

# ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>Almquist Edward J</b>		2. ARMY SERIAL NO. <b>37 119 728</b>	3. GRADE <b>TROOP 4</b>	4. AGE OR SERVICE <b>30</b>	5. COMPONENT <b>405</b>
6. ORGANIZATION <b>Attachment 2nd Signal Service Bn</b>		7. DATE OF SEPARATION <b>4 Oct 45</b>	8. PLACE OF SEPARATION <b>Separation Center Jefferson Barracks Mo</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>77 9th St Sioux City Iowa</b>		10. DATE OF BIRTH <b>16 Mar 1925</b>	11. PLACE OF BIRTH <b>Sioux City Iowa</b>		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE RECEIVED <b>77 9th St Sioux City Iowa</b>		13. COLOR EYES <b>Brown</b>	14. COLOR HAIR <b>Black</b>	15. HEIGHT <b>5'10"</b>	16. WEIGHT <b>171</b>
17. NO. DEPEND.	18. MARITAL STATUS <b>None</b>		19. U.S. CITIZEN <b>Yes</b>		20. CIVILIAN OCCUPATION AND NO. <b>Laborer by Products 8-09, 11</b>

### MILITARY HISTORY

21. DATE OF INDUCTION <b>Oct 41</b>	22. DATE OF ENLISTMENT	23. DATE OF FIRST INDUCTION <b>27 Oct 41</b>	24. PLACE OF ENTRY INTO SERVICE <b>Fort Meade Md</b>
25. GRADE <b>Private</b>	26. COMPANY <b>1st</b>	27. LEGAL U.S. BIRTH NO.	28. COUNTY AND STATE <b>Sioux City Ia</b>
29. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>Radio Operator Low Speed 776</b>		30. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>1207 3 Westcott St Sioux City Iowa</b>	
31. MILITARY QUALIFICATION AWARDS (I.e., Ribbon, Citation and Good Conduct Badges, etc.) <b>Rifle Bn 30 Oct 43, Carbine Kz 24 July 44</b>			

32. CAMPAIGNS AND CITATIONS  
**Meritorious Unit Citation per GPOSS Bn Co 11 Mar 45  
Good Conduct Medal**

33. WOUNDS RECEIVED IN ACTION  
**None**

34. ARMY INDUCTION DATA				35. SERVICE OUTSIDE CONTINENTAL U. S. AND OUTSIDE		
DATE	GRADE	TERMS	OTHER (Specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
Oct 41	Private	28 Oct 41		30 April 42	ETO	10 May 42
Sept 43	Private	30 Dec 43	ST 40	Not Well	USA	19 April 45
36. LENGTH OF SERVICE				37. HONORARY GRADE HELD		
38. FOREIGN SERVICE		39. GRADE		40. GRADE		
0	0	11	30	TROOP 4		

41. REASON AND AUTHORITY FOR SEPARATION  
**EN 615-44 Convenience of the Government RI 1-1 (Demobilization) 15 Dec 44**

42. SCHOOLS ATTENDED

### PAY DATA

43. PAY GRADE	44. PAY RATE	45. PAY PERIOD	46. PAY DATE	47. TOTAL AMOUNT	48. NAME OF PAYEE
II	100	300	100		EE OIL P.S.

### INSURANCE NOTICE

49. TYPE OF INSURANCE

50. HOW PAID	51. NUMBER OF MONTHS	52. AMOUNT PAID	53. DATE OF DEATH	54. NAME OF INSURANCE COMPANY	55. POLICY NO.	56. DATE OF DEATH
Y	1	7.2	30 Sept 45			

57. REMARKS (This space for completion of above items or entry of other items specified in W. D. Contract)

**No time lost under GS 107. Lapel Button Award. Entitled to four American Defense Service Ribbon, European-African-Middle Eastern Campaign Ribbon, 7 Overseas Bars and 2000 (2000) 02**

58. NAME OF PERSON BEING SEPARATED: *Edward J. Almquist*

59. PERSONNEL OFFICER (Typed name and signature): *Mary J. Roberts*

60. DATE: **15 Dec 44**

This form succeeds all previous editions of WD AGO Form 10 and 11 for enlisted service and is to be used for an Honorable Discharge, which will not be used after receipt of this revision.

1. TOTAL EXCESSIVE COPY (Affixed to final endorsement page of Service Record)

# ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>Smidler Leonard J</b>		2. LAST SERIAL NO. <b>37 119 728</b>	3. GRADE <b>TRSG 4</b>	4. JOB OR SERVICE <b>SG</b>	5. COMPONENT <b>AMC</b>
6. ORGANIZATION <b>Regiment 2nd Signal Service Bn</b>		7. DATE OF SEPARATION <b>4 Oct 45</b>	8. PLACE OF SEPARATION <b>Separation Center Jeffers Barracks Mo</b>		
9. HOME ADDRESS FOR MAILING PURPOSES <b>77 9th St Sioux City Iowa</b>			10. DATE OF BIRTH <b>16 Mar 1920</b>	11. PLACE OF BIRTH <b>Sioux City Iowa</b>	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE RESUMED <b>77 9th St Sioux City Iowa</b>			13. COLOR EYES <b>Brown</b>	14. COLOR HAIR <b>Black</b>	15. HEIGHT <b>5'10"</b>
16. RACE <b>W</b>	17. MARITAL STATUS <b>Y</b>	18. U.S. CITIZEN <b>Y</b>	19. CIVILIAN OCCUPATION AND NO. <b>Labourer By Products 8-07.11</b>		

### MILITARY HISTORY

20. DATE OF INDUCTION <b>Oct 41</b>	21. DATE OF ENLISTMENT <b>27 Oct 41</b>	22. DATE OF ENTRY INTO ACTIVE SERVICE <b>27 Oct 41</b>	23. PLACE OF ENTRY INTO SERVICE <b>Fort Crook Neb</b>
24. REGIMENT <b>1</b>	25. LEGION U.S. MARINES <b>73</b>	26. COUNTY AND STATE <b>Calhoun Mo Mo</b>	27. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>1207 S Westcott St Sioux City Iowa</b>
28. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>Radio Operator 1st Speed 776</b>		29. MILITARY OCCUPATION AND DATE (I.e., Infantry, Aviation and work assignment bodies, etc.) <b>MFls SS 20 Oct 43, Captain Rr 24 July 44</b>	

30. BATTLES AND CAMPAIGNS

31. AWARDS AND DECORATIONS  
 Meritorious Unit Plaque per GOC 28 HQ Co I 11 Mar 45  
 Good Conduct Medal

32. WOUNDS RECEIVED IN ACTION  
**None**

33. LATEST DEMobilIZATION DATA				34. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
35. SALVO <b>100%</b>	36. DISCHARGE <b>100%</b>	37. RETIRED <b>100%</b>	38. OTHER (Specify) <b>PT 40</b>	39. DATE OF DEPARTURE <b>30 April 42</b>	40. DESTINATION <b>USA</b>	41. DATE OF ARRIVAL <b>10 May 42</b>
39. LENGTH OF SERVICE				42. HOME ADDRESS AT TIME OF RETURN		
43. ACTIVE SERVICE		44. FOREIGN SERVICE		45. HOME ADDRESS AT TIME OF RETURN		
YEARS	MONTHS	DAYS	GRADE	46. HOME ADDRESS AT TIME OF RETURN		
0	2	11	30	46. HOME ADDRESS AT TIME OF RETURN		

47. REASONS AND AUTHORITY FOR SEPARATION  
**AR 615-100 Suspension of the Government SS 1-1 (Demobilization) 15 Dec 44**

48. SERVICE SCHOOLS ATTENDED  
**None**

### PAY DATA

49. PAY PERIOD	50. PAY GRADE	51. PAY RATE	52. PAY TYPE	53. TOTAL AMOUNT	54. NAME OF DEPARTMENT
<b>11</b>	<b>9</b>	<b>300</b>	<b>100</b>	<b>21.75</b>	<b>LT CL F.S.</b>

### INSURANCE NOTICE

55. PAYMENT OF INSURANCE IS NOT MADE WHEN SOLD OR WITHIN THIRTY DAYS AFTER TERMINATION OF SERVICE WITH LATEST. WHEN PAYMENT IS MADE CHECK THE FOLLOWING TO THE OFFICER OF THE U. S. AND FORWARD TO PROCEEDINGS SUPERVISOR, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

56. TYPE OF INSURANCE <b>U.S. Govt</b>	57. HOW PAID <b>Directly to U. S.</b>	58. DATE OF PAYMENT <b>30 Sept 45</b>	59. DATE OF NEXT PAYMENT <b>30 Sept 45</b>	60. AMOUNT PAID <b>6.60</b>	61. INTENTION OF VETERAN TO <b>Continue</b>
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62. REMARKS (This space for completion of above items or entry of other items specified in W. O. Directives)

**No time lost under AR 107. Lapel Button loaned. Permitted to wear American Defense Service Ribbon, Army-Navy-Air Force-Civilian Defense Warstar Campaign Ribbon. 5 Overseas Bars - 1st Bar (1 Sept 42)**

63. NAME OF PERSON BEING SEPARATED <b>Leonard J. Smidler</b>	64. PERSONNEL OFFICER (Type name, grade and organization) <b>Major J. R. ...</b>
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65. THIS FORM CONTAINS ALL SERVICES AND IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE OFFICE OF THE ADJUTANT GENERAL, WASHINGTON, D. C.

