

211 079

609

DISCONTINUANCE

No. E 2661783

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

GRADE, IF AVAILABLE	REASON FOR SEPARATION	DATE OF SEPARATION	ARMY SERIAL NUMBER
g 26	DISCH	15 AUG 46	42139449

PERMANENT ADDRESS FOR MAILING PURPOSES (If different from address on file here)	FAMILY ALLOWANCE APPLICATION NUMBER, IF IN SERVICE RECORD	VETERANS ADMINISTRATION NUMBER (No Entry Here)
23 14 32 ST LIC NY <i>trans 21</i>	X-	N-

NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE

SEPCTR FT DIX NJ

ENTER NAMES OF "E" ALLOTTEES, IF IN SERVICE RECORD

- (1)
- (2)
- (3)

TYPED NAME, GRADE, AND TITLE OF PERSONNEL OR DISBURSING OFFICER EFFECTING DISCONTINUANCE
(No Signature Necessary)~~XXXXXXXXXXXXXXXXXX~~

J M BARRETTE LT COL FD

(Make No Entry Here)

ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C.
(and inserted in the service record in cases of enlisted personnel)

211 079

609

T DISCONTINUANCE
AGE OR RELEASE FROM ACTIVE DUTY

No. E

~~XXXXXX~~
 kkkkk

BIRTH, IF AVAILABLE	REASON FOR SEPARATION	DATE OF SEPARATION	ARMY SERIAL NUMBER
J g 26	DISCH	15 AUG 46	42139449

RY HERE)

PERMANENT ADDRESS FOR MAILING PURPOSES

Trans 21
 23 14 32 ST LIC NY

FAMILY ALLOWANCE APPLICATION
 NUMBER, IF IN SERVICE RECORD

X-

VETERANS ADMINISTRATION NUMBER
 (No Entry Here)

N-

NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE

SEPCTRF TDIXNJ

ENTER NAMES OF "E" ALLOTTEES, IF IN SERVICE RECORD

- (1)
 (2)
 (3)

TYPED NAME, GRADE, AND TITLE OF PERSONNEL OR DISBURSING OFFICER EFFECTING DISCONTINUANCE
 (No Signature Necessary)

~~XXXXXXXXXXXXXXXXXX~~

J M BARRETTE LT COL FD

(Make No Entry Here)

815-365 PRL-1
WIND CP KILMER N.J. DTD 12 AUG 46
FILES RE 8926-26&8937-26
ORDER FILE
815-365 PRL-1 ALSO 8930 8941-26
WIND CP KILMER N.J. DTD 12 AUG 46
FILES RE 8926-26&8937-26
ORDER FILE

AR 615-365 RRI-1
1ST IND CP KILMER N.J. DTD 12 AUG 46
GRPS RE 8926-26&8937-26
REF ORDER FILE

AR 615-365 RRI-1 ALSO 8930 8941-26
1ST IND CP KILMER N.J. DTD 12 AUG 46
GRPS RE 8926-26&8937-26
REF ORDER FILE

REPORT OF EXAMINATION AND INDUCTION

BENEDETTO ANTHONY Armed Forces Serial No. 42 138 449

Local board will prepare from latest information

ANTHONY
(Last—in capitals) (First)

14-32 St., Astoria
(Street or rural route) (Town or city)

13033 4. Social Security

Married Widower Divorced 7. Birth date

8. Birthplace of registrant Astoria Queen
(Town or city)

9. Race: White Negro Other (specify) _____

10. Citizenship: (a) United States citizen: Yes No (b) First paper of United States, citizen or subject of (specify country) _____

11. Court record: (a) Convicted of a crime other than minor traffic violation (b) If "yes," specify crime, date, location of court, and sentence _____

(c) Now on parole, conditional release, probation, or suspended sentence (d) If answer to (c) is "yes," has necessary release or waiver been secured _____

12. United States military service: (a) Previous service: None Army Navy Corps Coast Guard

(b) Date of discharge _____ (c) Type of discharge _____

13. Education: (Number of years completed) Elementary school 8 _____ or business school _____ College or university _____

14. Occupation and industry: (a) Title and duties of present job Singer _____

(b) Length of experience: Years 7 _____ M _____

(c) Business of present employer Nugold Productions _____

15. Employment class (present job): Employee Independent worker Student Unemployed

16. (a) Number of times previously sent to Induction Station 0 _____

(b) Date last sent _____ (c) Was this a preinduction physical _____

17. If transferred for induction, or referred for Class IV-E final-type physical examination Local Board No. _____, County or city of _____

