

|                                                                                                                               |  |                                                                                                                                            |  |                                                                                         |  |                                                                      |  |                           |  |                               |  |                             |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------|--|-------------------------------|--|-----------------------------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>Gard Clayton D</b>                                                           |  | 2. ARMY SERIAL NO.<br><b>6 990 536</b>                                                                                                     |  | 3. GRADE<br><b>Sgt</b>                                                                  |  | 4. ARM OR SERVICE<br><b>CE</b>                                       |  | 5. COMPONENT<br><b>RA</b> |  |                               |  |                             |  |
| 6. ORGANIZATION<br><b>Co C 2832 Engr Combat Bn</b>                                                                            |  | 7. DATE OF SEPARATION<br><b>16 Jul 45</b>                                                                                                  |  | 8. PLACE OF SEPARATION<br><b>Sep Cen Camp Atterbury Ind</b>                             |  |                                                                      |  |                           |  |                               |  |                             |  |
| 9. PERMANENT ADDRESS FOR MAILING PURPOSES<br><b>Marshall Ill</b>                                                              |  |                                                                                                                                            |  | 10. DATE OF BIRTH<br><b>4 Jan 22</b>                                                    |  | 11. PLACE OF BIRTH<br><b>Darwin Ill</b>                              |  |                           |  |                               |  |                             |  |
| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT<br><b>RFD 1 Marshall Ill</b>                                                 |  |                                                                                                                                            |  | 13. COLOR EYES<br><b>Brown</b>                                                          |  | 14. COLOR HAIR<br><b>Brown</b>                                       |  | 15. HEIGHT<br><b>5'8"</b> |  | 16. WEIGHT<br><b>182 lbs.</b> |  | 17. NO. DEPEND.<br><b>0</b> |  |
| 18. RACE<br><input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify) |  | 19. MARITAL STATUS<br><input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify) |  | 20. U.S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | 21. CIVILIAN OCCUPATION AND NO.<br><b>Farm hand, general 3-15.10</b> |  |                           |  |                               |  |                             |  |

