

NATIONAL PERSONNEL RECORDS CENTER

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September 11, 2017

GREGOIRE BERTRAND
CALABOSSE 19
BILSTAIN,
BELGIUM

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

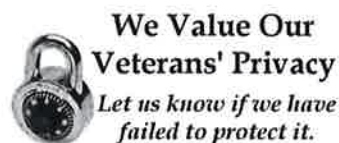
Dear Recipient:

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)

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE **3 April 1945**

FULL NAME Allen, Carl L.				ARMY SERIAL NUMBER 35 223 326				GRADE Pfc					
HOME ADDRESS Crooksville, Ohio						ARM OR SERVICE Infantry				DATE OF BIRTH 22 Apr 25			
PLACE OF DEATH European Area						CAUSE OF DEATH killed in action				DATE OF DEATH 16 Mar 45			
STATION OF DECEASED European Area						DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 June 43				LENGTH OF SERVICE FOR PAY PURPOSES			
										YEARS	MONTHS	DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Gladys L. Allen, mother, Rt. #2, Crooksville, Ohio													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Gladys L. Allen, mother, address above Mr. Perle Allen, father, same address													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

*Combat Infantryman, source & date of order will be furn. when rec'd
Evidence of death rec'd in WD, 27 March 45.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O. U. S. A.
2. G. O. M. O.	G. F. D.	ARMY EFFECTS BUREAU
U. S. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

WD AGO FORM 52-1
1 SEPTEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH IS
STOCKS ARE EXHAUSTED.

BY ORDER OF THE SECRETARY OF WAR

James

14 KIA
6E
28 Mar 45
c/s card

1945 MAR 26 21

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

AG 201	NAME ALLEN CARL L ASN 35 223 326	GRADE PFC SON	DATE CAS. REPORT RECEIVED
NAME AND AD- DRESS OF E. A.	MRS GLADYS L ALLEN ROUTE TWO CROOKSVILLE OHIO		27 MARCH 1945 DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

RELATIONSHIP **SON**

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PFC	ALLEN CARL L	35223326	INF	ETO	V	083
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE 1
KILLED IN ACTION		IN GERMANY		16 DAY	MAR MONTH	45 YEAR
						1

CONFIRMING LETTER FOLLOWS

REMARKS:

☐ CORRECTED COPY

EVIDENCE OF DEATH REC'D IN W D 27 MARCH 1945



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 ☒ AG 201 REQ. ☒

CASUALTY BRANCH FILE ATTACHED ☒ OR CHARGED TO ☒ DATE ☒

PREVIOUSLY REPORTED NO ☒ YES ☐ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO ☒ SPEC. IDEN. ☒ TELEGRAM ☒ WOUNDED ☒ LETTER ☒ CORRES. ☒ S. R. & D. ☒ CERT. ☒

REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☐ CHECKED BY ☐

DISTRIBUTION "A" ☐ (ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. ☐)

DISTRIBUTION "B" ☐ (ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. ☐)

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

17 April 1952

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 Medal are inclosed.

In order to provide an appropriate identification for widows, parents 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 Gold 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

WSE
4 Incls

1. Off SOS and death
2. BSM Cert
3. - 4. WSE Form 3

H. H. NEWMAN
Colonel, AGC

Chief, Demobilized Personnel Records Branch



TO:

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

COPY

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

17 April 1952

Mrs. Perle L. Allen
Route #2
Crockettsville, Ohio

Dear Mrs. Allen:

Reference is made to your letter of 14 January 1952, concerning decorations and awards which your son was authorized.

By direction of the President, under the provisions of Executive Order 9419, 4 February 1944, the Bronze Star Medal has been posthumously 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 enemy 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 son was authorized the following:

Good Conduct Medal
American Campaign Medal
European-African-Middle Eastern Campaign Medal with two (2) Bronze Service Stars for participation in the Ardennes-Alsace and Rhineland Campaigns
World War II Victory Medal
Combat Infantryman Badge
Expert Infantryman Badge
Belgian Fourragere
Expert Badge with Rifle and Automatic Rifle Bars

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

FILE IN DEMOBILIZED PERSONNEL RECORD

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RECORDS ADMINISTRATION CENTER

IN REPLY
REFER TO:

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

ST. LOUIS 20, MISSOURI

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:

A. H. Newman
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, Crooksville, 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 General, USA
The Adjutant General



DECORATIONS CERTIFICATE DATA SHEET

LAST NAME - FIRST NAME - MIDDLE INITIAL

Allen, Carl L.

TYPE OF AWARD (DSM, SS, BSM w/OLC, etc.)

BSM

AUTHORITY FOR AWARD (G.O., Headquarters and date for Field Awards)

DA LO, dtd 17 Apr 52

DATE OF APPROVAL BY WD DECORATIONS BOARD FOR WAR DEPARTMENT AWARDS

DATA TO BE ENTERED ON CERTIFICATE

IF OAK LEAF CLUSTER ENTER NUMBER OF CLUSTER

GRADE

NAME

Carl L. Allen, 35 223 326, Private First Class

ARMY SERIAL NUMBER

16

ORGANIZATION

Company B, 395th Infantry Regiment

14

ENTRY FOR CERTIFICATE

European Theater of Operations, on or about 1 December 1944

DATE: THIS 17th DAY OF April 1952

CERTIFICATE TYPED AS ABOVE BY

F. Ellebracht-S

REVIEWED BY

MAIL TO

Mrs. Perle L. Allen, Route #2, Crooksville, Ohio

POSTHUMOUS AWARD

NAME (Next of kin)

RELATIONSHIP

ADDRESS

CERTIFICATE MAILED BY

DATE

REMARKS

Co B, 395th Infantry

SURGICAL CLINIC

CONSULTATION REQUEST AND REPORT

Name Allen, Carl L. 3522332 Grade Pvt Ward _____

Date 21 August, 1964

Consultation requested because of Plantar warts, recurrent

Provisional diagnosis _____

Routine.
Emergency.