INSTRUCTIONS—ORIGINAL

- To Local Boards.—The Original DSS Form 221 will be prepared and distributed to the local board.
- To the Armed Forces.—The induction station will make the following distribution:
 - For registrants inducted: (1) By the Army, this Original will be forwarded for extraction of data, then to the Service Command Headquarters for machine processing, War Department, Washington, D. C. (2) By the Navy or Coast Guard, this Original will be sent through the Main Recruiting Station to the Bureau of Personnel, Washington, D. C. (3) This Original will be sent from the induction station direct to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
 - For registrants rejected: This Original of DSS Form 221 will be marked "REJECTED" and will be sent together with the Second Copy of DSS Form 221 and Form 157 to the local board.
 - For registrants sent for preinduction physical examination: This Original and Second Copy of DSS Form 221 to State Director of Selective Service, Washington, D. C.
 - For Class IV-E registrants sent for final-type physical examination: This Original and Second Copy of DSS Form 221 will be returned to the local board.

REPORT OF EXAMINATION AND INDUCTION

BENEDETTO ANTHONY Armed Forces Serial No. **130449**

Local board will prepare from latest information available

ANTHONY (Last—in capitals) **ANTHONY** (First)

1-14-32 St., Astoria
(Street or rural route) (Town or city)

13033 4. Social Security No.

Married Widower Divorced Separated

8. Birthplace of registrant **Astoria Queens**
(Town or city)

9. Race: White Negro Other (specify) _____

10. Citizenship: (a) United States citizen: Yes No (b) First paper of United States, citizen or subject of (specify country) _____

11. Court record: (a) Convicted of a crime other than minor traffic violation (b) If "yes," specify crime, date, location of court, and sentence _____

(c) Now on parole, conditional release, probation, or suspended sentence: _____

(d) If answer to (c) is "yes," has necessary release or waiver been secured: _____

12. United States military service: (a) Previous service: None Army Navy Corps Coast Guard

(b) Date of discharge _____ (c) Type of discharge _____

13. Education: (Number of years completed) Elementary school **8** High school _____ or business school _____ College or university _____

14. Occupation and industry: (a) Title and duties of present job **Entertainer Singer**

(b) Length of experience: Years **7** M _____

(c) Business of present employer **Nugold Productions**

15. Employment class (present job): Employee Independent worker Student Unemployed

16. (a) Number of times previously sent to Induction Station **0**

(b) Date last sent _____ (c) Was this a preinduction physical examination? Yes No

17. If transferred for induction, or referred for Class IV-E final-type physical examination: Local Board No. _____, County or city of _____

INSTRUCTIONS—ORIGINAL

1. To Local Boards.—The Original DSS Form 221 will be prepared and distributed to the local board.

2. To the Armed Forces.—The induction station will make the following disposition:
(a) For registrants inducted: (1) By the Army, this Original will be forwarded to the Service Command Headquarters for machine recording for extraction of data, then to the Service Command Headquarters for machine recording, War Department, Washington, D. C. (2) By the Navy or Coast Guard, this Original will be sent from the induction station direct to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

(b) For registrants rejected: This Original of DSS Form 221 will be marked at the induction station and will be sent together with the Second Copy of DSS Form 221 and Form 151 to the local board.

(c) For registrants sent for preinduction physical examination: This Original and Second Copy of DSS Form 221 to State Director of Selective Service.

(d) For Class IV-E registrants sent for final-type physical examination: This Original and Second Copy of DSS Form 221 will be returned to the local board.

SECTION II.—LOCAL BOARD EXAMINATION AND CLASSIFICATION

18. MEDICAL HISTORY: (a) Has registrant had spells of unconsciousness, tuberculosis, asthma, hay fever, diabetes, enuresis, stomach ulcers, asylum, or sanitarium; is or has been addicted to alcohol, narcotics, or drugs? Scarlet fever as a child

(b) Specify other defects or diseases claimed by registrant _____

(c) I CERTIFY that the answers to Items 18 (a) and 18 (b) are correct.

