

NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002

www.archives.gov

October 5, 2026



RE: Veteran's Name: TAPPAN, Donald Vester
Case Number: C-0008169156

Dear Recipient:

Thank you for contacting the National Personnel Records Center. The record needed to answer your inquiry is not in our files. If the record were here on July 12, 1973, it would have been in the area that suffered the most damage in the fire on that date and may have been destroyed. The fire destroyed the major portion of records of Army military personnel for the period 1912 through 1959, and records of Air Force personnel with surnames Hubbard through Z for the period 1947 through 1963. Fortunately, there are alternate records sources that often contain information which can be used to reconstruct service record data lost in the fire; however, complete records cannot be reconstructed.

Your photocopies are enclosed. We regret if the photocopy is of poor quality; however, it is the best that we can obtain.

Please continue to monitor our website at www.archives.gov/st-louis for the most up-to-date information and announcements regarding our operating status.

If you have any questions or comments regarding this response, you may contact us at 314-801-0807 or by mail at the address shown in the letterhead above. If you contact us, please reference the Case Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

JOHN O'HANLON
ARCHIVES TECHNICIAN (TM2A)

Enclosure(s)



**We Value Our
Veterans' Privacy**

*Let us know if we have
failed to protect it.*



SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

HRS 70

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL			MILITARY OCCUPATIONAL ASSIGNMENTS*		
TAPPAN, DONALD V			10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
2. ARMY SERIAL NO.	3. GRADE	4. SOCIAL SECURITY NO.	3	PVT	Inf. Basic Tr. (521)
35 893 186	T SGT	305-22-9471	6	PVT	Automatic rifleman (745)
			9	PTC	Radio operator (745)
			8	SGT	Communications chief (542)
			3	T SGT	Administrative NCO (502)
5. PERMANENT MAILING ADDRESS (Street, City, County, State)					
Box 96, Orestes, Madison Co, Ind.					
6. DATE OF ENTRY INTO ACTIVE SERVICE	7. DATE OF SEPARATION	8. DATE OF BIRTH			
13 Sep 43	9 Jan 46	5 May 25			
9. PLACE OF SEPARATION					
FORT DIX, N.J.					

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

COMMUNICATION CHIEF: Supervised communication section in the installation, operation, and minor maintenance of telephone and radio communication systems. Instructed and trained personnel of unit in methods and techniques of field communications.

ADMINISTRATIVE NCO: Supervised distribution of and accounted for 3000 separate records daily in counseling branch of separation center. Served overseas 9 months in European theater, and participated in Central Europe, Rhineland, and Ardennes, campaigns. Was awarded Silver Star Medal for gallantry in action.

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL TAPPAN DONALD V			2. ARMY SERIAL NO. 35 893 186		3. GRADE T/SGT		4. ARM OR SERVICE INF		5. COMPONENT AUS					
6. ORGANIZATION CO K 346TH INF			7. DATE OF SEPARATION 9 JAN 46		8. PLACE OF SEPARATION SEP CTR FT DIX NJ									
9. PERMANENT ADDRESS FOR MAILING PURPOSES BOX 96 ORESTES IND					10. DATE OF BIRTH 5 MAY 25		11. PLACE OF BIRTH ORESTES IND							
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9					13. COLOR EYES BLUE		14. COLOR HAIR BROWN		15. HEIGHT 5-11		16. WEIGHT 150		17. NO. DEPEND. 0	
18. RACE WHITE ☒ NEGRO ☐ OTHER (specify) ☐		19. MARITAL STATUS SINGLE ☒ MARRIED ☐ OTHER (specify) ☐		20. U.S. CITIZEN YES ☒ NO ☐		21. CIVILIAN OCCUPATION AND NO. STUDENT X-02								

MILITARY HISTORY

22. DATE OF INDUCTION 23 AUG 43		23. DATE OF ENLISTMENT 13 SEP 43		24. DATE OF ENTRY INTO ACTIVE SERVICE FT B HARR IND		25. PLACE OF ENTRY INTO SERVICE FT B HARR IND	
26. REGISTERED YES ☒ NO ☐		27. LOCAL S.S. BOARD NO. 3		28. COUNTY AND STATE MADISON IND		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE ALEXANDRIA IND	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. COMMUNICATION S CHIEF 542				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) COMBAT INF BADGE 00 390 346 INF 8 JAN 45			
32. BATTLES AND CAMPAIGNS ARDENNES CENTRAL EUROPE RHINELAND 00 33 WD 45 AS A-MENDED							