HERBERT S. ORR, 1ST Lt,

M. C.

Date _____, 19____

Date _____, 19____

Office, Chief of _____ Service.

Office, Chief of _____ Service.

To Chief of _____ Service.

To _____

Approved.
Disapproved.

For consultation.

M. C.

M. C.

Date 31 Aug, 1964

Opinion of consultant:

*Peel'd. dressed - There are
chances - & have a tendency to
recur.*

(OVER)

D&S
NAME: ALLEN Carl L

RANK: Pvt.

ASN:

ORG: Co. B 395 Inf

AGE:

ADMITTED TO HOSPITAL :

DISCHARGED FROM HOSPITAL:

DIAGNOSIS:

DATE: 21 Aug 1944.

Co. D 395th Inf.

Surgical Clinic

Form 55 E-1

CONSULTATION REQUEST AND REPORT

Name Allen, Carl L. Grade Pvt. Ward _____

Date 18 July 44, 19____

Consultation requested because of _____

Provisional diagnosis Plantar Warts

James H. Fyvie
James H. Fyvie, Capt. MC. C.

Date _____ 19____ Date _____ 19____

Office, Chief of _____ Service. Office, Chief of _____ Service.

To Chief of _____ Service. To _____

Approved.

For consultation.

Disapproved.

M. C.

M. C.

Opinion of consultant:

Date July 19, 1944

*Plantar warts - called me down early
in last office
1944*

D&S

NAME: ALLEN Carl L

RANK: Pvt.

ASN:

ORG: Co. B 395 Inf.

AGE:

ADMITTED TO HOSPITAL:

DISCHARGED FROM HOSPITAL:

DIAGNOSIS:

DATE: 19 July 1944.

Allen, Carl L.
Serial Number 3322136
Grade 1P6
Organization 10000000

Date of Death 15 March 1945
Location or Area Engraved

Type of Award PURPLE HEART
(POSTHUMOUS)

Philadelphia QM Depot: Engrave and Ship to Next of Kin

PURPLE HEART
(POSTHUMOUS)

CARL L. ALLEN

Remarks:

EF
19 Apr 45

Name and Address of Next of Kin

Relationship

Mr. Jessie Allen
Route #2
Crocketville, Ohio

Father

THE ADJUTANT GENERAL'S OFFICE
DECORATIONS AND AWARDS BRANCH
WASHINGTON, D. C.

RECORD OF POSTHUMOUS AWARD
OF
PURPLE HEART

FILE IN ENLISTED BRANCH ☐

OFFICER'S BRANCH ☐

April 20, 1945.

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,

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

APR 20 1945
E. P. WILSON

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 3 April 1945

FULL NAME Allen, Carl L.		ARMY SERIAL NUMBER 35 223 326	GRADE Pfc
HOME ADDRESS Crooksville, Ohio		ARM OR SERVICE Infantry	DATE OF BIRTH 22 Apr 25
PLACE OF DEATH European Area	CAUSE OF DEATH killed in action		DATE OF DEATH 16 Mar 45
STATION OF DECEASED European Area	DATE OF ENTRY ON PRESENT ACTIVE SERVICE June 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Gladys L. Allen, mother, Rt. #2, Crooksville, Ohio			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Gladys L. Allen, mother, address above Mr. Perle Allen, father, same address			
INVESTIGATION MADE?		IN LINE OF DUTY	
YES	NO	YES	NO
OWN MISCONDUCT		WAS DEGRADED ON DUTY STATUS	
YES	NO	YES	NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO
OTHER PAY STATUS (SPECIAL ALLOWANCE)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

*Combat Infantryman, source & date of order will be furn. when rec'd
Evidence of death rec'd in WD, 27 March 45.

Demobilized Personnel Rec. Br.

COPIES FURNISHED:		
S. G. O.	P. B. I.	F. O. U. S. A.
2. G. O. M. C.	S. F. O.	ARMY EFFECTS BUREAU
G. A. O.	VEY. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

WD AGO FORM 53-1
1 NOVEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 53-1, 20 MAY 1944, WHICH
IS OBSOLETE.

REGISTER OF DENTAL PATIENTS AT

(1) SURNAME CMT 127 (2) CHRISTIAN NAME
len Carl L. 35223326
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS
Pvt B 395 Inf.
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS
19 W Ohio 10/1

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Def. Fill	Exam 5-10-44	IE AMH
C	L-7-MO OA	IE
C	R-7-MO OA	IE GWK
C	L-14-0 A	5025
C	R-14-0 A	
C	R-15-0 A	IE REM
Erupt	R-16 TE Anes Ch	IE LIM
Erupt	R-16 POT 5-26	IE LIM
Erupt	L-16 TE Anes Ch 6-2	IE LIM
Erupt	L-16 POT 6-3	IE-IV LIM
X-Ray	L-16 R-16	5269 AMH

Dental Corps, U. S. A.

FORM 79—MEDICAL DEPARTMENT, U. S. A.
 (Revised Feb. 24, 1941)

16-20822

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	0														X

LOWER TEETH

Right									Left								
16	15	14	13	12	11	10	9	8	8	9	10	11	12	13	14	15	16

CLASS IE

Occlusion N: Calculus: Slight, Medium, Heavy

Periodontoclasia N

Dental foci suspected: Yes ☒ No ☐

Other conditions ✓

TE L-16, R-16 Expt.
Def. J. 11. L-7 F. 11.

