NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002 www.archives.gov



September 11, 2017

GREGOIRE BERTRAND CALABOSSE 19 BILSTAIN, BELGIUM

RE: Veteran's Name: ALLEN, Carl Lloyd SSN/SN: 35223326 Request Number: 2-20548231571

Dear Recipient:

Thank you for contacting the National Personnel Records Center. We have received your payment for copy material for the veteran named above. Your photocopies are enclosed. We regret the photocopy is of poor quality; however, it is the best that we can obtain.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at http://vetrecs.archives.gov.

Sincerely,

RACHAEL HUTSON Archives Technician (AFN-MC2E)

Enclosure(s)

We Value Our Veterans' Privacy Let us know if we have failed to protect it.

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

FULL NAME	A11.ei	n, Carl	l L.			2		1	ARMY SERIA		gRAD	erm 28 Pfc	29
HOME ADDRE	ESB								ARM OR SER	VICE	DATE	OF BIRTH	-
	6		o Oht	•					Turken				05
PLACE OF DE		(SVIII)	e, Ohio	0	enter anna Anto	CAUS	I OF DEATH	-	Infant	ry		2 Apr OF DEATH	27
	Euroj	pean Ar	rea	a a		ki	lled i	n acti	on		16	Mar	45
BTATION OF	DECEASEI) 	с 10	anta Autor 77 No		and we are	A Palent Andrews			RY ON		NOTH OF S	
	Euro	pean A:	rea						29 Jur	ie 43	YEARS	I NONTH	B DAY
ENEFICIARY	(NAME, R Mrs.	Glady:	IP & ADDR	llen, m llen, m father	other,	addres	s abov		le, Ghi	9 64252 			N DOGO NA PR
INVESTIGAT	TION	IN LINE		OWN MISC	T	WAS DEC	EASED	AUTH	RIZED	IN FLYING P	AY L	OTHER PAT	674710
MADE?	NO		OF DUTY	OMN NING	CNDUCT	ON DUTY	STATUS	ABS	ENCE	STATUS	THE OWNER WATCHING & STATE	OTHER PAT	BELOW
		YZS	NO	ARth	NO	YES	NO	人工的	NO	ARS	M2	子服用	224
DDITIGNAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	n. when 1 27 ^M arch		NON NON	-BATTL
ADDITIONAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			ing The Service Administration
ADDITIONAL (e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			ing The Service Administration
ADDITIONAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			init in second distant
ADDITIONAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			init in second distant
SODITIONAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1997 (an 19
NDDITIONAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14
ADDITIONAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14
ADDITIONAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14
SDITIONAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1997 (an 19
SDITIGNAL I	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1997 (an 19
ADDITIONAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14
ADDITIGNAL	e 19	OR STATES	URNT		urce &	date o	f orde	r will	be fur	x BA			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14
ADDITIGNAL	*Comb	oat Inf	fantryn		urce &	date o	f orde	r will	be fur	x BA			1997 (an 19
ADDITIGNAL L	*Comb	OPIES FURN	fantryn	nan, sol	urce &	date o	f orde	r will rec'd :	be fur	x BA n. when 1 27 ^H arch			1927 (arterio), dia 49 a 1 ahore 1944 - 1946 - 14

	- 1+ 1×1.4 - 16 E.	2.2		×.	9fee	
	25 776	at the A from	5	1	. ŝ	
	c/c	WAR DEP	* [*]			
		THE ADJUTANT G		ICE	12	
÷		WASHINGT	ON 25, D. C.	2	100 M	8-44°
526) 		BATTLE ,CASU	JALTY REP	ORT		
AG 201	ALLEN CARL L ASN 35 223 326	GRADE PFC SON			DATE C	CAS, REPORT RECEIVED
NAME AND	MRS GLADYS L ALLEN				×	
AD. DRESS	ROUTE TWO CROOKSVILLE OHIO	¥ v	27	LM DALL 4	DATE T	ELEGRAM SENT
OF E. A.	SHOOLOVILLE ONIO		<pre>21</pre>	MARCH	1945	
	THE INDIVIDUAL NAMED BELOW DESIGNATED T GRAPHIC AND LETTER NOTIFICATIONS WILL BE THIS PERSON IS NOT NECESSARILY THE NEXT-0	SENT TO THIS PERSON THE		ANY IS SUGAR		THE OFFICIAL TELE- LD BE NOTED THAT
-	THIS PERSON IS NOT NECESSARILY THE NEXT-	SF-KIN OR RELATIVE DESIGN.	ATED TO BE PAID SIX		TIONSHIP SON	OF DEATH
GRA			* SERIAL NUME	BER AR	N OR REPORTIN	G F OR J SHIPMENT STATUS NUMBER
PF(C ALLEN CARL 1	WAS	35 2 33	26 I	NF ETO	V 083
1.10. 100 J	TYPE OF CASUALTY	PLACE OF C.	4.55		CASUALTY	CASUALTY CODE 1
14 E I.	LED IN ACTION	IN GERMA	NX -	26 2	· · · · · · · · · · · · · · · · · · ·	4
REMAR	CONFIRMING LETTER FOL	CORR	ECTED COPY			
	10 M	EVIDENC	E UF DEAT	REC'D	IN W D 2'	7 MARCH 1945
	19 1			19 Luliul	S	
R		. ⁸ 3			Son Ele	*.
	а. Э	e	10			5
	2		A 15	1000		
			20C	SI TH	and the second sec	
200	9 (C)	12		110	160130149	
•5	ACTION BY PROCESSING AND V CASUALTY BRANCH FILE ATTACHED	OR CHARGED TO	, DN: REPORT VERIFI S INDICATED BELOW)	3	43AG 201 R	
	FILE NO. MESSAGE			DATE AND AR	en Neige	E. A NOTIFIED
			1 1 1	2. 7. 14	NUMPLE AND	
2	FORWARDED TO	WOUNDED LETTER	CORRES. S	R a D d	ER-IN	
	REPORT NOT VERIFIED NO FORM 43	NO CAS. BR. FILECHEC	KED BY			
а.	(ALL TYPES OF CASUALTIES PI COPIES FURNISHED: SEE CASU	DISTRIBUTION "A" ERTAINING TO MILIT ALTY BRANCH MEM	ARY PERSONN ORANDUM NO			
	(ALL WOUNDED MILITARY PERS ARE W. D. EMPLOYEES, EMPLOY COPIES FURNISHED: SEE CASU	EES OF W. D. CONTR.	ACTORS			
. 7	W.D. A.G.O. Form 0365 1 JANUARY 1945					

17 April 1952

ACDP-CS 201 Allen, Carl L. 35 223 326 (14 Jan 52) Mrs. Perle L. Allen

The Bronze Star Medal is based upon the award of the Combat Infantryman Badge. Under current regulations, a citation in orders for the Combat Infantryman Badge awarded for actual combat against the armed enemy during World War II is considered as a citation for exemplary conduct in ground combat and entitles the recipient to the Bronze Star Medal.

The records in this office show that the Purple Heart, which was posthumously awarded to your son for having made the supreme sacrifice in defense of his country, was forwarded to your husband on 19 April 1945.

An official statement of the military service and death of your son, and a certificate representing the award of the Bronze Star Hedal are inclosed.

In order to provide an appropriate identification for widewe, parants and certain next of kin of members of the armed forces of the United States who lost their lives in World War II during the period 7 December 1941 to 25 July 1947, a Cold Star Lapel Button has been established by Act of Congress. Blank forms giving information and instructions as to the method of securing this device are inclosed for use by you and other relatives who may be interested.

Sincerely yours,

David R. Ewing

H. H. MEMMAN Colonel, ACC Chief, Demobilized Person el Mecords Barnch

I Incls 1. Ofl SOG and death 2. Bhi Cert

3. - L. 總語 Form 3

18 APR 105

2

Gler

WD AGO FORM 01102-1

DEPARTMENT OF THE ARMY. OFFICE THE ADJUTANT GENERAL RECORDS ADMIN ATION CENTER, ST. LOUIS 20, MO.

PHILADELPHIA QUARTERMASTER DEPOT

THIS IS A REQUISITION FOR MEDAL OR MEDALS AS INDICATED IN COPY OF LETTER BELOW. ENGRAVING SHOULD BE DONE AS REQUIRED AND MEDAL OR MEDALS SHIPPED TO COMMANDING GENERAL INDICATED

IN REPLY REFER TO

TO:

COPY

17 April 1952

AGDR-GS 201 Allen, Carl L. 35 223 326 (14 Jan 52)

> Srs. Perle L. Allen Route #2 Grooksville, Ohio

Dear Mrs. Allen:

Reference is made to your letter of 11 January 1952, concerning decorations and awards which your son was authorized.

By direction of the President, under the provisions of Executive Order 9h19, h February 19hh, the Bronze Star Medal has been posthusously awarded to Carl L. Allen, service number 35 223 326. The citation is as follows:

BRONZE STAR MEDAL

"Exemplary conduct in ground combat against the armed enery in the European Theater of Operations on or about 1 December 1944." (AUTH: DA LO, dtd 17 Apr 52)

In addition to the above decoration, your an was authorized the following:

Good Conduct Medal

American Compaign Medal

European-African-Middle Eastern Campaign Medal with

two (2) Bronze Service Stars for participation in

the Ardennez-Alsace and Bhiroland Campaigns

World War II Victory Hedal Combat Infantryman Hadge Expert Infantryman Badge Belgian Fourragere



Expert Badge with Rifle and Automatic Rifle Bars

The Commanding General, Fulladelphis Quartermaster Depct, has been directed to forward the foregoing decoration and awards to you on or about 29 May 1952.

FILE IN DEMOBILIZED PERSONNEL RECOR

AGO FORM 01102 REPLACES WD AGO FORM 01102, 1 MAY 50 01102 1 JUNE 46, WHICH MAY BE USED. W U. S. GOVERNMENT PRINTING OFFICE: 1951 - 965184 DEPARTMENT OF THE ARMY OFFICE OF THE ADJUTANT GENERAL RECORDS ADMINISTRATION CENTER ST. LOUIS 20, MISSOURI

IN REPLY REFER TO: AGDP-GS 201 Allen, Carl L. 35 223 326 (14 Jan 52)

17 April 1952

SUBJECT: Letter Orders - Bronze Star Medal

1. By direction of the President, under the provisions of Executive Order 9419, 4 February 1944 (Sec. II, WD Bul. 3, 1944), a Bronze Star Medal is posthumously awarded to Carl L. Allen, 35 223 326, for exemplary conduct in ground combat against the armed enemy on or about 1 December 1944, in the European Theater of Operations, while assigned as Private First Class, 395th Infantry Regiment.

2. Authority for this award is contained in paragraph 18, AR 600-45, and is based upon Special Orders 220, Headquarters 395th Infantry Regiment, dated 30 November 1944.

BY ORDER OF THE SECRETARY OF THE ARMY:

Adjutant General

OFFICIAL STATEMENT of the MILITARY SERVICE and DEATH

of

CARL L. ALLEN Service Number 35 223 326

The official records show that Carl L. Allen, service number 35 223 326, was inducted 29 June 1943 at Columbus, Ohio, at which time his address was recorded as R_*F_*D #2, Grooksville, Ohio. He was transferred to the Enlisted Reserve Corps on the date of his induction and reported for active duty 19 July 1943. He departed for overseas service 29 September 1944, and was killed in action 16 March 1945 in Germany, while serving as a Private First Class, Company B, 395th Infantry Regiment.