33. DECORATIONS AND CITATIONS

**AMERICAN SERVICE MEDAL EUROPEAN AFRICAN MIDDLE EASTERN SERVICE MEDAL
GOOD CONDUCT MEDAL SILVER STAR WORLD WAR II VICTORY MEDAL**

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
23 AUG 44	11 SEP 45	23 AUG 44	NONE	17 OCT 44	WTO	23 OCT 44
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD		
CONTINENTAL SERVICE FOREIGN SERVICE						
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
1	6	24	0	9	2	7/SGT

39. PRIOR SERVICE

NONE

40. REASON AND AUTHORITY FOR SEPARATION

CONVENIENCE OF AR 615-365 15 DEC 44 & TWX WDCAP WCL 30175 WARTAG DATED 19 DEC 45

SERVICE SCHOOLS ATTENDED

NONE

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS		46. TRAVEL PAY		47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT						
2	4	17	\$ 300	\$ 100	NONE	\$ 28.35	239.95	J HARRIS COL FD		

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			49. HOW PAID		50. Effective Date of Allotment Discontinuance		51. Date of Next Premium Due (One month after 50)		52. PREMIUM DUE EACH MONTH		53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.							Continue	Continue Only	Discontinue
X			X		31 DEC 45	31 JAN 46	\$ 6.40	X					

54. RIGHT THUMB PRINT		55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED INACTIVE ERC FROM 23 AUG 43 TO 12 SEP 43 ASR SCORE 2 SEP 45 47							
56. SIGNATURE OF PERSON BEING SEPARATED Donald V. Tappan					57. PERSONNEL OFFICER (Type name, grade and organization - signature) J E WHITE JR CAPT AC				

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

None

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED

4 yrs H.S.

16. DEGREES OR DIPLOMAS

H.S. Dip.

17. YEAR LEFT SCHOOL

1943

OTHER TRAINING OR SCHOOLING

20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE

21. DURATION

18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED

Alexandria H.S., Alexandria, Ind.

19. MAJOR COURSES OF STUDY

Academic

None

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

STUDENT: x-02.

ADDITIONAL INFORMATION

23. REMARKS

None

24. SIGNATURE OF PERSON BEING SEPARATED

25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER

26. NAME OF OFFICER (Typed or Stamped)

W W VON SCHLICHTEN MAJ AGD



Honorable Discharge

This is to certify that

DONALD V TAPPAN 35 893 186 TECHNICAL SERGEANT
COMPANY K 346TH INFANTRY

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at SEPARATION CENTER
FORT DIX NEW JERSEY

Date 9 JANUARY 1946

State of Indiana) ss
County of Madison)

*I certify this is a true and complete copy
of the discharge of Donald V. Tappan*

*L. F. Nelbore
Notary Public*

*my commission
expires Dec 30 1948*

J. H. Gunter
J. H. GUNTER
MAJOR INFANTRY

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL TAPPAN DONALD V.		2. ARMY SERIAL NO. 35 893 186	3. GRADE T/SGT	4. ARM OR SERVICE INF	5. COMPONENT AUS
6. ORGANIZATION CO K 346TH INF		7. DATE OF SEPARATION 9 JAN 46	8. PLACE OF SEPARATION SEP CTR FT DIX NJ		
9. PERMANENT ADDRESS FOR MAILING PURPOSES BOX 96 ORESTES IND		10. DATE OF BIRTH 5 MAY 25	11. PLACE OF BIRTH ORESTES IND		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9		13. COLOR EYES BLUE	14. COLOR HAIR BRN	15. HEIGHT 5-11	16. WEIGHT 150 lbs.
18. RACE W	19. MARITAL STATUS X SINGLE	20. U.S. CITIZEN X YES		21. CIVILIAN OCCUPATION AND NO. STUDENT X-02	

MILITARY HISTORY

22. DATE OF INDUCTION 23 AUG 43	23. DATE OF ENLISTMENT 13 SEP 43	24. DATE OF ENTRY INTO ACTIVE SERVICE 13 SEP 43	25. PLACE OF ENTRY INTO SERVICE FT B HARR IND
26. REGISTERED X YES	27. LOCAL S.S. BOARD NO. 3	28. COUNTY AND STATE MADISON IND	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE ALEXANDRIA IND
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. COMMUNICATION S CHIEF 542		31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) COMBAT INF BADGE GO 3BQ 346 INF 8 JAN 45	
32. BATTLES AND CAMPAIGNS ARDENNES CENTRAL EUROPE RHINELAND GO 33 WD 45 AS AMENDED			