(d) Signature of registrant _____

19. (a) Does examining physician have documentary evidence confirming that the above-named examining physician have any evidence which would substantiate the above? Specify _____

(d) Serological test (syphilis): First specimen: Date 4 Sept.
Second specimen: Date _____

(e) Does above-named registrant have any defects set forth in List of Defects (see details): Yes No If answer is "Yes," describe the defects _____

(f) REMARKS _____

(g) Signature of examining physician _____

(h) Place _____

20. (a) Was local board physical examination waived: Yes No (b) _____

(c) This local board has classified the above-named registrant in Class _____

(d) Signature of member of local board John A. Klee

(e) Place _____

SECTION III.—MISCELLANEOUS (To be filled out at induction station for registrant)

21. (a) Organization and serial number of previous U. S. military service (if any) _____

(b) Reason for discharge _____

(c) Religious preference (voluntary for Army) Catholic

22. (a) Nearest relative (other than wife or minor child) (Name in full) _____

(b) Relationship mother (c) Address 23
(Number and street)

(d) Person to be notified in case of emergency (Name in full) _____

(e) Relationship mother (f) Address _____
(Number and street)

Beneficiary or beneficiaries are:

none

If wife; if no wife, or if she is deceased or divorced, so state)

none

(Full name and address of each minor child and each alternate beneficiary)

(If there are no children, so state. If the address is the same as the beneficiary leaving no widow or child, I then designate as alternate beneficiary whose name, relationship and address are shown above) Mrs. Anna Benedetto

(If designation of beneficiary is declined, man must state in own handwriting the event of the death or disqualification of the last-named dependent relative within the six months' death gratuity, the dependent relative whose name is designated as beneficiary.) Miss Mary Benedetto

(If beneficiary is named in line 23b but naming of alternate is declined, man must state in own handwriting the event of the death or disqualification of the last-named dependent relative within the six months' death gratuity, the dependent relative whose name is designated as beneficiary.)

Name of registrant _____

(First name)

Residence at 1245 SCSU RC FT DIX NJ

(Signature of witness attending)

(Name of witness attending)

SECTION II.—LOCAL BOARD EXAMINATION AND CLASSIFICATION

18. MEDICAL HISTORY: (a) Has registrant had spells of unconsciousness, tuberculosis, asthma, hay fever, diabetes, enuresis, stomach ulcer, asylum, or sanitarium; is or has been addicted to alcohol, narcotics

Scarlet fever as a child

(b) Specify other defects or diseases claimed by registrant

(c) I CERTIFY that the answers to Items 18 (a) and 18 (b) are correct.

(d) Signature of registrant

19. (a) Does examining physician have documentary evidence confirming statement examining physician have any evidence which would substantiate statement specify

(d) Serological test (syphilis): First specimen: Date 4 Sept. 1941 Second specimen: Date

(e) Does above-named registrant have any defects set forth in List of Defects (details): Yes [] No [] If answer is "Yes," describe the defect

(f) REMARKS

(g) Signature of examining physician

(h) Place

20. (a) Was local board physical examination waived: Yes [] No [] (b) If yes

(c) This local board has classified the above-named registrant in Class

(d) Signature of member of local board

(e) Place

SECTION III.—MISCELLANEOUS (To be filled out at induction station for only)

21. (a) Organization and serial number of previous U. S. military service (if known)

(b) Reason for discharge

(c) Religious preference (voluntary for Army) Catholic

22. (a) Nearest relative (other than wife or minor child) (Name in full) Mrs.

(b) Relationship mother (c) Address 23- (Number and street)

(d) Person to be notified in case of emergency (Name in full)

(e) Relationship mother (f) Address (Number and street)

Beneficiary are:

none if wife; if no wife, or if she is deceased or divorced, so state) none

(Full name and address of each minor child and each dependent)

(If there are no children, so state. If the address is the same as the wife's, I then designate as my beneficiary the relative whose name, relationship and address are shown here Mrs. Anna Benedetto mother

(If designation of beneficiary is declined, man must state in own handwriting: "I decline the event of the death or disqualification of the last-named dependent relative for the six months' death gratuity, the dependent relative whose name, relationship and address are shown here")

Miss Mary Benedetto sister

If beneficiary is named in line 23b but naming of alternate is declined, man must state in own handwriting: "I decline to name an alternate beneficiary."

