
ENLISTED PERSONNEL
DISCHARGE AND
RELEASE FROM
ACTIVE DUTY

(OTHER THAN AT SEPARATION CENTERS)



WAR DEPARTMENT

JANUARY 1945

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[AG 300.7 (12 Dec. 44)]

BY ORDER OF THE SECRETARY OF WAR:

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Major General

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For explanation of symbols, see FM 21-6.

FOREWORD

1. For a long time there has been a lack of uniform procedure in discharging or releasing personnel from active duty. Too many times the importance of making the transition from military life to civilian life as smooth a procedure as possible has been overlooked. The change is a hard one — equally as difficult as the initial experience when men and women are first inducted or enlisted in the service.

2. In recognition of this problem, an attempt has been made to cut out the "red tape" in discharge procedures and substitute a working system which may be adopted throughout the Army. The aim is to foster a method which will cover the requirements of permanent recording of service and at the same time aid service men and women in the difficulties of readjustment to the responsibilities of civilian life.


3. The basic purpose of this manual is:

a. To simplify the primary procedures in discharge or separation from active service.

b. To clarify the procedure for discharge on certificate of disability under AR 615-361, and to develop a standard method of effecting such discharge after maximum military hospitalization has been obtained.

c. To clarify the various procedures for transmittal of necessary records to the Veterans Administration in order to effect prompt adjudication of claims, and to expedite the transfer and subsequent discharge of patients sent to Veterans Administration Facilities.

d. To reduce to a minimum the time and effort required to process men who are being separated from active service, in order to make available hospital beds and other facilities, after necessary care.

4. Changes to this manual will be supplied on a page basis, and will be published as required. As change pages are received they will be inserted in their proper place, and the replaced pages destroyed.
5. Each page of the manual bears a date in its upper inside corner. This date is the date of the publication. Pages which represent changes will carry the date and number of the change.
6. Pages are numbered consecutively throughout the book. If new pages are added within the book the added pages will carry alphabetical suffixes — A, B, C, and so on. For example, if a new page is added between 35 and 36, the page will be numbered 35-A. A second additional page in the same place would be numbered 35-B, and so on.
7. The procedures set forth herein have been developed and tested extensively in the field. In many cases they represent major changes in existing methods. The procedures and forms in this manual will be placed in effect immediately at all installations effecting discharge or release from active service. No deviation in forms, procedures, or requirements is authorized without prior approval of the War Department unless specifically noted otherwise in this manual.
8. The procedure charts in this manual illustrate graphically the flow of each document and the action taken on each copy throughout the process. The rectangular blocks represent the forms and the number of copies prepared. The shaded portion inside the lower right hand corner of a block indicates that the document was originated by the organization unit shown in the column heading above, example: . The numbers appearing in the blocks reflecting the copy numbers do not necessarily appear on the forms, but are intended to be used as a guide in following the flow of a document.
9. Forms not bearing a WD AGO or VA number may be reproduced locally.
10. Recommendations for change or improvement in forms or procedures should be transmitted through channels to the Control Division, Army Service Forces, The Pentagon, Washington 25, D. C.

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CHAPTER 1

BASIC DISCHARGE AND RELEASE FROM ACTIVE DUTY PROCEDURE

1. Definitions:

a. The terms "enlisted man," "patient," or "dischargee" as used in this manual include all enlisted military personnel, male and female, who are to be separated from the military service, including reversion to National Guard and release to reserve components.

b. "Personnel Section" as used herein is an all inclusive term for the unit personnel section, station complement, military personnel branch, or detachment of patients, whichever is applicable.

c. Wherever mail is designated as the mode of transmission, the use of air mail is hereby authorized if such action will result in expedition of necessary papers and speed the discharge procedure.

d. All local forms designated to be filed or retained as suspense copies will be kept only until the purpose of the original has been attained. These copies will then be destroyed. War Department forms indicated for filing will be retained only so long as necessary for completion of the case and any necessary questionable items which may arise in the future. War Department Forms will be disposed of periodically as announced in directives.

2. Simplification:

a. The basic discharge and separation procedures and forms as set forth in this manual have been simplified.

b. All unnecessary signatures have been eliminated.

c. Copies have been reduced to a minimum, providing only those which are mandatory for completion of the separation procedures and matters arising therefrom.

d. Coincident with the reduction in the number of signatures and copies there has been a substantial reduction and elimination of unnecessary operations.

e. Forms have been revised to standard typewriter spacing to facilitate rapid preparation; other forms have been discontinued, and many forms have been combined to expedite their preparation.

f. Elimination of duplication of effort and information has been the primary objective.

g. The procedures as set forth in this chapter should require a maximum of 48 hours to effect discharge once separation has been approved and ordered. To maintain this schedule will require—speed, accuracy, and a high degree of coordination between interested authorities, agencies, offices and personnel.

REFERENCE CHART—DISCHARGE

AUTHORITY FOR DISCHARGE OR RELEASE FROM ACTIVE SERVICE	REASON FOR DISCHARGE OR RELEASE FROM ACTIVE DUTY	FORM OF DISCHARGE OR RELEASE FROM ACTIVE SERVICE
AR 615-360	EXPIRATION OF SERVICE	WHITE OR BLUE <i>(Dependent upon character of service rendered).</i>
AR 615-361	DISABILITY	WHITE OR BLUE <i>(Dependent upon character of service rendered).</i>
	PREGNANCY	WHITE
AR 615-362	PURCHASE (SUSPENDED FOR THE DURATION)	
	MINORITY	WHITE OR BLUE <i>(Character of service rendered governs form of discharge regardless of element of misrepresentation as to age or consent of parent or guardian).</i>
	DEPENDENCY	WHITE
AR 615-363	RELEASE TO RESERVE COMPONENTS	CERTIFICATE OF SERVICE
	DISCHARGE FROM RESERVE COMPONENTS	WHITE OR BLUE <i>(Dependent upon character of service rendered)</i>
AR 615-364	DISHONORABLE	YELLOW
AR 615-365	CONVENIENCE OF THE GOVERNMENT	WHITE <i>(Dependent upon character of service rendered except as noted in par. 3(d), AR 615-365 or approved proceedings of a board of officers under par. 4b(2), AR 615-360).</i>
AR 615-366	MISCONDUCT a. FRAUDULENT ENTRY INTO SERVICE	BLUE <i>(Except as noted in par. 3b(1), AR 615-366).</i>
	b. AWOL AND DESERTION	BLUE
	c. CONVICTION BY CIVIL COURT	BLUE
AR 615-367	WRIT OF HABEAS CORPUS	WHITE OR BLUE <i>(Dependent upon character of service rendered).</i>
AR 615-368	UNDESIRABLE HABITS OR TRAITS OF CHARACTER	BLUE
AR 615-369	INAPTNESS, LACK OF REQUIRED DEGREE OF ADAPTABILITY OR ENURESIS	WHITE

NOTE: AR 615-360 is the basic discharge regulation and gives the procedure

AND RELEASE FROM ACTIVE DUTY

BASIS FOR ELIGIBILITY FOR DISCHARGE OR RELEASE FROM ACTIVE SERVICE	BY WHOM DISCHARGE ORDERED
Completion of service	
Recommendation of board of Medical Officers	<p>COMMANDING OFFICERS SPECIFIED IN PARAGRAPH 6, AR 615-360</p>
Certification of pregnancy by Medical Officer	
Compliance with Section II, AR 615-362	
Compliance with Section III, AR 615-362	
Classes of personnel specified by the War Department and those persons specified in par. 2, AR 615-363	
Order of the President or Secretary of War and those persons specified in par. 11, AR 615-363	By order of the President, Secretary of War or those Commanding Officers specified in par. 5, AR 615-363
Sentence of General Court Martial or Military Commission	Approved sentence of General Court-Martial or Military Commission
Classes of personnel to be discharged under this regulation to be specified by order of the Secretary of War.	Commanding officers specified in par. 6, AR 615-360
Compliance with section I, AR 615-366	Commanding Officers specified in par. 6, AR 615-360
Compliance with Section II, AR 615-366	Commanding General of Service Command or Officer exercising special or general Courts-Martial jurisdiction
Compliance with Section III, AR 615-366	Commanding Officers specified in par. 6, AR 615-360
Order of U.S. Court, Judge or Justice thereof	Order of U.S. Court or Judge or Justice thereof
Approved proceedings of a board of officers	Officers having General Courts-Martial jurisdiction
Approved proceedings of a board of officers	Commanding officers specified in par. 6, AR 615-360

and authority for effecting all other discharges in the 615-360 series.

BASIC DISCHARGE AND

PERSONNEL

DOCUMENT

DISCHARGE TYPIST

ALLOTMENT TYPIST

SECTION 1—PREPARATION OF DISCHARGE CERTIFICATE, REPORT OF SEPARATION AND FINAL PAYMENT ROLL

INFORMATION FOR
SOLDIERS GOING BACK
TO CIVILIAN LIFE
WD PAMPHLET 21-4

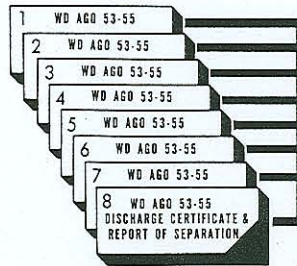
RECORDS JACKET,
SERVICE RECORD
AND ALLIED PAPERS



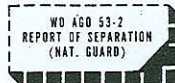
- Uses to prepare WD AGO 53 series.

- Uses to prepare WD AGO 30-S.

DISCHARGE CERTIFICATE
AND REPORT OF
SEPARATION
WD AGO 53 SERIES

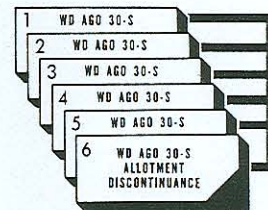


REPORT OF SEPARATION
NATIONAL GUARD ONLY
WD AGO FORM 53-2



- Completes Discharge Certificate and Report of Separation in one operation by interview with dischargee and reference to Service Record, WD AGO 24, Soldiers Qualification Card, WD AGO 20 and Immunization Register, WD AGO 8-117.
- Prepares WD AGO 53-55 for men being discharged under honorable conditions.
- Prepares WD AGO 53-56 for men being discharged without honor, but not under dishonorable conditions.
- Prepares WD AGO 53-57 for men being discharged under dishonorable conditions.
- Prepares WD AGO 53-280 for men being released from active duty to a reserve component. (See page 8.)
- Prepares WD AGO 53-2 in addition to WD AGO 53-55, WD AGO 53-56, WD AGO 53-57 or WD AGO 53-280 (whichever is applicable) in case of all National Guardsmen being discharged or released from active service.
- Has soldier sign copies 1, 2 and 4.
- Has soldier thumbprint copies 1 and 2.
- See Section VI, Cir. 389 WD 1944, as amended by Section II, Cir. 435 WD 1944, as amended for direction as to preparation and proper entries on above forms.

ALLOTMENT
DISCONTINUANCE
WD AGO FORM 30-S



- Prepares Allotment Discontinuance Document by reference to Service Record or Pay Card.
- Inserts permanent address for mailing purposes as shown on WD AGO Form 53 series.
- Prepares discontinuance form for all men being discharged whether or not they have allotments.

FINAL PAYMENT ROLL
WD 371

SEPARATION PROCEDURE

SECTION

PAYROLL TYPIST

PERSONNEL OFFICER

DISTRIBUTION CLERK

SOLDIER
(DISCHARGE)

RECORDS JACKET
SERVICE RECORDS AND
ALLIED PAPERS

- Uses to prepare WD 371.

RECORDS JACKET
SERVICE RECORDS AND
ALLIED PAPERS

- Personnel Officer checks all records for accuracy and completeness.

- 1 WD AGO 53-55
- 2 WD AGO 53-55
- 3 WD AGO 53-55
- 4 WD AGO 53-55
- 5 WD AGO 53-55
- 6 WD AGO 53-55
- 7 WD AGO 53-55
- 8 WD AGO 53-55
DISCHARGE CERTIFICATE &
REPORT OF SEPARATION

WD AGO 53-2
REPORT OF SEPARATION
(NAT. GUARD)

- Personnel Officer signs copies 1 and 2 and the National Guard copy when prepared.

1 WD 371
2 WD 371
3 WD 371
FINAL PAYMENT ROLL

- Prepares by reference to Service Record or pay card.
- See TM 14-502 (Change 3) for proper entries to be made on pay roll.

1 WD 371
2 WD 371
3 WD 371
FINAL PAYMENT ROLL → File

- Personnel Officer signs copies 1 and 2.

WD PAMPHLET 21-4
GOING BACK TO
CIVILIAN LIFE

- Gives booklet to soldier.
- See Note.

WD PAMPHLET 21-4
GOING BACK TO
CIVILIAN LIFE

- Soldier keeps book for his information.

RECORDS JACKET
SERVICE RECORDS AND
ALLIED PAPERS

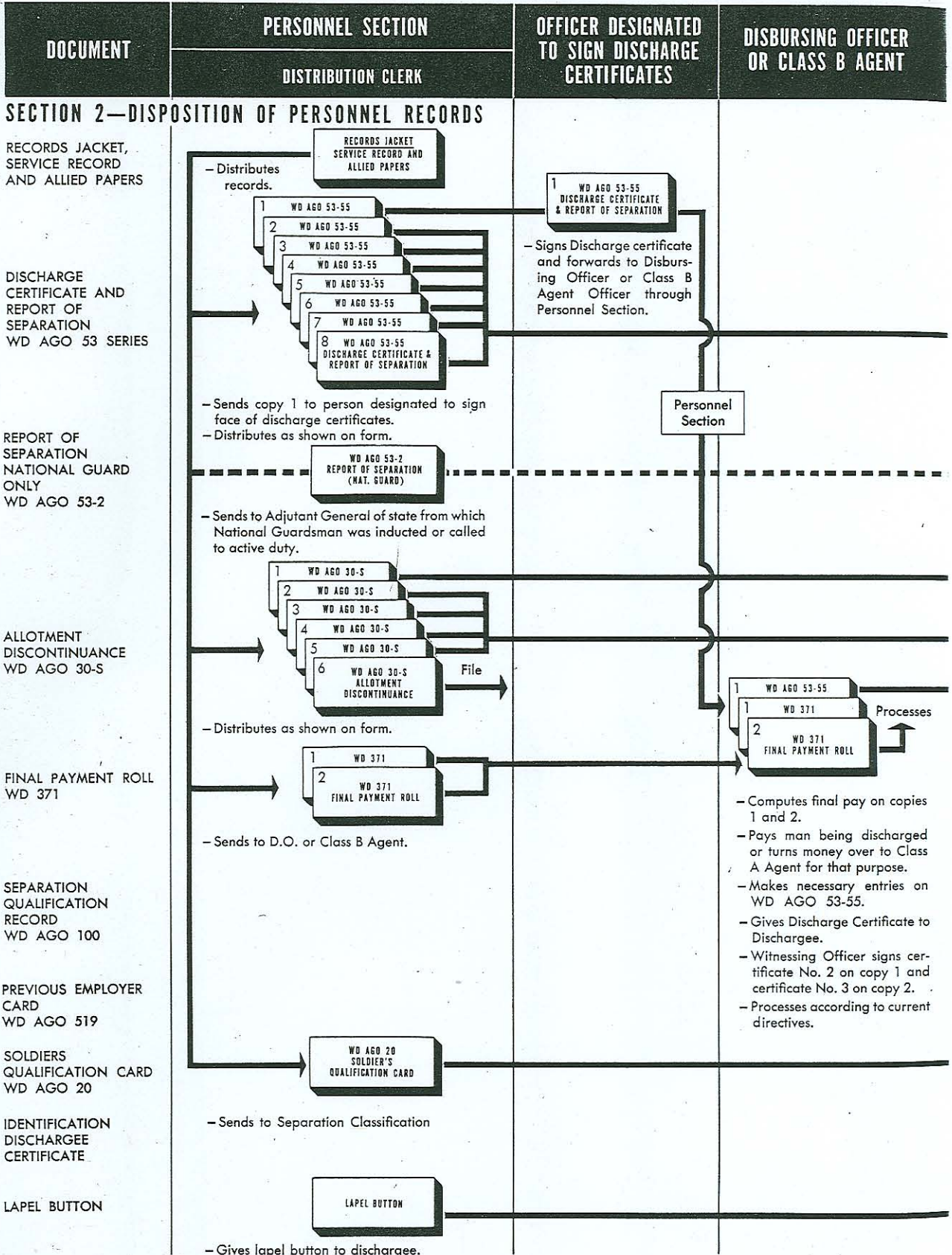
- Receives Service Record and allied papers from man's former organization.

NOTE
WD Pamphlet No. 21-4, Information for Soldiers Going Back to Civilian Life, will be distributed to all men being discharged under honorable conditions. Those men being discharged with a blue discharge certificate (WD AGO Form 53-56) will be given a copy of WD Pamphlet No. 21-24, Explanation of the Provisions of the GI Bill of Rights, Public Law 346-78th Congress in lieu of WD Pamphlet No. 21-4.

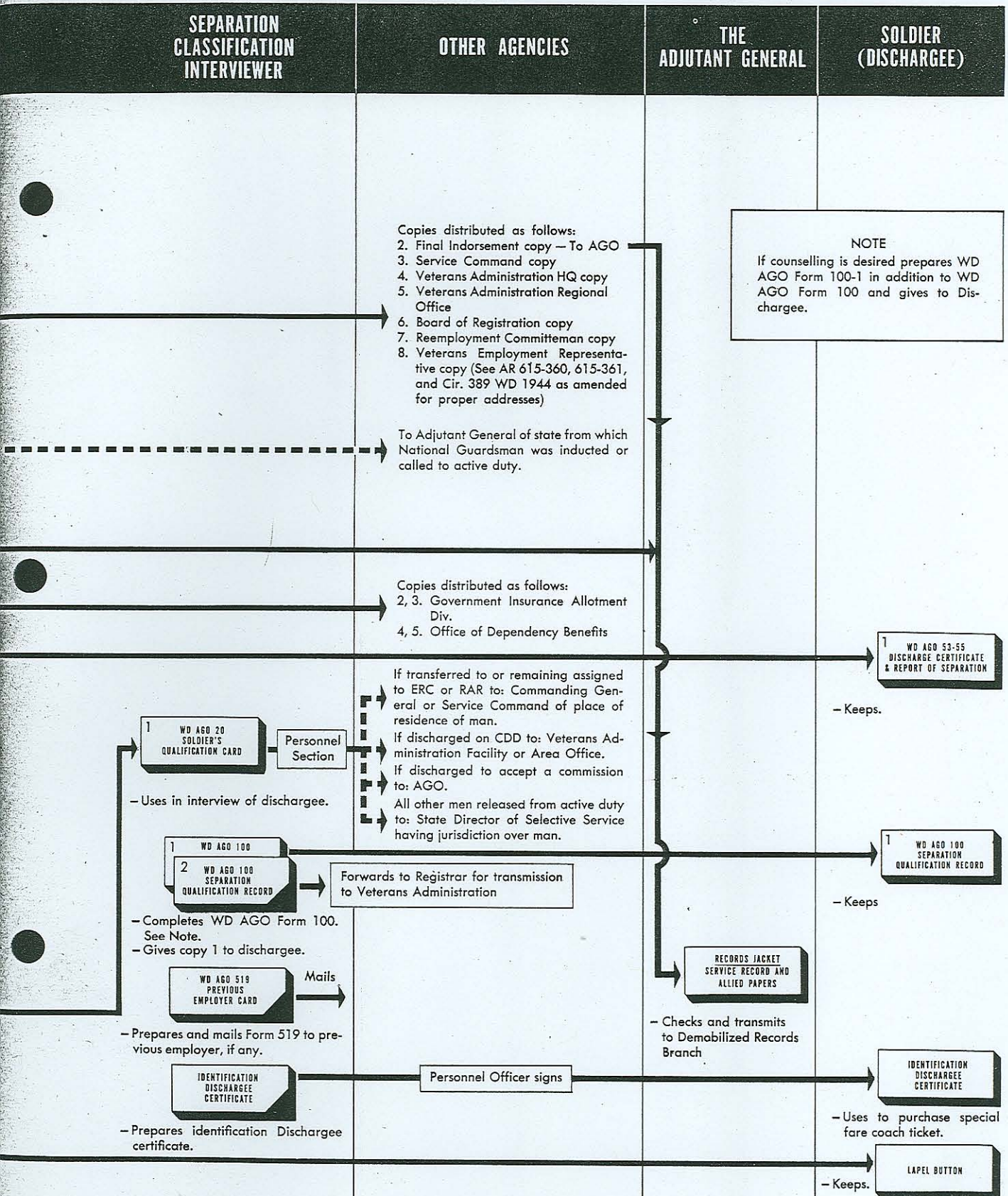
RECORDS JACKET
SERVICE RECORDS AND
ALLIED PAPERS

- Collects all records and effects proper distribution.

BASIC DISCHARGE AND



SEPARATION PROCEDURE (CONTD)

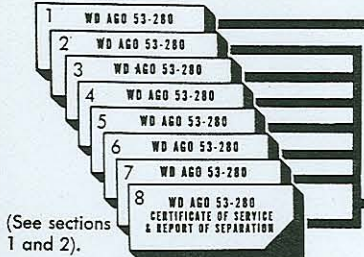


BASIC DISCHARGE AND

DOCUMENT	PERSONNEL SECTION	DISBURSING OFFICER OR CLASS B AGENT OFFICER	SERVICE COMMAND IN WHICH SOLDIER WILL RESIDE
----------	-------------------	---	--

SECTION 3—TRANSFER TO ENLISTED RESERVE CORPS OR REVERSION TO NATIONAL GUARD.

