

|  |   |   |   |
|--|---|---|---|
| V. A. Form 1041<br>Nov. 1943   |   | TYPE OF CLAIM<br><b>Supplemental<br/>Disability</b>   |   |
| WD AGO FORM 53 SERIES REG. 1041  |   | LOCATION OF REQUESTING OFFICE<br><b>VA Regional Office No. 333 St. Charles St., East...</b> |   |
| VA Regional Office No. <b>333 St. Charles St., East...</b>                             |   | DATE<br><b>7/8/48</b>   |   |
| If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry. |   |   |   |
| To be completed by Veterans Administration   |   | To be completed by War Department   |   |
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>BARNES, Frank L.</b>                  |   | 1. LAST NAME - FIRST NAME - MIDDLE INITIAL  |   |
| 2. ARMY SERIAL NO.<br><b>7-121 040</b>   | 3. C. NO.<br><b>C. 13 192 605</b>       | 2. ARMY SERIAL NO.<br><b>Enl. 18025106</b>  | 3. C. NO.<br><b>C.</b>                  |
| 4. CONVERTED INS. NO.<br><b>K.</b>   | 5. NAT. SER. LIFE INS. NO.<br><b>N.</b> | 4. CONVERTED INS. NO.<br><b>K.</b>  | 5. NAT. SER. LIFE INS. NO.<br><b>N.</b> |
| 6. DATE(S) OF ENTRY INTO ACTIVE SERVICE  |   | 6. <b>Enl.</b> DATE(S) OF ENTRY INTO ACTIVE SERVICE<br><b>8-9-40</b>                        |   |
| 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE                              |   | 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE<br><b>1-24-43</b>                 |   |
| 8. CHARACTER OF DISCHARGE(S)   |   | 8. CHARACTER OF DISCHARGE(S)<br><b>Hon.</b>   |   |
| 9. LAST GRADE AND ORGANIZATION   |   | 9. LAST GRADE AND ORGANIZATION  |   |
| 10. DATE OF DEATH  | 11. PLACE OF LAST DISCHARGE             | 10. DATE OF DEATH   | 11. PLACE OF LAST DISCHARGE             |
| 12. HOME ADDRESS   |   | 12. HOME ADDRESS  |   |
| 13. DATE OF BIRTH  | 14. PLACE OF BIRTH                      | 13. DATE OF BIRTH   | 14. PLACE OF BIRTH                      |



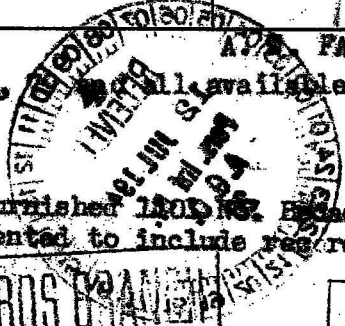
|  |               |
|--|---------------|
| ALLEGED DISEASE OR INJURY<br><b>Back injury, Aug. 24, 1944</b>               | DATE INCURRED |
| HOSPITAL OR INFIRMARY<br><b>Bergstrom Field, Tex., 8/25/44, back injury.</b> | DIAGNOSIS     |
| ORGANIZATION WITH WHICH SERVING  | SIGNATURE     |

ADDITIONAL INFORMATION

Please furnish Forms 221,38, **all available medical records on both periods of service.**

See prior reports furnished **13192605** which is supplemented to include records.

**FARMER, Actg. Adj. Off., R-3021 Ins**



**WD, AGO CLINICAL RECORDS BRANCH**

**AVAILABLE RECORDS FORWARDED HERE WITH REQUEST FOR RECORDS FORWARDED TO:**

**DATE** JUL 27 1948 *ea*

Clinical Records Branch, AGO  
INFORMATION COPY FOR:

Pers. Info. Br., AGO  
Washington 25, D.C.