Date 5-10-44, 1944

Am. Sum. I. Langh
Capt. Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

C	X	D
---	---	---

NAME AND ARMY SERIAL NUMBER					
LLEN, CARL L. 3523376					
GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE YEARS
PFC	B 395 INF				
LOCATION WHERE TAGGED:				DATE	HOOR
1ST BN AID				16	14
GINSSTERHANN, GER				MAR	45
DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED					
KIA WOUND FOREHEAD					
MARCH 16, 1945					
LINE OF DUTY:					
TREATMENT GIVEN:					
P.O.D. GINSSTERHANN, GER					
TETANUS TOXOID:	Dose	TIME:			
OR					
ANTITETANIC SERUM:	Dose	TIME:			
MORPHINE:	Dose	TIME:	X9		
DISPOSITION:		DATE	Hour		
DEAD		16	1450		
SIGNATURE, WITH RANK					
M.C.					
Form No. 52b - MEDICAL DEPARTMENT, U. S. A.					
(Revised November 5, 1942)					
16-15434-1					

Surname		First name and middle initial		4 A. S. No.	
5 Grade	6 Company	7 Regiment and Arm or Service	8 Age		
PLT	D	95TH INF	18		
9 Race	10 Nativity	11 Service	12 Date of admission		
W	OHIO	8/12	MAR 31 42		
13 Source of admission					

Callus removed. Foot bath
8/4/41 Nails - pinned J.A.F.
Cure
+ S.I.
Introl. J.F.B.
9/4/41
10/10/41 Same treatment
- Phalanx unite
Surgery clinic
training Phalanx unite
TO S.F. CLINIC
Phalanx unite - I removed.

- (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*.

ALLEN, CARL L.		35224326		Pfc	
LAST NAME—FIRST NAME—MIDDLE INITIAL		ARMY SERIAL NUMBER		GRADE	
HEADQUARTERS ISSUING ORDER				COMPANY	
395th Inf				A	
ORDER NUMBER		DATE OF ORDER		TYPE OF BADGE (Indicate)	
GENERAL SPECIAL		COMBAT		EXPERT	
158		5 Aug 44		X	
DATE EFFECTIVE FOR PAY PURPOSES If Other than Date of Order		RESCIND	REVOKE	Withdraw	AMEND
					Corrected Copy

FILE IN
ENLISTED BRANCH, A. G. O.
OR
OFFICER'S BRANCH, A. G. O.

RECORD OF AWARD OF INFANTRYMAN BADGE—D. & A. BRANCH, A. G. O.
WD AGO FORM 0706 1 MARCH 1945

File in Genl. Per. Rec. Br.

ALLEN, CARL L. LAST NAME—FIRST NAME—MIDDLE INITIAL		35 223 326 ARMY SERIAL NUMBER		DPC BRANCH	
HEADQUARTERS ISSUING ORDER				COMPANY	
395th Inf				B	
ORDER NUMBER GENERAL SPECIAL		DATE OF ORDER		TYPE OF BADGE (Indicate) COMBAT EXPERT	
220		30 Nov 44		X	
DATE EFFECTIVE FOR PAY PURPOSES IF OTHER THAN DATE OF ORDER			RESCIND	REVOKE	Withdraw
1 Dec 44					AMEND
					Corrected Copy

FILE IN
ENLISTED BRANCH, A. G. O.
OR
OFFICER'S BRANCH, A. G. O.

RECORD OF AWARD OF INFANTRYMAN BADGE—D. & A. BRANCH, A. G. O.
WD AGO FORM 0706 1 MARCH 1945

WAR DEPARTMENT
ARMY SERVICE FORCES
ARMY SPECIALIZED TRAINING DIVISION

TRANSCRIPT OF ACADEMIC RECORD

ARMY SPECIALIZED TRAINING PROGRAM

TRAINEE'S LAST NAME (FIRST) (MIDDLE) Allen, Carl L.			ARMY SERIAL NUMBER 35223326				
HOME ADDRESS Route 2, Croopsville, Ohio			DATE OF BIRTH 4-22-25				
INSTITUTE John Tarleton Agricultural College			ADDRESS Stephenville, Texas				
DATE TRAINEE'S INSTRUCTION STARTED AT THE ABOVE INSTITUTION ON <u>Nov. 4, 1943</u> AND CONTINUED THROUGH <u>March 15, 1944</u>							
CURRICULUM	TERM	TERM ENDING DATE	COURSE TITLE AND NUMBER	COURSE GRADE*		CONTACT HOURS	
				ASTP	LOCAL	CLASS	LAB.
BE-1	1	1-29-44	Chemistry 205 English 111 Geography 163 History 133 Mathematics 406 Physics 304	B D C D D C		3 3 2 3 6 4	0 0 0 0 0 3
	2	4-29-44	Chemistry 206 English 111 Geography 163 History 133 Mathematics 407 Physics 305	WF WF WF WF WF WF		2 2 2 2 5 4	4 0 0 0 0 3
Separated for convenience of government							
REVERSE SIDE MAY BE USED IF THE ABOVE SPACE IS INSUFFICIENT			"Record file, Enlisted Branch" TRAINEE'S SIGNATURE <i>[Signature]</i>		DATE 3-15-44		
*Course Grades.—In order to secure uniformity, all institutions will record grades in the column entitled "Course grade, ASTP" in terms of the following symbols: A—very good; B—good; C—fair; D—poor, but passed; F—failed; Inc.—incomplete. (If separated prior to the end of the term: WF—withdrawn, passing; WF—withdrawn, failing.) Institutions having a grading system different from the foregoing will also record grades in terms of their own symbols in the column entitled "Course grade, local" and will interpret such symbols in the following space:				Preparation and Disposition.—The institution will prepare in triplicate a transcript for each trainee upon his separation, for any reason, from the training unit at that institution. The original will be given to the trainee upon his separation from the AST Program. If the trainee is transferred to another AST unit for continuation in the AST Program, the original will be furnished to the unit to which he is transferred; upon his separation from the last unit, the transcript will be given to the trainee. The second copy will be forwarded, within 10 days after the trainee has been separated from the unit, to the Director, Army Specialized Training Division, The Pentagon, Washington 25, D. C. The third copy will be retained by the institution.			