CERTIFICATE OF SERVICE AND REPORT OF SEPARATION
WD AGO 53-280



(See sections 1 and 2).

1 WD AGO 53-280
CERTIFICATE OF SERVICE

- Receives with Pay Roll.
- Inserts amount of final pay.

REPORT OF SEPARATION — NATIONAL GUARD
WD AGO 53-2



- Completes from Service Record, Soldiers Qualification Card and Immunization Register.
- Takes thumbprint on copies 1 and 2.
- Has soldier sign copies 1, 2, and 4.
- See Circ. 389 WD 1944 as amended for proper entries and disposition.
- Prepares WD AGO 53-2 if soldier to be released is a National Guardsman, in addition to WD AGO 53-280.
- Has officer designated to sign discharge certificates sign copy 1.

IDENTIFICATION CARD ENLISTED RESERVE CORPS
WD AGO 166



- Prepares form, thumbprints soldier and then gives to individual.
- Prepared only for enlisted reservists.

INFORMATION FOR SOLDIERS GOING BACK TO CIVILIAN LIFE
WD PAMPHLET 21-4



- Gives to soldier.
- See Note 1, Section 1, Page

LAPEL BUTTON



- Gives to soldier.

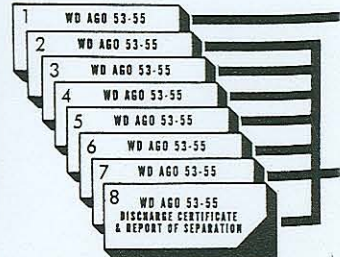
REPORT OF CHANGE OF ADDRESS — ENLISTED RESERVE CORPS
WD AGO 167



- Notes information.

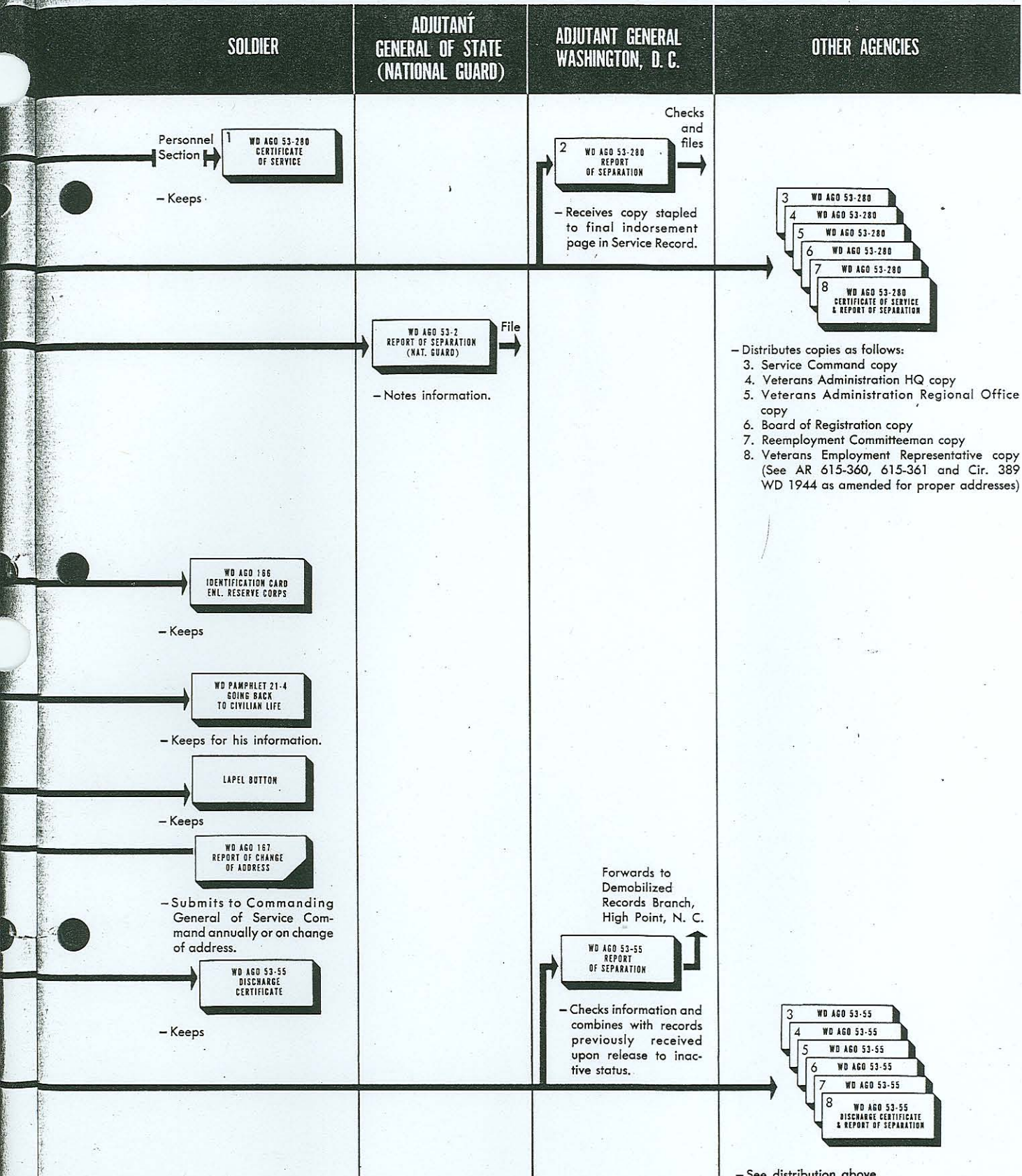
SECTION 4—DISCHARGE FROM THE ENLISTED RESERVE CORPS. (By Commanding Generals of Service Commands at the request of Commanding Generals of Major Commands.)

DISCHARGE CERTIFICATE AND REPORT OF SEPARATION
WD AGO 53 SERIES



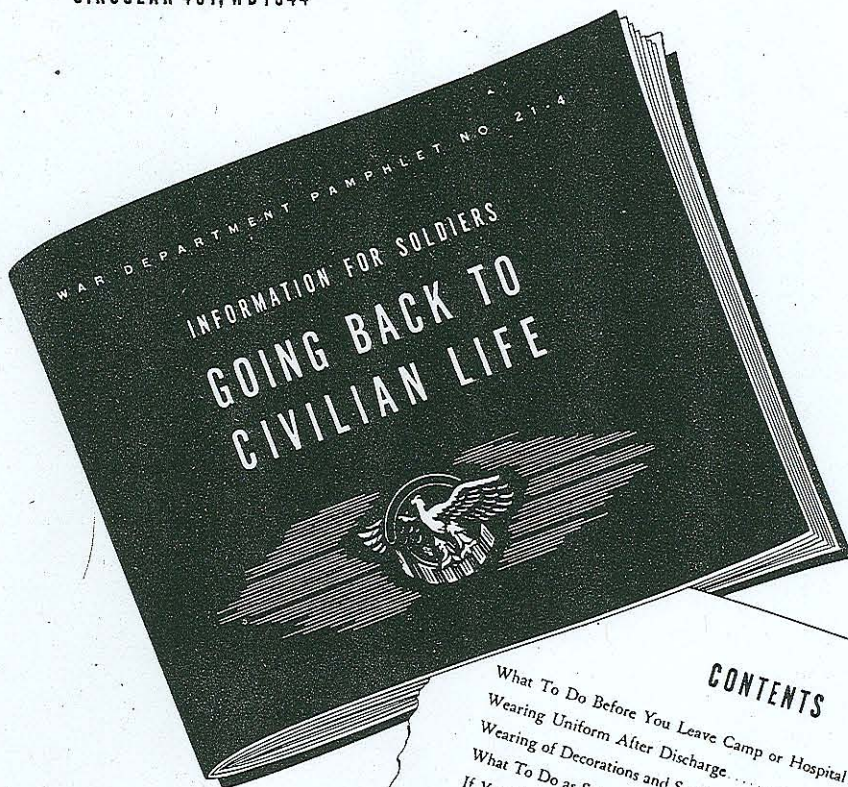
- Prepares WD AGO 53-55, 53-56 or 53-57 (Whichever is applicable).

SEPARATION PROCEDURE (CONTD)



INFORMATION FOR SOLDIERS GOING BACK TO CIVILIAN LIFE WD PAMPHLET 21-4

REFERENCE: CIRCULAR 445, WD1944
CIRCULAR 461, WD1944



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What the <i>Disabled</i> Veteran Should Know	20
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For Your Convenience (Record of numbers, dates, and addresses)	45
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- NOTES:**
1. A copy of WD Pamphlet 21-4 will be given to each soldier discharged or released under honorable conditions.
 2. Persons discharged on a blue certificate will be given a copy of WD Pamphlet 21-24, "Explanation of the GI Bill of Rights, Public Law 346 - 78th Congress" in lieu of WD Pamphlet 21-4.

ALLOTMENT DISCONTINUANCE WD AGO FORM 30-S

REFERENCE: AR 35-556

Insert "Discharged,"
"Released to ETC,"
"Released to NG."

Copy from Form 53

Enter each Class E.
Allotment separately

ALLOTMENT DISCONTINUANCE			No. A 66978	
NOTICE UPON DISCHARGE OR RELEASE FROM SERVICE			DATE OF BIRTH, IF AVAILABLE	DISCHARGE DATE
TAG			28 Aug 1915	Discharged 24 Nov 1944
LAST NAME - FIRST NAME - MIDDLE INITIAL			PERMANENT ADDRESS FOR MAILING PURPOSES	
Carpenter Lloyd M			411 Highland Ave., San Francisco, Calif	
FATHER IN THE SPACE PROVIDED BELOW (GIVE ALLOTMENT IN ALL-CAPS LETTERS)			FAMILY ALLOTMENT APPLICATION NUMBER, IF IN SERVICE RECORD	
AMOUNT			NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE	
EFFECTIVE DATE			VETERANS ADMINISTRATION NUMBER	
MONTHS AND YEAR			(If Entry Here)	
(FIRST DISCHARGE)			X-12713	
FINAL DISCHARGE			1257th SCSU Tilton General Hospital	
MONTHS AND YEAR			Port Dix, N. J.	
(1) 7.90 Dec 40 Nov 44			ENTER NAMES OF "E" ALLOTTEES, IF IN SERVICE RECORD	
(2) 10.00 June 42 Nov 44			(1) Merchant's National Bank, San Francisco, Calif	
(3) 22.00 March 43 Nov 44			(2)	
(4)			(3)	
(5)			TYPE NAME, GRADE, AND TITLE OF PERSONNEL OF DISBURSING OFFICE EFFECTING DISCHARGE OR RELEASE	
(6)			(No Signature Necessary)	
(7)			O. WEXLER	
(8)			1st Lt. MAC Asst UPO	

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

TO: GOVERNMENT INSURANCE ALLOTMENT DIVISION
OFFICE OF SPECIAL SETTLEMENT ACCOUNTS
27 PINE ST., NEW YORK 5, N.Y.

TO: OFFICE OF DEPENDENCY BENEFITS,
CLASS E ALLOTMENT DIVISION
NEWARK 2, NEW JERSEY

TO: OFFICE OF DEPENDENCY BENEFITS,
CLASS F ALLOWANCE DIVISION
NEWARK 2, NEW JERSEY

FILE COPY

- NOTES:**
1. All copies of form are prepared in one operation.
 2. WD AGO Form 30-S is prepared and distributed for every enlisted person discharged or released from active duty even though there are no allotment recorded in the Service Record.

AND REPORT OF SEPARATION WD AGO FORM 53-55

This form is a combination of WD AGO Forms 53 and 55 and will be discontinued under the Army Regulations applicable to those forms and distributed as indicated on the form. This form will be prepared for each enlisted person given an Honorable Discharge.

This form supersedes all previous editions of WD AGO Forms 53 and 55 which will not be used after receipt of this revision.

**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

Reverse of Discharge Certificate

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Carpenter Lloyd M		2. AFET SERIAL NO. 32 033 197	3. GRADE T/Sgt	4. APO OF SERVICE Inf	5. COMPONENT ADS
6. ORGANIZATION Co A 317th Infantry Regiment		7. DATE OF SEPARATION 24 Nov 44	8. PLACE OF SEPARATION Tilton GH Fort Dix NJ		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 411 Highland Ave. San Francisco Calif.		10. DATE OF BIRTH 28 Aug 1915	11. PLACE OF BIRTH Los Angeles Calif.		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE REPORTED See 9		13. COLOR EYES (A. COLOR HAIR) Blue Brown	14. HEIGHT 6 ft	15. WEIGHT 170 lbs.	17. NO. DEPEND. 1
16. RACE X	18. MARITAL STATUS X	19. U.S. CITIZEN X	20. CIVILIAN OCCUPATION AND NO. Electrical Engineer 218		

MILITARY HISTORY

21. DATE OF INDUCTION 30 Nov 40	22. DATE OF ELUBRST 30 Nov 40	23. DATE OF ENTRY INTO SERVICE San Francisco Calif.
24. SELECTIVE SERVICE DATA 90	25. COUNTY AND STATE San Mateo, Calif.	26. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 411 Highland Ave. San Francisco Calif.
27. NO. MILITARY OCCUPATIONAL SPECIALTY AND NO. Radio Repairman 174		28. MILITARY ACHIEVEMENTS AND AWARDS (I.e., MEDALS, CITIZENSHIP AND DISTINGUISHED BADGES, ETC.) Expert Infantryman's Badge 30 Sept 44
29. BATTLES AND CAMPAIGNS Normandy Campaign, 6 June 1944 to 24 July 1944		
30. DECORATIONS AND CITATIONS American Defense Service Medal Good Conduct Medal European African Middle Eastern Theater Medal Purple Heart		
31. WOUNDS RECEIVED IN ACTION 15 Oct 44 European Theater Bullet wound, right leg		

32. SERVICE OUTSIDE CONTINENTAL U.S. AND OUTLIES		33. SERVICE OUTSIDE CONTINENTAL U.S. AND OUTLIES	
34. DATE OF DEPARTURE 1 Dec 42	35. STATUS 1 Dec 42 7 June 42	36. DATE OF DEPARTURE 2 Feb 44	37. DESTINATION European Theater 6 Feb 44
38. TOTAL LENGTH OF SERVICE 3 3 8 0 8 17		39. HIGHEST GRADE HELD T/Sgt	
40. PRIOR SERVICE United States Navy 3 years.		41. SERVICE OUTSIDE CONTINENTAL U.S. AND OUTLIES 18 Oct 44 USA 20 Oct 44	

42. REASON AND AUTHORITY FOR SEPARATION
Certificate of Disability for Discharge AR 615-361 and 1st Ind Headquarters*

43. SERVICE SCHOOLS ATTENDED
Signal Corps School, Fort Monmouth, NJ

44. EDUCATION (Years)
8 4 3

PAY DATA

45. LENGTH OF PAY PERIOD 6 11 23	46. EXTENDING PAY PERIOD 2 500	47. PAY PERIOD 1 100	48. TOTAL AMOUNT OF PAY 156.65	49. TRAVEL PAY None	50. TOTAL AMOUNT OF PAY 156.65
--	--	--------------------------------	--	-------------------------------	--

INSURANCE NOTICE

51. DATE OF SEPARATION 30 Nov 44	52. DATE OF SEPARATION 30 Dec 44	53. PREMIUM DUE EACH MONTH 7.90	54. INTENTION OF VETERAN TO X
--	--	---	---

55. REMARKS (THIS SPACE FOR COMPLETION OF ABOVE ITEMS OR ENTRY OF OTHER ITEMS SPECIFIED IN "D. DIRECTIONS")
**Time lost under AW 107: 1 day
Lapel Button issued
* Tilton General Hospital Fort Dix New Jersey dated 22 November 1944**

56. SIGNATURE OF PERSON BEING SEPARATED
Lloyd M. Carpenter

57. PERSONNEL OFFICER (Type name, grade and signature)
**O. WEXLER 1st Lt. MAC
Asst. UPO Tilton GH**

WD AGO FORM 53-55
1 November 1944

2. FINAL INDORSEMENT COPY (Affixed to final indorsement page of Service Record)
3. SERVICE COMMAND COPY
4. VETERANS ADMINISTRATION HEADQUARTERS COPY
5. VETERANS ADMINISTRATION REGIONAL OFFICE COPY (To: Regional Office responsible for address shown in Item 9)
6. BOARD OF REGISTRATION COPY (To: State Director of Selective Service for State shown in Item 23 when available, otherwise Item 2)
7. REEMPLOYMENT COMMITTEEMAN COPY (To: State Director of Selective Service for State shown in Item 12)
8. VETERANS EMPLOYMENT REPRESENTATIVE COPY (To: State Veterans Employment Representative of the War Relocation Commission through State Director of Selective Service for the State shown in Item 12)

- NOTES:**
1. The WD AGO Forms 53-55, 55-56, 55-57, and 55-280 combine the Discharge Certificate and Report of Separation allowing preparation of both in one operation.
 2. When this new form is not available, WD AGO 53, 1 September 1944 and WD AGO Forms 55, 56, 57, or 280 respectively may continue to be used.
 3. Report of Separation is completed from Service Record, Soldiers Qualification Card, Immunization Register and information ascertained by interview with the dischargee.
 4. WD AGO 53-2 will be completed in addition to the above for men who are to revert to National Guard status or former National Guardsmen who are discharged.
 5. See Cir. 435, War Dept. 1944 for coding medical data on final indorsement copy.

FINAL PAYMENT ROLL WD FORM 371 (PAGES 3 AND 4)

FOR USE OF FINANCE DEPARTMENT ONLY

CREDITS			COLLECTIONS			TOTAL AMOUNT DUE	TOTAL COLLECTIONS	BALANCE PAID	We hereby acknowledge receipt IN CASH of amounts in the column "Balance Paid" and certify that we (our dependents) actually occupied quarters at the address shown during the period for which allowed, and that during the current period for which allowances are claimed we have made contributions for the support of our dependents listed herein at a rate approximately equal to the rate of contributions for the support of the same dependents as shown in affidavit and/or certificates herewith or heretofore submitted and that there has not been a material change in the status of dependents nor degree of dependency as stated therein.
Net Pay	Deposits and Interest	Allowances for Sub or Furlough Rations	Travel Pay	Govt. Laundry	Sol. Home				

Page 3

I certify that rations in kind or any monetary allowances in lieu thereof were not furnished to any enlisted person on the within roll during the period for which the furlough ration allowance is claimed, and that in all cases the enlisted person returned to his assigned station from furlough on the date designated and that in any case where there was an over staying of furlough the delay in reporting for duty has been excused by the officer competent to approve the furlough.

Page 4

CHANGE LIST	Computed by.....
..... \$20.00 \$.....	Checked by.....
..... 10.00 \$.....	Checkwriter.....

Certificate made part of certificate on page 1, eliminating extra signatures.

U. S. GOVERNMENT PRINTING OFFICE : 1944 10-57661-1b

I certify that each enlisted man shown hereon to be entitled to a mustering-out payment was a member of the armed forces and was engaged in active service in the present war; that he was discharged or relieved from active service under honorable conditions after 7 December 1941; that he has not heretofore been paid a mustering-out payment under the Mustering-Out Payment Act of 1944; that each enlisted man shown hereon to be entitled to a mustering-out payment in excess of \$100 performed active service for at least sixty days; that each enlisted man shown hereon to be entitled to a mustering-out payment in the sum of \$300 served outside the continental limits of the United States or in Alaska; and that no enlisted man hereon falls within any of the classes of persons to whom payment is prohibited by section 1(b) of said Act.