ARDENNES CENTRAL EUROPE RHINELAND GO 33 WD 45 AS AMENDED

**AMERICAN SERVICE MEDAL EUROPEAN AFRICAN MIDDLE EASTERN SERVICE MEDAL
GOOD CONDUCT MEDAL SILVER STAR WORLD WAR 11 VICTORY MEDAL**

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX 23 AUG 44	TYPHOID 11 SEP 45	TETANUS 23 AUG 44	OTHER (specify) NONE	DATE OF DEPARTURE 17 OCT 44	DESTINATION ETO	DATE OF ARRIVAL 23 OCT 44
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD		
CONTINENTAL SERVICE				FOREIGN SERVICE		
YEARS 1	MONTHS 6	DAYS 24	YEARS 0	MONTHS 9	DAYS 2	T/SGT
39. PRIOR SERVICE NONE						

NONE

40. REASON AND AUTHORITY FOR SEPARATION

CONVENIENCE OF AR 615-365 15 DEC 44 & TWX WDGA WCL 30175 WARTAG DATED 19 DEC 45

41. SERVICE SCHOOLS ATTENDED

NONE

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS 2	MONTHS 4	DAYS 17	TOTAL \$ 300	THIS PAYMENT \$100	NONE	\$ 38.35	239.95 J HARRIS COL FD
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			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO
Nat. Serv. X	U.S. Govt. X	None	Allotment X	Direct to V. A.	31 DEC 45	31 JAN 46	\$ 6.40	Continue X

 RIGHT THUMB PRINT	54.		55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)	
	LAPEL BUTTON ISSUED INACTIVE ERC FROM 23 AUG 43 TO 12 SEP 43 ASR SCORE 2 SEP 45 47			
56. SIGNATURE OF PERSON BEING SEPARATED <i>Donald V. Tappan</i>			57. PERSONNEL OFFICER (Type name, grade and organization) signature) J E WHITE JR CAPT AG <i>[Signature]</i>	

MEDICAL RECORDS

- Induction Examination
- Fall on obstacle course(?), October 1943
- Tonsillitis December 1943
- Ear infection, May 1944
- Eye exam November 1945
- Discharge Examination

Local Board No. 3 51
Madison County 035
City Hall 003
Alexandria, Indiana
(LOCAL BOARD DATE STAMP WITH CODE)

First examination ☒ Second examination ☐ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

Section I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

1. Name (page 1) DONALD VESTER TAPPAN
(First) (Middle) (Last)
(To be filled in by Armed Forces) 35893186
(Armed Forces Serial No.)

2. Address (page 1) Box 96, Orestes, Madison, Indiana
(Street or rural route) (Town or city) (County) (State)

3. Social Security No. (Series I, line 5) 305-22-9471 4. Registrant's order number (page 1) 12,354

5. Physical or mental defects or diseases (Series II, line 1) Poor Vision

6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) No
(Yes or no)

7. Education completed (Series III): Elementary school 8 High school 4 Vocational school, college, or university 0

8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Student
(b) Duties (Series IV, line 2 (b))
(c) Title of last job, if unemployed (Series IV, line 3)

9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2)

10. Income (Series IV line 2 (d)): Average earnings \$
(Weekly, monthly, annual)

11. Employment class (Series IV, line 2 (e)): Permanent employee ☐ Temporary employee ☐ Apprentice ☐ Independent worker ☐
Unpaid family worker ☐ Employer ☐ Student (Series IV, line 4 (a)) ☒

12. Business of present employer (Series IV, line 2 (g))

13. Marital status (Series VII, line 1): Single ☒ Widower ☐ Divorced ☐ Married, not separated ☐ Married, separated ☐

14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 0

15. Birthplace (Series IX, line 1) Orestes, Indiana, USA
(Town or city) (State) (Country)

16. Birth date (Series IX, line 2) May 5, 1925
(Month) (Day) (Year)

17. Race (Series IX, line 3): White ☒ Negro ☐ Other (specify)

18. Citizenship: United States citizen (Series IX, line 4) Yes ☒ Declarant alien (Series IX, line 7) (Yes or no)
National Guard ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐

19. Previous U. S. military service (Series XII): None ☒ Army ☐ National Guard ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐

20. Type of discharge (Series XII): Specify

21. Date of registrant's affidavit (top of page 8) May 11, 1943
(Day) (Month) (Year)

Do Not Enter Anything in This Column

RESIDENCE

State

County

Place Inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.

