

REPORT OF DEATH

Karch 1944

ARMY SERIAL NO. FULL NAME 37 039 161 Parches, Robert W DATE OF BIRTH ARM OR SERVICE 22 April 1914/ Medical Department Too 4

HOME ADDRESS

New Hampton, Idva

DATE OF DEATH

PLACE OF DEATH

7 Pub 44

Korth african Area

milled in action

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS)

Fre Catherine B Farmham (vife) 515 East Prospect St., Nov Heapton, love

BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS)

Hrs Catherine B Farnham (vife) Charles Farnham (father) Hrs. Groce Farnham (mother) all of 315 E. Prospest St., New Hampton, Iowa

BY ORDER OF THE SECRETARY OF WA

RECORD COPY

(bettla)



ETIR IN WORLD WAS IT RECORDS PRANCE

### National Archives and Records Administration

Priority: Routine

Source: Routine Complexity: Others

Search Type: 1st Search



Non-Registry Block:

Registry Number: B0003 299 791

Facility & Floor/Level:

STL3 Module/Bay: 15

Row: 16W

Reg Veteran's Name:

FARNHAM ROBERT W

SR Veteran's Name:

FARNHAM, ROBERT W

SSN:

DOB: 04/22/1914

POB:

CLARKSVILLE IA

SVN/SSN:

037039161

Service Code:

Service Number:

Record Charged to:

Joe Wise Name:

Room#: 200

Searcher Name: WEVANS

Phone#: 3148010662

Core: CORE 2 Team: Team E

Search Section: 2

SR Number: 2-12087247351

Initials:

Date:

All Records Ordered for this Service Request: 2-5JXDLB6, 2-5JXDLIH

Service Request Received in Center Date:

Search Request Created By: Search Request Printed By:

SADMIN **ACROSSLAND**  10/20/2014 00:00:00

10/23/2014 08:10:20

12/22/2014 07:12:01

2-5JXDLB6

	REPORT O			N Santa	7	in th	sidence
Farnham Robe		E SERVICE		-		State	Count
(Last name) Robe	n)	(Middle name)		7030161 my serial No.)	W.F	7	
The state of the s		Iowa	1866		h .	Place	inducted
(Town)	(County)	(State)	Rural †	Englis (Mother to	ngue)	11000	maassaa
Birthplace Clarksville (City, town, or county)	(State or country	Iowa Birth	date _Apri	1 22,	1914.	Date	inducted
					(Year)	Day 1	fonth Ye
Ager years months. U. S. citiz	(Yes or No)					d.	,
If an applicant for citizenship, show date and court in w		made:				Source	Nativi
f not a citizen, show country of allegiance:	XXX				4, 3	7	10,000
Grade completed in grammar school: 8  Livilian trade or occupation: inspector Single	; high school:	; coll	lege or universit	y: _none		Year	of birth
Civilian trade or occupation: Inspector	none	years so engaged	d: _2;	weekly wage: _	30.00	- 7	S. Jan
(Single, married, widower, or divorced)	s:	(State number a	and relationship)		I	Race/Cit	Educati
evious service in United States military or naval servi	ce, Marine Corps, Co	ast Guard, or National	l Guard in an ac	tive, inactive, o		)	
status; none	(State last ser	rvice only)			O	ccupatio	n Marita
† Place "X" in box opposite urban if community of 2,50	0 population or greater	; otherwise place "X" i	in box opposite r	ural.			1
NEAREST RELATIVE A	AND PERSON 1	TO BE NOTIFIEI	D IN CASE	OF EMER	GENCY		
learest relative (Other than wife or minor child)	Grace	E. Farnham					
	000 (7/19)	(Name in fu	•			E_x	
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elationship Mother Address	mber and street or rur	Prospect Str	reet (City	New Hamp	ton,	Iow	
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erson to be notified in case of emergency	mber and street or rur	cal route; if none, so state E. Farnham	reet te) (City, (Name in full)	new Hamp	ice) (St		
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cach man rejected the original will be sent to the local board; one unsigned copy to The Adjutant General; one signed copy to the rejected man. All copies other than original will be clearly marked "Copy" in large red overprint letters diagonally across the face of the form.

2. Fingerprints are not required for rejected men; for inducted men they are required only on original copy and on FBI Military Fingerprint Card.

3. Forms of men rejected will be marked "Rejected" in large letters at the top of first page.

	7 I	PHYSICAL EXAMINATIO	N.		(1)
l. Eye abnormalities . Norma	ll .	LAMES 4.1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Vision:	6.1
<ol> <li>Ear, nose, throat abnormalities</li> <li>Mouth and gum abnormalities</li> </ol>	Normal	turbinate right N	s. N.D.	Right eye 20/ 20	
		Normal		Left eye 20/ 20 Hearing:	~~~~~
C 0 7 4 F 4 A		6 7 8 (Strike out those that a	are missing: circle those that	Right ear	n ,
16 15 14 13 12 11 1	10 9 9 10 11 12 13 1	4 15 16		Left ear	
5. Skin Ulear				Height $69\frac{1}{2}$	#\$C/
o. varicose venis	16.50			Weight143	
7. Tiernia				Girth (at nipples):	
19 19 19 19 19 19 19 19 19 19 19 19 19 1				Inspiration37	
8. HemorrhoidsNone 9. GenitaliaNormal	3			Expiration35	
		<u></u>		Girth (at umbilicus)	
10. FeetNormal_	*****************************	*****************************		Posture Good Frame Medium	
11. Muscu skeletal defects _ Ru	ptured muscle of	right leg middle	lateral surface	Color of hair Rrowr	110.00
				Color of eyes Blue	
12. Abdominal viscera Norma				Complexion Media	
#				Pulse:*	
13 Cardiovascular system No	rmal			Sitting88	
14. Lungs, including X-ray, if mad	e Normal X-Ray	taken		After exercise	
1	Warra 9			2 min. after exercise	
15. Nervous system: reflexes, pupil				Blood pressure:*	
16. Endocrine disturbances	WKWW None			Systolic	
10. Endocrine disturbances	ACAD I		10	Diastolic	
17. Results of laboratory examinati	ions, when made Chest	Negative		Urinalysis: 1011	
				Albumin Ne	
				SugarNe	~
18. Remarks on defects not sufficier	ntly described aboveNo	ne		Microscopic*	
				Other data* N	one
19. Summary of defects in order of right N.S. N.D. surface	Ruptured Muscl	ical fitness Hypertroph e of right leg mi	ddle lateral	*When required.	
*Mentally and physically quali *Mentally and physically quali *Mentally #Establically displa	ified for the active military servi MACA LOK HAX ANKAXASAKIPOX MACASAKIPOXX HAX ANDYXKIA — Lowa Signature	ice of the United States.  KK KKK X X X X X X X X X X X X X X X X		. Ve	
I acknowledge receipt of conv.o	of this report this Jan Des	(Date) (Signat ucted into the Army of the Unite	The Hear	n_Med=Res <i>NudG</i> (Grade)  **Claim**  Required only on original)  Des_MoinesTov	
Place Fort Des Moines	s, Iowa		(Po		)
Date December 4, 194	40	LYLE	F. BUCHANAN 1st	Lt Inf-Res	
*# Strike out clause or words not a	applicable.	(2	Typed name of inducting officer)	(Grade and organization)	(
	FING	ERPRINTS-RIGHT HA	ND.		
	2. INDEX	3. MIDDLE	4. RING	5. LITTLE	
1. THUMB					





December 3, 1940

12.	O]	RDER TO R	EPORT FO	R INDUCTIO	ON	× ×
	•	1384es Somilie	200			
The President of	the United Sta	ites.			V- 250-9	30 July 100
<b>()</b>		120				
To Rob	ert /	W47	liom	JP . 45	ADE N	1 5.68 101.0
<b>4</b>	(First name)		(Middle name)		Farnham (Last name)	A Provide
		α				
	4	Order N	o. 1225 "V	TH .		
GREETING:	20	1				
0.1011111 (G.			F			7.
Jour avai	iability 101 tra	ining and servi	ce in the arm	ed forces of the	United States	urpose of deter , you are hereby
notified that you	mave now been	n selected for t	raining and s	service in the	Army	, Marine Corps)
A A					(IIIII), IVAV	, Marine Corps)
				= ±		
You will the	rafara nanant t	o the Territor				
204 7711, 0116	refore, report	o the Local Boa	ra named ab	ove at <u>key</u>	Hampton, Ior (Place of re	norting)
2/20						Salar Sa
(Hour of reporting)	m., on the		day o	f December	, 19.4	0
	2H64	4-14-				
This Local B have been security be inducted into the	TOU WIII U	iere be examin	ed and it acc	duction station epted for train	of the service	for which you e, you will then
and and and of	to stated brand	n or the service	•			
If you are no	t accepted, you	ı will be furnis	hed transpor	tation to the nle	ace where von	reported. Wil-
Tur remare to rebo	rt promptly to	this Local Box	ard at the ho	ur and on the	day named in	this notice in a
violation of the Sonment. Bring v	elective Traini	ng and Service	Act of 1940	and subjects tl	he violator to f	ine and impris-
You must kee	ep this form a	nd take it with	you when yo	ou report to you	ır Local Board	
		*	12	G.	J: Alon	te
D. S. S. Form 150	78 <b>2</b> 0		16—1	8271	Member	of Local Board.
	€	1.0			32F M	73 51
a and		1.2 121				

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

CHICKASAW COUNTY LOCAL BOARD COURT HOUSE NEW HAMPTON, IOWA

		(Date)
	***	
Strike Inapplicable Section:		
n .		41
1. Accepted for service in	Army of the (Army, Navy, Mar	United States
2. Rejected for training and ser	vice and instructed to return to L	ocal Board named in this order for
	5 0	
		_
the following cause:		
* <u>2</u> 2 4		

Note.—If rejected for physical disqualification, the duplicate of physical examination made at

induction station must be attached.

December 4, 1940

Officer in Charge of India tion Station

LLOYD B. KNUTSEN Capt CA-Res.

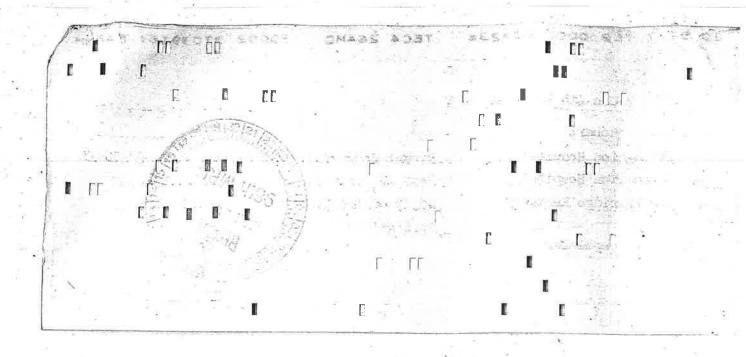
The original of this form to be mailed to the selected man, and the other two copies to be attached to Form 151 and forwarded to the induction station with the men ordered to report.