ARMY SEPARATION QUALIFICATION RECORD, WD AGO FORM 100 WORK SHEET; COUNSELOR'S INTERVIEW MEMORANDUM, WD AGO FORM 100-1

WORK SHEET - SEPARATION QUALIFICATION RECORD WD AGO FORM 100													
A- LAST NAME - FIRST NAME - MIDDLE INITIAL CARPENTER, LLOYD M.				B- ARMY SERIAL NO. 32 033 197		C- GRADE T/SGT.		D- BRN OF SERV. BRANCH INF.		E- COMP. A.U.S.			
F- DATE OF E.A.D. 30 NOV. 1944		G- LEAVE TAKEN		H- LV. ACCRUED		I- S/O FR. SEP. CENTER TO HOME		J- MILEAGE HOME AUTHORIZED TO (CITY - STATE) SAN FRANCISCO, CALIF.					
K- SEPARATION FORM AUTHORIZED WD AGO 53-55				L- REMARKS NONE									
M- PERMANENT ADDRESS FOR MAILING PURPOSES (street and number - city or county - state) 411 HIGHLAND AVENUE, SAN FRANCISCO, CALIF.													
CIVILIAN EDUCATION													
HIGHEST GRADE COMPLETED 15		LAST YEAR OF ATTENDANCE 1939		HIGHEST DEGREE RECEIVED B.E.		MAJOR COURSE OF STUDY ENGINEERING		NAME AND ADDRESS OF LAST SCHOOL ATTENDED N.Y.U. SCHOOL OF ENGINEERING					
N- OTHER TRAINING OR SCHOOLING													
SERVICE EDUCATION													
SERVICE SCHOOL FT. MONMOUTH, N.J.		COURSE RADIO		CREDITS 4		STATUS EX.		ARMY SPECIALIZED TRAINING PROGRAM CURRICULUM AND TERM (COURSE OF TRAINING PURSUED) NONE					
O- NO. OF GRADUATES YES NO													
CIVILIAN OCCUPATIONS													
P- MAIN OCCUPATION (TITLE) ELECTRICAL ENGINEERING						Q- SECONDARY OCCUPATION (TITLE)							
R- JOB SUMMARY DID SPECIAL WORK IN DESIGNING ELECTRICAL EQUIPMENT SUCH AS DYNAMOS, SWITCHES, CABLES, SWITCHBOARDS, RADIO EQUIPMENT AND COMMUNICATIONS SYSTEMS						S- JOB SUMMARY							
T- NO. OF LAST REASSESSMENT		U- DATE OF EMPLOY.		V- NAME AND ADDRESS OF EMPLOYER NEW YORK TELEPHONE CO.				W- NO. OF LAST REASSESSMENT		X- DATE OF EMPLOY.		Y- NAME AND ADDRESS OF EMPLOYER	
1		15 NOV. 40		NEW YORK									
Z- SUMMARY OF MILITARY OCCUPATION AND C RADIO REPAIRMAN INSTALLED TESTED + AND RECEIVING INS IN CONNECTION WITH COMMUNICATIONS. USE DEVICES; ISOLATES THEM.													
AA- SUMMARY OF MILITARY OCCUPATION AND C													
BB- DATE OF SEPARATION 24 NOV. 1944													
CC- NO. AGO FORM 100-1													

COUNSELOR'S INTERVIEW MEMORANDUM									
LAST NAME - FIRST NAME - MIDDLE INITIAL CARPENTER, LLOYD M.								DATE 24 NOV. 1944	
TESTS									
TEST	DATE	STAND. SCORE	GRADE	TEST	DATE	STAND. SCORE	GRADE		
AGCT (IA)	1 DEC. 40	138	X						
MA	12 JUNE 42	131	X						
ENTRIES UNDER ITEMS 2, 3 AND 4 ARE JUDGMENTS OF THE COUNSELOR									
(2) SUGGESTED ADDITIONAL SCHOOLING OR TRAINING <p style="text-align: center;">COURSE IN COMMERCIAL RADIO ENGINEERING</p>									
(3) SUGGESTED FIELD OF WORK <p style="text-align: center;">RADIO BROADCASTING ENGINEERING</p>									
(4) REMARKS MAN PLANS TO SEEK EMPLOYMENT IN RADIO BROADCASTING BASED ON CIVILIAN EXPERIENCE AS ELECTRICAL ENGINEER AND SERVICE EXPERIENCE IN RADIO REPAIR AND CONSTRUCTION <p style="text-align: right;"><i>Albert A. Foster</i> COUNSELOR</p>									
W.D., A.G.O. Form No. 100-1 TENTATIVE THIS IS NOT AN OFFICIAL WAR DEPARTMENT RECORD 24-99 579-19 5M									

NOTE: WD AGO Form 100, Work Sheet is completed in interview with dischargee and reference to Soldiers Qualification Card, for use in preparing typewritten copy of WD AGO Form 100. WD AGO 100-1 is prepared by the Separation Classification Officer for each man who indicates a desire for vocational counseling.

ARMY SEPARATION QUALIFICATION RECORD

WD AGO FORM 100

ARMY SEPARATION QUALIFICATION RECORD										
LAST NAME - FIRST NAME - MIDDLE INITIAL Carpenter Lloyd M			ARMY SERIAL NUMBER 32 033 197		GRADE T/Sgt	DATE OF ENTRY INTO ACTIVE SERVICE 30 Nov 40	SEX M	DATE OF BIRTH 28 Aug 1915		
PERMANENT ADDRESS FOR MAILING PURPOSES (Street and Number - City - County - State) 411 Highland Ave. San Francisco, San Mateo, California										
CIVILIAN EDUCATION										
HIGHEST GRADE COMPLETED 15	LAST YEAR OF ATTENDANCE 1939	HIGHEST DEGREE RECEIVED B.E.	MAJOR COURSE OF STUDY Engineering			NAME AND ADDRESS OF LAST SCHOOL ATTENDED N.Y.U. School of Engineering				
OTHER TRAINING OR SCHOOLING										
None										
SERVICE EDUCATION										
SERVICE SCHOOL Ft Monmouth NJ		COURSE Radio		MOS RATING 4 Ex	ARMY SPECIALIZED TRAINING PROGRAM					
					INSTITUTION WHERE ENROLLED		CURRICULUM AND TERM (COURSE OF TRAINING PURSUED)		NO. OF WEEKS	GRADUATION
None										
CIVILIAN OCCUPATIONS										
MAIN OCCUPATION (TYPE) Electrical Engineer					SECONDARY OCCUPATION (TYPE)					
JOB SUMMARY Did specialized work in designing electrical equipment such as dynamos, switches, cables, switchboards, radio equipment and communication systems.					JOB SUMMARY					
NO. OF LAST YEARS WENT	DATE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER			NO. OF LAST YEARS WENT	NAME AND ADDRESS OF EMPLOYER				
1	15 Nov 40	New York Telephone Co. New York, N. Y.								
MILITARY SPECIALTIES										
YEARS	MONTHS	GRADE	PRINCIPAL DUTY		ASSIGNMENTS		MONTHS	GRADE	PRINCIPAL DUTY	ARMY CODE NO
3		Pvt	Basic training		521					
3	6	T/Sgt	Radio Repairman		174					
SUMMARY OF MILITARY OCCUPATION AND CIVILIAN CONVERSIONS (Shown by title)										
Radio Repairman Installed, tested and repaired radio transmitting and receiving instruments and related equipment in connection with the maintenance of Army communications. Used various testing meters and devises; isolates defects and repairs or replaces them.					Electrical engineer Radio engineer Radio operator					
SUMMARY OF MILITARY OCCUPATION AND CIVILIAN CONVERSIONS (Shown by title)										
If original is lost or destroyed, no reproduction is possible; no copy is retained by the War Department.										
THIS INFORMATION BASED ON SOLDIER'S STATEMENT. (Indicate by * any items not supported by military records)										
DATE OF SEPARATION 24 Nov 1944	SIGNATURE OF SOLDIER <i>Lloyd M. Carpenter</i>				SIGNATURE OF SEPARATION CLASSIFICATION OFFICER <i>Albert A. Foster</i> ALBERT A. FOSTER 1ST Lt., AUD					
W.D., A.G.O. FORM NO. 100 15 July 1944										

To Dischargee

To Veterans Administration Area or Regional Office

Stamp or type this statement.

- NOTES:**
1. If soldier is discharged on CDD, Veterans Administration copy is sent to the Veterans Administration Area Office.
 2. If discharged other than CDD, Veterans Administration copy is sent to Veterans Administration Regional Office, nearest contemplated residence of dischargee.
 3. If an interview with the soldier is not practicable, complete Form 100 from WD AGO Forms 20 and 24, and state in signature box "Form completed from Forms 20 and 24. No interview."

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL WD AGO FORM 38

REFERENCE: CIRCULAR 333, WD 1944

Items 1 - 9 prepared from Service Record

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT		61252	
1. Last name—First name—Middle initial Marshall John M	2. Army Serial No. 12 345 678	3. Grade Pvt	4. Regiment, arm, or service Ord Unasgd
5. Permanent mailing address 215 High Street Hartford Conn.		6. Color W	7. Age in years 24
		8. Sex M	9. Syphilis in S/S? Yes or No No
		Register closed in S/S? Yes or No Yes	

AGO Copy

Work Sheet Copy

Serology Report and Laboratory Slips

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you, at the present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, set those conditions first under item 11.

11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

	EPTS	AMS	IMS	PD
Fracture of left leg in 1934	Yes	Yes	No	Yes

RECORD OF PHYSICAL EXAMINATION

12. Psychiatric Diagnosis
None

13. Neurological Diagnosis
Negative

14. Eye abnormalities
None

15. Ear, nose, throat abnormalities
None

16. Skin
None

17. Venous veins
Normal

18. Hernia
None

19. Hemorrhoids
None

20. Genito-urinary (and pelvic for women)
Normal

21. Venereal diseases
None

22. Feet
Normal

23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by X, missing natural teeth by X, teeth replaced by denture (horizontal line over) X as X X X and teeth replaced by fixed bridge (oval to include abutment) as (X X 6)

RIGHT EXAMINEES					LEFT												
16	15	X	13	12	11	10	9	8	7	1	2	3	4	5	6	7	8

24. Mouth and gum abnormalities
None

25. Musculoskeletal defects
Well healed

34. Dental problems: serviceability.
None

35. Vision
Uncorrected

REPORT OF BOARD OF REVIEW
(See Instruction 2)

From 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
Yes
Yes
No
No
No

Reverse side of AGO and Work Sheet Copy

17. Venous veins
None

18. Hernia
None

19. Hemorrhoids
None

20. Genito-urinary (and pelvic for women)
Normal

21. Venereal diseases
None

22. Feet
Normal

Enter remarks or other defects (continue on X-Ray reveals well healed fracture of left tibia)

Date of examination Location
20 November 44 Ft Dix

W. D., A. G. O. Form No. 38 15 May 1944
This form supersedes all previous editions of W. D., A. G. O. Form No. 38, which will not be used after receipt of this revision.

ARMY SEPARATION SEROLOGY REPORT A 61252

1. Last name—First name—Middle initial Marshall John M	2. Army serial No. 12 345 678	3. Grade Pvt	4. Regiment, arm, or service Ord Unasgd
5. Permanent mailing address 215 High Street Hartford Conn.		6. Color W	7. Age in years 24
8. Sex M		9. Syphilis in S/S? Yes or No No	
10. Register closed in S/S? Yes or No Yes		TREATED IN ARMY (Indicate by check)	
		(1) Malaria Yes No	
		(2) Syphilis Yes No	

Blood for serology of the above-named individual forwarded for examination: (Date) _____

Findings: Serology report _____

Examined by _____

Date _____

SPECIAL LABORATORY EXAMINATIONS A 61252

To:	Examination	For:	Findings:
<input checked="" type="checkbox"/>	X-Ray		
<input type="checkbox"/>	E. E. G.		
<input type="checkbox"/>	R. M. R.		
<input type="checkbox"/>	Blood enzymes		
<input type="checkbox"/>	Blood chemistry		
<input type="checkbox"/>	Blood count		
<input checked="" type="checkbox"/>	Urine	Urinalysis	
<input type="checkbox"/>	Feces		
<input type="checkbox"/>	Others		

Examiner _____ Date 20 NOV 1944

SPECIAL LABORATORY EXAMINATIONS A 61252

To:	Examination	For:	Findings:
<input checked="" type="checkbox"/>	X-Ray	Fract tibia	
<input type="checkbox"/>	E. E. G.		
<input type="checkbox"/>	R. M. R.		

NOTES: 1. WD AGO Form 38, Report of Physical Examination, is used for final type physical examination in discharges or releases from active duty other than discharge under AR 615-361 (CDD) in which case WD AGO Form 40 is used.

2. The AGO copy will be forwarded with the Service Record and allied papers.

PREVIOUS EMPLOYER CARD WD AGO FORM 519

REFERENCE: CIR. 424, WD 1944

HEADQUARTERS
Tilton General Hospital, Fort Dix, N. J.

NAME Lloyd M. Carpenter	DATE OF BIRTH 28 Aug 1915	DATE OF SEPARATION 24 Nov 1944
----------------------------	------------------------------	-----------------------------------

In order to assist military personnel to return systematically to gainful civilian occupations, you are informed that the individual named above has been separated from the service.

This card is intended as a service both to the veteran and to his previous employer. The veteran has received complete data with respect to his military service. It is therefore urged that no correspondence be entered into with the commanding officer of the installation named above. Correspondence, if unavoidable, should be addressed to "The Adjutant General, War Department, Washington 25, D. C."

PREVIOUS EMPLOYER CARD

W. D., A. G. O. Form No. 519
1 September 1944

16 11126-1 GPO

NOTE: If dischargee was employed at time of entry into the military service WD AGO Form 519, Previous Employer Card, will be prepared and mailed to organization which employed the dischargee at time of entry into service.

IDENTIFICATION DISCHARGE CERTIFICATE

REFERENCE: CIR. 358, WD 1944

IDENTIFICATION DISCHARGE CERTIFICATE

Certificate of Army, Navy, Marine Corps or Coast Guard Officer

THE HOLDER

is traveling at own expense and is entitled to SPECIAL COACH FARE authorized account;

(a) Discharge, or
(b) Retirement or release from active duty and not entitled to travel on transportation requests;

if presented within 30 days from date of discharge, retirement or release.

From Fort Dix New Jersey
(Place of discharge, retirement or release)

To San Francisco California
(Home or place of enlistment or induction, or place of employment)

24 November 1944
(Date of discharge, retirement or release)

[Signature]
(Signature of certifying officer.)

O. WEXLER, 1st Lt. MAO
ASST. UCO, TILTON GENERAL HOSP
(Rank and organization on account of which issued.)

Ticket Agent will take up this Certificate, noting thereon form and number of ticket issued, and forward with ticket report to Auditor, stamping back hereof with regular ticket date.

When this certificate is properly executed and presented with officially executed discharge, retirement or release papers, it becomes a specific request of the United States Government that the holder when traveling at own expense, be authorized to purchase a one-way coach ticket at the special reduced fare authorized, account discharge or retirement or release.
The United States Government will not be responsible for the payment of fare for ticket issued in accordance with this certificate.

Prepared by Separation Classification Interviewer

Signed by Personnel Officer

NOTE: Identification Discharge Certificate is prepared and given to dischargee if he desires to obtain the special fare one-way coach ticket to the place of enlistment or induction or his chosen place of employment. (See Circular 358, WD 1944.)

NOTATION OF DISCONTINUANCE OF ALLOTMENTS IN SERVICE RECORD

9

NATIONAL SERVICE LIFE INSURANCE
GOVERNMENT INSURANCE

Almt N.S.L.
 Discontinuation of pay for Government Insurance authorized as follows:
 Class N insurance deduction of \$ 7.90 per month, commencing DEC 1 1943 and expiring INDEF. 19
 for payment of monthly premium discontinued 19 19
 reason W. D. A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on 19
 by 19
 (Name and grade of forwarding officer)

DISCHARGED

10

CLASS F
22.00 per month for months, commencing MARCH 43 1943
 and expiring INDEF. 19
CARR PENTER MARY F.
 for the purpose of SUPPORT
 Discontinued 19 19 , reason
 W. D. A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 19 19 , by
 (Name and grade of forwarding officer)
 Acknowledgment of discontinuance received 19 19

DISCHARGED

CLASS E ALLOTMENTS

Class E allotments of pay authorized as follows:
30.00 per month for INDEF. months, commencing JUNE 1 1943
 and expiring INDEF. 19
NAT. BANK, SAN FRANCISCO MERCHANT'S
 for the purpose of
 Discontinued 19 19 , reason
 W. D. A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 19 19 , by
 (Name and grade of forwarding officer)
 Acknowledgment of discontinuance received 19 19

DISCHARGED

NOTE: Allotments will be closed out by stamping one of the following legends diagonally across the allotment entries in the Service Record:
 "Discharged" — if discharged
 "Released — ERC" — if transferred to Enlisted
 "Released — NG" — if reverted to the National Guard.

EXTRACT FROM SERVICE RECORD WD AGO FORM 25

NOTE: Extract from Service Record will not be prepared for any discharge or release from active duty when Form 53 series is prepared. Distribution of Form 53 series will serve to notify all interested agencies. See CDD Transfer Order following to transfer personnel from attached status to attached unassigned.

EXTRACT FROM SERVICE RECORD

(See Sec. III AR 345-125) OF

Last Name		First Name		Middle Initial	Army Serial Number
Civilian Address—Street and Number					
Civilian Address—City and State					
Date Ind. or Current Enl.	Civilian Occupation	1. Army Civilian Spec. Serial No.	2. AGCT Grade		
Date of Birth	Height Ft.	In.	Weight	Color Eyes	Color Hair
					Race

PRIOR SERVICE

Co., rest, arm or service from to
 Discharged as Character Days lost under W107
 By reason
 *Fill in only when event occurred since last transfer.

W. D. A. G. O. Form No. 25, 2 August 1943
 This form supersedes W. D. A. G. O. Form No. 25, 23 April 1942, which may be used until existing stocks are exhausted. 16-37246-1

DISCHARGED

INDIVIDUAL REPORT OF ENLISTED RESERVIST WD AGO FORM 167

INDIVIDUAL REPORT OF ENLISTED RESERVIST

Marshall John M Pvt Ord
(Last name) (First name) (Middle name) (* Grade and organization or section)

† Permanent address: † 215 High Street Hartford Conn.
(House number and street, or rural route) (Town) (State)

† Temporary address: † _____
(House number and street, or rural route) (Town) (State)

† Old address: † _____
(House number and street, or rural route) (Town) (State)

† New address: † _____
(House number and street, or rural route) (Town) (State)

Date 1 May, 1945. _____ (Signature)

* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."
 † Leave space blank if data are not required by report, or there are none to enter.
 ‡ See paragraph 34, AR 150-5.
 § See paragraph 20, AR 150-5.
 W. D., A. G. O. Form No. 167
 March 31, 1942

No. 1 16-12645-1 U. S. GOVERNMENT PRINTING OFFICE

INDIVIDUAL REPORT OF ENLISTED RESERVIST

_____ (Signature)
* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."
 † See paragraph 20, AR 150-5.
 W. D., A. G. O. Form No. 167
 March 31, 1942

No. 2 16-12645-1 U. S. GOVERNMENT PRINTING OFFICE

- NOTES:**
- Given to persons being transferred to Enlisted Reserve Corps for use in reporting changes of address to Commanding General of Service Command of residence.
 - Additional copies mailed to Reservist by Commanding General of Service Command for completion and report by 1 May and 1 November of each year.

IDENTIFICATION CARD, ERC WD AGO FORM 166

REFERENCE: AR 150-5

IDENTIFICATION CARD—ENLISTED RESERVE CORPS

This is to Certify, That John M. Marshall Pvt Ord
(Name) (Grade) (Arm or service)

Serial No. 12 345 678 Home address Hartford, Conn.
(City) (State)

was ~~transferred to~~ } *grade shown in _____ the _____ day of _____
(City) (State)

Enlisted Reserve Corps of the Army of the United States, on the 21st day of _____
November one thousand nine hundred and forty-four, for
 the period of _____ Indefinite. When ~~transferred~~ } * he was 24 years of age, and
(City) (State)

by occupation a plumber. He has brown eyes, black
reddy hair, _____ complexion, and is 5 feet 4 inches in height.

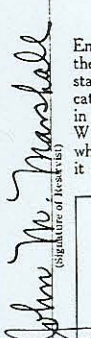
Dates of immunization: Smallpox 1 Dec 42 Typhoid 1 Dec 42
 _____ Other Tetanus 1942 Blood type _____
None


Given at Headquarters Fort Dix, _____ New Jersey, this
21st day of November, one thousand nine hundred and forty-four.
* Cross out words not applicable.


FOR THE COMMANDING OFFICER _____ Francis Jones
(Over) **FRANCIS JONES, Capt. AGC**
 W. D., A. G. O. Form No. 166—October 22, 1942 Personnel Officer

INSTRUCTION

Immediately Enlisted Reserve the commanding stating his new plate copy of the in the event he W. D., A. G. O. I which may be obt it may be by lett Right thumb print


(Signature of Reservist)


Right thumb print


Photograph of thumb

16-2066-2 GPO

NOTE: Prepared for enlisted personnel being transferred to the ERC only.

INDIVIDUAL REPORT OF ENLISTED RESERVIST WD AGO FORM 167

INDIVIDUAL REPORT OF ENLISTED RESERVIST

Marshall John M Pvt Ord
(Last name) (First name) (Middle name) (* Grade and organization or section)

† Permanent address: † 215 High Street Hartford Conn.
(House number and street, or rural route) (Town) (State)

† Temporary address: † _____
(House number and street, or rural route) (Town) (State)

† Old address: † _____
(House number and street, or rural route) (Town) (State)

† New address: † _____
(House number and street, or rural route) (Town) (State)

Date 1 May, 1945. _____ (Signature)

* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."
 † Leave space blank if data are not required by report, or there are none to enter.
 ‡ See paragraph 34, AR 150-5.
 § See paragraph 20, AR 150-5.
 W. D., A. G. O. Form No. 167
 March 31, 1942

No. 1 16-12645-1 U. S. GOVERNMENT PRINTING OFFICE

INDIVIDUAL REPORT OF ENLISTED RESERVIST

_____ (Signature)
* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."
 † See paragraph 20, AR 150-5.
 W. D., A. G. O. Form No. 167
 March 31, 1942

No. 2 16-12645-1 U. S. GOVERNMENT PRINTING OFFICE

- NOTES:**
1. Given to persons being transferred to Enlisted Reserve Corps for use in reporting changes of address to Commanding General of Service Command of residence.
 2. Additional copies mailed to Reservist by Commanding General of Service Command for completion and report by 1 May and 1 November of each year.

IDENTIFICATION CARD, ERC WD AGO FORM 166

REFERENCE: AR 150-5

IDENTIFICATION CARD—ENLISTED RESERVE CORPS

This is to Certify, That John M. Marshall Pvt Ord
(Name) (Grade) (Arm or service)

Serial No. 12 345 678 Home address Hartford, Conn.
(City) (State)

was ~~transferred to~~ } *grade shown in _____ the _____
(City) (State)

Enlisted Reserve Corps of the Army of the United States, on the 21st day of _____
November one thousand nine hundred and forty-four, for
 the period of _____ Indefinite. When ~~transferred~~ } * he was 24 years of age, and
 by occupation a plumber. He has brown eyes, black
 hair, Fuddy complexion, and is 5 feet 4 inches in height.