ALLEN

(Last name)

35223326

(Army serial No.)

CARL

(First name)

L.

(Middle initial)

INFANTRY

(Arm or service for which enlisted or inducted)

WHITE

or of race

PLACE X IN BOX INDICATING COMPONENT)

Regular Army. ☐ National Guard of the
United States.

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

om JUN 20 1943, 19, to, 19

For instructions see AR 345-125

D., A. G. O. Form No. 24
(December 12, 1941)

16-25259-2

1 INDUCTION RECORD

This induction record will be filled out only in case the man enters the service through induction by selective service)

Local board of origin #2 Perry, Somerset, Ohio
(Board No., city, and State) JUN 29 1943

Date of arrival at induction station JUN 25 1943 Columbus, Ohio

Date and place of induction

By whom inducted Wm. LONG, Capt. F. A.
(Grade and arm or service)

RECEPTION CENTER FT. BEN. HARRIS, IND.

Place to which sent (Post, camp, or reception center)

Date sent JUL 13 1943

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result ¹
7-13-44	IMMUNE

TYPHOID VACCINATIONS

7-14-44	IMMUNE
---------	--------

OTHER VACCINATIONS

Kind	Date
TETANUS	7-14-44
TYPHOID	7-14-44

DIPHTHERIA SUSCEPTIBILITY TEST-SCHICK

Date	Result ¹
7-14-44	2 IN
7-14-44	2 IN

CARRIER EXAMINATIONS (See AR 40-310)

Date	Parasite examined for	Kind of specimen ³	Positive or negative
JUN 29 1943	TB	CHEST X-RAY	Neg.
Typhus	SEP 18 1944		
Typhus	SEP 23 1944		

- ¹ Record as vaccinia, vaccinoid, or immune reaction.
² Record as positive, positive combined, negative-pseudo or negative.
³ Record as feces, urine, sputum, blood, etc.

RECORD OF TRIALS BY COURTS MARTIAL

C. M., _____ A. W., _____ 19____
 (No.) (Date of offense) (Synopsis)
 of specifications)
 Sentence announced and adjudged _____, 19____
 Sentence as approved _____, 19____
 Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion 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 specifications)

Sentence announced and adjudged _____, 19____
 Sentence as approved _____, 19____
 Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion 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 specifications)

Sentence announced and adjudged _____, 19____
 Sentence as approved _____, 19____
 Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion 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 specifications)

Sentence announced and adjudged _____, 19____
 Sentence as approved _____, 19____
 Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion of confinement and forfeiture remitted per _____
 Released from confinement _____, 19____

(Name, grade, and organization) 10-25250-1

C. M., _____ A. W., _____ 19____
 (No.) (Date of offense) (Synopsis)
 of specifications)

Sentence announced and adjudged _____, 19____

Sentence as approved _____, 19____

Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion 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 specifications)

Sentence announced and adjudged _____, 19____

Sentence as approved _____, 19____

Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion 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 specifications)

Sentence announced and adjudged _____, 19____

Sentence as approved _____, 19____

Approved _____, 19____

I certify the above is correct.

(Name, grade, and organization)
 Unexecuted portion of confinement and forfeiture remitted per _____
 Released from confinement _____, 19____

(Name, grade, and organization)

CLASS ^B ~~E~~ ALLOTMENTS

Class ^B allotments of pay authorized as follows:

\$ 7.50 per month for under 6 months, commencing 1 Oct, 19____
 and expiring under 6, 19____, in favor of Waco Bonds

for the purpose of Service
 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 _____, 19____

Date	Description and amount due U. S. or soldier	Roll on which collected
6-19-43	WD AGO FORM #28. ISSUED	
7/15/43	CL B Airt. 6.25 Effective July, 1943	
8/2/43	CL N Airt. of 6.40 per mo for July 1943. Two dtd AUTH for July 1943.	
8/9/43	Due US P/P 0.10 for	
	AUG 4 PAID	
	Due US MRL 1.40	
10-14-43	Due US MRL 1.40	
10-20-43	Due US MRL 1.40	
11-07-43	Due US MRL 1.40	
	MAY 44 PAID	
	APR 44 PAID	
MAY	DUE US MR LDRY	0.65
	MAY 44 PAID	
JUNE	DUE US MR LDRY	\$1.50
JUNE 20	APR 44 PAID	
	JUN 44 PAID	
JULY	DUE US MR LDRY	\$1.50
July	CIB Airt. 6.25 per mo discontinued 30 June 1944	

10-25259-1

ALLEN CARL L 35220326

(Insert)

MARKS--Administrative

Under this heading will be shown administrative matter not shown elsewhere, 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.

Report for active duty at
FORT BENJAMIN HARRISON, INDIANA

JUL 13 1943

I certify that I have incurred the following disabilities since date of induction.

NONE

Carl F. Allen
(Signature of Soldier)

A physical inspection indicated that this man is in the same physical condition as at the time of induction--
~~has incurred the following disabilities since date of induction.~~
(Strike out words not applicable)

(Signature of Med. Officer)

R. D. CAMPBELL 1st Lt. M. C.

1. NSE RT 1.97C 111

REMARKS—FINANCIAL—Continued

[illegible]

REMARKS—ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere 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.