V.A., Central Office,  
Washington 25, D.C.

|             |  |   |         |    |                          |               |
|-------------|--|---|---------|----|--------------------------|---------------|
| PHYS. EXAM. | FINANCE  | 1 | OTHER   | 8  | ORIGINALS (Loaned)       | OTHER RECORDS |
| CARDS       | FIELD MEDICAL  |   | MEDICAL | 1  | CLINICALS - <i>44604</i> |               |
| TAGS        | FIELD  |   | DENTAL  | 11 | FINAL PHYS. EXAM.        |               |
| DATE        | EDWARD F. WITSELL<br>Major General<br>The Adjutant General |   |         | BY | <b>EEJ/kjj/rhs</b>       |               |

Nov. 1945

FOR ARMY INFORMATION

TYPE OF CLAIM  
P.L. 346  
76th Congress

|                    |   |                       |
|--------------------|---|-----------------------|
| WD AGO FORM NO. 10 | LOCATION OF REQUESTING OFFICE<br><b>1101 Main Building<br/>Oklahoma City, Okla.</b> | DATE<br><b>1-8-47</b> |
|--------------------|---|-----------------------|

If VA entry is correct, check box in corresponding WD box; if not, make correct entry.

| To be completed by Veterans Administration                            |  |  |  | To be completed by War Department   |  |                                  |  |
|---|--|--|--|---|--|----------------------------------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>BARNES, Frank L.</b> |  |  |  | 1. LAST NAME - FIRST NAME - MIDDLE INITIAL  |  |                                  |  |
| 2. ARMY SERIAL NO.<br><b>T 121 040</b>                                |  | 3. C. NO.<br><b>C-12 192 605</b>           |  | 2. ARMY SERIAL NO.  |  | 3. C. NO.<br>C-                  |  |
| 4. CONVERTED INS. NO.<br>K-   |  | 5. NAT. SER. LIFE INS. NO.<br>N-           |  | 4. CONVERTED INS. NO.<br>K-   |  | 5. NAT. SER. LIFE INS. NO.<br>N- |  |
| 6. DATE(S) OF ENTRY INTO ACTIVE SERVICE                               |  |  |  | 6. DATE(S) OF ENTRY INTO ACTIVE SERVICE   |  |                                  |  |
|   |  |  |  | <b>1-8-40 1/8 1-25-45</b>   |  |                                  |  |
| 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE             |  |  |  | 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE                                 |  |                                  |  |
| <b>6-27-45</b>  |  |  |  | <b>1-24-45 6-27-45</b>  |  |                                  |  |
| 8. CHARACTER OF DISCHARGE(S)<br><b>Honorable</b>                      |  |  |  | 8. CHARACTER OF DISCHARGE(S)<br><b>Hon. (Not Phys. Disab)</b>                             |  |                                  |  |
| 9. LAST GRADE AND ORGANIZATION<br><b>P/O</b>                          |  |  |  | 9. LAST GRADE AND ORGANIZATION<br><b>Pvt 0 AG.</b>  |  |                                  |  |
| 10. DATE OF DEATH   |  | 11. PLACE OF LAST DISCHARGE                |  | 10. DATE OF DEATH   |  | 11. PLACE OF LAST DISCHARGE      |  |
| 12. HOME ADDRESS<br><b>6420 S. Denning Ave., Okla. City, Okla.</b>    |  |  |  | 12. HOME ADDRESS  |  |                                  |  |
| 13. DATE OF BIRTH<br><b>8-20-17</b>                                   |  | 14. PLACE OF BIRTH<br><b>Arlene, Texas</b> |  | 13. DATE OF BIRTH   |  | 14. PLACE OF BIRTH               |  |
| ALLEGED DISEASE OR INJURY   |  |  |  |   |  | DATE INCURRED                    |  |
| HOSPITAL OR INFIRMARY   |  |  |  | DIAGNOSIS   |  |                                  |  |
| ORGANIZATION WITH WHICH SERVING                                       |  |  |  | SIGNATURE<br><i>Claire R. Maricle</i><br><b>Claire R. Maricle, Ch., Regis. &amp; Res.</b> |  |                                  |  |

ADDITIONAL INFORMATION

PLEASE VERIFY ACTIVE DUTY DATES.