66. FINAL ENDORSEMENT COPY (Attached to final Endorsement page of Service Record)

ARMY SERVICE FORCES  
Headquarters Reception Station  
1772d SCU, W.D. Personnel Center

WLP/eh  
Jefferson Bks, Missouri  
8 June 1945

201 - Schneider, Lenard J. (Enl)

SUBJECT: Application for Discharge.

TO : Commanding General, Seventh Service Command,  
Omaha, Nebraska.  
(THRU: Commanding Officer, 1772d SCU, W. D.  
Personnel Center, Jefferson Barracks, Missouri)

1. Transmitted herewith is application for discharge pertaining to Tech 4 Lenard J. Schneider, 37119728 forwarded in compliance with Par 64, Letter AGO, 370.5 (10 August 1944) OS-S-SPMOT-M, dated 16 August 1944, Subject: PRI.

2. Subject enlisted man was inducted 27 October 1941 at Fort Crook, Nebraska. His Board of Origin was Local Board #3, Woodbury County, Sioux City, Iowa.

3. Tech 4 Schneider is on Temporary Duty at this station per Group Movement Order E406-9<sup>TD</sup>, and is due back from his recuperation period 11 June 1945.

Incls:

Ltr fr Tech 4 Schneider w/3 Incls.  
ARC Dependency Report.

WILLIS L. PLANT,  
Major, Infantry,  
Commanding.

WIPC 201 Schneider, Lenard J. (Enl) 1st Ind

RAD/eh

ASF, Rq WD Personnel Center, 1772d SCU, Jefferson Barracks, Mo. 7 Jun 45

TO: Commanding Officer, Jefferson Barracks, Mo.

RAD

6 Incls: n/c

MPB 201 - Schneider, Leonard J. (Sol) 2d ind

MKS/v

Hq., Jefferson Barracks, Missouri 8 June 1945

TO: CO., Seventh Serv C, ASF, Omaha 2, Nebr.

Forwarded.

FOR THE COMMANDING OFFICER:

6 incls: n/c



M. K. RINGSTEIN, JR.

1ST LT, USA

Adjutant General's Office

AGPE-A 201 Schneider, Charles L.  
(20 Jun 44)

28 June 1944

*Lenard J.*  
*37,119,328*

Mr. Charles L. Schneider,  
1619 Race Street,  
Sioux City 19, Iowa.

Dear Mr. Schneider:

Your letter of 20 June 1944, addressed to the President, relative to obtaining a furlough for your son, Technician Fourth Grade Lenard J. Schneider, has been referred to the War Department for acknowledgment and consideration.

Your desire to have your son returned home is fully understood. However, as you can well realize, the military situation, the need for his services, his geographical location and availability of transportation are the governing factors in making any decision in connection with this matter. The attached inclosure sets forth the policy for the return of personnel to the United States under the present plan.

Please be assured that your son will receive due consideration along with his comrades when individuals for return to the United States are selected.

Sincerely yours,

20 June 1944

J. A. ULIO,  
Major General,  
The Adjutant General.  
By:

John B. Richmond  
Enlisted Branch *Ext. 70028*

1 Incl.



*27 June 44*



Chicago, Ill.  
January 30 - 1944

Dear President Roosevelt:

Writing to you in hope that  
you will help us. Our son and  
brother hasn't been home on  
furlough since he was drafted  
in service Oct. 17 - 1941. His  
Mother is very sick with Cancer  
of Liver and has been given  
less than 3 months to live.

Seeing our time has in  
shortening her time

His name and address is

4. Leonard J. Schneider  
1234 - 45th St. New York, N.Y.  
New York, N.Y.

Yours truly  
His Father & Family

Charles F. Schneider  
1419 Dace St.  
Chicago City, Ill.

RECEIVED  
FOR APPROVAL  
- TO QUARTERS  
W. H. ...  
- to the President

*See [illegible]*

SPKPE 201 Schneider, Lenard J. (6 June 45)En1 3rd Ind.

REC:gc

Hq Seventh Serv C, ASF, Omaha 2, Nebr., 11 June 1945.

To: CO, Jefferson Barracks, Missouri. (Attn: MPD)

Returned without action as there is insufficient time to process this application in view of Par 3, basic communication.

BY COMMAND OF MAJOR GENERAL DANIELSON:

R. B. COLEMAN,  
Major, AGD,  
Chief, Enlisted Branch.

6 Incls:  
n/c

MPD 201 Schneider, Lenard J. (En1) 4th Ind

MKE/vmm

Hq., Jefferson Barracks, Missouri 13 June 1945

TO: CO., WD Personnel Center, Jefferson Barracks, Missouri  
(Attn: Reception Station)

6 Incls: n/c

M. E. U.

26 May 1945.

**SUBJECT:** Request for Dependency Discharge.

**TO :** Commanding General, Seventh Service Command,  
Omaha, Nebraska.

1. Under the provisions of Section III, AR 615-362, dated 15 December 1944, request I be discharged from the Army of the United States.

2. The reason for this request is that both my mother and father are suffering from heart trouble and I am needed at home to take care of them. My discharge is necessary to provide care and support for my mother and father and the necessity therefor is extreme. The inclosed affidavits substantiate my statements.

3. I have been overseas for a period of thirty-six (36) months in ETO.

---

Lenard J. Schneider  
T/4, 37119728

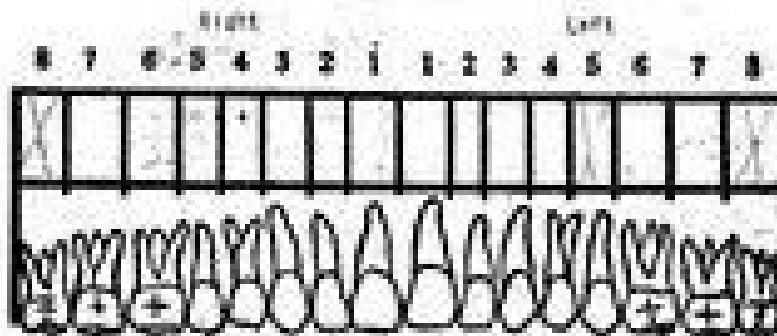
5 Incls:

- Incl 1 - Ltr fr Mrs Frank Bulizak  
dtd 23 May 45.
- Incl 2 - Statement fr Dr. R.M.Conney,  
dtd 24 May 45.
- Incl 3 - Statement fr Rev. E.D.Hoffman,  
dtd 22 May 45.
- Incl 4 - Ltr fr Armour & Co., Sioux  
City, Iowa, dtd 23 May 45.

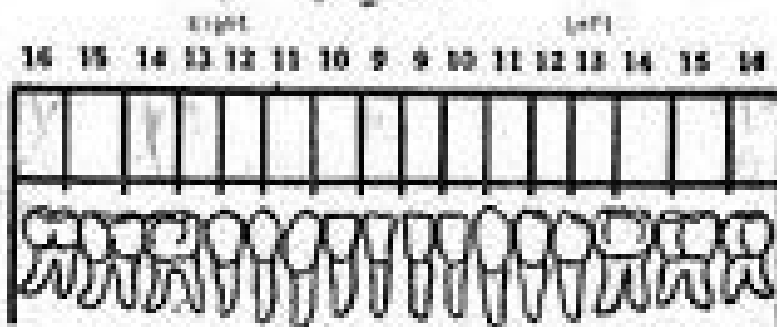


REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS.....

Occlusion.....: Calculated: Slight, Median, Heavy

Periodontoclasia.....

Dental foci suspected: Yes No

Other conditions.....

Date..... 5/13/44 .....

Dental Surgeon, D.D.S.

Restorable carious teeth by X  
 Nonrestorable carious teeth by +  
 Missing lateral teeth by 7

104th US General Hospital APR 1948

(1) GRADE

(2) DUTY STATION

SEARCHED SERVED 77/1

(3) DATE

(4) NUMBER

(5) REPORT OR STATE CODE

7/4

1212\*

SGT

APG-404

(6) AGE

(7) SEX

(8) ACTIVITY

(9) SERVICE, YEARS

24

M

10WA

2 1/2

										(10) POSITION AT REPORT LOCATION, GRADE, STATUS, ETC.
										(11) DATES OF SERVICE AT THIS STATION (12)
										(13) DATES OF ACTIVITY AT THIS STATION (14)
										(15) DATES OF SERVICE (16)

Medical History, 1-1-48

(1) DATE  
7/5

(2) ADDRESS  
121st SRI

APG 170

(4) AGE (YEARS)  
24

(7) RACE  
W

(8) OCCUPATION  
Ia

(9) SERVICE NUMBER  
2 8/10


(14) SPECIAL OR REPORT WITH  
LOCATION, OCCASION, DATE,  
REPORT, ETC.