RELIGIOUS PREFERENCE.....Protestant

TRANSFERRED TO THE ENLISTED

RESERVE CORPS... JUN 29 1943

PURSUANT TO AR 615-500, AND

FURNISHED TRANSPORTATION TO LOCAL.

~~BOARD. THIS RESERVIST WAS ORDERED~~

~~TO ACTIVE DUTY TO REPORT TO THE~~

~~RECEPTION CENTER AT Ft. Hart., Ind.~~

ON JUN 19 1943 AND WAS

~~FURNISHED TRANSPORTATION AND~~

~~SUBSISTENCE FOR THE JOURNEY~~

Wm. LONG, Cap. F. A.

SERVICE PERIOD GOVERNED BY

SERVICE EXTENSION ACT OF 1941

Amendment of National Service Life

Ins. Act explained to soldier

Army General Classification Test-Type

FM 21-100 Issued

FBI FORM EXECUTED JUNE 29, 1943

С. 6. 45 (ЧамАЗО 2-13-10)

~~Malaria Control Tng' Com.~~

pleted 3 Apr 44

SEX MORALITY COURSE COMPLETED JUN 23 1944

AW 23 Read & Explained

SEP 2 1944

Qualification form for Expert Infantryman's Badge is a part of this record

Auth to wear H.A. KNEE Pad

WID Circular 65/1/2014

ВИА Степанавет Беларусь 16 мая 2025

Page 15 (Insert) # 135073

Allen Carl L 38223376

	1	2
Qual. with Individual Weapon		S
Qual. in Transition Firing		S
Qual. with Crew Served Weapons		S
Qual. in Grenade Course		S
Completion of Famil. Firing		S
Completion of Prescribed 25 Mile March		S
Completion of Prescribed 9 Mile March		S
Completion of Physical Fitness Test		S
Completion of Infiltration Course		S
Participation in Close Combat Course		S
Participation in Combat in Cities Course		S

M-1/HK Crse A Qual E Score 192 Date 7-27-44

BAR Crse A Qual 246 Score E Date 3-24-45

Crse Qual Score Date

Left England 2 Nov 44

Air Normandy, France 3 Nov 44

Arrived Belgium 5 Nov 44

Arrived Germany 4 Feb 45

INSEXT #2

INDORSEMENTS

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 organization, and upon transfer to inactive status. These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

Reception Center, Fort Benjamin
Harrison, Ind. 19

To _____
This soldier was transferred to _____
per _____
and left this organization _____

He was last paid to include _____
by _____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____
Class "N" Allotment

Advance 6.40

Month July 1943

*Due soldier at date of _____
Trans. Accrued pay & Allow

This soldier has a Class E allotment running which has been deducted from his pay to include _____, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19

His character is _____
Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)
KALMAH BLOOM
(Grade and organization)
2nd Lt. 405 1st Inf. 80

This soldier reported _____, 19

*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. 16-25259-2

2d Ind.

RECORDS SECTION, TDRTC, N Cp Hood, Texas

3 November 1943

C.O. ASTP 4890, JOHN TARLETON JR COLL,

YOUR command/STEPHENVILLE, TEX.

Par 14, SO 259, TD RTC, dtd 27 Oct 1943

3 November 1943

and left this organization _____, 1943

He was last paid to include _____

by H. D. CRAGON 1st Lt. Col., FD

(Name and grade of finance officer or agent officer, if any)
Due United States; if nothing, so state. See remarks financial

*Due soldier at date of _____
Trfd: Accrued Pay & Alws.

This soldier has a Class E allotment running which has been deducted from his pay to include _____, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19

His character is _____
Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)
ALBERT G. KUCHAR, 1st Lt., AUS
Asst. Personnel Officer
(Grade and organization)

This soldier reported _____, 19

*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.

18

3d Ind.

Co. A 4808th S.U. (ASTP) Stephenville, Tex.

25 Feb. 1944

To C.S. 193me. 5th Camp Moxley 138

This soldier was transferred to Yorks Command

per 849 He Hq. Dtd 10 Mar 44

and left this organization 20 March 1944

He was last paid to include 29 Feb. 1944

by L.O. Baldwin Col. F.

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state Nothing

* Due soldier at date of Trans. 9 Feb.

This soldier has a Class E allotment running which has been deducted from his pay to include 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include 19

His character is Excellent

Efficiency rating as soldier Excellent

I have personally verified all entries in this indorsement.

Louis M. Wall

LOUIS M. WALL

(Grade and organization)

This soldier reported Personnel Officer 19

*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.

16-25250-1

19

4th Ind.

19

To

This soldier was transferred to

per

and left this organization 19

He was last paid to include 19

by

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

* Due soldier at date of

This soldier has a Class E allotment running which has been deducted from his pay to include 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include 19

His character is

Efficiency rating as soldier

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported 19

*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.

To _____, 19____
 This soldier was transferred to _____
 per _____
 and left this organization _____, 19____
 He was last paid to include _____, 19____
 by _____
 (Name and grade of finance officer or agent officer, if any)
 Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier ^{has} ~~has not~~ a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported _____, 19____

* 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.

16-25259-1

To _____, 19____
 This soldier was transferred to _____
 per _____
 and left this organization _____, 19____
 He was last paid to include _____, 19____
 by _____
 (Name and grade of finance officer or agent officer, if any)
 Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier ^{has} ~~has not~~ a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported _____, 19____

* 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.

7th Ind.

_____ 19____
 To _____
 This soldier was transferred to _____
 per _____
 and left this organization _____ 19____
 To was last paid to include _____ 19____
 by _____
 (Name and grade of finance officer or agent officer, if any)
 Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier ^{has} ~~has not~~ a Class E allotment running which has been deducted from his pay to include _____ 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____ 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported _____ 19____

*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.