U. S. GOVERNMENT PRINTING OFFICE 16-1827

37020373	II REP	ORT OF CHA	DUTY A. OR S.  NGE (FOR INDIVIDUAL	DATE SCHAL NUMB	AND NAME
37039161 SERVAL NUMBER	Tech 4th Gr	MD ASSIGNED X	ATTACHED B A S I C UNASSIGNED ATTACHED:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T T
Farnham LAST HAME	Modert W	I II CON ICO	DUTY OR OTHER STATE	US AT TIME	CASUAL
95th Evacuat	LOD HOOSE INIT	7AL 2			GE CHANGE
Evacuati	On Homes	3 rech 4th	Gr Farnham tr	fd to this org	
		141	And Arm	rd to this org	pp 8 SO 53
REPORT FOR THE TWENTY-FOUR	HOURS ENDING AT 11:59 P.M.	5 dated 4 M	ar 43 jd 1950		
DAY 6 MONTH ]	arch arch	Γ 6	21 221	I dill	
E OF	194	2 7	3 15	n-001-	5
NGE STATION TYP	IZ'N SUB UNI	- (23y	190	AUTHENTICATING OFFI	16
2 3 4 5 8 7 8 9 10 11 12 13 1-	ATE OF N ME SERIAL IMPE	NIT SPECL GRADE 5	UTY ARM OR' SERVICE	NEIL W HANS 2nd Lt	EN 7
	TANCE   N ME   SERIAL   IMBE 16 16 17 18 18 20 212723 24 26 26 27 28 28	30 31 32 33 24 35 28 17 28 19 40 41 42 43	SUB UNIT PAI	TETS O NAME.	GRADE AND TITLE
		P.S.T	Sca 22 4 5 1 52 53 54 55 56	Erra - Lol Fanan	DUTY ARM OR SERVICE 0 7 1172 73 74 75 178 77 78 79 80
3	15	14 34	18 1		110.1980

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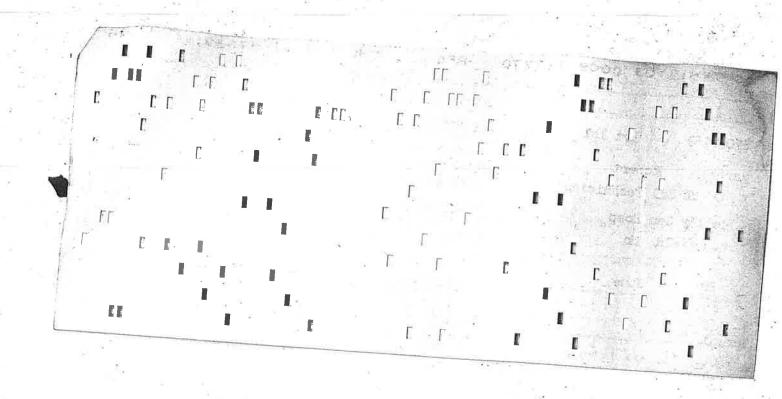


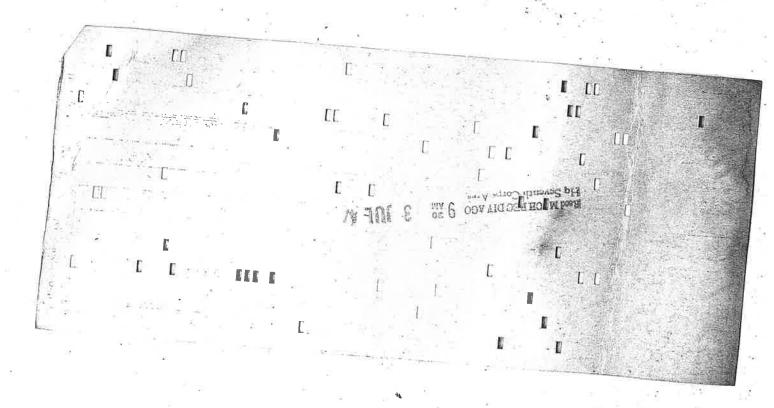
	1				
$M^{\prime}$	DESIGNAT	ION OF BE	NEFICIARY		
Name of designator Farnham	Rob ert	w.	37039161	T/4 Gr 48	Surg Hos
(Last name)	(First name)	(Middle name)	(Army Serial No.		organization)
The persons eligible to be my benef	iciary are designa	ted below:			A gamzacion)
1 Mrs. Catherine Far	nham				
(Full name of wife; if no wife, or i	f she is deceased or div	orged so state)	315 E. Prospect	New Hampton	Lowa
2. None	accessed of div	orced, so acade)	3 (1	Vife's full address)	,
Fill name and address of each mind	or child and 1 1	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			200
(Füll name and address of each mind	or child, and each depe	ndent child over 21	years of age. If there are no	children, so state.	If the address
None is the same as the wife's, so state.	The state of the s				
In the event of my leaving no	dow or shild on the	ss)	Sa		
In the event of my leaving no will the relative whose name, relative	onship, and address	ss are shown be	elow:	then designate	as my benefi-
				December 1	- 51
3. Charles Farnham, F (If designation of beneficiary is decl.	ined designator	. rrospect	St., New Hampton	, Iowa	A Trans
				te any person as my	beneficiary.")
made as my beneficiary the relative w	hose name, relation	nship, and add	ress are shown below	ayment is made,	I then desig-
4. Mrs. Grace Farnham	Mother 37	F Dogman	at Ct Now How		- (-)
(If beneficiary is named in line 3 but alternate beneficiary.")	naming of alternate	s declined design	tor must efate in one had	con, gowa	
alternate beneficiary.")	and accomme		man state in own nand	writing: "I decline	to designate an
		OVER		162	0169

Charles Farnham			Father
Nearest relative(Other than wife or minor child) (Name in full)			(Relationship)
Address*			
Person to be notified in case of emergency Mrs. Cath	erine Farnham		Wife
Person to be notified in case of emergency	(Name)		(Relationship)
Address*		·····/	
( Aslack	nil.	Ny Ce	APPLE STATE OF
Signature of designator(First name)	(Middle initial)		(Last name)
Witnessed at O'Reilly Gen Hosp, Springfie	eld, Missouri	on July 11	
Control of			1/9
† Signature of witness	man-		
Name of witness typed CHAS. M. HAGMAN		Wrnt. O. Asst	. Adjutant
	***************************************		and organization)
*If one of the beneficiaries is the nearest relative or the person to	o be notified in case of eme	ergency, the address need	d not be repeated.
† Should be witnessed by an officer or notary public.			
W.D., A.G.O. Form No. 41 March 1, 1941	9	16—20169 u.	S. GOVERNMENT PHINTING OFFICE

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TYPE   STATION   TYPE ORG.   SULUNIT   PARENT UNIT	OF CHANGE (FOR INDIVIDUAL OR UNIT)
37039161 Fvt lcl ID  SCRIAL NUMBER GRADE SPECL. ARM OR PRIVING  Farnham Robert W  LAST MANE PREST NAM MIDDLE INITIAL  CO C MD Enl Fechnicians Sch  O Reilly Gen Hosp  GROWNIZION OR HELOGOVANICHS FROM WHICH RENDERED  Springfield Mo	X ASSIGNED OTHER STATUS TIME OF THIS CHANGE  DUTY OR OTHER STATUS IT TIME OF THIS CHANGE  OTHER (SPECIFY):  PERCENTION OF CHANGE  PVt 1c1 Farnham trfd in gr fr Med Det 48th  Surg Hosp Ft F E Warren Wyo Jd
REPORT FOR THE TWENTY-FOUR HOURS ENDING AT 11:59 P.M.  DAY 30 MONTH JUNE 1942  20 758/ 703 0009 7/7770	7 PEC VA THORNE WO Jr Gr
TYPE OF STATION TYPE ORGANIZ'N SUB UNIT PARENT UNIT SATE OF N ME SERIAL JMBSR C CHANGE N ME SERIAL JMBSR C 1 2 3 4 5 7 8 9 10 11 12 13 3 4 16 18 18 18 18 20 21 21 23 24 36 78 27 28 29 30 31	SPECL GRADE DUTY SERVICE NAME, GRADE AND TITLE  THE STATION OF STA





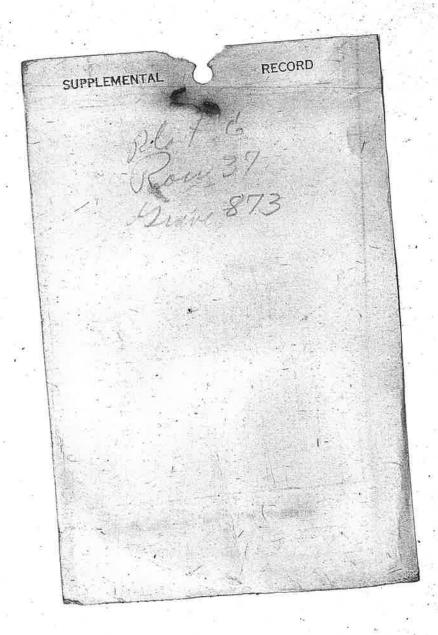
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montal and	OOSE		TIME:	DATE	Hour
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I NAME	HOSP.	(8) SERV	C2-0	S 2/26	II-IV HLH	Corps. D.
(3) CHRISTIAN Robert	ME	R				Dental
161 Rob		(8) NATIVITY LOWS			· ·	-4.
37029161	27th	RACE	1		9	1
surname Farnhan	<u>(a)</u>	3		1		
(i) suga Far	TP4£	(6) AGE, YEARS			N N	į

## \*REPORT OF DENTAL SURVEY

#### UPPER TEETH

Right								Left							
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#### LOWER TEETH

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CLASS	T
ULASS	

Occlusion: Cal	culus: Slight	t, Medium,	Heavy
Periodontoclasia			
Dental foci suspected:	Yes	No	
Other conditions			



Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
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3763 (2) CHRISTIA (2) CHRISTIA (3) PRECIMEN (6) NATIVITY	\$		
AMA COMPAND 95 to	3		5.00
JENAME JENAME (4)	7		25.15.0
(a) RAPE 1	6		OPD

Form 79—Medical Departmen (Revised Feb. 24, 1941) 16—20622

\*REPORT OF DENTAL SURVEY Right. 2 3 8 7 6 5 LOWER TEETH Right Left
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 CLASS IV Occlusion NoR. : Calculus: Slight, Medium, Heavy Periodontoclasia Yes Dental foci suspected: Other conditions WILSON 1 Dental Corps, U. S. A. \*Restorable carious teeth by O Nonrestorable carious teeth by / Missing natural teeth by X Teeth replaced by denture (horizontal line) Teeth replaced by fixed bridge (oval to include abutments)