Dates of immunization: Smallpox 1 Dec 42 Typhoid 1 Dec 42
 _____ Other Tetanus 1942 Blood type _____
None

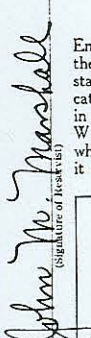
Given at Headquarters Fort Dix, _____ New Jersey, this
21st day of November, one thousand nine hundred and forty-four.


* Cross out words not applicable.

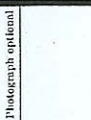
FOR THE COMMANDING OFFICER _____ Francis Jones
W. D., A. G. O. Form No. 166—October 22, 1942 FRANCIS JONES, Capt. AGC
(Over) Personnel Officer

INSTRUCTION

Immediately Enlisted Reserve the commanding stating his new plate copy of the in the event he W. D., A. G. O. I which may be obt it may be by lett Right thumb print


(Signature of Reservist)




Photograph of thumb

16-2066-2 GPO

NOTE: Prepared for enlisted personnel being transferred to the ERC only.

LAPEL BUTTON AND RECORDS TO BE GIVEN TO DISCHARGEE ON SEPARATION OR RELEASE

LAPEL BUTTON



PATCH

SEPARATION

LAST NAME - FIRST NAME - MIDDLE INITIAL
Carpenter Lloyd M

PERMANENT ADDRESS FOR MAILING PURPOSES (Street and Number - City - State - Zip)
411 Highland Ave. San Francisco, San

ARMY SERIAL NUMBER
32 033 100

HIGHEST GRADE COMPLETED
15

DATE OF ENTRY INTO ACTIVE SERVICE
30 Nov 40

SEX
M

DATE OF BIRTH
28 Aug 1913

ADDRESS OF LAST SCHOOL ATTENDED
School of Engineering

TRAINING PROGRAM

NO. OF WEEKS	COMPLETED

Army of the United States

Honorable Discharge

IDENTIFICATION DISCHARGE CERTIFICATE

Certificate of Army, Navy, Marine Corps or Coast Guard Officer

This is to certify

LLOYD M. CARPENTER
 Technical Sergeant

THE HOLDER
 is traveling at own expense
 titled to SPECIAL account
 (a) Discharge or
 (b) Retirement or
 not entitled
 if present
 change

ENVELOPE GIVEN TO SOLDIER ON DISCHARGE

CHAPTER 2

DISCHARGE BECAUSE OF DISABILITY

3. Many major changes in procedure covering discharge because of disability have been made. To carry out these changes effectively, a time schedule has been established which provides that the patient be discharged on the morning of the third day after the Board of Medical Officers has recommended discharge.

4. Major changes in procedure are as follows:

a. The method of requesting clinical records from other hospitals and the photostat of the original report of physical examination on entrance into the military service has been simplified.

b. The transfer of a patient to the Personnel Section, Station Complement, or Detachment of Patients, is effected as soon as it is anticipated by the Ward Officer that the patient will go before a C.D.D. Board. To accomplish this, a new form has been designed, "Diagnosis Slip" WD AGO Form No. 176 (Tentative). Pending publication of WD AGO Form 176, hospitals may reproduce this form locally. If the discharge is not approved, the patient is reassigned to duty with his former organization or is assigned in accordance with directives.

c. Only the original of WD AGO Form 40 will be signed by the President and Recorder of the C.D.D. Board. The Personnel Officer will sign all copies certifying them as true copies of the original.

d. The Patients Property Slip, WD AGO Form 8-111, has been redesigned to meet more adequately current requirements. Pending publication of the new form, the WD AGO Form 8-111, dated 13 June 1944, will be used. Use of Patients Property Slip, MD 75, will be discontinued.

5. In order to accomplish discharge within 72 hours, it is necessary that all steps in the discharge process be completed in accordance with the C.D.D. Time Schedule. The following are key steps, since subsequent operations cannot be started until these are completed:

a. Prompt submission of the Diagnosis Slip, WD AGO Form 176 (Tentative), noting anticipated cases to be discharged on C.D.D.

b. Prompt transfer of patient to the Station Complement or Detachment of Patients, once C.D.D. is anticipated, if such action has not already taken place.

c. Form 40 will be prepared, completed and signed by members of the C.D.D. Board before the board adjourns.

d. A list of cases approved for discharge will be prepared and distributed the day the C.D.D. Board meets.

e. The final payroll will be prepared the day after the C.D.D. Board meets and action taken to complete the other personnel records.

f. Action will be taken to furnish each dischargée the opportunity to file a claim with the Veterans Administration and to insure that all rights and benefits from that organization have been fully explained to the soldier.

g. Passes will not be issued after the patient appears before the C.D.D. Board.

6. Prompt and speedy cooperation must be assured between all interested parties in order to guarantee the expedition of the various actions to be completed to effect separation from the service.

TIME SCHEDULE FOR

ACTION TAKEN BY	AFTER ADMISSION	DAY PRIOR TO BOARD MEETING
WARD OFFICER	<ul style="list-style-type: none"> - Prepares Diagnosis Slip within 24 hours after admission of patient. - Orders X-Rays or other laboratory examinations if necessary. - Notifies AAF Liaison Officer of contemplated disposition of AAF patients and arranges interview to obtain necessary concurrence. - Prepares CDD Work Sheet, completes Clinical Records, submits with CDD Work Sheet through Chief of Service to CDD Board. 	
REGISTRAR	<ul style="list-style-type: none"> - Receives Diagnosis Slip and checks for those cases in which CDD is contemplated. - Types and transmits CDD Transfer Order & Request for Photostat without delay. Requests clinical records from other Army hospitals. - Clarifies line of duty status when necessary. - Sends letter and affidavits to nearest relative regarding mentally incompetent cases suitable for home care, if necessary. - Requests designation of VA facilities in those cases to be transferred to care of VA. 	
CDD BOARD		<ul style="list-style-type: none"> - President or Secretary of Board requests Form 40's from Personnel Section for those men to appear before the board.
ENLISTED MAN'S FORMER ORGANIZATION	<ul style="list-style-type: none"> - Within 48 hours after receipt of CDD Transfer Order completes Service Record, allied papers and clothing clearance and transmits. - Drops from morning report on effective date of transfer. - If soldier already attached to Detachment of Patients of Hospital, upon receipt of transfer order - drops from Morning Report as transferred and attached unassigned to Detachment of Patients or Station Complement. 	
PERSONNEL SECTION	<ul style="list-style-type: none"> - Personnel Officer signs CDD transfer order and transmits to man's former organization. - Picks man up on Morning Report on effective date of transfer. - Checks records for accuracy and completeness upon receipt. - Checks clothing account. 	<ul style="list-style-type: none"> - Upon receipt of phone call or message, prepares Form 40's (from Service Record) for those men to be boarded.
INTERVIEWERS		
DISBURSING OFFICER		
C.O. OF HOSPITAL OR DESIGNEE (STATION AND CONVALESCENT HOSPITAL ONLY)		
C.O. POST, CAMP OR STATION, OR DESIGNEE (C.O. OF GENERAL OR REGIONAL STATION HOSPITAL)		

PROCESSING MEDICAL DISCHARGES

DAY BOARD MEETS	AFTER BOARD MEETS		
	FIRST DAY	SECOND DAY	THIRD DAY
<ul style="list-style-type: none"> - Arranges for patient to appear at CDD Board meeting. 		<ul style="list-style-type: none"> - Prepares patient to leave on morning of third day. 	
<ul style="list-style-type: none"> - Receives Form 40, Clinical Record, and Work Sheet. - Checks Form 40 for accuracy and completeness. - Initials all copies Form 40. - Transmits copy 1, Form 40, to approving authority for signature. - Transmits copy 2 and 3 to Personnel Section. - Prepares and distributes list of approved cases. 	<ul style="list-style-type: none"> - Receives Pension Application or statement for Veterans Administration. - Arranges for attendants and transportation for those patients to be discharged to custody of parents or relatives or to be transferred to a Veterans Administration facility. 		<ul style="list-style-type: none"> - Assembles records to be transmitted to Veterans Administration area office or facility. - Sends records to Veterans Administration area office or facility within 24 hours after patient leaves hospital.
<ul style="list-style-type: none"> - Checks clinical records and work sheet for completeness. - Approves or disapproves CDD, and determines if additional hospitalization is necessary. - Clerk completes Form 40 from approved work sheet while Board is meeting. - President and Recorder sign Form 40's for all approved cases before leaving. 			
	<ul style="list-style-type: none"> - Receives copies 2 and 3, Form 40. - Checks soldier's clothing for shortages; checks in clothing soldier is not authorized to retain. - Interviews dischargee to secure further information necessary to prepare report for separation. - Gives soldier WD Pamphlet 21-4. - Prepares: Form 30-S, Form 371, and Form 53-55 or 53-56. 	<ul style="list-style-type: none"> - Signs copy 1, Form 40, certifies copies 2 and 3 as true copies. - Sends signed discharge certificate to Disbursing Officer for entry of financial items on report of separation. 	<ul style="list-style-type: none"> - Prepares Enlisted Man for discharge. - Checks to see he is properly clothed. - Gives him Form 100, Form 100-1 and Lapel Button. - Prepares all necessary records for transmittal to AGO within 48 hours after discharge.
	<ul style="list-style-type: none"> - Red Cross worker picks up CDD work sheets from Registrar. - Aids man in preparing VA Form 526, or statement that soldier does not wish to file claim. - Returns CDD work sheet to Registrar. - Separation Classification Officer interviews soldier, prepares WD AGO Form 100, 100-1, 519 and other papers. - Gives soldier various tests and vocational counseling if desired. 	<ul style="list-style-type: none"> - Veterans Administrative Contact Representative, if present, explains GI Bill of Rights to dischargee and assists him with other questions pertaining to Veterans Benefits and Insurance. - United States Employment Service, War Manpower Commission, and representatives from other agencies, if present, may interview dischargee and explain employment opportunities, etc. 	
	<ul style="list-style-type: none"> - Receives Final Payment Roll late on first day or early on second day from Personnel Officer and starts computation. 	<ul style="list-style-type: none"> - Computes pay roll. 	<ul style="list-style-type: none"> - Gives man his Discharge Certificate. - Pays Enlisted Man (if mentally competent) in morning so man can leave post early in day.
	<ul style="list-style-type: none"> - Signs original Form 40. 		
	<ul style="list-style-type: none"> - Signs original Form 40. 	<ul style="list-style-type: none"> - Signs Discharge Certificate. 	

DISCHARGE BECAUSE

DOCUMENT	WARD OFFICER	OFFICE OF THE REGISTRAR	
		PREPARATION	DISTRIBUTION

SECTION 1—INITIATION OF CDD CASE

PATIENTS PROPERTY SLIP
WD AGO FORM 8-111

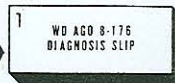


- Lists all clothing and other property in EM's possession at time of admission to the hospital.
- Copy 1 used in clearing clothing at time of discharge.
- Copy 2 is patient's receipt for property stored in baggage room or ward clothing room.

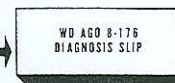
DIAGNOSIS SLIP
WD AGO FORM 8-176



- Prepares within 24 hours after admission to the hospital. Revised slip submitted upon any change in anticipated disposition.
- See Note 2 relative to Army Air Force personnel.



- If slip indicates that disposition is to be CDD, action indicated in Section 2 or Section 2A is taken.



- Files

SECTION 2—REQUESTING ORIGINAL INDUCTION RECORD

REQUEST FOR
PHOTOSTAT
OF PHYSICAL EXAMINATION



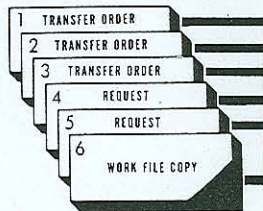
- Requests photostat of original report of physical examination on entrance into military service.
- See Note 3.



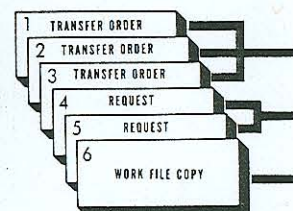
- Copies 1 and 2 sent to The Adjutant General.
- Work File copy sent to Personnel Section.

SECTION 2A—REQUESTING INDUCTION RECORD—TRANSFER ORDER

TRANSFER ORDER AND
REQUEST FOR
PHOTOSTAT
COPY 1—TRANSFER ORDER
COPY 2—TRANSFER ORDER
COPY 3—TRANSFER ORDER
COPY 4—REQUEST FOR
PHOTOSTAT
COPY 5—REQUEST FOR
PHOTOSTAT
COPY 6—WORK FILE COPY



- Directs transfer of enlisted man from his former organization to station complement of detachment of patients, and requests photostat of original report of physical examination on entrance into service.
- See Note 3.



- Copies 1, 2 and 3 sent to Personnel Section.
- Copies 4 and 5 sent to The Adjutant General's Office.
- Work File copy sent to Personnel Section.

OF DISABILITY

PERSONNEL SECTION

FORMER UNIT OR ORGANIZATION OF PATIENT

THE ADJUTANT GENERAL WASHINGTON, D. C.

1
WD AGO 8-111
PATIENTS PROPERTY
SLIP

- Uses in clearing man of his clothing at time of discharge. (See Note 1.)

NOTE 1
Clearance of an enlisted man's clothing account may be effected:

- A. by the Unit Personnel Section of the Station Complement (or Detachment of Patients), or
 - B. by the enlisted man's former organization.
- (1) When all the enlisted man's clothing and equipment is taken to the hospital prior to his discharge, the Unit Personnel Section (or Detachment of Patients) will effect clearance based on WD AGO Forms 32 and 8-111.
 - (2) When only part of the enlisted man's clothing and equipment is taken to the hospital and the balance remains with his former organization, the organization will record as "turned in" on Form 32, items not taken to the hospital. The Unit Personnel Section (or Detachment of Patients) will subsequently credit the man with those items which he has with him.
 - (3) Shortages under (A) and (B) above will be adjusted by a statement of charges or by report of survey in accordance with AR 615-40.
 - (4) Clothing and equipment turned in will be disposed of in accordance with procedures set forth in AR 615-40 and WD TM 38-403.

NOTE 2
Army Air Forces Personnel. Ward Officer will notify the Army Air Forces Liaison Officer of any AAF personnel who are to appear before the CDD board, so that he may concur in mode of disposition, for the AAF.

NOTE 3
A. If soldier is already on "attached unassigned" status and Service Records have been received by Personnel Section, action indicated in Section 2 will be initiated.
B. If soldier has not been transferred, or is on "attached" status, action indicated in Section 2A below will be initiated.

WORK FILE COPY

- Used as check list and suspense copy.

1 REQUEST
2 REQUEST FOR PHOTOSTAT

- Copy 1 used as searcher's file copy.
- Copy 2 used in transmitting photostat to Requesting Hospital. (See Sec. 7.)

1 TRANSFER ORDER
2 TRANSFER ORDER
3 TRANSFER ORDER

- Takes action to effect transfer
- Drops man from morning report.

1 TRANSFER ORDER
2 TRANSFER ORDER

- Effects transfer by indorsement in service Record. (No further Special Orders necessary.)
- Clears man of financial accounts and clothing. (See Note 1.)

6 WORK-FILE COPY

- Personnel Officer signs copy 1.
- Copy 3 is used by morning report clerk to pick up man on morning report.
- Work File copy used as check list and suspense copy. Destroyed on discharge of soldier.

4 REQUEST
5 REQUEST FOR PHOTOSTAT

- Copy 4 used as searcher's file copy.
- Copy 5 used in transmitting photostat to Requesting Hospital. (See Sec. 7.)
- Transmits photostat to Requesting Hospital. (See Sec. 7.)

DISCHARGE BECAUSE

DOCUMENT	WARD OFFICER	CHIEF OF SERVICE	PRESIDENT OR SECRETARY OF CDD BOARD	CERTIFICATE OF DISABILITY DISCHARGE BOARD
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SECTION 3—REQUESTING CLINICAL RECORDS FROM OTHER ARMY HOSPITALS

REQUEST FOR CLINICAL RECORDS OF PREVIOUS HOSPITALIZATION FOR MEN TO BE DISCHARGED ON CDD



- Files with current clinical record.

SECTION 4—ACTION BY WARD OFFICER AND CDD BOARD

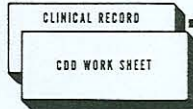
CLINICAL RECORDS



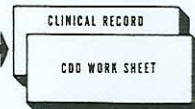
CDD WORK SHEET



- Initiates CDD Work Sheet from clinical records.



- Approves, disapproves or changes.



- Upon receipt, President or Secretary of Board takes action noted below, calls Personnel Section and gives names of men to be seen by the board.



- Calls Personnel Section.



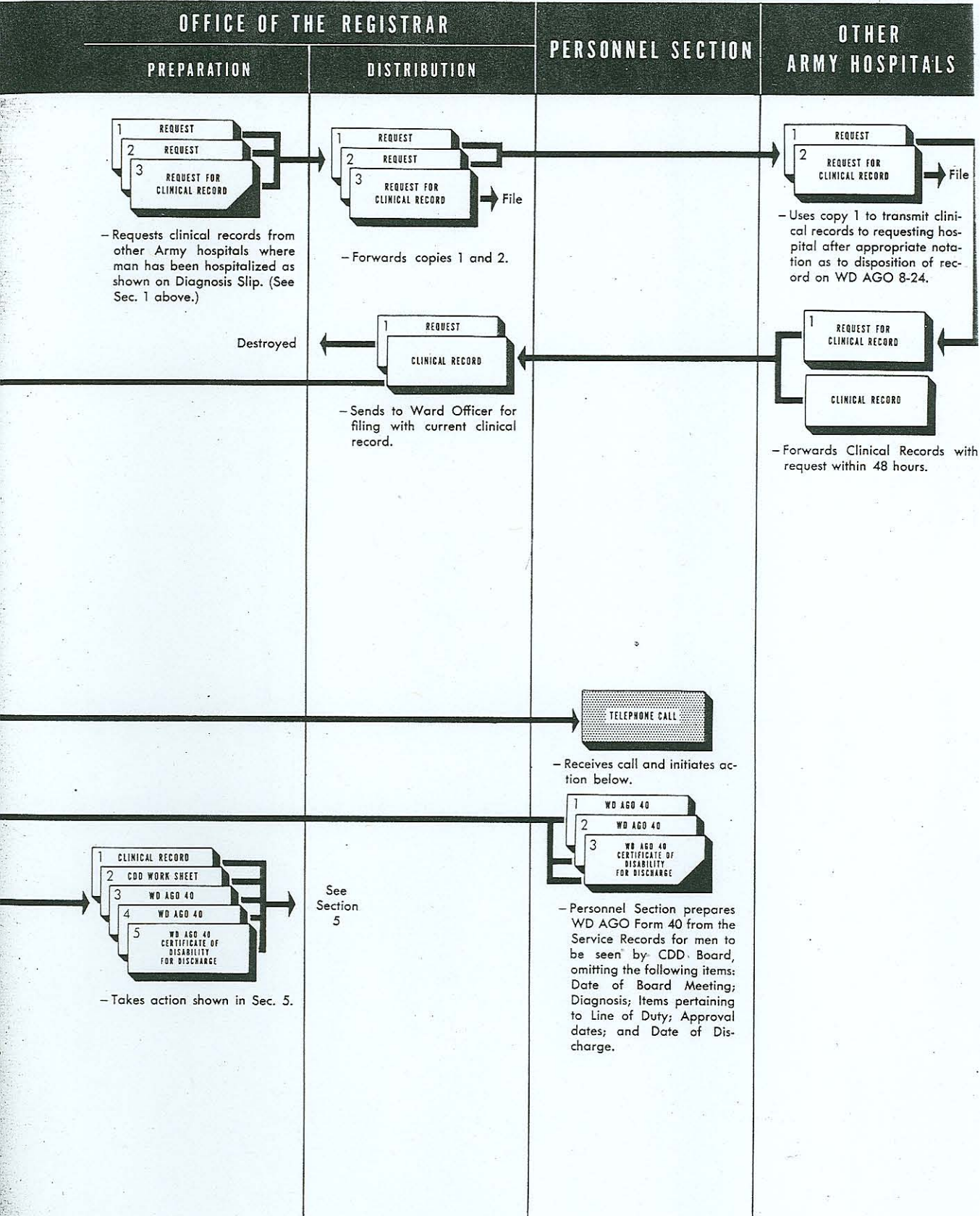
- Notifies other member of Board of time of meeting.