(15) SPECIAL AND REPORT OF  
TOLL  
EXAM  
WY  
13

(16) SPECIAL AND REPORT  
CLASS A  
EMT-2

ARMED FORCE FORM 1-64

USE PREVIOUS EDITIONS, U.S.G.  
REVISED FEB - 64 - 11611

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												X			

LOWER TEETH

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

Class P

Occlusion Al: Calculus: Slight, Medium, Heavy

Periodontoclasia P

Dental foci suspected: Yes  No

Other conditions P

Date 11/3/14

W. J. ...  
Dental Surgeon, D.D.S.

\*Restorable carious teeth by 0  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture (horizontal line) X X X

Teeth replaced by fixed bridge (hook to hook) X D

104th US General HO 171 172 173

(1) SERVICE

(2) CREDIT OR DEBIT

STANLEY LEONARD 37114/10

(3) RANK	(4) GRADE	(5) NUMBER OF STAFF CORPS	
7/14	1212 <sup>+</sup> 521	400-404	
(6) AGE YEARS	(7) RACE	(8) ACTIVITY	(9) SERVICE, YEARS
24	W	IOWA	2 1/2

										(10) SERVICE OR OTHER DATA (LOCATION, ORGANIZATION, BRANCH, ETC.)
										(11) DATES AND NATURE OF REMARKS
										(12) SERVICE AND SERVICE
										1942
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										2030

Serial 104th US General HO 171 172 173

(1) SURNAME

(2) GRADE (CLASS) RANK

SCHNEIDER LEONARD J. CHIEF

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF GROUP

T/4

121 SIG  
REGT.

(6) AGE YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE YEARS

24

W

IOWA

20

(10) GRADE OR INQUIRY WITH LOCATION, ORGANIZATION, BRANCH, ETC.	(11) DATES AND NATURE OF TESTS AND OPERATIONS	(12) RESULTS AND REMARKS
ADM 8		
EXAM	4/1/44	
CIT 8		

Signal Corps, U. S. A.

Form 78—Signal Department, U. S. A.  
(Revised Feb. 26, 1941)

*D. F. ...*

**\*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															X

**- LOWER TEETH**

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

CLASS I.T.

Occlusion  : Calculus: Slight, Medium, Heavy

Periodontochasia I.T.

Dental foci suspected: Yes  No

Other conditions I.T.

Date Jan 19 19...

[Signature]  
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  
(include abutments)

O	X	O
---	---	---

REGISTER OF DENTAL PATIENTS AT

Camp Tulte

(1) Surname (2) Christian Name

Schneider-Leonard J 37110728

(3) Rank: (4) Co: (5) Regt or Stf Corps

Pec: 12 Ratio Int

(6) Age Yrs: (7) Race: (8) Nativity: (9) Serv Yrs:

23 W In Apr 7/12

(10) Disease or Injury with Location, Complications, Sequelae, etc.	(11) Dates and Nature of Treatments and Operations	(12) Results and Remarks
Caries 124-0 Corian 115-0	C1 II 08 05 6/30	-II-IT 03

*C.P. Goossen*  
C.P. Goossen Capt Dental Corps U.S.A.



\*REPORT OF DENTAL SURVEY

Upper Teeth

Right

Left

7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
											X	X	X	X

Lower Teeth

Right

Left

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X													X	X

Class.....

Occlusion....:Calculus:Slight,Medium,Heavy.

Periodontoclasia.....

Dental foci suspected: Yes No

Other conditions.....

Date... 30... 1923

..... Dental Corps, U.S.A

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	X	X	X

Lower Teeth

Right

Left

16	15	14	13	12	11	10	9	10	11	12	13	14	15	16
X	X													X

Class.....

Occlusion.....: Calculus: Slight, Medium, Heavy:

Periodontoclasia.....

Dental foci suspected: Yes No

Other conditions.....

Date... *Jan 20 1948* ... 19*48*

.....  
Dental Corps, U.S.A

NAME (Print name) \_\_\_\_\_

Service Number

(Army or service for which enlisted or inducted)

Color of face \_\_\_\_\_ WHITE \_\_\_\_\_

(PLACE X IN BOX INDICATING COMPONENT)

Regular Army.       National Guard of the United States.

Army 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

From Oct 27, 19 41, to \_\_\_\_\_, 19 \_\_\_\_\_



For instructions see AR 345-125

DATE OF BIRTH: 16 Mar 20  
 GRADE: E  
 SERVICE NO.: 0

SMALLPOX VACCINE		
DATE	TYPE OF REACTION	MED. OFF.
28 Oct 41	Vaccinoid	
2 Sep 43	Immune	

TRIPLE TYPHOID VACCINE		TYPHOID VACCINE	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
28 Oct 41 Comp.		10-19-42 Comp.	
5-27-43 Stim.		26 Dec 44 Stim.	
3-6-44 Stim.			
2 Apr 45			

DYSENTERY TOXINS		CHOLERA VACCINE	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
12-15-41 Comp.			
10-26-42 Stim.			
3-2-44 Stim.			

YELLOW FEVER VACCINE		
DATE	LOT NO.	MED. OFF.
2-20-42	360	

WD AGO FORM 8-117 15 AUG 1944  
 This form superseded WD AGO Form 81, 21 Nov 1943, which will not be used after receipt of this revision.

PHYSICAL CLASSIFICATION  
 Camp Crowder, Missouri

SCHNEIDER, LENARD J. T-4 A-35  
 37119728

CO: ORGANIZATION: DATE:

1. The above named EM is considered (FIT) (UNFIT) for overseas assignment.  
 \*a. He has the following defects which require special consideration in his assignment:

\*b. When the defect previously noted has been removed a corrected Physical Classification Form will be prepared and forwarded.  
 \*c. In view of the above, he is considered unfit for the following types of duty (lay language):

2. Any limitations above are considered (IMPORTANT) (UNIMPORTANT)

3. Profile serial.

DATE	Pre-File	P	U	L	H	S	S
	B	2	2	1	1	1	A

4. See paragraph 26, Circular No. 164, War Department, 1944, and paragraph 9c, Memorandum No. 500-44, 28 May 1944, concerning notations of the above on W.D.A.U.C. Forms Nos. 20 and 24.

M. C.

\*Delete inapplicable words and paragraphs.  
 (Form 888)

GPO: 1933-CPCFP-3-18-33-13000

Name JOHN L. BROWN ST. LOUIS, MO.  
Height 5'10" Weight 170 Eyes Brown Hair Black  
Complexion Dark Sex of parent M Size of shoe 7 1/2

Married or single Single Occupation Bookbinding  
EDUCATIONAL QUALIFICATIONS

Years in Grammar school 8 High school 3 College or university 0  
Graduate work \_\_\_\_\_ Specialized in \_\_\_\_\_  
Speaks English, SPANISH, FRENCH

OCCUPATIONAL QUALIFICATIONS  
Proficiency None \_\_\_\_\_ 30.00  
\_\_\_\_\_ None \_\_\_\_\_ \_\_\_\_\_  
Years \_\_\_\_\_ as "apprentice, journeyman, expert"  
Just what did he do? Bookbinding and salting meat

Years \_\_\_\_\_ as "apprentice, journeyman, expert"  
Just what did he do? \_\_\_\_\_

HOME ADDRESS AND NEAREST RELATIVE  
Home address 1000 So. Humboldt St. St. Louis 8, Mo.  
1000 So. Humboldt St. St. Louis 8, Mo.  
Name and address of nearest relative John L. Brown, 217 S. Morgan St. St. Louis 8, Mo.

Name and address of nearest relative John L. Brown, 217 S. Morgan St. St. Louis 8, Mo.  
Person to be notified in case of emergency Same as above

Designation of beneficiary (To be entered only from appropriate endorsement or indication provided on U. S. A. G. O. Form No. 45)

Name None  
Relationship None  
Address None

Name None  
Relationship None  
Address None

Name None  
Relationship None  
Address None

DESIGNATION OF BENEFICIARY  
(To be entered only from appropriate endorsement or indication provided on U. S. A. G. O. Form No. 45)

Name None  
Relationship None  
Address None

Name None  
Relationship None  
Address None

Name None  
Relationship None  
Address None

CURRENT ENLISTMENT  
(See "Enlistment-Procedure" (par. 5), AR 600-107)

Age at enlistment 21 years 7 months  
Accepted for service at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

Inducted at \_\_\_\_\_ by \_\_\_\_\_  
in grade of \_\_\_\_\_

By \_\_\_\_\_  
in grade of \_\_\_\_\_

Completed \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days for length of service at enlistment. His tour \_\_\_\_\_ years' service, \_\_\_\_\_ months of active

Physical defects at enlistment \_\_\_\_\_

\* Write out words not applicable. 3-4215  
† No entry required for men secured through Selective Service.

State your service in the Regular Army, in the United States Army, Volunteers, Navy, Marine Corps, and National Guard or Organized Reserves, in the order named.