FILE AG 201  
 OFF. PERS. INF. SEC.  
 PERS. INF. BRANCH  
 INITIALS *JR*  
 ROOM NO. 1A620  
 DATE APR 18 1947

| COPIES                                       |  |  |         | ORIGINALS (Loaned)         |                   | OTHER RECORDS |  |
|--|--|--|---------|----------------------------|-------------------|---------------|--|
| PHYS. EXAM.                                  | AT ENTRANCE  |  | OTHER   |                            | CLINICALS         |               |  |
| CARDS  | FIELD MEDICAL  |  | MEDICAL |                            | FINAL PHYS. EXAM. |               |  |
| TAGS   | FIELD  |  | DENTAL  |                            |                   |               |  |
| DATE<br><b>4/18/47</b><br><b>AGPLG 11870</b> | EDWARD F. WITSELL<br>Major General<br>The Adjutant General |  |         | BY<br><b>100/ogw/rd/90</b> |                   |               |  |

DATE: 7-26-48 UNIT: 1st Lt J. J.

REMARKS: Recd of 58 Atc - 9-11-43  
 Atc of 56 Atc 9-19-43  
 Atc of 3 Men 12-10-43

CLINICAL RECORDS FORWARDED TO: Y.A. 333 At Charleston W. Va.  
 W. Oklahoma 12. La.

LAST NAME - FIRST NAME - MIDDLE INITIAL: *Barrow Frank L*  
 ARMY SERIAL NUMBER: 18035 106  
 TYPE OF REQUEST: 3101

| IDENTIFICATION OF INDIVIDUAL AND REQUEST |                                      | DESCRIPTION OF CLINICAL RECORDS |                            |
|--|--------------------------------------|---------------------------------|----------------------------|
| REGISTER NUMBERS                         | NAMES OF HOSPITALS                   | LOCATION                        | CLINICAL RECORD CHARGE-OUT |
| 3425                                     | S. N. Bergstrom Rd. Quindlen Station | 28 Nov 44                       |                            |
| 2915                                     | " " " " " "                          | 25 Aug 44                       |                            |
| 2718                                     | " " " " " "                          | 19 July 44                      |                            |
| 12518                                    | McCluskey S. N.                      | 18 Nov 43                       |                            |
| 12787                                    | St. Luke's S. N. Clin. S. C.         | 5 Nov 43                        |                            |
| 81935                                    | San Antonio Quartermaster's Clinic   | 17 Jan 44                       |                            |
| 95247                                    | " " " " " "                          | 28 Nov 44                       |                            |
| 172719                                   | St. Anthony's Hospital               | 27 Oct 43                       |                            |
|  | 57th S. N.                           | 17 July 43                      |                            |

NAME - FIRST NAME **BARNES Frank L.** ARMY SERIAL NO. **T/21406**

V.A. FORM 3101 dated **7-8-48** FORWARDED TO ( ) **CRB** 1948  
 FOR ( ) **Medical / Dental Cards**  
 ( ) **Clinical records**  
 ( ) **Prior service information**

FROM **VARO 3021, 333 St. Charles St., NO. 12 La**

A. Data to be entered on Form 3101

Enl. Ser

(2) 18025106  
 (6) 8-9-40  
 (7) 1-24-43  
 (8) Hon.

B. DATA TO BE ENTERED ON V.A.3101 IN RESPONSE TO REQUEST FOR ADDITIONAL INFORMATION.

- (X) See prior reports furnished 1101 NO. Bldg, OKLA on 4-18-47 <sup>homocally photo</sup>  
~~some~~ claim number 13192605, which is supplemented to include add'l info/records
- ( ) Officer appeared before an ARB at \_\_\_\_\_ Hosp. on \_\_\_\_\_ and was  
 ( ) Found (NOT) incapacitated (NOT) incident to service.  
 ( ) Found
- ( ) Officer has been authorized to appear before an ARB at \_\_\_\_\_ Hosp.  
 Pertinent records will not be available until a determination has been made.
- ( ) Officer was certified to the Administrator of Veterans Affairs on \_\_\_\_\_
- ( ) \_\_\_\_\_ Days lost under A.W. 107.