This official statement furnished 17 April 1952 to Mrs. Perle L. Allen, mother, Route #2, Crooksville, Ohio.

BY AUTHORITY OF THE SECRETARY OF THE ARMY:

WM. E. BERGIN Major Ceneral, USA The Adjutant Ceneral



×	DECORATIONS	CERTIFICATE D	ATA SHEET	
LAST NAME - FIRST NAME			TYPE OF AWARD (D	SM, SS, BSM W/
Allen, Carl L.			BSM	
	0., Headquarters and date	for Field Awards)		3
DA LO, dtd 17 Apr	52			
DATE OF APPROVAL BY WD (DECORATIONS BOARD FOR WAR	DEPARTMENT AWARDS		
		BE ENTERED ON CERTIFIC	ATE	
IF OAK LEAF CLUSTER ENTE				
GRADE	NAME Carl T Allen 3	5 223 326, Privat	e First Class	ARMY SERIA
ORGANIZATION	Jair I. Ritten	<i>J LLJ JLO</i> 9 111440	0 12150 02400	1
ONGANTZATION	Company B, 395th	Infantry Regimen	t	
ENTRY FOR CERTIFICATE				· · · · · · · ·
	European Theater	of Operations, o	n or about l l	ecember 192
10				
*	9295	s 2	<i>u</i>	
0			94.°	
		*		
	(8)			
	2			
1	5	a)		
DATE: THIS 17t	th areas	April 195	2	
UNIL: INIG	CI DAY OF	URATITE 10.0		
CERTIFICATE TYPED AS AR		REVIEWED BY		
CERTIFICATE TYPED AS ABO F. Ellebracht-S				
F. Ellebracht-S	OVE BY	REVIEWED BY	2 14 14	
F. Ellebracht-S		REVIEWED BY		
F. Ellebracht-S MAIL TO Mrs. Perle L. All	OVE BY	REVIEWED BY	1 20 5 8	.1
F. Ellebracht-S	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin)	OVE BY	REVIEWED BY	1 20 5 8	
F. Ellebracht-S MAIL TO Mrs. Perle L. All	OVE BY	REVIEWED BY	1 20 5 8	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS	OVE BY	REVIEWED BY	1 20 5 8	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	14 15 16 18 19 19 19
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY REMARKS	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY REMARKS	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY REMARKS	OVE BY	REVIEWED BY	RELATIONSHIP	
F. Ellebracht-S MAIL TO Mrs. Perle L. All NAME (Next of kin) ADDRESS CERTIFICATE MAILED BY REMARKS	OVE BY	REVIEWED BY	RELATIONSHIP	

Form 55 E-J MEDICAL DEPARTMENT, U (Revised May 31, 19c. Co B, 395th Infantry RMY SURGICAL CLINIC CONSULTATION REQUEST AND REPORT Name Allen. Carl L. 3522332 Pvt Grade ____ Ward -----Date _____ 21 August ____, 19 __ 144 Consultation requested because of _____ Plantor warts, recurrent Provisional diagnosis ____ Routine. 11 M. C. Emergency. HERBERT SouCRE, LST Lt, Date _____, 19_____ Date _____, 19_____ Office, Chief of ______Service. Office, Chief of _____ Service. To Chief of То Service. For consultation. Approved. Disapproved. M. C. M._C. Opinion of consultant: Reled. presed - There and man - y have a landenty to 16661-(OVER)

т. 	1.96 0	**************************************	2	ж. *
(f)				*
	5 2 5			а.
		× * .	ан. <u>)</u>	*
NAME:	D&S ALLEN Carl L	RANK: Pvt	ASN:	- -
ORG: ADMITT	ALLEN Carl L Co. B 395 Inf ED TO HOSPITAL ;	AGE: DISCHARGED FR		
DIAGNO	SIS: -	A PR		
_DATE:	21 Aug 1944.	÷		
and the second	a and the second second	and the second		
		1		
			And the second second	
		and the internet second of		
			and the second secon	
	e e			4
	et et ¹⁰			
	- , [§]		34 ° 26	×
÷		< - à		
	2			
220		÷	<u> </u>	
			200 V	
	i sta	a * *	e - 1	
8 10.1		(a)	1	
	E	* = a a	17	
	17. 22			

Co. b 395th Inf.

Surgical Clinic

Allen, Car Jame		ITATION REQUEST		ard
			Date 18 July 1	4 ,19
onsultation req	uested beca	use of		
			an a	
rovisional diag	nosis	entar Warts	1999) 1	3
a w 101010101 ottob			· · · · · · · · · · · · · · · · · · ·	$\Delta = \frac{1}{2}$
				1 .
			Janes H. Fyvie,	Lapt. 10 C.
				-
	Date	19	Date	19
Office, Chief of		Service.	Office, Chief of	and a second
o Chief of		Service,	21.6	
pproved.	an a second and a second		nsultation.	
)isapproved.		0.5	1941 (MAR) - 24 - 1941 (MAR)	
		M. C.		м. с.
19 N.	-	2.2.• 0.•		
		- 50 ⁻¹ 9	0 1 10	
Dpinion of consul	ltanț:		Date Culy/1	19
	1 Par De	la porta	- particul mi	find a
	×	an tha		
	94 (1)			Afilill
	1		n n	4
	2			
2				1
		R		
		14		Contract section.
e .				and and

1.6

152 1 24 D&S MAME: ALLEN CarlL RANK: Pvt. ASN: CRG: Co. B 395 Inf. DMITTED TO HOSP MAL : AGE Ń DISCHARGED FROM HOSP ITAL: IAGNOS IS: -ATR: 19 July 1944.





My dear Mr. Allen:

The President has requested me to inform you that the Purple Heart has been awarded posthumously to your son, Private First Class Carl L. Allen, Infantry, who sacrificed his life in defense of his country.

The medal, which you will receive shortly, is of slight intrinsic value, but rich with the tradition for which Americans are so gallantly giving their lives. The Father of our country, whose profile and coat of arms adorn the medal, speaks from it across the centuries to the men who fight today for the proud freedom he founded.

Nothing the War Department can do or say will in any sense repair the loss of your loved one. He has gone, however, in honor and the goodly company of patriots. Let me, in communicating to you the country's deep sympathy, also express to you its gratitude for his valor and devotion.

Please believe me,

Sincerely yours,

Cont 1

Mr. Perle Allen, Route #2, Crooksville, Ohio.

WAR DEPARTMENT .

THE ADJUTANT GENERAL'S OFFICE

AT LOS WORKER I	OF DEATH	C					DATE		il 194	and the second state of the second
MILL HAME	Allen, Car	<u>l</u> L.				ny berial 35 223		(IR	ABATM 20 Pfc	527
ndre adore	E 31 68	· · · · · · · · · · · · · · · · · · ·	o Tribuli a Perfecte	A Signal Administration of the Construction of the State	Alte	i or arry	Ca	DAT	i op birth	
0	Grooksvill	e, Chio	an the set of the first first]	nfantı	зу	2 ¹	22 Apr	25
9.603 AF BA				CAMPE OF DEATH killed i		or counter source of	()(2 a. 100 1 1 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	16 Mar	
tenon op e	Earopean A	Log	nuu a saan, as	la serie de la Sala da la serie de la s				-		THE REAL PROPERTY AND
	n a ^c						ve szevice	YEA	lamatic of the second s	用中心生活的
	European A Loonessee (name.	vea Nelationemip & Aughkoa)	00000-4571/19900	1127° of Lars, 1424-4671 Methodologica	en e	3 June	8 46.2 Names and a second			_
		s L. Allen, moth		no ser di ser		s Sida	4 3 84	• ,	STECHOLON HERE	
		s L. Allen, moth Allen, father, s			₩		F.	8		3 1
investigat Madet Yes	NAO ARN IOM IA FINK	df Duty own Miticard Ng Veg r	ACL F	AB DECEACED	A JY MOR Aren The		IN PLYA TATE 768		OTHER F. COPECIP 1933	V STADU V BELOG
*	*Combat In	fantryman, sourc					ı. when	r'sc'i	d No.	u-BATTI
+		fantryman, sourc		te of urde of death			ı. when	r'sc'i		94-13, 4, 7°T(
+		fantryman, sourc					ı. when	r'sc'i		900-12.4, T'T L
+		fantryman, sourc		of death	rec'd in	L MD, 4	1. when 27 ^M arc	rsc' h 45.		900-12.4, T°T L
+		fantryman, sourc		of death		L MD, 4	1. when 27 ^M arc	rsc' h 45.		94-12.4, Y'TL
*		fantryman, sourc		of death	rec'd in	L MD, 4	1. when 27 ^M arc	rsc' h 45.		24-23.4 TTL
*		fantryman, sourc Ev		of death	rec'd in	L MD, 4	1. when 27 ^M arc	rsc' h 45.		84-23.4, T'TL

(3) R. Put (6) AGE	· k	MPANY 30		£.	OR STAFF	CORF
	9	₩ ₽,5	Ohi		10	/12
X-Ray	Heupt Erupt	acinara 1	-	u a	Def. Fill	LOCATION, COMPLICATIONS, SEQUELAE, ETC.
L-16 R-16	L-16 TE Anes L-16 TET	R-16 POT Anes	86	R-7-MO OA L-14-0 A	L-7-MO OA	VS. (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
	Cn 6-2 b=3	es On 5-26		5025	5-10-114	OF TREATMENTS
5269 AMH	.UI ₩_U	IB IB	E	IE	. ar	(12) RESULTS AN
	LLW	LLW	REW	GWK	AMH	TS AND REMARKS

./

***REPORT OF DENTAL SURVEY** UPPER TEETH Right 6 5 4 Left 5 7 8 7 8 3 4 6 3 2 1 1 2 LOWER TEETH
 Right
 Left

 16
 15
 14
 13
 12
 11
 10
 9
 9
 10
 11
 12
 13
 14
 15
 16
 3 D CLASS 1E Occlusion. : Calculus: Slight, Medium, Heavy Periodontoclasia .. Dental foci suspected: Yes No Other conditions 15 Date MAD Dental Corps, U. S. A. Restorable carious teeth by O Nonrestorable carious teeth by / Missing natural teeth by X eeth replaced by denture (horizontal line) eth replaced by fixed brid oval to include abutments)

NAME AND ARMY SER NUMBER ARM OR SERV SERVICE. YEARS RADE NATIVITY ION WHERE TAGGED: DATE HOUR 56 備利用 AGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED 4 ORE 45 NE OF DUTY: P.O.D. FRAA TETANUS TOXOID: DOSE OR ANTITETANIC SERUM: DOSE: TIME: TIME: MORPHINE: ×9 Hour DOSE TIME: DISCOSITION: DATE HAR 1450 TURE WITH RANK NO. 52 D- MEDICAL DEPARTMENT, U. S. A. (Revised November 5 102) 10-15434

223332 P 35 EI ne and middle initial 4 A. S. No. 7 Regiment and Arm or Service 8 Age 6 Company Grade VI 6 11 Service 12 Date of admission 10 Nativity b) 9 Race 0410 U (b) 13 Source of admission 14 Register numbers or hospital memoranda: 31.44 3 ia. 28 8-44 wa WAY 9 '44 HAY TO 'A MAT 1.1 24 ST. TH 1.20 c. D. f ols at ge TO ġ 3 LINK 1. 121 15 Name of Hospital (a) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.
(b) Spaces 5 to 13 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war. Form 52 a MEDICAL DEPARTMENT, U. S. A. (Revised March 15, 1938) 16-19718

LAST NAME-FIRST NAME-MIDDLE INITIAL		35223326 ARMY SERIAL NUMBER	P20 GRADE		
	h Inf	ORDER		COMPANY	FILE IN ENLISTED BRANCH, A. G. O
ORDER SENERAL	NUMBER SPECIAL	DATE OF ORDER	COMBAT TYPE OF BADG	(Indicate) XPERT	OR
	158	5 Aug 44	1 P.		OFFICER'S BRANCH, A. G. C
AIE EFFECT	IVE FOR PAY	PURPOSES If Other than Date of	Order RESCIND REVOKE Withdr	AMEND Corrected Copy	

RECORD OF AWARD OF INFANTRYMAN BADGE-D. & A. BRANCH, A.G.O.