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Discharged as \_\_\_\_\_ (Character) \_\_\_\_\_ (Character) By reason of \_\_\_\_\_  
(Date) (Character)

Local board of origin Woodbury Conn 1943  
 Date of arrival at induction station OCT 27 1943 Yonkers  
 Date and place of induction OCT 27 1943 R. R. Woodbury  
 By whom inducted [Signature]

Place to which sent [Blank]  
 Date sent OCT 27 1943

**RECORDS OF IMMUNIZATION**

(See Enc. 5, AR 40-210, for details relative to immunization of recruits)  
**SMALLPOX VACCINATION**

Date	Result
<u>26 Sept 1943</u>	<u>Immune</u>

**TYPHOID VACCINATION**

<u>26 Sept 1943</u>	<u>Immune</u>
---------------------	---------------

**OTHER VACCINATIONS**

Date	Result
<u>26 Sept 1943</u>	<u>Immune</u>

**SYPHILIS SENSITIVITY TEST - VDRL**

Date	Result
<u>26 Sept 1943</u>	<u>Positive</u>

**CARRIER EXAMINATIONS**  
(See AR 40-210)

Date	Parasite examined for	Kind of specimen	Positive or negative
<u>26 Sept 1943</u>	<u>None</u>	<u>Stool</u>	<u>Negative</u>

**LEADERS - EXAMINED**  
 1 Record as vaccinated, vaccinated, or immune reaction.  
 2 Record as positive, positive combined, negative periodic or negative.  
 3 Record as lost, urine, sputum, blood, etc.

8-11740 PDS-13

United States Army  
 This member is *(Name)* in the Officers' Reserve Corps  
 Graduate of *(School)* at *(Date)*

**ARMY SPECIALTY**

Specialty	Rating with date	Rating with date
<i>Det. Quartermaster</i>	<i>1st Lt. 1918</i>	<i>1st Lt. 1918</i>

\* Ex=Excellent; VO=Very good; G=Good; F=Fair.

**SPECIAL DUTY**

At	At	From	To	Authority

**ARTICLES OF WAR**  
 (List in order as required by the 103 Articles of War)

Date	Initials	Date	Initials
<i>1918</i>	<i>[Signature]</i>	<i>1918</i>	<i>[Signature]</i>

**SEX MORALITY**

Course completed (see AR 40-131) *1918*

**QUALIFICATION IN ARMS**

Special qualifications obtained in the use of the various arms and additional compensation (Number)

Qualified in	Compensation \$ per month	Aggregate or final score
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**ACTIVITIES**

Grade	Date	Authority	Initials
<i>(S2150)</i>		<i>Per Ind.</i>	
<i>1st Lt.</i>	<i>1918</i>	<i>[Signature]</i>	<i>[Signature]</i>

**SPECIALIST RATINGS**

Class	Qualification	From	To	Authority	Initials

**ORGANIZATIONS TO WHICH ATTACHED**

Organization	From	To
<i>Hq. Reception Station</i>	<i>1918</i>	<i>1918</i>
<i>J. H. Ryan Barracks, No. 2</i>	<i>1918</i>	<i>1918</i>
<i>ASFC, Co. Cavalry, No. 1</i>	<i>1918</i>	<i>1918</i>

**ORIGINAL ASSIGNMENT AND ORGANIZATIONS TO WHICH SUBSEQUENTLY ASSIGNED DURING THIS ENLISTMENT PERIOD**

Assigned to company, regiment, etc., of service	Station	Date
<i>[Signature]</i>	<i>[Signature]</i>	<i>1918</i>
<i>My duty 2nd Co. 1st LA</i>	<i>[Signature]</i>	<i>1918</i>
<i>[Signature]</i>	<i>[Signature]</i>	<i>1918</i>
<i>[Signature]</i>	<i>[Signature]</i>	<i>1918</i>

Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_  
 From \_\_\_\_\_  
 Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_  
 From \_\_\_\_\_  
 Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_  
 From \_\_\_\_\_  
 Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_  
 From \_\_\_\_\_  
 Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_  
 From \_\_\_\_\_  
 Authority \_\_\_\_\_  
 Extended \_\_\_\_\_  
 Rejoined \_\_\_\_\_

**FOREIGN SERVICE**

Left United States for duty in Iceland 1910  
 From 1910 to 1911  
 Arrived at Reykjavik, Iceland 1910  
 Left Iceland for the United States on 1911  
 Arrived at San Francisco on 1911  
 Left United States for duty in \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Arrived at \_\_\_\_\_  
 Left \_\_\_\_\_ for the United States on \_\_\_\_\_  
 Arrived at \_\_\_\_\_

**MEALS, DECORATIONS, AND CITATIONS**

Name of decoration	Authority and date
<u>Legation of Copenhagen</u>	<u>1910</u>
<u>Legation of Copenhagen</u>	<u>1910</u>
<u>Legation of Copenhagen</u>	<u>1910</u>

From	To	Days

(1) Time actually in enlistment under sentence or while awaiting trial and disposition of case, if total resulted in restriction.

From	To	Days

(2) 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

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

(3) Absence without proper authority as in description.

From	To	Days

(4) Time actually in enlistment under sentence or while awaiting trial and disposition of case, if total resulted in restriction.

From	To	Days

(5) 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



C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)

Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)  
 C. M. \_\_\_\_\_ A. W. \_\_\_\_\_ D. \_\_\_\_\_  
(Date) (Date of release) (Signature)  
 of \_\_\_\_\_  
 Status assumed and adjudged \_\_\_\_\_ D. \_\_\_\_\_  
 Status as approved \_\_\_\_\_  
 I certify the above is correct.  
 Unexcused portion of confinement and furloughs credited per \_\_\_\_\_  
 Released from confinement \_\_\_\_\_  
(Name, grade, and organization)

**Sub. CLASS E ALLOTMENTS**  
 Class E allotments of pay authorized as follows:  
 \$200.00 per month for 120 months, commencing 1/1/47 D. 17  
 and expiring 1/1/49 in favor of \_\_\_\_\_  
 authorized \_\_\_\_\_ for the purpose of \_\_\_\_\_  
 Discontinued \_\_\_\_\_ at 12.44 years on \_\_\_\_\_  
 W. D., A. G. O. Form No. 24, mailed to Finance Office, U. S. Army, Washington,  
 D. C. \_\_\_\_\_ by \_\_\_\_\_  
 Acknowledgment of disbursements received \_\_\_\_\_

..... for the purpose of .....

Disposition: .....  
 W. D., A. C. O. Form No. 28, mailed to Finance Officer, U. S. Army, Washington, D. C., .....

Acknowledgment of disbursements received: .....

..... per month for ..... months, commencing ..... and ending ..... in favor of .....

..... for the purpose of .....

Disposition: .....  
 W. D., A. C. O. Form No. 28, mailed to Finance Officer, U. S. Army, Washington, D. C., .....

**GOVERNMENT INSURANCE**

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$..... per month for ..... months, commencing ..... and ending ..... for payment of monthly premium on .....  
 W. D., A. C. O. Form No. 28, mailed to Veterans' Administration, Washington, D. C., .....

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$..... per month for ..... months, commencing ..... and ending ..... for payment of monthly premium on .....  
 W. D., A. C. O. Form No. 28, mailed to Veterans' Administration, Washington, D. C., .....

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of \$..... per month for ..... months, commencing ..... and ending ..... for payment of monthly premium on .....  
 W. D., A. C. O. Form No. 28, mailed to Veterans' Administration, Washington, D. C., .....

Date	Amount		Type of account		Name and grade of Member Officer being deposited	Totals
	Debit	Credit	Debit	Credit		
.....	.....	.....	.....	.....	.....	.....
TOTALS						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....
.....						.....

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

Month	Amount		Yrs. No.	Name and grade of Member Officer	Accounts for
	Debit	Credit			
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....





Description and  
date

WAS  
received

16 Apr 45

Member of 1st Signal Group  
Signal Co. 1st Signal Group  
Signal Co. 1st Signal Group  
Signal Co. 1st Signal Group

Served in:  
France, 20 Oct 44 to 6 Mar 45  
Belgium, 7 Mar 45 to

Member of 1st Signal Group who was  
awarded Meritorious Service Unit Citation  
per par 2, G.O.P. 11, Sec 2, E.O. 11645

Sgt. [unclear] awarded for the  
Good Conduct Clasp 21 Mar 45

Returned to US Service Area 21 Mar 45  
per par 2, G.O.P. 11, Sec 2, E.O. 11645

Sgt. [unclear] awarded  
per par 2, G.O.P. 11, Sec 2, E.O. 11645

1945-1946 - TU AUG 1946

Religious Preference: Catholic. **WR**

Service Period governed by Service Extension Act of 1941. **WR**

Blood type: O

Change of Address:

1012 - 10th Ave. **WR**  
St. Louis, Mo.

1st awarded American Defense Ribbon **WR**

1st awarded Campaign Ribbon **WR**  
Awarded Medal of Honor **WR**

1st awarded Good Conduct Medal **WR**

1st awarded Medal of Honor **WR**  
1st awarded Medal of Honor **WR**

1st awarded Medal of Honor **WR**  
1st awarded Medal of Honor **WR**

Transfer of status except with an organization.  
 These instruments will not be used when a soldier is only attached to another organization for either orders or quarters or both.