		CORPS	C, YEARS	(10) DISEAS LOCATION SEQUELAR	E OR INJURY WITH , COMPLICATIONS, E, ETC.	(11) DATES AND NATE AND OPE	URE OF TREAT	EJO	(12) RESULTS AND	REMARKS
Wyomi ng	Robert W	HOSP	(9) SERVICE, YEARS	Tuesph	t R16	2,		POT		EJO
AND F	ert	Surgical					ý: I			
Warren, Wy	Rob	Surg	(8) NATIVIT				5 <u>5</u>			. 1
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Fort I	Far	(3) RANK Pfc	(6) AGE, YEARS							Y

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Occlusion _	: Cal	lculus: Si	ight, Med	ium, Heavy	7
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Date			., 19		
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eeth replace (horizon	d by dentur tal line)	e	XX		
eth replace (oval to incl	l by fixed bude abutmen	oridge		7	

		N.	CORPS	SERVICE, YEARS	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. Adm. 12.	(11) DATES AND NATURE OF TO CL.II(U) AND OPERATIONS	reatments VA	(12) RESU	ILTS AND	EMARKS
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	Ξ		e 14	(e) AG	Reapp't R16	23, 24, 25, 26, 27, 28	,30, POT			EJO

Form 79—Medical Deraman, U.S.A.
(Revised April 13, 1988)

Date19
Report of Dental Survey
UPPER TEETH
Right Left
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
MARROSO POPORTEM
LOWER TEETH
Right Left 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16
COCO COCO COCO COCO COCO COCO COCO COC
1-2000000000000000000000000000000000000
Class
O Tooth crowned / Missing tooth
O/O Fixed bridge /// Partial denture
Occlusion Periodontoclasia
*Caries
Calculus: Slight, Medium, Heavy.
Dental foci suspected: Yes: No
Other conditions
The second of the second section of the section of t
Company of the Compan
Dental Chicar
Dental C. Fear.

		S. No. 37	03/2161	
(1) Surnan Fa	rnham	(2) Christian Robert	Committee of the	1
(3) Rank Pvt ductee	(4) Company Det	(5) Regiment 48th Mob	at or Staff C	
(6) Age, yrs. 27	(7) Race	(8) Nativity I owa	(9) Ser	vice, yrs. 5/12
(10) Register N	o. 6437	2	3 10	
(11) Date of Ac (12) Source of A		Februar Command		, 19 4
(13) Cause of A	catarrha	1.	naryng	
catarrh	al, caus	e undete	rmined	acute
Hosp Ho	en to O	rs Feb.	o∴ /\.ı	
(14) In Line of	Duty? ] - v	es 2-Y		
(15) Complicati		68 ~ 1	.00	
			3	
16) Disposition	Duty-	l and 2	improve	-d
17) Date of Dis	position, Me	rch	22	, 19
18) Name of Ho	spital, etc.,		669	19 4
	STATION	V HOSFI	Al	
4,1,40	Section &	W. for Month of	Variation in	Til.

(21)

PAUL R. HOLTZ, Major, MC

SOVERNMENT PRINTING OFFICE 3-3623

# FORM 52 MEDICAL DEPARTMENT, U. S. A. (Revised Oct. 28, 1920)

(22) Day	ys of Treatment in Ca	urrent Case
Year, 19 11	In quarters	In hospital
January		
February	3	9
March		
April		
July		
August		
September		
October		
November		
December		
	2L	O

Aggregate patient days----33



A. S. NO37039161 CHRISTIAN NAME Farnham, Robert W.
RANK | COMPANY | REGIMENT OR STAFF CORPS 里/4 27th Evac. Hosp. PLACE OF TREATMENT U. S. Marine Hosp. Evansville, Ind.
DIAGNOSIS, WITH PERIOD OF TREATMENT Sprain of left wrist. 17 Feb. 43. SOURCE OF INFORMATION U.S. Public Health. Hospitalization. FOR . AUTHENTICATED BY J. H. Bone, 1st Lt. MAC. RECORD NO. S. G. O. 113.3-1 DISPOSITION S. G. O. Approved to FO carded s. g. o. 6/22/43 **F. W. Hyde** Major, Sanitary Corps Medical Corps, U.S. A.

MEDICAL TREATMENT CARD Form 212-W. D., S. G. O.—Revised Oct. 24, 1922

Farn Muctee	6. COMPANY	7. REGIMENT AND ARM OR SERVICE 8. AGE OF THE
Pvt	Det	48th Surg Hosp 27
, 0. 7 Kg	10. NATIVITY	11. SERVICE 12. DATE OF ADMISSION

Sprain, moderately severe, right ankle, accidentally, incurred, about 2:30 P.M. October 15, 1941, while soldier was engaged in authorized atheletics in company area. Soldier jumped to return volley ball, his foot striking the ground in a manner to invert ankle causing injury. Injury was not due to patients carelessness or neglect, nor to malicious action on the part of other contestants. There was no evidence of soldier having consumed alcoholic beverages.

15. LINE OF DUTY Yes 16. INJURY CODE NOT REQUIRED 17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

Qrs

Duty improved

20. DATE OF DISPOSITION

October 21, 1941

21. NAME OF HOSPITAL

48th Surgical Hospital

Fort Francis E Warren, Wyoming

22. SENT WITH REPORT OF S. a. W. FOR MONTH OF October 1941

2/mohr KIRCHER, 1st. Lt.

Medical Corps, U. S. Army.

Form 52 MEDICAL DEPARTMENT, U. S. A. (Revised March 15, 1938)

HUUD

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19.41	IN QUARTERS	
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February		- in
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April	****	
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August.		90274
September		
October		
November.		
December		
TOTAL_		TOST TOWNS

Aggregate patient days 4

16-16881

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PFC	Det	ARth S	urg. Hos	n.	27
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMIS	SION	~
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3.	1.11	1200	PEVL		
	W. M. G	ORISHEK,	lst. Lt	. М.	C.
			Medical (	Corps, U	J. S. Army

Form 52 MEDICAL DEPARTMENT, U. S. A. (Revised March 15, 1938)

16-16381

YEAR 1941	EN QUARTERS	IN HOSPITAL
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September		
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November.		
December		
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16—16381

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16. INJURY CODE  17. ADDITIONAL D  18. PLACE OF TR  19. DISPOSITION  20. DATE OF DIS	EATMENT QT  Duty	y improvember	ved 22, 1941		
16. INJURY CODE  17. ADDITIONAL D  18. PLACE OF TR  19. DISPOSITION  20. DATE OF DISI 21. NAME OF HO	EATMENT QT  Duty  POSITION NO	y improvember	ved 22, 1941 ŕgical F		
16. INJURY CODE  17. ADDITIONAL D  18. PLACE OF TR  19. DISPOSITION  20. DATE OF DISI 21. NAME OF HO	Duty	y improvember 48th Suncis E W	ved 22, 1941 ŕgical H arren, V	Vyomin	
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24.	DAYS	0F	TREATMENT	IN	CURRENT	CASE	

YEAR 10_41	IN QUARTERS	IN HOSPITAL
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May		********************
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September		
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November	1	
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TOTAL	11	

Aggregate patient days \_\_\_\_\_1

3 First name and middle initial

(b) 5 Grade	6 Company	7 Regiment of Md Te	and Arm or Service ch Schl.	8 Age 28
T/4 worksce	10 Nativity		12 Date of admission	on

ы 13 Source of admission

14 Register numbers or hospital memoranda:

Register numbers or nospital Rx. Paregoric & Bismuth 8/21/42 Diarrhea Rx. Paregoric & ROG.

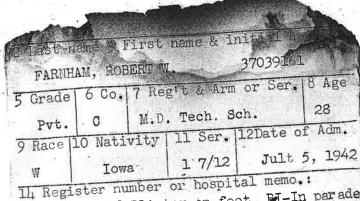
15 Name of Hospital

(a) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.
 (b) Spaces 5 to 13 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war.

Form 52 a

Medical Department, U.S. A.
(Revised March 15, 1938)

16—19719



7-5-42 CC-Blister on foot. BI-In parade yesterday. PX-Blister over rt. heel opened, small blister near base nail rt. litti toe. Rx.-Blister over heel cleaned and am remainder dead skin removed. Area cleansed with iodine and alcohol adsterile dressing applied. Pad applied over little toe.

7/16/42 Past week eyes hav ebeen "quieveri and has blind spots betot in right eye. Refered to E.E.N.T.

7-18-42. Poor vision, 0.D. since age of 12 when soldier was run over by an automobile.

Vision: 0.D. 20/25; 0.S. 20/25

Refraction (5% Homatrepine)

O.D. 40.25 40.50 x80 20/20

0.s. 40.50 40.25 x80 20/15

Eyes negative externally.

Fundi: Old healed retinal scars. Heavily pigmented between right optic nerve and fovea.

Diagnosis:

- Astigmatism, compound, hyperopic, bilateral, cause undetermined.
- Old healed retinitis, probably

15 Name of Hospital

FORM 52a MEDICAL DEPARTMENT, U.S.A. (Revised March 15, 1938)

Induc	E G. COMPANY	7. REGIMENT AND	ARM OR SERVICE	370391	01 8. agi
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MEDICAL DEPART (Revised March U. S. A.

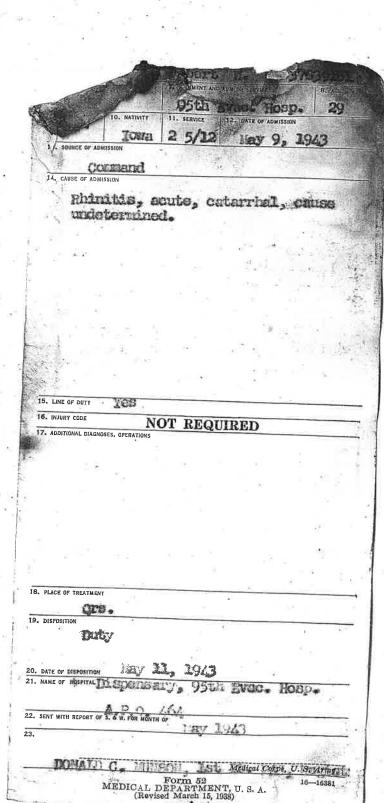
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Dental Corps, U. S. A.

