

MAR 19 1942

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

Local Board No. 02
Plymouth County
FOLLOWING IS THE C.W.B.'S OFFICE
JAN 1 1943 C40
Court House
Brockton, Mass.
(LOCAL BOARD DATE STAMP WITH CODE)

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.)

Do Not Enter
Anything in This
Column

(To be filled in by Armed Forces)
31301298
(Armed Forces Serial No.)

1. Name (page 1) Rocco Marchegiano
(First) (Middle) (Last)

2. Address (page 1) 80 Brook St. Brockton Plymouth Mass.
(Street or rural route) (Town or city) (County) (State)

3. Social Security No. (Series I, line 5) [redacted] 4. Registrant's order number (page 1) 11259

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 completed (Series III): Elementary school 8 High school 1 Vocational school, college, or university Construction

8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Construction
(b) Duties (Series IV, line 2 (b)) I am a carpenter's helper
(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) 1 yr.

10. Income (Series IV, line 3 (d)): Average weekly earnings \$45.00
(Weekly, monthly, annual)

11. Employment class (Series IV, line 2 (e)): Permanent employee Temporary employee Apprentice Independent worker
Unpaid family worker Employer Student (Series IV, line 4 (a))
Construction

12. Business of present employer (Series IV, line 2 (g))

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) none

15. Birthplace (Series IX, line 1) Brockton Mass. United States
(Town or city) (State) (Country)

16. Birth date (Series IX, line 2) Sept. 1 1923.
(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) none
(Yes or no) (Yes or no)

19. Previous U. S. military service (Series XII): None Army National Guard Navy Marine Corps Coast Guard

20. Type of discharge (Series XII): Specify

21. Date of registrant's affidavit (top of page 3) 1st Dec. 1942.
(Day) (Month) (Year)

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

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. All communications are prepared only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

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.)

Eye abnormalities none

Ear, nose, throat abnormalities none

Mouth and gum abnormalities none

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

Right					EXAMINER'S					Left				
8	7	6	5	4	2	1	2	3	4	5	6	7	8	9
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
15	14	13	12	11	10	9	10	11	12	13	14	15	16	17

(b) Remarks, including other defects none

(c) Prosthetic dental appliances Bridge Serviceable

(d) Remediable dental defects Dental caries

Skin normal

Varicose veins none

Hernia none

Hemorrhoids none

Genito-urinary (non-venereal) normal

Veneral diseases none

Feet normal

Musculoskeletal defects none

Abdominal viscera normal

Cardiovascular system normal

Urine (unreadable)

Chest X-ray negative

60. Vision, without correction:

(a) Right eye 20/20

(b) Left eye 20/20

61. Vision, with correction:

(a) Right eye

(b) Left eye

62. Color perception* Defective

63. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

64. Height 69 1/2 inches.

65. Weight 196 pounds.

66. (a) Girth, at nipples; inspiration 40 inches.

(b) Girth, at nipples; expiration 38 inches.

(c) Girth, at umbilicus 34 inches.

67. Posture:

Good Fair Poor

68. Frame:

Heavy Med. Light

69. Color of hair black

70. Color of eyes blue

71. Complexion medium

72. Pulse, sitting 80

73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise*

75. Blood pressure:

(a) Systolic 122

(b) Diastolic 80

76. Urinalysis:

(a) Specific gravity 1.017

(b) Albumin neg.

(c) Sugar neg.

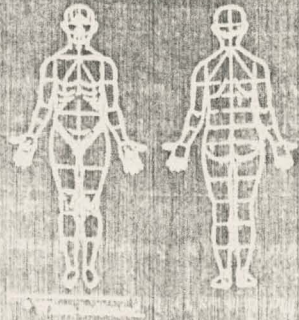
(d) Microscopic*

Do Not Write
in This
Column

77. Other data:

Urine normal

Hinton negative



32059

LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION

21. 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).

22. 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).

23. 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).

24. I have examined the above-named registrant in accordance with Selective Service Regulations.

(c) Signature of examining physician *[Signature]*

(d) Place **Brockton** **Plymouth** **MASS.** (Town or city) (County) (State) (e) Date **12/31/42**

(c) This Local Board has classified the above-named registrant in Class **I-A**

(b) Signature of Member of Local Board *[Signature]*

(c) Place **Brockton** **Plymouth** **Mass.** (Town or city) (County) (State) (d) Date **1/5/43**

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:

