

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

OP/CH4635

7 March 1944

DATE

FULL NAME Farnham, Robert W		ARMY SERIAL NO. 37 039 161
GRADE Tec 4	ARM OR SERVICE Medical Department	DATE OF BIRTH 22 April 1914
HOME ADDRESS New Hampton, Iowa		
DATE OF DEATH 7 Feb 44	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs Catherine B Farnham (wife) 315 East Prospect St., New Hampton, Iowa		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs Catherine B Farnham (wife) Charles Farnham (father) Mrs. Grace Farnham (mother) all of 315 E. Prospect St., New Hampton, Iowa		

BY ORDER OF THE SECRETARY OF WAR

RECORD COPY

(battl=)

(OVER)

J. W. Reinhardt
ADJUTANT GENERAL

FILE IN WORLD WAR II RECORDS BRANCH

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: AR

Service Number:

Record Charged to:

Name: Joe Wise

Room#: 200

Phone#: 3148010662

SR Number: 2-12087247351

Search Section: 2

Core: CORE 2
Team: Team E

Searcher Name: WEVANS

Initials: _____

Date: _____

Notes:

Please check
your CopiesAll Records Ordered for this Service Request:
2-5JXDLB6, 2-5JXDLIH

Service Request Received in Center Date:

Search Request Created By: SADMIN

Search Request Printed By: ACROSSLAND

10/20/2014 00:00:00

10/23/2014 08:10:20

12/22/2014 07:12:01



2-5JXDLB6



2-5JXDLB6

AM 12 22 14

To be prepared in TRIPLICATE

REPORT OF INDUCTION OF SELECTIVE SERVICE MAN

Jacket made

Do not enter
in this column

Farnham Robert William 37039161
(Last name) (First name) (Middle name) (Army serial No.)

Permanent address New Hampton Chickasaw Iowa {Urban ☒ English
(Town) (County) (State) (Mother tongue)
Birthplace Clarksville Iowa Birth date April 22 1914
(City, town, or county) (State or country) (Month) (Day) (Year)

Age 26 years 7 months. U. S. citizen Yes Race White
(Yes or No)

If an applicant for citizenship, show date and court in which application was made: XXX
XXX

If not a citizen, show country of allegiance: XXX

Grade completed in grammar school: 8; high school: 2; college or university: none

Civilian trade or occupation: meat inspector; years so engaged: 2; weekly wage: 30.00

Marital status: single Dependents: none
(Single, married, widower, or divorced) (State number and relationship)

Previous service in United States military or naval service, Marine Corps, Coast Guard, or National Guard in an active, inactive, or reserve status: none
(State last service only)

† Place "X" in box opposite urban if community of 2,500 population or greater; otherwise place "X" in box opposite rural.

Residence	
State	County
Place inducted	
Date inducted	
Day	Month Year
Source Nativity	
Year of birth	
Race/Cit.	Education
Occupation	Marital

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Nearest relative Grace E. Farnham
(Other than wife or minor child) (Name in full)

Relationship Mother Address 229 East Prospect Street New Hampton Iowa
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

Person to be notified in case of emergency Grace E. Farnham
(Name in full)

Relationship Mother Address 229 East Prospect Street New Hampton Iowa
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

The persons eligible to be my beneficiary are designated below:

- None
(Full name of wife; if no wife, or if she is deceased or divorced, so state) (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 is the same as the wife's, so state. Do not repeat address)
- Grace E. Farnham (mother) 229 East Prospect Street New Hampton, Iowa
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")
- Charles R. Farnham (father) 229 East Prospect Street New Hampton, Iowa
(If beneficiary is named in line 3 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary.")

The above recorded information is correct.

Signature of inducted man: Robert W Farnham
(First name) (Middle initial) (Last name)

Witnessed at Fort Des Moines, Iowa on December 4, 1940

(Signature of witness attesting) LYLE F. BUCHANAN 1st Lt. Inf-Res.
(Name of witness typed) (Grade and organization)

INSTRUCTIONS

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

PHYSICAL EXAMINATION

1. Eye abnormalities Normal

2. Ear, nose, throat abnormalities Hypertrophied turbinate right N.S. N.D.

3. Mouth and gum abnormalities Normal

Right (Examinee's) Left Normal

4. Teeth { 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (Strike out those that are missing; circle those that may be restored)

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

5. Skin Clear

6. Varicose veins None

7. Hernia None

8. Hemorrhoids None

9. Genitalia Normal

10. Feet Normal

11. Musculo-skeletal defects Ruptured muscle of right leg middle lateral surface

12. Abdominal viscera Normal

13. Cardiovascular system Normal

14. Lungs, including X-ray, if made Normal X-Ray taken

15. Nervous system: reflexes, pupillary Normal patellar Normal

16. Endocrine disturbances None

17. Results of laboratory examinations, when made Chest Negative

18. Remarks on defects not sufficiently described above None

19. Summary of defects in order of importance, impression of physical fitness Hypertrophied turbinate right N.S. N.D. Ruptured muscle of right leg middle lateral surface Physically fit

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

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

Height 69 1/2 in.
Weight 143 lb.

Girth (at nipples):
Inspiration 37 in.
Expiration 35 in.

Girth (at umbilicus) 31 in.

Posture Good

Frame Medium

Color of hair Brown

Color of eyes Blue

Complexion Medium

Pulse: *
Sitting 88
After exercise
2 min. after exercise

Blood pressure: *
Systolic
Diastolic

Urinalysis:
Sp. gr. 1011
Albumin Neg.
Sugar Neg.
Microscopic*
Other data* None

*When required.

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

*Mentally and physically qualified for the active military service of the United States.

*Mentally and physically qualified for the active military service of the United States.

*Physically qualified for the active military service of the United States.

Place Fort Des Moines, Iowa Signature
Date December 4, 1940 Name typed or stamped: WILLIAM L. MERMIS Captain Med-Res (Grade)

I acknowledge receipt of copy of this report this date. Des. 4, 1940

(Date)

(Signature of inducted or rejected man. Required only on original)

The above-named registrant was this date.

*Accepted for active military service XXXXXX and inducted into the Army of the United States and sent to Fort Des Moines, Iowa (Post, camp, or reception center)

*Rejection XXXXXX



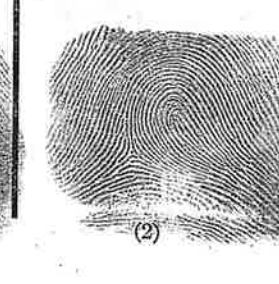


Place Fort Des Moines, Iowa

Date December 4, 1940

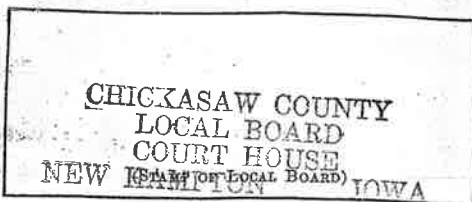
(Signature of inducing officer)
LYLE F. BUCHANAN 1st Lt Inf-Res
(Typed name of inducing officer) (Grade and organization)

*# Strike out clause or words not applicable.

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

Prepare in Triplicate



December 3, 1940
(Date of mailing)

ORDER TO REPORT FOR INDUCTION

The President of the United States,

To Robert William Farnham
(First name) (Middle name) (Last name)

Order No. 1225 "V"

GREETING:

Having submitted yourself to a Local Board composed of your neighbors for the purpose of determining your availability for training and service in the armed forces of the United States, you are hereby notified that you have now been selected for training and service in the Army
(Army, Navy, Marine Corps)

You will, therefore, report to the Local Board named above at New Hampton, Iowa
(Place of reporting)

at 2:00 P. m. on the 3 day of December, 1940
(Hour of reporting)

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

If you are not accepted, you will be furnished transportation to the place where you reported. Wilful failure to report promptly to this Local Board at the hour and on the day named in this notice is a violation of the Selective Training and Service Act of 1940 and subjects the violator to fine and imprisonment. Bring with you sufficient clothing for 3 days.

You must keep this form and take it with you when you report to your Local Board.

P. J. Alote

Member of Local Board.

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

CHICKASAW COUNTY LOCAL BOARD COURT HOUSE NEW HAMPTON, IOWA

December 4, 1940

(Date)

STRIKE INAPPLICABLE SECTION:

1. Accepted for service in Army of the United States
(Army, Navy, Marine Corps)

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

the following cause: _____

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

Officer in Charge of Induction 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.

W.D., A.G.O. Form No. 303, July 1, 1941—PUNCH CARD

20	5277	739	009534	TEC4	MD	0605	37039161	FARNH
TYPE	STATION	TYPE ORG.	UNIT	PARENT UNIT	SPECL	GRADE	DUTY	A. OR S.

REPORT OF CHANGE (FOR INDIVIDUAL OR UNIT)

BASIC STATUS
☒ ASSIGNED ☐ ATTACHED UNASSIGNED ☐ ATTACHED; FROM
☒ ON DUTY ☐ OTHER (SPECIFY):
☐ CASUAL

DUTY OR OTHER STATUS AT TIME OF THIS CHANGE
 Tech 4th Gr Farnham trfd to this org pp 8 SO 53
 13th Hq Sp Trps 2nd Army Cp Breckinridge Ky
 dated 4 Mar 43 jd 1950

DESCRIPTION OF CHANGE
 Tech 4th Gr Farnham trfd to this org pp 8 SO 53
 13th Hq Sp Trps 2nd Army Cp Breckinridge Ky
 dated 4 Mar 43 jd 1950

ORGANIZATION WITH WHICH SERVING
 95th Evacuation Hospital Smmbl
ORGANIZATION OR HEADQUARTERS FROM WHICH RENDERED
 95th Evacuation Hospital Smmbl
LOCATION
 Camp Breckinridge Kentucky

REPORT FOR THE TWENTY-FOUR HOURS ENDING AT 11:59 P.M.
 DAY 6 MONTH March 1943

TYPE OF CHANGE
 20
STATION
TYPE ORGANIZ'N
SUB UNIT
PARENT UNIT
SPECL
GRADE
DUTY
ARM OR SERVICE
NAME, GRADE AND TITLE
 NEIL W HANSEN
 2nd Lt MAC
 Pers 0

DATE OF CHANGE
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
 CESCO-323

W.D., A.G.O. Form No. 303, July 1, 1941—PUNCH CARD

20	5277	712	0000	004234	TEC4	264MD	30092	37039161	FARNH
TYPE	STATION	TYPE ORG.	UNIT	PARENT UNIT	SPECL	GRADE	DUTY	A. OR S.	

REPORT OF CHANGE (FOR INDIVIDUAL OR UNIT)

BASIC STATUS
☒ ASSIGNED ☐ ATTACHED UNASSIGNED ☐ ATTACHED; FROM
☐ ON DUTY ☒ OTHER (SPECIFY): DS. Med Tech School
☐ CASUAL

DUTY OR OTHER STATUS AT TIME OF THIS CHANGE
 Repeat Copy Techn 4th Gr Farnham asgd 15
 Sept 42 per par 2 SO 229 Hq Ft Warren Wyo
 Jd fr DS Med Tech School O'Reilly GH
 Springfield Mo Duty 264