Name of registrant (First name) (Middle name)

1245 SCSU RC FT DIX NJ

Resided at

(Signature of witness attending)

(Name of witness type)

SECTION IV.—PHYSICAL AND MENTAL EXAMINATION

25. (a) High school graduate: Yes No (b) English speaking: Yes
 (c) Qualification test (Form used I) Score _____
 (d) Visual classification test score _____ (e) Block counting test score _____
 (f) Concrete directions test score _____ (g) Illiterate: Yes
 (h) Does registrant meet minimum intelligence standards: Yes No
26. Limited classification: (a) 590: Yes No (b) Useful occupation: Yes
 (c) Trade test: Name _____ W. S. L. _____
 (d) R. I. test score _____
 (e) If physically qualified for limited service, does registrant meet classification standards: Yes No

27. Psychiatric diagnosis _____ Norm.

 28. Neurological diagnosis _____ Norm.

 29. Psychiatric or neurological symptoms _____ No.

 30. Eye abnormalities _____ No.

31. Ear, nose, throat abnormalities _____ Septum dev right ND

 32. Mouth and gum abnormalities _____ No.

33. TEETH: (a) Indicate restorable carious teeth by circling; nonrestorable teeth by /; missing natural teeth by X; teeth replaced by by horizontal line over X X; teeth replaced by fixed by oval to include abutments (X).

Right								EXAMINEE'S						Left			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9	10
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	17	18

- (b) Remarks, including other defects _____ No.

 (c) Prosthetic dental appliances _____ No.
34. Skin _____ Norm.

 35. Varicose veins _____ No.

 36. Hernia _____ No.

 37. Hemorrhoids _____ No.

 38. Genito-urinary (nonvenereal) _____ Norm.

 39. Venereal diseases _____ No.

 40. Feet _____ Norm.

 41. Musculoskeletal defects _____ Fracture pelvis 1943 No. object findings ND

 42. Abdominal viscera _____ Norm.

 43. Cardiovascular system _____ Norm.

 44. Lungs _____ Norm.

 45. Chest X-ray _____ Neg.
 46. Endocrine system _____ Norm.

* When indicated.

SECTION IV.—PHYSICAL AND MENTAL EXAMINATION

25. (a) High school graduate: Yes No (b) English speaking: Yes No
 (c) Qualification test (Form used I) Score _____
 (d) Visual classification test score _____ (e) Block counting test score _____
 (f) Concrete directions test score _____ (g) Illiterate: Yes No
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26. Limited classification: (a) 590: Yes No (b) Useful occupation: Yes No
 (c) Trade test: Name _____ W. S. L. _____
 (d) R. I. test score _____
 (e) If physically qualified for limited service, does registrant meet classification standards: Yes No

27. Psychiatric diagnosis _____ Norm.
 28. Neurological diagnosis _____ Norm.
 29. Psychiatric or neurological symptoms _____ No.
 30. Eye abnormalities _____ No.
 31. Ear, nose, throat abnormalities _____ Septum dev right ND
 32. Mouth and gum abnormalities _____ No.

33. TEETH: (a) Indicate restorable carious teeth by circling; nonrestorable teeth by /; missing natural teeth by X; teeth replaced by _____ by horizontal line over X X; teeth replaced by fixed by oval to include abutments (X).

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

- (b) Remarks, including other defects _____ No.
 (c) Prosthetic dental appliances _____ No.
 34. Skin _____ Norm.
 35. Varicose veins _____ No.
 36. Hernia _____ No.
 37. Hemorrhoids _____ No.
 38. Genito-urinary (nonvenereal) _____ Norm.
 39. Venereal diseases _____ No.
 40. Feet _____ Norm.

41. Musculoskeletal defects _____ Fracture pelvis 1943 No. objects findings ND
 42. Abdominal viscera _____ Norm.
 43. Cardiovascular system _____ Norm.
 44. Lungs _____ Norm.
 45. Chest X-ray _____ Neg.
 46. Endocrine system _____ Norm.

* When indicated.

SECTION IV.—PHYSICAL AND MENTAL EXAMINATION

66. Other defects, diseases, and/or remarks none

67. Summary of defects: (a) Principal defect none

(b) Other defects in order of significance Par. 31, 41

68. (a) I CERTIFY that the above-named registrant was carefully examined, physical examination have been carefully recorded on this form, and that, to the best of my knowledge and belief, the

(1) Qualified for general military service

(2) Qualified for limited service because of

(3) Disqualified for any military service because of

(b) Signature of medical examiner *Kona*

(c) Name typed or stamped.....

