



Robert Farmer Jones



World War Two



Declared Missing in Action



Service Details



Robert Farmer Jones

-- Profile Image Not Found --

NAME	Robert Farmer Jones
STATE	Virginia
CITY	Alexandria
COUNTY	Alexandria
CASUALTY	12-02-1943
WAR	World War II
SERVICE	Merchant Marine
SPECIALTY	Fireman Watertender
RANK	Merchant Seaman
UNIT	Merchant Ship John Harvey
DETAILS	Missing in action or lost at sea

SERIAL NUMBER 2223 1. NAME (Print) ROBERT JONES ORDER NUMBER 4498
(First) (Middle) (Last)

2. ADDRESS (Print) 500 Spring St. ALEX. VA.
~~220 N. PAYNE ST.~~
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE 4. AGE IN YEARS 23 5. PLACE OF BIRTH RENNO, S.C. 6. COUNTRY OF CITIZENSHIP U.S.
DATE OF BIRTH UNKNOWN 1917 RENNO, S.C.
(Exchange) (Number) (Mo.) (Day) (Yr.) (Town or county) (State or country)

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Miss FLORENCE JONES 8. RELATIONSHIP OF THAT PERSON FRIEND
(Mr., Mrs., Miss) (First) (Middle) (Last)

9. ADDRESS OF THAT PERSON 220 N. PAYNE ST. ALEX. VA.
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME DR. LOVE - ODD JOBS -

11. PLACE OF EMPLOYMENT OR BUSINESS
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRATION CARD
D. S. S. Form 1

(over)

William H. Tothill
EARLYNE ELGIN
(Registrant's signature)
WITNESS

SERIAL NUMBER

1. NAME (Print)

ORDER NUMBER

4535

ROBERT FARMER JONES
(First) (Middle) (Last)

4042

2. ADDRESS (Print)

~~413 3rd St., N.E. 512-3rd St. N.W.~~
601 PENNSYLVANIA AVE., N.W., WASH., D.C.
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE

no phone

4. AGE IN YEARS

23

5. PLACE OF BIRTH

Jackson,
(Town or county)

6. COUNTRY OF CITIZENSHIP

USA

DATE OF BIRTH

4-5-17
(Mo.) (Day) (Yr.)

Mississippi
(State or country)

(Exchange) (Number)

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

8. RELATIONSHIP OF THAT PERSON

Mrs. Vera C. Jones
(Mr., Mrs., Miss) (First) (Middle) (Last)

Wife

9. ADDRESS OF THAT PERSON

601 Pennsylvania Ave., N.W., Wash., D.C.
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME

Home Friendly Insurance Co. (Mr. L. G. Haynes)

11. PLACE OF EMPLOYMENT OR BUSINESS

902 G St., N.W., Washington, D.C.
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRATION CARD
D. S. S. Form 1

(over)

16-17105

Robert F. Jones
(Registrant's signature)