22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD				25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY DAY MONTH YEAR AMOUNT		
	23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES (to be determined)				26. FOREIGN AND/OR SEA SERVICE YEARS MONTHS DAYS None None None		
	24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES				27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED None		
	28. MOST SIGNIFICANT DUTY ASSIGNMENT Intern, PHS Hospital, Boston, Mass.				29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None		
	30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED PHS Hospital, Boston, Mass.		DATES (From To) 1JUL52-3JUL52		MAJOR COURSES Intern		31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED xxxxxx xxxxxx xxxxxx
	GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D.C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.						
	INSURANCE AND PAY DATA	32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM NSLI \$5,000 (\$3.49)		32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		33. MONTH ALLOTMENT DISCONTINUED	
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER			
38. REMARKS (Continue on reverse) 1. No details to U.S. Army, Navy or Coast Guard. 2. No service outside continental limits of U.S. 3. Only original copy will be signed by officer. 4. Re. 32B: Prior service in U.S. Army. 5. This report issued 4JAN54.				39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN  NAME, GRADE AND TITLE (Typed) Erwin C. Drescher, MED DIR Division of Personnel			
PERSONAL DATA	40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. Educational Benefits					CLAIM NUMBER 10-204-336	
	41. DATES OF LAST CIVILIAN EMPLOYMENT FROM TO APR 42 DEC 42		42. MAIN CIVILIAN OCCUPATION Physician		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER Mt Sinai Hospital, New York, N.Y.		
	44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS Married		46. NON-SERVICE EDUCATION (Years successfully completed) GRAM-MAR HIGH SCHOOL COL-LEGE DEGREE(S) 4 6 8 A.B., M.D.		MAJOR COURSE OR FIELD Chemistry, Medicine
	47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State) 106 Duff Street, Watertown, Mass.					48. SIGNATURE OF PERSON BEING SEPARATED	

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)