## MILITARY HISTORY

|                                                                                                                                                                                                                                                                                                                                                                        |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------|---------------------|-----------------------------------------------------------------|---------|----------------------------------------------------------------------|-----------------|------------------|-----------------|------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------|-------------------|-------------|-----------------|------------------|--------------------------------------|-----------------|-----------------|------------|------------------|------------------|------------|------------------|
| 22. DATE OF INDUCTION<br><b>13 Jan 40</b>                                                                                                                                                                                                                                                                                                                              |                 | 23. DATE OF ENLISTMENT<br><b>13 Jan 40</b> |                     | 24. DATE OF ENTRY INTO ACTIVE SERVICE<br><b>13 Jan 40</b>       |         | 25. PLACE OF ENTRY INTO SERVICE<br><b>Fort Benjamin Harrison Ind</b> |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 26. REGISTERED<br><b>Yes</b>                                                                                                                                                                                                                                                                                                                                           |                 | 27. LOCAL S. BOARD NO.<br><b>See A 9</b>   |                     | 28. COUNTY AND STATE<br><b>See A 9</b>                          |         | 29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE<br><b>See A 9</b>     |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 30. SERVICE NUMBER<br><b>059</b>                                                                                                                                                                                                                                                                                                                                       |                 |                                            |                     | 31. SERVICE NUMBER AND NO. IN U.S. ARMY<br><b>Not available</b> |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 32. BATTLES AND CAMPAIGNS<br><b>Algeria-French Morocco; Sicily; Naples-Foggia; Rome-Arno; Rhineland; Southern France</b>                                                                                                                                                                                                                                               |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 33. DECORATIONS AND CITATIONS<br><b>EAME Theater Ribbon w/6 Bronze Stars and 1/Bronze Arrowhead per WD GO #33/45; American Defense Service Medal; Good Conduct Ribbon per LTR Hq Co C 540th Engr Regt 3/Apr/44</b>                                                                                                                                                     |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 34. WOUNDS RECEIVED IN ACTION<br><b>None</b>                                                                                                                                                                                                                                                                                                                           |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 35. LATEST IMMUNIZATION DATES<br><table border="1"><tr><td>SMALLPOX</td><td>TYPHOID</td><td>TETANUS</td><td>OTHER (specify)</td></tr><tr><td><b>15 Feb 44</b></td><td><b>3 Nov 43</b></td><td><b>16 Aug 41</b></td><td><b>Yellow fever</b></td></tr></table>                                                                                                           |                 |                                            |                     | SMALLPOX                                                        | TYPHOID | TETANUS                                                              | OTHER (specify) | <b>15 Feb 44</b> | <b>3 Nov 43</b> | <b>16 Aug 41</b> | <b>Yellow fever</b> | 36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN<br><table border="1"><tr><td>DATE OF DEPARTURE</td><td>DESTINATION</td><td>DATE OF ARRIVAL</td></tr><tr><td><b>23 Oct 42</b></td><td><b>NATO</b></td><td><b>8 Nov 42</b></td></tr><tr><td><b>7 Jul 43</b></td><td><b>ETO</b></td><td><b>10 Jul 43</b></td></tr><tr><td><b>Not avail</b></td><td><b>USA</b></td><td><b>11 Jul 45</b></td></tr></table> |          |           |          | DATE OF DEPARTURE | DESTINATION | DATE OF ARRIVAL | <b>23 Oct 42</b> | <b>NATO</b>                          | <b>8 Nov 42</b> | <b>7 Jul 43</b> | <b>ETO</b> | <b>10 Jul 43</b> | <b>Not avail</b> | <b>USA</b> | <b>11 Jul 45</b> |
| SMALLPOX                                                                                                                                                                                                                                                                                                                                                               | TYPHOID         | TETANUS                                    | OTHER (specify)     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>15 Feb 44</b>                                                                                                                                                                                                                                                                                                                                                       | <b>3 Nov 43</b> | <b>16 Aug 41</b>                           | <b>Yellow fever</b> |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| DATE OF DEPARTURE                                                                                                                                                                                                                                                                                                                                                      | DESTINATION     | DATE OF ARRIVAL                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>23 Oct 42</b>                                                                                                                                                                                                                                                                                                                                                       | <b>NATO</b>     | <b>8 Nov 42</b>                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>7 Jul 43</b>                                                                                                                                                                                                                                                                                                                                                        | <b>ETO</b>      | <b>10 Jul 43</b>                           |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>Not avail</b>                                                                                                                                                                                                                                                                                                                                                       | <b>USA</b>      | <b>11 Jul 45</b>                           |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 37. TOTAL LENGTH OF SERVICE<br><table border="1"><tr><td colspan="2">CONTINENTAL SERVICE</td><td colspan="2">FOREIGN SERVICE</td></tr><tr><td>YEARS</td><td>MONTHS</td><td>YEARS</td><td>MONTHS</td></tr><tr><td><b>2</b></td><td><b>9</b></td><td><b>15</b></td><td><b>2</b></td></tr><tr><td><b>15</b></td><td><b>8</b></td><td><b>19</b></td><td></td></tr></table> |                 |                                            |                     | CONTINENTAL SERVICE                                             |         | FOREIGN SERVICE                                                      |                 | YEARS            | MONTHS          | YEARS            | MONTHS              | <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>9</b> | <b>15</b> | <b>2</b> | <b>15</b>         | <b>8</b>    | <b>19</b>       |                  | 38. HIGHEST GRADE HELD<br><b>Sgt</b> |                 |                 |            |                  |                  |            |                  |
| CONTINENTAL SERVICE                                                                                                                                                                                                                                                                                                                                                    |                 | FOREIGN SERVICE                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| YEARS                                                                                                                                                                                                                                                                                                                                                                  | MONTHS          | YEARS                                      | MONTHS              |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                               | <b>9</b>        | <b>15</b>                                  | <b>2</b>            |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| <b>15</b>                                                                                                                                                                                                                                                                                                                                                              | <b>8</b>        | <b>19</b>                                  |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 39. PRIOR SERVICE<br><b>None</b>                                                                                                                                                                                                                                                                                                                                       |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 40. REASON AND AUTHORITY FOR SEPARATION<br><b>Conv of Govt RR 1-1 (Demobilization) AR 615-365, 15 Dec 1944</b>                                                                                                                                                                                                                                                         |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |
| 41. REASON FOR SEPARATION<br><b>None</b>                                                                                                                                                                                                                                                                                                                               |                 |                                            |                     |                                                                 |         |                                                                      |                 |                  |                 |                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                       |          |           |          |                   |             |                 |                  |                                      |                 |                 |            |                  |                  |            |                  |