Form 79—Medical Department, U.S. A. (Revised April 13, 1938)

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	O Tooth crowned / Missing tooth  O / O Fixed bridge / / / Partial denture  Occlusion Periodontoclasia
THE S	O Tooth crowned / Missing tooth  O/O Fixed bridge /// Partial denture  Occlusion Periodontoclasia  *Caries Calculus: Slight, Medium, Heavy.
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Height D. ft. Va. in. Weight 143 ib. Eyes Blue Hair Drop PRIOR SERVICE the Regular Army, then insert headings to show service Volunteers, Navy, Marine Corps, and National Guard the order named. Complexion Medium Size of gas mask Mesers Size of shoe 8 from \_\_\_\_\_, 19\_\_\_\_ to Married or single Single Occupation Meat Inspector EDUCATIONAL QUALIFICATIONS (Character) Years in: Grammar school 8 High school 2 Graduate work Specialized in Specialized in OCCUPATIONAL QUALIFICATIONS (Co., regt., arm, or service) Discharged as \_\_\_\_\_; Truck Driver (Character) Just what did he do? ... Drove a ice truck from \_\_\_\_\_, 19\_\_\_, to \_\_\_ None (Next best occupation) (Character) By reason of Discharged as \_ (Data required by par. 8, AR 345-125) from \_\_\_\_\_, 19\_\_\_, to \_\_\_\_ HOME ADDRESS AND NEAREST RELATIVE Home address NONA Discharged as \_\_\_\_ By reason of \_\_\_\_ New Homiton Awa (City, town, or post office). (Data required by par. 8, AR 345-125) Mother 229 L. Prospect St. (Rehationship) (Number and street or rural route; if none, so state)

New Hambion 10W2 (City, town, or post office)

Person to be notified in case of emergency Same (Name) (Co., regt., arm, or service), 19\_\_\_, to \_\_\_ (Data required by par. 8, AR 345-125) ...., 19...., to \_. (Relationship; if friend, so state) (Number and street or rural route; if none, so state (Co., regt., arm, or service) (City, town, or post office) (State or country Discharged as \_\_\_ DESIGNATION OF BENEFICIARY (To be entered only from W. D., A. G. O. Form No. 21 or 41) (Data required by par. 8, AR 345-125) Grace Farnham, Mother
New Ham (Novel, defreyed relationship of beneficiary) Charles Farnham (Address ather
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Name and degree of relationship of alternate beneficiary)

Name and degree of relationship of alternate beneficiary)

(Address) Discharged as \_\_\_. (Name and degree of relationship of alternate beneficiary) (Co., regt., atm, or service) (Address) CURRENT ENLISTMENT (See "Remarks—Financial" (par. 3a, AR 345-125)) Age at enlistment years months. Accepted for service at (Company, regiment, arm, or service) to serve (Words and figures) \_\_\_ years \_\_\_\_ months \_\_\_\_ days for longevity pay, at enlistment. Has over \_\_\_\_\_ years' service. \_\_\_\_ (Data required by par. 8, AR 345-126) (Co., regt., arm, or Discharged as . (Data required by par. 8, AR 346-12

ords not applicable.

Served as (Highest grade held) in the United States Army in the World War.					RECORD OR REDUC HEREFOR	TION, W	тн
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Under this heading will be shown all financial matters not entered elsewhere such as stoppages for loss of or damage to Government property, amounts due on account of partial payments, overpayments, etc. CLOTHING ACCOUNT CLOTHING DRAWN Money Initials Date of issue Date of issue value clothing for the grade of \_ 1011 Famp to Place at which accepted for previous colletment Received no travel pay upon discharge on \_\_\_ Roll on Description and amount due U.S. or soldier which Date "Last paid to incld" FEB 2 8 1941 "M.R. LDRY" .50 "Maid to incld"/.50 GRATUITOUS ISSUE OF CLOTHING . M.R. LDEY "Last paid to incld" CLOTHING SETTLEMENTS "M.R. LDRY" Roll on which collected Due United States Initials Date Due soldier /100 Dollars. /100 Dollars. /100 Dollars. /100 Dollars. 1 of \$ 22.00 per mis. /100 Dollars. /100 Dollars. /100 Dollars. and /100 Dollars. tals of organization commander,

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INDO. STATE These indorsements are filled out in all cases when a soldier deserts or is transferred from one company or detachment to another company or detachment and in all changes of station except with an organization.

These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both. 1st Ind. Recruit Reception Center Fort Snelling, Minn. and left this organization He was last paid to include Your command. Due United States; if nothing, so state He was last paid to include y due from date of enimt, (Name and grade of finance officer or Due United States; if nothing, so state Nothing allowance. This soldier than not a Class E allotment running which has been deducted from his pay to include This soldier has authorized a Class of deduction for Government pay to include \_\_\_\_ This soldier has authorized a Class D deduction for Government insurance which has has been deducted from his pay to include been deducted from his pay to include ... His character is \_\_\_ UNKNOWN Efficiency rating as soldier \_\_ Efficiency rating as soldier ... I have personally verified all entries in this indorsement. H. G. DOUGLASS, 1st Lieut., Inf-Res. (EAD) Here enter any amounts due soldier and not paid to date, such as mone-lowance in lieu of quarters and subsistence; if nothing, so state.

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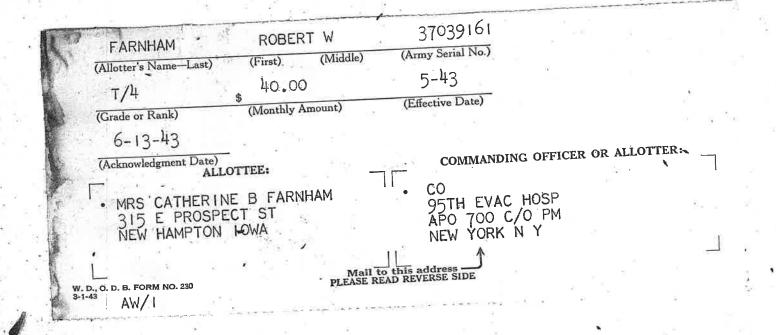
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I have verified the foregoing entries.	1-2/ -	/
Name signed	- M. Sign	249/2 1411
Name typed or prin	95TH EVAL HOS	P. MAL
-4.10.0. L51	(Grade and organization)	

\*Strike out words and figures not applicable.

†Here enter any amounts due soldier and not paid to date, such as
there enter any amounts due soldier and not paid to date, such as
allowance in lieu of quarters and subsistence; if nothing, so state



# WAR DEPARTMENT OFFICE OF DEPENDENCY BENEFITS 213 WASHINGTON STREET NEWARK, NEW JERSEY

### SUBJECT: Acknowledgment of Class E Allotment.

- This will acknowledge receipt and acceptance of an allotment from the pay of the allotter named on the
  reverse side of this form in the amount shown.
- 2. A copy of this notice is being furnished to the allottee shown on the reverse side of this form as advice that this allotment has been authorized.
- 3. Monthly payments will be forwarded by check to the allottee as they become due shortly after the end of the month to which they apply.
- 4. Correspondence concerning this allotment should not be necessary. However, if it becomes essential to make an inquiry in connection with this allotment, the name of the allotter, his Army Serial Number, and the name of the allottee must be given,

OFFICE OF DEPENDENCY BENEFITS

(Please Note Information on Reverse Side)

### DESIGNATION OF BENEFICIARY

Name of designator Farnham Rob ert W. 37039161 T/A Cr 48 Surg Hos
(Last name) (First name) (Middle name) (Army Serial No.) (Grade and organization).
The persons eligible to be my beneficiary are designated below:
1. Mrs. Catherine Farnham 315 E. Prospect, New Hampton, Town
1. (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)
None .
(Full name and address of each minor child, and each dependent child over 21 years of age. If there are no children, so state. If the address
None
is the same as the wife's, so state. Do not repeat address)  In the event of my leaving no widow or child, or their decease before payment is made. I then designate as my benef
ciary the relative whose name, relationship, and address are shown below:
Charles Farnham, Father, 315 E. Prospect St., New Hampton, Iowa
(If designation of beneficiary is declined, designator must state in own handwriting: "I decline to designate any person as my beneficiary.")
In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below:
Mrs. Crace Farnham, Mother, 515 E. Prospect St., New Hampton, Igwa
4. (If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate a
alternate beneficiary.")  OVER  18—20169

Oham (	(Relationship)
nham .	
	Wife
	(Relationship)
Marin Company	Charles of the same
ial)	(Last name)
on July 1	1948
22.7	
Wrnt. 0. (G	Asst. Adjutant
	ial)  1 on July 1

U. S. GOVERNMENT PRINTING OFFICE

PLICATE	777		
APPLICATION FOR PAY RESERVATION  Farnhen  (Last name)  Foth  I, the individual page (Grade)  (Grade)	CONDITIONS ON REVERSE) FOR PURCHASE OF	255YOBRY WAR	
Tech. 4th Or 1000	tok PURCHASE OF	DEFENSE SAVING	S BONDS
of \$_25.00 (MATURITY V.)	y regiment, or arm as	(Middle initial)	039161 Army Serial numb
I, the individual named above, hereby request and authorize a Class A res of \$	(month) (sendonously) (work)	Defense Savings Bonds, Series	(40 concealing and the denominant
2. MAIL bonds to wife Carrier and number	Stee Now Haming	everse.	t50 19-4
OR Miss AT 315 (Last name)  Missing Foods for all of Control of Co	(City)	(Sta	
3. List as my *CO-OWNER on *DENGED * Mrs. of M	(City)	(St.	(Middle initial)
4. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me AT  Step	ernnam, Cathart	B. (City)	(State)
datance thereof I closed out the	- Sta LEDRINGS CO	(Sections	(Middle initial)
Strike out word	Prospect St., New et and number)	Hanpton, Icava	(State)
Office of the Chief of Finance, Defense Bond Division, Washington, D. C.  for the following reasons: Serial number incorrect, Signature for officer: Form incorrect	China we assessment	(Signature of subscriber)	Massa.
Junce of the Chief of Finance, Defense Bond Division, Washington, D. C., for the following reasons; Serial number incorrect, Signature of subscriber of Subs	does not agree with typed name:	el or other responsible officer with y	ade and organization).
3. 1942 16—27042-1			/ L
	Office of	the Chief of Finance, Defense	

#### INSTRUCTIONS TO COMMANDING OFFICERS, PERSONNEL OFFICERS, SUBSCRIBERS WHO CERTIFY THEIR OWN VOUCHERS

ATOM RAMBANDADO TRAS SER

- 1. Send ORIGINAL and DUPLICATE to the Chief of Finance, Defense Bond Division, New Armory Building, 19th and A Streets, SE., Washington, D. C.
- 2. File TRIPLICATE.
- 3. Give QUADRUPLICATE to subscriber.
- 4. Strike out inappropriate words. Form, when submitted, must be accurate and complete.
- Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mrs., Miss, Grade,
- . If there are TWO given names the initial of ONE may be used.
- (\*Co-owner or beneficiary is not necessary, but, if desired, ONE, NOT BOTH, may be named. If a CO-OWNER is designated, EITHER CO-OWNER may require the bond without the signature of the other. If a BENEFICIARY is designated the bond can be redeemed ONLY by the OWNER during his lifetime, and by the BENEFICIARY only if he survives the owner.
- B. Civilian subscribers will authorize Class A Pay Reservations, "per month", "per semi-month", or "per week", to agree with pay periods. Where pay periods do not coincide with periods for which pay rolls of disbursing officers are stated, the authorizations will be executed to agree with the pay-roll period.
- 9. The Treasury Department will (1) mail bonds to an address within the 48 States of the Union or District of Columbia ONLY, or will (2) hold bonds in safe-keeping at no expense to purchaser.