KEADQUARTE	-FIRST NAME- Ins Issuing of h Inf	L. L. MIDDER INITIAL RDER	ARMY SER	AL 223 18 32	U B		FILE IN
GRDES SENERAL	SPECIAL 220	DATE OF BRDER 30 Nov 44	COMDAT	TYPE OF BABG	E (lediaato) EXPENY		ENLISTED BRANCH, A. G. O. OR
DATE EFFECTION		RPOSES IF OTHER THAN DATE OF ORDER	RESCIND	REVOKE WIRE	Iraw AMEND	Corrected Copy	OFFICER'S BRANCH, A. G. O.

RECORD OF AWARD OF INFANTRYMAN BADGE-D. & A. BRANCH. A. C. Q. WD AGO FORM 0706 1 MARCH 1948

1.12

WAR DEPARTMENT ARMY SERVICE FORCES ARMY SPECIALIZED TRAINING DIVISION

TRANSCRIPT OF ACADEMIC RECORD

ARMY SPECIALIZED TRAINING PROGRAM

	AME		(FIRST) Carl	(MIDDLE)		352233	126		
Allen,	Columbia Columbia	NAME OF TAXABLE PARTY.	and the second		DATE OF BERTH		AG	CT	
1	Cr	popsville,	Ohio	Secol Marcine	4-22-25			115	Canada and
NSTITUTION	9 010	onhor TTTO	1 VIALO	ADDRESS			100		13
John Ta	rlet	on Agricul	tural College	Stephenvil	le, Texas			1	_
				DATE	ND CONTINUED THE	Mar		тв [°] 5. 19/	1.1.
RAINEE'S INSTRUC	TION ST	ARTED AT THE AB	OVE INSTITUTION ON NOV . 4	49 1740 A	ND CONTINUED THE	COUL		CONT	_
		TERM		TITLE AND NUMBER	A 6 6 6	GRA		ноц	JRS
CURRICULUM	TERM	DATE	COURSE	TITLE AND NUMBER	States and	ASTP	LOCAL	CLASS	L
			30. 2		and the second second	- 19	10% constants	×	
BE-1	1	1-29-44	Chemistry 205		1.1.1	B		3	(
			English 111			D		3	1
	F I		Geography 163	· 2.2		C		2	(
			History 133			D	5	3	
8		: 	Mathematics 406			D		6	1
	1 1		Physics 304		7 C	C		4	2
		8 ×							
	2	4-29-44	Chemistry 206	5		WF		2	1
	~	4	English 111		° s ∎g	WP .	S	2	1
			Geography 163			WF	$\pm R_{\rm c}$	2	
			History 133		-81	WP	4	2	1
			Mathematics 407			WF .	1.47.6	5.	
			Physics 305			WP		4	
	4	k	LUADICE 202	с.	. S. S.	THE A		- 4 - 1	
	1								1
		1	e	s				1	
त्र छ ।	ľ	1.4	2						
		-				. 2 .		·	
	8	- 14			N - 8	141		50.3	1
× .	2 -	1			. These togets		-		OL
	10 10	- ** ···		Succession and the second second	an and an an		history	di la press	
e - 1 a	100		and the second s		100+5	The service			102
6.5	1. 1		el car m		and the second second		1 2 3	C. Cerdin	1000
	1.2						1 1		1.9
								~	1
	15.						1.0		
		14	-0				1.		
			C	and a set of the			1. 360		
			Separated for con	nvenience of g	overnment	K.	1.38	1.11	
	-				overnment	1985			
REVERSE SIDE MA	Y BE US	ED IF THE ABOVE	"Record files	ivenience of g	overnment		DATU 3-1		
REVERSE SIDE MA		ED IF THE ABOVE	"Record files		overnment	el la constante da la constant	рату 3—1		
*Course Grades-	INSUFE	ICIENT	"Record Files End	reparation and Di	spositionThe insti	action will pr	3-1	5-44	tran
*Course Grades	INSUFF	TCLENT	"Record Librar End	Freparation and Di	sposition.—The insti in his separation, for a inal will be civen to	iny reason, f	epare in the t	5-44 riplicate a raining un separation	it at
*Course Grades in the column ent A—very good; B- plete. (If separa	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record files Find	Preparation and Di for each trainee upon institution. The ori AST Program. If the AST Program. If the AST Program. If the	sposition.—The institution of the institution of th	the traince d to another rnished to t	epare in the rom the t upon his AST unit he unit to	5-44 riplicate a raining un separation for contir which he	from from muation is t
*Course Grades in the column ent A—very good; B- plete. (If separa	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record files Find	Preparation and Di st. for each trainee upon institution. The ori AST Program. If the the the AST Program. If the the AST Program. If the the ast Program. If the the ast Program. If the the ast Program. If the the second	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from uat is t en t caine
*Course Grades in the column ent A—very good; B- plete. (If separa	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record file, En space is nity, all institutions will record grade "in terms of the following symbols but passed; F-failed; Incincom but passed; F-failed; Incincom	Preparation and Di A Preparation and Di station of the association o	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from uat is t en t caine
*Course Grades in the column ent A—very good; B- plete. (If separa WF—withdrawn, the foregoing will entitled "Course	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record files Find	Preparation and Di st. for each trainee upon institution. The ori AST Program. If the the the AST Program. If the the AST Program. If the the ast Program. If the the ast Program. If the the ast Program. If the the second	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from uat is t en t caine
in the column ent A—very good; B- plete. (If separa WF—withdrawn, the foregoing will entitled "Course	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record files Find	Preparation and Di A Preparation and Di station of the association o	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from uation is t en t raine
*Course Grades in the column ent A—very good; B- pletc. (If separa WF—withdrawn, the foregoing will entitled "Course	INSUFF -In orde itled "C -good: ted prio	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record files Find	Preparation and Di A Preparation and Di station of the association o	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from uat is t en t caine
*Course Grades. in the column ent A-very good; B- plete. (If separa WF-withdrawn, the foregoing will entitled "Course space:	INSUFF	TCIENT To secure uniform ourse grade, ASTF C—fair; D—poor Institutions hav and grades in term beal" and will inte	"Record SPACE IS THOMS THE PACE IS THOMS IN THE AND	Preparation and Di A Preparation and Di station of the association o	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin which he will be giv fiter the u Training retained 1	it at from uation is to ren to caine Div Div to
*Course Grades. in the column ent A-very good; B- plete. (If separa WF-withdrawn, the foregoing will entitled "Course space:	INSUFF	TCIENT ourse grade, ASTI C-fair; D-poor, r to the end of	"Record SPACE IS THE THE THE THE THE THE THE THE THE THE	Preparation and Di A Preparation and Di station of the association o	sposition.—The insti- bis separation, for traine is transform to original will be for tration from the last conv will be forwar	the traince d to another rnished to ti unit, the tr ded, within	epare in the rom the t upon his AST unit anscript v 10 days a	5-44 riplicate a raining un separation for contin o which he will be giv ofter the to	it at from nuation is to ren to raine Div Dy th

35223324 LLEN (Army serial No (Last name) CARL. (First name) (Middle initial) **LN**ta which enlisted or inducted) F or or race LACE X IN BOX INDICATING COMPONENT) Regular Army. 🔲 National Guard of the United States. and its. ny of United States: 🔲 For Regular Army units. For National Guard units. Selective Service and Training. Regular Army Reserve—Active duty. Enlisted Reserve Corps-Active duty. SERVICE RECORD covering period 194: om . 19 SALA For instructions see AR 345-125 D., A. G. O. Form No. 24 (December 12, 1941) 25259-9

a state				· · · · 1	as inc	d en er
			de induction record wi	INDUCTION RE	case the man entrive service)	ers the service
			cal board of origin #2.	station N 2.9		120 1843 nbus, Ohio
				Grado and arm or se EPTION CENTER F	T. BEN. HARRI	
		Second 1	Place to which sent	(Post, camp, o JUL 19 19	or reception center) 43	
			(See par. 6, AR 40-	ORDS OF IMMU 215, for details relativ SMALLPOX VACCIN	e to immunization	n records)
물 것 같아.			Dato	ALC: NOT	Result ¹	
5 * ⁰¹	34			120	cina	
			7-13- **	I H M.	<u></u>	
				TYPHOID VACCINA	ATIONS	
co internet description de la companya de				1.2		
ate for a			<u>n=14 - 44</u>	<u></u>	 	
	2			l		
	m: 14	n se 😤	J Olmon	OTHER VACCINA	TIONS	
		1.1.1.1		Kind		Date
and a second s			Tetanus	sting 2 a.	 	<u>et e pie</u>
	а. 1		DIPHTU	eria susceptibili	TY TEST-SCHIO	IK
	8 ²		Date	O TATATAS	CRosult *	
		455			E LI AGVID	
		J			<u>52755</u>	
100 1 1 1		3 8 - 618) <u></u>	CARRIER EXAMIN (See AR 40-3		1
Birla:			Date	Parasite examined for	Kind of specimen 3	Positive or negativa
	5.00		JUN 2 9 1943 Typhus	SEP 1 8 1944	CHEST X-RAY	Neg.
		12-10-197 12	i ypnus		44	
			¹ Record as vaccinia ² Record as positive ³ Record as feces, un	a, vaccinoid, or immu , positive combined, rine, sputum, blood, e	ne reaction. negative-pseudo c etc.	or negative.
	Transfer today.	Contraction of the second			6	2000 港市

