

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 \_\_\_\_\_

Verify the above is correct.

Approved

Unexecuted portion of confinement and forfeiture remitted per

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

Insurance authorized as follows:  
Contribution of \$ 6.40 per month for 57 months,  
Nov. 1, 1945, and expiring Jan 45, 1945  
monthly premium on \$ 10,000 Discontinued \_\_\_\_\_, 19\_\_\_\_

Reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to  
Veterans' Administration, Washington, D. C., on \_\_\_\_\_, 19\_\_\_\_  
by \_\_\_\_\_  
(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months,  
commencing \_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_, 19\_\_\_\_  
for payment of monthly premium on \$ \_\_\_\_\_ Discontinued \_\_\_\_\_, 19\_\_\_\_  
reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to  
Veterans' Administration, Washington D. C., on \_\_\_\_\_, 19\_\_\_\_  
by \_\_\_\_\_  
(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months,  
commencing \_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_, 19\_\_\_\_  
for payment of monthly premium on \$ \_\_\_\_\_ Discontinued \_\_\_\_\_, 19\_\_\_\_  
reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to  
Veterans' Administration, Washington, D. C., on \_\_\_\_\_, 19\_\_\_\_  
by \_\_\_\_\_  
(Name and grade of forwarding officer)

GOVERNMENT INSURANCE

Government insurance authorized as follows:

Deduction of \$ 6.40 per month for ETS months,

Nov. 1, 1945, and expiring INFINITE, 1945

Monthly premium on \$ 100.00 Discontinued \_\_\_\_\_, 1945

Reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to

Veterans' Administration, Washington, D. C., on \_\_\_\_\_, 1945

by \_\_\_\_\_

(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months,

commencing \_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_, 19\_\_\_\_

for payment of monthly premium on \$ \_\_\_\_\_ Discontinued \_\_\_\_\_, 19\_\_\_\_

Reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to

Veterans' Administration, Washington D. C., on \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_

(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months;

commencing \_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_, 19\_\_\_\_

for payment of monthly premium on \$ \_\_\_\_\_ Discontinued \_\_\_\_\_, 19\_\_\_\_

Reason \_\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to

Veterans' Administration, Washington, D. C., on \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_

(Name and grade of forwarding officer)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.  
 \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

**PAY DETAINED BY COURTS MARTIAL ENTERED ON  
PAY ROLL**

Month	Amount		Vou. No.	Name and grade of finance officer	Accounts for
	Dol.	Ct.			
_____, 19____	_____	_____	_____	_____	_____
_____, 19____	_____	_____	_____	_____	_____
_____, 19____	_____	_____	_____	_____	_____
_____, 19____	_____	_____	_____	_____	_____

\_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

**PAY DETAINED BY COURTS MARTIAL ENTERED ON  
PAY ROLL**

Month	Amount		Vou. No.	Name and grade of finance officer	Accounts for
	Dol.	Ct.			
_____, 19____					
_____, 19____					
_____, 19____					
_____, 19____					

CLOTHING SETTLEMENTS

One soldier	Due United States	Roll on which collected	Initials*
-------------	-------------------	-------------------------	-----------

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars.

\* Initials of organization commander.

## CLOTHING SETTLEMENTS

Due soldier	Due United States	Roll on which collected	Initials*
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			
----- and -----/100 Dollars.			

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----- and -----/100 Dollars.

----- and -----/100 Dollars.

----- and -----/100 Dollars.

----- and -----/100 Dollars.

----- and -----/100 Dollars.

\* Initials of organization commander.

(f) ASR Card Entry  
 (h) Country to Country Move-  
 (g) Religious Preference  
 (f) Campaigns w/dates  
 shown  
 (e) Change of Benef not  
 (d) Dependent under 18 yrs  
 (c) Marriage Remark  
 (b) EAVE not shown  
 current  
 w/date and place in-  
 (a) Brief Descrip of wound  
 31 Remarks, other than:  
 (c) Partial Payment  
 (d) Paid to Include  
 (a) Foreign Service  
 30 Remarks-Flt, Other than:  
 29 Soldier's Deposit  
 28 Insurance mnu  
 27 Deduction mnu  
 Allotment mnu

Nov. 1944  
 9 Nov. 44 Due U.S.G.P.L.D. 89  
 CI "N" Amt # 6.40 per  
 mo off 1/46  
 4 FEB 1945 81 JAN 1945  
 4 FEB 1945 DUE U.S.G.P.L.D.  
 4 FEB 1945 DUE U.S. MR LDY  
 23 FEB 45 DUE U.S.G.P.L.D.  
 C 8 218 PD FEB 45  
 S Gaddis Maj FD  
 11 MAR 45 DUE US \$10.00  
 P/P BY S.GADDIS MAJ FD  
 GF-  
 LAST PD TO 31 MAY 1945  
 PD TO INCL PT 45