FILED IN 201  
 OFF. PERS. INF. DIV.  
 PERS. INF. DIV.  
 INITIALS \_\_\_\_\_  
 ROOM NO. \_\_\_\_\_  
 DATE JUL 14 1948

C. INCLOSURES

| DECLASTATIC COPIES |                    | ORIGINALS (Loaned)  |                  |
|--------------------|--------------------|---------------------|------------------|
| 9 PE at entrance   | 1 PE at separation | 1 Initials          | 11 Medical Cards |
| 1 Certificate      | 1 Waivers          | 1 Final Phys. Exam  | 3 Dental Cards   |
| 1 Bd proceed's     | 1 Acad. Transcript | 1 Laboratory Rep'ts | 3 7 MC           |
| 1 Additional PE's  |                    |                     | 5 7/T            |

*L J F*  
7-13-48

**VARO 465, Lubbock, Texas** **Adjunction** **11-16-50**

IF VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

|   |                             |  |   |                             |  |
|---|-----------------------------|--|---|-----------------------------|--|
| To be completed by Veterans Administration                |                             |  | To be completed by War Department                         |                             |  |
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL                | BARNES, Frank L.            |  | 1. LAST NAME - FIRST NAME - MIDDLE INITIAL                | C E C                       |  |
| 2. ARMY SERIAL NO.  | 3. C. NO.                   |  | 2. ARMY SERIAL NO.  | 3. C. NO.                   |  |
| T-121 040   | c13 192 605                 |  | T-121 040   | C                           |  |
| 4. CONVERTED INS. NO.                                     | 5. NAT. SER. LIFE INS. NO.  |  | 4. CONVERTED INS. NO.                                     | 5. NAT. SER. LIFE INS. NO.  |  |
| K   | N                           |  | K   | N                           |  |
| 6. DATE(S) OF ENTRY INTO ACTIVE SERVICE                   |                             |  | 6. DATE(S) OF ENTRY INTO ACTIVE SERVICE                   |                             |  |
| 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE |                             |  | 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE |                             |  |
| 8. CHARACTER OF DISCHARGE(S)                              |                             |  | 8. CHARACTER OF DISCHARGE(S)                              |                             |  |
| 9. LAST GRADE AND ORGANIZATION                            |                             |  | 9. LAST GRADE AND ORGANIZATION                            |                             |  |
| 10. DATE OF DEATH   | 11. PLACE OF LAST DISCHARGE |  | 10. DATE OF DEATH   | 11. PLACE OF LAST DISCHARGE |  |
|   |                             |  |   |                             |  |
| 12. HOME ADDRESS  |                             |  | 12. HOME ADDRESS  |                             |  |
| 13. DATE OF BIRTH   |                             |  | 13. DATE OF BIRTH   |                             |  |
| 14. PLACE OF BIRTH  |                             |  | 14. PLACE OF BIRTH  |                             |  |

ALLEGED DISEASE OR INJURY: **Dental Condition** DATE INCURRED

HOSPITAL OR INFIRMARY: **Goodfellow Field, San Angelo, Tex., 1941; Bergstrom Field, Austin, Tex., 1941; \***

DIAGNOSIS: **H. B. MUSICK, Adj. Off.**

ORGANIZATION WITH WHICH SERVING: **H. B. MUSICK, Adj. Off.**

SIGNATURE: *[Signature]*

ADDITIONAL INFORMATION

Dalhart Flying School, Dalhart, Texas, 1942; Larson Field, Ft. Benning, Georgia, 1943; 55th Sta. Hosp., North Africa, 1943; 56th Sta. Hosp., North Africa, 1943; 57th Sta. Hosp., North Africa, 1943; 58th Sta. Hosp., North Africa, 1943; 3rd Gen. Hosp., North Africa, 1943; Starke Gen. Hosp., Charleston, S. Car., 1943; McClellan Gen. Hosp., Temple, Texas, 1943 & 1944; San Antonio Aviation Cadet Convalescing Center, San Antonio, Texas, 1944; Ft. Simmons, Denver, Colo., 1944.

Prior Service: SN 18 025 106 (reported for A/D same date)

Enlisted in the RA 9 Aug. 40, honorably discharged 24 Jan. 45 while serving as 3/Sgt. Avn. Student Det. by reason of: To accept appointment as Pit Officer

Prior report furnished VA New Orleans 12, La under above claim number 20 July 48 and VA Oklahoma City 2, Okla also under above claim number 18 Apr 47.

An effort is being made to obtain records for alleged dental treatment a further report will be furnished.