**1st Ind.**

To \_\_\_\_\_

This soldier was transferred to \_\_\_\_\_

and left this organization \_\_\_\_\_

He was last paid to include \_\_\_\_\_

by \_\_\_\_\_  
(Name and grade of former officer or agent, if any)

Don United States, if nothing, so state \_\_\_\_\_

\* Don soldier at date of \_\_\_\_\_

This soldier <sup>has not</sup> a Class E allotment pending which has been deducted from his pay to include \_\_\_\_\_

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

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

Efficiency rating as soldier \_\_\_\_\_

I have personally verified all entries in this instrument.  
(Name)

This soldier reported \_\_\_\_\_

\*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 and words not applicable. 9-6629

To \_\_\_\_\_

This soldier was transferred to \_\_\_\_\_

and left this organization \_\_\_\_\_

He was last paid to include \_\_\_\_\_

by \_\_\_\_\_  
(Name and grade of former officer or agent, if any)

Don United States, if nothing, so state \_\_\_\_\_

\* Don soldier at date of \_\_\_\_\_

This soldier <sup>has not</sup> a Class E allotment pending which has been deducted from his pay to include \_\_\_\_\_

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

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

Efficiency rating as soldier \_\_\_\_\_

I have personally verified all entries in this instrument.  
(Name)

This soldier reported \_\_\_\_\_

\*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 and words not applicable.

Port Ethan Allen, Vt. March 19 1942  
No. 50 1st 1000 1000 Co. 1st Regt. 70

This soldier was transferred to your command  
on Feb 17, 1942 by 1st Lt. W. H. Smith  
and left this organization March 18 1942

He was last paid to include February 28 1942  
by G. B. Loney, Lt. Col. F.D.

Due United States, if nothing, so state. Due U.S. For partial  
payment \$15.00

\* Due soldier at date of transfer-nothing

This soldier has a Class C allotment receipt which has been deducted from his  
pay to include

This soldier has collected a Class B deduction for Government Insurance which has  
been deducted from his pay to include February 28 1942

His character is Excellent  
Efficiency rating as soldier

I have personally verified all entries in this statement.  
*Arthur W. Deane*  
1st Lt. 187th FA, Para Adj  
March 19 1942

This soldier reported

\*Here enter any amounts due soldier and not paid to date, such as money  
due allowance in form of quarters and subsistence; if nothing, so state.  
(Strike out words not applicable.)

To  
This soldier was transferred to

and left this organization

He was last paid to include

Due United States, if nothing, so state

\* Due soldier at date of

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

This soldier has collected a Class B deduction for Government Insurance which has  
been deducted from his pay to include

His character is Excellent  
Efficiency rating as soldier

I have personally verified all entries in this statement.  
*1st Lt. 121 Sig. Reg. Int. Co.*  
Unit Form

\*Here enter any amounts due soldier and not paid to date, such as money  
due allowance in form of quarters and subsistence; if nothing, so state.  
(Strike out words not applicable.)



To 1st Lt. Robert L. ...  
 This soldier was transferred to ...  
 per ... and left this organization ...  
 He was last paid to include ...  
 by ...  
 One United States, if nothing, no state ...

\* One soldier at time of ...

This soldier <sup>has</sup> a Class E allotment <sup>has not</sup> which has been deducted from his pay to include ...

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

His character is ...

Efficiency rating as soldier ...

I have personally verified all entries in this instrument.  
...  
...

This soldier reported ... 1944

\*Do not enter any amounts due soldier and not paid to date, such as monetary allowances in lieu of quarters and subsistence, if nothing, so state.  
 This case will be closed.

To ...  
 This soldier was transferred to ...  
 per ... and left this organization JUN 22 1945  
 He was last paid to include ...  
 by ...  
 One United States, if nothing, no state ...

Trs: Approved For and Altd.

I Do not list at date of ...

ALLOTMENT STATUS		
CLASS	AMOUNT DEDUCTED	DEDUCTED THROUGH
E		
D		
C		
B		
A		

His character is ...

Efficiency rating as soldier ...

I have personally verified all entries in this instrument.

...  
 (Name) J. J. ...  
 (Grade and organization) ...

This soldier reported ...  
 and was assigned to ... (see page 1)

If there occur any amounts due soldier and not paid to date, such as monetary allowances in lieu of quarters and subsistence, if nothing, so state.

\*W. D., A. G. O. Form No. 2470  
 1 September 1944  
 16-4440-1  
 \*This form supersedes W. D., A. G. O. Form No. 2470, 15 July 1944, which may be used until existing stocks are exhausted.

To \_\_\_\_\_  
 This soldier was transferred to \_\_\_\_\_  
 and left this organization \_\_\_\_\_  
 He was last paid to include \_\_\_\_\_  
 by \_\_\_\_\_  
 (Name and grade of disbursing officer or agent officer, if any)  
 Don United States, if nothing, so state \_\_\_\_\_

I Don soldier at date of \_\_\_\_\_

ALLOTMENT STATUS		
CLASS	AMOUNT DEDUCTED	DEDUCTED THROUGH
B		
D		
E		
F		
H		

His character is \_\_\_\_\_  
 Efficiency rating as soldier \_\_\_\_\_  
 I have personally verified all entries in this endorsement \_\_\_\_\_  
 \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 Grade and organization

This soldier reported \_\_\_\_\_  
 and was assigned to \_\_\_\_\_  
 (Here enter any amounts due soldier and not paid to date, such as monetary allowances in lieu of quarters and subsistence, if nothing, so state.)

To Sub. for the 4th Cavalry, Cavalry, 1st Div.  
 This soldier was transferred to \_\_\_\_\_  
 and left this organization \_\_\_\_\_  
 He was last paid to include \_\_\_\_\_  
 by \_\_\_\_\_  
 (Name and grade of disbursing officer or agent officer, if any)  
 Don United States, if nothing, so state \_\_\_\_\_

Class Allotment Status

Class	Amount Deducted	Deducted Through
B		
D		
E	40.00	22 Feb 48
F		
H	6.60	21 Feb 48

I Don soldier at date of 22 Feb 48 \_\_\_\_\_

This soldier ~~has~~ <sup>has not</sup> a Class E allotment meaning which has been deducted from his pay to include \_\_\_\_\_

This soldier has collected a Class D deduction for Government insurance which has been deducted from his pay to include \_\_\_\_\_

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

Efficiency rating as soldier \_\_\_\_\_

I have personally verified all entries in this endorsement  
Charles Kenton  
 \_\_\_\_\_  
 (Name and organization)

This soldier reported \_\_\_\_\_

(Here enter any amounts due soldier and not paid to date, such as monetary allowances in lieu of quarters and subsistence, if nothing, so state. Insert unit words not applicable.)

Unit Address

AUG 1945

To  
This soldier was transferred to  
by HQ. 8513, Co. 308th  
and left this organization  
He was last paid to include  
by  
Due United States if nothing is stated

ALLIANCE  
...  
...

\* Due soldier at date of TRANSFER, AGREEMENT & ALWS

This soldier has not a Class E allotment running which has been deducted from his pay to include  
This soldier has not a Class D deduction for Government Insurance which has been deducted from his pay to include  
His character is  
Efficiency rating as soldier  
I have personally verified all entries in this instrument.

WILSON T. SPENDER  
Circle and registration

This soldier reported  
\*There enter any amounts due soldier and not paid to date, such as money allowances in lieu of quarters and subsistence if nothing is stated.  
Nothing not applicable.

To  
This soldier was transferred to  
and left this organization  
He was last paid to include  
by  
Due United States if nothing is stated

I Due soldier at date of

ALLOTMENT STATUS		
CLASS	AMOUNT DEDUCTED	DEDUCTED THROUGH
A		
B		
C		
D		
E		
F		
G		

His character is  
Efficiency rating as soldier  
I have personally verified all entries in this instrument.  
Circle and registration

This soldier reported  
and was assigned to

\*There enter any amounts due soldier and not paid to date, such as money allowances in lieu of quarters and subsistence if nothing is stated.  
\*W. D., A. G. O. Form No. 31-2  
1 September 1941  
\*This form superseded W. D., A. G. O. Form No. 31-1, 15 July 1941, which may be used until existing stocks are exhausted.

To \_\_\_\_\_  
 This soldier was transferred to \_\_\_\_\_  
 and his \_\_\_\_\_  
 his wages paid to include \_\_\_\_\_  
 by \_\_\_\_\_  
 Check and ordered following officer or representative thereof  
 Our United States, if nothing, so state \_\_\_\_\_

To The Adjutant General \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

was separated from the service by reason of \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Retained in service \_\_\_\_\_ days to make good One Year (A. W. 117)  
 Absent from duty \_\_\_\_\_ days subsequent to normal date of expiration of term of  
 enlistment.

Enlisted in service \_\_\_\_\_ days for \_\_\_\_\_ of the Government on account of \_\_\_\_\_

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

Efficiency rating as soldier \_\_\_\_\_

\*Final statement furnished. \*Paid as final pay roll.  
 \*Discharge certificate furnished, W. D., S. G. O. Form No. 13, 1-21-17.

Our United States, if nothing, so state \_\_\_\_\_

**DISCHARGED**

Our soldier at date of \_\_\_\_\_

Address furnished for future reference \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of soldier \_\_\_\_\_

I have verified the foregoing entries.

