



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

Case No. 217412
Date 24 April 1945

NOT: Report of transaction in disposing of the effects of

John Manfredi, 35383320 late a
(Name of deceased) (Army Serial Number)
Private First Class, Corps of Engineers who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 1944, at in France.

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 decedents 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 23 March 1945, pursuant to Special Orders 228, Headquarters QM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Mary Fabbro for the effects of the above-named de-
ced soldier, or person subject to military law, now in the possession of the
States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of
Mrs. Mary Fabbro of
(Name of person found entitled)

Manfredi, John
(14 Aug 44) 7D-C

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

BAR/pja

4

NOTICE OF AWARD OF DECORATION

Date of Action 24 August 1944

First Name John	Middle Initial	Serial No. 35 383 320	Grade IFC.	To be engraved as follows: John Manfredi
Component Engineers	Foreign	Others		

Present station if living; otherwise present status _____ Station or APO _____

Text of kin (Name & Address) **Mr. Mickey Manfredi,
2616 South Cassac Street,
Philadelphia, Pennsylvania.** Relationship **Brother**

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.

CITATION *Adjutant General*

This soldier was killed in action 6 June 1944, in the _____ Area.

*File to W. 2.
SEM 7 Aug 44*



6

August 14, 1944.

My dear Mr. Manfredi:

You will shortly receive the Purple Heart medal, which has been posthumously awarded by direction of the President to your brother, Private First Class John Manfredi, Engineers. It is sent as a tangible expression of the country's gratitude for his gallantry and devotion.

It is sent to you, as well, with my deepest personal sympathy for your bereavement. The loss of a loved one is beyond man's repairing, and the medal is of slight value; not so, however, the message it carries. We are all comrades in arms in this battle for our country, and those who have gone are not, and never will be, forgotten by those of us who remain. I hope you will accept the medal in evidence of such remembrance.

Sincerely yours,

7223

Mr. Mickey Manfredi,
2616 South Camac Street,
Philadelphia, Pennsylvania.

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WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 26 July 1944
 sbw/ip 4632

NAME Manfredi, John		ARMY SERIAL NUMBER 35 383 320	GRADE PFC						
HOME ADDRESS Halloway, West Virginia		ARM OR SERVICE Corps of Engrs	DATE OF BIRTH 28 Dec 18						
PLACE OF DEATH France	CAUSE OF DEATH Killed in Action		DATE OF DEATH 6 June 44						
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 11 June 42	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">11</td> <td style="text-align: center;">26</td> </tr> </table>	YEARS	MONTHS	DAYS	1	11	26
YEARS	MONTHS	DAYS							
1	11	26							

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mickey Manfredi, brother, 2616 South Camac St., Philadelphia, Pa.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 Mickey Manfredi, brother, 2616 South Camac St., Philadelphia, Pa.
 Joe Manfredi, brother, 2616 South Camac St., Philadelphia, Pa.

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	X	X			X	X					X		

ADDITIONAL DATE AND/OR STATEMENT

FILE IN
DEMORTALIZED PERSONNEL REG. NR.
 Jp 27 Jul 44

COPIES FURNISHED:
 F. O., U. S. A.
 ARMY EFFECTS BUREAU
 CASUALTY BRANCH FILE
 A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:
J. A. Marshall
 J. A. Marshall
 ADJUTANT GENERAL

AG 201 Manfredi, John
PC-N EFO 125

19 July 1944

M. M. Za

Mrs. Mary Fabbro
Box 106
Galloway, West Virginia

Dear Mrs. Fabbro:

It is with regret that I am writing to confirm the recent telegram informing you of the death of your son, Private First Class John Manfredi, 35,383,320, Corps of Engineers, who was killed in action on 6 June 1944 in France.

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 to his country, even unto death, may be of sustaining comfort to you.

I extend to you my deepest sympathy.

Sincerely yours,

William Yeates
Lt. Col., A.C.D.

William
Lt. Col., A.C.D.

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

1 Inclosure
Bulletin of Information.



DEATH CASE SEND TO
CERTIFICATION SECTION
CASUALTY BRANCH

DISPATCHED:
Service C CGAAF Cas Br File
Emergency Relief CGAGF Chief AG 201 File
Form No. 0644 (Arm or service)

M. H. P. 30

AG 201 Manfredi, John
PC-N EFO 125

19 July 1944

Mr. Mickey Manfredi
2616 South Camac Street
Philadelphia, Pennsylvania

Dear Mr. Manfredi:

It is with regret that I am writing to inform you of the death of your brother, Private First Class John Manfredi, 35,383,320, Corps of Engineers, who was killed in action on 6 June 1944 in France. A telegram announcing his death was sent to his mother, Mrs. Mary Fabbro, Box 106, Galloway, West Virginia, who was designated by him as the person to be notified in an emergency.

I wish that I could give you more information but unfortunately casualty reports of our brave men who have given their lives in battle do not always reveal details of the heroic actions which led to their deaths.

I fully realize there is nothing I can say or do that will minimize the great loss you have sustained, but I feel that the knowledge he gave his life for his country will to some extent alleviate the sorrow you are experiencing and in time prove of sustaining comfort to you.

I wish to extend my profound sympathy in your bereavement.

Sincerely yours,

William Yeates
Lt. Col., A.G.D.