2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, the original will be filed along with "Local Board's Copy" (2d copy), in the registrant's Cover Sheet (Form 53).

3. For registrants inducted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. R. I. Military Paper, this Card, will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Navy or Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

4. This form is required only on this original and only for registrants who are inducted. If inducted by Army, prepare Form 53, Military Paper, this Card.

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Donald Vester Tappan is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by reason of _____
(Enter name of registrant if this subsection is applicable)

(d) _____ is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of _____
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of _____
(Enter name of registrant if this subsection is applicable)

(g) Signature W. J. Moore (h) Title LIEUT. M.C. U.S.N.R.
Medical Examiner.

(i) Name typed or stamped W. J. MOORE

79. (a) Donald Vester Tappan was this date inducted for (general; ~~limited~~ [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Army of the United States and sent to R/C. Ft. Benj. Harrison, Indiana

(b) _____ was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.
(Enter name of registrant if this subsection is applicable)

(c) Place Indianapolis, Indiana (d) Signature D. C. Zeiger
(e) Date August 23, 1943 (f) Name typed or stamped D. C. ZEIGER 2ND LT. AUS.
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

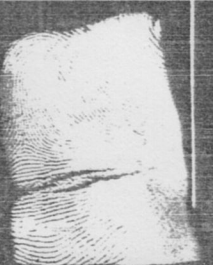
80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

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

(a) 1

Tappan, D. v.

35893186

2 Last name

3 First name and middle initial

4 A. S. No.

(b) 5 Grade	6 Company	7 Regiment and Arm or Service	8 Age
Pvt.	16th	6th ASTP	18
(b) 9 Race	10 Nativity	11 Service	12 Date of admission
W	Ind.	1mo.	10-21-43

(b) 13 Source of admission

14 Register numbers or hospital memoranda:

*From their abdomen
Probal 9 chan & Sly Soderby
reg*

RECEIVED
AUTH. UNIT #4

JUL 30 1943

War Dept., A.G.O. This paper
loaned Veterans' Administration

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)

16-19719

1. REGISTER NO.

199136

2. LAST NAME

3. FIRST NAME AND MIDDLE INITIAL

4. A. S. NO.

TAPPAN

DONALD V

35,893,186

5. GRADE

6. COMPANY

7. REGIMENT AND ARM OR SERVICE

8. AGE

Pvt

16th

6th Tng Regt (a)

19

9. RACE

10. NATIVITY

11. SERVICE

12. DATE OF ADMISSION

W

Ind

3/12

December 6, 1943

13. SOURCE OF ADMISSION

Command

14. CAUSE OF ADMISSION

Tonsillitis, acute, follicular, bilateral.

War Dept., A.G.O. This paper
loaned Veterans' Administration

15. LINE OF DUTY

Yes

16. INJURY CODE

NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

HOSPITAL

19. DISPOSITION

Duty

20. DATE OF DISPOSITION

December 18, 1943

21. NAME OF HOSPITAL

STATION HOSPITAL, FORT BENNING, GEORGIA.

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

December, 1943

23.

LEWIS E. MARTIN
CAPT., U. S. A.

Medical Corps, U. S. Army.

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

16-16381

Bivona

TRANSFER SLIP

1. REGISTER NO.		3. CHRISTIAN NAME		4. A. S. NO.
2. SURNAME		TAPPAN Donald V		35893/86
5. GRADE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE	
Pvt	16th	6889 4 S.T.P.	18	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION	
W	Ind	3m.	12/6/43	
13. SOURCE OF ADMISSION				

14. CAUSE OF ADMISSION OR, IF UNDIAGNOSED, MANIFESTATIONS OF DISEASE, NATURE AND METHOD OF INCURRENCE OF INJURY

Temp 103.8
Tonsillitis

1034

C-1 J

199/34

15. LINE OF DUTY

16. INJURY CODE

17. ADDITIONAL DIAGNOSES, OPERATIONS

War Dept., A.G.O. The paper
loaned Veterans' Administration

18. PLACE OF TREATMENT

19. DISPOSITION

20. DATE OF DISPOSITION

21. NAME OF HOSPITAL

22. SIGNATURE

George J. Schmidt
Medical Corps, U. S. Army.

