

Enter at date of 01. SEE REMARKS FILE

This soldier has has not a Class F $\left\{ \begin{matrix} A \\ B \end{matrix} \right\}$ deduction which has been deducted to include _____

This soldier has has not a _____ allotment running which has been deducted pay to include _____

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

This soldier has authorized a Class $\left\{ \begin{matrix} D \\ N \end{matrix} \right\}$ deduction for _____ annment 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

(Name)

(Grade and organization)

This soldier reported BENJAMIN J. DAVIS, 1944, 1ST LT. QMC
(Organization to which transferred)

and was assigned to Personnel Officer 6817th Special Service Co

†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.

Soldier at date of _____

This soldier [†]has a Class F $\left\{ \begin{matrix} A \\ B \end{matrix} \right\}$ deduction which has been deducted
[†]has not to include _____

This soldier [†]has a _____ allotment running which has been
[†]has not pay to include _____

This soldier [†]has a Class E allotment running which has been deducted from his
[†]has not pay to include _____, 19____

This soldier has authorized a Class $\left\{ \begin{matrix} D \\ N \end{matrix} \right\}$ 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____ (Organization to which transferred)
and was assigned to _____ (See page 4).

†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.

- 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

from 2 1940, 1940, to , 19

For instruction AR 305

W. D., A. G. O. Form No. 2
(December 4, 1941)

25259-2

- 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

from 2 -----, 1941, to -----, 19-----

For instruction AR 307

W. D., A. G. O. Form No. 2
(December 1, 1941)

25259-2

TYPHOID VACCINATIONS

23 NOV 49 COURSE COMPLETE

7 MAY 46 STIM

OTHER VACCINATIONS

Kind

Date

TETANUS COURSE COMPLETED

TETANUS

BLOOD TYPE

DIPHTHERIA SUSCEPTIBILITY TEST—SCHICK

Date

Result¹

TYPHU

CARRIER EXAMINATIONS

(See AR 40-310)

Date	Parasite examined for	Kind of specimen ²	Positive or negative

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.

TYPHOID VACCINATIONS

23 Nov 48 COURSE COMPLETE

7 MAY 46 STIM

OTHER VACCINATIONS

Kind

Date

TETANUS COURSE COMPLETE

BLOOD TYPE

DIPHTHERIA SUSCEPTIBILITY TEST—SCHICK

Date

Result ¹

CARRIER EXAMINATIONS

(See AR 40-310)

Date

Parasite examined
for

Kind of
specimen ²

Positive or
negative

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.

post office) (State or country)

in case of emergency

23-14-32-57 (Name)

relationship; if friend, so state) (Number and street or rural route; if none, so state)

23-14 (City, town, or post office)

(State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

Anna Benedetto (mother)

(Name and degree of relationship of beneficiary)

23-14 32 St. Astoria, O., U.S.A.

(Address)

Mary Benedetto (sister)

(Name and degree of relationship of alternate beneficiary)

same as above

(Address)

(Name and degree of relationship of alternate beneficiary)

(Address)

CURRENT ENLISTMENT INDUCTION

(See "Remarks—Financial" (par. 3a, AR 345-125))

Age at enlistment 18 years 3 months.

† Accepted for service at _____

† Enlisted at _____ on the

_____ day of _____, 19____

in grade of _____ by _____

for _____

(Company, regiment, arm, or service)

to serve _____ years.

(Words and figures)

Completed _____ years _____ months _____ days for longevity pay,

at enlistment. Has over _____ years' service. _____

(Initials of officer)

Physical defects at enlistment _____

* Strike out words not applicable.

16-25259-2

† No entry required for men secured through Selective Service.

relative (Name)
(Number and street or rural route; if none, so state)
or post office (State or country)
in case of emergency Anna Benedetto (Name)
mother 23 - same as above
relationship; if friend, so state) (Number and street or rural route; if none, so state)
(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

Anna Benedetto (mother)
(Name and degree of relationship of beneficiary)

23-14 32 St. Astoria, Ill., N.Y.
(Address)

Mary Benedetto (sister)
(Name and degree of relationship of alternate beneficiary)

same as above
(Address)

does not live in
(Name and degree of relationship of alternate beneficiary)

323 1/2 St. Astoria, Ill.
(Address)

CURRENT ENLISTMENT

(See "Remarks—Financial" (par. 3a, AR 345-125))

Age at enlistment 18 years 3 months.

† Accepted for service at _____

† Enlisted at _____ on the

_____ day of _____, 19____

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at enlistment. Has over _____ years' service. _____

(Initials of officer)

Physical defects at enlistment _____

* Strike out words not applicable.

† No entry required for men secured through Selective Service.