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



1 Inclosure
Bulletin of Information.

DEATH CASE SEND TO

CERTIFICATION SECTION

Service C CGAAF Cas Br File
Emergency Relief CGAGF Chief CASUALTY SECTION AG 201 File

(Arm or service)

to be delivered by phone except
if authorized by the sender.
to be delivered between the hours
of 10 PM and 7 AM.

CASUALTY MESSAGE TELEGRAM

FROM WAR DEPARTMENT
BUREAU A. G. O.
CHG. APPROPRIATION
PMM 3814

OFFICIAL BUSINESS—GOVERNMENT RATES

201

MANFREDI, JOHN (16 JULY 44)
ASN 35 383 320

SPXPC-N ETC 125 16 JULY 1944
DATE

MRS MARY PABBRO
BOX 106
GALLOWAY WEST VIRGINIA

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

SON PRIVATE FIRST CLASS JOHN MANFREDI
(RELATIONSHIP) (GRADE) (NAME)

WAS KILLED IN ACTION IN DEFENSE OF HIS COUNTRY ON

SIX JUNE IN FRANCE
(DATE) (LOCALITY)

LETTER FOLLOWS

Benjamin G. Powell
The Adjutant General
AGO

OFFICIAL
Ben
ADJUTANT GENERAL

THE ADJUTANT GENERAL

AG 704.1()



FILE {
Officers' Branch, AGO
World War II Records
Br., AGO (Enl. only)
CASUALTY BRANCH, AGO,

Powell 16 July 44
(Initials & Date)

FRAGILE - HANDLE WITH CARE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

NAME MANFREDI JOHN			SERIAL NUMBER 35383320	GRADE PFC	ARM OR SERVICE CE	REPORTING THEATRE ETS
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY 06	MONTH JUN	YEAR 44		KIA	125

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR. MRS. MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
NO. AND NAME OF STREET		CITY	COUNTY	STATE

REMARKS: CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO DATE

PREVIOUSLY REPORTED NO YES (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
----------	-------------	------	---------------	----------------

NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY *J. A. Nativ* REVIEWED BY *[Signature]*

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE
	DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY		

DISTRIBUTION

FORWARDED: CHIEF, WAR BOND DIVISION OFFICERS BRANCH, A.G.O.

19

HEADQUARTERS
121ST ENGINEER COMBAT BATTALION
APO #29, U.S. ARMY

23 December 1944.

"NIHIL TIMEMUS"

Mr. Mickey Manfredi
2616 South Camac Street,
Philadelphia, Pennsylvania.

My Dear Mr. Manfredi,

By now you have been notified, undoubtedly, by the War Department that your brother, Private First Class John Manfredi, 35383320, was killed in action in France, on 6 June 1944.

Though we, who remain in the Battalion by grace of Providence, realize that any word of ours is small consolation in your bereavement, we do share your loss, and extend our most heart-felt sympathy. Private First Class Manfredi was an excellent soldier, and served his country well in its most trying hours. He is, and ever will be missed by his many comrades.

We have set our face to the future, praying for, and determined to hasten the better world for which your brother made the supreme sacrifice. He now rests in a hero's peace, somewhere in France, having been given full and proper burial services by a Catholic Chaplain of the United States Army.

We trust God will console, comfort, and strengthen you in your hour of sorrow.

Very sincerely,

ROBERT R. FLOGGER,
Lt. Colonel, C.E.,
Commanding.

M HB
3a

John Manfredi, John
ETO 125

19 July 1944

Mr. Mickey Manfredi
2616 South Camac Street
Philadelphia, Pennsylvania

Dear Mr. Manfredi:

It is with regret that I am writing to inform you of the death of your brother, Private First Class John Manfredi, 35,383,320, Corps of Engineers, who was killed in action on 6 June 1944 in France. A telegram announcing his death was sent to his mother, Mrs. Mary Fabbro, Box 106, Galloway, West Virginia, who was designated by him as the person to be notified in an emergency.

I wish that I could give you more information but unfortunately casualty reports of our brave men who have given their lives in battle do not always reveal details of the heroic actions which led to their deaths.

I fully realize there is nothing I can say or do that will minimize the great loss you have sustained, but I feel that the knowledge he gave his life for his country will to some extent alleviate the sorrow you are experiencing and in time prove of sustaining comfort to you.

I wish to extend my profound sympathy in your bereavement.

Sincerely yours,

William Yeates
Lt. Col., A.G.D.

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

Inclouure
Bulletin of Information.



COY. ENGINEERS
CG
Army Emergency Relief
CGAGT
W.D. A. G. O. Form No. 284
1 October 1943

and Army Serial Number

35383320

Manfredi, John (NMI)

Regiment and Arm or Serv.

Company

121 Engr Bn (c)

Grade

Cpl B

Service, Years

8/12

Nativity

W.VA.

Race

W

Age

24

Army

V

Corps

29

Div.

29

Station where Tagged:

Disp 121 Engr Bn (c)

Date

March 4/43

Hour

0800

Diagnosis: If injury, state how, when, where incurred, by first

Wound, lacerated, moderate, nose incurred accidental while by

Line of Duty Yes

Treatment

Stitched and taped

Antitetanic Serum: Dose Time

Morphine Dose Time

Disposition Date Hour

Duty march 11/43 0800

Signature, with Rank and Organization

Signature

DUPLICATE

and Army Serial Number

Manfredi, John (NMI) 35383320

Grade: Cpl

Company B

Regiment and Arm or Serv. 121 Engr Bn (c)

Div. 29

Corps V

Army

Age 24

Race W

Nativity W.VA.