Dental dated March 44.

|             |  |         |                    |                       |  |               |  |  |
|-------------|--|---------|--------------------|-----------------------|--|---------------|--|--|
| COPIES      |  |         | ORIGINALS (LOANED) |                       |  | OTHER RECORDS |  |  |
| PHYS. EXAM. | AT. ENTRANCE   | OTHER   | CLINICALS          |                       |  |               |  |  |
| CARDS       | FIELD MEDICAL  | MEDICAL | FINAL PHYS. EXAM.  |                       |  |               |  |  |
| TAGS        | FIELD  | DENTAL  |                    |                       |  |               |  |  |
| DATE        | EDWARD F. WITSELL<br>Major General<br>The Adjutant General |         |                    | BY <b>ME D-1 YASU</b> |  |               |  |  |

29 DEC 1950

GOVERNMENT PRINTING OFFICE  
Reg Med Card  
RY

**ACKNOWLEDGMENT OF VA FORM**

CURRENT DATE  
**4 Dec. 50**

FROM:  Department of the Army, Personnel Records Administration Center, St. Louis 20, Mo.  
 Department of the Army, Office of the Adjutant General, Personnel Information Branch, Washington 25, D. C.

LAST NAME—FIRST NAME—MIDDLE INITIAL

**BARNES, Frank L.**

SERIAL NO.

**18025106**

**T-121 040**

VA CLAIM NO.

**13 192 605**

**ACTION TAKEN**

- CASE HAS BEEN RECEIVED AND WILL BE PROCESSED AS SOON AS POSSIBLE.
- INFORMATION ON WHICH TO BASE A REPLY HAS NOT BEEN FOUND IN THE FILES. AN EFFORT IS BEING MADE TO OBTAIN THIS INFORMATION AND A REPLY WILL BE MADE AT THE EARLIEST PRACTICABLE DATE.

RECORDS NOT FOUND IN:

- DEMOBILIZED PERSONNEL RECORDS BRANCH, ST. LOUIS 20, MO.
- OFFICE OF THE ADJUTANT GENERAL, PERSONNEL INFORMATION BRANCH, WASHINGTON 25, D. C.

CASE HAS BEEN FORWARDED FOR DISPOSITION TO:

- DEMOBILIZED PERSONNEL RECORDS BRANCH, ST. LOUIS 20, MO.
- PERSONNEL INFORMATION BRANCH, AGO, WASHINGTON 25, D. C.
- ENLISTED BRANCH, PERSONNEL RECORDS SERVICE, AIR FORCE
- OFFICERS BRANCH, PERSONNEL RECORDS SERVICE, AIR FORCE

TO: VA  Central,  Branch,  Regional, Office  
 Organizational Unit: **Adj. Div.**

**Lubbock, Texas**

(CITY, ZONE, AND STATE)

*Edward F. Witsell*

**EDWARD F. WITSELL**  
 Major General  
 The Adjutant General

AGO FORM 01186  
 1 MAY 49

REPLACES EDITION OF 1 DEC 47,  
 WHICH MAY BE USED.

**RETAIN WITH VA FORM 3101**

16-58586-1 U. S. GOVERNMENT PRINTING OFFICE

# DISPOSITION FORM

ADMINISTRATION  
(City)

DELAYED CASE

DATE (Date of prior)

JAN 3 1951

16 Nov. 50.

|   |  |
|---|--|
| FILE NO.<br>AGRS-DF   | SUBJECT<br><b>BARNES, FRANK L. T 121 040</b><br><small>(Last Name, First Name, Middle Initial &amp; Service Number)</small>  |
| TO<br><input checked="" type="checkbox"/> Misc Rec Sec<br><input type="checkbox"/> WW II Pers Rec Sec<br><input type="checkbox"/> WW II Corres Sec<br>Unit: | FROM<br><input checked="" type="checkbox"/> WW II Pers Rec Sec<br><input type="checkbox"/> WW II Corres Sec<br>Unit: <u>1 VA SU</u><br><input type="checkbox"/> Misc Rec Sec |
| DATE<br>2 Jan. 1951   |  |
| COMMENT NO. 1   |  |

|                         |   |                      |
|-------------------------|---|----------------------|
| CLAIM NO.<br>13 192 605 | VA <input checked="" type="checkbox"/> REGIONAL <input type="checkbox"/> DISTRICT <input type="checkbox"/> CENTRAL OFFICE (City - State)<br>Lubbock, Texas. | ORGN UNIT (If given) |
|-------------------------|---|----------------------|