(Data required by par. 8, AR 345-125)

from _____, 19____, to _____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

from _____; 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

from _____; 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

from _____; 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

from _____; 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

from _____; 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

(Data required by par. 8, AR 345-125)
from _____
(Co., regt., arm, or service)
Discharged as _____; _____;
(Grade) (Character)

(Data required by par. 8, AR 345-125)
from _____, 19____, to _____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)
from _____, 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)
from _____, 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)
from _____, 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

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from _____, 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)
from _____, 19____, to _____, 19____
(Co., regt., arm, or service)

Discharged as _____; _____; By reason of _____
(Grade) (Character)

(Data required by par. 8, AR 345-125)

ARTICLES OF WAR

to soldier as required by the 119th Article of War)

Initials	Date	Initials
10/19/44 [Signature]		

SEX MORALITY

7 NOV 1944

Course completed (see AR 40-235) _____, 19

QUALIFICATION IN ARMS

(Special qualifications attained in the use of the various arms and additional compensation therefor)

Qualified as _____, 19
(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____
(Number) (Source) (Date)

Qualified as _____, 19
(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____
(Number) (Source) (Date)

Qualified as _____, 19
(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____
(Number) (Source) (Date)

Qualified as _____, 19
(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____
(Number) (Source) (Date)

Qualified as _____, 19
(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____
(Number) (Source) (Date)

ARTICLES OF WAR

to be read to soldier as required by the 110th Article of War)

Initials	Date	Initials

SEX MORALITY

Course completed (see AR 40-235) _____, 19__

QUALIFICATION IN ARMS

(Special qualifications attained in the use of the various arms and additional compensation therefor)

Qualified as _____, 19__

(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____

(Number) (Source) (Date)

Qualified as _____, 19__

(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

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(Number) (Source) (Date)

Qualified as _____, 19__

(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____

(Number) (Source) (Date)

Qualified as _____, 19__

(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

Order publishing fact of qualification _____

(Number) (Source) (Date)

Qualified as _____, 19__

(Grade designation)

Compensation \$ _____ per month. Aggregate or final score _____

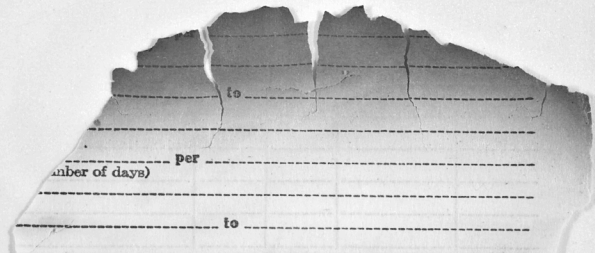
Order publishing fact of qualification _____

(Number) (Source) (Date)

MEDALS DECORATIONS AND CITATIONS

Name :
 of Dec: Authority and Date
 Bz Serv: Ltr, 1 Jul 45, Hq USFET AG 200.6
 Star : OpGA Subj: Btl Participation
 : Awards, Rhineland Campaign # 2
 Bz Serv: Campn Cent Europe Ltr Hq ETOUSA
 Star : File AG 200.6 OpGA 25 Jun 1945
 Good Con: GO # Hq 255th Infantry
 Medal : dtd
 Combat Inf: GO # Hq 255th Infantry
 Badge : dtd

Go.



Extended _____
 (Number of days)
 Rejoined _____

FOREIGN SERVICE

Left United States for duty in _____
 From _____ on _____, 19____
 Arrived at _____ on _____, 19____
 Left _____ for the United States on _____, 19____
 Arrived at _____ on _____, 19____
 Left United States for duty in _____
 From _____ on _____, 19____
 Arrived at _____ on _____, 19____
 Left _____ for the United States on _____, 19____
 Arrived at _____ on _____, 19____

MEDALS, DECORATIONS, AND CITATIONS

Name of decoration	Authority and date

From

**ABSENCE SUBSEQUENT TO THE NORMAL DATE OF
EXPIRATION OF TERM OF ENLISTMENT**

(a) Absence without proper authority or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

on to perform duty through the intemperance
liquor or through disease or injury the result of

From

To

ABSENCE SUBSEQUENT TO THE NORMAL DATE OF EXPIRATION OF TERM OF ENLISTMENT

(a) Absence without proper authority or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

Unexecuted portion of confinement and forfeiture remitted per _____

_____ 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 _____

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 _____

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)

Approved

(Name, grade, and organization)
Confinement and forfeiture remitted per

_____ , 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 _____

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 _____

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)

16-25250-1

Unexecuted portion of confinement and forfeiture remitted per _____
(Name, grade, and organization)

Released from confinement _____

(Name, grade, and organization)

C. M., _____

(No.)

A. W. _____

(Date of offense)

19 _____

(Synopsis

of specifications)

Sentence announced and adjudged _____, 19 _____

Sentence as approved _____

Approved _____, 19 _____

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _____

Released from confinement _____, 19 _____

(Name, grade, and organization)

CLASS E ALLOTMENTS

Class E allotments of pay authorized as follows:

\$ _____ per month for _____ months, commencing _____, 19 _____

and expiring _____, 19 _____, in favor of _____

_____ for the purpose of _____

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 _____