2	3
Allen Carl I TECORD	
Lari Lari 1. 250000	PRIOR SERVICE
Grant, name) 1 2 First name) 5 (Middle initial) Born ADFA 1 2 First name) 5 (Middle initial) Colomb day, and year) Height 6 ft. 12 in. Weight 175 b. Eyes rown (State or sound y Height 6 ft. 12 in. Weight 175 b. Eyes rown Hair Brow	the United States Army, Volunteers, Navy, Marine Corps, and National Gue or Organized Militia, in the order named.
Complexion Size of gas mask Size of shoe	50. regt., arm, or service)
Married or single Single Occupation Truckdriver EDUCATIONAL QUALIFICATIONS	Discharged as; By reason c:; (Grade) (Character)
Years in: Grammar school 8 High school 4 College or university 0	(Data required by par. 8, AR 345-125)
Graduate work Specialized in	from 19 to 10
	(Co., regt., arm, or service)
Vears (Main occupation) (Weekly wages) as "apprentice, journeyman, expert.	Discharged as; By reason of; Character)
Years as *apprentice, journeyman, expert.	(Data required by par. 8, AR 345-125)
Just what did he do?	from, 19, to, 19
(Next best occupation) S. (Weekly wages) Yearsas *apprentice, journeyman, expert.	Discharged as; Grade) ; (Character); By reason of;
Just what did he do?	(Data required by par. 8, AR 345-125)
HOME ADDRESS AND NEAREST RELATIVE	from, 19, to, 19,
HOME ADDRESS AND NEAREST RELATIVE Home address <u>Route #2</u> <u>CPOOKS vi Number and street or rural route; if none, so state</u>) Name address <u>City</u> town, or post office) <u>Classer</u> <u>(Stateson country)</u>	Discharged as; By reason of; Grade) (Character)
CIUCKSVIILE, UNIO	
tame and address of nearest relative (7121) VS Lis AT PT	(Data required by par. 8, AR 345-125)
Nother same as above Mano, #2 (Relationship) (Number and street or rural route; if none, so state)	
(City, town, or post office) erson to be notified in case of emergency	Discharged as; Grade) ; (Character); By reason of;
Relationship: if friend, so state) (Number and street or rural route; if none, so state)	(Data required by par. 8, AR 345-125)
	(Co., regt., arm, or mervice)
(State or country) DESIGNATION OF BENEFICIARY (To be entered only from appropriate enlistment or induction record or W. D. A. G. O. Form No. 41)	Discharged as; Grade) (Character) By reason of;
Gladys L. Allen Mother	(Data required by par. 8, AR 345-125)
Route #Seme and denors of what on his of hempirias'	(Co., regt., arm, or service) , 19, to, 19,
Perle Lee Allen ^(Address) Father	Discharged as; Grade) (Character); By reason of;
Perle Lee Allen (Address) Father Same (Name and designed relationship of alternate beneficiary)	
(Address)	(Data required by par. 8, AR 345-125)
(Name and degree of relationship of alternate beneficiary)	from, 19, to, 19
(Address)	
CURPENT ENTISTMENT	Discharged as;; By reason of; Grade)
(See "Remarks-Financial" (par. 3a, AR 345-125)) e at entiting the t 18 years 2 months.	(Data required by par. 8, AR 345-125)
	from 19 to 19
ccepted for service at	(Co., regt., arm, or service)
nlisted at on the	Discharged as; By reason ci; Grade) (Character)
day of 19	
in grade of by by	(Data required by par. 8, AR 345-125)
or(Company, regiment, arm, or service)	(Co., regt., arm, or service)
U SELAE	Discharged as; By reason of
npleted Years months days for langevity pay,	
L'Allschieft t Has over (years' service	(Data required by par. 8, AR, 345-125)
vsical defects at enlistmentSlight_scoliosis	(Co., regt., arm, or service) 19, to, 19_
vsical defects at enlistment Slight scoliosis	· · · · · · · · · · · · · · · · · · ·
	DY TRANSP of
Strike out words not applicable.	Discharged as; (Character); By reason of; Character)

Served as		in the United	States Arm	y in the World		APPO	INTMENT	NILITA , PROM AUTHOR	OTION.	ECORD OR REDUCTI EREFOR	ON, WIT	Æ
Graduate of	(Grade)	(Section)		cers' Reserve C	Grad	le	Date		A	uthority		Initials
	(Noncommissioned ARMY S	officers' or sp PECIALTY	occial service	sohool)		-	. 9	60-3	1.000		3	n)
Spe	cialty	*Rat with	ing,	*Rerating,	Pv	160	JUNE	1 500	dustion		186 13	NVZ
Pice				with date	-A-130-							
AUTO RE	AN. 745 EMAN 246	- SSR 10	-80-42					-		-		
Cherty MICA	201AND 288.90	SK Te	-99-				Hr 2 -	1 20				ann an
- <u>11</u>			-									•
				3			-			2 5		
• Ex=Excellent	VG=Very good; SPECTA	G=Good; I L DUTY	F=Fair.	Same R								
As	At	From	To	Authority		AL	uec 3	SPECIA	LIST RA	ATINGS		5
		1			Class	Qu	alification	From	То	Author	ritv	Initia
*alexander and the					1	10			_		-	
					*							
		·								24		
(Read	ARTICLES to soldier as required	OF WA by the 110th	R Article of W	/ar)					1999	-		
Date	Initials] Dat		Initials	입 							
IUN, 2 9 194	and											-
8/1/44	Lucita					4 444						
UN 221944	h-RY					ORC	JANIZAJ	TIONS	TO W	HICH ATT	ACHED	97
- The second second	CONT MARK					0	rganization			From	1	0
Course completed (see	SEX MO: AR 40-235)		* 1945	3 10			nj. Herry		IUL	13 194		
Sineter 188	QUALIFICATIO	ON IN A	RMS		(Remeasure)	1 miles	131.71)7B, 7	DATA	7-21-73	JUL	9 '43
(Special qualifications	pensation	of the variou therefor)	is arms and	additional com-	Taten Hand	199	· * Å					
Qualified as(Gra Compensation S	de designation)	,		, 19	G FZ 144	100	T Q .	RIG	7 013	29143	8-14	- 48
Order publishing fa	et of qualification	Aggrega(0 (-		 March and a second secon	AST	p Ster	ponuld.	Ter /	-14-43 -3-43	3-2	0-10
Quamied as	ide designation)	(Number)	(Source)	(Date) , 19	' ORIGII WHI	CH	ASSIGN SUBSEQ	UENT	LY AS	ORGANI	ZATIO	VS T THI
Compensation \$	ner month.	Aggregate or	final score		ii ENL	ISTN	IENT PH	RIOD				
Order publishing fac	t of qualification	(Number)	(Sourae)	(Date)	Assigned	to con	mpany, reg	i-	St	ation	I	Date
(Gra	de designation) per month.	,		, 19	PA A	2002	01 301 V108	-	1 - 8 - 4	VmV we		
	1 - F PC		X.		000	390	2 1NF	8 وزا	- M/	IXEY (E	1 201	MAR y
Qualified as	de designation)	Number)	(Source)	(Date) , 19					********	*****		*******
Compensation \$	per month.	Aggregate or	final score		.].					************	***	
Order publishing fac	t of qualification	Number)	(Source)	(Date)			*********		-			
unlined as	do designation)											
ualified as		Addeeded an	trual coore									
(Gra Compensation \$ Order publishing faci 16—25250-1	of qualification	inspresare us	Concerne .	ana ana ana				يتريشه إسجا	3.0			

	9 a. a. a		50 N	
		6	5. 7	(BOAYS)
Run 30 4	4N. 44	LOUGHS	F.A	Con gay
riom	A O	to	Feb.	49
Authority	AK 6	13-6	75	
Extended(Number o	f days)			
Rejoined		re R	. 44 4	
From HACA.	11.0-0-0	to della	BUD-41	140AY
Authority	19	2 2/2	21.	
Extended (Number o	dava)			
Rejoined		12 20	12-212	*
From	25 - 53	_ to		
Authority				
Extended				
Rejoined	(days)			
From		- to		
Authority				
Extended(Number of	per			
(Number of Rejoined	daya)			
From		to		2 Dec
Authority				
Conference of the second	per _	*****		1245
Extended(Number of Rejoined	days)			
From		to		
Authority				
Extended(Number of	days)			
Rejoined				
From	***********	. to	**********	
Authority				*****
Extended(Number of	dave) per	**********	*********	
Rejoined				
2	FOREIGN	SERVIC	E	
eft United States for duty	in			unð
From A 2 2 200		on		. 19. 7
A burrenter a		on 29	Ber	10 10
Left	for the U	organistration of		10
Arrived at			,	
eft United States for duty	 L-			19
From				10
Arrived at			*****	, 19
Left				, 19
Arrived at		on		
Service and				NUM TO COMME
MEDALS, D	ECORATIC	INS, AND	U CITAT	IONS
Name of decoration	à	Authorit	ty and date	17 24
EX INF Bdg	e;SO 13	18,22,	Hg 30	3 nº s/s/
		that the second		
-labor strategy of		[5] [2] [40] [4]		
dinivat Silver				
HA SU SIGE	•••••••••••••••••••••••••••••••••••••••			·····
P. EY Sice	LT2 H	2 ETO	USA 5 F	
	L.TD H	2 ETO	USA 5 F	EB 45- 1625259-1

7 ME LOST PRIOR TO THE NORMAL DATE OF EXPI-RATION OF TERM OF ENLISTMENT TO BE MADE GOOD UNDER 107th ARTICLE OF WAR:

From	To	Days
x - 200	1 A 1 A	
		1.5
(b) Time actually in conf	inement under sentence or if trial resulted in conviction.	while awaiting trial a
disposition of case, i	f trial resulted in conviction.	1 ·
From	То	Days
8 C 1		S rear water

		на меналандерардар
1.10		
A. C.		
(c) Unable to perform du	ty through the intemperate ease or injury the result of h	use of drugs or alcoho
liquor or through dis	ease or injury the result of h	is own misconduct.
From	To	Days
		2

BSENCE SUBSEQU	JENT TO THE NO	RMAL DATE OF
EXPIRATION	OF TERM OF ENI	RMAL DATE OF
EXPIRATION (a) Absence without prope	OF TERM OF ENJ r authority or in desertion.	LISTMENT
EXPIRATION	OF TERM OF ENI	RMAL DATE OF
EXPIRATION (a) Absence without prope	OF TERM OF ENJ r authority or in desertion.	LISTMENT
EXPIRATION (a) Absence without prope	OF TERM OF ENJ r authority or in desertion.	Days
EXPIRATION (a) Absence without prope	OF TERM OF ENJ r authority or in desertion.	Days
EXPIRATION (a) Absence without prope From	OF TERM OF ENJ r authority or in desertion. To	Days
EXPIRATION (a) Absence without prope From (b) Time actually in confi	OF TERM OF ENJ r authority or in desertion. To	Days
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction.	LISTMENT
EXPIRATION (a) Absence without prope From (b) Time actually in confi	OF TERM OF ENJ r authority or in desertion. To	Days
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction.	LISTMENT
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction.	LISTMENT
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction.	LISTMENT
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction.	LISTMENT Days Days while awaiting trial a Days dues of drugs or alcoho
EXPIRATION (d) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du liquor or through dis	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction. To ty through the intemperate ease or injury the result of h	LISTMENT Days billo availing trial a Days billo availing trial a billo availing trial avai
EXPIRATION (a) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction. To	LISTMENT Days Days while awaiting trial a Days days days days days days days days d
EXPIRATION (d) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du liquor or through dis	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction. To ty through the intemperate ease or injury the result of h	LISTMENT Days bille awaiting trial a Days bille awaiting trial a bille awaiting trial a
EXPIRATION (d) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du liquor or through dis	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction. To ty through the intemperate ease or injury the result of h To	LISTMENT Days big drugs or alcoho big own misconduct. Days Days Days Days Days Days Days Days
EXPIRATION (d) Absence without prope From (b) Time actually in conf disposition of case, i From (c) Unable to perform du liquor or through dis	OF TERM OF ENJ r authority or in desertion. To inement under sentence or f trial resulted in conviction. To ty through the intemperate ease or injury the result of h To	LISTMENT Days big drugs or alcoho big own misconduct. Days Days Days Days Days Days Days Days