KONA SIMON

SECTION V.—DISPOSITION OF REGISTRANT BY ARMED FORCES

69. Type of examination: Regular induction ; preinduction

70. Registrant's service preference: None Army Navy Marine Corps

71. (a) I CERTIFY that the qualifications of the above-named registrant have been determined in accordance with the recent regulations governing the acceptance of Selective Service registrants

(1) Inducted into the armed forces

(a) Service: Army Navy Marine Corps Coast

(b) Was ordered to report to FORT DIX, N.J. ^(PLACE) 2 Mo

(c) Qualified for: General military service Limited service

(2) Found acceptable for limited service but not inducted

(3) Rejected for service in the armed forces because of: M

Other If other, specify

(b) Signature of Commanding Officer of the Induction Station

(c) Name typed or stamped.....

EDGAR MONTVILLE

(d) Place A.F.T.S. G.C.P. N.Y. 17 N.Y.

SECTION VI.—TRANSFER FROM RECEPTION CENTER.

72. Above-named man was transferred from Reception Center to:

INF RTO, ^{Place and organization, if known} CAMP ROBINSON,

ARKANSAS

SECTION VII.—FINGERPRINTS—RIGHT HAND (for only those)

1. THUMB

2. INDEX

3. MIDDLE



ORIGINAL COPY

SECTION IV.—PHYSICAL AND MENTAL EXAMINATION

66. Other defects, diseases, and/or remarks none

67. Summary of defects: (a) Principal defect none

(b) Other defects in order of significance Par. 31, 41

68. (a) I CERTIFY that the above-named registrant was carefully examined, physical examination have been carefully recorded on this form, and that, to the

(1) Qualified for general military service

(2) Qualified for limited service because of

(3) Disqualified for any military service because of

(b) Signature of medical examiner

(c) Name typed or stamped KONA SIMON

SECTION V.—DISPOSITION OF REGISTRANT BY ARMED FORCES.

69. Type of examination: Regular induction ; preinduction

70. Registrant's service preference: None Army Navy Marine Corps

71. (a) I CERTIFY that the qualifications of the above-named registrant have been in accordance with recent regulations governing the acceptance of Selective Service registrant

(1) Inducted into the armed forces

(a) Service: Army Navy Marine Corps Coast

(b) Was ordered to report to FORT DIX, N.J. 2 No

(c) Qualified for: General military service Limited service

(2) Found acceptable for limited service but not inducted

(3) Rejected for service in the armed forces because of: M

Other If other, specify

(b) Signature of Commanding Officer of the Induction Station

(c) Name typed or stamped EDGAR MONTVILLE

(d) Place A.F.T.S. G.C.P. N.Y. 17 N.Y.

SECTION VI.—TRANSFER FROM RECEPTION CENTER.

72. Above-named man was transferred from Reception Center to:

INF RTC, (Place and organization, if known) ROBINSON,

SECTION VII.—FINGERPRINTS—RIGHT HAND (for only those who are transferred)

1. THUMB

2. INDEX

3. MIDDLE



ORIGINAL COPY

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

DO NOT USE

~~Benedetto. A.~~ **42139449**

2. REGISTER No.

3. ARMY SERIAL No.

4. GRADE

4213 9449

Pvt.

5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*

20th. special, Serv. Co.

6. AGE

7. RACE

8. LENGTH OF SERVICE

9. DATE OF ADMISSION

19

W.

I. year

3 sep. 45.

10. SOURCE OF ADMISSION

Gas Command.

*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

25. Sep. Injured back

gave stat. ball.

P.T. for treatment

A1

BI

CI

DI

EI

F

G

H

I

K

L

DC-2

REGISTER OF DENTAL PATIENTS AT

Camp J. T. Robinson, Ar **42139499**

(1) SURNAME

(2) CHRISTIAN NAME

Benedetto

Anthony N.

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt

B

104

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

18

W

N.Y.

3/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

Benedetto. A.

2. REGISTER NO.

3. ARMY SERIAL NO.

4. GRADE

4213 9449

Pvt.

5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*

20th. special, Serv. Co.

6. AGE

7. RACE

8. LENGTH OF SERVICE

9. DATE OF ADMISSION

19

W.

1. year

5 sep. 45.

10. SOURCE OF ADMISSION

Cas Command.

*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

25. Sep.

DO NOT USE CO

A1 A2

B1 B2

C1

D1 D2

E1 E2

F

G

H

I

K

L

DC-2

REGISTER OF DENTAL PATIENTS AT

Camp J. T. Robinson, AT 42139499

(1) SURNAME

(2) CHRISTIAN NAME

Benedetto

Anthony N.

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt

B

104

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

18

W

N.Y.