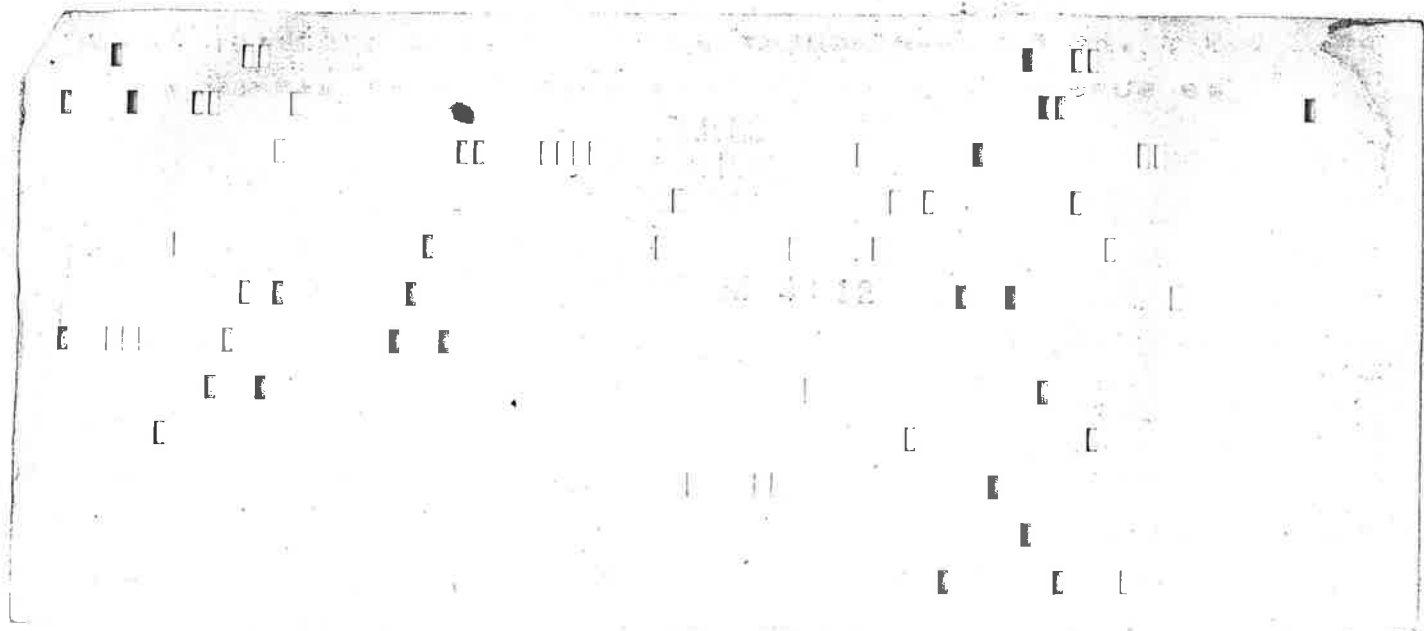
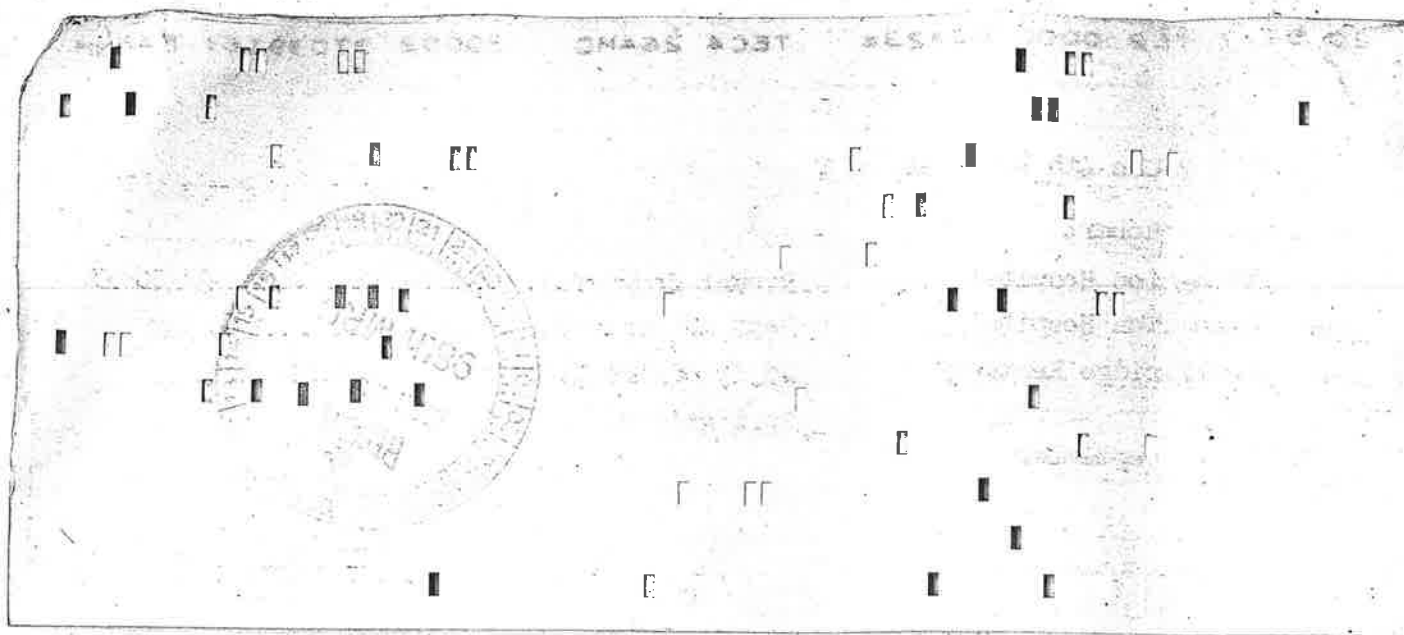
DESCRIPTION OF CHANGE
 Repeat Copy Techn 4th Gr Farnham asgd 15
 Sept 42 per par 2 SO 229 Hq Ft Warren Wyo
 Jd fr DS Med Tech School O'Reilly GH
 Springfield Mo Duty 264

ORGANIZATION WITH WHICH SERVING
 42nd Evacuation Hospital
ORGANIZATION OR HEADQUARTERS FROM WHICH RENDERED
 42nd Evacuation Hospital
LOCATION
 Camp Breckinridge Kentucky

REPORT FOR THE TWENTY-FOUR HOURS ENDING AT 11:59 P.M.
 DAY 30 MONTH September 1942

TYPE OF CHANGE
 20 5277 712 0000 004234
STATION
TYPE ORGANIZ'N
SUB UNIT
PARENT UNIT
SPECL
GRADE
DUTY
ARM OR SERVICE
NAME, GRADE AND TITLE
 HARVEY J McARTHUR 2nd Lt MAC
 Personnel Officer

DATE OF CHANGE
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
 CESCO-323



DESIGNATION OF BENEFICIARY

Name of designator Farnham Rob ert W. 37039161 T/4 Gr 48 Surg Hosi
(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, Iowa
(Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

2. None
(Full name and address of each minor child, and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

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

3. 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:

4. Mrs. Grace Farnham, Mother, 315 E. Prospect St., New Hampton, Iowa
(If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate an alternate beneficiary.")

OVER

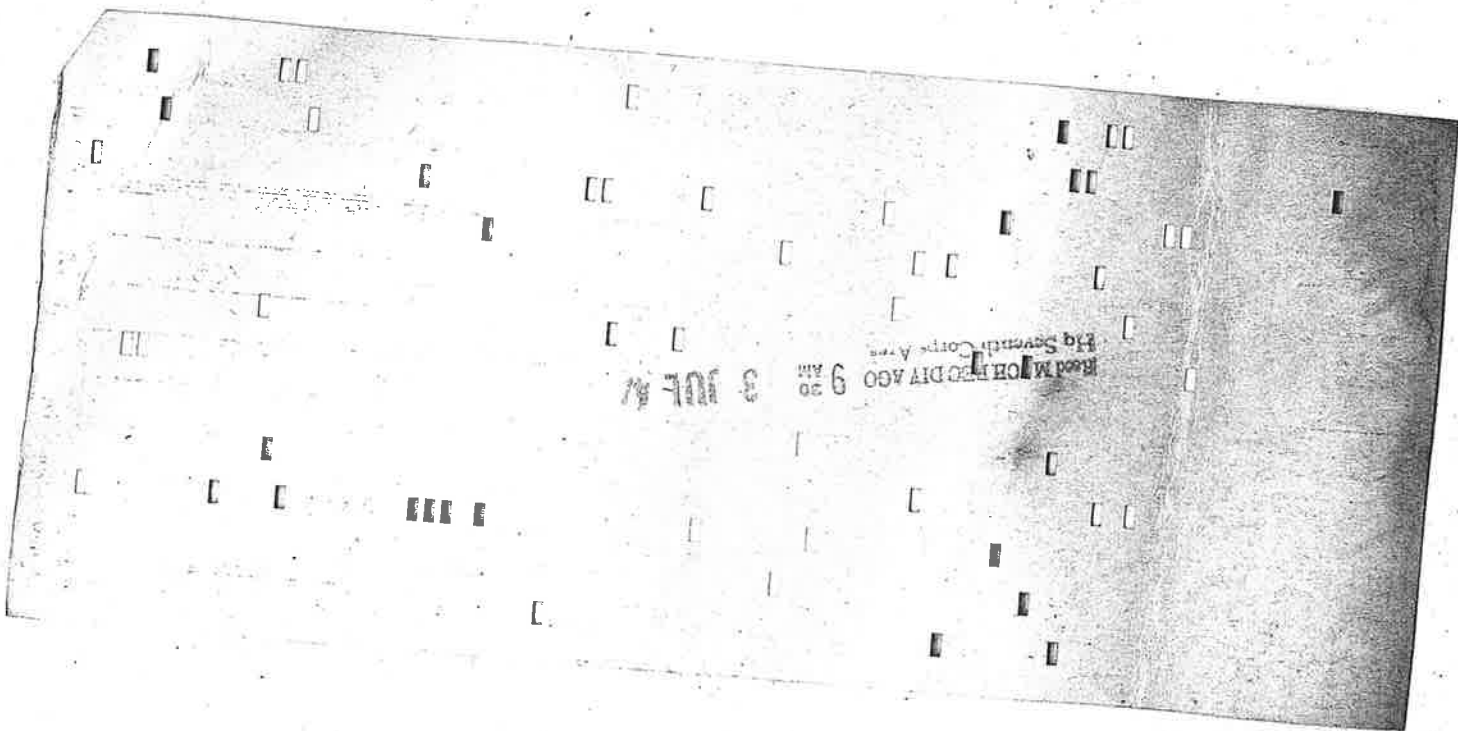
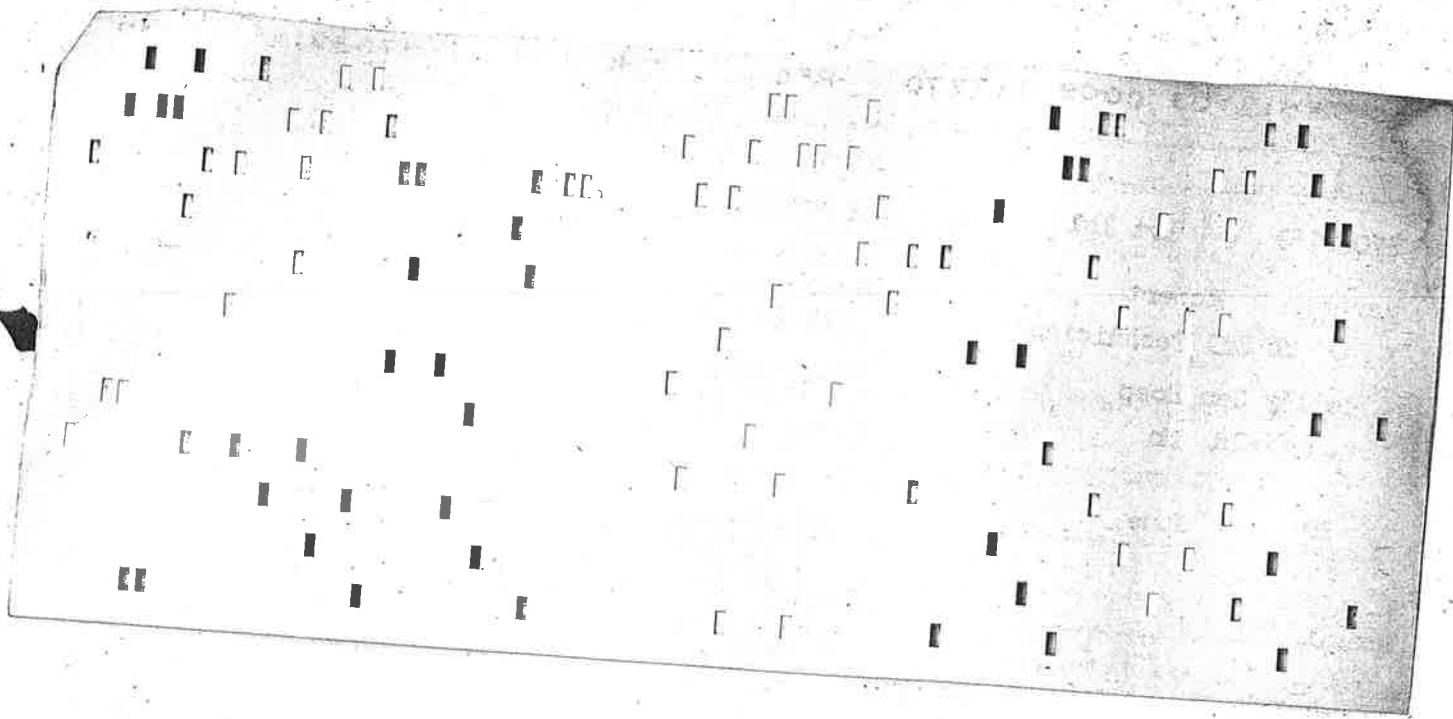
Nearest relative Charles Farnham Father
(Other than wife or minor child) (Name in full) (Relationship)
Address * _____
Person to be notified in case of emergency Mrs. Catherine Farnham Wife
(Name) (Relationship)
Address * _____
Signature of designator Robert W. Farnham
(First name) (Middle initial) (Last name)
Witnessed at O'Reilly Gen Hosp, Springfield, Missouri on July 11
† Signature of witness Chas M Hagman
Name of witness typed CHAS. M. HAGMAN Wrnt. O. Asst. Adjutant
(Grade and organization)

* If one of the beneficiaries is the nearest relative or the person to be notified in case of emergency, the address need not be repeated.

† Should be witnessed by an officer or notary public.