Service, Years 8/12

Station where Tagged: Disp 121 Engr Bn (c)

Date March 4/43

Hour 0800

Diagnosis: If injury, state how, when, where incurred, by first

Wound, lacerated, moderate, nose incurred accidental while by

Line of Duty Yes

Treatment

Stitched and taped

Antitetanic Serum: Dose Time

Morphine Dose Time

Disposition Date Hour

Duty march 11/43 0800

Signature, with Rank and Organization

Signature

DUPLICATE ORIGINAL

Signature
Thomas 2442

NAME AND ARMY SERIAL NUMBER

MANFREDI, JOHN

35383320

GRADE

COMPANY

REGIMENT AND ARM OR SERVICE

DIVISION

CORPS

ARMY

AGE

RACE

NATIVITY

SERVICE YEARS

STATION WHERE TAGGED:

DATE

HOUR

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

LINE OF DUTY

TREATMENT:

ANTITETANIC SERUM: DOSE

TIME

MORPHINE: DOSE

TIME

DISPOSITION:

DATE

HOUR

SIGNATURE, WITH RANK AND ORGANIZATION:



Army Message Center
High Point, N. C.
DEC 1 1944



(Last name)

(Arm)

(First name)

(Middle initial)

(Arm or service for which enlisted or inducted)

WHITE

Color or race

(PLACE X IN BOX INDICATING COMPONENT)

Regular Army. National Guard of the United States.

Army of United States:

- For Regular Army units.
- For National Guard units.
- Selective Service and Training.
- Regular Army Reserve—Active duty.
- Enlisted Reserve Corps—Active duty.

SERVICE RECORD

covering period

From JUN 1 1942, 19 , to 6 JUNE, 1944

For instructions see AR 345-125

*Ex 1 Dec 44
ofm*

W. D., A. G. O. Form No. 24
(December 12, 1941)

16-25250-1

B

and organization
(Type, rank or printed)

CHARLES H. MORROW
1st Lieut. A. G. D.

JOHN H. BAYLOR
Sgt. 1st Inf.

CLARENCE C. MEADOWS
1st Lieut., Infantry.

G. W. MYERS
2nd Lieut. Infantry

EDWARD G. C. ...
2nd Lt., T. Co., Personnel Adj.

WILLIAM L. HOWE
WO JG 753d Ry Shop Bn Asst Adj

PAUL T. ROBERTS
1st Lt 753d Ry Shop Bn
Actg Comdr H&S Co

BORIS H. DAYVAN
2nd Lieut.
Asst. Personnel Adj.

RALPH E. HUTCHESON
2nd Lt 121st Engr Bn (C)
JULIUS A. MILLER, CWV USA
Pers. Off 121st Engr Cmbat Bn

(This induction record will be filled through induction by selective service)

Local board of origin **Phil. ...**
(Board No., city, and State)

Date of arrival at induction station **JUN 11 1942**

Date and place of induction **JUN 11 1942 CLARKSBURG, W. VA**

By whom inducted **W. R. HUNN, 2nd Lt. Inf.**
(Name)
(Grade and arm or service)

Place to which sent **Rec. Center, Fort Hayes, Ohio**
(Post, camp, or reception center)

Date sent **JUN 11 1942**

RECORDS OF IMMUNIZATION

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

SMALLPOX VACCINATION

Date	Result ¹
JUN 13 1942	
1-23-42	
13-Sept/42	IMMUNE

TYPHOID VACCINATIONS

Date	Result ¹
JUN 13 1942	
23-Sept/42	Immune

OTHER VACCINATIONS

Kind	Date
1st Dose 9/9/42	
2nd Dose 12/12/42	
3rd Dose 12/14/42	
4th Dose 9/9/42	
5th Dose 2/3/43	

DIPHTHERIA SUSCEPTIBILITY TEST-SCHICK

Date	Result ²

CARRIER EXAMINATIONS

(See AR 40-310)

Date	Parasite examined for	Kind of specimen ³	Positive or negative

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

none
 (Last name) (Middle initial) (Army serial No.)
 Dec 28, 1918 Galloway W Va 10
 (Month, day, and year) (City or town) (State or country)
 Height 5 ft. 6 in. 4 Weight 145 lb. Eyes blue Hair bro
 Complexion ruddy Size of gas mask U Size of shoe 8 1/2
 Married or single single Occupation Ordnance Man - Navy

EDUCATIONAL QUALIFICATIONS
 Years in: Grammar school 8 High school 3 College or university
 Graduate work 0 Specialized in 0

Speaks *English, French, Spanish, German
 OCCUPATIONAL QUALIFICATIONS
 Ordnance Man - Navy Yard, 35.00
 (Main occupation) (Weekly wages)

Years 2 as *apprentice, journeyman, expert.
 Just what did he do? OVERHAULED ALL TYPES AND SIZES OF ENGINES
 (Next best occupation) (Weekly wages)

Years as *apprentice, journeyman, expert.
 Just what did he do? REF #27
 (Next best occupation) (Weekly wages)