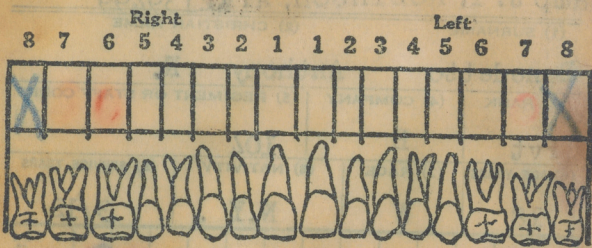
3/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

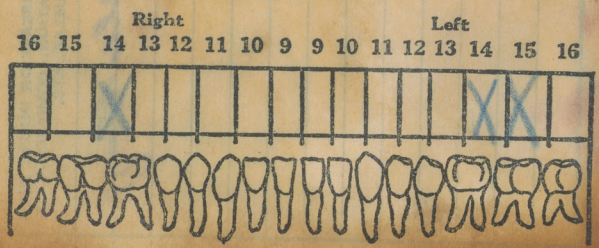
(11) DATES AND OPERATIONS

TA *REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH

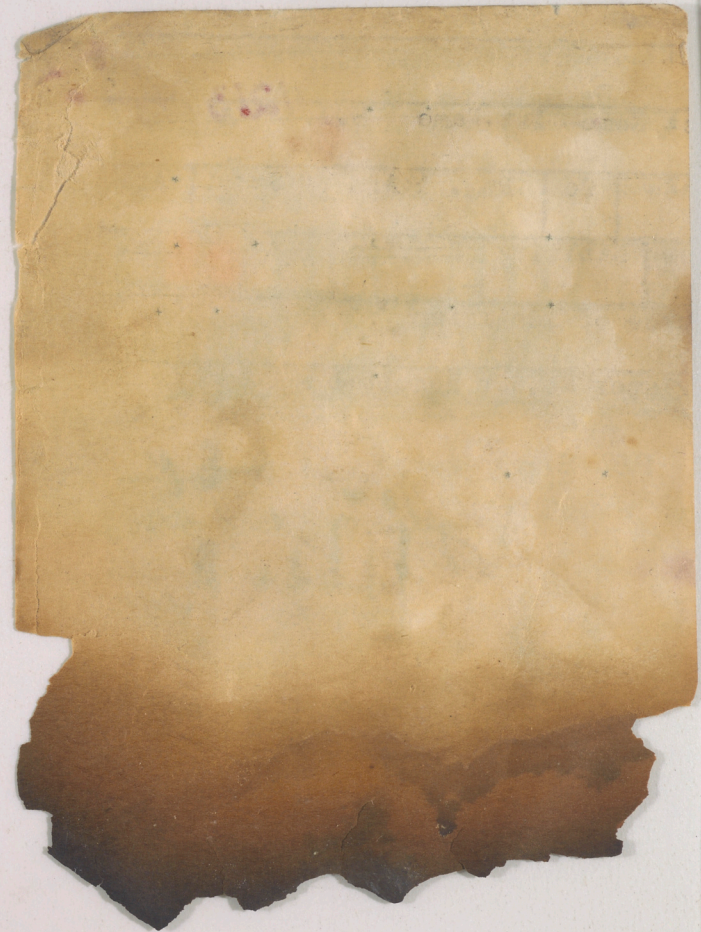


CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy

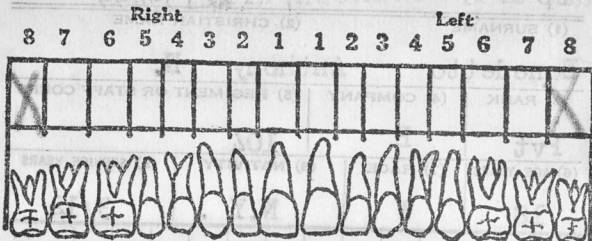
Periodontoclasia _____

Dental foci suspected: Yes

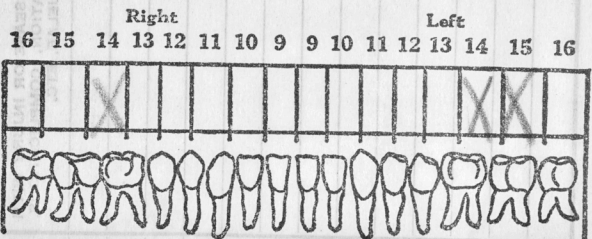


TA *REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion -----: Calculus: Slight, Medium, Heavy