Q

8	
RECORD OF TRIALS BY COURTS MAN	TIAL
C. M., A. W, 19	
(No.) (Data of offense)	(Synopsi
of specifications)	***********
Sentence announced and adjudged	
Sentence as approved	
I certify the above is correct.	(12.)
(Name, grade, and organization)' Unexecuted portion of confinement and forfeiture remitted per	
Reloased from confinement	
and the second s	
(Name, grade, and organization)	240201001000
C. M., A. W 19	5.
C. M., A. W, 19 (No.) (Date of offense)	(Synopsis
of specifications)	6
Sentence announced and adjudged	10
Sentence as approved	10 H
	- 22
I certify the above is correct.	
	- 11 R - 11 G
(Name, grade, and organisation) Unexecuted portion of confinement and forfeiture remitted per	
Released from confinement	, 19
(Name, grade, and organization)	
	· · · · · · · · · · · · · · · · · · ·
C. M., A. W, 19	(Synopsis
of specifications)	*******

Sentence announced and adjudged	
Sentence as approved	
Approved	, 19
I certify the above is correct.	
(Name, grade, and organisation) Unexecuted porkion of confinement and forfeiture remitted per	
Released from confinement	, 19
(Name, grade, and organization)	
C. M., A. W, 19 (No.) (Date of offense)	(Synopsis
of apocifications)	*****
Sentence announced and adjudged	, 19
Sentence as approved	
Approved	
I certify the above is correct,	
(Name, grade, and organization)	
(Name, grade, and organization) Unexecuted portion of confinement and forfeiture remitted per	
Released from confinement	, 19
	il.
(Name, grade, and organization)	16—25250-1

9	No. of Street
C. M., A. W 19	(Synopsie
(No:) (DEte of offense)	(Synopsia)
of specifications)	
Sentence announced and adjudged	, 19
Sentence as approved	
Approved	, 19
I certify the above is correct.	
(Name, grade, and organization) Unexecuted portion of confinement and forfeiture remitted per	-
and the second	
Released from confinement	
(Name, grade, and organization)	
Construction of the second	
C. M., A. W 19 [9	(Synopsia
	(Oynopsia
of specifications)	S. 25
Sentence announced and adjudged	. 19
An other states and stat	
Sentence as approved	
Approved	, 19
I certify the above is correct.	1 A.
(Name, grade, and organization) Unexecuted portion of confinement and forfeiture remitted per	
Released from confinement	
(Name, grede, and organization)	
C. M., A. W, 19 (No.) (Date of offense)	(Synopsia
of specifications)	
Sentence announced and adjudged	
Sentence as approved	-
Approved	. 19
I certify the above is correct.	
a certa y the above is context.	
(Name, grade, and organization) Unesecuted portion of confinement and forfeiture remitted por	
Unesecuted portion of confinement and forfeiture remitted per	
Released from confinement	, 19
(Name, grade, and organization)	
(148406, grade, and organization)	
CLASS E ALLOTMENTS	
D.	
Class Z allotments of pay authorized as follows:	6° - 51
\$ 7.50 per month for Marks months, commencing 1 007	L
	Genela
for the purpose of	7
Discontinued, 19, reason	

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington,

13. ATMT. 10 Note 2 2 per month for fat stmonths, commencing MAR -LaTS 19 in favor of SALPT La Mallery BENGFTor the purpose of Berty 5 Discontinued _ W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, W: hington, D. C., _____, 19____, by______(Name and grade of forwarding officer) Acknowledgment of discontinuance received ---CI Barn menth for as Se months, commencing 1 Det Indet , 19 , in favor of Mar By for the purpose of Says n 53 Discontinued, 19____, reason ____ W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington D. C., ____, 19____, by _____(Name and grade of forwarding officer) Acknowledgment of discontinuance received _ ATTOMAL SERVICE LIFE INSTRANCE GOVERNMENT INSURANCE Alat Deduction of pay for Government insurance authorized as follows: Class B insurance deduction of \$ _____6.4.0 per month for _ months, commencing July , 1943, and expiring July for payment of monthly premium on \$ 10,000 Biscontinued _____, 19____ Veterans' Administration, Washington, D. C., on ___ by (Name and grade of forwarding officer) Deduction of pay for Government insurance authorized as follows: Class D insurance deduction of \$_____ per month for _____ months; cemmencing _____, 19____, and expiring _____, 19____, for payment of monthly premium on \$_____ Discontinued _____, 19____ reason _____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington D. C., on _____, 19____, 19____, by (Name and grade of forwarding officer) Deduction of pay for Government insurance authorized as follows: Class D insurance deduction of \$_____ per month for _____ months, commencing _____, 19____, and expiring _____, 19____, for payment of monthly premium on \$_____ Discontinued _____ 19____ reason _____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on ..., 19..... (Name and grade of forwarding officer) 16-25259-1

Imo	ount Total amount		Na	ne and	l grade of finance cepting deposit	Initi	
pol.	Ct.	Dol.	Ct.	of	ncer ac	cepting deposit	1110
		10	-1-1-1	2.1	: ¹⁴ :::	1. I	
	1		1-			and/1	00 Dolla
			ΓĒ		6 22	1	3
	ΞĨ				10	and/1	00 Dolla
	1			3.5	2.2	to a file file.	1-130
					514	and/1	00 Dolla
T	T	- 1					
	1				1.1	and "	00.75-11
51	1		-		8 J.	and/1	00 Dolla
		1					00.7
	1	1	- 1	******		and/1	00 Dolla
-1	1		8	a.			
	T	1				and/1	00 Dollar
H	1	17.1	-	200			1
	1	1	-			and/1	00 Dollar
\vdash		-	-		120	26	i (80 -
l	1	<u>i</u> 1, 1: 1		*****		and/1	00 Dollar
1		1					
						and/1	00 Dollar
	[-		K.	F
						and/1	00 Dollar
1+							1
						and/10	0 Dollar
	1					14	
						and/10	0 Dollar
						and/10	0 Dollar
4					_		1
						and/10	0 Dollar
						20.62	1
						and/10	0 Dollar
TAI	NEI) by		JRTS Y RO	MA	RTIAL ENTER	
	T	٨m	ount				-
tħ	-	Dol.			Vou. No.	Name and grade of finance officer	Account for
			-		-		
, 19							
., 19		nointei			•••••		
, 19		345****			******		
1 .0							1000

Colling as a second second	-	and the second second	TANK THE R. LOW	
4 44 44		SH 3. 4	or the second particular	No.
ALL.	0	<u>lass</u> (C	15	1
	- Ç	1888 6	lass Q's	1.25
e Managa B		. A	P	Lo
GILA	10	·nr		1
6.40	70	A.Z.V	unin men fransis	
	301	NTINUEd		-
and a Sameran Store -	Sec. 1	and the second second	1	÷.
		1.		
and a second second second second second	181	.50	the setting serve	4 × 1
	Hant	-		1
Constant Matrix	131	.20	4q 395 ni	s'c/,
EX InF Bdge;S	101	50.22,1	Hd 2ab ui	15/02
Contraction of the second second	1			1.
	10 2000	and Contract		at the state
			<u></u>	
GRATU	ITOUS	SISSUE OF C	LOTHING	
			2745 F 1/2 1	
	-			1.11
	OTIVE	NG SETTLEM	DATES	- ste - vie - anna
	UTHI	NG SELTLEM	EN 10	T
Date Due sol	dier	Due United States	Roll on which collected	Initials*
1 7.842 F A		States	Concorod	
	-		···	<u> </u>
11 11 11 12 12 12 12 12 12 12 12 12 12 1			and/	100 Dollars.
	1-1	2		
	<u></u>			100 Th 11
1		1	and/	loo Donars.
				<u></u>
			and/	100 Dollars
ľ				
1 No. 1			and/	100 Dollars
	T. T	ŀ		
	1 1			1
*******			and/	100 Dollars
(A. 1			1 = <u>/</u>	l
· · · · ·			and/	100 Dollars
10				-
- <u></u>	1 1			1
Place Place	1			100 Dollars
	1 1		· · · · ·	1
			and/	100 Dollars
A		V	1 × 1 ×	
			h.m.o	100 Dollars
	T I	diameter and the	and/	100 Dollars
····	1 - 1			I
	milia		and/	
* Initials of organization	n comn	nander.	1	6-25259-1
State of		0		3 ₂₀
Company of the second se				

	13 REMARKS—FINANCIAL	S. 1. 1
Under this head	ing will be shown all financial matters not entered e loss of or damage to Government property, amount	lsewhere such
of partial pays	loss of or damage to Government property, amount nents, overpayments, etc.	ts due on accou
Enlistment allow	vance of \$	
for the grade	əf	
paid by		
on	12 Demmi Comercet	, Ohio
Entitled to trave	ol pay to _#2_Perry _ Somerset (Place at which accepted for previous	enlistment)
Received no tra-	vel pay upon discharge on	9 to reenli
Date	Description and amount due U.S. or soldier	Roll on which collected
-29-43	WD AGO FORM #28, ISSUE	WY-
		1
/15/43	CL 8 Almt	lis.
	Effective July, 1943	
1.140	al a plant M Pile -	
12/73	CI.N AIMT & 6.40 PER	no d - J
**********	Gr July 1900. Two	943
	764111 - 212 - 0 3.3	0.0100
9143	Ducus P/P S/D For	Alana and a star
11	AUG A	9 DAIA
	SEP	PRAN
34-45 X	ue US M/D Ldry S: /	
		5.611)
9-19-43	Guard In The Page -	
20-4	Jue US MAR LORY 51.50	
27.007.14%	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	- Control 21, 21, 21, 22, 24, 21, 24, 21, 24, 21, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	
	P.2. 3	del a
	hoda too	-144
	WAR 44	PAIN
	APR 44	PAID
MAY	DUE US MR LDRY MAY 4.4. PAID	*O. 65
JUNE	Due US MR LDRY \$15	0
	APSA PAL SE Pat Preis	
	JUN 4"4" PAID	
	THE IS MOTOOV	20
	1	<u> </u>
July	CI BAINTShind an modiscontinu 30 Junie 1944	1
	BC JUNE 1944	
1000		

15 14 no man the is REMARKS-FINANCIAL-Continued REMARKS-ADMINISTRATIVE Inder this heading will be shown all administrative matter not shown ele where and not of a character authorizing pay. Show wounds, battles, engagements, etc., and each other entries not set forth elsewhere are may be required to make soldier's Roll on which collected Description and amount due U.S. or soldier Date . ALLEN CAREL 35220326 AL US MR LORY 0.0 unt 111 44 PAID Insert) ARKS -- Administrative MALPRY 41.0 Due AUG er this heading will be shown SEF administrative matter not shown Manacigase in pay sewhere, and not of a character thorising pay. Show wounds, 1277 nol ALL CHAPTER STATE DETPIR Diag us attles, engagements, and such US SOT AV Oct P/R when entries not set forth elseetf fr lact 1.21 oldiers's record complete Balmt # 27.50 per man off the 10ct O + P/R Due OS Ric+Bn+48 no OCT 44 PAID Due US M/R Lary & 2.844 DUE Report Bor active duty at-- 345 FORT BENJAMIN HARRISON, INDIANA IL 13 1943 I certify that I have incurred the following disabilities since date of Last Paid to incl 28 FFB induction. 19 MAR HI F/S IN TRIPLICATE SUBMITTED TO R J. PLYMPTON MAU FD APO 449 C/O PM NY NY ONYOMAY S A physical inspection indicated that this man is in the same physical cendition as at the time of induction -s incurred PATT 1.100 96 stos since date of industion. (Strike out words not applicable) , not desire a f Mod. (Officer) (Simatric Aimt. R. D. CAMPBELL, Ist Lt., W. G. INSERTHIATCON 453 16-25259-1