HOME ADDRESS AND NEAREST RELATIVE
 Home address none
 (Number and street or rural route, if none, so state)
 Galloway W Va
 (City, town, or post office) (State or country)

Name and address of nearest relative Mary Fabbro
 (Name)
 mother none
 (Relationship) (Number and street or rural route, if none, so state)

Galloway W Va
 (City, town, or post office) (State or country)
 Person to be notified in case of emergency same
 (Name)

as
 (Relationship; if friend, so state) (Number and street or rural route, if none, so state)
 above
 (City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY
 (To be entered only from appropriate enlistment or induction record or
 W. D., A. G. O. Form No. 41)

Dominic Manfredi brother
 1512 N 18th Philadelphia Pa
 (Address)

Betty Adams sister
 (Name and degree of relationship of alternate beneficiary)
 350 14 Place NE Washington D. C.
 (Address)

(Name and degree of relationship of alternate beneficiary)
 (Address)

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

Age at enlistment 24 years 6 months.

Accepted for service at
 Enlisted at on the
 day of 19

in grade of by
 for
 (Company, regiment, arm, or service)

to serve years.
 (Words and figures)

Completed 4 years months days for longevity pay,
 at enlistment. Has over 4 years' service. RCH
 (Initials of officer)

Physical defects at enlistment

* Strike out words not applicable. 16-25250-1
 † No entry required for men secured through Selective Service.

To The Adjutant General:
 MANFREDI JOHN (Last name) (First name) (Middle initial) (Army serial No.)
 PVT 1st CO 11th INF 1st DIV
 (Grade) (Organization)

was separated from the service by reason of DEATH
 (State specific cause. See par. 37c,
 AR 345-125) on 6 JULY 1944
 (Date)

at HILLSVILLE authority
 (Place)

Retained in service days to make good time lost (A. W. 107).

Absent from duty days subsequent to normal date of expiration of term of enlistment.

Retained in service days for convenience of the Government on account of

His character is

Efficiency rating as soldier
 *Final statement furnished. *Paid on final pay roll.
 *Discharge certificate furnished, W. D., A. G. O. Form No. 55, 56, 57.

Due United States; if nothing, so state
 PAID BY 407 400 24 JULY 1944
 15 11th INF, 1st DIV, F.D.
 Due U.S. G. O. Form No. 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, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Due soldier at date of DEATH - ACCRUED P/A

Address furnished for future references: 2416 So. Cannon St
 PHILADELPHIA PENN.
 (City, town, or post office) (State or country)

Receipt of Discharge Certificate is acknowledged.
 Signature of soldier: DE LAERD

I have verified the foregoing entries.
 Name signed
 Name typed or printed
 (Grade and organization)

*Strike out words and figures not applicable.
 †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.

See Remarks Adm

30

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.

First show prior service in the Regular Army, then in the United States Army, Volunteers, Navy, Marine Corps, and National Guard or Organized Militia, in the order named.

Navy from *August 1, 1937* to *August 1, 1941*
 (Co., regt., arm, or service)

Discharged as _____; *HONORABLE*; By reason of *ETS*
 (Grade) (Character)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11

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
None SPEC. SVI RADIO OPERATOR 776	4-5-43 SK 1 DEC 43	

* 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
JUN 18 1942	RS		
FEB 28 1943	RS		
15 SEP 1943	RS		
8 APR 1944	RS		

SEX MORALITY

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

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

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

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

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

HQ. 4th R

To CO 121st Engr Co (L) APO 24
 13/1/43
 This soldier was transferred to 400R Comd.
 per PO 10 13 HQ 4 11th Depot 13 1943
 and left this organization 13/1/43, 1943
 He was last paid to include 30 9, 1943
 by Capt. William H. Smith
 (Name and grade of finance officer or agent, officer, if any)
 Due United States; if nothing, so state _____

* Due soldier at date of Accrued Pay & Allow.

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 UNKNOWN

Efficiency rating as soldier UNKNOWN

I have personally verified all entries in this indorsement.
Kenneth H. Smith
 (Name)
Capt, FA 4528 A1
 (Grade and organization)

This soldier reported 1/13/43, 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.

MILITARY
 APPOINTMENT, PROMOTION, AND
 AUTHORITY THEREFOR

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 _____

Eq. Task Force Repl Pool
 Ft Dix N.J. 12-29-42
 Rep. C. O. ...
 This sol tried to ...
 VCCG ...
 Last pd to incl: Sept 30-42
 Due Un "See Prev Ind & Rem Fin."
 Due sol at date of Tr: "A.P. & A."
 Almnt & Deductions: "See Prev Ind
 & Pages 9 & 10"
 Char & Efficiency Rating: "Unknown"
 Verified by: _____

Grade	Date	Authority	Initials
Pvt	6/11/42	INDUCT	...
CPL	8-5-42
Pvt	3/0/43	B30 11/11/3/7/43	...
PFC	6-1-43	Co B 0-10 off June 43	...