Name signed \_\_\_\_\_

Name typed or printed \_\_\_\_\_

\_\_\_\_\_  
 (Check and sign)

\*Verify own words and figures not applicable.  
 \*If item covers pay accounts due soldier and not paid to date, attach necessary  
 vouchers to form of quarters and subsistence, if nothing, so state.

ALLOTMENT STATUS		
CLASS	AMOUNT DEDUCTED	DEDUCTED THROUGH
D		
D		
E		
F		
N		

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

I hereby rating as soldier \_\_\_\_\_

I have personally verified all entries in this instrument

\_\_\_\_\_  
 (Check and sign)

This soldier reported \_\_\_\_\_

and was assigned to \_\_\_\_\_

There are no pay accounts due soldier and not paid to date, such as quarters  
 and subsistence, if nothing, so state.

TAG

24

210-23

### ALLOTMENT DISCONTINUANCE

NOTICE UPON DISCHARGE OR RELEASE FROM ACTIVE DUTY

No. C

734859

LAST NAME - FIRST NAME - MIDDLE INITIAL <b>SCHNEIDER LENARD J</b>	DATE OF BIRTH, IF AVAILABLE <b>16 MAR 20</b>	REASON FOR DISCHARGE <b>DISCHARGE</b>	DATE OF SEPARATION <b>5 OCT 45</b>	ARMY SERIAL NUMBER <b>37119728</b>
--	---	--	---------------------------------------	---------------------------------------

ENTER IN THE SPACE PROVIDED BELOW EACH ALLOWANCE OR ALLOTMENT NOW IN EFFECT			IN-SERVICE DEPT	PERMANENT ADDRESS FOR MAILING PURPOSES
AMOUNT (1)	EFFECTIVE DATE MONTH AND YEAR (2nd Deduction)	FINAL DEDUCTION MADE FOR MONTH OF		
6.60	JAN 42	SEP 45		707 9TH ST SIOUX CITY IA
				FAMILY ALLOWANCE APPLICATION NUMBER, IF IN SERVICE RECORD <b>X-</b>
				VETERANS ADMINISTRATION NUMBER (No Entry Here) <b>N-</b>
				NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE <b>SEPARATION CENTER JEFFERSON BARRACKS MO</b>
				ENTER NAMES OF "B" ALLOTTEES, IF IN SERVICE RECORD (1) (2) (3)
				TITLE NAME, GRADE, AND TITLE OF MEMORIAL OR SUCCESSION OFFICER EFFECTING DISCONTINUANCE (No Signature Necessary) <b>AMOS F. LAFAYET CAPT C A C ASST. ADJ.</b>

(Make No Entry Here)

U. S. A. G. O. Form No. 908  
1 September 1944  
This form supersedes W. D. A. G.  
Form No. 903, 1 July 1944.  
It may be used until existing  
stocks are exhausted.

For THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C.  
Should not be sent to the service unless in case of special approval.

PARTS

Use this space for a reproduction of records of great interest from the reverse side only.

### REPORT OF BOARD OF REVIEW

(See Instruction 2)

After a careful consideration of the case and a critical examination of the enlisted person, we find that:

1. He meets physical and mental standards for discharge.
2. He meets physical and mental standards for discharge except as follows:

3. The defect, wound, injury, or disease is likely to result in untimely death.
4. The defect, wound, injury, or disease is likely to result in permanent disability.
5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

Yes or No

Location	Typed name	Grade	Signature
		M. C.	
Date	Typed name	Grade	Signature
		M. C.	

#### INSTRUCTIONS

1. This report will be made up for all enlisted personnel immediately preceding separation by discharge and release from active duty, unless discharged on all variations of disability, or retirement for service.
2. If the description of the enlisted man under item ten (10) when yes only, and the certificate of the examining surgeon do not agree, the case will be referred to a board of review to consist of not less than two medical officers, convened in accordance with appropriate Army Regulations. Report will be prepared in duplicate. Each item provided for will be completed with an appropriate notation. The original will be signed.

DA 1716 SU ASP TC		24 06 5		01			
MORNING REPORT LOCATOR CARD			CP CROWDER MO				
<p><b>A AIMS</b></p> <p>A PRESENT - assigned &amp; joined</p> <p>B ABSENT - assigned not yet joined</p> <p>C PRESENT - arrival &amp; assignment, from other location or in cont. of from outside cont. of</p> <p>D PRESENT - in military control from dropped at AMOL</p> <p>E PRESENT - arrival &amp; assignment from the cont. of</p> <p><b>LC - DES</b></p> <p>F TRANSFER - within cont. of or within theater</p> <p>G TRANSFER - cont. of to outside cont. of/over theater</p> <p>H SEPARATION - same country, missing/captured/death</p> <p>I SEPARATION - other than to death/force country/AMOL</p> <p>J SEPARATION - of deaths except killed in action</p> <p>K SEPARATION - dropped from rolls at AMOL</p> <p>L TRANSFER to the cont. of from outside cont. of</p> <p><b>DETACHED SERVICE</b></p> <p>M PRESENT - not assigned - arrival in cont. of</p> <p>N PRESENT - not yet assigned</p>			<p><b>OTL - DES</b></p> <p>1 ABSENT - from duty to Dept.</p> <p>2 PRESENT - return to duty from AMOL</p> <p>3 PRESENT - arrival at new station/transfer of duty or report with the cont. of/theater</p> <p>4 ABSENT - sick</p> <p>5 PRESENT - from roll not present/absent for</p> <p>6 ABSENT - departure on 1500 from cont. of to theater, or between theaters</p> <p>7 PRESENT - returned from 1500</p> <p>8 ABSENT - departure on 1500 from cont. of to within theater</p> <p>9 ABSENT - departure on 1500 to the cont. of from outside the cont. of</p> <p>NOTE - "Theater" includes bases &amp; departments</p>				
NAME		SERIAL NUMBER	GRADE	DATE OF BIRTH	ARMY OR NAVY	ORGANIZATION NAME	STATION NAME OR SHIPMENT NO. OF AFS NO.

A SCHNEIDER LENARD J		37119720 TEC4		BC	1 24 06 5	01	
AS 1716 SU ASP TC			CP CROWDER MO				
MORNING REPORT LOCATOR CARD			REMARKS				
<p><b>A AIMS</b></p> <p>A PRESENT - assigned &amp; joined</p> <p>B ABSENT - assigned not yet joined</p> <p>C PRESENT - arrival &amp; assignment, from other location or in cont. of from outside cont. of</p> <p>D PRESENT - in military control from dropped at AMOL</p> <p>E PRESENT - arrival &amp; assignment from the cont. of</p> <p><b>LC - DES</b></p> <p>F TRANSFER - within cont. of or within theater</p> <p>G TRANSFER - cont. of to outside cont. of/over theater</p> <p>H SEPARATION - same country, missing/captured/death</p> <p>I SEPARATION - other than to death/force country/AMOL</p> <p>J SEPARATION - of deaths except killed in action</p> <p>K SEPARATION - dropped from rolls at AMOL</p> <p>L TRANSFER to the cont. of from outside cont. of</p> <p><b>DETACHED SERVICE</b></p> <p>M PRESENT - not assigned - arrival in cont. of</p> <p>N PRESENT - not yet assigned</p>			<p><b>OTL - DES</b></p> <p>1 ABSENT - from duty to Dept.</p> <p>2 PRESENT - return to duty from AMOL</p> <p>3 PRESENT - arrival at new station/transfer of duty or report with the cont. of/theater</p> <p>4 ABSENT - sick</p> <p>5 PRESENT - from roll not present/absent for</p> <p>6 ABSENT - departure on 1500 from cont. of to theater, or between theaters</p> <p>7 PRESENT - returned from 1500</p> <p>8 ABSENT - departure on 1500 from cont. of to within theater</p> <p>9 ABSENT - departure on 1500 to the cont. of from outside the cont. of</p> <p>NOTE - "Theater" includes bases &amp; departments</p>				
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AS 1716 SU ASP TC			CP CROWDER MO				
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NAME		SERIAL NUMBER	GRADE	DATE OF BIRTH	ARMY OR NAVY	ORGANIZATION NAME	STATION NAME OR SHIPMENT NO. OF AFS NO.

10-2 31 BN		TWO ROCKS R CALIF	
MORNING REPORT LOCATOR CARD			
1. REASON FOR REPORTING	2. DATES	3. LOCATION	4. TIME
5. INCIDENT	6. DAMAGE	7. CAUSE	8. REMARKS
9. ACTION	10. STATUS	11. COMMENTS	12. SIGNATURE
13. NAME	14. SERIAL NUMBER	15. GRADE	16. OCCASION NAME
17. UNIT NO.	18. UNIT NO.	19. UNIT NO.	20. UNIT NO.

SCHNEIDER LENARD J		37119728		TEC4		DC		1 30038		NY 887	
MORNING-REPORT LOCATOR CARD				DC 121 515 R 1 CC				NY 887			
1. REASON FOR REPORTING	2. DATES	3. LOCATION	4. TIME	5. INCIDENT	6. DAMAGE	7. CAUSE	8. REMARKS	9. ACTION	10. STATUS	11. COMMENTS	12. SIGNATURE
13. NAME	14. SERIAL NUMBER	15. GRADE	16. OCCASION NAME	17. UNIT NO.	18. UNIT NO.	19. UNIT NO.	20. UNIT NO.	21. UNIT NO.	22. UNIT NO.	23. UNIT NO.	24. UNIT NO.

