

899 418

(Serial No.)

I above hereby authorizes a Class N National Service Life Insurance
to pay in the amount of \$ 6.70 per month for the next 12
months, commencing FEB. 1, 1944, ~~1945~~ to the Veterans Administration,
Washington, D. C., for the payment of monthly premium on \$ 10,000 National Service Life Insurance.

DOUBLE DEDUCTION AUTHORIZED AS PER PUBLIC LAW 451, 77th CONGRESS

Date of Entry Into FEB. 15, 1944, ~~1945~~
Active Duty
Entered on Service Record by ELW

James F. Clark
(Signature of Allotter)
Date FEBRUARY 16, 1944

ORIGINAL SENT TO EXAMINATION DIVISION,
BUILDING X, WASHINGTON, D. C.
W. D., A. G. O. Form No. 29

J. J. SCHUESSLER, 2nd Lt.
Assistant Adjutant General
(Signature of Personnel Officer)

U.S. GOVERNMENT
SERIES E PURCHASE BONDS
PLANS 1 TO 7
JAMES F. 36 899 418
(Initial) (Last name) (Serial number)

Det. Cas. Sp. Reynolds Pa.
Class B Allotment from my pay for the PURCHASE BONDS, Series E, as indicated below,
due to me for the month of 1 Sept 1944.

- | | | | | | |
|---|--|--|---|--|--|
| PLAN 2
<input type="checkbox"/> \$6.25 Allotment
<input type="checkbox"/> \$25 Bond | PLAN 3
<input type="checkbox"/> \$18.75 Allotment
<input type="checkbox"/> \$25 Bond | PLAN 4
<input type="checkbox"/> \$12.50 Allotment
<input type="checkbox"/> \$50 Bond | <u>Plan 12</u>
<u>\$7.50</u>
PLAN 8
<input type="checkbox"/> \$150 Allotment
<input type="checkbox"/> two \$100 Bonds | PLAN 9
<input type="checkbox"/> \$225 Allotment
<input type="checkbox"/> three \$100 Bonds | PLAN 10
<input type="checkbox"/> \$300 Allotment
<input type="checkbox"/> four \$100 Bonds |
|---|--|--|---|--|--|

Beneficiary

Mr. Alice M. Clark
 Mrs. Alice M. Clark
 Miss Alice M. Clark
(First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

At 148 Willowdale Ave., Montclair New Jersey
(Number and street or rural route) (City or post office) (State)

5. Mail Bonds to _____
6. Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to _____
7. Entered on service record or pay card _____
(Initials of person recording)

*Select delivery desired—use one, not both.
Whenever a box appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

James F. Clark
(Signature of allotter)
Dorothy J. Gross
(Signature of personnel officer with grade or title)

mer 7/1/44

DOROTHY J. GROSS, 2nd Lt. WAC

CLASSIFICATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS

TYPE ITEMS 1 TO 7

First name F. Clark (Initial) (Last name) (Serial number) 36899418

(Grade) 467th Amph Trk Co TC APO 562 (Company, regiment, or arm of service) (Place or APO)

I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of Oct. 1944

- PLAN 1 \$3.75 Allotment \$25 Bond
- PLAN 2 \$6.25 Allotment \$25 Bond
- PLAN 3 \$18.75 Allotment \$25 Bond
- PLAN 4 \$12.50 Allotment \$50 Bond
- PLAN 5 \$37.50 Allotment \$50 Bond
- PLAN 6 \$25 Allotment \$100 Bond
- PLAN 7 \$75 Allotment \$100 Bond
- PLAN 8 \$150 Allotment two \$100 Bonds
- PLAN 9 \$225 Allotment three \$100 Bonds
- PLAN 10 \$300 Allotment four \$100 Bonds

1. List as Co-owner or Beneficiary Mr. Alice M. Clark (First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

2. Mail Bonds to Mr. Alice (First name) (Initial) (Last name) Clark (Last name) 148 Willowdale Avenue (Number and street or rural route) Montclair (City or post office) New Jersey (State)

3. Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to At (Number and street or rural route) (City or post office) (State)

4. Entered on service record or pay card James F. Clark (Initials of person recording)

*Select delivery desired—use one, not both. Whenever a box appears, it is essential that allottee indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used. W. D., A. G. O. Form No. 29-6 Form approved by Comptroller General, U. S. February 13, 1943

James F. Clark (Signature of allotter)
John R. Moos (Signature of personnel officer with grade)

When applicable to Class E allotments, send original to Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

Clark, Jr (Last name) James F. (First name) (Middle initial) (Army tag) 36899418 (Serial number)

The father (unlisted man) named above hereby authorizes a Class E Allotment of his pay in the amount of \$ 15.00 per month for Incidental (Applicable to Class N insurance only (see IV, Sec. 104)) 1 October 1944, and expiring Indefinite