SPECIALIST RATINGS

Class	Qualification	From	To	Authority	Initials

ORGANIZATIONS TO WHICH ATTACHED

Organization	From	To
Hq. Reception Center, Ft. Hayes, O	JUN 11 1942	6/25/42
REPL 1st APO 874	11/1/42	11/1/42

* Due soldier at date of _____
 2018 ...
 2nd ...
 ARPT. Personnel Adp

This soldier has ^{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____

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

Assigned to company, regiment, arm, or service	Station	Date
A-Team 314th ...	Camp Robert, Va	6-27-42
Hq Pool TCUTE	IGMR, Pa.	10-17-42
T.F.R.P.	FT Dix N.J.	11-27-42
Co B 121 Engrs	ETO APO 29	1-14-43

* 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.

Authority AR-615-275
 Extended (Number of days) per _____
 Rejoined _____
 From 18 Nov 1943 to 23 Nov 1943
 Authority AR 615-275
 Extended (Number of days) per _____
 Rejoined _____
 From 18 FEB 1944 to 23 FEB 1944
 Authority AR 615-275
 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 _____
 From _____ to _____
 Authority _____
 Extended (Number of days) per _____
 Rejoined _____

FOREIGN SERVICE

Left United States for duty in ETO
 From NIFE on JAN 6, 1943
 Arrived at ETO on JAN 11, 1943
 Left _____ for the United States on _____, 19____
 Arrived at _____ on _____, 19____
 Left United States for duty in _____
 From _____ on _____, 19____
 Arrived at _____ on _____, 19____
 Left _____ for the United States on _____, 19____
 Arrived at _____ on _____, 19____

MEDALS, DECORATIONS, AND CITATIONS

Name of decoration	Authority and date
<u>E TO Ribbon</u>	<u>WD. Ci. - 1 Jan. 1/43</u>

H&S Co 753d R
Fort Dix, NJ Nov 28
 To CO Task Force Repl Pool Ft Dix NJ
 This soldier was transferred to your command
 per par 37 SO 328 HQ Ft Dix, NJ
 and left this organization November 28, 1942
 He was last paid to include September 30, 1942
 by C J MELNICK Major FD
 (Name and grade of finance officer or agent officer, if any)
 Due United States; if nothing, so state See Remarks Financia

* Due soldier at date of Trf AP&A
 This soldier ~~has~~ has not a Class E allotment running which has been deducted from his pay to include XXXXX, 19____
 This soldier has authorized a Class V deduction for Government insurance which has been deducted from his pay to include September 30, 1942
 His character is Unknown PTR
 Efficiency rating as soldier Unknown PTR
 I have personally verified all entries in this endorsement.
William L Howe
WILLIAM L HOWE
WO JG 753d By Shop Bn Asst Adj
 This soldier reported 11-28, 1942

*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.

PARTIAL

(No.) A. W. 19 19 (Synopsis)

of specifications)

Sentence announced and adjudged _____, 19 _____

Sentence as approved _____, 19 _____

Approved _____, 19 _____

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _____

Released from confinement _____, 19 _____

(Name, grade, and organization)

C. M., _____ A. W., _____, 19 _____ (Synopsis)

(No.) (Date of offense)

of specifications)

Sentence announced and adjudged _____, 19 _____

Sentence as approved _____, 19 _____

Approved _____, 19 _____

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _____

Released from confinement _____, 19 _____

(Name, grade, and organization)

C. M., _____ A. W., _____, 19 _____ (Synopsis)

(No.) (Date of offense)

of specifications)

Sentence announced and adjudged _____, 19 _____

Sentence as approved _____, 19 _____

Approved _____, 19 _____

I certify the above is correct.

(Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per _____

Released from confinement _____, 19 _____

(Name, grade, and organization)

HEADQUARTERS
 CAMP BLANDING, FLA. OCT 15, 1942
 To C. O. T. CORP. TNG CENTER INDIAN
 TOWN GAP.
 This soldier was transferred to YB Camp
 per LTR NO 79TH DIV 22233 29 OCT 42
 and left this organization OCT 15, 1942
 He was last paid to include SEPT 30, 1942
 by CARL J. MELNICH, MAJOR, FD.
 (Name and grade of finance officer or agent officer, if any)
 Due United States; if nothing, so state
 US MR LDRY \$3.50
 PARTIAL PAYMENT \$26.00
 FOR OCT.

* Due soldier at date of TRF. ACRD PAY & ALLOW

This soldier has ^{has} not a Class E allotment running which has been deducted from his pay to include NOTHING, 19 _____

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

His character is Excellent B

Efficiency rating as soldier Excellent B

I have personally verified all entries in this indorsement.

S. W. Meyer
 (Name)
 S. W. Meyer, Capt. 314th Inf
 (Grade and organization)
 This soldier reported Oct 17, 1942

*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.

These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

Hq. Reception Center, Ft. Hayes, Ohio
 To June 26, 1942
 P. O. 7940 1st Camp Kelly
 This soldier was transferred to Your Command
 per Par. 8-30/62 Hq. Recept. Center, Ft. Hayes, Ohio.
 and left this organization June 26, 1942
 He was last paid to include Pay due fr induction, 19
 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 Tr. - Acrd. pay & Alivs.

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 E deduction for Government insurance which has been deducted from his pay to include Pay due fr induction, 19
 His character is UNKNOWN
 Efficiency rating as soldier Unknown

I have personally verified all entries in this indorsement.
John H. Bayless
 (Name)
John H. Bayless
 (Grade and organization)
 This soldier reported June 27, 19 42

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
 †Strike out words not applicable. 16-25259-1

C. M. _____ (No.)

of specifications) _____
 Sentence announced and adjudged _____, 19____
 Sentence as approved _____ Approved _____, 19____

I certify the above is correct.