Periodontoclasia -----

ntal foci suspected: Yes

e conditions

STATEMENT OF ENLISTED PERSONNEL FROM ACTIVE DUTY OR RETIREMENT

1. Army Serial Number 139 449	3. Grade PFC	4. Regiment, arm or service AGF-F		
6. Color W	7. Age in years 19	8. Sex M	9. Syphilis Register	
			In S/R? Yes or No no	Closed in S/R? 1* Yes or No

MEDICAL HISTORY OF EXAMINEE

10. Which is disabling? If answer is yes, list those conditions first under

	Yes or No		
	no		
11. Diseases under which wounds or scars Columns 1 to 4. (Continue on reverse)	4 PD 5*		
1	2	3	4
EPTS 2*	AMS 3*	IMS 4*	PD 5*

PHYSICAL EXAMINATION

12. Teeth by /, missing natural X on XXX and teeth replaced LEFT <table style="width: 100%; text-align: center;"> <tr> <td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>X8</td> </tr> <tr> <td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table> (And pelvic for women)	3	4	5	6	7	X8	11	12	13	14	15	16	13. Mouth and gum abnormalities none
3	4	5	6	7	X8								
11	12	13	14	15	16								
	14. Dental prosthesis: Serviceability none												
	17. Venereal diseases none												
	20. Anus and Rectum normal												
	23. Abdominal Wall and Viscera normal												
16. Blood pressure	26. Pulse												
Diastolic	Sitting Immediately after exercise Two minutes after exercise												
60	80												
18. Vision — Corrected	29. Height (Shoeless) 30. Weight (Stripped)												
Right eye Left eye	67 In. 138 Lbs.												
20/ 20/	33. Endocrine system normal												
19. (Unaided vision)	36. Urinalysis												
Left ear	Sp. Gr. Albumin Sugar Micro. 6*												
15 /15	neg neg												
21. Was wound, injury, or disease line of duty?	39. Blood serology result KAHN NEG CENT LAB SEP CTR FORT DIX NJ												
Yes or No	42. In your opinion does individual meet physical and mental standards for discharge? Yes or No												
37 no	yes												
22. grade	47. Signature												
INBLEY,													

INSTRUCTIONS:

- | | |
|----------------------------------------------|---------------------------------------------------|
| 4* Incurred while in military service. Sheet | 1. Send to The Adjutant General inclosed with S/R |
| 5* Present physical defects. Sheet | 2. Work sheet |
| 6* When indicated. Sheet | 3. Laboratory Reports form (WD AGO Form 38-1) |

SEPARATION OF ENLISTED PERSONNEL FROM ACTIVE DUTY OR RETIREMENT

1. Army Serial Number 42 139 449	3. Grade PFC	4. Regiment, arm or service AGF-F		
6. Color W	7. Age in years 19	8. Sex M	9. Syphilis Register	
			In S/R? Yes or No no	Closed in S/R?1* Yes or No

MEDICAL HISTORY OF EXAMINEE

10. Disease which is disabling? If answer is yes, list those conditions first under

	Yes or No
11. Instances under which wounds or diseases occurred in Columns 1 to 4. (Continue on reverse)	no
DYSENTERY	no
12. 1 EPTS 2* 2 AMS 3* 3 IMS 4* 4 PD 5*	