W.D., A.G.O. Form No. 41
March 1, 1941

16-20169 U. S. GOVERNMENT PRINTING OFFICE



GRADE	ARMY SERVICE	AGE	RACE	NATIVITY	SERVICE YEARS
T/4	534	29	W	TOWA	32
LOCATION WHERE TAGGED:				DATE	TIME
95th Mac H				2/7/44	1530
DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED					
<p>3FW, HIA - Chest-peri- cardium - gea. incurred during bombing of hosp on 1 Feb 44 at 1530 near Nettuno, Italy</p>					
LINE OF DUTY:					
TREATMENT GIVEN:					
TETANUS TOXOID:		DOSE	TIME:		
OR					
ANTITETANIC SERUM:		DOSE	TIME:		
MORPHINE:		DOSE	TIME:		
DISPOSITION:				DATE	TIME
SIGNATURE, WITH RANK:					
<p><i>John Baptista Lt Col MC</i></p>					

Form No. 520 MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942)

16-15434

9210

14 Orig. Encls
22 Dup Encls

REC'D S.G.O. MAR 23 1944

6341

(No other card read)

COMPLETE

NAME AND ARMY SERVICE NUMBER

Forrest L. Roberts 37037161

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE YEARS
<i>T/4</i>	<i>95th</i>	<i>30</i>	<i>W</i>	<i>USA</i>	

LOCATION WHERE TAGGED: *95th Div* DATE: *2/7/62* HOUR: *1620*

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

KIA *B. F. W. neck*

LINE OF DUTY:

TREATMENT GIVEN:

* AGO
TETANUS TOXOID: DOSE
OR
ANTITETANIC SERUM: DOSE
MORPHINE: DOSE

TIME:
TIME:
TIME:

DISPOSITION:

DATE HOUR

2/7/62 *1620*

SIGNATURE, WITH RANK:

Forrest L. Roberts

Form No. 52b - MEDICAL DEPARTMENT, U. S. A. 0341
(Revised November 5, 1942)

16-15434-1

SUPPLEMENTAL

RECORD

Plot 6
Row 37
Line 873

REGISTER OF DENTAL PATIENTS AT

37029161

(1) SURNAME

Farnham

(2) CHRISTIAN NAME

Robert

[illegible]

TP47.

(4) COMPANY

27th

(5) REGIMENT OR STAFF CORPS

Evac. Hosp.

6) AGE. YEARS

62

(7) RACE

WU

1) NATIVITY

Iowa

(9) SERVICE: YEARS

27/72
SERVICE, YH

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

C-^u-2-0

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

1943

2/26

(12) RESULTS AND REMARKS

II-IV HLN

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

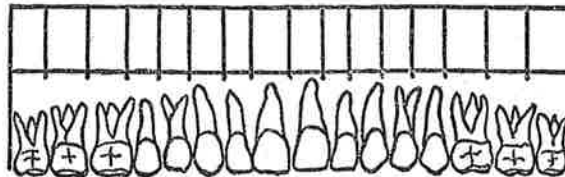
—MEDICAL DEPARTMENT
(Revised Feb. 24, 1941)

GPO 16-20622

*REPORT OF DENTAL SURVEY

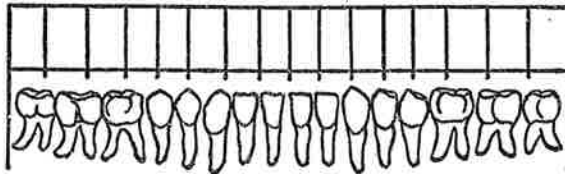
UPPER TEETH

Right Left
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

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



CLASS II

Occlusion: Calculus: Slight, Medium, Heavy.

Periodontoclasia

Dental foci suspected: Yes No

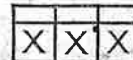
Other conditions

Date, 19.....

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)



*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

Right									Left								
16	15	14	13	12	11	10	9	8	8	9	10	11	12	13	14	15	16

CLASS IV

Occlusion Yes: Calculus: Slight, Medium, Heavy

Periodontoclasia no

Dental foci suspected: Yes No

Other conditions

Date Aug. 5, 19 43

SIDNEY WILSON
Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

	X	
--	---	--

Fort Francis E. Warren, Wyoming

[illegible]

Farnham, Robert W

[illegible]

Pfc	48th	Surgical Hosp.
-----	------	----------------

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
----------------	----------	--------------	--------------------

27	M	Iowa	9/12
----	---	------	------

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

Reapp't R16

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

2,	EJO
	POT

(12) RESULTS AND REMARKS

EJO

W. J. ... Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

16-20622

RECORD OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

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

CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date _____, 19____

Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

○	X	○
---	---	---

FT. FRANKLIN, IOWA
(1) SURNAME
Farnham

(2) CHRISTIAN NAME
Robert

(3) RANK
Pfc.

(4) COMPANY
48th

(5) REGIMENT OR STAFF CORPS
Surgical Hosp.

(6) AGE, YEARS
27

(7) RACE
W.

(8) NATIVITY
Iowa

(9) SERVICE, YEARS
9/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Caries R6 o	6, A	Succ. VAS
Calculus	6, Ch(Part)	FT VAS
Gingivitis L16	C1 II-C1 I 2/13/42 EJO	
	13, 14, 16, 17, 18, 19, 20, 21, GT	FTN EJO
	23, 24, 25, 26, 27, GT	EJO
Tooth malposed L8	25, Anes, In, TE	Succ EJO
Reapp't L8	26, POT	EJO
	3/3/42 EJO	
Reapp't Gingivitis	3, 4, 5, 6, 7, 9, 10, GT	EJO
	4, (2) Xrays R16, L16	EJO
Tooth impacted R16	12, Anes, Cn, TE	Succ EJO
Reapp't R16	13, 14, 16, 17, 18, 19, 21, POT	EJO
Reapp't R16	23, 24, 25, 26, 27, 28, 30, POT	EJO

6. J. O. Gentry
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised April 13, 1938)

GPO 3-10597

Date _____ 19____

Report of Dental Survey

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

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

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 _____

Dental Officer

Indicate by tooth number

3-1077

37038161

A. S. No.

(1) Surname Farnham		(2) Christian name Robert W	
(3) Rank Pvt Inductee	(4) Company Det	(5) Regiment or Staff Corps 48th Mobile Surg Hosp	
(6) Age, yrs. 27	(7) Race W	(8) Nativity Iowa	(9) Service, yrs. 3/12

(10) Register No. 64372

(11) Date of Admission, February 17, 19 41

(12) Source of Admission, Command

(13) Cause of Admission, 1. Nasopharyngitis, acute, catarrhal.
2. Laryngitis, acute, catarrhal, cause undetermined.

Hosp Hosp to Qrs Feb. 26/41.

(14) In Line of Duty? 1- Yes 2-Yes

(15) Complication, Seq., etc.,

(16) Disposition, Duty-1 and 2 improved

(17) Date of Disposition, March 22, 19 41

(18) Name of Hospital, etc.,

STATION HOSPITAL

(19) Sent with Report of S. & W. for Month of March, 19 41

(20) From

(21)

PAUL R. HOLTZ, Major, MC
U. S. Army.

O

GOVERNMENT PRINTING OFFICE 3-3623

Form-52
MEDICAL DEPARTMENT, U. S. A.
(Revised Oct. 28, 1926)

(22) Days of Treatment in Current Case

Year, 19	In quarters	In hospital
47		
January		
February	3	9
March	21	
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total	24	9

3-3623

Aggregate patient days-----33

A. S. NO. 37039161

SURNAME

CHRISTIAN NAME

Farnham, Robert W.

RANK

COMPANY

REGIMENT OR STAFF CORPS

T/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

BILL OF U.S. Public Health.

FOR Hospitalization.

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, 19

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

3-1720

GOVERNMENT PRINTING OFFICE

Farnham		Robert W		37039161	
1. GRADE	2. COMPANY	3. REGIMENT AND ARM OR SERVICE		4. AGE	
Pvt	Det	48th Surg Hosp		27	
5. RACE	6. NATIVITY	7. SERVICE	8. DATE OF ADMISSION		
W	Iowa	11/12	October 17, 1941		
9. SOURCE OF ADMISSION					
Command					

14. CAUSE OF ADMISSION Sprain, moderately severe, right ankle, accidentally, incurred, about 2:30 P.M. October 15, 1941, while soldier was engaged in authorized athletics 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 patient's 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

19. DISPOSITION

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. & W. FOR MONTH OF October 1941

23.

T. E. KIRCHER, 1st. Lt.

Medical Corps, U. S. Army.

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

16-16381

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19. <u>41</u>	IN QUARTERS	IN HOSPITAL
January		
February		
March		
April		
May		
June		
July		
August		
September		
October	<u>4</u>	
November		
December		
TOTAL	<u>4</u>	

Aggregate patient days 4

Farnham Robert W.				37039161
5. GRADE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE	
PFC	Det	48th Surg. Hosp.	27	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION	
W	Iowa	8/12	August 12, 1941.	
13. SOURCE OF ADMISSION				
Command.				
14. CAUSE OF ADMISSION				
Nasopharyngitis, Catarrhal, acute, mild.				
15. LINE OF DUTY				
Yes.				
16. INJURY CODE				
17. ADDITIONAL DIAGNOSES, OPERATIONS				
None.				
18. PLACE OF TREATMENT				
Quarters.				
19. DISPOSITION				
Duty. Improved.				
20. DATE OF DISPOSITION				
August 14, 1941.				
21. NAME OF HOSPITAL				
48th Surgical Hospital, Fort Francis E. Warren, Wyoming.				
22. SENT WITH REPORT OF S. & W. FOR MONTH OF				
August, 1941.				
23.				
W. M. GORISHEK, 1st. Lt. M. C.				
Medical Corps, U. S. Army.				

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

16-16381

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 1941	IN QUARTERS	IN HOSPITAL
January		
February		
March		
April		
May		
June		
July		
August	2	
September		
October		
November		
December		
TOTAL	2	

Aggregate patient days 2

Farnham Robert W		37039161	
5. GRADE Inductee	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pfc	Det	48th Surg Hosp	27
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Iowa	11/12	November 21, 1941
13. SOURCE OF ADMISSION Command			
14. CAUSE OF ADMISSION Conjunctiva, hyperemia of--rt eye, cause--foreign body.			
15. LINE OF DUTY Yes			
16. INJURY CODE NOT REQUIRED			
17. ADDITIONAL DIAGNOSES, OPERATIONS			
18. PLACE OF TREATMENT Qrs			
19. DISPOSITION Duty improved			
20. DATE OF DISPOSITION November 22, 1941			
21. NAME OF HOSPITAL 48th Surgical Hospital Fort Francis E Warren, Wyoming			
22. SENT WITH REPORT OF S. & W. FOR MONTH OF November 1941			
23. T. E. KIRCHER, 1st Lt. M. C. Medical Corps, U. S. Army.			

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19 <u>41</u>	IN QUARTERS	IN HOSPITAL
January.....		
February.....		
March.....		
April.....		
May.....		
June.....		
July.....		
August.....		
September.....		
October.....		
November.....	<u>1</u>	
December.....		
TOTAL.....	<u>1</u>	

Aggregate patient days 1

37039161
4 A. S.

2 Last name

3 First name and middle initial

(b) 5 Grade T/4	6 Company C	7 Regiment and Arm or Service Md Tech Schl	8 Age 28
(b) 9 Race W	10 Nativity La.	11 Service 21/24	12 Date of admission 8/21/42

(b) 13 Source of admission

14 Register numbers or hospital memoranda:

8/21/42 Diarrhea Rx. Paregoric & Bismuth
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 52a
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1933)

16-19719

2 Last name 3 First name & initial 4
 FARNHAM, ROBERT W. 37039161
 5 Grade 6 Co. 7 Reg't & Arm or Ser. 8 Age
 Pvt. C M.D. Tech. Sch. 28
 9 Race 10 Nativity 11 Ser. 12 Date of Adm.
 W Iowa 1 7/12 Jult 5, 1942

14 Register number or hospital memo.:

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

7/16/42 Past week eyes have been "quievering" and has blind spots ~~before~~ in right eye. Referred to E.E.N.T. GLR

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

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

Refraction (5% Homatrepine)

O.D. +0.25 +0.50 x80 20/20

O.S. +0.50 +0.25 x80 20/15

Eyes negative externally.

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

Diagnosis:

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

(OVER)

15 Name of Hospital

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

Parham Robert W. 37039101
Inductee
Pvt Det 48th Surg Hosp 27
9. RACE 10. NATIVITY 11. SERVICE 12. DATE OF ADMISSION
W Iowa 3/12 March 22, 1911

13. SOURCE OF ADMISSION
Command

14. CAUSE OF ADMISSION

Nasopharyngitis, acute, catarrhal.

15. LINE OF DUTY

Yes

16. INJURY CODE

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

19. DISPOSITION

Duty

20. DATE OF DISPOSITION

April 6, 1911

21. NAME OF HOSPITAL

STATION HOSPITAL

Fort Francis E. Warren, Wyoming

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

April

23.

R. W. Homan, 1st Lt., MC

Medical Corps, U. S. Army.