15 14 REMARKS-ADMINISTRATIVE REMARKS-FINANCIAL-Continued Under this heading will be shown all administrative matter not shown of there and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete. Roll on which collected Description and amount due U. S. or soldier Date RELIGIOUS PRETERENCE Protestants AL TRANSFERRED TO THE ENLISTED AUL RESERVE CORPS ... JUN 2.9 1943 FURSUANT TO AR 815-500, AND S BOARD THIS RESERVIST WAS ORDERED TO ACTIVE DUTY TO REPORT TO THE at t RECEPTION CENTER AT Ft. Harr., Ind. Oct ON JUL 1 3 1943 AND WAS FURNISHED TRANSPORTATION AND SUBSISTENCE FOR THE JOURNEY. 3 my a dist at1 Wm. LONG. Capi. F. (au) SERVICE PERIOD GOVERNED BY SERVICE EXTENSION ACT OF 1941 as not a brisishi fit. imendment of National Service Life all your Breast of (beams of the Ins. Act explained to soldier Army General Classification Test-Type AR YON' I HOURS BARRINA FM 21-100 Issued 19.19 -FEI FORM EXECUTED JUNE 29, 1943 CL GAS (HOHD3R. Malaria Control Tng Com pleted B Apr 44 SEX MORALITY COURSE COMPLETED JUN 42 3-1944 23 Read & Explained AW. SEP 2 1944 Qualification form for Expert Infantryman's Badge is a part of this record Sol Auth to menr E.A. MET" Billion WWD Cismilar 62/44 151 A Stein HABOT GERMANY 16 Mars 145641 See Page 15 (Insert) # _ SAU

	1	2
Qual. with Individual Weapon		0
Qual. in Transition Firing		10
Qual. with Crew Served Weapons	1.75	5
Qual. in Grenade Course		2
Completion of Famil. Firing))	5
Completion of Prescribed 25 Mile March		s
Completion of Prescribed 9 Mile March	3	s
Completion of Physical Fitness Test	F	3
Completion of Infiltration Course		3
Participation in Close Combat Course		5
Participation in Combat in Cities Course	-	5

M-1AHCrse A Qual E Score 192 Date 7-29-49 BAR Crse A Qual 206 Score E Date Zamayor

Crse____Qual___Score____Date____

Left England 2 Nov 44

Arr Normandy, France 3 Nov 44 Arrived Belgium 5 Nov 44 Arrived Sermany 4 Feb 45

INSERT #2

16	17
INDORSEMENTS	2d Ind.
These indorsements are filled out in all cases when a soldier deserts or is transferred from one company or detachment to another company or detachment and in all changes of station except with an arganization, and upon transfer to inactive status. These indorsements will not be used when a soldier is only attached to another organ- ization for either rations or quarters or both.	BCOMDS SECTION, TDETC, N Cp Hood,
trom one company or getachment to another company or detachment and in all changes of station except with an arganization, and upon transfer to inactive status.	3. November
ization for either rations or quarters or both.	GT.O: ASTP 4890, JOHN TARLET ON JR CO
1st Ind.	TOUR COUND STEPHENVILLE
Reception Center, Fort Benjamin	Ban 1/ SO 259 TD RTC. dtd 27 UCC 1
Harrison, Ind.	and left this organization 3 November
To	He was last paid to include 31 QA
This soldier was transferred to P SO, Hq. Reception Center Port	by H. D. CRAGON Lt. Col., FD. Name and grade of finance officer or agent officer, if any
perP SU, nq. Reception Center Pogg	Due United States; if nothing, Sale remarks finance
and left this organization Pay due from date	
He was last paid to include all to active duty 19"3.	
	20
by	
Advence 6,40	North Street Street
	E
Month July 1943	
	b
1	
0 A 2 A 200	1 Day 2 11
*Due soldier at date of Accorded pay & Alle	• Due soldier at date of rfd: Accrued Pay & Al
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	This soldier thas a Class E allotment running which has been deduc
This soldier thas not a Class E allotment running which has been deducted from the	pay to include
his pay to include	This soldier has authorized a Class D deduction for Government insuran
This soldier has authorized a ClassID deduction for Government insurance which the has been deducted from his pay to include	been deducted from his pay to include 31_ Oul
Unknown	His character is Excellent
His character isUnknown Efficiency rating as soldier	Efficiency rating as soldier Sati sfactory
Etherency rating as soldier	I have personally verified all entries in this indorsement.
a para barangan termen an engine m engine rangementer	alleur hud
(Name) ZALMAH ELÖÖN	ALBERT G. KUHAR. 15. Lt.
Grade and erganisation) SU	(Gasde and organization)
This soldier reported 19	This soldier reposted
•Here enter any amounts due soldier and not paid to date, such as mone-	"Here enter any amounts due soldier and not paid to date, such
tary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable. 16-25259-2	"Here enter any amounts due soldier and not paid to date, suc tary allowance in lieu of quarters and subsistence; if nothing, so fStrike out words not applicable.

18 3d Ind. 108th S.U. (ASTP) Stephenville, Tes 40 65 FeB. 19 To This soldier perel AN 2 10 and left this organization He was last paid to includo 133 WIA Co/. 20 by . (Name and grade of finance officer or agent officer, if any) ata Due United States; if nothing, so state 3 and Irano. * Due soldier at date of _. This soldier that not a Class E allotment running which has been deducted from his pay to include ... This soldier has authorized a Class Dideduction for Government insu been deducted from his pay to include 0 ð. ð His character is _ 4400 Qa. Efficiency rating as soldier I have personally verified all entries in this indorsement. 11. LOUIS'M. WALL (Grade and organing in) --- Personnel-Officer . 19 This soldier reported _____ *Here enter any amounts due soldier and not paid to date, such as mone-tary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable. 16-25258-1

4th Ind.	
iis soldier was transferred to	
per	39 (1) 2
and left this organization	, 19
was last paid to include	
(Name and grade of finance officer of	
to United States; if nothing, so state	
17.92.92	1.015
Due soldier at date of	

bis soldier [†] has †has not a Class E allotment running v	which bas been deducted from his
pay to include	, 19
his soldier bas authorized a Class D deduction for	
been deducted from his pay to include	
is character is	
fficiency rating as soldier	
have personally verified all entries in this indorse	
(Na)	me)
(Grade and c	rganization)

This soldier reported _____

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable.

20 5th Ind.

	, 19
Fo	C CONTRACTOR CONTRACTOR
This soldier was transferred to	
per	
and left this organization	
and left this organization	
	1
by (Name and grade of finance off	ficer or agent officer, if any)
Due United States; if nothing, so state	
	and the second s
	the second se
1.2.1	en e
()	
* Due soldier at date of	
This soldier thas thas not a Class E allotment runn pay to include	ing which has been deducted from hi
This soldier has authorized a Class D deduction	
been deducted from his pay to include	
His character is	
Efficiency rating as soldier	
I have personally verified all entries in this indu	
	(Name)
(Grade :	
	and organization/
This soldier reported	

tary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable. 10-25259-1

	and the second of the second sec
	, 19
То	
This soldier was transferred to	
per	
and left this organization	
He was last paid to include	, 19
(Namo and grade of highles of	
Due United States; if nothing, so state	
	ć
	1
New York Concerning of the second	
A CALLER OF THE OWNER OF THE OWNE	
and the second	
	an a
" Due soldier at date of	
that or state	
This soldier thas a Class E allotment running that not	
pay to include	
This soldier has authorized a Class D deductio	n for Government insurance which ha
been deducted from his pay to include	
His character is	· · · · · · · · · · · · · · · · · · ·
Efficiency rating as soldier	
I have personally verified all entries in this inde	
	(Name)
(Grade a	nd organization)
This soldier reported	

21 6th Ind.

	22	
	7th Ind.	10 10 10
*	******	, 19
o		and the second
his soldier was transferr	red to	
per		
and left this organization	on	, 19
le was last paid to inclu	de	, 19
by	and grade of finance officer or agent of	Tcer, if any)
	thing, so state	
all childe states) is in		(1995)
1.2		
		- 14 (g
	D	
		and the second
		-
	17	

**********************		2 - 2 I
******************	**************	

Due soldier at date of .		
thas a	чана страници и страниц	haan dadustad from b
	Class E allotment running which has	
pay to include		
pay to include This coldier has authoriz	zed a Class D deduction for Governme	ent insurance which h
pay to include his coldier has authoriz been deducted from hi	zed a Class D deduction for Governme is pay to include	ent insurance which h
pay to include his soldier has authoriz been deducted from hi His character is	zed a Class D deduction for Governme is pay to include	ent insurance which h:
pay to include This coldier has authoriz been deducted from hi His character is Efficiency rating as soldi	zed a Class D deduction for Governm is pay to include ier	ent insurance which h:
pay to include This coldier has authoriz been deducted from hi His character is Efficiency rating as soldi	zed a Class D deduction for Governme is pay to include	ent insurance which h:
pay to include This coldier has authoriz been deducted from hi His character is Efficiency rating as soldi	zed a Class D deduction for Governm is pay to include ier	ent insurance which h:
pay to include This soldier has authoriz been deducted from hi His character is Efficiency rating as soldi	zed a Class D deduction for Governme is pay to include ier d all entries in this indorsement. (Name)	, 19 ent insurance which ha
pay to include This coldier has authoriz been deducted from hi His character is Efficiency rating as soldi have personally verified	zed a Class D deduction for Governme is pay to include ier d all entries in this indorsement.	, 19 ent insurance which ha , 19 19 19 19 19 19