SPECIFIC INFORMATION REQUESTED

RECORD OF ~~Medical~~ OR DENTAL TREATMENT

RETURN OF RECORDS PREVIOUSLY FORWARDED (Date) \_\_\_\_\_

OTHER (Specify) \_\_\_\_\_

| ORGANIZATION AND/OR LOCATION OF ALLEGED TREATMENT   | DATES OF ALLEGATION |
|---|---------------------|
| *Hoodfellow Field, Texas      **SA Avn. Cadet Conv. | *1941      **1944   |
| *Bergstrom Field, Texas.      Center, Texas         | *1944               |
| *Dalhart Flying School, Texas. Ft. Simmons, **      | *1942      **1944   |
| *Larson Field, Georgia      Denver, Colo.           | *1943               |
| *North Africa                                       | *1943               |
| *Starke Gen. Hosp. Charleston, SC                   | *1943               |
| *Temple Texas                                       | * 1943-1944         |

INCLOSURES

ENLISTED RECORDS

201 FILE

CASE DATE: 16 Nov. 50

Eilers  
NAME OF CLERK

|  |  |                |                           |
|--|--|----------------|---------------------------|
| TO: <input checked="" type="checkbox"/> WW II Pers Rec Sec<br><input type="checkbox"/> WW II Corres Sec<br>Unit: 1 | FROM: <input checked="" type="checkbox"/> Misc Rec Sec | DATE 23 Jan 51 | COMMENT NO. 2<br>feb/2143 |
|--|--|----------------|---------------------------|

AN EFFORT IS BEING MADE TO OBTAIN RECORD OF ALLEGED DENTAL TREATMENT. INFORMATION WILL BE FURNISHED AT THE EARLIEST PRACTICABLE DATE.

EXTRACT OR INFORMATION REQUESTED IS ATTACHED.

INFORMATION ON FILE INDICATES THAT ALL DENTAL RECORDS FOR PERIOD OF ALLEGATION HAVE BEEN FORWARDED TO THIS CENTER.

PATIENT ROSTERS COVERING PERIOD OF ALLEGATION ARE NOT ON FILE. (OVERSEAS)

PATIENT ROSTERS FOR PERIOD OF ALLEGATION DURING SERVICE IN CONTINENTAL UNITED STATES ARE INCOMPLETE, MAKING A SEARCH IN THIS CASE IMPRACTICABLE.

REFERENCE IS MADE TO ATTACHED CORRESPONDENCE.