16-25259-1

FINAL INDORSEMENT

HQ 395th INF.

(Company or detachment)
 APO 449 60 PM NY, NY

(Place)
 20 MAR 1945

To The Adjutant General:

ALLEN CARL L 3522226
 (Last name) (First name) (Middle initial) (Army serial No.)

PFC Co B 395th INF
 (Grade) (Organization)

was separated from the service by reason of DIA
 (State specific cause. See par. 37c.)

AR 345-125)

on 16 MARCH 45
 (Date)

at STEINHARDT GERMANY authority
 (Place)

Retained in service 0 days to make good time lost (A. W. 107).

Absent from duty 0 days subsequent to normal date of expiration of term of enlistment.

Retained in service 0 days for convenience of the Government on account of

His character is Excellent

Efficiency rating as soldier Excellent

*Final statement furnished. *Paid on final pay roll.

*Discharge certificate furnished, W. D. A. G. O. Form No. 55, 56, 57.

Due United States; if nothing, so state NOTHING

†Due soldier at date of DIA Accord Park 45

Address furnished for future references ROUTE A 2
 (Number and street or rural route)

CRACKSVILLE OHIO
 (City, town, or post office) (State or country)

Receipt of Discharge Certificate is acknowledged.

Signature of Soldier:

I have verified the foregoing entries.

Name signed

Name typed or printed

WILLIAM R. FEASTER

Captain, 395th Infantry

(Grade and organization) Personnel Officer

*Strike out words and figures not applicable.

†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.

Initials

Name, grade, and organization
(Typewritten or printed)

(Typewritten or printed)

~~Wm. LONG, Capt. F. A.~~

KALAH GLOW

2nd Lt. ADS, 1534th SPT

ALBERT G. KUCHAR, 1st Lt., A TC

ASSISTANT PERSONNEL. *Continued*

LOUIS H. WALSH

~~Capt. ACD~~

WILLIAM R. FEASTER

Captain, 385th Infantry

Personnel Officer

ORIGINAL

J AUTHORIZATION OF CLASS B ALLOTMENT
FOR PURCHASE OF WAR SAVINGS BONDS

PRINT OR TYPE ITEMS 1 TO 7

1. Carl L. Allen 35223326
(First name) (Initial) (Last name) (Serial number)

PFC

(Grade) (Company, regiment, or arm of service) (Place or APO)

2. 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 Oct 1944

3. PLAN 1 <input type="checkbox"/> \$3.75 Allotment <input type="checkbox"/> \$25 Bond	PLAN 2 <input type="checkbox"/> \$6.25 Allotment <input type="checkbox"/> \$25 Bond	PLAN 3 <input type="checkbox"/> \$18.75 Allotment <input type="checkbox"/> \$25 Bond	PLAN 4 <input type="checkbox"/> \$12.50 Allotment <input type="checkbox"/> \$50 Bond	PLAN 5 <input checked="" type="checkbox"/> \$37.50 Allotment <input type="checkbox"/> \$50 Bond	PLAN 6 <input type="checkbox"/> \$25 Allotment <input type="checkbox"/> \$100 Bond	PLAN 7 <input type="checkbox"/> \$75 Allotment <input type="checkbox"/> \$100 Bond	PLAN 8 <input type="checkbox"/> \$150 Allotment <input type="checkbox"/> two \$100 Bonds	PLAN 9 <input type="checkbox"/> \$225 Allotment <input type="checkbox"/> three \$100 Bonds	PLAN 10 <input type="checkbox"/> \$300 Allotment <input type="checkbox"/> four \$100 Bonds	PLAN 11 <input type="checkbox"/> \$375 Allotment <input type="checkbox"/> \$500 Bond
--	---	--	--	---	--	--	--	--	--	--

4. List as ☐ Co-owner
my ☐ or
☒ Beneficiary☐ Mr.
☐ Mrs.
☐ MissMr. Perle

(First name)

L.

(Initial)

Allen

(Last name)

(Mrs. Mary A. Doe, not Mrs. George A. Doe)

5.* Mail Bonds to

☐ Mr.
☐ Mrs.
☐ MissMr. Perle

(First name)

L.

(Initial)

Allen

(Last name)

At R F D #2

(Number and street or rural route)

Crooksville

(City or post office)

Ohio

(State)

6.* Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to

At

(Number and street or rural route)

(City or post office)

(State)

7. Entered on service record or pay card

(Initials of person recording)

*Select delivery desired—use one, not both.

Whenever a box ☐ appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

W. D., A. G. O. Form No. 29-6

Form approved by Comptroller General, U. S.
February 13, 1943Howard S. Klein

2nd LT INF

Carl P. Allen

(Signature of allotter)

(Signature of personnel or other responsible officer with grade or rank and organization)

ORIGINAL

J AUTHORIZATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS

PRINT OR TYPE ITEMS 1 TO 7

1. Carl L. Allen 35223326
 (First name) (Initial) (Last name) (Serial number)

PTC

(Grade) (Company, regiment, or arm of service) (Place or APO)

2. 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 Oct 1944.