SCHNEIDER LENARD J		37119728		TEC4		DC		1 30038		NY 887	
MORNING-REPORT LOCATOR CARD				DC 121 515 R 1 CC				NY 887			
1. REASON FOR REPORTING	2. DATES	3. LOCATION	4. TIME	5. INCIDENT	6. DAMAGE	7. CAUSE	8. REMARKS	9. ACTION	10. STATUS	11. COMMENTS	12. SIGNATURE
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TYPE	STATION	TYPE ORG.	TYPE UNIT	PARENT UNIT	GRADE	DATE	GRADE	DATE	SERIAL NUMBER	NAME
37119728		Pvt	FA							
<b>REPORT OF CHANGE</b> (FOR INDIVIDUAL OR UNIT)										
37119728 - Pvt FA					<input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> ATTACHED (EXCLUDED) <input type="checkbox"/> ATTACHED (INCLUDED) <input type="checkbox"/> CASUAL <input checked="" type="checkbox"/> DUTY OR OTHER STATUS AT TIME OF THIS CHANGE <input type="checkbox"/> OTHER (SPECIFY)					
Schneider Leonard J					Pvt Schneider duty to Trfd Radio Interceptor Co Ft Meade Md					
Hq Btry 2nd Bn 187th FA										
Hq 187th FA										
Ft Ethan Allen Vt										
REPORT FOR THE TWENTY-FOUR HOUR PERIOD ENDING AT 11:59 P.M.										
DAY 18 MONTH March YEAR 42										
20										
ARTHUR E DEAN					1ST Lt 187th FA Para Adj					

TYPE	STATION	TYPE ORG.	TYPE UNIT	PARENT UNIT	GRADE	DATE	GRADE	DATE	SERIAL NUMBER	NAME
37119728		Pvt	FA							
<b>REPORT OF CHANGE</b> (FOR INDIVIDUAL OR UNIT)										
37119728 - Pvt FA					<input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> ATTACHED (EXCLUDED) <input type="checkbox"/> ATTACHED (INCLUDED) <input type="checkbox"/> CASUAL <input checked="" type="checkbox"/> DUTY OR OTHER STATUS AT TIME OF THIS CHANGE <input type="checkbox"/> OTHER (SPECIFY)					
Schneider Leonard J					ASCD & JD IN OR IN DEPT FIELD BTRY					
1st Lt 187th FA										
Hq Btry 2nd Bn 187th FA										
Hq 187th FA										
Ft Ethan Allen Vt										
REPORT FOR THE TWENTY-FOUR HOUR PERIOD ENDING AT 11:59 P.M.										
DAY 19 MONTH March YEAR 42										
20										
GEORGE F. WILLIAMS					1st Lt., 121 Sig. Bn., 1st Div., 1st Army					

TYPE	STATION	TYPE ORG.	TYPE UNIT	PARENT UNIT	GRADE	DATE	GRADE	DATE	SERIAL NUMBER	NAME
37119728		Pvt	FA							
<b>REPORT OF CHANGE</b> (FOR INDIVIDUAL OR UNIT)										
37119728 - Pvt FA					<input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> ATTACHED (EXCLUDED) <input type="checkbox"/> ATTACHED (INCLUDED) <input type="checkbox"/> CASUAL <input checked="" type="checkbox"/> DUTY OR OTHER STATUS AT TIME OF THIS CHANGE <input type="checkbox"/> OTHER (SPECIFY)					
Schneider Leonard J					Pvt Schneider ASCD & JD Fr FARG Ft Bragg NC					
Hq Btry 187th FA 2nd Bn										
Hq 187th FA										
Ft Ethan Allen Vermont										
REPORT FOR THE TWENTY-FOUR HOUR PERIOD ENDING AT 11:59 P.M.										
DAY 10 MONTH Jan YEAR 42										
0										
Woolsey Carnalt					1st Lt 187th FA Para Adj					



**DESIGNATION OR CHANGE IN ADDRESS OF BENEFICIARY**

Name of designator SCHNEIDER LEONARD J. 57119728 121st Sig Rad Int Co.  
(Last name) (First name) (Middle name) (Army Serial No.) (Grade and organization)

The persons eligible to be my beneficiary are designated below:

None

1 (Full name of wife, if no wife, or if she is deceased or divorced, so state)

(Wife's full address)

None

2 (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)

In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below:

3 Catherine Schneider (Mother) 1619 Dace Ave., Sioux City, Iowa

(If designation of beneficiary is declined, designator must state in own handwriting: "I decline to designate any person as my beneficiary.")

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 relative whose name, relationship, and address are shown below:

4 Charles L. Schneider, (Father), 1619 Dace Ave., Sioux City, Iowa

(If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate an alternate beneficiary.")

OVER

Nearest relative Catherine Schneider Mother  
(Other than wife or minor child) (Name in full) (Relationship)

Address\* Same

Person to be notified in case of emergency Same  
(Name) (Relationship)

Address\* Same

Signature of designator [Signature]  
(First name) (Middle initial) (Last name)

Witnessed at AFPO 170, c/o Postmaster, N.Y., NY on 10 July, 1944

† Signature of witness [Signature]

Name of witness typed ADOLPH A. KOSULAVAGE 1st Lt 121st Signal Radio Intelligence Co.  
(Grade and organization)

\* If one of the beneficiaries is the nearest relative or the person to be notified in case of emergency, the address need not be repeated.  
† Should be witnessed by an officer or notary public.  
W.D. A.C.O. Form No. 41  
July 11, 1943

To be prepared in **TRIPPLICATE**

# REPORT OF INDUCTION OF SELECTIVE SERVICE MAN 37119728

Do not enter anything  
in this column

(Last name) **SCHNEIDER** (First name) **LEONARD** (Middle name) **JOSEPH** (Army serial No.)  
 Permanent address **1309 So. Westcott St. Sioux City Woodbury Iowa** (Urban  (Rural  (Other language) **English**  
 Birthplace **Sioux City Iowa** Birth date **March 16, 1920** (Month) (Day) (Year)  
 Age **21** years **6** months U.S. citizen **Yes** Race **White**  
 If an applicant for citizenship, show date and court in which application was made: \_\_\_\_\_  
 If not a citizen, show country of allegiance: \_\_\_\_\_  
 Grade completed in grammar school: **8** high school: **4** college or university: **0** duty with CCC **No**  
 Civilian trade or occupation: **Packing house** years so engaged: **1** weekly wage: **\$20.00**  
 Marital status: **Single** Dependents: **None** (State number and relationship)  
 Previous service in United States military or naval service, Marine Corps, Coast Guard, or National Guard in an active, inactive, or reserve status: **None** (State last service only)  
 Place "X" in box opposite urban if community of 2,500 population or greater; otherwise place "X" in box opposite rural.

Birthdate		
State	County	
Place inducted		
Date inducted		
Day	Month	Year
Source	Priority	
Year of term		
Name/ID	Education	
Occupation	Medical	

## NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Nearest relative **Catherine (None) Schneider** (Name in full)  
 Relationship **Mother** Address **217 So. Morgan St. Sioux City Iowa** (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)  
 Person to be notified in case of emergency **Catherine (None) Schneider** (Name in full)  
 Relationship **Mother** Address **217 So. Morgan St. Sioux City Iowa** (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

## DESIGNATION OF BENEFICIARY

The persons eligible to be my beneficiary are designated below:

- None** (Full name of wife; if no wife, or if she is deceased or divorced, so state) (If provided address)
- 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)

In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the relative whose name, relationship and address are shown below:

- Catherine (None) Schneider (Mother) 217 So. Morgan St. Sioux City Iowa** (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")

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 relative whose name, relationship, and address are shown below:

- Charles Leonard Schneider (Father) 217 So. Morgan St. Sioux City Iowa** (If beneficiary is named in line 1 but meaning of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary.")

The above recorded information is correct.

Signature of inducted man: **Leonard J. Schneider** (First name) (Middle initial) (Last name)

Witnessed at **Ft. Crook, Nebraska** on **October 27, 1941**

Witnessed at **Paul F. Mallivan** (Name of witness typed) **Cpl. DET-IGMS** (Grade and organization)

## INSTRUCTIONS

- An original and two copies of this form will be prepared for each selectee. For each man inducted, the original signed copy accompanied by FBI Military Fingerprint Card will be forwarded from Induction Center to The Adjutant General, Washington, D. C. One unsigned copy will be sent to Reception Center for extraction of data; then to Corps Area Headquarters for machine record purposes; then to The Adjutant General. One signed copy will be given to the man. For each man rejected the original will be sent to the local board; one unsigned copy to The Adjutant General; one signed copy to the rejected man. All copies other than original will be clearly marked "Copy" in large red overprint letters diagonally across the face of the form.
- Fingerprints are not required for rejected men; for inducted men they are required only on original copy and on FBI Military Fingerprint Card.
- Forms of men rejected will be marked "Rejected" in large letters at the top of first page.