 (Name, grade, and organization)
 Unexecuted portion of confinement and forfeiture remitted per _____
 Released from confinement _____, 19____

 (Name, grade, and organization)

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

of specifications) _____
 Sentence announced and adjudged _____, 19____
 Sentence as approved _____ Approved _____, 19____

I certify the above is correct.

 (Name, grade, and organization)
 Unexecuted portion of confinement and forfeiture remitted per _____
 Released from confinement _____, 19____

 (Name, grade, and organization)

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

of specifications) _____
 Sentence announced and adjudged _____, 19____
 Sentence as approved _____ Approved _____, 19____

I certify the above is correct.

 (Name, grade, and organization)
 Unexecuted portion of confinement and forfeiture remitted per _____
 Released from confinement _____, 19____

 (Name, grade, and organization)

CLASS E ALLOTMENTS

Class E allotments of pay authorized as follows:
 \$ 30.00 per month for _____ months, commencing Jan 1, 1942
 and expiring Jan of 1943 in favor of Mr. Mackey
Manfred J. for the purpose of support
 Discontinued 31 May, 1943, reason Debers Request
 W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington,
 D. C., 11 April, 1943, by John H. Bayless
 (Name and grade of forwarding officer)
 Acknowledgment of discontinuance received _____, 19____

1 MAY 1944
in favor of MICKEY MANFREDI
(BROTHER) for the purpose of SAVINGS 18

Discontinued 31 MAY 44, 1944, reason DEATH
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____

\$_____ per month for _____ months, commencing _____, 19____
and expiring _____, 19____, in favor of _____
for the purpose of _____
Discontinued _____, 19____, reason _____
W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington,
D. C., _____, 19____, by _____
(Name and grade of forwarding officer)
Acknowledgment of discontinuance received _____, 19____

~~National Service Life Insurance~~
~~GOVERNMENT INSURANCE~~

Deduction of pay for Government insurance authorized as follows:
Class N insurance deduction of \$ 3.30 per month for Per. of Dur. months,
commencing June 11 42, 1942, and expiring _____, 19____
for payment of monthly premium on \$ 5,000 Discontinued 31 MAY 44
reason DEATH 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 \$ 3.35 per month for dur. months,
commencing July 1 43, 1943, and expiring discontinued, 19____
for payment of monthly premium on \$ 5000 Discontinued 31 MAY 44
reason DEATH 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) 10-25259-1

Under this heading will be shown all administrative matters... 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.

AMENDED NS INS. ACT EXPLAINED
DATE ENLISTED OR INDUCTED

EM 21-100 issued JUN 13 1944

Sol. Issued WD A50 Form 65-4
0-351571 Jan 1944

Sex Monthly Letters FEB 28 1943
23 OCT 1943
ATTN: 294 DIA PADO SCH FR 31 MAR 43 6 11 MAY 43 - CODE
SPEED: PERFORMING 18 WPM. SENDING FOUR-FINAL COPY 90

AGCT SCORE 135-L June 12/42

UK INDOCTRINATION COURSE
COMPLETED 20 JAN 1943

CHANGE: PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
MICKEY MANFREDI (BROTHER)
2616 SOUTH CAMAC ST. PHILADELPHIA PA.

PRINCIPAL BENEFICIARY:
MICKEY MANFREDI (BROTHER)
2616 SOUTH CAMAC ST. PHIL. PA.

ALTERNATE BENEFICIARY:
JOE MANFREDI (BROTHER)
2616 SOUTH CAMAC ST. PHIL. PA.
WD A50 FORM No. 41 MAILED 20 APR 44

PARTICIPATED IN BATTLE OF
NORMANDY, FRANCE.
KIA 6 JUN 1944 VICINITY OF
LIEVILLE, FRANCE.

Continued

Date	Description and amount due U. S. or soldier	Roll on which collected
11/8/43	DUE US GDPD \$157	
30 SEP	LAST PAID TO INCLUDE	30 SEP
	LAST PAID TO INCLUDE	31 OCT
	LAST PAID TO INCLUDE	30 NOV
	LAST PAID TO INCLUDE	31 DEC 1943
29 FEB	LAST PAID TO INCLUDE	29 FEB 1944
31 MAR 1944	LAST PAID TO INCLUDE	31 MAR 1944
30 APR 1944	LAST PAID TO INCL.	30 APR 1944
19 APR 1944	CF Allow. 700 PERM ER	
3 MAY	DUE US GDPD \$157	
	Due US Post Paid 4.03 (paid unknown)	
	Some 44 (cont. of Mtd. Paid) (cont. of D)	
1 JUL 44	FINANCIAL STATEMENT SUBMITTED TO HQ	
	WHAT HPO 29 2121001 27	

Date	Amount		Total amount		Name and grade of finance officer accepting deposit	Initials
	Dol.	Ct.	Dol.	Ct.		
						19
						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..					

CLOTHING DRAWN

Date of issue	Money value clothing	Initials	Date of issue	Money value clothing	Initials

GRATUITOUS ISSUE OF CLOTHING

CLOTHING SETTLEMENTS

Date	Due soldier	Due United States	Roll on which collected	Initials*

* Initials of organization commander. 16-25259-1

Under this heading will be shown financial matters not shown elsewhere, such as stoppages for loss of or damage to Government property, amounts due on account of partial payments, overpayments, etc.

