

Biographical Data Form

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

PLEASE PRINT CLEARLY

Veteran Civilian Mae Ankeney Hanson
first middle last maiden name

Place of Birth Minn. Birth Date 1/20 /year

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity NAVY

Commissioned Enlisted Drafted Service dates MAR 1943 to June 1947

Highest Rank Lieutenant

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) Joint BRAZIL-US Military Commission

War, operation, or conflict served in BRAZIL, PACIFIC

Locations of military or civilian service Great Lakes, ILL.; Treasure Island, CA; Olathe, Kansas, Hawaii

Battles/campaigns (please name) AIR EVACUATION Flight NURSE

Medals or special service awards. If so, please list (be as specific as possible): Pacific Theater Commendation, Navy Unit Commendation, American Defense Service Medal; American Area Campaign Medal; WWII Victory Medal

Special duties/highlights/achievements AIR EVACUATION Flight NURSE

Was the veteran a prisoner of war? Yes No

Did the veteran or civilian sustain combat or service-related injuries? Yes No

Interviewer (if applicable) _____

(Please use reverse for any additional biographical information.)