CERTIFICATE OF DISABILITY FOR DISCHARGE
WD AGO FORM 40



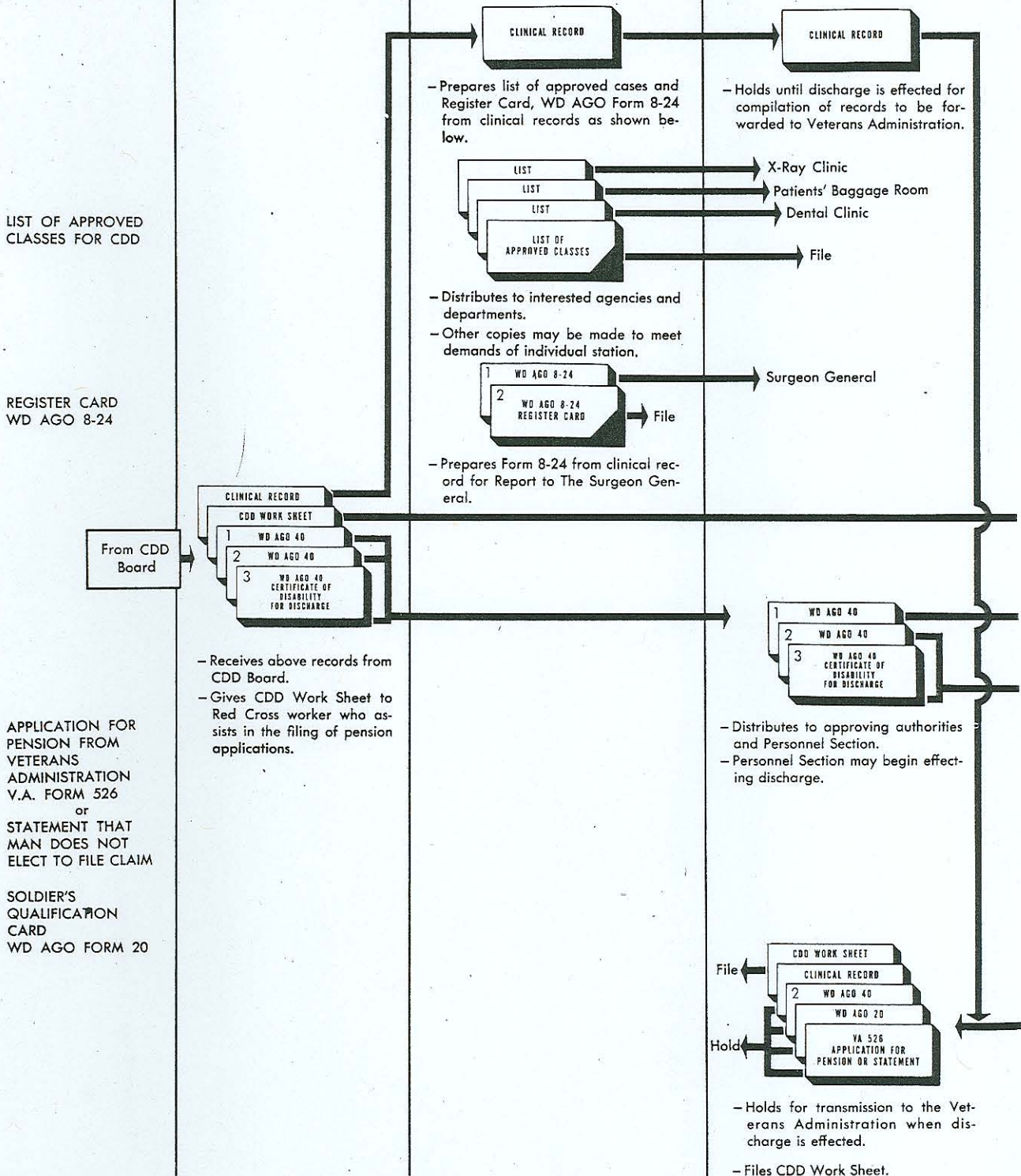
- Board meets within 24 hours after receipt of 40.
- Makes recommendations.
- Secretary of Board completes Date of Meeting, Diagnosis, and LOD Status while Board is meeting on other cases.
- President and Recorder sign copy 1 of Form 40 before leaving meeting.
- If CDD is disapproved, returns records to Ward with recommendations as to disposition of patient.

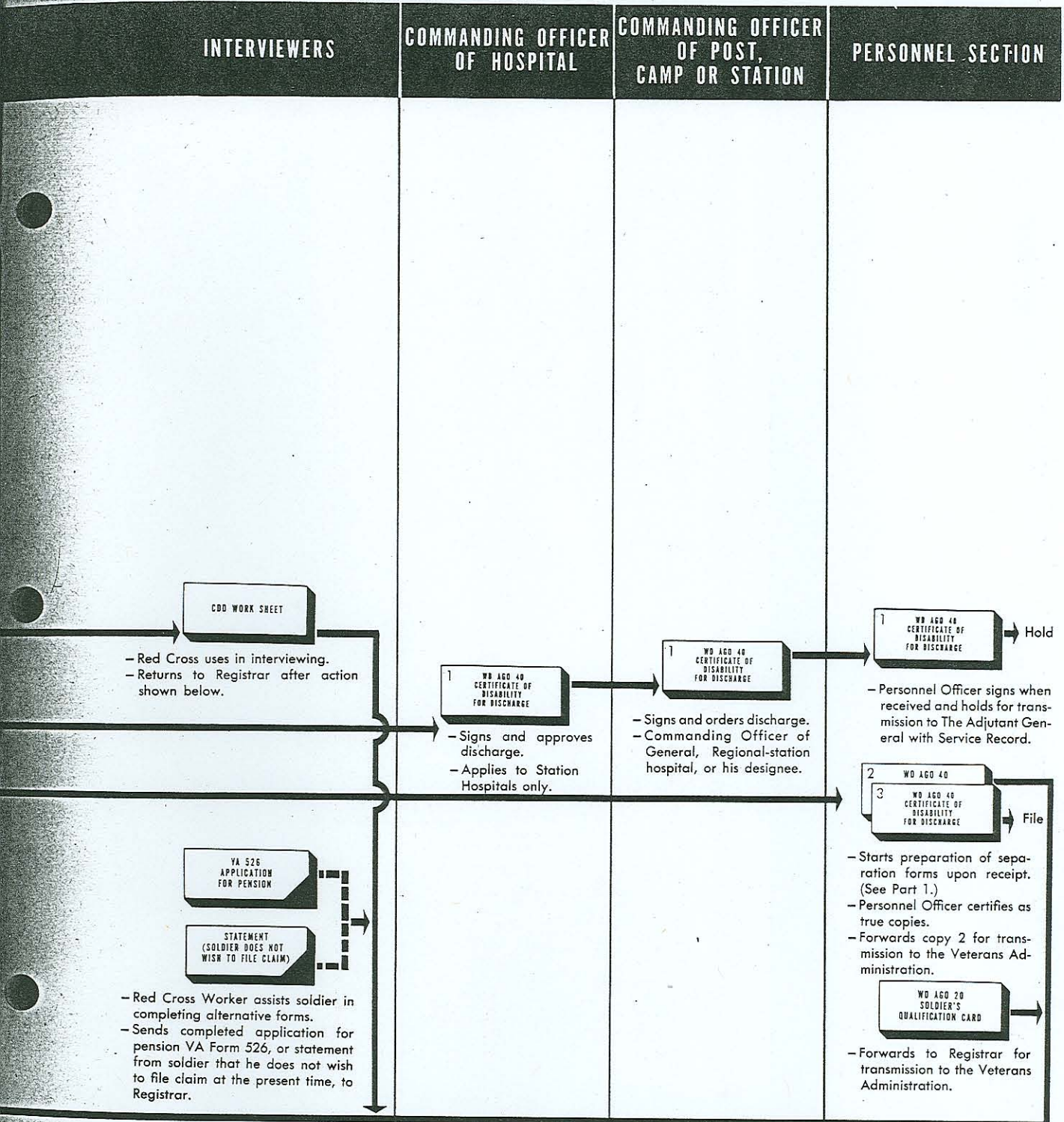
OF DISABILITY (CONTD)



DOCUMENT	OFFICE OF THE REGISTRAR		
	PROCESSING	PREPARATION	DISTRIBUTION

SECTION 5—APPROVAL AND DISPOSITION OF CERTIFICATE OF DISABILITY FOR DISCHARGE FORM 40





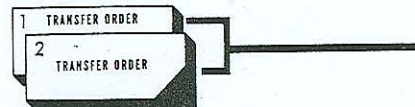
TRANSFER TO A DETACHMENT OF

DOCUMENT

UNIT PERSONNEL SECTION OF STATION COMPLEMENT OR DETACHMENT OF PATIENTS TO WHICH TRANSFER IS TO BE EFFECTED

SECTION 8—TRANSFER TO DETACHMENT OF PATIENTS OR STATION COMPLEMENT.

CDD TRANSFER ORDER



-Registrar of hospital prepares for signature of Personnel Officer.
(See Section 2A.)

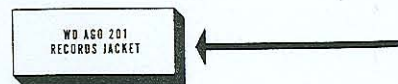
SERVICE RECORD AND ALLIED PAPERS

NOTE

CDD transfer order may be used to effect transfer to "attached unassigned" status or to change status from "attached" to "attached unassigned".

EXTRACT FROM SERVICE RECORD
WD AGO FORM 25

RECORDS JACKET
WD AGO FORM 201



- Checks to insure that all required records are received and that they are complete and accurate.
- If man is not discharged, transfers man to former or other organization in accordance with existing directives. (See AR 615-361.)

SECTION 9—SEPARATION PROCEDURE (See Chapter 2 of this Manual).

PATIENTS OR STATION COMPLEMENT

MAN'S FORMER ORGANIZATION

UNIT PERSONNEL OFFICE

COMPANY

1 TRANSFER ORDER
2 TRANSFER ORDER

File

1 TRANSFER ORDER

- Takes steps to effect transfer and to clear man of his accounts.
- CDD Transfer Order serves as authority to effect transfer
- No further special orders required.
- Retains copy 2 and transmits copy 1 to man's immediate commanding officer.

- Drops man from morning report effective the date stated on CDD Transfer Order.

WD AGO 24
SERVICE RECORD

WD AGO 20
SOLDIERS
QUALIFICATION CARD

1 WD AGO 625
APPLICATION FOR
DEPENDENCY BENEFITS

WD AGO 29
AUTHORIZATION FOR
ALLOTMENT OF PAY

WD AGO 8 117
IMMUNIZATION
REGISTER

OTHER
ALLIED PAPERS

WD AGO 25
EXTRACT FROM
SERVICE RECORD

File

WD AGO 32
INDIVIDUAL CLOTHING
& EQUIPMENT RECORD

- Prepares Extract from Service Record.
- Effects transfer by indorsement in Service Record.
- Sees that the following are accomplished prior to transfer:
 1. That the man has been properly cleared.
 2. That all financial statements are complete, up to date and accurate.
 3. That records of courts-martial completed have been properly noted in the Service Record, and those pending forwarded for necessary action.
 4. That the transfer indorsement in the Service Record is complete.
 5. That the Service Record and allied papers have been reviewed for accuracy and completeness.

- Records items turned in when organization clears man of his property account.
- Prepares necessary statement of charges or report of survey.
- Sends completed form to Unit Personnel Office for inclusion with other records.

WD AGO 201
RECORDS JACKET

- Transmits Service Record and allied papers in Records Jacket, WD AGO Form 201.

PATIENTS OR STATION COMPLEMENT

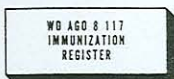
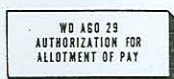
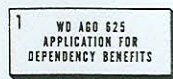
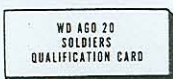
MAN'S FORMER ORGANIZATION

UNIT PERSONNEL OFFICE

COMPANY



- Takes steps to effect transfer and to clear man of his accounts.
- CDD Transfer Order serves as authority to effect transfer
- No further special orders required.
- Retains copy 2 and transmits copy 1 to man's immediate commanding officer.



- Prepares Extract from Service Record.
- Effects transfer by indorsement in Service Record.
- Sees that the following are accomplished prior to transfer:
 1. That the man has been properly cleared.
 2. That all financial statements are complete, up to date and accurate.
 3. That records of courts-martial completed have been properly noted in the Service Record, and those pending forwarded for necessary action.
 4. That the transfer indorsement in the Service Record is complete.
 5. That the Service Record and allied papers have been reviewed for accuracy and completeness.



- Transmits Service Record and allied papers in Records Jacket, WD AGO Form 201.



- Drops man from morning report effective the date stated on CDD Transfer Order.



- Records items turned in when organization clears man of his property account.
- Prepares necessary statement of charges or report of survey.
- Sends completed form to Unit Personnel Office for inclusion with other records.

PATIENT'S PROPERTY SLIP, WD AGO FORM 8-111

REFERENCE: AR 40-590

- NOTES:**
1. WD AGO Form 8-111 is prepared in duplicate at the time that clothing and equipment are checked in at the hospital.
 2. This may be done at the baggage or supply office, admitting office or on the ward, dependent upon local practice.
 3. Both recipient and also the patient, if physically able, sign slip to verify accuracy.
 4. WD AGO Form 8-111, 13 June 1944 will be used pending publication of the revised form illustrated.

WD AGO Form 8-111 1 Dec. 1944		1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.			*Required only when item, if procedure is used.			
2. REGISTER NO. 13 294		3. ARMY SERIAL NO. 32 033 197		4. GRADE T/Sgt				
5. ORGANIZATION AND ARMED SERVICE 1245th SCSU								
6. AGE 29		7. RACE W		8. LENGTH OF SER. 3 11/12				
9. DATE OF ADMISSION 10 Nov 44		10. SOURCE OF ADMISSION Direct						
<p>PATIENT'S PROPERTY SLIP</p> <p>INSTRUCTIONS: Form will be completed in two (2) copies. Copy 2 will be given to the patient; copy 1 will be retained with the patient's records. If articles are stored at locations other than the ward a check mark will be inserted in column "S" to indicate those articles.</p>								
NO.	Q	ARTICLES	NO.	S	ARTICLES	NO.	S	ARTICLES
1		Belt, web			Helmet			Cover, canteen
		Coat, sackline			Liner			Raversack
1		Coat, wool			Overshoes, arctic			Pin, tent
		Gloves, leather	1		Shoes, service			Pole, tent
		Gloves, o.d.						Shutter half
1		Handkerchief						Towel, bath
1		Jacket, field						Towel, bath
1		Jeckets						Washbowl
		Overcoat						Bag, canteen, field
1		Shirt, cotton						Blank, gas
1		Shirt, wool			Can, meat	1		Parcel, first-aid
		Trousers, fatigue			Canteen			Valpack
		Jacket, fatigue			Cap			
		Hat, fatigue			Knife, fork, spoon			
1		Katacoat			Confortor			
1		Drawers, cotton			Rasor			
1		Drawers, wool	1		Bag, barrack			
1		Socks, cotton			Bag, duffel			
1		Socks, wool			Belt, cartridge			
1		Undershirt, cotton			Belt, pistol			
1		Undershirt, wool			Forrier, post			
Date if other than that stated above						Designate other location where articles stored Baggage Room # 2		
Signature of recipient John C. Smith				Signature of patient Lloyd M. Carpenter				

DIAGNOSIS SLIP, WD AGO FORM 8-176

(TENTATIVE)

- NOTES:**
1. WD AGO Form 8-176 is prepared by ward officers within 24 hours after admission and submitted to Registrar.
 2. Registrar takes necessary action to arrange for transfer of patient for CDD, to secure clinical records, to clarify LOD, etc., as indicated by entries on the WD AGO Form 8-176.

WD AGO Form 8-176 TENTATIVE 28 November 1944		1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.			*REQUIRED ONLY WHEN SPECIAL PROCEDURE IS USED
2. REGISTER NO. 13 294		3. ARMY SERIAL NO. 32 033 197		4. GRADE T/Sgt	
5. ORGANIZATION AND ARMED SERVICE 1245th SCSU					
6. AGE 29		7. RACE W		8. LENGTH OF SER. 3 11/12	
9. DATE OF ADMISSION 10 Nov 44		10. SOURCE OF ADMISSION Direct			
<p>DIAGNOSIS SLIP</p> <p>INSTRUCTIONS: Forward original to Registrar within 24 hours of admission. Answer all items. File duplicate with clinical record. The information submitted on this form need only be tentative, but must be furnished within 24 hours of admission. In the event any of the data changes materially, a revised form showing the correct information will be submitted to the Registrar without delay.</p>					
11. DATE 11 Nov 44		12. WARD OFFICER Jesse M. Galt		13. PARD 6	
14. DIAGNOSIS Rt. hip - right sacro-iliac joint due to fracture right ilium incurred in combat 15 Jul 44				15. LINE OF DUTY (Check)	
				YES NO EPTS (MND) OR UNR	
16. IS INVESTIGATING OFFICER REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY 14 DAYS.					
<input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> DETACHMENT <input checked="" type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO USF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL					
18. HOSPITAL RECORDS REQUESTED					
HOSPITAL				DATE	
Holloman G. H. Station Is. N.Y.				20 Oct 44	

This form may be reproduced locally until WD AGO Form 8-176 is published and distributed.

MORNING REPORT, WD AGO FORM 1

REFERENCE: AR 345-400

MORNING REPORT ENDING 15 Nov 1944
2400 (MONTH) (YEAR)

ORGANIZATION Detachment of Patients (ARMY) (MONTH) (YEAR) MD
(HQ, CO, DET, ETC) (PARENT UNIT) (ARM OR SERVICE)

STATION OR LOCATION 1257 SCSU Tilton GH Ft Dix NJ

NAME	SERIAL NUMBER	GRADE	MOS.	CODE
Carpenter Lloyd M	32033197	T Sgt	174	
Atchd unasgd jd fr 1245 SCSU for CDD Race W per CDD Transfer Order TGH dtd 12 Nov 44				

Entry by Personnel Section picking person up for CDD

Carpenter Lloyd M	32033197	T Sgt		
Fr hosp to hon disch per CDD				

Personnel Section entry upon discharge

NOTE: This illustration is to show model remarks for CDD transfer on morning report.

CDD TRANSFER

REFERENCE: AR 615-360
 AR 615-361
 CIR. 13, WD 1944

NOTE: The CDD Transfer Order, Request for Photostat and Work File Copy may be prepared in one operation. If the CDD Transfer Order is not necessary, the remaining forms may be prepared in one operation.

(The following form is repeated three times, tilted at an angle. The text is identical for each instance.)

Last Name - First Name - Middle Initial
 Doe, John J.

Organization
 323 Engineer Bn

Grade
 Pvt.

A.S.N.
 12 345 678

Date
 8 Nov 44

Date of Hospitalization
 1 November 44

Pursuant to par. 6c (4) AR 615-360, the above named enlisted person will be relieved from his present assignment and transferred in grade to the Detachment of Patients, Station Hospital, Fort Benning, Ga., pending CDD. (Service Record, Station Hospital, Fort Benning, Ga., within 48 hours. Transfer will be effected by indorsement in Service Record. No special order will be required).
 Effective date of change on morning report 11 NOV 44

HEADQUARTERS
 FORT BENNING
 GEORGIA
 CDD Transfer Order (AR 615-360)

BY COMMAND OF BRIG GENERAL JONES
Robert Clancy
 ROBERT CLANCY, Capt. AGD, UPO

* Not applicable if S/R and AP have previously been indorsed and transmitted to the Detachment of Patients. Only action necessary is Morning Report remark changing status of enlisted person from "absent sick" to "transferred to Detachment of Patients, Station Hospital, Fort Benning, Ga."

- NOTES:
1. Registrar prepares this form as soon as possible after receipt of Diagnosis Slip, WD AGO Form 8-176, for the signature of the personnel officer.
 2. The form is to be used in securing transfer and also in securing change of status from "attached" to "attached unassigned."
 3. If person is already "attached unassigned" this form is not required.

REQUEST FOR PHOTOSTAT AND WORK FILE COPY

REFERENCE: AR 615-361, WD CIRCULAR 13, 1944

Last Name Carpenter, Lloyd M	First Name	M. Initial	A.S.N. 32 033 197	DATE 12 November 44
Organization 317th Infantry	Grade T/Sgt	Date of Hospitalization 10 November 44		
REQUEST FOR PHOTOSTAT OF PHYSICAL EXAMINATION				
ENLISTED BRANCH, A. G. O. P. E. R. SECTION MUNITIONS BLDG., WASHINGTON, 25, D. C.			TILTON GENERAL HOSPITAL FORT DIX, NEW JERSEY ATTENTION: REGISTRAR	

NOTE: Prepared in one operation with CDD Transfer Order, if necessary, and work file copy.

Last Name Carpenter, Lloyd M	First Name	M. Initial	A.S.N. 32 033 197	DATE 12 November 44
Organization 317th Infantry	Grade T/Sgt	Date of Hospitalization 10 November 44		
Service Record Received	Case typed by: <i>W. H. King</i> Case checked by: <i>Altling</i> Remarks:			
Form 40 Initiated				
2nd Indorsement dated				
Form 53-55 or 53-56				
Form 370 or 371				
Form 100				
Form 30-S				
Lapel Button				
Date of Discharge				
Record to AGO				

NOTE: Prepared with other forms; forwarded to Personnel Section to be retained as file copy.

REQUEST FOR CLINICAL RECORDS FROM OTHER ARMY HOSPITALS PERTINENT TO CDD CASE

REFERENCE: CIR. 13, WD 1944

CLINICAL RECORDS PERTINENT TO CDD CASE

Last Name - First Name - Middle Initial	A. S. N.	Date of Hospitalization	Date of Request
Carpenter, Lloyd M.	32 033 197	10 November 44	12 November 44

REQUESTING HOSPITAL
TILTON GENERAL HOSPITAL
FORT DIX, NEW JERSEY
ATTENTION: REGISTRAR

TRANSMITTING HOSPITAL
NAME OF HOSPITAL
General Hospital

CLINICAL RECORDS PERTINENT TO CDD CASE

Last Name - First Name - Middle Initial	A. S. N.	Date of Hospitalization	Date of Request
Carpenter, Lloyd M.	32 033 197	10 November 1944	12 November 44

TRANSMITTING HOSPITAL
NAME OF HOSPITAL
Holloran General Hospital
ADDRESS
Staten Island
CITY AND STATE
New York, N. Y.
ATTENTION: REGISTRAR

SUBMIT IN DUPLICATE - DO NOT FOLD - NO SIGNATURE REQUIRED

NOTES:

1. Prepared as soon as possible from the Diagnosis Slip for each hospital from which clinical records are desired.
2. Three copies are prepared; copies 1 and 2 are forwarded to the hospital; copy 3 is retained as a suspense copy.