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

16-10381

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR <u>41</u>	IN QUARTERS	IN HOSPITAL
January		
February		
March	<u>10</u>	
April	<u>5</u>	
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	<u>15</u>	

Aggregate patient days 15

37039164

GRADE T/4	COMPANY	REGIMENT AND ARM OR SERVICE 95th Evac. Hosp.	AGE 29
9. RACE W	10. NATIVITY Iowa	11. SERVICE 2 5/12	12. DATE OF ADMISSION May 9, 1943

13. SOURCE OF ADMISSION
Command

14. CAUSE OF ADMISSION
Rhinitis, acute, catarrhal, cause undetermined.

15. LINE OF DUTY
Yes

16. INJURY CODE
NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

19. DISPOSITION
Duty

20. DATE OF DISPOSITION
May 11, 1943

21. NAME OF HOSPITAL
Dispensary, 95th Evac. Hosp.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF
A.P.O. 664
May 1943

23.
Donald C. Munson

DONALD C. MUNSON, 1st Medical Corps, U. S. Army, Registrar
Form 53
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19. 43	IN QUARTERS	IN HOSPITAL
January		
February		
March		
April		
May	2	
June		
July		
August		
September		
October		
November		
December		
TOTAL	2	

Aggregate patient days

(4) COMPANY (5) REGIMENT OR STAFF CORPS

Robert W

48th Surgical Hospital

(6) NATIVITY (7) RACE (8) AGE, YEARS (9) SERVICE, YEARS

W

27

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Adm. R.	March 1941 Class II 3/27/41 DMR	
Caries R6 o	S, 27, A, 27,	Succ. R
Adm. R.	April 1941	
Caries L15 o	S, 15, A, 15,	Succ. B
Calculus	CR, Pflx, 15	Succ. B
Class IV 4/15/41 OKB		

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised April 13, 1938)

GPO 3-10597

Date _____ 19__

Report of Dental Survey

UPPER TEETH

Right										Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		

LOWER TEETH

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

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 _____

7. ELEMENT AND ASSIGNMENT SERVICE		8. GRADE
95th Evac. Hosp.		29
10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
Iowa	2 5/12	May 9, 1943

13. SOURCE OF ADMISSION
Command

14. CAUSE OF ADMISSION
Rhinitis, acute, catarrhal, cause undetermined.

15. LINE OF DUTY
YES

16. INJURY CODE
NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT
Qrs.

19. DISPOSITION
Duty

20. DATE OF DISPOSITION
May 11, 1943

21. NAME OF HOSPITAL
Dispensary, 95th Evac. Hosp.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF
A.P.O. 464
May 1943

23.

DONALD C. MINGSON, 1st Medical Corps, U.S. Army

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

10-16381

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19...	IN QUARTERS	IN HOSPITAL
January.....		
February.....		
March.....		
April.....		
May.....		
June.....		
July.....		
August.....		
September.....		
October.....		
November.....		
December.....		
Total.....	2	

Aggregate patient days 2

37039161
(Army serial No.)

(Last name)

Robert

(First name)

(Middle initial)

W.

(Arm or service for which enlisted or inducted)

Color or race White

SERVICE RECORD

covering period

from Dec. 4, 1940, to _____, 19____

For instructions see AR 345-125

D., A. G. O. Form No. 24
December 1, 1938

IN WORLD WAR I RECORDS FRANCE
14 R 4 3

Chickasaw County Local Board

December 4, 1940

Dec 4, 1940, Ft. Des Moines, Ia.

by whom inducted
LYLE F. EUCHANAN, 1st Lt., Inf-Reg.
Place to which sent Fort Snelling, Minnesota
Date sent December

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result
12-4-	Immune
12-22-43	Immune

TYPHOID VACCINATIONS

12-4-42	7-20-43	Immune
12-15-42	1-4-44	Immune
12-31-42		

OTHER VACCINATIONS

Kind	Date

DIPHTHERIA SUSCEPTIBILITY TEST-SCHICK

Date	Result
12-4-40	Immune
4-22-43	Immune
8-14-42	Immune

CARRIER EXAMINATIONS
(See AR 40-310)

Date	Parasite examined for	Kind of specimen	Positive or negative
12-4-40			

1 Record as vaccine, vaccinoïd, or immune reaction.
2 Record as positive, positive combined, negative post.
3 Record as feces, urine, sputum, blood, etc.

DRAFT RECORD

Not out only in case the man enters the service through
by draft or selective service)

Order No. _____

Date ordered to report for military duty _____

Date ordered to report _____

Date actually reported _____

Inducted by local board _____

(Designation of local board)

Entrained for post, camp, station _____

(Date)

Arrived at _____

(Date)

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result ¹

TYPHOID VACCINATIONS

OTHER VACCINATIONS

Kind	Date
Yellow Fever Vaccine	
Lat # 361	

DIPHTHERIA SUSCEPTIBILITY TEST-SCHICK

Date	Result ¹

CARRIER EXAMINATIONS

(See AR 40-310)

Date	Parasite examined for	Kind of specimen ²	Positive or negative

- ¹ Record as vaccinia, vaccinoid, or immune reaction.
- ² Record as positive, positive combined, negative-psg
- ³ Record as feces, urine, sputum, blood, etc.

Farnham Robert W. 370391
(Last name) (First name) (Middle initial) (Army serial)
Born April 27, 1914 Clarisville, Iowa
(Month, day, and year) (City or town) (State or country)
Height 5 ft. 9 in. Weight 145 lb. Eyes Blue Hair Brown
Complexion Medium Size of gas mask None Size of shoe 8 1/2

Married or single Single Occupation Meat Inspector

Years in: Grammar school 8 High school 2 College or university 0

Graduate work Specialized in

Speaks English, French, Spanish, German

OCCUPATIONAL QUALIFICATIONS

Truck Driver \$13.00
(Main occupation) (Weekly wage)

Years 7 as apprentice, journeyman, expert.

Just what did he do? Drove a ice truck
(Next best occupation)

Years as apprentice, journeyman, expert.

Just what did he do?

HOME ADDRESS AND NEAREST RELATIVE
Home address None
(Number and street or rural route; if none, so state)

New Hampton, Iowa
(City, town, or post office) (State or country)

Name and address of nearest relative Grace Farnham

Mother 229 E. Prospect St.
(Relationship) (Number and street or rural route; if none, so state)

New Hampton, Iowa
(City, town, or post office) (State or country)

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

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

(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from W. D., A. G. O. Form No. 21 or 41)

Grace Farnham, Mother
(Name and degree of relationship of beneficiary)

New Hampton, Iowa
(Address)

Charles Farnham, Father
(Name and degree of relationship of alternate beneficiary)

New Hampton, Iowa
(Address)

(Name and degree of relationship of alternate beneficiary)

CURRENT ENLISTMENT

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

Age at enlistment 20 years months.

Accepted for service at

Enlisted at on the
day of 19

in grade of by

for
(Company, regiment, arm, or service)

to serve (Words and figures) years.

Completed years months days for longevity pay.

at enlistment. Has over years' service. (Initials of officer)

Physical defects at enlistment

Words not applicable.

3-8853

PRIOR SERVICE

the Regular Army, then insert headings to show service
in the Regular Army, Navy, Marine Corps, and National Guard
in the order named.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MILITARY QUALIFICATIONS

Served as _____ in the United States Army in the World War
 Holds commission as _____ in the Officers' Reserve Corps
 Graduate of _____ (Noncommissioned officers' or special service school)

ARMY SPECIALTY

Specialty	*Rating, with date	*Rating, with date
X-Ray Technician (2-64)	11-8-41	2-7-42

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

SPECIAL DUTY

As	At	From	To	Authority

ARTICLES OF WAR

(Read to soldier as required by the 110th Article of War)

Date	Initials	Date	Initials
12-9-40		APR 7 1943	
JUN 9 1941		DEC 29 1943	
OCT 2 1941			
OCT 3 1942			

SEX MORALITY 194

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

QUALIFICATION IN ARMS

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

Qualified as _____ (Grade designation), 19__	
Compensation \$ _____ per month. Aggregate or final score _____	
Order publishing fact of qualification _____ (Number) (Source) (Date), 19__	
Qualified as _____ (Grade designation), 19__	
Compensation \$ _____ per month. Aggregate or final score _____	
Order publishing fact of qualification _____ (Number) (Source) (Date), 19__	
Qualified as _____ (Grade designation), 19__	
Compensation \$ _____ per month. Aggregate or final score _____	
Order publishing fact of qualification _____ (Number) (Source) (Date), 19__	
Qualified as _____ (Grade designation), 19__	
Compensation \$ _____ per month. Aggregate or final score _____	
Order publishing fact of qualification _____ (Number) (Source) (Date), 19__	

MILITARY RECORD

NT. PROMOTION, OR REDUCTION, WITH AUTHORITY THEREFOR

Date	Authority	Initials
12-4-40	Induction	
6-1-42	HQ #35, 48th Div	
6-15-42	HQ 32, 88th Div	

SPECIALIST RATINGS

Class	Qualification	From	To	Authority	Initials
tech 5 th gr		7-1-41	6/1/42	HQ #22	
tech 4 th gr					

ORGANIZATIONS TO WHICH ATTACHED

Organization	From	To
Rct-Reception Center		
Ft Snelling, Minn.	12/4/40	DEC 17 40
		2-8-40

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

Assigned to company, regiment, arm, or service	Station	Date
M D Tech Sch	O'Reilly, 3 rd Bn	7-1-41
4th Bn 32d Div		7-12-41
95th Evac Hosp		3-6-43

From Oct 21/41 to July 15/42

Authority AR-615-275

Extended (Number of days) per 16-1941

Rejoined 16-1941

From Nov. 16, 1942 to Nov. 30, 1942

Authority AR 615-275

Extended (Number of days) per 12-1-42

Rejoined 12-1-42 (15 days)

From Jan 15, 1943 to Jan 25, 1943

Authority AR 615-275

Extended (Number of days) per 25-1943

Rejoined 25-1943

From _____ to _____

Authority _____

Extended (Number of days) per _____

Rejoined _____

From _____ to _____

Authority _____

Extended (Number of days) per _____

Rejoined _____

From _____ to _____

Authority _____

Extended (Number of days) per _____

Rejoined _____

From _____ to _____

Authority _____

Extended (Number of days) per _____

Rejoined _____

FOREIGN SERVICE

Left United States for duty in North Africa

From Nov 16, 1942 on April 16, 1943

Arrived at North Africa on April 24, 1943

Left _____ for the United States on _____, 1943

Arrived at _____ on _____, 1943

Left United States for duty in _____

From _____ on _____, 1943

Arrived at _____ on _____, 1943

Left _____ for the United States on _____, 1943

Arrived at _____ on _____, 1943

MEDALS, DECORATIONS, AND CITATIONS

Name of decoration _____ Authority and date _____

_____ WD C. 104

AMERICAN DEFENSE SERV. AR 600-63 and WD C. 104, 1942

DATE OF EXPIRATION OF TERM OF ENLISTMENT TO BE MADE UNDER ARTICLE 107th OF WAR:

Without proper authority or in desertion.

From	To	Days

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

From	To	Days

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

From	To	Days

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

(a) Absence without proper authority or in desertion.

From	To	Days

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

From	To	Days

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

From	To	Days

RECORD OF TRIALS BY COURTS MARTIAL

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

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(Name, grade, and organization)

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

C. M., (No.) A. W., 19 (Date of offense) (Synopsis)

of specifications)

Sentence announced and adjudged 19

Sentence as approved 19

I certify the above is correct. Approved 19

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

Released from confinement 19

(Name, grade, and organization)

CLASS E ALLOTMENTS

Class E allotments of pay authorized as follows:

\$30.00 per month for 12 months, commencing March 1941, and expiring March 1942, in favor of [Name], for the purpose of [Purpose].

Discontinued June 30, 1942, reason: Soldier's Request.

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., July 11, 1942, by [Name and grade of forwarding officer].

Acknowledgment of discontinuance received 19

\$ 22.00 per month for 12 months, commencing Jan 1, 1919, and expiring 2 TS, 1919, in favor of Catherine R. Parham, wife for the purpose of Support.

Discontinued _____, 19____, reason _____
W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., _____, 19____, by _____ (Name and grade of forwarding officer)

Acknowledgment of discontinuance received _____, 19____

\$ 40.00 per month for 6 months, commencing Jan 1, 1919, and expiring Feb 1, 1919, in favor of Catherine R. Parham for the purpose of Support.

Discontinued _____, 19____, reason _____
W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., _____, 19____, by _____ (Name and grade of forwarding officer)

Acknowledgment of discontinuance received _____, 19____

GOVERNMENT INSURANCE

Deduction of pay for Government insurance authorized as follows:
Class D insurance deduction of \$ _____ per month for _____ months, commencing _____, 19____, and expiring _____, 19____

for payment of monthly premium on \$ _____ Discontinued _____, 19____ reason _____

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

Deduction of pay for Government insurance authorized as follows:
Class D insurance deduction of \$ 3.45 per month for _____ months, commencing Feb. 1, 1919, and expiring Indefinitely

for payment of monthly premium on \$ 50.00 Discontinued _____, 19____ reason _____

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

Deduction of pay for Government insurance authorized as follows:
Class D insurance deduction of \$ _____ per month for _____ months, commencing _____, 19____, and expiring _____, 19____

for payment of monthly premium on \$ _____ Discontinued _____, 19____ reason _____

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

3-8856

Under this and

Total amount		Name and grade of finance officer accepting deposit	Initials
Dol.	Ct.		