...-Stimulating  
...tal Status  
...arest Relative  
...esignation of Benef  
(Gratuity)  
12 Current Enlistment  
13 Prior Service  
14 Articles of War  
15 Military Record  
16 Orgn to which atchd  
17 Orgn to which asgd  
18 Date rejoined from  
furlough  
19 Foreign Service  
20 CCM not on page 6  
21 ADBM not on page 6  
22 Btle Stars not on page 6  
23 Other Medal  
24 Time Lost  
25 C/M entry in margin  
(Order No. Unit, Year)  
other court-martial entries  
(Cont'd on Reverse) c-a

Stimulating  
s-Stimulating  
s-Stimulating  
tal Status  
arest Relative  
esignation of Benef  
(Gratuity)  
12 Current Enlistment  
13 Prior Service  
14 Articles of War  
15 Military Record  
16 Orgn to which atchd  
17 Orgn to which asgd  
18 Date rejoined from  
furlough  
19 Foreign Service  
20 CCM not on page 6  
21 ADBM not on page 6  
22 Btle Stars not on page 6  
23 Other Medal  
24 Time Lost  
25 C/M entry in margin  
(Order No, Unit, Year)  
other court-martial entries  
(Cont'd on Reverse) c-a

FBI FINGERPRINT CARD COMPLETE  
FOR DATE, PLACE OF IND. SEE  
PROV NSLI AS AMENDED EXPLAINED  
FM 21-11 ISSUED ON DATE OF IND. *20 FEB 45*

RPTD FT. DIX, N. J. ON *2 NOV 1944*

Soldier is *NOT* Considered Favorably for Good  
Conduct Medal, IRTC, Camp Jos. T. Robinson, Ark  
*29 JAN 1945*

Sol. \_\_\_\_\_ Favorably Considered  
For Good Conduct Medal at  
Time of Transfer *20 FEB 45*

*SBX MORALITY 14 MAY 45*  
*QUAL. FORM FOR EXP. INT. CODE*  
*IS A PART OF THIS RECORD*

*ASR CARD ATCHD SHOWING A W*  
*SCORE (RECOMPUTED 24 SEP 45) OF*  
*21 37 25 APR 45*

INSERT # \_\_\_\_\_ TO PAGE \_\_\_\_\_ *24 FEB 45*  
*15 20 APR 45*

JOSEPH SCIALABY

FBI FINGERPRINT CARD COMPLETE  
FOR DATE, PLACE OF IND SEE PG  
PROV NSLI AS AMENDED EXPLAINED.  
FM 21-11 ISSUED ON DATE OF IND. 2/10/45

RPTD FT. DIX, N. J. ON

Soldier is \_\_\_\_\_ Considered Favorably for Good  
Conduct Medal, IRTC, Camp Jos T. Robinson, Ark

29 JAN 1945

Sol \_\_\_\_\_

For Good Conduct \_\_\_\_\_

Year of Transfer \_\_\_\_\_

QUAL. FORM 108

1945

200

15

INSERT # \_\_\_\_\_ TO PAGE \_\_\_\_\_ 24 FEB 45

15 20 APR 45

\*Due soldier at date of \_\_\_\_\_ ACCRUED PAY  
& ALLOWANCES \_\_\_\_\_

This soldier <sup>has</sup> has not a Class E allotment running which has been deducted from  
his pay to include \_\_\_\_\_ NEVER \_\_\_\_\_, 19\_\_\_\_

This soldier has authorized a Class D deduction for Government insurance which  
has been deducted from his pay to include \_\_\_\_\_ NEVER \_\_\_\_\_, 19\_\_\_\_

His character is \_\_\_\_\_ UNKNOWN \_\_\_\_\_

Efficiency rating as soldier \_\_\_\_\_ NOT OBSERVED \_\_\_\_\_

I have personally verified all entries in this indorsement.  
\_\_\_\_\_ *Carl G. Kemmerer* \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Grade and organization)

This soldier reported \_\_\_\_\_ 11 NOV 1944 \_\_\_\_\_, 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.

\*Due soldier at date of \_\_\_\_\_

This soldier <sup>has</sup> 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.

11 640

Due soldier at date of **TRANSFER, ACCRUED PAY AND ALLOWANCE**

This soldier <sup>†</sup>has <sub>has not</sub> 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 **Satisfactory**

I have personally verified all entries in this indorsement.

*E. W. Bihlmeier*

**E. W. BIHLMAYER** (Name)

**Captain, Inf., Asst. Adjutant**  
(Grade and organization)

**Hq. IRTC Cp. Jos. T. Robmson, Ark.**

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.

ans  
N  
6.40

Due soldier at date of TRANSFER, ACCRUED PAY AND  
ALLOWANCE

This soldier <sup>†</sup> 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 Excellent

Efficiency rating as soldier Satisfactory

I have personally verified all entries in this indorsement.

E. W. BIHLMAYER (Name)

Captain, Inf., Asst. Adjutant  
(Grade and organization)  
Hq. IRTC Cp. Jos. T. Robinson, Ariz

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.

\* Due soldier at date of \_\_\_\_\_

This soldier <sup>has</sup> 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

INSERT ADDRESS

\* Due soldier at date of \_\_\_\_\_

This soldier <sup>has</sup> ~~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

\* Due soldier at date of \_\_\_\_\_

This soldier <sup>†has</sup> 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.