() premiums deducted from pay for month of () to Mrs. Alice M. Clark, 148 Willowdale Avenue, Montclair, (Name of allottee) (Number and street or rural route) (City, town, or post office)

or to () (Name of alternate allottee) (Number and street or rural route) (City, town, or post office) Indefinite 25 January 1944 When other than "Finance Service" state allotment chargeable Relationship of allottee Aunt

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of— (Name) (Relationship)

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relative; that the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the insured; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place APO 65 8 P/ M. New York, N.Y. (Signature of allotter) James F. Clark

Entered on service record 18 Sept 44 (Date) 18 September (Date)

* Strike out words not applicable. (Signature of commanding officer or personnel officer, with grade) JOHN R. MOOS, 1st Lt TC

5 5
ON FORM

SUBJECT

Determination of

FROM

DATE

D & A Section

WW II Pers Rec Sec
Sp Sv Unit (Annex Bldg 105-F)

FIRST NAME - MIDDLE INITIAL

James F. Jr.

ARMY
36

Request determination of decoration in the case of the person named above

- Incls
- 1. Enlisted Records
 - 2. 201 File

Mathew
NAME OF

FROM: WW II Pers Rec Sec
Sp Sv Unit (Annex Bldg 105-F)

DATE: 3

Records show that the above named person is authorized the following decorations:

- Purple Heart (Posthumous)
- Army Distinguished Service Medal with V Device

of records for completion of case.

FORCES

SLIP

ON	BUILDING AND ROOM	INITIALS
ection # 1		DJB/lfm
1. Sub-Sec., Room		DATE

~~Necessary~~ Action. deemed necessary.



Incls.
ltr dtd 1 Aug 45

NAME	ORGANIZATION	BUILDING AND ROOM	DATE
junier	3611	Mun. Bldg.	4 Aug 45
Casualty Branch, Composite Section #			TELEPHONE
Family Relations Sub-Section	2		77826

August 1, 1945

8

Adjutant General,
War Department,
Washington, # 25, D. C.,

Re: CLARK, James F., Pvt.,
ASN-36899418

Dear Sir:

Letters I have written to my fiancée, the above-named serviceman have been returned marked "Deceased-6/21/45" I am not listed as his next of kin, since we are not yet married, but I do not know the names of his nearest relative. Please be good enough to give me any information you may have regarding his death, the date and circumstances of it if possible.

Thank you for an early reply,

Very truly yours,

Miss Annell B. Blake
805 Duterly Avenue
Jackson, Miss.

When approved by the Office of Dependency Compensation, Newark, N. J.

213

100-44-1000

(Last name) (First name) (Middle initial) (Army serial number)

The ^{Officer} (enlisted man) named above hereby authorizes a Class _____ allotment of his pay in the amount of \$ 15.00 per month for _____ 1 October _____, 19 44, and expiring _____

(_____) premiums deducted from pay for month of _____ (Applicable to Class N insurance only (see IV, Chapter 1, Section 1))

to Mrs. Alice M. Clark, 143 Willowdale Avenue, Long Island City, N. Y. (Name of allottee) (Number and street or rural route) (City, town, or post office)

or to _____ (Name of alternate allottee) (Number and street or rural route) (City, town, or post office)

Date of enlistment 25 January _____, 19 44 When other than "Finance Service, Army" state allotment chargeable _____ Relationship of allottee _____

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of _____ (Name) (Relationship)

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the insured; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place APD 65 4 P. M. New York, N. Y. _____ (Signature of allottee) James F. Clark

Entered on service record 18 Sept 44 _____ (Date) _____ (Signature of commanding officer or personnel officer, with grade)

* Strike out words not applicable.

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE EXAMINED BY THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE., WASHINGTON, D. C. NO COPIES WILL BE RETURNED TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 29
November 4, 1942

CLASS B ALLOTMENT OF WAR SAVINGS BONDS

TYPE ITEMS 1 TO 7

JAMES F. (Initial) 36 899 418 (Serial number)

1632ND S.U. FT. SHERIDAN, ILLINOIS (Company, regiment, or arm of service) (Place or APO)

I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of MAR. 1944.

PLAN 1 <input type="checkbox"/> \$3.75 Allotment <input type="checkbox"/> \$25 Bond	PLAN 2 <input checked="" type="checkbox"/> \$6.25 Allotment <input type="checkbox"/> \$25 Bond	PLAN 3 <input type="checkbox"/> \$18.75 Allotment <input type="checkbox"/> \$25 Bond	PLAN 4 <input type="checkbox"/> \$12.50 Allotment <input type="checkbox"/> \$50 Bond
PLAN 5 <input type="checkbox"/> \$7.50 Allotment <input type="checkbox"/> \$50 Bond	PLAN 6 <input type="checkbox"/> \$25 Allotment <input type="checkbox"/> \$100 Bond	PLAN 7 <input type="checkbox"/> \$75 Allotment <input type="checkbox"/> \$100 Bond	PLAN 8 <input type="checkbox"/> \$150 Allotment <input type="checkbox"/> two \$100 Bonds
PLAN 9 <input type="checkbox"/> \$225 Allotment <input type="checkbox"/> three \$100 Bonds	PLAN 10 <input type="checkbox"/> \$300 Allotment <input type="checkbox"/> four \$100 Bonds	PLAN 11 <input type="checkbox"/> \$375 Allotment <input type="checkbox"/> five \$100 Bonds	PLAN 12 <input type="checkbox"/> \$450 Allotment <input type="checkbox"/> six \$100 Bonds