  Subscribers who are seldom at home when mail is delivered should designate their business or place of employment address rather than their residence address.
- 10. For further instructions, see War Department Circular concerning Class A Pay Reservations.

#### AMOUNTS

Only multiples of \$1.25 acceptable.

MINIMUM reservations:

- (a) Officers, nurses, warrant officers, contract surgeons-\$3.75 per month.
- (b) Enlisted men-\$1.25 per month.
- (c) Civilian employees (if paid WEEKLY)-\$1.25 per pay day.
- (d) Civilian employees (if paid SEMI-MONTHLY)—\$2.50 per pay day.

### ADDITIONAL CONDITIONS

Authorizations for purchase of Defense Savings Bonds remain in effect to include last full month of subscriber's enlistment, period of active duty, or employment with War Department, unless revoked by him, in writing, prior to that date.

ns reserved pursuant to authorizations for purchase of Defense Savings Bonds will not bear interest before they have been converted into Defense Savings Bonds.

16—27042-11 \*\* u. s. Government Printing OFFICE: 1942

	AUTHORIZATION FOR ALLOTMENT OF PAY (See AR 35-5520)	
(	Farnham Robert W. 37030161 manh (1)	
Army	(Last name) (First name) (Middle initial) (Army serial No.) (Grade) (Company, regiment, or arm or service)  The **enlisted man** named above hereby authorizes a Class E allotment of his pay in the amount of \$ 40.00	P(8
S. A.	month for the period of Tricks?	oer
D.	month for the period of Indef months, commencing May 1 19 43 and expiring indefinitely 19	
Officer, U	(Name of allottee) (Code No.) (Number and Prospect St. New Hampton	
E.	(Code No.) (Number and street or rural route) (City, town, or post office) (State)	~~
0,4	Date of enlistment December 4, 19_40 When other than "Pay of the Army" is affected, state P. A	x.
Finance	Chargeable	Α.
ash	I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for only; that a policy therefor has been issued and the first premium paid thereon; that the injurious payment policies) is on the life of the allotted.	or
trink (O)	the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee or collateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of	or er al
Wash	or collateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)	or er el k
M	or collateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)	r al k
M	or conateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)  (Relationship)	r al k
M	or collateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)  (Relationship)  (Relationship)  (Signature of allotter)  Place A. P. O. #700 c/o Postmaster, N. Y. N. Y.	r il k
M	or conateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)  (Relationship)  (Relationship)  (Signature of allotter)  Place A. P. O. #700 c/o Postmaster, N. Y., N.Y.  Date May 7, 1943	r il k
M	Place A. P. O. #700 G/o Postmaster, N. Y., N. Y.  Entered on service record. May 7, 1943  W. D., A. G. O. Form No. 29  November 1, 1939	1 k
To F. Wash	or conateral element of the transaction; and that the allotment is made in favor of the insurance constitutes the major and not a merely incidenta or other agent. I also state if allotment is in favor of a bank that deposit should be made to the credit of  (Name)  (Relationship)  (Relationship)  (Signature of allotter)  Place A. P. O. #700 c/o Postmaster, N. Y., N.Y.  Date May 7, 1943	1 k

## PPLICATION NUMBER

### WAR DEPARTMENT

## APPLICATION FOR FAMILY ALLOWANCES (Servicemen's Dependents Allowance Act of 1942)

Date September 22, 194 2

I. (a) Soldier	Farnham	Robert	Will.	iam 370	39161	Tec	hnic	ian	For	urth	Grade
	(Last name) Hosp., Ft.	(First name)	(Middle name)	(Army se	2,94	(Present Ar	my grade	(privat		hite	nt, etc3)
	Prospect Str	er's Army mailing ad	dress)		a he seems in the seems of the	Single, married	, divorce	d)		(Race)	91 12
(So	ldier's home address: Numb	er and street or R. F.	D.)	- 41 6 11		wn, or P. O.)	1/			Ora (Stat	
o me in the man	ly for the family all ner stated in parag	raphs II and	III below.	cranencin	g-named 1	1, 194	2.	deber	ident	s wno a	re relate
2 - 3	ACE MUST ALSO		WHEN APPLICA	TION IS MADI	ву а Ре	rson Oth	ER TH	AN TE	E So	LDIER.	
(Applicant's n	ame) I,	st name)	(First dame	····	(Middle na	me)	(You	r relatio	n to sold	lier or dep	endent)
(Address)	(Number and street or R. )		(City or tow	/n)	(Stat			- 1		12	family
paragraph I al	thorized by law fo	r the following application pe	g-named relati ertains.	ves and/or de	ependents	of the so	ldier	whose	e nan	je app	ears in
	Trains	ŶV	CLAS	~			>				
1. List: Wife (W), child	(C), former wife divorced	to whom alimony is a	still payable (W. Div.)	(If there are	me in class A	myile "None"	in the 1	name col	umn.)		
(Last)	Name (First)	(Middle)	Number and s	treet or BE	City, to	own. or	State	Relai	tionship	-	of birth of minors
Total Control of the	Catherine		315 E. I		Post of Hax		OWA	W	ife	Mo.	Day Year
3				(-n)		1	· · · · · ·		······		
Park			1/2			1/					
	202 ·				$\mathcal{D}$				 		
child living sepa	y alimony or supportate and apart, \$upport payment co	gone/	None ,	194 Nan	ne and loc	ation of c	ourt	No	ne.		
parentis, br	e father, mother, other, sister, half endent upon the s column.)	prother, half oldier for a su	randmother, s sister, stepbro betantial porti	tepfather, ste ther, stepsist on of their su	pmother, er, adopt oport. (I	either of ed brothe If there ar	X.	4		e, perso r, gran B, writ	on in loce dchildren e "None"
<i>/</i>	Name	MARKET THE STREET	NT	Address		Relationship	Dat	e of birt minors	h of	Degree of de- pendency	Is family allowance desired?
(Lant)	None	(Middle)	Number and street of R. F. D.	or City, town,	State		Mo.	Day	Year	(percent)	(Indicate yes or no)
<b></b>											
. Enter on the l	ines below the full	name and add		41	s to whor	n the chec	k or	check:	s is on	r are to	be made
Payments covering line			Make checks	payable to		. 443	-				
umbers in paragraphs II and III above	Hathanina H	Name	( ( ( )	315 Normber and	to spect	D. N	· Pa	migst	Orpost	office •	Towa
	OS CHELTHE B	e Larining			35.5						
					, As <sub>i</sub> , ,		•••••			********	
ļ	otto	1852 <u> </u>	4					`			

(Last) (Fir	me		Home address		Serving in—	4
- 14	21 1	Number and street or R. F. D.	City, town, or post office	State	(Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relations
Mona	OSES-ELL					
None	C/224					
- Alleg	Marks #				***************************************	
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eral Hospit	on to before me this 1942, 1942, al., Springfiel (Notary, summary court, et al.)	, at O'Reilly ld, Missouri	(Seal is required sworn to before	(Si w <del>h</del> en	dignature)	nll
1. Grade of sole 2. Any volunts of the Finance Office or the deduction repourt-martial forfeit	Allotment Branch, Budier as shown on the against allotments now in the equired for the soldie cures, at least \$10 per it tions have been made in with the first month a who filed application appropriate the solutions of this application.	uilding Y, 20th and B application has been ven a force pertaining to e necessary forms, to er's contribution for t month pay for his per- in the soldier's servi in after date of filing and the 1942, deduct	Hospital, Washing orified. Date of chilist his solder have been insure that sufficient in the family allowances sonal use. It is not has been made beginned by the supplication, except the book has been withdrawn hip, supporting papers fidates of children, written the submitted to	gton D. tment of disconting monthly and still rolls to at for ap ginning w and filed	nued or adjusted, he pay is due the sold leave him, exclusionsure that appropriate who were with the month of Ju	by submistier to prove of postriate more in the second 1942.
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4. The official of 5. The soldier of 5. The sold	crees of separation of the sep	ka	hin 6 months from date HAS. M. HAGMAN, WI	941		m.
4 The official	crees of separation of the sep	ka	Hillo 19	941		Chief

U. S. GOVERNMENT PRINTING OFFICE

Formham

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

Robert

(See AR 35-5520)

(Grade)

(Gra

16-9305

Veteraus Administration, Wa	shington, D. C.
	(Last name

# NOTIFICATION OF DISCONTINUANCE OF DEDUCTION

	NOTIFICATION OF 22		
Forward directly to the Director of Insurance, Velerans Administration, Washington, D. C.		1.11.11.11.11.11	(Grade) (Company, regiment, or arm or service)
Veleraus Administration, Washington, D.	=	TESTICION NO.	(Grade) (Company, regiment, or arm
	(First name) (Middle in	(Army serial number)	f Incurance
	(Middle i	nitial)	to the Director of Insurance.
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(First name)		
(Last name)	Lection in the af	nount of \$	( at a polisted A
7588 - Cl. D Covernment Life	a Insurance premium deduction	- T	in the case of the enlisted
The Class D Government	(First name) (Middle in the affinington, D. C., for monthly premium on		
DES The Class D	il le premiim on	\$(Amount)	
g g g	-Lington, D. C., for monthly premium		is hereby discontinued because of
Materans Administration, Was	Milligrous, -	- 200 Y 700 S	Table 1 to the second s
A GEOGRAPH	er and the state of	NAME OF TAXABLE PROPERTY.	
	n pay rolls of	(Company or detachment)	A CONTRACTOR OF THE PARTY OF TH
above, entered of	1 pay rough	Date of separation	
Ellan mana	1/4/a	Date-of separation .	
on		757	
839	(Reason for discontinuance)	20" 2 2 2 22	(State)
	Verson	(City, tov	vn. or post office)
de	(Reason for discontinuance)  (Number and street or ru	ral route)	
Demanent home address	(Number and street of	19 §	(Signature of soldier)
Permanens	50	19 \$	(Signature of source)
000	scontinuance	AL THERMAN	n pay roll for =, 19%
a state + Date of request of this di	scontinuance	1 Justion due 0	n pay roll for
PAH I Date of red		19 # Last deduction data	
	ď 1-10		
S discontinuance to b	be effective		The second secon
The soldier was last paid t	oe effective	19, at	(Place)
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E llier was last paid t	.00	entere	d on service record on
The soldier was		19 Discontinuance	
ρ		A (6)	The state of the s
a D deduction made t	.00	* A	and organization)
Class D deduction	.0	to the of company of	ommander, with grade and organization)  8. When discontinuance is due to cause other than death or dea
Class D deddon	1	(Signature of the soldier	When discontinuance is which request therefor is made.
졌	A STATE OF THE STA	f sequest will be date of signature by sull be	the last day of month in the
Til 22	Date	Date of discontinuance of institution	ommander, with grade and organization)  § When discontinuance is due to cause other than death or deat