Plan 12--\$7.50

3. PLAN 1 ☐ \$3.75 Allotment ☐ \$25 Bond
 PLAN 2 ☐ \$6.25 Allotment ☐ \$25 Bond
 PLAN 3 ☐ \$18.75 Allotment ☐ \$25 Bond
 PLAN 4 ☐ \$12.50 Allotment ☐ \$50 Bond
 PLAN 5 ☐ \$37.50 Allotment ☐ \$50 Bond
 PLAN 6 ☐ \$25 Allotment ☐ \$100 Bond
 PLAN 7 ☐ \$75 Allotment ☐ \$100 Bond
 PLAN 8 ☐ \$150 Allotment ☐ two \$100 Bonds
 PLAN 9 ☐ \$225 Allotment ☐ three \$100 Bonds
 PLAN 10 ☐ \$300 Allotment ☐ four \$100 Bonds
 PLAN 11 ☐ \$375 Allotment ☐ \$500 Bond

4. List as ☐ Co-owner or ☒ Beneficiary
☐ Mr. Mr. Perle L. Allen
 my ☐ Mrs. (First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)
☐ Miss

5. * Mail Bonds to ☐ Mr. Mr. Perle L. Allen
☐ Mrs. (First name) (Initial) (Last name)
☐ Miss At R F D #2 Crooksville Ohio
 (Number and street or rural route) (City or post office) (State)

6. * Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to.....
 At.....
 (Number and street or rural route) (City or post office) (State)

7. Entered on service record or pay card.....
 (Initials of person recording)

*Select delivery desired—use one, not both.
 Whenever a box ☐ appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

W. D., A. G. O. Form No. 29-6
 Form approved by Comptroller General, U. S.
 February 13, 1943

HOWARD S. KLEIN

2nd LT INF

Carl L. Allen
 (Signature of allotter)

(Signature of personnel or other responsible officer with grade or rank and organization)

DUPLICATE

AUTHORIZATION OF CLASS B ALLOTMENT
FOR PURCHASE OF WAR SAVINGS BONDS

PRINT OR TYPE ITEMS 1 TO 7

1. Carl L. Allen 35223326
(First name) (Initial) (Last name) (Serial number)
Pvt. Unasgd. RC. Ft. Benj. Harrison, Ind
(Grade) (Company, regiment, or arm of service) (Place or APO)
2. 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 July 1943...

3. PLAN 1 ☐ \$3.75 Allotment
PLAN 2 ☒ \$6.25 Allotment
PLAN 3 ☐ \$18.75 Allotment
PLAN 4 ☐ \$12.50 Allotment
PLAN 5 ☐ \$37.50 Allotment
PLAN 6 ☐ \$25 Allotment
PLAN 7 ☐ \$75 Allotment
PLAN 8 ☐ \$150 Allotment
PLAN 9 ☐ \$225 Allotment
PLAN 10 ☐ \$300 Allotment
PLAN 11 ☐ \$375 Allotment

4. List as ☐ Co-owner or ☒ Beneficiary
my ☐ Mr. Ralph L. Allen
(First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

5. * Mail Bonds to ☒ Mr. Ralph L. Allen
(First name) (Initial) (Last name)
At RR #2 Crooksville Ohio
(Number and street or rural route) (City or post office) (State)

6. * Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to:
At _____
(Number and street or rural route) (City or post office) (State)

7. Entered on service record or pay card July 15, 1943
(Initials of person recording)

*Select delivery desired—use one, not both.
Whenever a box ☐ appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

W. D., A. G. O. Form No. 29-6
Form approved by Comptroller General, U. S.
February 13, 1943

Carl L. Allen
(Signature of allotter)
E.E. TRIVIZ 2nd Lt. Inf.
(Signature of personnel or other responsible officer with grade or rank and organization)

When applicable to Class E allotments, send original direct to the
Disbursing Officer, Office of Dependency Benefits,
213 Washington Street, Newark, N. J.

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Private

Unassigned

~~Allen~~ Carl L. 35223326
(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)
The ~~officer~~ enlisted man named above hereby authorizes a Class NATIONAL SERVICE LIFE INSURANCE
(Type of allotment)

allotment of his pay in the amount of \$ 6.40 per month for July months commencing July, 1943, and expiring July 15, 1943.

(Two) premiums deducted from pay for month of July, 1943
to VETERANS ADMINISTRATION, WASHINGTON, D. C. (Applicable to Class N insurance only (sec. IV, Cir. No. 100, W. D., 1942))

(Name of allottee) (Number and street or rural route) (City, town, or post office) (State)

or to (Name of alternate allottee) (Number and street or rural route) (City, town, or post office) (State)

Date of allotment call to active duty July 13, 1943 When other than "Finance Service, Army" is affected,

state allotment chargeable Relationship of allottee (Applicable to individual 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—

(Name)

(Relationship)

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place B. C. FT. BENJ. HARRISON, IND.

Entered on service record July 15, 1943
(Date)

* Strike out words not applicable.

Carl L. Allen
(Signature of allottee)

July 15, 1943
(Date)

E. E. TRIVIZ, 2nd Lt., ADS
(Signature of commanding officer or personnel officer, with grade and organization)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 29
November 4, 1942

16-9421-2 U. S. GOVERNMENT PRINTING OFFICE

144/ics.

Local B.
Perry County

JUN 25 1943 002

Citizens St. Bank Bldg.
Somerset, Ohio

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination ☒ Second examination ☐ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION 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.)

(To be filled in by
Armed Forces)
35223326
(Armed Forces Serial No.)