a state of the	628	DORSEMENT
	<u>ny 39</u>	Sth INF.
	APO 44	9 GO PM NY NY
	2	0 MÅR [®] 1945
To The Adjute	ant General:	
A HLET (Last name)	(First name)	(Middlo initial) (Army serial No.) Co B 39505/mp
	TFG.	(Organization)
was separated from	m the service by reason	(State specific cause. See par. 37c.
AR 345-125)		16 MARCH 4
		(Data)
	POT GERMAN	authority
Retained in service	6	ke good time lost (A. W. 107).
Absent from duty		uent to normal date of expiration of term of
enlistment.	0	manimum of the Commentation and
Retained in service	e days for con	nvenience of the Government on account o
	Excellent	
His character is	Bin aver ??	lent
Efficiency rating a		
*Final statement f	urnished. *Paid on fin ate furnished, W. D.,	nal pay coll. V A. G. O. Form No. 55, 56, 57.
Due United States	- if nothing, so state	NoTHING
Due United States	s; if nothing, so state	
Due United State:	s; if nothing, so state	
Due United State:	s; if nothing, so state	
Due United State:	s; if nothing, so state	
Due United States	s; if nothing, so state	
Due United States	s; if nothing, so state	
Due United State:	s; if nothing, so state	
Due United State:	s; if nothing, so state	
Due United State:	s; if nothing, so state	
		North Inch
		North Inch
		North Inch
		North Inch
		North Inch
†Due soldier at da		North Inch
†Due soldier at de	ato of <u>J. I.A., Ac</u> a for filturo reperfectives of	Rot Hink and Pay & Hurs Rost R. H. 2. (Number and street or rural route)
†Due soldier at da Address furnished	sto of <i>J.L.A.</i> to futuro references 9.0/< 5. V. J. L. S. S. Diry, town, or post offic	Not the second street or runsil route) (Number and street or runsil route) (State or country)
†Due soldier at da Address furnished	ato of <i>J. LA</i> <u>A</u> to of <i>II. LA</i> <u>A</u>	Not the second street or runsil route) (Number and street or runsil route) (State or country)
†Due soldier at da Address furnished	ato of <i>J. 1A</i> Ac	Not the second street or runsil route) (Number and street or runsil route) (State or country)
†Due soldier at da Address furnished Receipt of Disc Signature of Soldi	ato of <i>J. 1A</i> Ac	Not the second street or runsil route) (Number and street or runsil route) (State or country)
†Due soldier at da Address furnished Receipt of Disc Signature of Soldi	ate of <i>J. LA</i> . Ac tor future to the formation of the fo	Not the same and lage themes (Number and street or rural route) Ohio e) (State or country) acknowledged.
†Due soldier at da Address furnished Receipt of Disc Signature of Soldi	ato of B. 1A. Ac ato of B. 1A. Ac ato of Julie of references a for futuro references biry, town, or post offic harge Certificato is a ier: a foregoing entries.	Northing Rostre H 2 (Number and street or rural route) Ohio e) (State or country) acknowledged. WILLIAM R. FEASTER ed
†Due soldier at da Address furnished Receipt of Disc Signature of Soldi	ate of BLA A	Northing 2 Softward 2 Softward (Number and street or rural route) (Number and street or rural route) (State or country) acknowledged. WILLIAM R. FEASTER

24-Name, grade, and organization (Typewritten or printed) Initials Wm. LONG, Capt. F. w A.M. A.L. 2nd Lt. AUS, 1534th ST BLBDRT .C RUHAR 187 LA ASSISTANT PERSONNEL OFFIC MALE Hill CAOF AGD WILLIAM R. FEASTER wa7 Captain, 395th Infantry 12 Personnel Officer 16-25259-2 - 54

		one o	f two forms
ORIGINAL J AUTHORIZATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS			
PRINT OR TYPE ITEMS 1 TO 7	1 - C - C - C - C - C - C - C - C - C -	e "v e ^{n e} e	
1. <u>Carl L. Allen 35223326</u> (First name) (Initial) (Last name) (Serial nu PFC	imber)	ŝ.	
 (Grade) (Company, regiment, or arm of service) (Place or A I hereby authorize a Class B Allotment from my pay for the chase of WAR SAVINGS BONDS, Series E, as indicated b 	PO)	1 	•
beginning with pay due to me for the month of <u>Oct</u> 194	<u>.4</u>	* <u>*</u>	
3. PLAN 1 PLAN 2 PLAN 3 \$3.75 Allotment \$6.25 Allotment \$18.75 Allotment \$25 Bond \$25 Bond \$25 Bond PLAN 5 PLAN 6 PLAN 7 \$37.50 Allotment \$25 Allotment \$75 Allotment	PLAN 4 \$12.50 Allotment \$50 Bond PLAN 8 PLAN	9 - PLAN 10	PLAN 11
\$37.50 Allotment \$25 Allotment \$75 Allotment \$50 Bond \$100 Bond \$100 Bond 4. List as Co-owner Mr. my or Mrs. Mrs. Beneficiary Miss (First name)	L two \$100 Bends L th	ree \$100 Bonds four \$10	lotment \$375 Allotment 00 Bonds \$500 Bond George A. Doe)
	A 145.5		
5*Mail Brack to Mr. Mr. Perle	L.	Allen	*
5.* Mail Bonds to Mrs. Mr. Perle (First name)	L. (Initial) Crooksy	(Last nar	
5.* Mail Bonds to Miss At R F D #2 (Number and street or rural ro	ute) (City or p	(Last nar ille Oni Dst office)	O(State)
5.* Mail Bonds to Mrs. Ferre Miss At. R F D #2 (Number and street or rural ro 6.* Hold Bonds in safekeeping in Treasury Department at no exp	ute) (City or p ense to me and mail receipt ta.	(Last nar ille Oni Dst office)	O(State)
5.* Mail Bonds to Mrs. <u>FF1E</u> (First name) At R F D #2 (Number and street or rural ro 6.* Hold Bonds in safekeeping in Treasury Department at no exp At	ute) (City or p ense to me and mail receipt to	(Last nar ille Oni Dst office)	O(State)
5.* Mail Bonds to Mrs. Perice (Pirst name) At. R F D #2 (Number and street or rural ro 6.* Hold Bonds in safekeeping in Treasury Department at no exp. At	ute) (City or p ense to me and mail receipt to er and street or rural route)	(Last nar ille Ohl ost office) (City or post office) Carl F A	Q(State) (State)
 5.* Mail Bonds to Mrs	ute) (City or p ense to me and mail receipt to er and street or rural route)	(Last nar ille Oni ost office)	Q(State) (State)
5.* Mail Bonds to Mrs. Perice (Pirst name) At. R F D #2 (Number and street or rural ro 6.* Hold Bonds in safekeeping in Treasury Department at no exp. At	ute) (City or p ense to me and mail receipt to er and street or rural route)	(Last nar ille Ohl ost office) (City or post office) Carl F A	Q
 5.* Mail Bonds to Mrs	Crook sy ute) (City or p ense to me and mail receipt to er and street or rural route) (Initials of person recording) Howard S. KLEIN	(Last nar ille Oni ost office) (City or post office) (City or post office) (Signature of personnel	Q
 5.* Mail Bonds to Mrs	Crook sy ute) (City or p ense to me and mail receipt to er and street or rural route) (Initials of person recording) Howard S. KLEIN	(Last nar ille Oni ost office) (City or post office) (City or post office) (Signature of personnel	Q
 5.* Mail Bonds to Mrs	Crook sy ute) (City or p ense to me and mail receipt to er and street or rural route) (Initials of person recording) Howard S. KLEIN	(Last nar ille Oni ost office) (City or post office) (City or post office) (Signature of personnel	Q

ар <mark>а</mark> к С

ž

المحاد الألاور				and in the s	one of tw	o forms	
	TION OF CLASS B A LASE OF WAR SAVIN				n na thairtean an	, ⁻ ,	
PRINT OR TYPE IT	EMS 1 TO 7			an a tha a			
(Grade) (Co 2. I hereby authorize a	(Initial) (Last nan ompany, regiment, or arm of	service) (Place or APC m my pay for the p)) ur-				
	due to me for the month						
3. PLAN 1 \$3.75 Allotment \$25 Bond PLAN 5 \$37.50 Allotment \$50 Bond 4. List as Co-owner my or Beneficiary	\$6.25 Allotment \$25 Bond PLAN 6 P \$25 Allotment \$100 Bond Mr. Mrs. Miss		1 Lank 12.50 Allotment \$50 Bond \$50 Bond PLAN 8 Allotment \$150 Allotment Homosomer two \$100 Bonds Allen nitial) (Last name)	(Mrs. Mary A.	Doe, not Mrs. G	Bonds \$500 1 eorge A. Doe)	Allotment Bond
5.* Mail Bonds to	Mr. Mr.	(First name)	L.		(Last name	a)	
1	Miss At R F I) #2	Crooks	ville		0	
6.* Hold Bonds in safek	·	At	se to me and mail receip	y or post office) pt to (City or post o		(State) (State)	
7. Entered on service re	ecord or pay card		Initials of person recording)		0 0	11	
 *Select delivery desired- Whenever a box □ apper mark (√) the appropria more than one box unde ficiary is a female, the giv W. D., A. G. O. Form No. Form approved by Comptroli February 13, 1943 	ears, it is essential that allot te plan, title, status, or de r each heading. Whenever ven name must be used. 29-6	ter indicate by check	HOWARD S. KLEI 2nd LT INF	(Signatur officer w	(Signature of e of personnel ith grade or ra	allotter) or other respo ink and organiza	nsible ation)
			station of parts in			n ngan sa na sa	

Se d

.

S STATES S

*	DUPLICATE AUTHORIZATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS	a de la constante de la constan La constante de la constante de
	PRINT OR TYPE ITEMS 1 TO 7	
	 Carl L. Allen 35223326 (First name) (Initial) (Last name) (Serial number) Put. Unasgd. RC. Ft. Benj. Harrison. Indl (Grade) (Company, regiment, or arm of service) (Place or APO) I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, 	
	beginning with pay due to me for the month of	
	PLAN 5 PLAN 6 PLAN 7 PLAN 8 \$37.50 Allotment \$25 Allotment \$15 Allotment \$15	50 Allotment Bond PLAN 9 PLAN 10 PLAN 11) Allotment \$225 Allotment \$300 Allotment \$375 Allotment \$100 Bonds three \$100 Bonds \$500 Bond
	4. List as Co-owner Mr. my or Mrs. Relph List Beneficiary Miss (First name) (Initial)	(Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)
040	5.* Mail Bonds to Mrs. Miss At (Number and street or rural route)	Allen (Initial) (Last name) rooksville (City or post office) (State)
ŝ	6.* Hold Bonds in safekeeping in Treasury Department at no expense to m	(City or post office) (State) e and mail receipt to
	At	A-0 (
1	(Number and street 7. Entered on service record or pay card July 15. 19/3	optimal route) (City or post office) (State)
AND ALL YOUNG		of person recording) E.E. TRIVIZ 2nd Lt. Inf. (Signature of personnel or other responsible officer with grade or rank and organization)

1000 L. 10000

	AUTHORIZATION FOR ALLOTMENT OF PAY	
	(See AR 35-5520)	· · · · · · · · · · · · · · · · · · ·
the	Driviote	Jnassigned
0	(List hame) (First hame) (Middle inftia) Those setial number) Michaels (Company, secime	t of arm of service)
1	The * Internet above hereby authorizes a Class HATIANAL SPRUCELIFF INCURATES	t, or and di service)
direct efits,	The * [officer] and above hereby authorizes a Class HATIONAL SERVICELIFE INSURANCE (Type of allotment)	we can be a set of the
di Jefi	ber month for	onths commencing
aal dire Benefits J.	July	10
Υ. β		F 1 1 2 8
ori enc	4 (-Tree) premiums deducted from pay for month of	., 1942)) 19-43-
send epend Newar		(State)
	(Name of alternate allottee) (Number and street or rural route) (City, town, or post office)	(State)
of] eet,		
allotments, Office of De on Street, N		
ffic S		vidual allottees only)
···· • •	If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of-	an the second
Class E Officer, 7ashingt	NO	
lass ffice shin	(Name) (Relationship) (Statement below not applicable to Government insurance)	
7 d Cl		
	the state of the s	f the allotter only;
ole sin	the insurance company issuing the policy and not in favor of a bank or other agent.	3 made in favor of
applicable to Disbursing 213 V	Place B. C. FT. BENJ. HARRISON, IND. borf & allen	. 11
olici lsi		1.55
E C	Entered on service record 194.3 (Date)	, 19:3
ä	*Strike out words not applicable. (Date)	ndit Aus
he	(Signature of commanding officer or personnel officer, with prode	and organization
When	WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WIL THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE	SENT TO THE
	THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE	E. DE SENT TO
	W. D., A. G. O. Form No. 29 16-9421-2 U. S. GOVERNMEN	