**PHYSICAL EXAMINATION**

1. Eye abnormalities ..... None

2. Ear, nose, throat abnormalities ..... None

3. Mouth and gum abnormalities ..... None

4. Teeth { Right (Examiner's) Left  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 } (Strike out those that are missing; circle those that may be restored)

5. Skin ..... Normal

6. Varicose veins ..... None

7. Hernia ..... None

8. Hemorrhoids ..... None

9. Gonorrhea ..... Normal

10. Feet ..... Normal

11. Musculo-skeletal defects ..... Dorsal Kyphosis moderate, Non-Dis

12. Abdominal viscera ..... Normal

13. Cardiovascular system ..... Normal

14. Lungs, including X-ray, if made ..... X-RAY OF CHEST 10/27/1941

15. Nervous system: reflex, pupillary ..... Normal

16. Endocrine disturbances ..... None

17. Results of laboratory examinations, when made ..... None

18. Remarks on defects not sufficiently described above ..... None

19. Summary of defects in order of importance, impression of physical fitness ..... Physical fitness good.

Vision:  
 Right eye 20 / 20  
 Left eye 20 / 20

Hearing:  
 Right ear 20 / 20  
 Left ear 20 / 20

Height 70 in.  
 Weight 172 lb.  
 Circ. (at nipple) 38 in.  
 Inspiration 38 in.  
 Expiration 35 in.  
 Circ. (at umbilicus) 30 in.  
 Posture Good  
 Frame Medium  
 Color of hair Black  
 Color of eyes Brown  
 Complexion Ruddy  
 Pulse\* 76  
 Sitting  
 After exercise  
 2 min. after exercise

Blood pressure\*  
 Systolic  
 Diastolic

Urinalysis:  
 Sp. gr. 1.018  
 Albumin Negative  
 Sugar Negative  
 Microscopic\*  
 Other data\*

I certify that the above-named registrant was carefully examined; that the results of the examination have been correctly recorded and that to the best of my knowledge and belief he is—

\*Mentally and physically qualified for the active military service of the United States.  
 \*Mentally and physically disqualified for the military service of the United States by reason of: None

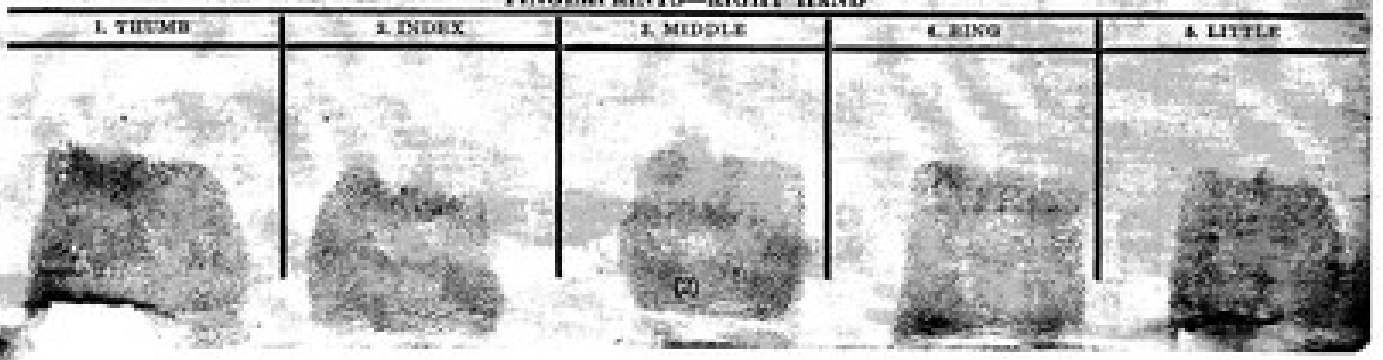
\*Specialty qualified only for limited service in the Army of the United States by reason of:

Place: Fort Creek, Nebraska Signature: \_\_\_\_\_  
 Date: October 27, 1941 Name typed or stamped: JOHN W. DUNNENLY, CAPTAIN Medical Center (Print)

I acknowledge receipt of copy of this report this date, 10/27/41 (Date)  
 The above-named registrant was this date— (Date)  
 \*Accepted for active military service ~~and~~ inducted into the Army of the United States and sent to: Fort Leavenworth, Kansas (Post, camp, or reception center)

\*Special for service in the Army of the United States:  
 Place: Fort Creek, Nebraska  
 Date: October 27, 1941  
R. K. Kennedy (Signature)  
R. K. KENNEDY, Maj. Lt. (Inf), ARMC (Typed name of inducting officer) (Grade and organization)

**FINGERPRINTS—RIGHT HAND**



Prepare in Triplicate

WOODBURY COUNTY  
LOCAL BOARD NO. 3

OCT - 4 1941

209 FRANCES BLDG.  
SIOUX CITY, IOWA



OCT - 4 '41

(Date of mailing)

ORDER TO REPORT FOR INDUCTION

The President of the United States,

To LEONARD JOSEPH SCHEMME  
(First name) (Middle name) (Last name)

Order No. 5-1280

GREETING:

Having submitted yourself to a Local Board composed of your neighbors for the purpose of determining your availability for training and service in the armed forces of the United States, you are hereby

notified that you have now been selected for training and service in the ARMY  
(Army, Navy, Marine Corps)

You will, therefore, report to the Local Board named above at C & N RR Station  
(Place of reporting)

at 4:00 A. m., on the 27th day of October, 1941.  
(Hour of reporting)

This Local Board will furnish transportation to an induction station of the service for which you have been selected. You will there be examined and if accepted for training and service, you will then be inducted into the stated branch of the service.

Persons reporting to the induction station in some instances may be rejected for physical or other reasons. It is well to keep this in mind in arranging your affairs, to prevent any undue hardship if you are rejected at the induction station. If you are employed, you should advise your employer of this notice and of the possibility that you may not be accepted at the induction station. Your employer can then be prepared to replace you if you are accepted, or to continue your employment if you are rejected.

If you are not accepted, you will be furnished transportation to the place where you were living when ordered to report for induction by this Local Board.

Willful failure to report promptly to this Local Board at the hour and on the day named in this notice is a violation of the Selective Training and Service Act of 1940 and subjects the violator to fine and imprisonment. Bring with you sufficient clothing for 3 days.

You must keep this form and bring it with you when you report to the Local Board.

If you are so far removed from your own Local Board that reporting in compliance with this Order will be a serious hardship and you desire to report to a Local Board in the area of which you are now located, go immediately to that Local Board and make written request for transfer of your delivery for induction, taking this Order with you.

Walter B. Peterson  
Member of Local Board.

The following will be completed by the officer in charge of the induction station examining the selected man, and one copy returned by mail to the Local Board named:

OCT 27 1944

(Date)

**STRIKE INAPPLICABLE SECTION:**

1. Accepted for service in ARMY (Army, Navy, Marine Corps)

2. Rejected for training and service and instructed to return to Local Board named in this order for

the following cause:

**NOTE.**—If rejected for physical disqualification, the duplicate of physical examination made at induction station must be attached.

*R. K. Kennedy*  
\_\_\_\_\_  
Officer in Charge of Induction Station

S. K. EDWARDS  
1st Lt. Ind. Station  
4013, 20th Street

The original of this form to be mailed to the selected man, and the other two copies to be attached to Form 151 and forwarded to the induction station with the men ordered to report.



SCHNEIDER LENARD J		37115728		TEC4	SC	1	21 05 9	36
00 121 SIG R I CO				NY 887				
<b>MORNING REPORT LOCATOR CARD</b>								
<b>REMARKS</b>								
<b>A. ABSE</b> A. PRESENT - assigned to duty B. ABSENT - assigned to duty from [blank]			<b>ON DUTY</b> A. PRESENT - from duty to [blank] B. ABSENT - from duty to [blank]					
<b>C. PRESENT</b> - arrival & assignment from other location or in case of this service from [blank]			<b>REMARKS</b> - arrival of new station, transfer of [blank] about duty within the unit, [blank]					
<b>D. PRESENT</b> - in military control from [blank] or [blank] <b>E. PRESENT</b> - arrival & assignment from the unit of [blank]			<b>REMARKS</b> - [blank]					
<b>LC. RES.</b> <b>F. TRANSFER</b> - from [blank] to [blank]			<b>G. PRESENT</b> - arrival of [blank] from [blank]					
<b>H. TRANSFER</b> - from [blank] to [blank]			<b>I. PRESENT</b> - arrival of [blank] from [blank]					
<b>J. TRANSFER</b> - from [blank] to [blank]			<b>K. PRESENT</b> - arrival of [blank] from [blank]					
<b>L. TRANSFER</b> - from [blank] to [blank]			<b>M. PRESENT</b> - arrival of [blank] from [blank]					
<b>N. TRANSFER</b> - from [blank] to [blank]			<b>O. PRESENT</b> - arrival of [blank] from [blank]					
<b>P. TRANSFER</b> - from [blank] to [blank]			<b>Q. PRESENT</b> - arrival of [blank] from [blank]					
<b>DETACHED SERVICE</b> 1. [blank] 2. [blank]			<b>NOTE</b> - Transfer - include dates & assignments					
NAME		SERIAL NUMBER		GRADE		ORGANIZATION NAME		STATION NAME OR ADDRESS