

Name **WOOSLEY-FLOYD**

Service Number **164-72-87 1244**

~~XXXXXX~~  
Enrolled at **RECRUITING STATION KANSAS CITY MO.**

Date **5-28-18**

Age at Entrance **29 YRS. 9 MOS.**

Rate **HOSPITAL APPRENTICE 2 CLASS**

~~XXXX.~~  
U. S. N. R. F.

Home Address **-BOX 184**

Town **BRECKENRIDGE**

W County **CALDWELL**

State **MO.**

Served at

From

To

Served as

No. Days

**NAVAL TRAINING STATION  
GREAT LAKES ILL.**

**6-7-18**

**11-11-18**

**HOSPITAL APPREN-  
TICE 2 CLASS**

**167**

Remarks:

Date ~~XXXX~~ **2-15-19** **NAVAL TRAINING STATION**

Place **Inactive Duty** **GREAT LAKES ILL.**

**HOSPITAL APPRENTICE**  
Rating at Discharge **2 CLASS**