Enlistment allowance of \$ _____
 for the grade of _____
 paid by _____
 on _____, 19____
 Entitled to travel pay to #1 Philadelphia W. Va.
 (Place at which accepted for previous enlistment)
 Received no travel pay upon discharge on _____, 19____ to reenlist.

Date	Description and amount due U. S. or soldier	Roll on which collected
PAID TO JUL 31 1942		
PAID TO AUG 31 1942		
PAID TO SEP 30 1942		
Due 2/5 partial payment \$26.00 for Oct. "Due US Part PMT" \$15.00		
FEB 7 PAID	in Full	
FEB 28 PAID		
MARCH 2/43	REDUCED FM CORL TO PVT PER BSO 18 121ST ENGRS BN	
MAR 31 PAID		
APR 30 PAID		
MAY 31 PAID		
JUNE 1/43	PAID PFC of Put for Col	
JUNE 2/43	PAID PFC of Put for Col	
31 JUL PAID		
31 AUG	PAID TO UNIFORMS	

2 Last name **MANFREDI** 3 First **JOHN** 35383320

(b) 5 Grade **Pvt. B.** 6 Company **121st ENG.** 7 Regiment and Arm or Service **24** 8 Age **24**

(b) 9 Race **W.** 10 Nativity **W.V.** 11 Service **1/12** 12 Date of admission **9/8/43**

(b) 13 Source of admission

14 Registered numbers or hospital memoranda:

*injured during training
Calf ears - web, falling
shooting in firing range.
Dreams are normal.
Tonsil chronic disease
whispered voice test*

*A.D. - 8/15
A.S. - 7/15*

*Rx - acoustic trauma, bilateral
& chr. hypertrophic tonsillitis
R. Shuffledin.*

*Agx -
9 Sept. 43: Improving
A.D. 7/15 } whisper
A.S. 10/15 } voice
A.J.D.*

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, 1938)

Hq 505 USAPP/6-43/100M/9991

REGISTER OF DENTAL PATIENTS AT

3rd Station Hospital APO 505

(1) SURNAME (2) CHRISTIAN NAME

Manfredi, John 35383320

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Pvt. B 121st Engrs.

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

24 W W.V.a 9/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
T Frac R-9, Lp9 R-1, L-1	Occ Adj of 1943 3/8	Cl. 1-4 DHM

REGISTER OF DENTAL PATIENTS AT

MANFREDI, JOHN

(1) SURNAME (2) CHRISTIAN NAME

MANFREDI, JOHN 35383320

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Pvt. B 121st Eng. W.V.

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

24 W W.V.a 1-1/2

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
C 8-15-1 L-14-200.	R 08 2-3-44	H DH

Dental Corps, U. S. A.

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

Dental Corps, U. S. A.

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

2 Last name. 3 First name
MANFREDI, JOHN, 3528332

(b) 5 Grade P.F.C.	6 Company D.	7 Regiment and Arm or Service 121st ENG.	8 Age 24
(b) 9 Race W.	10 Nativity W.VA.	11 Service 1st Lt	12 Date of admission 8/17/43

(b) 13 Source of admission

14 Registered numbers or hospital memoranda:

Fell on nose 6 mos. ago.
 - Dr then said it wasn't fractured. Told to be checked in 5 months. No trouble breathing. No obstruction to nasal breathing. Has slight keloid over dorsum of nose. Soldier would like to have it removed. Do not see any indication for any surgery.
 Capt J Simms

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, 1938)

Hq SOS USAPP/6-43/100M/9991

To be prepared in **TRIPPLICATE**

Jacket made

Do not enter anything in this column

Barbour #1 RAD

REPORT OF INDUCTION OF SELECTIVE SERVICE MAN

35383320

Manfredi
(Last name)

John
(First name)

(None)
(Middle name)

(Army serial No.)

Residence

State County

Place inducted

Date inducted

Day Month Year

Source Nativity

Year of birth

Race/Cit. Education

Occupation Marital

Permanent address Galloway Barbour W. Va. (Urban Rural English
(Town) (County) (State) (Mother tongue)

Birthplace Galloway, W. Va. Birth date Dec. 28, 1918
(City, town, or county) (State or country) (Month) (Day) (Year)

Age: 23 years 5 months. U. S. citizen yes. Race white.
(Yes or No)

If an applicant for citizenship, show date and court in which application was made: None

If not a citizen, show country of allegiance: None

Grade completed in grammar school: 8 yrs.; high school: 3 yrs.; college or university: 0; duty with CCC Yes No

Civilian trade or occupation: Ordinance Man-Navy Yard.; years so engaged: 1/2 yr; weekly wage: \$35.00

Marital status: Single. Dependents: Partial support 2 (Mother and Step-Father)
(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: Navy (1 yrs.) Honorable Discharge.
(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.