LIST OF APPROVED CDD CASES

MEN TO BE DISCHARGED FRIDAY 24 NOVEMBER 1944 AT 1100

1. Carpenter, Lloyd M.	32 033 197	T/Sgt	W-6
------------------------	------------	-------	-----

NOTE: Sufficient copies prepared to suit local needs in order to notify all interested parties of date of discharge. List is prepared from approved cases; no additional data will appear on this list.

CDD WORK SHEET

Register No. 13294

TILTON GENERAL HOSPITAL

Ward No. 6

CDD WORK SHEET

Last Name - First Name - Middle Initial	ASN	Grade	Date of Board
Carpenter, Lloyd M.	32033197	T/Sgt	21 Nov 44

FINDINGS: (Record those disabilities which incapacitate soldier for further service. If there is more than one incapacitating defect, designate as A,B,C,D, etc., State diagnoses according to "Standard Terms for Diagnosis" - including how, when, and where incurred in injuries. Add additional statement as to manifestations and how each defect incapacitates and also statement as to basis for LOD findings. Be concise but accurate and complete.)

Arthritis, chronic, non-suppurative, moderate, sacro-iliac joint, right, secondary to fracture, compound, ilium, right, incurred in combat, 15 July 1944, near St. Lo, France from enemy bullet, caliber 31, point of entrance on lateral aspect of right ilium. Manifested by pain and tenderness in the right sacro-iliac region aggravated by walking or strenuous physical activity. Considered LOD Yes because incurred as a result of enemy action.

Enter only those diagnoses which incapacitate soldier for further military service.

(Additional diagnoses and remarks may be completed on the reverse of this form)

Date Became Unfit for Duty	Date of Onset	Due to Mis-conduct		Incurred While AWOL		Incurred in Authorized Military Activity		Aggravated by Active Service		E P T S		In Line of Duty	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Enter One Date	Enter Each Date												
15 July 44	A 15 Jul 44		x		x	x			x		x	x	
	B												
	C												
	D												

See Cir. 458 WD 1944, relative to determination of line of duty

ADDITIONAL INFORMATION TO BE COMPLETED IN ALL CASES:

1. Age 29 . 2. Race W . 3. Length of Service 3 11/12 . Present job with organization Radio repairman
5. X-Ray of chest has been taken within 90 days: Date of last report 15 Nov 44 .
6. Soldier (can) ~~cannot~~ be released from military control without danger to himself or others. Transfer to VAF _____ Other institution _____ (~~is~~) (is not) necessary.
7. Escort of _____ officers and/or _____ enlisted men (~~will~~) (will not) be required.
8. Permanent address for mailing purposes (ASK THE SOLDIER). 411 Highland Ave., San Francisco, California

APPROVED:

Jesse M. Galt
(Ward Officer)

Martin J. Heslop
(President) (Signature)
Capt. MC

Henson R. Smith
(Recorder) (Signature)
1st Lt. MC

Jesse M. Galt
(Member) (Signature)
Capt. MC

- NOTES:** 1. Prepared by ward officer from clinical records.
2. Submitted to CDD Board with clinical records through Chief of Service for approval.

CERTIFICATE OF DISABILITY FOR DISCHARGE WD AGO FORM 40

REFERENCES: AR 615-361 AR 40-1025
CIR. 458, WD, 1944 AS AMENDED
CIR. 435, WD, 1944

CERTIFICATE OF DISABILITY FOR DISCHARGE											
REPORT OF BOARD OF MEDICAL OFFICERS (NET UNDER PROVISIONS OF SECTION II, AR 615-360)											
1. LAST NAME - FIRST NAME - MIDDLE INITIAL Carpenter, Lloyd M			2. ARMY SERIAL NUMBER, GRADE 32 033 197 T/Sgt			3. DATE OF BOARD MEETING 21 November 1944					
4. LAST PERMANENT ORGANIZATION (Regiment and Arm or Service) 317th Infantry						5. PLACE OF MEETING (Station or Hospital) Tilton GH Fort Dix NJ					
7. AFTER CAREFUL CONSIDERATION OF ALL INFORMATION OBTAINABLE AND A CRITICAL EXAMINATION, WE FIND THIS INDIVIDUAL UNFIT FOR MILITARY SERVICE BECAUSE OF: (95) Arthritis, Result of Battle Traumatism. Arthritis, chronic, non-suppurative, moderate, sacro-iliac joint, right, secondary to fracture, compound, ilium, right, incurred in combat, 15 July 1944, near St. Lo, France, from enemy bullet, caliber 31, point of entrance on lateral aspect of right ilium.											
DATE OF ONSET OF DISEASE OR INJURY		DATE BECAME UNFIT FOR DUTY		OBSERVED BY ACTIVE SERVICE		INCURRED WHILE ON DUTY		EXCLUDED FROM ENTERING INTO SERVICE		INCIDENT IN PRIVATE SERVICE	
A. 15 July 1944		15 July 1944		YES NO		YES NO		YES NO		YES NO	
				X		X		X		NOT REQUIRED	
REMARKS (Identify by Box Number) Incurred in authorized military activity - Yes 1-RAY OF CHEST HAS BEEN TAKEN WITHIN 90 DAYS AND REPORT IN ACCORDANCE WITH THESE FINDINGS, WE RECOMMEND DISCHARGE 8. PRESIDENT'S SIGNATURE (Sign Original only) 9. BOARD MEMBER'S SIGNATURE (Sign Original only) <i>Martin J. Healy, Jr.</i> <i>Henry L. Smith</i> 11. TYPED NAME AND GRADE 12. TYPED NAME AND GRADE MARTIN J. HEALY, JR. HENRY L. SMITH Captain, M. C. 1st Lt., M. C. APPROVAL C. O. HOSPITAL APPROVAL DISCHARGE AUTHORITY 14. DATE 15. DATE 22 November 1944 17. SIGNATURE (Sign Original only) 18. SIGNATURE (Sign Original only) <i>Cecil E. Miller</i> 19. TYPED NAME AND GRADE 20. TYPED NAME AND GRADE CECIL E. MILLER, Capt., M. C. Executive Officer 21. THE ADJUTANT GENERAL HEADQUARTERS 1257 SCSU Tilton GH Fort Dix NJ DATE 25 November 44 22. DATE INDIVIDUAL ENTERED ACTIVE SERVICE 23. DATE OF LAST DISCHARGE, IF ANY 24. IF ABSENT FROM UNIT WHEN DISEASE WAS CONTRACTED OR INJURY RECEIVED, STATE CLASS, PLACE, AND DATE 30 Nov 40 3 11 None 27. DATE INDIVIDUAL WAS DISCHARGED 28. DISCHARGED AT 29. 30. 31. 32. 33. 24 Nov 44 Tilton GH, Ft Dix NJ X YES NO YES NO YES NO YES NO PERMANENT ADDRESS FOR MAILING PURPOSES (FOR LEGAL GUARDIAN OR VETERANS' FACILITY IF FURTHER CARE REQUIRED) 411 Highland Avenue, San Francisco, San Mateo, California INDIVIDUAL WAS GIVEN OPPORTUNITY TO APPLY FOR PENSION - INDIVIDUAL WAS FURNISHED WITH A DISCHARGE CERTIFICATE 25. TYPED NAME AND GRADE OF PERSONNEL OFFICER 26. PERSONNEL OFFICER'S SIGNATURE (This signature on copies to others will serve as certification of true copy) O. WEXLER, 1st Lt., MAC, Asst. UPO <i>O. Wexler</i> INSTRUCTIONS: Prepare original and two copies for: 1. The Adjutant General (in Service Record), 2. The Personnel Administration, 3. Discharging Organization U.S.A., FORM NO. 40 15 FEB 1944 SUPERSEDES U.S.A., FORM NO. 40 15 FEB 1944, WHICH WILL NOT BE USED AFTER RECEIPT OF THIS REVISION											

STEP 2: Typed from CDD Work Sheet at Board Meeting.

STEP 1: Typed by Personnel Section from Service Record

STEP 3: Board members sign original only at Board Meeting.

STEP 6: Discharge authority or his designee signs original only.

STEP 5: CO or his designee signs original only. This signature not necessary when CO of hospital is also discharge authority.

STEP 4: Registrar reviews for accuracy and initials.

STEP 1b: Items 23, 24, 25, 26, 32, and 33 will be completed at the same time as the upper portion of this Form.

STEP 7: Signs Copies 1, 2, and 3.

- NOTES:**
- In boxes (4) and (5) enter "not required."
 - The statement "Incurred in authorized military activity (yes, no)" will be inserted in "Remarks."
 - The words "wounds or other injuries secured in service" will be deleted in Box 3.
 - A revised WD AGO Form 40 incorporating these changes will be published soon. Form 40, 29 May 1944, will be used until revised Form 40 is distributed.
 - Code medical diagnosis. See Cir. 435, WD 1944.

REGISTER CARD WD AGO FORM 8-24

DO NOT USE CODE BOXES					
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.			A1	A2	A3
2. REGISTER NO. 13 294	3. ARMY SERIAL NO. 32 033 197	4. GRADE T/Sgt	B1	B2	B3
5. ORGANIZATION 1245th					
DO NOT USE CODE BOXES					
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.			A1	A2	A3
2. REGISTER NO. 13 294	3. ARMY SERIAL NO. 32 033 197	4. GRADE T/Sgt	B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below) 1245th SCSU			C1	C2	
*If AAF, in					
11. CAUSE OF STATUS Arthri moder secon ilium 15 Ju from of en right			6. AGE 29	7. RACE W	8. LENGTH OF SERVICE 3 11/12
			9. DATE OF ADMISSION 10 Nov 44	D1	D2
10. SOURCE OF ADMISSION Direct			E1	E2	E3
*If AAF, indicate pilot, non-pilot flying para., ground para., or avn. cadet					
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS Arthritis, chronic, non-suppurative, moderate, sacro-iliac joint, right, secondary to fracture, compound, ilium, right, incurred in combat, 15 July 1944, near St. Lo, France from enemy bullet, caliber 31, point of entrance on lateral aspect of right ilium.					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					
Q1					
Q2					
R					
S					
T					
U					
V1					
V2					
W1					
W2					
12. LINE OF DUTY Yes					
13. DISPOSITION Disch per CDD, AR 615-361, per 1st Ind HQ TGH, dtd 22 Nov. 44.					
14. DATE OF DISPOSITION 24 November 1944					
15. DAYS LOST -> TOTAL HOSPITAL QUARTERS 15 15					
16. NAME AND LOCATION OF REPORTING INSTALLATION 1257 SCSU Tilton Gen Hosp Ft Dix NJ					
17. SIGNATURE G. WEXLER, 1st Lt., MAC Registrar					
W. D. A. G. O. FORM NO. 8-24 1 July 1944					
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-4886-1 ★ GPO					

- NOTES:**
1. Prepared for each case released from hospital whether the enlisted person is discharged for disability or returned to duty.
 2. Prepared in duplicate; original copy transmitted to Surgeon General; copy 2 retained for files.

CHAPTER 3

**TRANSMITTAL OF RECORDS TO VETERANS ADMINISTRATION —
TRANSFER OF PATIENT TO A VETERANS ADMINISTRATION FACILITY**

7. The completion of the various forms required by the Veterans Administration in order to adjudicate claims for pension is an important part of the separation procedure.

8. Every effort should be made to assure that the dischargee is fully informed as to the rights and benefits which may accrue to him as a result of his completion of service in the armed forces. His rights to pension; the advisability of continuing his National Service Life Insurance; his rights under the GI Bill of Rights; and all other rights should be fully explained to the soldier prior to discharge.

9. Prompt transmittal of records to the Veterans Administration subsequent to discharge of the soldier is vital, in order to assure that any benefits accruing to him may be determined as soon as possible. All records destined for the Veterans Administration should be transmitted within 48 hours after separation is effected.

10. Major changes have been effected in the procedure for transferring a patient requiring further hospital treatment to a Veterans Administration Facility. They are as follows:

a. Provision has been made on the Diagnosis Slip WD AGO Form 176 for the Ward Officer to advise the Registrar if the patient needs care at a Veterans Administration Facility.

b. Request for designation of a facility to which the patient is to be transferred is submitted to the Veterans Administration promptly so that there will be no delay in effecting transfer when the C.D.D. Board has approved discharge.

c. Separate receipts for the patient and his property and clothing from the Veterans Administration Facility have been consolidated into one form.

d. The Veterans Administration Form 526 has been revised into box form to facilitate completion.

e. WD AGO Form 40 and VA Form 2834 are used as an automatic request for special orders.

f. Information on page 3 of Form P-10 will be brief, since similar data appears on other records transmitted to the Veterans Administration.

g. Discharge and pay records will be completed as soon as notification of delivery at the Veterans Facility has been received.

RECEIPT AND TRANSMITTAL OF RECORDS TO VETERANS

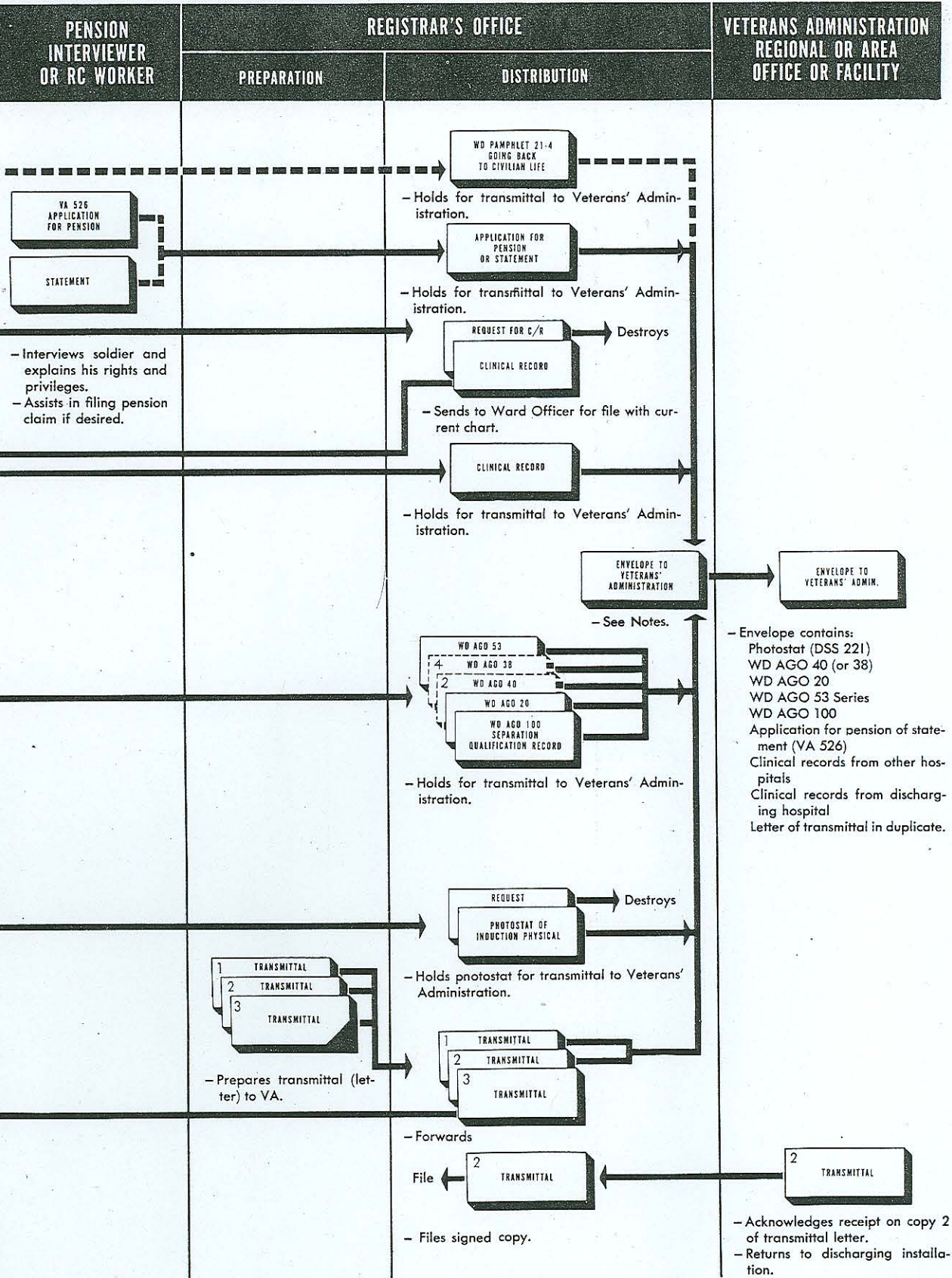
DOCUMENT	WARD OFFICER	THE ADJUTANT GENERAL (WASHINGTON, D. C.)	PERSONNEL SECTION	OTHER ARMY HOSPITALS
SECTION 1 — RECEIPT AND TRANSMITTAL OF RECORDS TO THE VETERANS' ADMINISTRATION				
"GOING BACK TO CIVILIAN LIFE" WD PAMPHLET 21-4 APPLICATION FOR PENSION VETERANS' ADMINISTRATION FORM NO. 526 or STATEMENT THAT MAN DOES NOT ELECT TO FILE CLAIM REQUEST FOR CLINICAL RECORDS CLINICAL RECORDS FROM OTHER HOSPITALS			WD PAMPHLET 21-4 GOING BACK TO CIVILIAN LIFE → Soldier - Gives booklet to soldier. - Sends to Veterans' Administration Facility if soldier is mentally incompetent.	REQUEST FOR C/R CLINICAL RECORD - Forwards Clinical Records requested by discharging authority. - If discharge by CDD, forwards to hospital.
CLINICAL RECORDS	CLINICAL RECORD - Transmits to CDD Board which forwards CR to Registrar after board meeting.			
REPORT OF PHYSICAL EXAMINATION WD AGO FORM 38 or CERTIFICATE OF DISABILITY FOR DISCHARGE WD AGO FORM 40			WD AGO 53 SERIES REPORT OF SEPARATION - Transmits VA copy. 4 WD AGO 38 REPORT OF PHYSICAL EXAMINATION 2 WD AGO 40 CDD - Transmits Form 40 if CDD, or Form 38, otherwise.	
SOLDIER'S QUALIFICATION CARD WD AGO FORM 20			WD AGO 20 SOLDIERS QUALIFICATION CARD - Transmits Form 20.	
PHOTOSTAT OF PHYSICAL EXAMINATION AT TIME OF ENTRANCE INTO MILITARY SERVICE		REQUEST PHOTOSTAT OF INDUCTION PHYSICAL - Forwards photostat of induction physical. - If record not available, notifies hospital. - If discharge by CDD, forwards to hospital. - If not CDD discharge forwards direct to VA.	1 WD AGO 100 SEPARATION QUALIFICATION RECORD - Transmits VA copy, Form 100.	
LETTER OF TRANSMITTAL			3 TRANSMITTAL - Holds copy for transmittal to AGO with Service Record.	

NOTES

A. If the soldier is not being transferred to a Veterans' Administration Facility, and is being discharged on CDD; AR 615-361, the records will be compiled and will be forwarded by mail to the Veterans' Administration Area Office serving the area in which the discharging installation is located. If discharge is other than CDD, WD AGO Form 38 and other records will be compiled and will be forwarded to the VA Regional Office nearest the man's future residence. It is essential these records be forwarded promptly.

B. If the soldier is to be transferred to a Veterans' Administration Facility the records will be transmitted by the attendant accompanying the patient, to the Facility. If the soldier proceeds to the Facility unattended, the records will be forwarded to the Facility by mail on the day that the soldier departs. In those cases being transferred to a Veterans' Administration Facility, VA Form P-10 will be completed and forwarded with other records.

ADMINISTRATION AREA OFFICE OR FACILITY



TRANSFER OF A PATIENT TO A

DOCUMENT	WARD OFFICER	REGISTRAR
		PREPARATION

SECTION 1—INITIAL PROCEDURES FOR TRANSFER TO VETERANS ADMINISTRATION FACILITY.

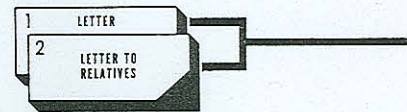
DIAGNOSIS SLIP
WD AGO FORM 8-176



- Submits within 24 hours after admission to Registrar. Revises slip upon change of diagnosis or disposition.
- Recommends man be sent to care of Veterans Administration Facility or to care of family.

- Registrar notes proposed disposition and arranges for such disposition.
- If patient is a mental case, requests information for letter to parents, nearest relative or legal guardian from the ward officer.

LETTER TO NEAREST RELATIVE, OR LEGAL GUARDIAN, ADVISING FURTHER CARE IS NECESSARY.
(See Cir. 298, WD 1944.)



- Prepares and signs letter, allowing 10 days for reply.
- Prepares request for designation of VA Facility and sends to VA, Washington, D. C. at the same time that letter is transmitted to relatives.

APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE
VA. FORM P-10



- Initiates VA Form P-10 and has soldier sign if he is mentally competent.
- If soldier is mentally incompetent, sends to Registrar for transmission to relative for completion of affidavit as to financial responsibility.