Do Not Enter
Anything in This
Column

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

1. Name (page 1) Carl Lloyd Allen
(First) (Middle) (Last)
2. Address (page 1) R.F.D. #2, Crooksville Perry Ohio
(Street or rural route) (Town or city) (County) (State)
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) none
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no
(Yes or no)
7. Education (Number years completed) (Series III): Elementary school 8 High school 4 Vocational school, college, or university
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) student
coal truck driver during vacations and Saturdays
- (b) Duties (Series IV, line 2 (b)) coal truck driver
- (c) Title of last job, if unemployed (Series IV, line 3)
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2)
10. Income (Series IV, line 2 (d)): Average weekly earnings \$ 30.00
(Weekly, monthly, annual)
11. Employment class (Series IV, line 2 (e)): Permanent ☐ Temporary ☒ Apprentice ☐ Independent worker ☐
Unpaid family worker ☐ Employer ☐ Student (Series IV, line 4 (a)) ☐
12. Business of present employer (Series IV, line 2 (g)) coal mining
13. Marital status (Series VII, line 1): Single ☒ Widower ☐ Divorced ☐ Married, not separated ☐ Married, separated ☐
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 0
15. Birthplace (Series IX, line 1) New Lexington Ohio U. S. A.
(Town or city) (State) (Country)
16. Birth date (Series IX, line 2) April 22 1925
(Month) (Day) (Year)
17. Race (Series IX, line 3): White ☒ Negro ☐ Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes; Declarant alien (Series IX, line 7) no
(Yes or no) (Yes or no)
19. Previous U. S. military service (Series XII): None ☒ Army ☐ National Guard ☐ Marine Corps ☐ Coast Guard ☐
20. Type of discharge (Series XII): Specify
21. Date of registrant's affidavit (top of page 8) 12th day of May, 1943
(Day) (Month) (Year)

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original 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 CORPS, 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.

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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 6-2-43 Result neg.

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks no history of disqualifying defects.

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.) no 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 220)?
(If in doubt, answer "no," and give details.) no If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

Large inguinal Ringworm

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Joseph D. Blayze

(e) Place Columbus, Ohio (Town or city) (County) (State)

(f) Date June 2-1943

27. (a) This Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board J. C. Schneiderman

(c) Place Columbus, Ohio (Town or city) (County) (State)

(d) Date 6/4/43

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 Gladys Allen (Other than wife or minor child. Name in full)

29. Relationship mother 30. Address RFD #2 Crooksville, Ohio
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency same (Name in full)

32. Relationship as 33. Address above
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) none (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) none (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the

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:

(3) Gladys 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")

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:

(4) 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")

37. Signature of registrant Carl Edward Allen
(First name) (Middle name) (Last name)

38. Witnessed at Columbus, Ohio on June 29, 1943

J. C. Schneiderman
(Signature of witness attesting)

J. C. Schneiderman
(Name of witness typed)

Pv.t. 1586th S.U.
(Grade and organization)

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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.)

39. Eye abnormalities none

40. Ear, nose, throat abnormalities none

41. Mouth and gum abnormalities none

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right										EXAMINEE'S										Left									
X ⁸	7	6	5	4	3	2	1	1	2	3	4	5	6	7	X ⁸														
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16														

(b) Remarks, including other defects none

(c) Prosthetic dental appliances none

(d) Remediable dental defects none

43. Skin normal

44. Varicose veins normal

45. Hernia normal

46. Hemorrhoids normal

47. Genito-urinary (non-venereal) normal

48. Venereal diseases normal

49. Feet normal

50. Musculoskeletal defects Complains of occasional "catch" in back—slight scoliosis—No restriction—No rigidityNCD

51. Abdominal viscera normal

52. Cardiovascular system normal

53. Lungs normal

54. Chest X-ray negative

55. Mental normal

56. Nervous system normal

57. Endocrine system normal

58. Other defects and/or diseases or other remarks none

59. Summary of defects in order of significance Slight scoliosis

60. Vision, without correction:

(a) Right eye 20/20

(b) Left eye 20/20

61. Vision, with correction:

(a) Right eye undet.

(b) Left eye undet.

62. Color perception normal

63. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

64. Height 73½ inches.

65. Weight 173 pounds.

66. (a) Girth, at nipples; inspira-
tion 40½ inches.

(b) Girth, at nipples; expira-
tion 36 inches.

(c) Girth, at umbilicus 31½ inches.

67. Posture: Good ☒ Fair ☐ Poor ☐

68. Frame: Heavy ☐ Med. ☒ Light ☐

69. Color of hair brown

70. Color of eyes brown

71. Complexion medium

72. Pulse, sitting 84

73. Pulse, after exercise*

74. Pulse, 2 minutes after exer-
cise*

75. Blood pressure:

(a) Systolic 128

(b) Diastolic 66

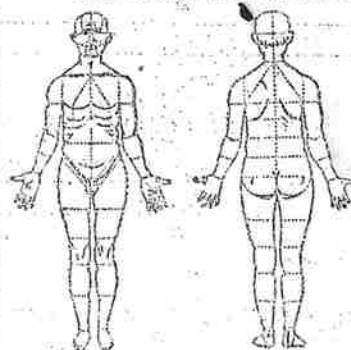
76. Urinalysis:

(a) Specific gravity 1.015

(b) Albumin neg

(c) Sugar neg

77. Other data: Kahn: neg. 6-2-43



When indicated.

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 belief—

- (a) Carl Lloyd Allen is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)
- (b) _____ is physically and mentally qualified for general military service
(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.

- (c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)
reason of _____
- (d) _____ is physically qualified for limited military service after the
(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 remediable defects herein specified been remedied at the time of this examination.

- (e) _____ is physically and/or mentally disqualified for military service by reason
(Enter name of registrant if this subsection is applicable)
- (f) _____ is disqualified for military service because of
(Enter name of registrant if this subsection is applicable)

(g) Signature _____ (h) Title Capt. M.C.
Medical Examiner.

(i) Name typed or stamped V.E. STOVER

79. (a) Carl Lloyd Allen was this date inducted for (general; ~~limited~~) [strike out inapplicable
(Enter name 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) _____
Army of the United States and sent to Ft. Benj. Harr., Ind.

- (b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)
service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Columbus, Ohio (d) Signature _____
(e) Date June 29, 1943 (f) Name typed or stamped WM. LONG, Capt. F.A.
(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 _____
- (c) Place _____ (d) Date _____
- (e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

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