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

_____ and _____/100 Dollars.

PAY DETAINED BY COURTS MARTIAL ENTERED ON PAY ROLL

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

[illegible]

[illegible]

3-8955

Received no travel pay upon discharge on _____, 19____ to reenlist.

Date	Description and amount due U. S. or soldier	Roll on which collected
Feb 3/40	[illegible]	[illegible]
"Last paid to incld"	FEB 2	8 1941
"M.R. LDRY"	.50	[illegible]
"M.R. LDRY"	[illegible]	[illegible]
"Last paid to incld"	MAR 2	[illegible]
"Last paid to incld"	APR 3	0 1941
"M.R. LDRY"	[illegible]	[illegible]
"Last paid to incld"	MAY 31	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

REMARKS (continued)

Date	Description and amount due U. S. or soldier	Roll on which collected
SEP 30 1942		PAID
OCT 31 1942		PAID
NOV 30 1942		PAID
DEC 31 1942		PAID
JAN 31 1943		PAID
FEB 28 1943		PAID
MAR 31 1943	Last Pd. to Incl. MAR 31 1943	
APR 30 1943	Last Pd. to Incl. APR 30 1943	
MAY 31 1943	Last Pd. to Incl. MAY 31 1943	
AUG 31 1943	Last Pd. to Incl. AUG 31 1943	
SEP 30 1943	Last Pd. to Incl. SEP 30 1943	
OCT 31 1943	Last Pd. to Incl. OCT 31 1943	
NOV 30 1943	Last Pd. to Incl. NOV 30 1943	
DEC 31 1943	Last Pd. to Incl. DEC 31 1943	

REMARKS (ADMINISTRATIVE)

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorized for the record. Show wounds, battles, engagements, etc., and such other entries as may be required to make soldier's record complete.

CLA

ably Counsel

DEC 29 1943

Serv.
Exte

Rel.

most attached

Campbell
7/1/44

per month for 12 months commencing 1-1-42
 REB. 1-1-42

Roll on
 which
 collected

ND
 AID
 AID
 ND
 AID

REB. ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete.

CLASSIFIED

Passed thru Reg. 1-25-42

Service period governed by Service Extension Act of 1941.

Religious Preference - Catholic

Sol. married Jan 24/42. Beneficiary changed to Mrs. Catherine B. Farnham 315 E. Prospect, New Hampton, Iowa. Form #41 mailed to AGO July 12/42.

WOD 20/25
 WOD 20/30
 By
 CH + C.50 X 90 = 20/15
 C2 + C.25 = 10.25 X 90 = 20/15
 H. 04
 Sings 22
 eyes 42
 length 10 1/2"

Mobilization Training Program completed on May 29/42 at M.F.P. State at which time completed Dec 29, 1942 at Camp Pike, Kentucky. P.A. H. H. Jones & Co. Army Quartermasters.

attended Demolition School at Camp Ky. Hark received "S" Jan 12/43

IDENT TAG 2 1 43

Sex Morality Course APR 7 1943

WOD # 03-10, C11905, 10

INDORSEMENT

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.

DEC 11 1940

To CO 1st BN 3rd INFANTRY

Your command.

This soldier was transferred to

per par 4 SD #55 Hq Det. R.C.

and left this organization

DEC 11 1940

He was last paid to include pay due from date of enlmt.

by

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state Nothing

*Due soldier at date of transfer: Accrued pay and allowance.

This soldier ~~has~~ has not a Class E allotment running which has been deducted from his pay to include none, 19

This soldier has authorized a Class ~~D~~ deduction for Government insurance which has been deducted from his pay to include none, 19

His character is

UNKNOWN

Efficiency rating as soldier

UNKNOWN

I have personally verified all entries in this indorsement.

H. G. DOUGLASS, 1st Lieut., Inf-Res. (EAD)

(Grade and organization)

This soldier reported

19

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

3-8855

2d Ind.

Hq 1st BN 3rd INFANTRY

LET. CROOK NEGRY

FEB

19

To MEDICAL DEPT

This soldier was transferred to

per

and left this organization

He was last paid to include

by

(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

Nothing

*Due soldier at date of ASSIGNMENT CURRENT TO ALLOWANCE

This soldier ~~has~~ has not a Class E allotment running which has been deducted from his pay to include

This soldier has authorized a Class D deduction for Government insurance which has

been deducted from his pay to include none, 19

His character is

Excellent a wgt

Efficiency rating as soldier

Satisfactory a wgt

I have personally verified all entries in this indorsement.

Thomas M. Davis

THOMAS M. DAVIS (Name)

1ST LT. 3RD INFANTRY PERSONNEL OFFICER

(Grade and organization)

This soldier reported

19

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

Hq 18th Ling Hoop, 48th Ling Hoop, 1942
To C.D. O'Reilly, Springfield, Mo.

This soldier was transferred to your command
per SO#158, Hq 11, 48th Ling Hoop, 1942
and left this organization June 29, 1942

He was last paid to include May 31, 1942
by A. J. Worecott, Major, F.D.
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state Due Pk Ft. F.E. Warren,
Wyo, \$150. See Remarks Financial.
Due Co Fund, 48th Ling Hoop, H.T.E.
Warren, Wyo, \$3.70

* Due soldier at date of trans: accrued pay +
allowances

This soldier ~~has~~ ^{has not} a Class E allotment running which has been deducted from his
pay to include May 31, 1942

This soldier has authorized a Class A deduction for Government insurance which has
been deducted from his pay to include May 31, 1942

His character is Excellent FCM

Efficiency rating as soldier Excellent FCM

I have personally verified all entries in this indorsement.

W. E. Proffitt, Sr. Pers. Off.
Captain (Grade and organization)

This soldier reported July 1, 1942

* Here enter any amounts due soldier and not paid to date, such as mon-
etary allowance in lieu of quarters and subsistence; if nothing, so state.
† Strike out words not applicable.

Hq Med Dept Enl Tech Sch, O'Reilly GH
Springfield, Mo.

To _____, 19____

This soldier was transferred to _____, 19____

per _____, 19____

and left this organization _____, 19____

He was last paid to include _____, 19____

by _____, 19____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state CLAY PAY RESERVATION
PER MO FR 194

* Due soldier at date of

ACCRUED PAY & ALWS.

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

This soldier has authorized a Class B deduction for Government insurance which has
been deducted from his pay to include _____, 19____

His character is Excellent FCM

Efficiency rating as soldier Excellent FCM

I have personally verified all entries in this indorsement.

W. E. Proffitt, Sr. Pers. Off.
(Name)
(Grade and organization)

This soldier reported _____, 1942

* Here enter any amounts due soldier and not paid to date, such as mon-
etary allowance in lieu of quarters and subsistence; if nothing, so state.
† Strike out words not applicable.

5th Ind.

To _____, 19____
 This soldier was transferred to _____
 per _____ and left this organization _____, 19____
 He was last paid to include _____, 19____
 by _____
 (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____

* Due soldier at date of _____

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

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported _____, 19____

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

3-8855

Ind.

To _____, 19____
 This soldier was transferred to _____
 per _____ and left this organization _____, 19____
 He was last paid to include _____, 19____
 by _____
 (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____

* Due soldier at date of _____

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

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported _____, 19____ (Organization to which transferred)

and was assigned to _____ (see page 5).

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

3-8855

5th Ind.

42nd Evacuation Hospital, Camp Breckinridge, Ky., October 15, 1942

To 300 27th Evac Hosp, Breckinridge, Ky.

This soldier was transferred to 300 27th Evac Hosp, Breckinridge, Ky. and left this organization October 15, 1942

He was last paid to include September 20, 1942

by 1st Lt. H. M. Smith, 300 27th Evac Hosp, Breckinridge, Ky. (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

Nothing

Cl "A" payee \$5.00 led to me Sept 30, 1942

* Due soldier at date of transfer accrued pay \$5.00

This soldier has a Class E allotment running which has been deducted from his pay to include October 30, 1942

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include October 30, 1942

His character is Excellent

Efficiency rating as soldier Excellent

I have personally verified all entries in this indorsement.

HARVEY McARTHUR, 2nd Lt, MAC
(Name)
(Grade and organization)

This soldier reported March 5, 1943 (Organization to which transferred)

and was assigned to (see page 5).

* Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
† Strike out words not applicable.W. D., A. G. O. Form No. 24-2
May 1, 1937

3-8355

6th Ind.

Hq. 27th Evac Hosp, Breckinridge, Ky., March 5, 1943

To 1st Lt. H. M. Smith, 300 27th Evac Hosp, Breckinridge, Ky.

This soldier was transferred to 1st Lt. H. M. Smith, 300 27th Evac Hosp, Breckinridge, Ky. and left this organization March 6, 1943

He was last paid to include February 1, 1943

by 1st Lt. H. M. Smith, 300 27th Evac Hosp, Breckinridge, Ky. (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

* Due soldier at date of transfer accrued pay \$5.00

This soldier has a Class E allotment running which has been deducted from his pay to include February 25, 1943

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include February 25, 1943

His character is Excellent

Efficiency rating as soldier Excellent

I have personally verified all entries in this indorsement.

EVELYN GOODWINE, 1st Lt, MAC
(Name)
(Grade and organization)
27th Evacuation Hospital

This soldier reported March 6, 1943

* Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
† Strike out words not applicable.

*Strike out words and figures not applicable.
†Here enter any amounts due soldier and not paid to date, such as allowances in lieu of quarters and subsistence; if nothing, so state

Initials

Name, grade, and organization
(Typewritten or printed)

H. G. DOUGLASS, 1st Lieut., Inf. Res. (FAD)

THOMAS M. DAVIS, 2nd Lt. 2nd Inf. Personnel Officer

N. O. THOMAS

Capt. AG-

GEORGE C. MC SHATKO
Capt. M.C.

WM. E. PROFFITT, SR. Capt. MAC.

FREDERICK C. MACKENBEROCK, Capt. MAC.

CHAS. E. H. HEMAN

PHILIP W. BUTTERS, 2nd Lieut., Med. Adm. C.

HARVEY J. McARTHUR, 2nd Lt. MAC

GLEYN GOODWINE, 1st Lt., MAC
Personnel Officer
27TH EVACUATION HOSPITALALBERT H. SCHEIDT, Capt. MAC
27th Evacuation HospitalNeil W. Hansen, 2nd Lt. MAC
95th Evac. Hosp.

FARNHAM	ROBERT W	37039161
(Allotter's Name—Last)	(First) (Middle)	(Army Serial No.)
T/4	\$ 40.00	5-43
(Grade or Rank)	(Monthly Amount)	(Effective Date)

6-13-43
(Acknowledgment Date)

ALLOTTEE:

MRS CATHERINE B FARNHAM
315 E PROSPECT ST
NEW HAMPTON IOWA

COMMANDING OFFICER OR ALLOTTER:

CO
95TH EVAC HOSP
APO 700 C/O PM
NEW YORK N Y

Mail to this address
PLEASE READ REVERSE SIDE

10122
WAR DEPARTMENT
OFFICE OF DEPENDENCY BENEFITS
213 WASHINGTON STREET
NEWARK, NEW JERSEY

SUBJECT: Acknowledgment of Class E Allotment.

1. 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 Robert W. 37039161 T/4 Gr 48 Surg Hosp
(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, Iowa
(Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

2. 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 beneficiary the relative whose name, relationship, and address are shown below:

3. 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:

4. Mrs. Grace Farnham, Mother, 315 E. Prospect St., New Hampton, Iowa
(If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate an alternate beneficiary.")

OVER

16-20169

Nearest relative **Charles Farnham**
(Other than wife or minor child)

(Name in full)

Father

(Relationship)

Address *

Person to be notified in case of emergency **Mrs. Catherine Farnham**

(Name)

Wife

(Relationship)

Address *

Signature of designator

(First name)

(Middle initial)

(Last name)

Witnessed at **O'Reilly Gen Hosp. Springfield, Missouri**

on **July 11**

, 194**2**

† Signature of witness

Name of witness typed **CHAS. M. HACMAN**

Wrent. O. Asst. Adjutant

(Grade and organization)

* If one of the beneficiaries is the nearest relative or the person to be notified in case of emergency, the address need not be repeated.

† Should be witnessed by an officer or notary public.