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Nearest relative Mary Fabbro.
(Other than wife or minor child) (Name in full)

Relationship Mother. Address Galloway, W. Va.
(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 Mary Fabbro.
(Name in full)

Relationship Mother. Address Galloway, W. Va.
(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:

1. Single.
(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. Dominic Manfredi (Brother) 1512 S. 13th. St. Philadelphia, Pa.
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")

In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below:

4. Betty Adams (Sister) 330 14 Place N.E., Washington, D.C.
(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: John Manfredi
(First name) (Middle initial) (Last name)

Witnessed at Clarksburg, W. Va. on June 11, 1942

(Signature of witness attesting)

W. R. HUNN, 2ND. LT. INF.
(Name of witness typed)

(Grade and organization)

INSTRUCTIONS

1. 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.

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

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

RAD

PHYSICAL EXAMINATION

- 1. Eye abnormalities None
- 2. Ear, nose, throat abnormalities None
- 3. Mouth and gum abnormalities None
- 4. Teeth

	Right	(Examinee's)	Left															
4. Teeth	8	7	X	5	Q	3	Q	1	1	2	3	4	X	5	6	X	7	X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	X	

(Strike out those that are missing; circle those that may be restored)

- 5. Skin Normal
- 6. Varicose veins None
- 7. Hernia None
- 8. Hemorrhoids None
- 9. Genitalia None
- 10. Feet Normal
- 11. Musculo-skeletal defects Fractured right radius 1932-NCD
- 12. Abdominal viscera Normal
- 13. Cardiovascular system Normal
- 14. Lungs, including X-ray, if made Negative chest X-ray.
- 15. Nervous system: reflexes, pupillary Normal patellar Normal
- 16. Endocrine disturbances None
- 17. Results of laboratory examinations, when made Negative.
- 18. Remarks on defects not sufficiently described above Removable bridge replacing r-13-14 Fixed bridges replacing L-4-6 and R-6 Serviceable-NCD
- 19. Summary of defects in order of importance, impression of physical fitness None

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

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

Height 66 3/4 in.
 Weight 143 lb.

Girth (at nipples):
 Inspiration 37 in.
 Expiration 34 in.

Girth (at umbilicus) 30 in.

Posture Fair

Frame Medium

Color of hair Brown
 Color of eyes Blue
 Complexion Ruddy

Pulse: *
 Sitting 76
 After exercise _____
 2 min. after exercise _____

Blood pressure: *
 Systolic not needed
 Diastolic not needed

Urinalysis:
 Sp. gr. 1.016
 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 #physically disqualified for the military service of the United States by reason of _____

*Physically qualified only for limited service in the Army of the United States by reason of _____

Place Clarksburg, W. Va. Signature _____
 Date June 11, 1942. Name typed or stamped: S. S. BOBES, MAJOR. Medical Corps.
 (Grade)

I acknowledge receipt of copy of this report this date. 6-11-42. _____
 The above-named registrant was this date— _____
 (Date) (Signature of inducted or rejected man. Required only on original)

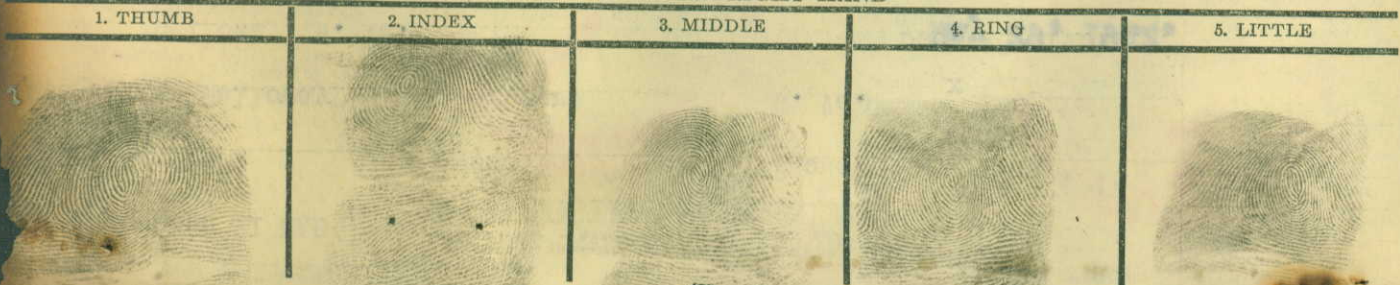
*Accepted for #active military service #limited service and inducted into the Army of the United States and sent to Ft. Hayes, Columbus, Ohio.
 (Post, camp, or reception center)

*Rejected for service in the Army of the United States.

Place Clarksburg, W. Va. _____
 Date June 11, 1942. _____
 (Signature of inducting officer)
W. R. HUNN, 2ND. LT. INF.
 (Typed name of inducting officer) (Grade and organization)

*# Strike out clause or words not applicable.

FINGERPRINTS—RIGHT HAND



Prepare in Triplicate

Local Board No. 1	54
Barbour County	001
MAY 29 1942	001
County Court House	
Philippi, W. Va.	

(STAMP OF LOCAL BOARD)



May 29, 1942.

(Date of mailing)

ORDER TO REPORT FOR INDUCTION

The President of the United States,

To John Manfredi
 (First name) (Middle name) (Last name)

Order No. 1662-A

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 Office, Local Board, Philippi
(Place of reporting)

Eastern War Time
 at 7:30 A. m., on the 11th. day of June, 19 42.
 (Hour of reporting)

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

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

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

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

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

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

A. J. Ward

 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:

JUN 11 1942

(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.

Gerald A. Smith

Officer in Charge of Induction Station.

GERALD A. SMITH, Captain, Inf.

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.