CLINICAL RECORD BRIEF

IDL Dis.
Register No. 199136 Hospital Station Fort Benning, Ga.
Name Tappan, Donald V
Grade Pvt. Co. 16th. Serial No. 35893186
Age 18 1/9 Race White Regt. and Arm or Service 6th. Inf. Regt. ASTP
Service 3/12 C.E. 13 Sept. 1943 Nativity Inda, 5 May 1925
Source of admission Command Date of admission 6 Dec. 10:00 P.M., 19 43
Station Fort Benning, Ga.
Ward C-13
Religion Prot. Previous admission None
Home address Rt. 1 Alexandria, Inda.
Name and address of nearest relative Father) Mr. Willis V Tappan (Same Address)
FJB Capt. M.C.
(Initials of admitting officer)

Disposition Duty Date Dec 18 1943 ✓, 19

Final diagnosis:

Tonsillitis, acute, follicular
breathless

Additional diagnoses (Complications, special treatment and operations):

Line of duty yes
Condition on completion of case Recovered
Transfer diagnosis confirmed or not confirmed not confirmed
Autopsy

James P. H. Squire
M. C.

PHYSICAL EXAMINATION

Name Jaapson, Ronald V. Grade Out

Ward C13

Height:

5'7"

Normal weight:

Present weight:

145

Skin:

No exanthemata

Head (including special senses, nose, mouth, throat, and pharynx):

Hemorrhagic patch on right cornea, both tonsils enlarged and inflamed.

Neck:

Thyroid not palpable, no cervical adenopathy, no rigidity.

Thorax:

Expansion equal and regular, no deformities,

Lungs:

Scattered moist rales throughout.

Vascular system (arterial and venous):

Normal

Blood pressure: Systolic

114

; diastolic

64

Heart:

Not enlarged, not displaced, no murmurs, no thrill.

JPM

(OVER)

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name Trappan, Donald V. Grade Put Ward C13

Chief complaint:

Chill, fever, and sore throat.

General appearance and condition on admission:

Well nourished and well developed male. He does not appear to be ill. Well oriented, answers questions readily and intelligently.

Occupation: Student

Tropical service: None

Habits (alcohol, tobacco, drugs): Does not use either one.

Family history:

Mother and Father living and well.
3 siblings living and well.

Previous personal history:

Usual childhood diseases.
No serious illnesses.
Appendectomy in June, 1943.

Injuries: None

Veneral disease:

Denies

(OVER)

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS

Name Tappan, Donald V. Grade Plt Ward C13

Transfer diagnosis:

Tonsillitis

Initial summary:

An 18 year old white soldier with a history of
2 days duration consisting of chills, fever and
sore throat, no vomiting, no hemoptysis.
Other systems negative

Working diagnosis or impression:

Tonsillitis

Contemplated laboratory tests and special examinations:

Throat smear

C.R.C.

urine

JPM

(a) 1

2 Last name		3 First name and middle initial		4 A. S. No.
Tappan, Donald V.		35 893 106		
(b) 5 Grade	6 Company	7 Regiment and Arm or Service	8 Age	
Pvt.	K	346th Infantry	19	
(b) 9 Race	10 Nativity	11 Service	12 Date of admission	
W	Ind.	8/12	5-30-44	
(b) 13 Source of admission				
Command				

14 Register numbers or hospital memoranda:

30 May: V. Lagn work
 training H. ear
 towels: training ear
 TO ECANT. *Admission en hope*
 no '46
 Duty: *yes*

6 June: Ear still training
 but cleaner
 sufficient ear pts *yes*

10. Yes
 Duty:

War Dept., A.G.O. This paper
 loaned Veterans' Administration

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)

16-19719

OUT PATIENT

DO NOT USE CODE B

1. LAST NAME, FIRST NAME, MIDDLE INITIAL			A1	A2
TAPPAN, DONALD E.				
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE	B1	B2
	35893186	Sgt		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*			C1	C
30th Co 1262 SCU PP				
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1 D2
20	W	2 Yr		
10. SOURCE OF ADMISSION			E1	E2

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

22 Oct, 45

LOD

In refractive appointment
 at eye clinic *yes*
 Duty

War Dept., A.G.O. This paper
 loaned Veterans' Administration

12. LINE OF DUTY

13. DISPOSITION

14. DATE OF DISPOSITION

15. DAYS LOST → TOTAL HOSPITAL QUARTERS

16. NAME AND LOCATION OF REPORTING INSTALLATION

17. SIGNATURE

W. D., A.G.
 FORM NO. 8
 1 July 11

(This form supersedes W. D. M. D. Form No. 52,
 which will not be used after receipt of this revision.)