W.D., A.G.O. Form No. 41

March 1, 1941

APPLICATE

APPLICATION FOR PAY RESERVATION FOR PURCHASE OF DEFENSE SAVINGS BONDS

(SEE INSTRUCTIONS AND CONDITIONS ON REVERSE)

NAME
GRADE
SERIALS

Farnham

Tech. 4th Gr. 48th Surgical Hospital

Robert

OFFICER, WARRANT OFFICER, PRIVATE, CONTRACT EMPLOYEE, *SOLDIER, *SEAMAN

57039161

(Army Serial number)

December 4, 1940

(Date of enlistment, induction, or other date of entry into service)

I, the individual named above, hereby request and authorize a Class A reservation of pay for the purchase of Defense Savings Bonds, Series E, in the denomination of \$ 25.00 (MATURITY Value), and at the rate of \$ 5.00 per (month) 10 (months) 10 (months) 10 (months) commencing with the Sept. 30, 1942

1. REGISTER bonds in my name AT

315 E. Prospect St., New Hampton, Iowa

(Street and number)

(City)

(State)

2. *MAIL bonds to

*Mrs. Farnham

OR

AT

315 E. Prospect St., New Hampton, Iowa

(Street and number)

(City)

(State)

3. List as my *CO-OWNER

*Mrs. Farnham

Farnham, Catherine B.

(Last name)

(First name)

(See instruction No. 6)

(State)

4. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me AT

AT

315 E. Prospect St., New Hampton, Iowa

(Street and number)

(City)

(State)

Heilly OH, Springfield, Mo., Aug. 15, 1942

(Place)

(Date)

*Entered on S/R

*Strike out words, etc., not applicable.

Office of the Chief of Finance, Defense Bond Division, Washington, D. C.

for the following reasons: ☐ Serial number incorrect. ☐ Signature of subscriber does not agree with typed name: ☐ Not signed by subscriber: ☐ Not signed by

W. D. Form No. 29-5

Form approved by Comptroller General, U. S. February 5, 1942

16-27042-1

Office of the Chief of Finance, Defense Bond Division.

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

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.
5. Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss, Grade.
6. If there are TWO given names the initial of ONE may be used.
7. 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 redeem 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.
8. 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

1. Only multiples of \$1.25 acceptable.
2. 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

1. 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.
2. Bonds reserved pursuant to authorizations for purchase of Defense Savings Bonds will not bear interest before they have been converted into Defense Savings Bonds.

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

Farnham Robert W. 37039161 Tech 4th Gr. 95th Evac. Hosp (Smb1)
 (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 per

month for the period of Indef months, commencing May 1, 19 43 and expiring indefinitely, 19

to Mrs. Catherine B. Farnham 315 E. Prospect St. New Hampton Iowa
 (Name of allottee) (Code No.) (Number and street or rural route) (City, town, or post office) (State)

Date of enlistment December 4, 19 40 When other than "Pay of the Army" is affected, state P. A.

chargeable

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 the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allotter only; that a policy therefor has been issued and the first premium paid thereon; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank 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)

(Signature of allotter)

Place A.P.O. #700 c/o Postmaster, N.Y., N.Y.

Date May 7, 19 43

Entered on service record. May 7, 1943

W. D., A. G. O. Form No. 29
 November 1, 1939

*Strike out words not applicable

NEIL W. HANSEN, 2nd Lt., MAC, Personnel O.
 95th Evacuation Hospital (Smb1)
 U. S. GOVERNMENT PRINTING OFFICE 16-8421

Send to Finance Officer, U. S. Army
 Washington, D. C.

Do not write in this space
APPLICATION NUMBER

X-

WAR DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES

(Servicemen's Dependents Allowance Act of 1942)

Date September 22, 1942

I. (a) Soldier Farnham Robert William 37039161 Technician Fourth Grade
(Last name) (First name) (Middle name) (Army serial number) (Present Army grade (private, corporal, sergeant, etc.))

42nd Evac. Hosp., Ft. L. Wood, Mo.
(Soldier's Army-mailing address)

Married
(Single, married, divorced)

White
(Race)

315 East Prospect Street, New Hampton
(Soldier's home address: Number and street or R. F. D.)

Iowa
(City, town, or P. O.)

Iowa
(State)

I hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents who are related to me in the manner stated in paragraphs II and III below. Commencing June 1, 1942.

I. (b) THIS SPACE MUST ALSO BE FILLED IN WHEN APPLICATION IS MADE BY A PERSON OTHER THAN THE SOLDIER.

(Applicant's name) I, _____
(Last name) (First name) (Middle name) (Your relation to soldier or dependent)

(Address) _____
(Number and street or R. F. D.) (City or town) (State) hereby apply for the family

allowances authorized by law for the following-named relatives and/or dependents of the soldier whose name appears in paragraph I above, to whom this application pertains.

CLASS A

II. List: Wife (W), child (C), former wife divorced to whom alimony is still payable (W. Div.). (If there are none in class A, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors		
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year
1.	Farnham	Catherine	B.	315 E. Prospect	N. Hampton	Iowa	Wife			
2.										
3.										
4.										
5.										

Date and place of marriage to present wife January 24, 1942, Ft. Francis E. Warren, Wyo.

Date and place of marriage to divorced wife none Date of divorce none

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, \$ None

Date alimony or support payment ceases None, 1942 Name and location of court None

CLASS B DEPENDENTS

III. List below the father, mother, grandfather, grandmother, stepfather, stepmother, either of husband or wife, person in loco parentis, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren, who are dependent upon the soldier for a substantial portion of their support. (If there are none in Class B, write "None" in the name column.)

	Name			Address			Relationship	Date of birth of minors			Degree of dependency (percent)	Is family allowance desired? (Indicate yes or no)
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year		
6.	None											
7.												
8.												
9.												

IV. Enter on the lines below the full name and address of the person or persons to whom the check or checks is or are to be made payable.

Make checks payable to—

Payments covering line numbers in paragraphs II and III above	Name			Address		
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State
1	Catherine B.	Farnham		315 E. Prospect	N. Hampton,	Iowa

Members of immediate family now serving in the military or naval service

V. The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

Name			Home address			Serving in— (Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relationship	Age
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State			
None								

VI. I hereby swear or affirm that all the foregoing statements are correct and that every member of Class B for whom I claim the family allowance is dependent, to the degree indicated, upon the soldier whose name appears in paragraph I above, for support

Robert W. Garrison
(Signature)

Subscribed and sworn to before me this 22nd day
September 1942, at O'Reilly
General Hospital, Springfield, Missouri

(Seal is required when
sworn to before a civilian)

(Title) Donald C. Nelson
(Notary, summary court, etc.)

DONALD C. NELSON, Maj MC Summary Court O.

THIS SPACE TO BE USED BY ARMY ORGANIZATIONS TRANSMITTING AN APPLICATION FROM A SOLDIER TO THE WAR DEPARTMENT

1st IND. September 22, 1942
HC Serv. Comd. U. #1763 O'Reilly General Hospital, Springfield, Missouri

To: Allowance and Allotment Branch, Building Y, 20th and B Streets NE., Washington, D. C.

1. Grade of soldier as shown on the application has been verified. Date of enlistment December 4, 1940.
2. Any voluntary allotments now in force pertaining to the soldier have been discontinued or adjusted, by submission to the Finance Officer, U. S. Army, of the necessary forms, to insure that sufficient monthly pay is due the soldier to provide for the deduction required for the soldier's contribution for the family allowances and still leave him, exclusive of possible court-martial forfeitures, at least \$10 per month pay for his personal use.
3. Proper notations have been made in the soldier's service record and on pay rolls to insure that appropriate monthly deductions will begin with the first month after date of filing application, except that for applicants who were in the service on June 1, 1942, and who filed applications in June 1942, deduction has been made beginning with the month of June 1942.
4. The official copy of this application for family allowances has been withdrawn and filed with the soldier's service record.
5. The soldier has been advised that for Class A relationship, supporting papers consisting of certified copies of marriage certificate, court decrees of separation or divorce, birth certificates of children, written acknowledgments of parenthood of illegitimate children, legal agreements of separation, adoption papers; and for Class B dependents the affidavits of two disinterested parties attesting to relationship and dependency must be submitted to the Allowance and Allotment Branch, Building Y, 20th and B Streets NE., Washington, D. C., within 6 months from date of filing application, otherwise payment of allowance will be stopped.

Chas M. Hagman
CHAS. M. HAGMAN, Wmt. O. Jr. Gr. Asst. Chief Mil. Pe.
Personnel Br.

THIS SPACE TO BE USED BY THE WAR DEPARTMENT TRANSMITTING COPY OF AN APPLICATION SUBMITTED BY OR FOR A DEPENDENT OR RELATIVE TO THE SOLDIER'S ORGANIZATION

Allowance and Allotment Branch, WAR DEPARTMENT, Washington, D. C., _____, 194__

To: _____

1. Family allowances under the Servicemen's Dependents Act of 1942 has been authorized for the persons shown in paragraphs II and III on the reverse side of this form.
2. Monthly deductions of (\$22), (\$27), (\$_____) must be made on the pay roll starting with the month of _____ 194__.
3. The "official copy" of the application is to be filed with the soldier's service record.

BY ORDER OF THE SECRETARY OF WAR:

Adjutant General

Forward directly to Finance Officer, U. S. Army, Washington, D. C.

Farnham

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

Robert

W.

(See AR 35-5520)

37039161

Tech 4th Gr 48th Surg Hosp

(Last name)

(First name)

(Middle initial)

(Address number)

(Grade)

(Company, regiment, or arm or service)

The Class E allotment of the { * officer
* enlisted man }

named above in the amount of \$

Mrs Catherine Farnham, 1911 Carey Ave., Cheyenne, Wyoming

Co C Med Dept

Enl Tech Sch O'Reilly

CH

(Name and address of allottee)

June 30

42

entered on pay rolls of

because of

Soldier's request

(Company or detachment)

is hereby discontinued, effective

not separated

19

Date of separation

19

MD ETS O'Reilly Gen Hosp,
Springfield, Mo.

(Number and street or rural route)

(City, town, or post office)

(State)

The { * officer
* enlisted man } was last paid to

May 31

XXXXX

42

will be

Robert W. Farnham

June 30

42

Deduction for allotment will be continued on pay { * vouchers
* rolls }

until acknowledgment is received of this notification, as required by AR 35-5520.

and allotment deducted to

19

Date

Strike out words not applicable.

Give address in case of discharge only.

When discontinuance is due to cause other than death or desertion, the allotter's signature will be affixed, or reason given why he did not sign.

Strike out if discontinuance is due to discharge, retirement, death, or desertion.

W. D., A. G. O. Form No. 30
March 1, 1941

CHAS. M. HAGMAN

Asst. Adjutant

(Signature of commanding officer or personnel officer, with grade and organization)

Forward directly to the Director of Insurance,
Veterans Administration, Washington, D. C.

NOTIFICATION OF DISCONTINUANCE OF DEDUCTION

5, 1924
Jan. 31, 1924
Dec. 31, 1923
Date of request
Date of discontinuance
Date of last deduction due

(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)
to the Director of Insurance.
The Class D Government Life Insurance premium deduction in the amount of \$ _____ in the case of the enlisted
Veterans Administration, Washington, D. C., for monthly premium on \$ _____ (Amount)
man named above, entered on pay rolls of _____ (Company or detachment) is hereby discontinued because of
† _____ (Reason for discontinuance) Date of separation _____
Permanent home address _____ (Number and street or rural route) (City, town, or post office) (State)
‡ Date of request of this discontinuance _____, 19 _____ § _____ (Signature of soldier)
¶ Date discontinuance to be effective _____, 19 _____ # Last deduction due on pay roll for _____, 19 _____
The soldier was last paid to _____, 19 _____, at _____ (Place)
Class D deduction made to _____, 19 _____ Discontinuation entered on service record on _____, 19 _____
(Signature of company commander, with grade and organization)

† Insert date in case of discharge, retirement, death, or desertion. ‡ Date of request will be date of signature by soldier. § When discontinuance is due to cause other than death or de-
sertion, the soldier's signature will be affixed, or reason given why he did not sign. ¶ Date of discontinuance of insurance will be the last day of month in which request therefor is made. # Last
deduction 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

(See AR 35-5520)

FARNHAM ROBERT W. 37039161 Pvt 1st 48th Surgical Hospital
(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 \$ 30.00 per month for the period of March months, commencing March, 19 42 and expiring Indefinitely, 19 42

to CATHERINE FARNHAM 1911 Carey Avenue Cheyenne Wyoming.
(Name of allottee) (Code No.) (Number and street or rural route) (City, town, or post office) (State)

Date of allotment induction December 4, 19 40 When other than "Pay of the Army" is affected, state P. A. chargeable

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 the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee only; that a policy therefor has been issued and the first premium paid thereon; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank 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)

Robert W. Farnham
(Signature of allottee)

Place Fort Francis E. Warren, Wyoming.

Date March 10, 19 42

Entered on service record.

W. D., A. G. O. Form No. 29
November 1, 1939

WM. E. PROFFITT, SR., Capt. M.A.C., Pers. Off.
*Strike out words not applicable

U. S. GOVERNMENT PRINTING OFFICE 16-9421

AUTHORIZATION FOR DEDUCTION OF PAY National Service Life Insurance

FARNHAM ROBERT W. 37039161 Pvt 1st 48th Surgical Hospital
(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)

The enlisted man named above hereby authorizes a Class N deduction from his pay in the amount of \$ 3.45 per month for the period of February 1 months, commencing February 1, 19 42, and expiring Indefinitely, 19 42, to the Veterans Administration, Washington, D. C., for payment of monthly premium on \$ 5,000.00, National Service Life Insurance.