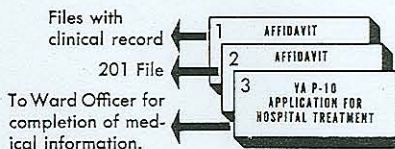
- Completes all items except 5, 8, 9, 10 and 12.
- Forwards VA Form P-10 to relatives, if man is mentally incompetent, for completion.
- If form is completed by patient, holds for transmission to the Veterans Administration with other records.

AFFIDAVIT OF PARENT, NEAREST RELATIVE OR LEGAL GUARDIAN



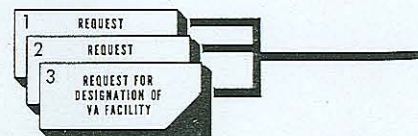
- Prepares affidavits if care by family is recommended by ward officer.
- Sends to nearest relative who signs indicating agreement to assume responsibility for care of patient.

RETURN ENVELOPE FROM RELATIVE



- If relative signs affidavits, patient is discharged to their care.
- If soldier is to be released to care of nearest relative, VA Form P-10 is destroyed.
- If soldier is transferred to a VA Facility, VA Form P-10 is held for transmission to the Veterans Administration with other records. (See Page 46.)

REQUEST FOR DESIGNATION OF VETERANS ADMINISTRATION FACILITY



- Sends at the same time as letter is sent to relative.
- If family agrees to assume responsibility for patient, designation is cancelled by letter to the VA, Washington, D.C.
- Same procedure followed if decision is made as to other disposition by the CDD board.

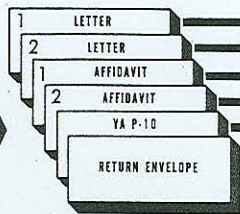
VETERANS ADMINISTRATION FACILITY

REGISTRAR

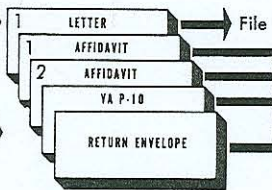
DISTRIBUTION

NEAREST RELATIVE
OR LEGAL GUARDIAN

VETERANS'
ADMINISTRATION
WASHINGTON, D. C.



- Encloses return envelope, affidavits and VA Form P-10.
- Mails letter, VA form P-10 and affidavits, if home care is recommended by the ward officer.



- Receives letter and makes decision.
- Signs affidavits and returns within 10 days.
- If alternate decision is made, notifies Registrar.



- Distributes forms received in envelope from nearest relatives.



- Mails form in return envelope.



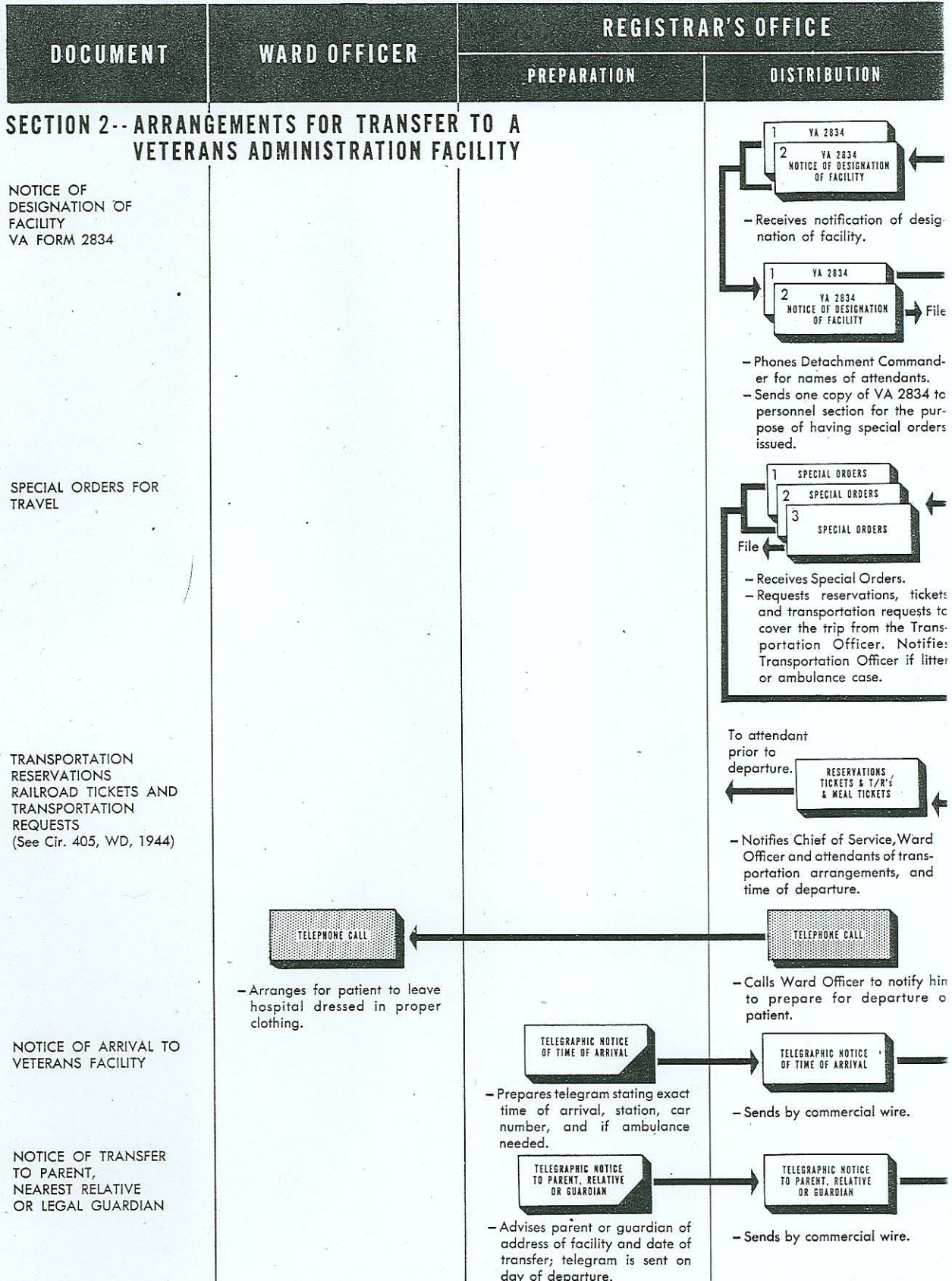
- Mails two copies of request.
- Groups all requests in one envelope to the VA, Washington, D.C., daily.
- No other records need accompany this request.

Suspense

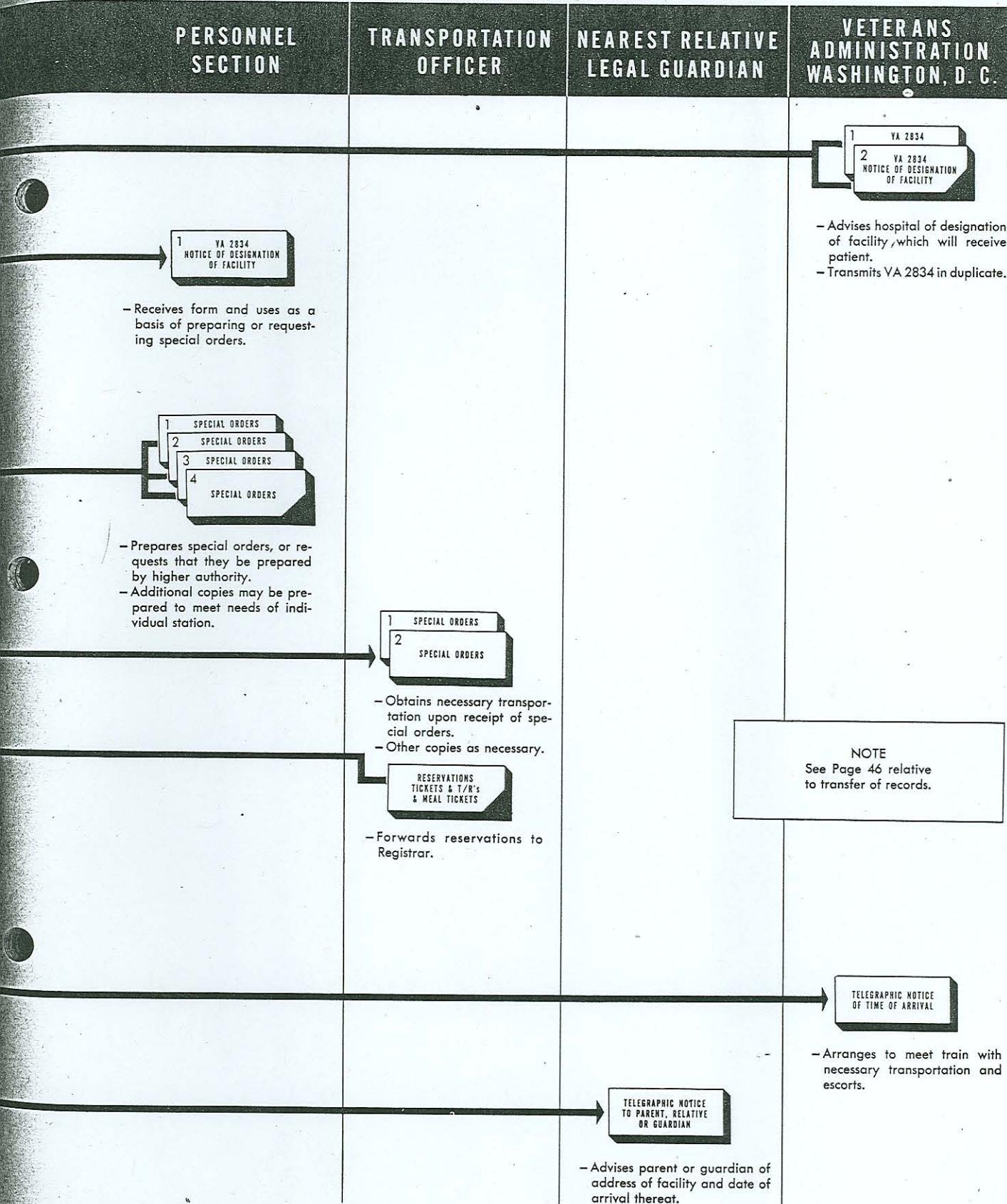


- Locates and designates space in proper facility.
- Notifies requesting hospital of designation. (See Section 2.)

TRANSFER OF A PATIENT TO A



VETERANS ADMINISTRATION FACILITY (CONTD)

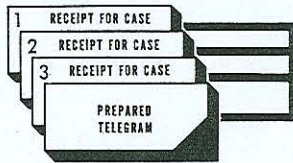


TRANSFER OF A PATIENT TO A

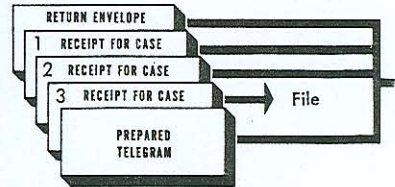
DOCUMENT	REGISTRAR	
	PREPARATION	DISTRIBUTION

SECTION 3—RECEIPT FROM VETERAN'S FACILITY FOR PATIENT AND PROPERTY

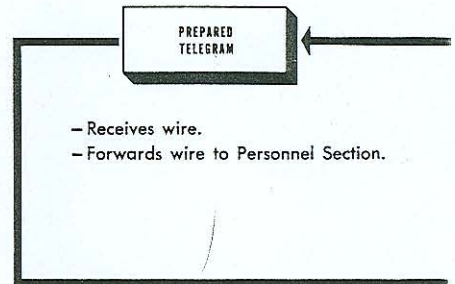
RECEIPT FOR CASE FROM VETERANS FACILITY



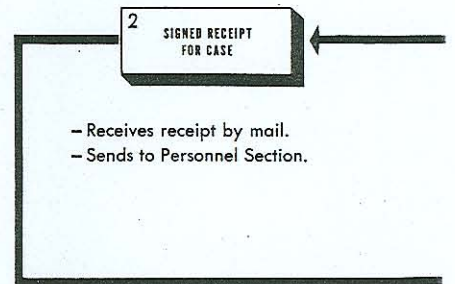
- Prepares receipt from Veterans Facility.
- Prepares telegram to be completed and sent collect by the attendant upon effecting delivery to the facility. If patient proceeds without attendant, he is given prepared telegram which is completed and dispatched upon arrival by VAF.



- Sends with attendant to the facility.
- Encloses addressed return envelope. If no attendant, see note.



- Receives wire.
- Forwards wire to Personnel Section.



- Receives receipt by mail.
- Sends to Personnel Section.

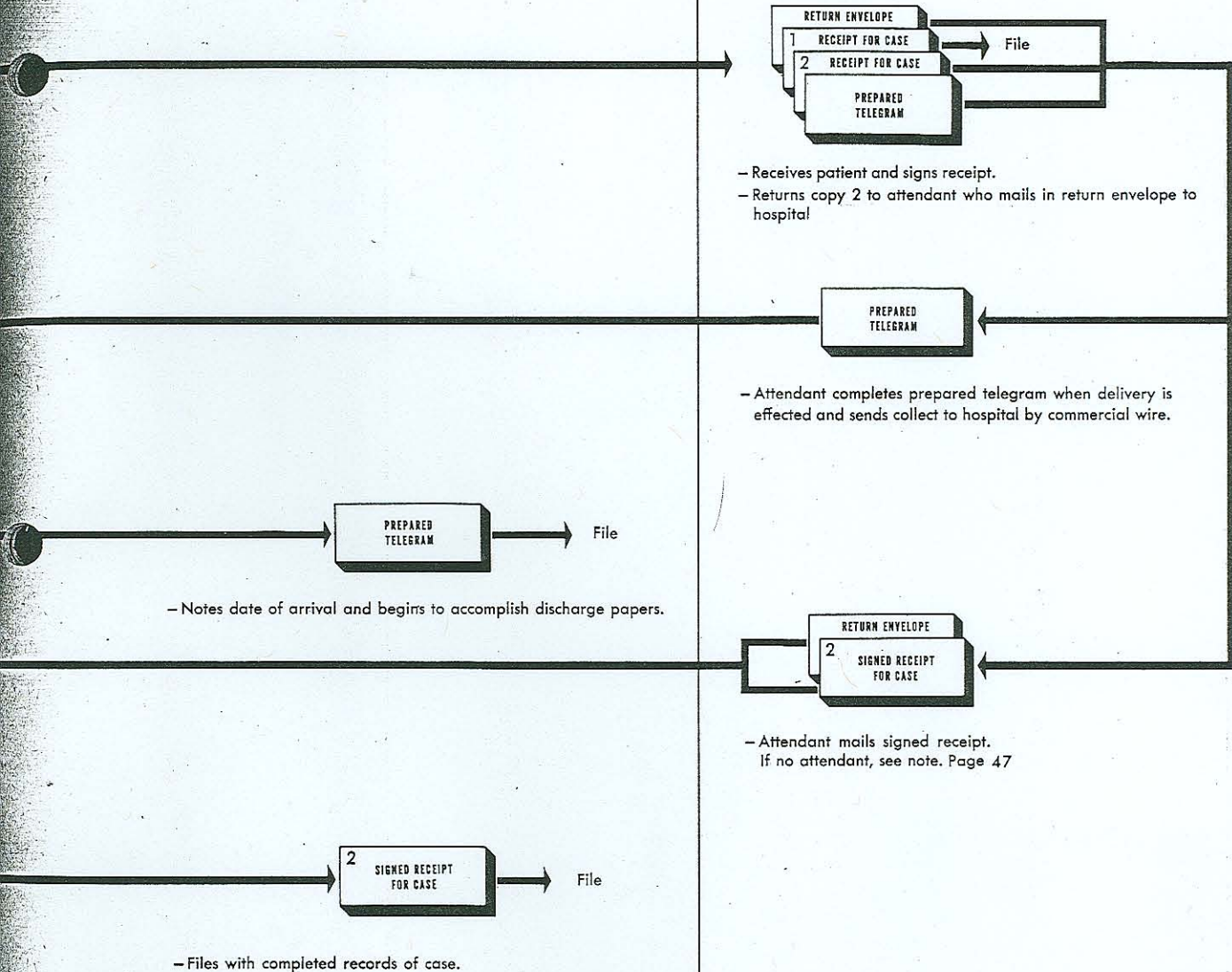
SECTION 4—TRANSMITTAL OF RECORDS AT TIME OF DISCHARGE TO VETERAN'S FACILITY

See Sect. 1. Receipt and Transmittal of Records to Veterans Administration Area Office or Facility. Page 46.

VETERANS ADMINISTRATION FACILITY (CONTD)

PERSONNEL SECTION

VETERAN'S FACILITY



NOTES

1. Discharge is completed in accordance with the procedure established in Part 1, — after the Veterans Administration receipts for the patient.
2. Final payment and discharge records are to be disposed of as directed in AR 615-361, without delay.

LETTER TO RELATIVES—IN CASE OF MENTALLY INCOMPETENT SOLDIERS

REFERENCE: AR 600-500, WD CIRCULAR 298, 1944

OFFICE OF THE REGISTRAR
TILTON GENERAL HOSPITAL
FORT DIX, N. J.

5 November 1944

Mrs. Mary Jane Doe
1440 Oak Street
Newark, N. J.

Dear Mrs. Doe:

You were notified on 29 October that your husband, John J. Doe, had been admitted to this hospital for observation and treatment of a mental condition. Since that time he has been studied very carefully and it has been determined that he is suffering from "Psychosis, unclassified". Although he has shown considerable improvement, his discharge from the military service has been recommended, but his condition is such that further hospital care is necessary.

He shows the following symptoms which are believed to make home care inadvisable at this time: He is extremely dull, withdrawn, childish and shallow with signs of extreme nervousness and at times depression.

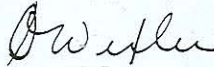
Under existing statutes he is eligible for treatment in a Veterans' Administration facility, and authority for his transfer to a Veterans hospital is being requested. Regulations provide, however, that you may elect to receive him at home to provide care for him there or in a private institution at your own expense. If you prefer receiving him at home and are willing and able to provide the proper care and treatment for him, please sign and execute before a notary public the inclosed form of agreement and return it to this office. If not, please state that fact in your reply and complete and sign before a notary public the inclosed application for Veterans hospitalization and return it with your reply. In either case, your reply within 10 days is requested. It is recommended that you consult your physician before making a decision. Receiving your husband at home at this time does not in any way interfere with his right to be hospitalized in a Veterans' Administration facility in the future, should such care be necessary.

If you signify your willingness to receive him, he will be accompanied home at Government expense and discharged from the service to your custody upon arrival. You will be notified beforehand of the date of his arrival.

A postage-free envelope is inclosed for your reply.

Very sincerely yours,

Incls.


O. WEXLER
1st Lt., MAC
Registrar

NOTE: Forwarded as soon as diagnosis and proposed disposition are determined. Copies of affidavit and VA Form P-10 are inclosed, for completion by relatives.

AFFIDAVIT FOR ASSUMPTION OF RESPONSIBILITY

REFERENCE: AR 600-500

A F F I D A V I T

STATE New Jersey)
COUNTY OF Essex)

Personally appeared before me the undersigned authority for administering oaths in like cases, one Mary Jane Doe, who resides at 1440 Oak Street, Newark, N. J., who having been duly sworn according to law deposes and says:

That (he) (she) is the wife of John J. Doe, that (he) (she) desires and is willing to assume responsibility for and control over (his) (her) husband upon the latter's discharge from the U.S. Army, that (he) (she) has been informed of the patient's right to hospitalization by the Veterans Administration, that (he) (she) is familiar with his present mental condition and is willing and financially able to assure him such care as may become necessary, and that (he)(she) will place him in a reputable institution for care and treatment, if necessary.

Further deponent sayeth not.

Mary Jane Doe
(Signed)

Sworn to and subscribed before me this 12 day of November 19 44

Carl H. Study

This form should be accomplished before a notary public or any local person legally authorized to administer oaths.

- NOTES:
1. Information is taken from Service Record or interview with patient.
 2. Prepared by Registrar for signature of nearest relative or guardian and forwarded with letter.
 3. If nearest relative signifies assumption of responsibility and patient is suitable for home care (See AR 600-500) designation of VA facility will be cancelled and patient discharged to the custody of the person assuming responsibility.

APPLICATION FOR PENSION OR COMPENSATION FOR

REFERENCES: AR 615-361

CIR. 13, WD 1944

VETERANS ADMINISTRATION
ADJUDICATION FORM 596
Revised October 1944

CLAIM No. _____

Page 1

VETERAN'S APPLICATION FOR PENSION OR COMPENSATION FOR DISABILITY RESULTING FROM SERVICE IN THE ACTIVE MILITARY OR NAVAL FORCE OF THE UNITED STATES

PENALTIES PROVIDED IN PUBLIC ACT

The assignment or transfer of any right of a person who shall pledge or receive a pledge of or who holds the same as collateral security conviction shall be fined a sum not exceeding \$2,000 or imprisoned for not more than 2 years.

Any person who knowingly or willfully makes any false or fraudulent affidavit or writing, or any person who knowingly certifies that an affidavit, etc., appeared before him and that he not so appear, shall be punished by fine not more than 5 years.

Any fiduciary or other person having charge of the property of a person who shall embezzle the same or fraudulently convert the same to his own use, shall be fined not more than \$2,000 or imprisoned for not more than 2 years at the discretion of the court.

That whoever in any claim for pension or compensation for disability certifies that the claim is to be false, shall be guilty of perjury and be imprisoned for not more than 2 years.

That if any person entitled to pension or compensation for disability, shall be guilty of perjury, he shall be imprisoned for not more than 2 years.

While a claimant has a right to pension or compensation for disability, he shall be liable to pay the cost of the pension or compensation claim agent to assist him in and any attorney or agent so employed by the Veterans Administration.