November 4, 1942

	T144/ics. 100.111. P-19 Perry County January 30, 1942 REPORT OF	3. 002
	PHYSICAL EXAMINATION AND INDUCTION Citizens St. Bank Bank Bank Bank Bank Bank Bank Bank	da de
F	(LOCAL BOARD DATE STAMP WIT irst examination Second examination Fourth examination Fourth examination Fourth examination made by local board lerk. Check number of examination made by local board)	
Sz	TOTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)	Do Not Enter Anything in Th Column
	(To be filled in by	RESIDENCE
1	. Name (page 1) <u>Carl</u> <u>Lloyd</u> <u>Allen</u> <u>(Armed Forces Serial No.)</u>	State
2	Address (page 1) R.F.D. #2. Crooksville Perry Ohio (Street or rural fonds) (Town or eity) (County) (State)	dt.
		- County
3.	Social Security No. (Series I, line 5) 279-20-0728 4. Registrant's order number (page 1) 11307	
5.	Physical or mental defects or diseases (Series II, line 1)	Place inducted
6	none reatment at an institution, sanitarium, or asylum (Series II, line 2) <u>no</u>	5 0 - 20 - X
υ.	(Yes or no)	Dimi Impani
7.	(Number years Elementary High Vocational school, Education completed) (Series III): school 8 school 4 college, or university	DATE INDUCTED
	Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) student coal truck driver during vacations and Saturdays	DBy .
	 (b) Duties (Series IV, line 2 (b)) (c) Title of last job, if unemployed (Series IV, line 3) 	Month Year
	Years experience in this work (Series IV, line 2 (c), or Series V, line 2) Income (Series IV, line 2 (d)): Average eachly earnings \$ 30.00	Source
	Employment class (Series IV, line 2 (e)): employee : employee : Apprentice : worker : worker :	Nativity
	Unpaid family worker \Box ; Employer \Box ; Student (Series IV, line 4 (a)) \Box	Year of birth
2.	Business of present employer (Series IV, line 2 (g)) coal_mining	a veggar on the
	Married, not Married,	Race/citizenship
	Marital status (Series VII, line 1): Single ☑; Widower □; Divorced □; separated □; separated □	reace/creizenship
	Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column)	
5.	Birthplace (Series IX, line 1) <u>New Lexington</u> Ohio U. S. A. (Town or city) (State)	Education
	Birth date (Series IX, line 2) April 22 1925	مبدا المتحققات
ŝ	(Month) (Day)	2
7.	Race (Series IX, line 3): White K; Negro ; Other (specify)	
	Citizenship: United States citizen (Series IX, line 4); Declarant alien (Series IX, line 7)	anna
9.	Previous U. S. military service (Series XII): None 🖾; Army 🖂; Guard 📋; Navy 🚍; Corps 📑; Guard 🗌	
	Type of discharge (Series XII): Specify	
	Date of registrant's affidavit (top of page 8) 12th day of May, 1943	····

is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy. 2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1. 3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53). 4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORFS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C. 5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

(Расн 1)

ORIGINAL COPY /

SECTION II.-REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION. 22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) 23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No []; Yes 🗍 24. Serological test (syphilis): Date 6 2-4. Result _____ Result . Second serological test (syphilis): Date diade 25. Examining physician's remarks has hadden 26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220/ (If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance (Answer yes or no) (b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 226) If answer is "yes," describe the defects, in onl (If in doubt, answer "no," and give details.) (Answer yes or no) .0 (c) I have examined the above-named registrant in accordance with Selective Service Regulations. (d) Signature of examining physician (Country) (f) Date (State) 27. (a) This Local Board has classified the above-named registrant in Class (b) Signature of Member of Local Board (d) Date (c) Place (State) (County) (Town or city) SECTION III. -NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.) A. Nearest relative and person to be notified in case of emergency: 28. Nearest relative <u>Gladys Allen</u> 28. Nearest relative (Other than wife or minor child. Name in full) RFD #2 Crooksville, Ohio 30. Address <u>RFD #Z</u> CrOOKSVILLO, Onlo (Number and street or rural route; if none, so state). (City, town, or post office) (State or country) mother 29. Relationship 31. Person to be notified in case of emergency _____Same (Name in full) 3,5 32. Relationship _____(If iriend, so state) B. Designation of beneficiary: The persons eligible to be my beneficiary are designated below: 34. none (1) (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address) (Full name and address of each minor child and each dependent child over 21 years of ago. If there are no children, so state. If the address is the same as the (2) . wife's, so state. Do not repeat address) 35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below: adys Allen (mother) RFD #"2 Crooksville, Ohio (if designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary") (3) Gladys Allen (mother) 36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below: Perle Allen (father) same as above. (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary") (4) lan or a 37. Signature of registrant (Middle name) ast name) (First name) June 29 43Columbus, Ohio 19 - 01 38. Witnessed at -Pv.t. 1586th S.U. I.C. Schneiderman 0 10 (Name of witness typed) (Grade and organization) (Signature of witness attesting) ORIGINAL COPY (PAGE 2) 016-

SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Ê.

39. Eye abnormalities none		60. Vision, without correction:	Do Not Writ in This Column
		(a) Right eye -20/20	TAL
0. Ear, nose, throat abnormalities		(b) Left eye20/20	0
		61. Vision, with correction:	4
. Mouth and gum abnormalities none		(a) Right eye und et.	1.
		(b) Left eye	
?. Teeth: (a) Indicate restorable carious teeth by cir-	cling; nonrestorable carious	62. Color perception * norma]	
teeth by /; missing natural teeth by X.	한 옷에 쓰기 않는 것이 ?	· · · ·	E Rate (
Right Examinee's	Left	63. Hearing:	
	3 4 5 6 7 8 4	(a) Right ear <u>15/15</u>	The states
$16 \ 15 \ 10 \ 13 \ 12 \ 11 \ 10 \ 9 \ 9 \ 10$		(b) Left ear 15/15	
(b) Remarks, including other defects		64. Height $73\frac{1}{2}$ inches.	
		65. Weight 173 pounds.	
(c) Prosthetic dental appliances	lone	66. (a) Girth, at nipples; inspira-	Sel station
		tion 40^{1}_{2} inches.	head Byres
(d) Remediable dental defects	none	(b) Girth, at nipples; expira-	
. Skin normal		tion	1
Varicose veins normal		(c) Girth, at umbilicus	1
Varicose veins		67. Posture:	10 M 10
. Hernia normal		GoodXX Fair Poor	
		G8: Frame: -	
. Hemorrhoids normal		Heavy Med. X Light	and go an
. Hemorrious		59. Color of hair brown	1000
. Genito-urinary (non-venereal)nor	mai 4	70. Color of eyes brown	and the second
		71. Complexion medium	
Veniereal diseases		72. Pulse, sitting84	
		73. Pulse, after exercise*	-
. Feet		74. Pulse, 2 minutes after exer-	
Musculoskeletal defects <u>Complains of occ</u> ack-slight scoliosis-No restricti Abdominal viscera normal	onNo rigidityNCD	 75. Blood pressure: (a) Systelic <u>128</u> (b) Diastolic <u>66</u> 	
		76. Urinalysis:	
Cardiovascular system normal		(a) Specific gravity <u>1.015</u>	A CONTRACTOR
		(b) Albumin	
Lungs		(c) Sugar and a state of the	
······································	A MORE THANKING A STREET	B. Martine and A.	
Chest X-ray	cativo		
Chest X-rayne		77 Other data:	
	in the second	77. Other data: Kahn:neg. 6-2-43	
	in the second	77. Other data: Kahn:neg. 6-2-43	
Mental	normal	77. Other data: Kahn:neg. 6-2-43	
Mental	normal	77. Other data: Kahn:neg. 6-2-43	
Mental Nervous systemnoal	normal.	77. Other data: Kahn:neg. 6-2-43	
Mental	normal	77. Other data: Kahn:neg. 6-2-43	
Mental Nervous systemnormal Endocrine systemnormal	nozmal	77. Other data: Kahn:neg. 6-2-43	
Mental Nervous systemnormal Endocrine systemnormal Other defects and/or diseases or other remarks 	nozmal	77. Other data: Kahn:neg. 6-2-43	
MentalNervous systemNormal Endocrine systemnormal Other defects and/or diseases or other remarks	nozmal	77. Other data: Kahn:neg. 6-2-43	. \
Mental	normal.	77. Other data: Kahn:neg. 6-2-43	
Mental	normal.	77. Other data: Kahn:neg. 6-2-43	
Mental	normal.	77. Other data: Kahn:neg. 6-2-43	
Mental	normal.	77. Other data: Kahn:neg. 6-2-43	
MentalNervous systemNormal Endocrine systemNormal Other defects and/or diseases or other remarks Other defects and/or diseases or other remarks none Summary of defects in order of significance Slight scoliosis	normal	77. Other data: Kahn:neg. 6-2-43	
Mental Nervous systemnormal Endocrine systemnormal Other defects and/or diseases or other remarks Other defects and/or diseases or other remarks none	normal	77. Other data: Kahn:neg. 6-2-43	
MentalNervous systemNormal	normal	Kahn:neg. 6-2-43	
Mental Nervous system	normal	Kahn:neg. 6-2-43	

SECTION IV.-PHYSICAL EXAMINATION RESULTS-Continued. 78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belisfis physically and mentally qualified for general military service. Carl Lloyd Allen (a)(Enter name of registrant if this subsection is applicable) ... is physically and mentally qualified for general military service (b)(Enter name of registrant if this subsection is applicable) after the satisfactory correction of the following remediable defects: ____ This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination. is physically qualified for limited military service only by (c) ___ (Enter name of registrant if this subsection is applicable) reason of is physically qualified for limited military service after the (d)(Enter name of registrant if this subsection is applicable) satisfactory correction of the following remediable defects: _____ This registrant would have been acceptable for limited military service had the remedia 1 at the time of this examination. (Enter name of registrant if this subsection is applicable) is physically and/or mentally disqualified for military service by reason (8) is disqualified for military service because of ____ (f) ____ (Enter name of registrant if this subsection is applicable) Capt. M.C. (h) Title (g) Signature Medical Examiner. (i) Name typed or stamped V_E. STOVER 79. (a) <u>Carl Lloyd Allen</u> was this date inducted for (general; **Minited**) [strike out inapplicable] (Enter hame of registrant if this subsection is applicable) word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) ______ of the United States and sent to _______ Harroy Ind. --- was this date rejected for service in the (fill in appropriate (Enter name of registrant if this subsection is applicable) of the United States. service, such as Army, Navy, Marine Corps, or Coast Guard) (c) Place _____ Columbus, Ohio _____ (d) Signature _____ 1 June 29, 1943 (f) Name typed or stamped WM. LONG Capt. F.A. (e) Date . (Grade and organization) SECTION V.-LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES. 80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class (b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class ____ · (d) Date (c) Place _____ (e) Signature of member of local board _ FINGERPRINTS-RIGHT HAND 5. LITTLE 3. MIDDLE 4 RING 2. INDEX 1. THUME (PAGE 4) 10-26941-2 ORIGINAL CO