<sup>†</sup> Insert date in case of discharge, retirement, death, or desertion. ‡ Date of request will be date of signature by s sertion, the soldier's signature will be affixed, or reason given why he did not sign. ¶ Date of discontinuance of insurance stedeution is due on pay roll for month preceding that of request. W. D., A. G. O. FORM NO. 30

March 1, 1941

### AUTHORIZATION FOR ALLOTMENT OF PAY

1000		\ _ <b>~</b> *	(See AR 35-6520)		
	(Last name)	ROBERT (First name) (Middle init	W. 37039161	Pvt lcl 48th S	urgical Hosp
ny ny	The (*attack		(Almy serial No.)	(Company, regi	ment, or arm or service)
5	(*enlisted man)	ned above hereby authorizes a Cla	ass E allotment of his pay in t	the amount of \$_30.00	Per
ဟ	month for the period of	months, commencing	March , 19	42 and expiring Indefir	itely 19
O .	to CATHERINE FARN	HAM 1911	Carey Avenue	Chevenne	Wyoming
Office D. C	Date of analysis induct	ion December 4	and street or rues   seek	(City, town, or post office)	
nce ton,	chargeable			,	anceted, state I. A.
Washin	or collateral element of the	rpose for which this allotment is gremiums, the insurance (including been issued and the first premiur saction; and that the allotment is rellotment is in favor of a bank tha	n paid thereon: that the insur	rance constitutes the major and company issuing the policy and the credit of	n the life of the allotter not a merely incidental not in favor of a bank
Send		- NAVE STREET	Arber	(Signature of allotter)	inham
photo.	Place Fort Francis I	. Warren, Wyoming		Date March 10	
	Entered on service record.		- 1915.	Date Ref CII 10	, 19_42
4	W. D., A. G. O. Form No. 29 November 1, 1939	WM. *Strik	E. PROFFISPATURE	company commanded with grede and	Despiration) Of &
d <sub>es</sub>			applicable	U. S. GOVERNMENT PRINTIP	G OFFICE 16-9421
			act applicable	U. S. GOVERNMENT PRINTIP	IG OFFICE 16—9421
			and approxime	U. S. GOVERNMENT PRINTI)	G OFFICE 16—9421
				U. S. GOVERNMENT PRINTIP	16 OFFICE 16—9421

A A		National Service	Life Insurance	
PARNHAM	ROBERT	V37K	1991.61 Pert 7 o7 . 4o1	/ Date Commet and II
(Last name)	(First name)			Afth Surrical Hospital
The enliste	d man named above	hereby authorizes a Clas	s N deduction from his pay in	the amount of \$3.45
per month for t	he period of	months, commencing	Pedruary 1	, 19 🛵 , and expiring
Inde	finitely	., 19, to the Veters	ans Administration, Washing	ton, D. C., for payment of
monthly premiu	m on \$ <b>.5,000.0</b>	1), National Service	e Life Insurance.	
Date of enlisting	mtnarction	December 4	, 19_ <b>40</b>	
1 . 1	1.00 ac ac	4	mary W.	g annay
J			(Signature of enlisted	I man)
Place Fort I	whole E. Harr	een, Mooning.	Date Jamary	30 19 42
Entered on	service record this		1000 P	M
W. D., A. G. O. Fo	rm No. 29-3	(Signature o	f commanding officer or personnel off	icer, with grade and organization)
January 1,	1941	W. E.	PROFFITT, SR., 016-1905	
	9	Person	el Officer.	1.,

### FINANCE OFFICE, U. S. ARMY

WASHINGTON, D. C.

SPFDI 243

IN REPLY REFER TO XXXXXXX Farnham, Robert W 37039161

July 30, 1942

SUBJECT: Discontinuance of Allotment

TO:

Commanding Officer, Med Dept Enl Tech Sch., O'Reilly General Hospital, Springfield. Mo.

1. Receipt is acknowledged of request for discontinuance of the following allotment authorized by the above named allotter:

\$30.00 per month to Catherine Farnham

Effective date of discontinuance: June 30, 1942.

- 2. Authority is hereby given to credit the above named allotter on the next pay voucher or payroll with any amount deducted from his pay on account of this allotment for any period subsequent to June 30, 1942.
- 3. This letter must be attached to the voucher on which credit is given.

For the Finance Officer:

J. D. KENNEDY,
Major, Finance Department.



### FINANCE OFFICE, U. S. ARMY

WASHINGTON, D. C.

SPFDI 243

IN REPLY REFER TO 243-APX( Farnham, Robert W 37039161

July 30, 1942

SUBJECT: Discontinuance of Allotment

Commanding Officer. Med Dept Enl Tech Sch. O'Reilly General Hospital, Springfield, No.

1. Receipt is acknowledged of request for discontinuance of the following allotment authorized by the above named allotter:

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- 3. This letter must be attached to the voucher on which credit is given

For the Finance Officer:

J. D. KENNEDY; Major, Finance Department.

DESIGNATION	OF	BENEFICIARY
		DUITE TOTAL

Name of designator . Farnham T/A Or 48 Surg Ros (Last name) (First name) (Middle name) The persons eligible to be my beneficiary are designated below: (Grade and organization) Mrs. Catharine Farnham (Full name of wife it no wife, or if she is deceased or divorced, so state) Prospect, New Hampton, (Wife's full address) (Full name and address of each minor child, and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address) In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below: 3. Charles Farnhan, Pather, 315 E. Prospect St., New Hempton, Iowa.

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

In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below: Mrs. Grace Farnham, Mother, SIS E. Prospect St., New Hampton, Mewa (If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate an alternate beneficiary.")

	Last name) (First name) (Middle Initial) (Anderson (Grade)) (Organization (Grade))	ALCA Secures By serial numbers HOSH
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paign.	I—Saber, insignia, decorations, med badges, watches, manuscripts, as s valuable chiefly as keepsakes.	id of her
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I	good luck piece w/case	
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e effects of class I have been forwarded to Tlutant General and those of class II have been sold  2nd L. A. A. A. Julant	(Give	e name and de	egree of relationship; if legal representative
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NEIL H. HANSEN  2nd Lt., MAC  Adjutant  AIO LOL		ets of clas	s I have been forwarded to The
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100	(Grade) (Organization or arm or ser	vice)
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Form 55a Medical Department, U.S. Army (Revised Feb. 20, 1934)
Selective CLINICAL RECORD
Service BRIEF 37039161
Hospital Station
Register No. 64372 Ward 74
Name Farnham Robert W.
Rank Fvt. CoDet Regt. or 48th Surg. Ho.
Age (years) 27 Race W Service (years) 3/12
Birthplace Lowa
Station Fort Francis E. Warren, Wyoming.
Date of admission February 17, 1941.
Source of admission Command
160
Religion Cath.
Home address 229 East Prospect St.
New Hampton, Iowa.
Name and address of nearest relative Mother
Mrs. Grace O. Farnham
Same as above
TUV /+ ++
Initials of admitting officerJHK/tjt.
(To be filled in by ward surgeon when case is completed)
Disposition Qrs. White
Date Fel. 26, 1941. March 28/41
Final diagnosis Massakharmart
ante, catardal, moderate vere
(2) Laryngitis, auto,
(Diagnosis to be continued on back, if necessary)
Condition on completion of case
Improved.
V
an abis of day

Ward Surgeon.

Form 55 b

Medical Department, U. S. Army
(Authorized Jan. 17, 1916.)

# CLINICAL RECORD FAMILY AND PERSONAL HISTORY

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Form 55 c Medical Department, U. S. Army (Authorized Jan. 17, 1916)

### CLINICAL RECORD

### HISTORY OF PRESENT DISEASE,

(Date and mode of onset; probable cause; evolution and course to admission)

SURNAME OF PATIENT

CHRISTIAN NAME

Ratert

FPO 3-3672

Form 55 d Medical Department, U. S. Army (Authorized Jan. 17, 1916.)

## CLINICAL RECORD

Condition on admission:

SURNAME OF PATIENT

CHRISTIAN NAME

Ed. Mar. 6-18--5,000,000.

W 03-3873

FORM 55 0 MEDICAL DEPARTMENT, U. S. ARMY (Authorized Jan. 17, 1910.)

## CLINICAL RECORD OBJECTIVE SYMPTOMS

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Genito-urinary system:		
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SURNAME OF PATIENT		
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FORM 55 f
MEDICAL DEPARTMENT, U. S. ARMY
(Authorized Jan. 17, 1916.)

## CLINICAL RECORD OBJECTIVE SYMPTOMS—CONTINUED

Abdomen:
Liver, Spleen,
Tenderness, Masses,
Nervous system:
Osseous system:
Muscles and joints:
Diagnosis on transfer card:
Diagnosis of ward surgeon:
Nassphanggils Languation

Ed. Oct. 17-17-2,500,000.

Form 55 g Medical Department, U. S. Army (Authorized Jan. 17, 1916)

### CLINICAL RECORD

PROGRESS

(All complications, and all changes in diagnosis, with the date in each case, should be entered on this sheet)

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124/41.

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126/41.

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SURNAME OF PATIENT

CHRISTIAN NAME

W.

Farshow Robert

U. S. GOVERNMENT PRINTING OFFICE

3-3676

Form 55 h MEDICAL DEPARTMENT, U. S. ARMY (Authorized Jan. 17, 1916)



## CLINICAL RECORD

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CHRISTIAN NAME

Form 553

MEDICAL DEPARTMENT, U.S. ARMY
(Authorized Jan. 17, 1916)

CLINICAL RECORD
TREATMENT

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		tor	nno	7		gro	639019

Form 55 m

Medical Department, U. S. Army
(Authorized Jan. 17, 1916)

### CLINICAL RECORD

REPORT ON URINE

From Laboratory	74 15 ,1941
то #.	Cog St Auth
Color Stra	Appearance Clear  Appearance 10 20
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CastsEpithelia	
Bacteria	*
Amorphous deposit	58
220101000-00000000 6 6	, U. S. Army.
SURNAME OF PATIE	Potent W.  REGIMENT OF STAFF CORPS  * 8th Surg. How

Form 553 \$ MEDICAL DEPARTMENT, U.S. ARMY (Revised Feb. 20, 1934)

Yes

### CLINICAL RECORD

BRIEF 37039160 Hospital Station Register No 66587 Ward Quarters Name Farnham, Robert W. Inductee Regt of RankPvt CDetMD Staff Corps Age (years) 27 Race W Service (years) 3/12 Birthplace Iowa Station FFEWW Date of admission March 22, 1941 Source of admission Command Religion Catholic 229 E. Prospect Street Home address... New Hampton, Iowa Name and address of nearest relative Mother Mrs. Grace Farnham Same as above Initials of admitting officer WMG/tjt ' (To be filled in by ward surgeon when case is completed) Disposition Lile Final diagnosis Nasopharyngitis acute catarrhal (Diagnosis is to be continued on back, if necessary) Condition on completion of case.....