29. Nearest relative **Mrs. Lena Marchegiano** (Other than wife or minor child. Name in full)

29. Relationship **Mother** 30. Address **80 Brook Street, Brockton Mass.** (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 **same** (If friend, so state) 33. Address **same** (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) **Mrs. Lena Marchegiano** (mother) **80 Brook Street, Brockton Mass.** (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) **Mr. Felice Marchegiano** (father) **same address** (If beneficiary is listed 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 *[Signature]* (First name) *[Signature]* (Middle name) *[Signature]* (Last name)

Witnessed at **Boston, Mass.** on **March 4, 1943**

W. G. Barrows Lt. LT. C. M. P. Asst. R&TO (Name of witness typed) LTS (Grade and organization)

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) Rocco Marchegiano 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 after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

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 reason of _____
(Enter name of registrant if this subsection is applicable)

(d) _____ is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

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 of _____
(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 A. Lookstein (a) Title 1st Lt. M.C.
Medical Examiner.

(i) Name typed or stamped A. LOOKSTEIN

79. (a) Rocco Marchegiano was this date inducted for (general; ~~limited~~ (strike out inapplicable 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 Fort Devens, Mass.

(b) _____ was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Boston, Mass. (d) Signature W. G. Bernolis
 (e) Date March 4, 1943. (f) Name typed or stamped W. G. BERNOLIS 1st Lt. C.M.P.
(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
				

ORIGINAL COPY

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

13685837

1. LAST NAME - FIRST NAME - MIDDLE INITIAL MARCHEGIANO ROCCO		2. ARMY SERIAL NO. 31 301 293		3. GRADE PVT	4. ARM OR SERVICE CE	5. COMPONENT AUS
6. ORGANIZATION CO A 348TH ENGR (C) BN		7. DATE OF SEPARATION 27 DEC 46		8. PLACE OF SEPARATION SEPARATION CENTER FORT LEWIS WASH		
9. PERMANENT ADDRESS FOR MAILING PURPOSES PLYMOUTH CO 168 DOVER ST BROCKTON MASS			10. DATE OF BIRTH 1 SEP 23	11. PLACE OF BIRTH BROCKTON MASS		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9			13. COLOR EYES BLUE	14. COLOR HAIR BLACK	15. HEIGHT 5-11	16. WEIGHT 195
18. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)	19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. CIVILIAN OCCUPATION AND NO. CARPENTER FEEPER 7-93 100	

MILITARY HISTORY

22. DATE OF INDUCTION 4 MAR 43		23. DATE OF ENLISTMENT 11 MAR 43		24. DATE OF ENTRY INTO ACTIVE SERVICE 11 MAR 43		25. PLACE OF ENTRY INTO SERVICE FT DEVENS MASS		
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. LOCAL S.S. BOARD NO. 40		28. COUNTY AND STATE PLYMOUTH MASS		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. RIFLEMAN 745				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) NONE				
32. BATTLES AND CAMPAIGNS NONE								
33. DECORATIONS AND CITATIONS EUROPEAN AFRICAN MIDDLE EASTERN SERVICE MEDAL ARMY OF OCCUPATION MEDAL (GERMANY) VICTORY MEDAL								
34. WOUNDS RECEIVED IN ACTION NONE								
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN				
SMALLPOX FEB 46	TYPHOID FEB 46	TETANUS MAR 46	OTHER (specify) NONE	DATE OF DEPARTURE 30 OCT 43		DESTINATION EAME	DATE OF ARRIVAL 9 NOV 43	
37. TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD PFC					
CONTINENTAL SERVICE		FOREIGN SERVICE		YEARS		MONTHS		
YEARS 1	MONTHS 3	DAYS 22	YEARS 0	MONTHS 7	DAYS 17	26 NOV 44		
39. PRIOR SERVICE NONE								
40. REASON AND AUTHORITY FOR SEPARATION CONVENIENCE OF GOVERNMENT RR 1-1 DEMOBILIZATION AR 615-365 15 DEC 44								
41. SERVICE SCHOOLS ATTENDED NONE						42. EDUCATION (Years) Grammar 8 High School 2 College 0		

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS	MONTHS	DAYS	TOTAL \$	THIS PAYMENT \$			WALTER S BURK MAJOR FD	
1	11	16	300	100				

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.			\$	Continue	Continue Only	Discontinue
		<input checked="" type="checkbox"/>								

54.	RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED ASR (2 SEP 45) 34 INACTIVE SERVICE ERC FROM 4 MAR 43 TO 10 MAR 43 TIME LOST UNDER AB 107 (563 DAYS)								
56. SIGNATURE OF PERSON BEING SEPARATED <i>Carlo Marchegiano</i>					57. PERSONNEL OFFICER (Type name, grade and organization - signature) N E GOODWIN CAPT INF <i>N E Goodwin</i>					