PHYSICAL EXAMINATION

<p>13. Mouth and gum abnormalities none</p> <p>14. Dental prosthesis: Serviceability none</p> <p>17. Venereal diseases none</p> <p>20. Anus and Rectum normal</p> <p>23. Abdominal Wall and Viscera normal</p> <p>26. Blood pressure</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Diastolic</td> </tr> <tr> <td></td> <td style="text-align: center;">60</td> </tr> </table> <p>29. Height (Shoeless) 67 In.</p> <p>30. Weight (Stripped) 138 Lbs.</p> <p>33. Endocrine system normal</p> <p>36. Vision — Corrected</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Right eye</td> <td style="width: 33%;">Left eye</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">20/</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Whispered voice)</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> </table> <p>39. Blood serology result KAHN NEG CENT LAB SEP CTR FORT DIX, NJ</p> <p>42. In your opinion does individual meet physical and mental standards for discharge? yes</p> <p>47. Signature INKLEY,</p>		Diastolic		60	Right eye	Left eye	30	20/	(Whispered voice)		15	15	<p>13. Mouth and gum abnormalities none</p> <p>14. Dental prosthesis: Serviceability none</p> <p>17. Venereal diseases none</p> <p>20. Anus and Rectum normal</p> <p>23. Abdominal Wall and Viscera normal</p> <p>26. Pulse</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Sitting</td> <td style="width: 33%;">Immediately after exercise</td> <td style="width: 33%;">Two minutes after exercise</td> </tr> <tr> <td style="text-align: center;">80</td> <td></td> <td></td> </tr> </table> <p>29. Height (Shoeless) 67 In.</p> <p>30. Weight (Stripped) 138 Lbs.</p> <p>33. Endocrine system normal</p> <p>36. Urinalysis</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Sp. Gr.</td> <td style="width: 25%;">Albumin</td> <td style="width: 25%;">Sugar</td> <td style="width: 25%;">Micro. 6*</td> </tr> <tr> <td></td> <td style="text-align: center;">neg</td> <td style="text-align: center;">neg</td> <td></td> </tr> </table> <p>39. Blood serology result KAHN NEG CENT LAB SEP CTR FORT DIX, NJ</p> <p>42. In your opinion does individual meet physical and mental standards for discharge? yes</p> <p>If not, state why</p> <p>47. Signature INKLEY,</p>	Sitting	Immediately after exercise	Two minutes after exercise	80			Sp. Gr.	Albumin	Sugar	Micro. 6*		neg	neg	
	Diastolic																										
	60																										
Right eye	Left eye																										
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(Whispered voice)																											
15	15																										
Sitting	Immediately after exercise	Two minutes after exercise																									
80																											
Sp. Gr.	Albumin	Sugar	Micro. 6*																								
	neg	neg																									

INSTRUCTIONS:

1. Send to The Adjutant General inclosed with S/R
2. Work sheet
3. Laboratory Reports form (WD AGO Form 38-1)

reverse side only.

OF REVIEW

(Instruction 2)

In the case of the enlisted person, we find that:

Yes or No

as follows:

timely death.

permanent disability.

died in line of duty in the military service of the United States.

Grade

Signature

M. C.

Grade

Signature

M. C.

preceding separation by discharge and release from active duty, unless discharged

only, and the certificate of the examining surgeon do not agree, the case will

be reviewed by medical officers, convened in accordance with appropriate Army Regulations.

When completed, with an appropriate notation. The original will be signed.

on the reverse side only.

OF REVIEW

(Instruction 2)

of the enlisted person, we find that:

Yes or No

cept as follows:

untimely death.

permanent disability.

occurred in line of duty in the military service of the United States.

Grade

Signature

M. C.

Grade

Signature

M. C.

preceding separation by discharge and release from active duty, unless discharged

yes only, and the certificate of the examining surgeon do not agree, the case will be completed with an appropriate notation. The original will be signed.

RATING CARD

Part

ASN 42 139 449

ARM or SERVICE INFANTRY

MOS Rifleman

745

(A)

(Title)

(SSN)

NUMBER	MULTIPLY BY	CREDITS
.....
.....
.....
.....
.....
TOTAL CREDITS	

40.....
 16 Sep 40.....
 Stars since 16 Sep 40.....
 old.....

.....
 (man's or woman's signature)

A.G.O. Form No. 163.

**READ INSTRUCTIONS on reverse
 side before filling card out**

JUSTED SERVICE RATING CARD.

CESSATION OF HOSTILITIES IN EUROPE. Write the proper
multiply this number by the figure on the same line in the **MULTIPLY**
TS column. Add all figures in the **CREDITS** column to obtain the
r determining the number of whole months, give credit for an additional
oversea service means any service outside of continental limits of the
having a POE and ends on the date of arrival at a port in the United

award of the following only : **MEDAL OF HONOR, DISTINGUI-**
AR, DISTINGUISHED FLYING CROSS, SOLDIER'S MEDAL,
and **BRONZE SERVICE STARS** (Battle Participation Stars). No

under 18 years of age as of the date of cessation of hostilities,

JUSTED SERVICE RATING CARD.

CESSATION OF HOSTILITIES IN EUROPE. Write the proper
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SHED FLYING CROSS, SOLDIER'S MEDAL,
and ***BRONZE SERVICE STARS*** (Battle Participation Stars). No

under 18 years of age as of the date of cessation of hostilities,

1945
1946
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1958
1959
1960

945

PLEASE ADVISE

S. J. [unclear]
[unclear] or other organization

A.P.O.

COMP. BY E.A. [unclear] MAIL sent to me

NY

PLEASE ADDRESS TO

William D. Bennett

SPACE BELOW FOR MESSAGE