Date of allotment induction December 4, 19 40

(Signature of enlisted man)

Place Fort Francis E. Warren, Wyoming.

Date January 30, 19 42

Entered on service record this date.

W. D., A. G. O. Form No. 29-3
January 1, 1941

(Signature of commanding officer or personnel officer, with grade and organization)

WM. E. PROFFITT, SR.,
Captain, M. A. C.,
Personnel Officer.

16-19053

U. S. GOVERNMENT PRINTING OFFICE

Send all to Finance Officer, U. S. Army
Washington, D. C.

Forward direct to the Veterans Administration, Washington, D. C.

FINANCE OFFICE, U. S. ARMY

WASHINGTON, D. C.

SPFDI 243

IN REPLY REFER TO ~~XXXXXX~~ Farnham, Robert W 37039161

July 30, 1942
rs

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.

IN REPLY REFER TO ~~243-ADx~~ ^{SPEEDI 243} Farnham, Robert W 37039161

July 30, 1942
RS

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.

DESIGNATION OF BENEFICIARY

Name of designator Farnham Rob ert W. 37039161 T/4 Gr 48 Surg Hosp
(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, Iowa
(Full name of wife, if no wife, or if she is deceased or divorced, so state) (Wife's full address)

2. None
(Full name and address of each minor child, and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

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

3. 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:

4. Mrs. Grace Farnham, Mother, 315 E. Prospect St., New Hampton, Iowa
(If beneficiary is named in line 3 but naming of alternate is declined, designator must state in own handwriting: "I decline to designate an alternate beneficiary.")

OVER

(Last name) Robert (First name) 73 (Middle initial) 9141
 (Grade) T/4th Gr. (Organization or arm or service) 95th Avac. Hosp.
 who died on the 7th day of Feb., 1934

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
2	pocket knives	
1	Soldiers and sailors prayer book	
1	Leather picture album	
1	flashlight	
1	wrist watch (Longines)	
2	pipes	
1	silk handkerchief	
1	lighter	
1	good luck piece w/case	
2	leather bill folds	
1	book (gems of Devotion)	
1	Marksmanship badge (rifle)	
1	set beads and bracelet	
1	AME ribbon	
1	Amer. Defense ribbon	
1	mail clip	
1	pr sun glasses	
1	leather change pouch	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	Rosary
1	ring
1	key chain
	miscel coins

CLASS II—Continued

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that the effects were delivered

to _____
(Give name and degree of relationship; if legal representative)

or beneficiary named by the deceased, so state)

the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

NEIL W. HANSEN
2nd Lt., MAC
Adjutant

AFO 464
(Station

23 Feb. (D)

*Strike out words not applicable.

3-6117

ther effects

ARTICLES

FILE IN WORLD WAR II RECORDS BRANCH

3-6117

[illegible]

(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to T Adjutant General and those of class II have been sold

WILLIAM DANSEN

2nd Lt. MAC

Adjutant

APD 462

(Station)

23 Feb.

(Date)

19 4/2

(See AR 600-550)

Hammer Robert W 37039161
(Last name) (First name) (Middle initial) (Army serial number)

late a T/4 95th. Hyac. Hosp.
(Grade) (Organization or arm or service)

who died on the 7 day of Feb. 1944

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Identification Bracelet	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES

4 April 44
W 4635

CLASS II—Continued

A circular clock face with numbers 1 through 12. The text 'A.G.U.' is at the top, 'MAR 1944' is below it, 'MAIL ROOM RECEIVED' is in the center, and '8 SECURITY DIVISION' is at the bottom.

to _____
(Give name and degree of relationship; if legal representative)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

July

(Station)

18

Selective
Service

CLINICAL RECORD

BRIEF 37039161

Hospital _____ Station _____
Register No. 64372 Ward 74
Name Farnham Robert W.
Rank Pvt. Co Det Regt. or 48th Surg. Hosp
Staff Corps _____
Age (years) 27 Race W Service (years) 3/12
Birthplace Iowa
Station Fort Francis E. Warren, Wyoming.
Date of admission February 17, 1941.
Source of admission Command
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
Initials of admitting officer JHK/tjt.

(To be filled in by ward surgeon when case is completed)

Disposition Crs. Duty
Date Feb. 26, 1941. March 22/41
Final diagnosis Pharyngitis,
acute, catarrhal, moderate, severe
(2) Laryngitis, acute,
catarrhal, cause undetermined.
(Diagnosis is to be continued on back, if necessary)

Condition on completion of case

Improved.

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

CLINICAL RECORD
FAMILY AND PERSONAL HISTORY

Occupation:

Tropical service:

Habits as to alcohol:

Family history:

Previous personal history:

Gunshot wounds or other casualties:

Venereal history:

SURNAME OF PATIENT

CHRISTIAN NAME

Farnham

Robert W.

3-3071

CLINICAL RECORD

HISTORY OF PRESENT DISEASE,

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

SURNAME OF PATIENT

CHRISTIAN NAME

Larnham Robert W

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

CLINICAL RECORD
SUBJECTIVE SYMPTOMS

Condition on admission:

SURNAME OF PATIENT

CHRISTIAN NAME

Faithorn Robert W

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

03-3873

CLINICAL RECORD
OBJECTIVE SYMPTOMS

Condition on admission:

Weight: Normal ; Present

General condition:

Special senses:

Skin and mucous membranes:

Glandular system:

Vascular system:

Blood pressure:

Heart:

Lungs:

Genito-urinary system:

SURNAME OF PATIENT

CHRISTIAN NAME

Larkin Robert W.

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:

Nasopharyngitis
Laryngitis.

SURNAME OF PATIENT

CHRISTIAN NAME

Farnham, Robert W.

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

3-3675

CLINICAL RECORD
PROGRESS

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

2/19/41.

Soldier shows signs
of symptoms of laryngitis.
Temp. ranging from
99 to 100.5. M. F.

2/24/41.

Temperature normal,
complaints of hoarseness.
M. F.

2/26/41.

Temp. normal.
Laryngitis subsiding.
Discharged to G. O. M. F.

SURNAME OF PATIENT

CHRISTIAN NAME

Furnham Robert W.

CLINICAL RECORD
TEMPERATURE, ETC.

SURNAME OF PATIENT

U. S. GOVERNMENT PRINTING OFFICE

3-3677

Form 553
MEDICAL DEPARTMENT, U.S. ARMY
(Authorized Jan. 17, 1916)

CLINICAL RECORD
TREATMENT

DATE	
2-17-41	Admitted to H. Ward
	Routine glass treatment
18.	Routine care - Liquid Diet
	Aspirin grs 9 4 h. - Bronch
	Cough mist p. r. n.
19-20	Same Med & Care
21-22	Same Care & treat
23-24	Routine care men has
25-26	Throat swabbed
	Aspirin grs 9 4 h.

SURNAME OF PATIENT

Furnham, Robert W.

CHRISTIAN NAME

3-3679

CLINICAL RECORD

REPORT ON URINE

From Laboratory _____
Feb 18, 1941

To _____
H. W. _____
Capt. St. _____

Volume (in 24 hours) _____

Color Straw Appearance Clear

Reaction Acid Specific gravity 1020

Albumin neg Sugar neg

Indican _____ Acetone _____

Urea (in 24 hours) _____ Total solids _____

MICROSCOPICAL EXAMINATION

Mucus _____

Pus _____

Blood _____

Casts _____

Epithelia _____

Bacteria _____

Crystals _____

Amorphous deposits _____

_____, U. S. Army.
SURNAME OF PATIENT CHRISTIAN NAME

Robert W.

RANK REGIMENT OR STAFF CORPS
1st Lt 8th Surg. Hosp

Form 552
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.
Rank Pvt Co Det MD Regt. or 48th Surg. H.
Staff Corps
Age (years) 27 Race W Service (years) 3/12
Birthplace Iowa
Station FFEW
Date of admission March 22, 1941
Source of admission Command
Religion Catholic
Home address 229 E. Prospect Street
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 Duty
Date 4-8-41
Final diagnosis Nasopharyngitis acute
catarrhal

(Diagnosis is to be continued on back, if necessary)

Condition on completion of case

Yes CLINICAL RECORD

BRIEF 37039160

Hospital Station
Register No. 66587 Ward Quarters
Name Farnham, Robert W.
Rank Pvt Inductee Co DetMD Regt. or 48th Surg. H.
Staff Corps
Age (years) 27 Race W Service (years) 3/12
Birthplace Iowa
Station FPEWW
Date of admission March 22, 1941
Source of admission Command
Religion Catholic
Home address 229 E. Prospect Street
New Hampton, Iowa
Name and address of nearest relative Mother
Mrs. Grace Farnham
Same as above
Initials of admitting officer WMC/tjt

(To be filled in by ward surgeon when case is completed)

Disposition
Date
Final diagnosis Nasopharyngitis acute
catarrhal

(Diagnosis is to be continued on back, if necessary)

Condition on completion of case

Summary Court-Martial
ARMY SERVICE TO THE
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

AP:mmm
Case No. 53374 P

Date 23 October 1944

SUBJECT: Report of transactions in disposing of the effects of

Robert W. Farnham, 37039161 late a
(Name of deceased) (Army Serial Number)

Technician Fourth Grade, Medical Department, who died
(Grade) (Organization, Arm or Service)

on the 7th day of February, 1944, at North 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. 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 \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. .)

c. Decedent owed undisputed local creditors the sum of \$ 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 below.)

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 E. 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 E. Farnham of (Name of person found entitled)

504 West Clive Street, Springfield State
(Number, Street or Avenue) (City, Town or Village)
of Missouri, is the widow of the
(Relationship or Capacity)

AG 201

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
Washington, D. C.

300/00/2007

22 March 1944

NOTICE OF AWARD OF DECORATION

Date of Action

Last Name Farnham	First Name Robert	Middle Initial V.	Serial No. 37,003,101	Grade T/4 Gr.	To be engraved as follows: Robert V. Farnham
Organization Medical Department		Component	Foreign	Others	
Home address — upon entry into service					
Present station if living; otherwise present status				Station or APO	DO NOT WRITE IN COLUMN BELOW
Next of kin (Name & Address) Mrs. Catherine B. Farnham, 315 East Prospect Street, New Hampton, Iowa				Relationship Wife	
GO AUTHORIZING AWARD		Headquarters			
GO No.	Sec.	Year			
Type of Award and Date Purple Heart				Posthumous Yes	
Oak-Leaf Clusters to the:			Number	Posthumous	
Presentation to be made by: Ship to Next of Kin			Name of officer recommending award		

BY ORDER OF THE SECRETARY OF WAR.

CHARLES A. FLEMING.

Adjutant General

CITATION

This soldier was killed in action 7 February 1944, while serving in the North African Area.



*File WW #2
doc 22 Mar 44*

March 23, 1944.

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.

Little that we can do or say will console you 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 battle 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,

SECRETARY OF WAR

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



ADDITIONAL DATA FURNISHED:

V. A.	C. OF F.	FO, USA	QMG	SOC. SEC.
✓				
✓	✓	✓		
✓	✓	✓		
✓				
	✓	✓		
	✓	✓		

AG 201 Farnham, Robert W.
(29 Feb 44) PG-N NAT018

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. Baner
Major, A. G. D.

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

1 Inclosure
Bulletin of Information.

COPY FURNISHED:

CG _____ Service C _____ CGAAF _____ Cas Br File _____
Army Emergency Relief _____ CGAGF _____ Chief _____ AG 201 File _____
(Arm or service)

AS 201 Tenthred, Robert W.
PC-N 44) 44) 44)

Mrs. Catherine B. Tenthred,
315 East Broadway Street,
New London, Iowa.

Dear Mrs. Tenthred:

It is with regret that I am writing to inform the
recent telegram informing you of the death of your husband,
Theodore Tenthred, 31, 027, 101, 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. Un-
fortunately, reports of this nature contain only the briefest
details as they are prepared under battle conditions and the nature
of translation 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,

W. A. LLOYD
Major General,
The Adjutant General.



COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____
COPIES TO: _____

W. A. LLOYD
1 October 1944

CASUALTY MESSAGE

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR DEPARTMENT
BUREAU	AGO
FCC 3836	

AG 201 FARNHAM, ROBERT W (29 FEB 44)
ASN 37 039 161

SPXPC-N NAT 018 2 MARCH 1944
MESSAGE NO. DATE

MRS CATHERINE B FARNHAM
316 EAST PROSPECT STREET
NEW HAMPTON IOWA

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

HUSBAND TECHNICIAN FOURTH GRADE ROBERT W FARNHAM
(RELATIONSHIP) (GRADE) (NAME)

WAS KILLED IN ACTION IN DEFENSE OF HIS COUNTRY ON

SEVEN FEBRUARY IN ITALY PERIOD LETTER FOLLOWS
(DATE) (AREA)

ULIO

OFFICIAL:

ADJUTANT GENERAL

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.