3-3670

Ward Surgeon.

Form 55% . \*
MEDICAL DEFARTMENT, U.S. ARMY
(Revised Feb. 20, 1934)

### Yes

CLINICAL RECORD
BRIEF

37039160

Hospital Station Register No. 06587 ward Quarters Name Farnham, Robert W.
Tinductee Regt. or 48th Surg. H.
RankPvt CoDetMD Staff Corps Age (years) 27 Race W Service (years) 3/12 Birthplace Iowa Station \_ FFERW Date of admission March 22, 1941 Source of admission Command Religion Catholic 229 E. Prospect Street Home address\_\_\_\_ New Hampton, Iowa Name and address of nearest relative Lother Mrs. Grace Farnham Same as above Initials of admitting officer WMG/t.jt (To be filled in by ward surgeon when case is completed) Disposition\_\_\_\_ Final diagnosis Nasopharyngitis acute catarrhal (Diagnosis is to be continued on back, if necessary) Condition on completion of case\_\_\_\_\_ 3-3670 Ward Surgeon.

# ANSAS CITY JULY DE MARKET DE P 601 Hardesty Avende Kansas City 1, Missouri

AP:mm Case No. 53374

Date 23 October 1944

Report of transactions in disposing of the effects of

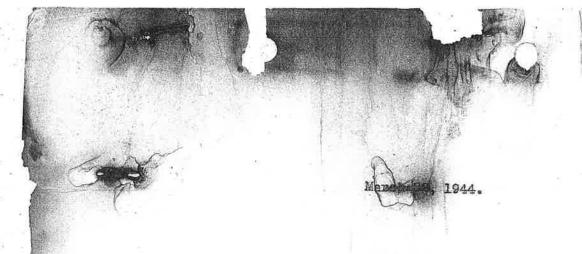
Technician Fourth Grade (Oranication, Arm or Service)  on the fth day of February 1944, at Morth African area  TO: The Adjutant General, War Department, Washington 25, D.C.  1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 223, Hg., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the elfects of the above-named soldier, or person subject to military law, reports that:  a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.  b. Local debtors owed decedent's estate \$ none of which the sum of none was collected. (If nothing was found due or collected, State "Mone"; otherwise attach itemized statement of sums owing and collected.) (Incl. o. Decedent owed undisputed local creditors the sum of none of which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt of decedent's effects (less money paid creditors, if any has been made by the Summary Court-Martial by trensmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING)  Before a Summary Court-Martial which convened at Kansas City, Missouri, on 1 July 1944 pursuant to Special Orders 228, Headquarters, KOQM  Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine P.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of (Name of person found entitled)  \$\frac{\text{Not. West Clive Street}}{(Number, Street or Avenue)}\$, Springfield State  (Number, Street or Avenue)  of Missouri is the widow of the Widow of the Clivy, Town or Village)		Robert W. Farnham (Name of deceased	) <sup>1</sup> ,	37039161 late (Army Serial Number)	а
1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Mq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:  a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.  b. Local debtors owed decedent's estate \$\frac{1}{2}\$ none, of which the sum of, none was collected. (If acting was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Inc)  c. Decedent owed undisputed local creditors the sum of \$\frac{1}{2}\$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt, Incl)  d. Disposition of decedent's effects (less money paid creditors, if any has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING)  Before a Summary Court-Martial which convened at Kansas City, Missouri, on	Technic		Medical Do (Organization,	Arm or Service) , who die	d
1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:  a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.  b. Local debtors owed decedent's estate \$\frac{1}{2}\$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl	on the	7th day of February	, 19 <u>44</u> , at	North African Area	.•
Mo., pursuant to S.O. 228, Mq., KCMM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:  a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.  b. Local debtors owed decedent's estate \$\frac{1}{2}\$ none	TO : The Adj	utant General, War Depa	rtment, Washingt	on 25, D.C.	
b. Local debtors owed decedent were forwarded to this Summary Court-Martial.  b. Local debtors owed decedent's estate \$\frac{1}{2}\$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl	Mo., pursuant to Spose of disposing	5.0. 228, Hq., KCQM Dep of the effects of the	ot, dated 25 Sep	tember 1943, for the pur-	
c. Decedent owed undisputed local creditors the sum of none of none otherwise attach itemized statement of sums owing and collected.) (Incl	a. No lega camp or quarters,	l representative or wid effects of decedent we	low of decedent lare forwarded to	peing present at decedent's this Summary Court-Martial	. •
has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt, Incl,)  d. Disposition of decedent's effects (less money paid creditors, if any has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING:  Before a Summary Court-Martial which convened at Kansas City, Missouri, on  1 July 1944, pursuant to Special Orders 228, Headquarters, KCQM  Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine F.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the  United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112, Mrs. Catherine B. Farnham of  (Name of person found entitled)  \$504 West Clive Street, Springfield State  (Number, Street or Avenue) Springfield State	\$ none was co	ollected. (If nothing	was found due or	collected, state "None";	
been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING:  Before a Summary Court-Martial which convened at Kansas City, Missouri, on  Liuly 1944, pursuant to Special Orders 228, Headquarters, KCQM  Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine F.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,  Mrs. Catherine B. Farnham of (Name of person found entitled)  **Sold West Clive Street**  **Springfield**  **State**  **Wissouri**  **Of the widow**  **Of the Output Street**  **Wissouri**  **Wissouri**  **Wissouri**  **Wissouri**  **Wissouri**  **State**  **Wissouri**  **Wissouri**  **Of the Wissouri**  **Wissouri**  **Wissouri**	has been paid by	the Summary Court-Marti	al from funds of	sum of \$\frac{1}{2} none \tag, which decedent. (See inclosed	
Before a Summary Court-Martial which convened at Kansas City, Missouri, on  1 July 1944 , pursuant to Special Orders 228, Headquarters, KCQM  Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine B.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112, Mrs. Catherine B. Farnham of (Name of person found entitled)  \$504 West Clive Street , Springfield State  (Number, Street or Avenue) (City, Town or Village)	been made by the Corps, at Governm	Summary Court-Martial 1	ov transmittal th	arough the Quartermaster	l <sub>is</sub>
Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine F.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112,  Mrs. Catherine B. Farnham of (Name of person found entitled)  \$504 West Clive Street , Springfield State  (Number, Street or Avenue) (City, Town or Village)		FII	NDING:		
Depot, dated 25 September 1943, the application or affidavit of Mrs. Catherine R.  Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,  Mrs. Catherine B. Farnham of (Name of person found entitled)  \$504 West Clive Street , Springfield State  (Number, Street or Avenue) (City, Town or Village)	Before a Summ	ary Court-Martial which	n convened at Kap	nsas <sup>C</sup> ity, Missouri, on	
Farnham for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112, Mrs. Catherine B. Farnham of (Name of person found entitled)  State  (Number, Street or Avenue) Springfield State  (Number, Street or Avenue) of the	1_1	uly 1944 , pursuant	to Special Order	s 228, Headquarters, KCQM	
Ceased soldier, or person subject to military law, now in the possession of the  United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112,  Mrs. Catherine B. Farnham  of  (Name of person found entitled)  \$504 West Clive Street  (Number, Street or Avenue)  Springfield  (City, Town or Village)  of the	Depot, dated 25 S	eptember 1943, the appl	lication or affic	davit of Mrs. Catherine B.	
United States, with other relevant evidence, was duly considered;  Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112,  Mrs. Catherine B. Farnham  (Name of person found entitled)  State  (Number, Street or Avenue)  Missouri  State  Missouri  Missouri  State  Missouri  State  Missouri  Missour	Farnham		for the effec	ts of the above-named de-	
Whereupon, this Summary Court-Martial finds that, under the provisions of  A.W. 112,  Mrs. Catherine B. Farnham  (Name of person found entitled)  state  (Number, Street or Avenue)  Missouria is the widow of the	ceased soldier, c	r person subject to mi	litary law, now	in the possession of the	,
A.W. 112,  Mrs. Catherine B. Farnham of  (Name of person found entitled)  state  (Number, Street or Avenue)  Mrs. Catherine B. Farnham of  (Name of person found entitled)  State  (Number, Street or Avenue)  Missouri is the widow of the	United States, wi	th other relevant evide	ence, was duly c	onsidered;	
(Name of person found entitled)  state  (Number, Street or Avenue)  Nissouri  State  Wissouri  State  Of the	Whereupon, th	nis Summary Court-Martia	al finds that, u	nder the provisions of	
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388/4m/208 THE ADJUTANT GENER Washington, D. 22 March 1944 Date of Action\_ AWARD OF DECORATION TICE OF To be engraved as follows: Grade Serial No. Middle Last Name First Name Sobort V. Faraben Initial **刻 4 位:**。 27, 010 Link **Englance** Paraboni. Others Compon-ent Foreign Organization Section! Department Home address - upon entry into service Station or APO DO NOT WRITE IN COLUMN BELOW Present station if living; otherwise present status Relationship Next of kin (Name & Address) Thro. Satherine 3. Fernham, 215 heat Prospect Street, Wife How Mampton, Ioun GO AUTHORIZING AWARD Headquarters GO No. Sec. Posthumous Type of Award and Date Ton Purple Neurs Number **Posthumous** Oak-Leaf Clusters to the: Name of officer recommending award Presentation to be made by: Salp to Best of Lin BY ORDER OF THE SECRETARY OF WAR. CHARLES A. TLEVING. Adjutant General CITATION This soldier was killed in action 7 February 1944, while service in the Sorth African From.



till for 22 mar. 44

W.D. AGO Form No. 078 1 October 1943. To: Officer's or Enlisted Man's 201 File



My dear Mrs. Farnham:

At the request of the President, I write to inform you that the Purple Heart has been awarded posthumously to your husband, Technician Fourth Grade Robert W. Farnham, Medical Department, who sacrificed his life in defense of his country.

for the death of your loved one. We profoundly appreciate the greatness of your loss, for in a very real sense the loss suffered by any of us in this bettle for our country, is a loss shared by all of us. When the medal, which you will shortly receive, reaches you, I want you to know that with it goes my sincerest sympathy, and the hope that time and the victory of our cause will finally lighten the burden of your grief.

Sincerely yours,

SBORELET OF WAL

Mrs. Catherine B. Farnham, 315 East Prospect Street, New Hampton, Iowa.



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AG 201 Farnham, Robert W.

6 March 1944.

Mrs. Catherine B. Farnham, 315 East Prospect Street, New Hampton, Iowa.

Dear Mrs. Farnham:

It is with regret that I am writing to confirm the recent telegram informing you of the death of your husband, Technician Fourth Grade Robert W. Farnham, 37,039,161, Medical Department, who was killed in action on 7 Feb 44 in Italy.

