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Online exhibits

Council of Defense Registration cards: Henry, Mrs. A.

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(T=Trained, U=Untrained)

Woman's Committee of Council of National Defense. Women's Organizations, State Council of Defense, DIVISION _____ UNIT _____

(Sign only one of these cards)
 Name in full Henry, Mrs. A.
 (Last Name) (First Name)
 Address 805 Jefferson Tel. No. _____
 (City or town) (No. and street or R. D. No.)
 Age past 50 Married or single married
 Color or race Negro Country of birth U.S.A.
 Citizen: By birth U.S. By naturalization _____
 Persons dependent upon you, if any not any
 Service offered (specify whether volunteer, expenses only, or paid) paid
 Time pledged for service _____
 If training is wanted, specify line _____ Tuition paid or free _____

Present occupation Horse Keeping
 By whom employed _____
 Where employed Van Buren
Rev. A. Henry
 References _____
 Education (graduate or length of time attended):
 Grammar yes College (give name) _____
 High or private Specialized training _____
 Emergency service (specify whether volunteer, expenses only, or paid) Paid
 Will you go anywhere? _____ Home town only? yes In United States? _____
 How soon can you start? _____

ENCIRCLE NUMBERS TO LEFT OF OCCUPATIONS IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING. UNDERLINE THOSE IN WHICH YOU WISH TO GIVE SERVICE.

- I. Agricultural**
 1 Dairying
 2 Farming
 3 Fruit raising
 4 Gardening
 5 Poultry raising
 6 Stock raising
- II. Clerical**
 10 Accountant
 11 Bookkeeper
 12 Cashier
 13 Clerical work (gen.)
 14 Filing
 15 Office assistant
 16 Office manager
 17 Private secretary
 18 Typewriter
 19 Shipping clerk
 20 Stenographer
- III. Domestic**
 30 Care of children
 31 Cleaning

- 32 Cooking
 33 Housekeeping
 34 Industries by home employ't
 35 Knitting
 36 Laundress
 37 Practical nurse
 38 Trained attendant
 39 Seamstress
 40 Waitress
- IV. Industrial**
 50 Baker
 51 Boarding house
 52 Buyer
 53 Camp
 54 Institutional
 55 Dressmaker
 56 Needle trades
 57 Food trades
 58 Leather trades
 59 Hat trades
 60 Metal trades

- 61 Munitons
 62 Paper and printing
 63 Wood trades
 64 Textiles
 65 Forewoman
 66 Inspector
 67 Janitress (cleaner)
 68 Laundry operative
 69 Manager
 70 Manicure and hair'dr
 71 Messenger
 72 Milliner
 73 Retail dealer
 74 Restaurant
 75 Saleswoman
 76 Waitress
- V. Professional**
 80 Actress
 81 Architect
 82 Artist
 83 Author
 84 Chemist

- 85 Dentist
 86 Dietician
 87 Draftsman
 88 Engineer
 89 Metals
 90 Textiles
 91 Woods
 92 Journalist
 93 Laboratory worker
- 94 Languages (foreign):
 Read well _____
 Speak well _____
 95 Lawyer
 96 Lecturer
 97 Librarian
 98 Musician
 99 Osteopath
 100 Pharmacist
 101 Photographer
 102 Physician

- 103 Publicity
 104 Statistician
 105 Surgeon
 106 Teacher (subject):
 Of adults _____
 Of children _____
- VI. Public Service**
 110 Inspector
 111 Institutional mgr.
 112 Mail carrier
 113 Police patrol
 114 Postmistress
 115 Signaling
 116 Telegraphy
 117 Wireless
 118 Telephone
 119 Aviatrix
 120 Horse
 121 Motor car
 122 Motor cycle
 123 Power boat
 124 Railroad

- VII. Social Service**
 130 Camp work
 131 Charities—Which?
 132 Club executive
 133 District nursing
 134 Hospital
 135 Industrial welfare
 136 Investigator
 137 Playgrounds
 138 Protective assoc'n
 139 Dancing
 140 Music
 141 Reading aloud
 142 Relief visiting
 143 Settlement
 144 Social clubs
- VIII. Red Cross & Allied Relief**
 150 Surgical dressings
 151 Dietetics
 152 Elementary hyg.

- Instruction—Cont'd.
 153 First aid
 154 Garments—Hospital
 Civilian
- IX. Miscellaneous**
 170 Unoccupied Woman
 171 _____
- X. Contributions**
 A. Ambulance
 B. Driver for car
 C. Duplicating mach.
 D. Funds
 E. Home for convalescent hospital
 F. Hospital
 G. Laboratory
 H. Motor boat
 I. Motor car
 J. Typewriter
 K. Share home with widow or children
 L. _____

Source

(Place of registration, ward, precinct, etc.)

If registered before, give name of organization and character of service for which registered

Ward

Date registered.....

Precinct.....

Fee..... Contribution.....

Clubs.....

Correspondence regarding woman.....

PERSONAL EQUIPMENT:

ASSIGNMENT

Health *Fairly good*

Physical defects *not any*

Voice *good*

Sight *good*

Hearing *good*

| DATE | SENT TO— | RESULT | REMARKS |
|------|----------|--------|---------|
| | | | |

REMARKS:

*Wife of Rev. A. Henry
Pastor of Baptist Church
Member of Home Wm. Club.
Cont to Red Cross
Liberty Loan etc.
willing to serve.*

Registrar's name.....

Address in full.....