COPIES FURNISHED:

- ☒ Bureau of Pub. Rel. THE ADJUTANT GENERAL
- ☒ Office of Dependency Benefits
- ☒ American Red Cross
- ☒ Chief of Staff
- ☒ Casualty Branch File
- ☒ POW Information Bureau
- ☒ Army Effects Bureau

BATTLE FILE
☐ Officers' Branch, AGO
☐ World War II Records
☐ Br., AGO (Enl. only)

CASUALTY BRANCH, AGO

Harrison 2 March 44
(Initials & Date)

1. NAME FARNHAM ROBERT W		2. SERIAL NUMBER 37039161		3. GRADE TEC4	4. ARM OR SERVICE MD	5. REP. THEATER NAT
6. PLACE OF CASUALTY ITALY		7. DATE OF CASUALTY DAY: 07 MO: FEB YEAR: 44		8. FLYING OR JUMPING STATUS Z	9. TYPE OF CASUALTY KIA	10. SHIPMENT NO. 010

"TYPE OF CASUALTY" CODE (ITEM 9 ABOVE)

ALW - Alive and Well
CAP - Captured
DOI - Died of Injuries
DOW - Died of Wounds
EVC - Evacuated

INT - Interned
KIA - Killed in Action
MIA - Missing in Action
POW - Prisoner of War
RTD - Returned to Duty

SIA - Seriously Injured in Action
SIG - Seriously Ill (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 Jumping status not included above
Z- Not on Flying or Jumping Status

ACTION BY RECORD SECTION: Report verified ☒

Previously Reported
Classification

NO ☒ YES ☐

Message No.

(As Indicated Below):

Type

Date and Area

E. A. Notified

Report not verified ☒ No Form 43 ☐ No Cas. Br. File ☒ No Visi-Card ☐

Copy report furnished (After verification) to:

Enl. Br. ☒

Off. Br. ☐

Mach. Rec. Br. ☒

S. G. O. ☐

AG 201 Files ☒

Checked by: *Stacy/Tues 44*

Reviewed by: *[Signature]*

ACTION BY:

Special Identification Unit: Report changed or corrected as follows:

Name and Serial correct per SGI form. file and per Enl. Ric attached.

B. General Correspondence Sub-Section: Original inquiry attached

Checked (after action a or-b) By:

To Group

Record Section.

THIS COPY FOR AG 201 FILE.

MAN 0 1944

ATTACH FORM 41 HERE

Not from file

Farnham, Robert W. taken from signature on Enl. R. W. Hansen

EMERGENCY ADDRESSEE AND PERSONAL PROPERTY CARD

SERIAL NUMBER: 37039161

CHECK ONE: ☐ OFFICER ☐ ARMY NURSE ☐ WARRANT OFFICER ☒ ENLISTED MAN ☐ A.S.C. ☐ W.A.A.C.

NAME: Farnham, Robert (FIRST NAME) (MIDDLE INITIAL) S (LAST NAME) Tech 4th Gr 95th Evac Hosp (Sm1)

GRADE: (GRADE) (ORGANIZATION)

RACE: (CHECK ONE) ☒ WHITE ☐ COLORED ☐ CHINESE ☐ JAPANESE ☐ HAWAIIAN ☐ AMER. IND. ☐ FILIPINO ☐ P.R. ☐ OTHER

PERMANENT OR LEGAL RESIDENCE: Iowa Chickasaw New Hampton

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: Mrs. Catherine B. Farnham Wife

ADDRESS OF PERSON TO BE NOTIFIED: 315 East Prospect Street New Hampton Chickasaw Iowa

LOST OR MISLaid PERSONAL PROPERTY TO BE SHIPPED TO: Mrs. Catherine B. Farnham

WHOSE ADDRESS IS: 315 East Prospect St. New Hampton Chickasaw Iowa

SIGNATURE OF INDIVIDUAL: *Robert W. Farnham* DATE: March 15, 1943

VERIFIED BY: *Neil W. Hansen* DATE: March 15, 1943

NEIL W. HANSEN, 2nd Lt., MAC, Pers O

IBM 721797

LICENSED FOR USE UNDER PATENT 1,772,492

W.D., A.G.O. FORM NO. 43, JUNE 10, 1942

HEADQUARTERS INDUCTION STATION

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, 8 November 1940, the following named enlisted men, having been inducted into military service, will proceed from Fort Des Moines, Iowa, to Fort Snelling, Minnesota, reporting upon arrival to the Commanding Officer, Fort Snelling, Reception Center:

FARNHAM, 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 allowance 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-third (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 payment by Finance Officers will be rendered direct to Recruiting Officer, Seventh Corps Area).

LLOYD B. KRUTSEN,
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 CRI&P, Direct, Day Coach.

OFFICIAL CG 7th CA 2 Paid in advance the monetary travel allowance
FO 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 Can2 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. KRUTSEN,
Captain, CAC-Res.,
Actg QM & Agent Officer.

1. NAME FARNHAM ROBERT W		2. SERIAL NUMBER 37039161		3. GRADE TEC4	4. ARM OR SERVICE MD	5. REP. THEATER NAT
6. PLACE OF CASUALTY ITALY		7. DATE OF CASUALTY DAY 07 MO. FEB YEAR 44		8. FLYING OR JUMPING STATUS Z	9. TYPE OF CASUALTY KIA	
					10. SHIPMENT NO. 018	

"TYPE OF CASUALTY" CODE (ITEM 9 ABOVE)

ALW -Alive and Well
CAP -Captured
DOI -Died of Injuries
DOW -Died of Wounds
EVC -Evacuated

INT -Interned
KIA -Killed in Action
MIA -Missing in Action
POW -Prisoner of War
RTD -Returned to Duty

SIA -Seriously Injured in Action
SIG -Seriously Ill (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
Z- Not on Flying or Jumping
Status

ACTION BY RECORD SECTION: Report verified ☒

Previously Reported
Classification

NO ☒ YES ☐
Message No.

(As Indicated Below):

Type Date and Area

E. A. Notified

Report not verified ☒ No Form 43 ☐ No Cas. Br. File ☒ No Visi-Card ☒
Copy report furnished (After verification) to: **T.D.N.**
Enl. Br. ☒ Off. Br. ☐ Mach. Rec. Br. ☒ S. G. O. ☐ AG 201 Files ☒
Checked by: **Stacy / Mar 44** Reviewed by: **J.H.B.**

ACTION BY:

A. Special Identification Unit: Report changed or corrected as follows:

*name and serial correct per Scott hum. file and
per Enl. Rec attached.*

B. General Correspondence Sub-Section: Original inquiry attached ☐
Checked (after action a or b) By: _____ To Group _____, Record Section.

For information - Record copies of any action taken by the Casualty Branch will be sent to 201 file of the person named above.

THIS COPY FOR ENLISTED BRANCH _____, OFFICERS' BRANCH _____, S. G. O. _____

RECORD EXAMINATION AND CERTIFICATION OF DEATH SUB-SECTION

Farnham Robert W. 37 039 161
 (Last Name) (First Name) (MI) (Army Serial Number)
 Tech/4 Medical Department 22 April 1914
 (Grade) (Arm of Service) (Date of Birth)
 New Hampton, Iowa
 (Home Address)
 7 February 1944 North African Area Killed in action
 (Date of Death) (Place of Death) (Cause of Death)
 Mrs. Catherine B. Farnham(wife) 315 East Prospect St., New Hampton,
 (Emergency Addressee - Name, Relationship, & Address) Iowa

Mrs. Catherine B. Farnham(wife) 315 E. Prospect St., New Hampton, Iowa.
 Charles Farnham (father) 315 E. Prospect St., New Hampton, Iowa.
 Mrs. Grace Farnham (mother) 315 E. Prospect St., New Hampton, Iowa.
 (Beneficiary - Name, Relationship, & Address)

Clerk's Name Pence Date 7 Mar 44

CASUALTY REPORT

Shipment
 Message Number 018 NAT Name Number
 Telegram Sent Tracer Reply Received
 Received from Notification Section Returned to Notification Section
 Received back from Notification Section
 Received 201 File Yes Received Enlisted Records Yes
 SR No Form 52 No Form 54 No Form 51 Not required
 Summary Court Report and Clearance Sheet NO

Board of Officers Convened Yes No
 In Line of Duty Yes No
 Own Misconduct Yes No
 Was Deceased on Duty Status Yes No
 Authorized Absence Yes No
 In Flying Status Yes No
 Date of Commission, Appointment or Enlistment Induction 4 December 1940
 Length of Service Years 3 Months 2 Days 4
 Station of Deceased (U.S.) (Overseas Area) N. African
 Social Security Number Not shown

Reports of Death Dated 7 March 1944 Clerk Pence
 Case to Certification of Service sub-Section Date 8 March 44 Clerk Pence
 Case to Officers Branch (Thru Military History Section) Date Clerk

MAR - 8 1944

(Officer's Initials)

SECTION 205-100

181 038 181

(Army Postal Service)

25 April 1944

(Date of Receipt)



one Number

Reply Received

Forwarded to Notification Section

Forwarded to Notification Section

Forwarded to Notification Section

Forwarded to Notification Section



MAR - 8 1944

AG 201 Farnham, Robert W.
(29 Feb 44) PG-N NAT018

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. BAKER
Major General, A. G. O.

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

1 Inclosure
Bulletin of Information.



COPY FURNISHED:

CG _____ Service C _____ CGAAF _____ Cas Br File _____
Army Emergency Relief _____ CGAGF _____ Chief _____ AG 201 File _____
(Arm or service)

CASUALTY MESSAGE

alg
6:25

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR DEPARTMENT
BUREAU	AGO
CHG. APPROPRIATION	FCC 3836

AG 201 **FARNHAM, ROBERT W** (29 FEB 44)
ASN **37 039 161**

SPXPC-N **NAT 018** **2 MARCH 1944**
MESSAGE No. DATE

MRS CATHERINE B FARNHAM
315 EAST PROSPECT STREET
NEW HAMPTON IOWA

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

HUSBAND **TECHNICIAN FOURTH GRADE ROBERT W FARNHAM**
(RELATIONSHIP) (GRADE) (NAME)

WAS KILLED IN ACTION IN DEFENSE OF HIS COUNTRY ON

SEVEN FEBRUARY **IN ITALY** PERIOD LETTER FOLLOWS
(DATE) (AREA)

ULIO

OFFICIAL:

THE ADJUTANT GENERAL

Adjutant General
Block
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.



1. NAME	2. SERIAL NUMBER	3. GRADE	4. ARM OR SERVICE	5. REP. THEATER
FARNHAM ROBERT W	37039161	TEC4	MD	NAT
6. PLACE OF CASUALTY	7. DATE OF CASUALTY		8. FLYING OR JUMPING STATUS	9. TYPE OF CASUALTY
ITALY	DAY	MO.	YEAR	
	07	FEB	44	
			Z	KIA
				018

"TYPE OF CASUALTY" CODE (ITEM 9 ABOVE)

ALW - Alive and Well	INT - Interned	SIA - Seriously Injured in Action
CAP - Captured	KIA - Killed in Action	SIG - Seriously Ill (Gas Casualty)
DOI - Died of Injuries	MIA - Missing in Action	SLI - Slightly Injured in Action
DOW - Died of Wounds	POW - Prisoner of War	SLW - Slightly Wounded in Action
EVC - Evacuated	RTD - Returned to Duty	SWA - Seriously Wounded in Action

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

A- Pilot, Co-Pilot or Command Pilot	F- Photographer	K- Gunner
B- Navigator	G- Radio Operator Gunner	L- All others on Flying or Jumping status not included above
C- Bombardier	H- Engineer Gunner	Z- Not on Flying or Jumping Status
D- Observer	I- Armorer Gunner	
E- Flight Surgeon	J- Qualified Paratroops on Jumping Status	

ACTION BY RECORD SECTION: Report verified ☒ Form 43 ☒ *Enl. Rec'ds*
 Cas. Branch File Attached ☒ or charged to ☒ AG 201 Req. *att.*
 Previously Reported NO ☒ YES ☐ (As Indicated Below):
 Classification Message No. Type Date and Area E. A. Notified

Report not verified ☒ No Form 43 ☒ No Cas. Br. File ☒ No Visi-Card ☒
 Copy report furnished (After verification) to: *T.M.*
 Enl. Br. ☒ Off. Br. ☒ Mach. Rec. Br. ☒ S. G. O. ☒ AG 201 Files ☒
 Checked by: *Shirley 1 Mar 44* Reviewed by: *JH3*

ACTION BY:
 A. Special Identification Unit: Report changed or corrected as follows:
name and serial correct per Scott Hum file and per Enl. Rec attached
Lafontaine 2 March 44

B. General Correspondence Sub-Section: Original inquiry attached
 Checked (after action a or b) By: To Group , Record Section.

In and Out Time Stamps will be used in the spaces provided on the reverse side.

Noted in Casualty Branch
Clark H. H. 2 Mar 44
H. H. H.

USE SPACES BELOW - IN NUMERICAL ORDER - FOR TIME STAMPS.

1



2



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