I fully understand your desire to learn as much as possible regarding the circumstances leading to his death and I wish that there were more information available to give you. Unfortunately, reports of this nature contain only the briefest details as they are prepared under battle conditions and the means of transmission are limited.

I know the sorrow this message has brought you and it is my hope that in time the knowledge of his heroic service in defense of his country, even unto death, may be of sustaining comfort to you.

I extend to you my deepest sympathy.

Sincerely yours,

John J. Bandy Major, A. G. D.

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

1 Inclosure Bulletin of Information.

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Mrs. Ostherine B. Forrens. 315 Best Prospect Edrect. For Esercion, Lord.

Dear Mrs. Reminest

It is with begind that I may writing to confur the recent telegram infersing you of the death of your hubband, Technicism Fourth Grade Robert W. Marnhen, 37,039,161, Madical Department, who wer killed in action on 7 Feb 44 in Itely.

I fully understand your desire to learn as unch ar I bus steel ats of guideo secreteratio est subrepor eldiego wish they there were more information available to give you. Wr fortunately, reports of this nature bintein only the brislant details as they are prepared under battle coaditions on the stans of translation are limited.

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I extend to you so deepset country,

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## CASUALTY MESSAG

WIRDEPARTMENT

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OFFICIAL BUSINESS-GOVERNMENT RATES

TELEGRAM

FCC 3836

AG 201 FARNHAM, ROBERT W

29 FEB 44)

MRS CATHERINE B PARNHAM

315 EAST PROSPECT STREET

NEW HAMPTON IOWA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

TECHNICIAN FOURTH GRADE ROBERT W FARNHAM

WAS KILLED IN ACTION IN DEFENSE OF HIS COUNTRY ON

SEVEN FEBRUARY

ADJUTANT GENERAL

IN ITALY

PERIOD LETTER FOLLOWS

(AREA)

ULIO

COPIES FURNISHED:

OFFICIAL:

Bureau of Pub. Rel. THE ADJUTANT GENERAL

ed .p .A .. Ju tel Office of Dependency Benefits Mibert Blook

American Red Cross.

Chief of Staff

Casualty Branch File

POW Information Bureau

Army Effects Bureau AG 704.1 (

Not to be delivered by phone except when authorized by the sender. Not to be delivered between the hours of 10 PM and 7 AM.

World War II Records Br., AGO (Enl., only)

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(Initials & Date)

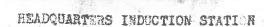
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W.D., A.G.O. FORM NO. 0365 . © 1 JANUARY 1944

BATTLE CASUALTY REPORT

ATTACH FORM 41 HERE

24-27368



Fort Des Moines, Iowa, December 4, 1940.

SPECIAL ORDERS) NUMBER 7

1. Pursuant to instructions contained in Recruiting Bulletin No 36, Headquarters Seventh Corps Area, & November 1940, the following named enlisted men, having been inducted into military service, will proceed from Fort Des Moines, Iowa, to Fort Smelling, Minnesota, reporting upon arrival to the Commanding Officer, Fort Smelling, Recention Center:

FARMHAL, Robert W. KING, Elmer C.

37039161 (In Charge) 37039162

It being impracticable for the Government to furnish cooking facilities for rations the Finance Department will pay each enlisted man, in advance, the monetary travel allo-ance prescribed in table II, par 2 a, AR 35-4520, at the rate of \$2.25 per day for rations for two (2) men for one-tind (1/3) of a day.

The travel directed is necessary in the military service, FD 1457 P 50-0623 A 0410-01. (Chargeable to funds under control of recruiting officer. Report of pay ent by Finance Officers will be rendered direct to Recruiting Officer, Seventh Corps Area).

LLOYD B. MRUTSER, Captain, CAC-Res., Commanding.

Transportation furnished on this order for two (2) men from Des Moines, Iowa, to St. Paul, Minnesota, T/R WQ-3,621,366, Est Cost \$15.64 Via CRIAP, Direct, Bay Coach.

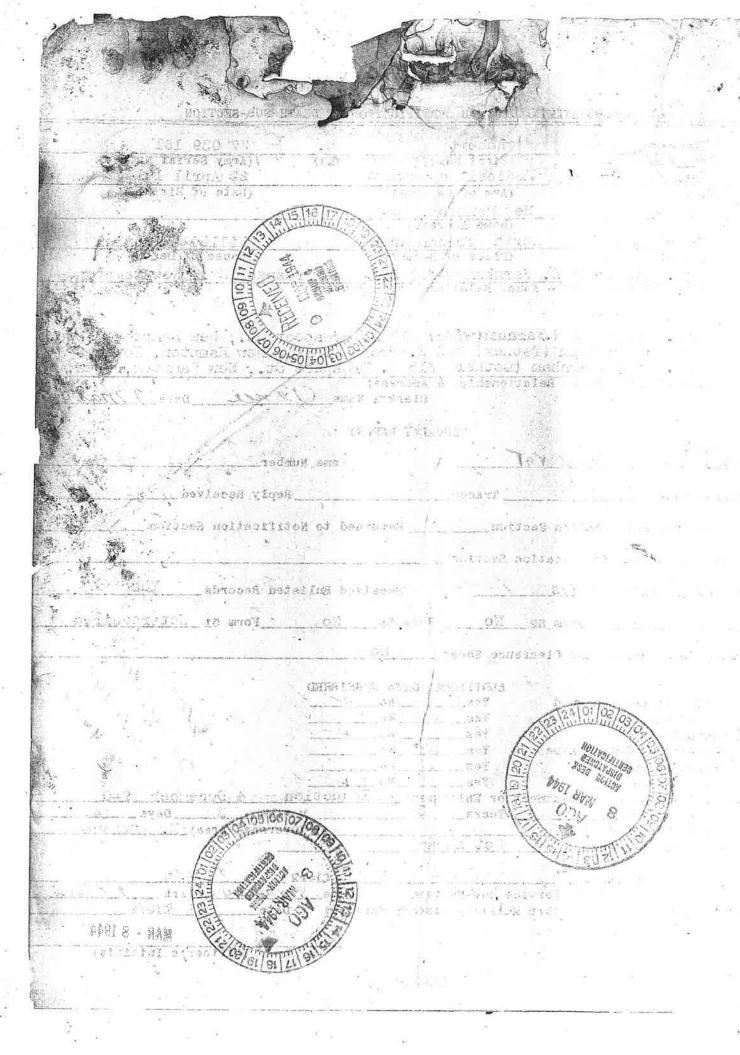
OFFICIAL

CG 7th CA 2 Faid in advance the monetary travel allowance PO 7th CA 2 prescribed in AR 35-4520, at the rate of \$2.25 FO Wash DC 1 per day for rations to (2) two men for(1/3) one/third CO Rec Cen2 of a day. Total amount paid, \$1.50. I certify that File 1 the mode and amount of payment was indorsed on the original copy of this order. Payment made in CASH.

LLOYD B. MMUTSEN, Captain, CAC-Res., Actg QM & Agent Officer.

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OHOT TOO TAILING	B.Farnham(wife) 315 E. Prospect St., New Hampton, Iom (father) 315 E. Prospect St., New Hampton, Iowa. Tham (mother) 315 E. Prospect St., New Hampton, Iowa
(Beneficiary - Name	Relationship, & Address)
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AG 201 Farnham, Robert W. (29 Feb 44) PC-N NATOL8

6 March 1944.

Mrs. Catherine B. Farnham, 315 East Prospect Street, New Bampton, Iowa.

Dear Mrs. Farnhem:

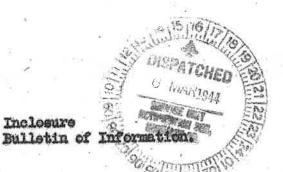
It is with regret that I am writing to confirm the recent telegram informing you of the death of your husband, Technician Fourth Grade Robert W. Farmham, 37,039,161, Medical Department, who was killed in action on 7 Feb 44 in Italy.

I fully understand your desire to learn as much as possible regarding the circumstances leading to his death and I wish that there were more information available to give you. Unfortunately, reports of this nature contain only the briefest details as they are prepared under battle conditions and the means of transmission are limited.

I know the sorrow this message has brought you and it is my hope that in time the knowledge of his heroic service in defense of his country, even unto death, may be of sustaining comfort to you.

> I extend to you my deepest sympathy. aration To Product

Sincerely yours, as Le Ca Do



J. A. ULIO Major General, The Adjutant Coneral.

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W. D., A. G. O. Form No. 0644 5 October 1943

1 Inclosure

## CASUALTY MESSAGE

TE	ELE	G	R	A	M

OFFICIAL BUSINESS-GOVERNMENT RATES

WARDEPARTMENT

AGO

CHG. APPROPRIATION FEG 3836

AG 201 ARNHAM, ROBERT W

MRS CATHERINE B FARNHAM

315 EAST PROSPECT STREET

NEW HAMPTON IOWA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

TECHNICIAN FOURTH GRADE ROBERT W FARNHAM

WAS KILLED IN ACTION IN DEFENSE OF HIS COUNTRY ON

IN ITALY

PERIOD LETTER FOLLOWS

(AREA)

ULIO

OFFICIAL:

THE ADJUTANT GENERAL

PG 100 07 60 411 252 . Moold Jasola

ADJUTANT GENERAL

THIS COPY FOR CASUALTY BRANCH FILE

Not to be delivered by phone except when authorized by the sender. Not to be delivered between the hours of 10 PM and 7 AM.

W. D., A. G. O. FORM NO. 802-3 20 SEPTEMBER 1943



1. NAME		2. SEF	RIAL NUN	MBER	3. GRADE	4.ARM OR SERVICE	5. REP THEATER
FARNHAM ROBERT W	V	37	039	161	TEC4	MD	WAT
6. PLACE OF CASUALTY	7. DATE	OF CASUA		8 FLYING OR	9. TYPE		10.SHIPMENT
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ALW -Alive and Well INT -Interned CAP -Captured
DOI -Died of Injuries
DOW -Died of Wounds
EVC -Evacuated -Killed in Action KIA MIA -Missing in Action POW -Prisoner of War RTD -Returned to Duty SIA -Seriously Injured in Action SIG -Seriously III (Gas Casualty) SLI -Slightly Injured in Action SLW -Slightly Wounded in Action SWA -Seriously Wounded in Action

### "FLYING OR JUMPING STATUS" CODE (ITEM 8 ABOVE)

- A- Pilot, Co-Pilot or Command Pilot
- B. Navigator C- Bombardier
- D- Observer
- E- Flight Surgeon

- F- Photographer
- G- Radio Operator Gunner
- H- Engineer Gunner
- I- Armorer Gunner
- J- Qualified Paratroops on Jumping Status
- K- Gunner
- L- All others on Flying or Jump-ing status not included above
- Not on Flying or Jumping Status

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W.D., A.G.O. FORM NO 60365 © 1 JANUARY 1944

BATTLE CASUALTY REPORT

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