2 Incls  
1. Enlisted Records  
2. 201 file w/cpy 3101 dtd 16 Nov 50  
AG RAG FL 1 JUN 50 1-471

Burch/ Corres Unit  
NAME OF CLERK

WD AGO FORM 310 SERIES RECEIVED  
LOCATION REQUESTING OFFICE: **Book, Texas**

ORGANIZATION UNIT: **Adj. Div.**

DATE: **24 Jan 1951**

If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

| To be completed by Veterans Administration                |  |                             |  | To be completed by War Department                         |  |                             |  |
|---|--|-----------------------------|--|---|--|-----------------------------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL                |  | 3. C. NO.                   |  | 1. LAST NAME - FIRST NAME - MIDDLE INITIAL                |  | 3. C. NO.                   |  |
| ME  |  | C                           |  | DANNIS FRANK Lee  |  | 17 192 605                  |  |
| 2. ARMY SERIAL NO.  |  | 3. C. NO.                   |  | 2. ARMY SERIAL NO.  |  | 3. C. NO.                   |  |
|   |  |                             |  | 7-121 010   |  |                             |  |
| 4. CONVERTED INS. NO.                                     |  | 5. NAT. SER. LIFE INS. NO.  |  | 4. CONVERTED INS. NO.                                     |  | 5. NAT. SER. LIFE INS. NO.  |  |
|   |  |                             |  |   |  |                             |  |
| 5. DATE(S) OF ENTRY INTO ACTIVE SERVICE                   |  |                             |  | 5. DATE(S) OF ENTRY INTO ACTIVE SERVICE                   |  |                             |  |
|   |  |                             |  |   |  |                             |  |
| 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE |  |                             |  | 7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE |  |                             |  |
|   |  |                             |  |   |  |                             |  |
| 8. CHARACTER OF DISCHARGE(S)                              |  |                             |  | 8. CHARACTER OF DISCHARGE(S)                              |  |                             |  |
|   |  |                             |  |   |  |                             |  |
| 9. LAST GRADE AND ORGANIZATION                            |  |                             |  | 9. LAST GRADE AND ORGANIZATION                            |  |                             |  |
|   |  |                             |  |   |  |                             |  |
| 10. DATE OF DEATH   |  | 11. PLACE OF LAST DISCHARGE |  | 10. DATE OF DEATH   |  | 11. PLACE OF LAST DISCHARGE |  |
|   |  |                             |  |   |  |                             |  |
| 12. HOME ADDRESS  |  |                             |  | 12. HOME ADDRESS  |  |                             |  |
|   |  |                             |  |   |  |                             |  |
| 13. DATE OF BIRTH   |  | 14. PLACE OF BIRTH          |  | 13. DATE OF BIRTH   |  | 14. PLACE OF BIRTH          |  |
|   |  |                             |  |   |  |                             |  |
| ALLEGED DISEASE OR INJURY                                 |  |                             |  |   |  | DATE INCURRED               |  |
| HOSPITAL OR INFIRMARY                                     |  |                             |  |   |  | DIAGNOSIS                   |  |
| ORGANIZATION WITH WHICH SERVING                           |  |                             |  |   |  | SIGNATURE                   |  |

ADDITIONAL INFORMATION

Prior report furnished your office under the above claim number 29 Dec. 50.

An effort to obtain records for alleged dental treatment has been unsuccessful.

*refused*

| COPIES      |  |  |  | ORIGINALS (LOANED) |                           | OTHER RECORDS     |  |
|-------------|--|--|--|--------------------|---------------------------|-------------------|--|
| PHYS. EXAM. |  | AT ENTRANCE  |  | OTHER              |                           | CLINICALS         |  |
| CARDS       |  | FIELD MEDICAL  |  | MEDICAL            |                           | FINAL PHYS. EXAM. |  |
| TAGS        |  | FIELD  |  | DENTAL             |                           |                   |  |
| DATE        |  | EDWARD F. WITSELL<br>Major General<br>The Adjutant General |  |                    | BY <b>MR Unit 1 VA SO</b> |                   |  |



CERTIFICATE FOR EXAMINATION OF MILITARY PERSONNEL RECORDS ON FILE IN  
 MILITARY PERSONNEL RECORDS-CENTER, TAGO, ST. LOUIS 20, MISSOURI

6-24-54

\_\_\_\_\_  
 (Date)

Barnes, Frank L. T-121040  
18 025106  
 (Name and Service Number of Individual Concerned)

I have been authorized in connection with my official duties to request and examine the file of the above named person. I understand that information contained within this file, having as its source, an agency other than the Department of Defense, may not be extracted or used without the prior permission of the originating agency; that Department of Defense sources of information as may be reflected in investigative reports within this file will not be released outside my agency without the prior permission of the appropriate officials of the Departments of the Army or Air Force obtained through The Adjutant General of the Army or the Air Adjutant General respectively; that disclosure to an individual, i.e., a character reference, a subject of a report or any other person named within a report, that his name was obtained from an Army or Air Force Investigative Report is unauthorized; that copies of reports of Inspectors General that may be contained in this file will not be made or withdrawn from this file until the Military Personnel Records Center has obtained the approval of the proper officials of the Department of Defense through The Adjutant General of the Army or the Air Adjutant General; that disclosure of the contents of this file or any portion of it other than for official purposes constitutes a violation of Title 18, USCA Sec 793-794; and that I am to make no additions, deletions, or alterations in this file.

L.H.Dunivin R.S.

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 (Name and Position)

CSC

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 (Agency)