## PAY DATA Vou 210

|                                                                                                                                                                             |              |          |        |      |          |          |          |                                                                                                                                                |  |       |              |            |            |                                     |  |                               |  |                                   |  |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|--------|------|----------|----------|----------|------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--------------|------------|------------|-------------------------------------|--|-------------------------------|--|-----------------------------------|--|------------------------------------------------------------|--|
| 42. ALLOWANCE FOR PAY PURPOSES<br><table border="1"><tr><td>YEARS</td><td>MONTHS</td><td>DAYS</td></tr><tr><td><b>5</b></td><td><b>6</b></td><td><b>4</b></td></tr></table> |              | YEARS    | MONTHS | DAYS | <b>5</b> | <b>6</b> | <b>4</b> | 43. MUSTERING OUT PAY<br><table border="1"><tr><td>TOTAL</td><td>THIS PAYMENT</td></tr><tr><td><b>300</b></td><td><b>100</b></td></tr></table> |  | TOTAL | THIS PAYMENT | <b>300</b> | <b>100</b> | 44. BOLDIER DISCOUNT<br><b>None</b> |  | 45. TRAVEL PAY<br><b>4.40</b> |  | 46. TOTAL AMOUNT<br><b>147.20</b> |  | 47. NAME OF DISBURSING OFFICER<br><b>JP Jones 2d Lt FD</b> |  |
| YEARS                                                                                                                                                                       | MONTHS       | DAYS     |        |      |          |          |          |                                                                                                                                                |  |       |              |            |            |                                     |  |                               |  |                                   |  |                                                            |  |
| <b>5</b>                                                                                                                                                                    | <b>6</b>     | <b>4</b> |        |      |          |          |          |                                                                                                                                                |  |       |              |            |            |                                     |  |                               |  |                                   |  |                                                            |  |
| TOTAL                                                                                                                                                                       | THIS PAYMENT |          |        |      |          |          |          |                                                                                                                                                |  |       |              |            |            |                                     |  |                               |  |                                   |  |                                                            |  |
| <b>300</b>                                                                                                                                                                  | <b>100</b>   |          |        |      |          |          |          |                                                                                                                                                |  |       |              |            |            |                                     |  |                               |  |                                   |  |                                                            |  |

## INSURANCE NOTICE

|                                                                                                                                                                                                                                                               |                          |                                     |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|------------|------------|------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------------|-------------------------------------|--------------------------|--------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|-------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------|-------------|--------------------------|--------------------------|-------------------------------------|
| IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. |                          |                                     |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| 48. KIND OF INSURANCE<br><table border="1"><tr><td>Nat. Serv.</td><td>U.S. Govt.</td><td>None</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>                        |                          |                                     | Nat. Serv. | U.S. Govt. | None | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. HOW PAID<br><table border="1"><tr><td>Allotment</td><td>Direct to V. A.</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> |  | Allotment | Direct to V. A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 50. Effective Date of Allotment Discontinuance<br><b>31 Jul 45</b> |  | 51. Date of Next Premium Due (One month after 50)<br><b>31 Aug 45</b> |  | 52. PREMIUM DUE EACH MONTH<br><b>6.50</b> |  | 53. INTENTION OF VETERAN TO<br><table border="1"><tr><td>Continue</td><td>Continue Only</td><td>Discontinue</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table> |  | Continue | Continue Only | Discontinue | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nat. Serv.                                                                                                                                                                                                                                                    | U.S. Govt.               | None                                |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>            |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| Allotment                                                                                                                                                                                                                                                     | Direct to V. A.          |                                     |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                           | <input type="checkbox"/> |                                     |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| Continue                                                                                                                                                                                                                                                      | Continue Only            | Discontinue                         |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |            |            |      |                                     |                          |                          |                                                                                                                                                                                     |  |           |                 |                                     |                          |                                                                    |  |                                                                       |  |                                           |  |                                                                                                                                                                                                                                                      |  |          |               |             |                          |                          |                                     |

|                                                                                         |  |                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 54.  |  | 55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)<br><b>No days lost under AW 107; Lapel button issued</b> |  |
| 56. SIGNATURE OF PERSON BEING SEPARATED<br><b>Clayton D Gard</b>                        |  | 57. PERSONNEL OFFICER (Type name, grade and organization - signature)<br><b>Wm M ORVIK Capt AC</b><br><b>Wm M Orvik</b>                                               |  |