Any person who shall knowingly agree to, arrange for, or in any way assist in the preparation of a false declaration, certificate, statement, or affidavit, shall be punished by fine not more than \$2,000 or imprisoned for not more than 1 year, or both.

You must furnish all the information requested in this application, and answer it fully and clearly. If you do not know the answer to any question, you should so state. If you desire further information, you may write to the Veterans Administration of the Department of War, Washington, D. C.

If you need more space to correspond with the Veterans Administration, you may attach to this application a separate sheet of paper. YOU HAVE

I hereby make application for compensation or pension based on military or naval service.

1. Last name—First name—Middle name
Doe, John J.

2. Are you a citizen of the United States?
Yes

3. Address (Number, street, city or town, State)
1440 Oak St., Newark, N. J.

4. Native-born or naturalized?
Native-born

5. If naturalized, state date and place

6. Date of birth
15 April 1919

7. Place of birth
Newark, N. J.

8. Sex
Male

9. Race
White

10. Height
5'4" inches

11. Weight
162 lbs.

12. Color eyes
Brown

13. Color hair
Brown

14. Complexion
Ruddy

15. Mark with a cross (X) the branches of service in which you served.
Army Navy Marine Corps Coast Guard Other (specify) _____

16. Are you registered under Selective Service Act? (Yes or no.)
Yes

17. Address of draft board with which you registered.
Lincoln HS, Newark, N. J.

18. Home address at time of registration
1440 Oak St., Newark, N. J.

19. Entered service
Date: 10 May 42 Place: Newark, N. J.

20. Serial No.
32 681 093

21. Separated from service
Date: 21 Nov 44 Place: Ft. Dix, N. J.

22. Grade and organization
Pvt - 181 Inf.

23. Character and type of discharge
Honorable

24. If you served under another name, state name and period of service.
None

25. If reservist, give periods of active duty and branch of service.
None

26. State all periods of inactive duty
None

27. Do answers above cover all periods of your service—active, inactive, or reservist? (Yes or no.)
Yes

28. Have you ever applied for any of the following benefits? (Yes or no.)
Disability allowance, compensation, or pension: No
Regular service retirement pay: No
Emergency sick pay or retirement pay: No
Insurance benefits: No
Hospital treatment or convalescent care: No
U. S. employees' compensation: No
Civil Service Retirement annuity: No

29. If any of the answers under item 28 are "yes," answer the following:
Veterans Administration: No
Civil Service Commission: No
Federal Reserve Bank: No
Post Office: No
U. S. Employees' Compensation Commission: No
Other (specify): No

30. Have you ever been physically examined for the following? (Yes or no.)
U. S. Army: No
U. S. Navy: No
U. S. Marine Corps: No
U. S. Coast Guard: No
U. S. Public Health Service: No
U. S. Civil Service: No
U. S. Veterans Administration: No
Other (specify): No

31. If any answers under item 30 are "yes," state date and place of examination.
None

32. Nature of disease or injury on account of which claim is made and date each began.
Psychosis, unclassified - 28 October 1944

33. If you received any treatment while in the service, give name, number or location of hospital, first-aid station, dressing station or infirmary, or the organization to which it was attached, the dates of treatment, and nature of sickness, disease, or injury.
Tilton General Hospital, Fort Dix, N. J. - 28 Oct 44 to 21 Nov 44 - Psychosis, unclassified

(CONTINUE REMARKS IN BOX 7b)

Page 2

- NOTES: 1. Prepared by the patient with the assistance of the Red Cross.
2. If patient is mentally incompetent, form may be completed for him by VA Contact Representative or any person acting for the claimant.

REQUEST FOR DESIGNATION OF VETERANS ADMINISTRATION FACILITY

OFFICE OF THE REGISTRAR
1257th SCSU TILTON GENERAL HOSPITAL
FORT DIX, NEW JERSEY

5 November 1944
(Date)

SUBJECT: Request for Designation of Hospital.

TO The Medical Director, Veterans Administration, Washington, 25, D. C.

1. The following identified soldier, who has been under observation in this hospital, is ready for transfer (at Army expense) to a facility of the Veterans Administration where he will be discharged for disability. You are requested to designate that facility.

Last Name - First Name - Middle Initial		Sex	A.S.N.	Grade
Doe, John J.		Male Female	24 681 093	Pvt.
Soldier's Home Address			Organization	
1440 Oak Street, Newark, New Jersey			181st Infantry Regiment	
Birthplace	Date	Race	Present Disability	
Newark, N. J.	15 April 1919	White	Psychosis, unclassified	
Type of Proposed Discharge	LOD	Current Enlistment Began At		Date
Honorable Discharge*	Yes*	Newark, New Jersey		10 May 1942
Blue Discharge	No			
Name of Nearest Relative		Relationship	Address of Nearest Relative	
Mary Jane Doe		Wife	1440 Oak Street, Newark NJ	
Marital status	Prior Service		Under Observation Since	
Single - Widowed *	None		28 October 1944	
Married - Divorced				

2. The following records will be forwarded to the Manager of the designated facility:

- a. Veterans Administration Form P-10, fully executed and sworn to.
- b. Veterans Administration Form 526, prepared upon soldier's request or statement to Veterans Administration that man does not wish to file VA Form 526 (Exhibit C, Cir. 13, WD, 1944).
- c. All available clinical records (original), including x-ray films.
- d. Copy of Certificate of Disability for Discharge (WD AGO Form 40).
- e. Photostat of original report of physical examination upon entrance into military service. (Will be forwarded when received)*
- f. WD AGO Form 20, Soldier's Qualification Card.
- g. Copy of Separation Qualification Record, WD AGO Form 100.

3. Affidavit has been made on Form P-10 that soldier is not financially able to pay the necessary expenses of hospital or domiciliary care.

For the Commanding Officer:

O. Wexler
O. WEXLER
1st Lt., MAC
Registrar

*Line out words not applicable.

- NOTES:**
1. Prepared in duplicate by Registrar from information on Service Record, hospital records or data secured by interview with patient.
 2. Copy 1 is forwarded to Veterans Administration, copy 2 is retained as a suspense copy.
 3. If a soldier is to be discharged on a blue discharge certificate, a brief statement as to basis for discharge is to be inclosed with this form.

NOTIFICATION OF DESIGNATION OF FACILITY VA FORM NO. 2834

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.

Commanding Officer,
Tilton General Hospital
Fort Dix, New Jersey

Your file reference:

In reply refer to:

John J. Doe
24681093

801 - File

Dear Sir:

In compliance with your request of 5 November 1944 for my designation of a hospital for the treatment of the captioned patient, you are informed that the Veterans Administration Facility, Lyons, New Jersey is designated. Please inform the Manager of that Facility as to the contemplated date and hour of arrival of this patient.

The reservation of a bed for this patient will be void thirty (30) days from the date of this letter.

Very truly yours,


CHAS. M. GRIFFITH
Medical Director.

NOTE: Form is prepared in duplicate by Veterans Administration.

APPLICATION FOR HOSPITAL TREATMENT

REFERENCE: AR 615-361

VETERANS ADMINISTRATION
Form P-10—Rev. Aug. 1943

APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE

Penal Provisions Applicable to Title I, Public No. 2, 73d Congress

Page 1

SECTION 14. Any person who shall knowingly make or cause to be made, or compile, combine, aid or assist in, agree to, arrange for, or in anywise procure the making or presentation of a false or fraudulent affidavit, declaration certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and, in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than one year, or both.

REDUCTION OF PENSION, COMPENSATION, OR EMERGENCY OFFICERS' RETIREMENT PAY WHILE RECEIVING HOSPITAL OR DOMICILIARY CARE

Where any disabled veteran having neither wife, child, nor dependent parent is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, the pension, compensation, or emergency officers' retirement pay shall not exceed \$2 per month, provided that the amount payable for such disabled veteran entitled to pension for disability the result of injury or disease incurred after active military or naval service shall not exceed \$8 per month, and provided further, that where any disabled veteran who is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, has a wife, child, or dependent parent the pension, compensation, or emergency officers' retirement pay may, in the discretion of the Administrator, be apportioned on behalf of such wife, child, or dependent parent, in accordance with instructions issued by the Administrator.

The applicant should forward this form, when fully executed, with a certified copy of his discharge from last period of service, to the Veterans Administration facility nearest his home, which is located at Lyons, New Jersey (Location of facility)

1. I, Doe John J C-No. _____
(First) (Last name) (First name) (Middle name)
hereby apply for admission to a Veterans Administration facility for (hospital treatment) (domiciliary care)
15 April 1919 White Male Newark, N. J. 1440 Oak St., Newark, N. J.
(Date of birth) (Color) (Sex) (Place of birth) (Present place of residence)

2. My entire service in the active military or naval service of the United States has been as follows:

SERVICED			DISCHARGED		RANK AND ORGANIZATION	CHARACTER OF DISCHARGE
Date	Place	Serial No.	Date	Place		
10 May 42	Newark, N.J.	32681093	21 Nov. 44	Ft. Dix, N.J.	Pvt-181 Inf.	Honorable

NOTE.—If you served under a name other than the one used in this application, indicate the name under which you served and the period of service.
None

3. Have you filed claim for other benefits? No If "Yes" at what Veterans Administration office? _____
(Yes or no) (Location)
What office has your case file? _____ (Location)

4. (a) Do you receive pension? No Amount per month, \$ _____ (b) Do you receive compensation? No Amount per month, \$ _____
(Yes or no) (Yes or no)
(c) Do you receive retirement pay? No Amount per month, \$ _____ (d) Do you receive Government Insurance pay? No Amount per month, \$ _____ (e) From what other source do you receive income? Amount per month, \$ _____ Social Security No. _____
None (Source of income)

5. What do you believe to be the total value of your property, both real and personal? \$500 Do you care to qualify your answer to the question immediately preceding? No
(Amount)

* Delete inapplicable phrase.

- NOTES: 1. Information on pages 1 and 2 is completed from the Service Record or information secured by interview with patient or by his relative or guardian.
2. Ward Officer completes page 3.
3. If soldier is mentally competent he may sign on page 2.
4. If soldier is mentally incompetent the form will be completed exclusive of items 5, 8, 9, 10, 12, and the medical certificate. The form will be sent to the nearest relative for completion and authentication of items 5, 8, 9, 10, and 12 with the letter to the relative. Upon return, the medical certificate will be completed by the ward officer.
5. If the applicant has no relatives, the form may be executed for him by a friend, by the commanding officer of the hospital or his designee.
6. If discharge is for disability incurred or aggravated in line of duty, it is not essential that items 8 and 9 be completed.

OR DOMICILIARY CARE VA FORM P-10

6. Are you single?..... Married? Yes Widowed?..... Divorced?..... (a) If married, are you living with your wife? Yes (b) Have you any child or children under 18 years of age? No If "Yes," state number of children _____ and their ages _____ (c) Have you other persons dependent upon you? Yes If "Yes," state relationships Mary Jane Doe - Wife
7. Give the name and address of your wife, or nearest relative, or guardian:
Mary Jane Doe Wife 1440 Oak Street, Newark, N. J.
8. Are you entitled to hospital care by membership in a lodge, society, community group treatment plan, etc., or as a beneficiary of an insurance company, workmen's compensation commission, industrial accident board, etc.? No If "Yes," give name of agency or organization _____
9. Are you financially able to pay the necessary expenses of hospital or domiciliary care? No
10. Are you able to pay transportation ~~from~~ from a Veterans Administration facility? No
11. (a) Have you received hospital care as a patient of the Veterans Administration? No If "Yes," state when _____ and where _____ (b) Have you received domiciliary care in a Veterans Administration facility? No If "Yes," state when _____ and where _____ (c) Have you within the last 12 months, while hospitalized as a patient of the Veterans Administration, left the hospital: (1) Without official leave; (2) against medical advice; or, (3) been discharged for any disciplinary reason? No (d) Have you within the last 12 months, while under domiciliary care in any Veterans Administration facility, (1) been dropped from the rolls for absence without leave or demanding papers; or, (2) have you been given an enforced furlough; or, (3) requested and received your discharge while under sentence or on an enforced furlough? No (e) If your answer to either (c) or (d) above is "Yes," state when _____ and why _____
12. This application is made with notice of Public Law No. 382 approved December 26, 1941 (38 U. S. Code 17-17) which in effect provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution leaving no widow (widower), next of kin or heir entitled to inherit, all personal property, including money or balances in bank, and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the Post Fund.

A careful physical (inc
(1) Brief history:
Numerous m

(2) Symptoms:
remember mos
regardless o
childish, st
emotional re
is quite app

(3) Physical find

I have read (here and over to me) and understand all questions and answers on this form. The answers to all questions are true and complete to the best of my knowledge and belief. The foregoing questions and answers are made a part hereof with full knowledge of the penalty provided for making a false statement as to material fact in this application. The penal provisions appearing on page 1 hereof and the statement in item 12 have been read by me, and are fully understood.

Witnesses to signature by mark (X)

1. _____
(Signature)

(Address)

2. _____
(Signature)

(Address)

Mary Jane Doe
(Signature of applicant or representative)

Post office address 1440 Oak Street
(Number) (Street)
Newark, New Jersey
(City) (State)

Subscribed and sworn to before me this 10 day of November, 1944, by Mary Jane Doe

(4) Diagnosis: I am _____ claimant, to whom the statements herein were fully made known and explained. I certify that the questions and answers thereto have, in my presence, been (read to) the claimant.

[SEAL] Earl H. Study Notary Public.

* Strike out inapplicable words or phrases.

(5) Strike the cl

need an attendant during his travel. The proposed attendant's name is _____;

address _____ The attendant ~~is~~ (is not) a relative of the patient. It is proposed that travel to the hospital will be made by ~~(truck, coach)~~ (automobile).

10 November 1944 Earl H. Study Tilton General Hospital, Fort Dix, N. J.
(Date) (Signature of Examining Physician) (Street) (City) (State)
EARL SAXE, Major, M. C. 16-449-1

TELEGRAPHIC NOTIFICATIONS REGARDING TRANSFER OF PATIENT TO VETERANS FACILITY

REFERENCE: AR 615-361

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SQ. TILTON GENERAL HOSPITAL (State or service)
Address FORT DIX, NEW JERSEY (City and State)

Date 20 NOVEMBER 1944
Telephone No. 24125 (City and State)

REGISTRAR (Official)

To: [] MANAGER VETERANS ADMINISTRATION FACILITY LYONS NEW JERSEY

PRECEDENCE	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not 'X'd for precedence will be sent "Deferred."

MESSAGE: ONE ENLISTED MALE AMBULATORY PATIENT JOHN J DOE 24 681 093 DIAGNOSIS PSYCHOSIS UNCLASSIFIED WILL ARRIVE AT YOUR FACILITY WITH ONE ENLISTED ATTENDANT ON 21 NOVEMBER 1944 AT APPROXIMATELY 1300 VIA GOVERNMENT AMBULANCE END TRIPAE

TURBULL COMMANDING

Notification to manager of facility of time and mode of arrival of patient.

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SQ. TILTON GENERAL HOSPITAL (State or service)
Address FORT DIX, NEW JERSEY (City and State)

Date 21 NOVEMBER 1944
Telephone No. 24125 (City and State)

REGISTRAR (Official)

To: [] WIFE MARY JANE DOE 1340 OAK STREET NEWARK, N.J.

PRECEDENCE	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not 'X'd for precedence will be sent "Deferred."

MESSAGE: YOUR HUSBAND JOHN J DOE TRANSFERRED TODAY TO VETERANS ADMINISTRATION FACILITY LYONS NEW JERSEY END TRIPAE

TURBULL COMMANDING

Notification to relative or guardian of transfer

OFFICER: *[Signature]*
1st Lt. MAC
Asst. Adjutant

[Signature]

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SQ. TILTON GENERAL HOSPITAL (State or service)
Address FORT DIX NEW JERSEY (City and State)

Date 21 NOVEMBER 1944
Telephone No. 24125 (City and State)

REGISTRAR (Official)

To: [] COMMANDING OFFICER TILTON GENERAL HOSPITAL FORT DIX NEW JERSEY

PRECEDENCE	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not 'X'd for precedence will be sent "Deferred."

MESSAGE: GOVERNMENT WIRE - COLLECT
PRIVATE JOHN J DOE DELIVERED TO VETERANS ADMINISTRATION FACILITY LYONS NEW JERSEY 1300 21 November 44 STOP RECEIPT MAILED 21 Nov 44 (Enter hour and date) (Date)

[Signature]
(Signed - Name of signor and ASD of a station)
GOVERNMENT WIRE - COLLECT 21 Nov 44

Notification of arrival to commanding officer of transmitting hospital, attendant completes prepared telegram and transmits collect.

TRANSMITTAL OF CASE RECORDS TO VETERANS ADMINISTRATION AREA OFFICE OR FACILITY

OFFICE OF THE REGISTRAR
1257th SCSU TILTON GENERAL HOSPITAL
FORT DIX, NEW JERSEY

20 November 1944
(Date Prepared)

SUBJECT: Transmittal of Case Records of:

Last Name - First Name - Middle Initial	Grade	A. S. N.
Doe, John J.	Pvt.	32 681 093

TO: Veterans Administration Facility, Lyons, N. J.
(Enter facility or area office to which records are to be sent)

1. Transmitted herewith are records pertaining to the above named soldier who (was) (will be) discharged because of disability under the provisions of AR 615-361, on 21 November 1944
(Date)

- a. Veterans application for disability compensation or pension VA Form 526.
- b. Statement to Veterans Administration that man does not wish to file VA Form 526. (Exhibit C. Ctr. 13)
- c. Photostat of original report of physical examination on entrance into military service.
- d. Copy of Certificate of Disability for Discharge WD AGO Form 40.
- e. Veterans Administration Form P-10.
- f. Soldier's Qualification Card, WD AGO Form 20.
- g. Original Clinical Records marked: "Loaned to Veterans Administration".

- (1) Tilton General Hospital, Fort Dix, N. J.
Hospital
- (2) Station Hospital, Pine Camp, N. Y.
Hospital
- (3) _____
Hospital

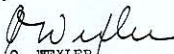
h. Copy of Separation Qualification Record WD AGO Form 100.

2. Any records subsequently received will be forwarded promptly.

3. Type of Discharge is:

x	Honorable (White)
	Not Honorable (Blue)

For the Commanding Officer:


O. WEXLER
1st Lt., MAC
Registrar

Signature or Stamp of Recipient _____

Title _____

By _____
Stamping of duplicate copy constitutes receipt. Send Copies 1 and 2 to Veterans Administration. Copy 3 is retained as suspense copy.

- NOTES:**
1. Prepared in triplicate to effect transfer of records to Veterans Administration facility if patient is transferred to VAF or to the Veterans Administration Area office if soldier is discharged to his own care.
 2. Copies 1 and 2 are forwarded to Veterans Administration, copy 3 is held as suspense copy and is subsequently transmitted to The Adjutant General with Service Records. Copy 1 is stamped or signed by recipient (Veterans Administration) and returned to transmitting hospital.

FINAL DISPOSITION OF RECORDS

RECORDS TO	WD AGO FORM 8-24	WD AGO FORM 8-111	WD AGO FORM 8-176	WD AGO FORM 70	WD AGO FORM 24	WD AGO FORM 30'S	WD AGO FORM 32	WD AGO FORM 381	WD AGO FORM 401	WD AGO FORM 53 SER.	WD AGO FORM 53-2	WD AGO FORM 100	WD AGO FORM 166	WD AGO FORM 201	WD AGO FORM 519	WD FORM 371	WD PAMPHLET 21-4	VA FORM 526S	VA FORM P-10	VA FORM 2834	LAPEL BUT-TON	IDEN. DISCH. CERT.	CLINICAL RECORDS	STATE-MENT TO VA
TAG				1*	1 §§	1		1	1	2				1										
VET ADM. NEW YORK										4														
VA AREA OFFICE OR FACILITY				1*				2§	2	5		2						1	1	1		1	1	
SURGEON GENERAL	1																							
ODB NEWARK, N. J.						4, 5																		
GOV'T. INS. ALLOT. DIV.						2, 3																		
SERVICE COMMAND				1*						3														
REGISTRAR OF HOSPITAL		1																						
DISBURSING OFFICER																1, 2								
AG OF STATE (ING CASES)										1*														
SOLDIER	1								1	1		1	1				1**				1	1		
CLINICAL RECORDS	2	2																						
STATE DIR. SEL. SERV.				1*						6, 7, 8					1									
PREVIOUS EMPLOYER								Work Sheet & Lab. Slips																
FILE	2					6			3							3								2
DESTROY							1†																	

NOTES: ★ - If transferred to or remaining assigned to ERC or RAR to: Commanding General of Service Command of place of residence of man; if discharged on CDD to: Veterans Administration Facility or Area Office; if discharged to accept a commission to: AGO, all other men released from active duty to: State Director of Selective Service having jurisdiction over man.

† - WD AGO Form 40 to be used in CDD, WD AGO form 38, used for all other.

§ - Prepared only if dischargee wishes to file pension application.

‡ - Destroyed unless statement of charges levied against man, then forwarded with Service Records.

§§ - If man has been naturalized while in the United States Army the original certificate of naturalization will be withdrawn from the Service Record and presented to him at time of honorable discharge.

◆ - Prepared only in cases of former National Guardsmen discharged or reverted to National Guard status.

★ - WD Pamphlet 21-4 given only to those soldiers discharged on honorable discharge. WD Pamphlet 21-24 given to those soldiers discharged on blue discharge certificate.