16-40864-1 ★ GPO

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

9-70-2374 MMT

1. Last name—First name—Middle initial TAPPAN DONALD V	2. Army Serial Number 35 893 186	3. Grade T SGT	4. Regiment, arm or service AGF F
5. Permanent mailing address BOX 96 ORESTES INDIANA	6. Color W	7. Age in years 21	8. Sex M
		9. Syphilis Register In S/R? Yes or No no Closed in S/R? Yes or No no	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under Item 11.	Yes or No no			
11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no in Columns 1 to 4. (Continue on back if necessary) NO MALARIA SYPHILIS OR DYSENTERY TONSILS: Dec '43 Station Hospital Ft Benning Georgia 4/1/15 2 weeks	1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*
	no	no	yes	no

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable carious teeth by /, missing natural teeth by X, teeth replaced by denture, horizontal line over X, as XXX and teeth replaced by fixed bridge, oval to include abutments, as (4 1/2)												13. Mouth and gum abnormalities none																																															
<table border="1"> <tr> <th colspan="6">RIGHT</th> <th colspan="6">EXAMINEE'S</th> <th colspan="6">LEFT</th> <th colspan="2">II</th> </tr> <tr> <td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>												RIGHT						EXAMINEE'S						LEFT						II		16	15	14	13	12	11	10	9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	14. Dental prosthesis: Serviceability none			
RIGHT						EXAMINEE'S						LEFT						II																																									
16	15	14	13	12	11	10	9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																				
15. Skin Scar on right lower quadrant EPTS Non symptomatic												16. Genito-Urinary (And pelvic for women) normal				17. Venereal diseases none																																											
18. Varicose veins none												19. Hernia none				20. Anus and Rectum normal																																											
21. Musculoskeletal defects none												22. Feet normal				23. Abdominal Wall and Viscera normal																																											
24. Cardiovascular system normal												25. Blood pressure Systolic 110 Diastolic 70				26. Pulse Sitting 78 Immediately after exercise 78 Two minutes after exercise 78																																											
27. Lungs normal												28. Chest X-ray negative				29. Height (Shoeless) 66 1/2 In. 30. Weight (Stripped) 148 Lbs.																																											
31. Neurological diagnosis none												32. Psychiatric diagnosis none				33. Endocrine system normal																																											
34. Eye abnormalities MYOPIA												35. Uncorrected — Vision — Corrected Right eye 20/200 Left eye 20/200 Right eye 20/20 Left eye 20/20				36. Urinalysis Sp. Gr. neg Albumin neg Sugar neg Micro. 6*																																											
37. Ear, nose, throat, abnormalities 11 noted Hypertrophied tonsils EPTS												38. Hearing (Whispered voice) Right ear 15 /15 Left ear 15 /15				39. Blood serology result CENT LAB SEP CTR FT DIX NJ KAHN																																											
40. In your opinion will wound, injury or disease result in: Disability? Yes or No no Untimely death? Yes or No no												41. In your opinion was wound, injury, or disease incurred in line of duty? Condition: 11 15,34,35,37 Yes No no				42. In your opinion does individual meet physical and mental standards for discharge? Yes or No yes																																											
43. Remarks, special tests, or other defects (Continue on back)																226																																											
44. Date of examination 9 JAN 46												45. Location FT DIX NJ				46. Typed name and grade M J BONVENTRE 1ST LT MC				47. Signature <i>M. J. Bonventre</i>																																							

WD AGO FORM 1 DEC 1944 38
This form is superseded by WD AGO Form 33, 15 May 1944, which may be used until existing stocks are exhausted.

1* Prior to arrival at separation center. 2* Incurred or existed prior to entrance in military service. 3* Aggravated by military service. 4* Incurred while in military service. Sheet 1. 5* Present physical defects. Sheet 2. 6* When indicated. Sheet 3.

INSTRUCTIONS:
1. Send to The Adjutant General inclosed with S/R
2. Work sheet
3. Laboratory Reports form (WD AGO Form 33-1)