Co-owner _____

Mr. _____ Mrs. _____ Miss _____

At MARGARET J. WILLS (First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

At SAME AS ABOVE (First name) (Initial) (Last name)

At 355 LEICESTER (Number and street or rural route) DETROIT, (City or post office) MICH. (State)

_____ in safekeeping in Treasury Department at no expense to me and mail receipt to _____

At _____ (Number and street or rural route) (City or post office) _____

_____ on service record or pay card 2/19/44 (Initials of person recording) LES

_____ (Signature of allottee) James F. Clark

_____ (Signature of personnel or other officer with grade or rank and _____)

Approved by Comptroller General, U. S.
January 13, 1943

OPTIONAL FORM NO. 10
 AUTHORIZATION OF CLASS B ALLOTMENT
 FOR PURCHASE OF WAR SAVINGS BONDS

OR TYPE ITEMS 1 TO 7

CLARK, JAMES F. 36 899 418
 (First name) (Initial) (Last name) (Serial number)

PVT Hq. Det. Cas. Co. Reynolds Pa.
 (Grade) (Company, regiment, or arm of service) (Place or APO)

I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of 1 Sept 1944

50,000
 7990

Plan 12

- | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|
| PLAN 1
<input type="checkbox"/> \$3.75 Allotment
\$25 Bond | PLAN 2
<input type="checkbox"/> \$6.25 Allotment
\$25 Bond | PLAN 3
<input type="checkbox"/> \$18.75 Allotment
\$25 Bond | PLAN 4
<input type="checkbox"/> \$12.50 Allotment
\$50 Bond | PLAN 5
<input type="checkbox"/> \$37.50 Allotment
\$50 Bond | PLAN 6
<input type="checkbox"/> \$25 Allotment
\$100 Bond | PLAN 7
<input type="checkbox"/> \$75 Allotment
\$100 Bond | PLAN 8
<input type="checkbox"/> \$150 Allotment
two \$100 Bonds | PLAN 9
<input type="checkbox"/> \$225 Allotment
three \$100 Bonds | PLAN 10
<input type="checkbox"/> \$300 Allotment
four \$100 Bonds | PLAN 11
<input type="checkbox"/> \$375 Allotment
\$300 Bond |
|--|--|---|---|---|---|---|---|---|---|---|

List as Co-owner
 or Beneficiary

Mr. Mrs. Miss Alice M. Clark
 (First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

3. Mail Bonds to

Mr. Mrs. Miss Alice M. Clark
 (First name) (Initial) (Last name)
 At 148 Willowdale Ave., Montclair New Jersey
 (Number and street or rural route) (City or post office) (State)

6. Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to

At (Number and street or rural route) (City or post office) (State)

7. Entered on service record or pay card

(Initials of person recording)

*Select delivery desired—use one, not both.
 Whenever a box appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

James F. Clark
 (Signature of allotter)

W. D., A. G. O. Form No. 29-6
 Form approved by Comptroller General, U. S.
 February 13, 1943

(Signature of personnel or officer with grade or rank at

mer 7/1/44

DOROTHY J. GROSS, 2nd Lt. WAC Asst

CLASSIFICATION OF CLASS ALLOTMENT
FOR PURCHASE OF WAR SAVINGS BONDS

OR TYPE ITEMS 1 TO 7

Clark M. Clark 36306418
(First name) (Initial) (Last name) (Serial number)

467th Amph Bk Co TO APO 562
(Grade) (Company, regiment, or arm of service) (Place or APO)

I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of Oct. 1944.

- | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|
| PLAN 1
<input type="checkbox"/> \$3.75 Allotment
<input type="checkbox"/> \$25 Bond | PLAN 2
<input type="checkbox"/> \$6.25 Allotment
<input type="checkbox"/> \$25 Bond | PLAN 3
<input checked="" type="checkbox"/> \$18.75 Allotment
<input type="checkbox"/> \$25 Bond | PLAN 4
<input type="checkbox"/> \$12.50 Allotment
<input type="checkbox"/> \$50 Bond | PLAN 5
<input type="checkbox"/> \$17.50 Allotment
<input type="checkbox"/> \$50 Bond | PLAN 6
<input type="checkbox"/> \$25 Allotment
<input type="checkbox"/> \$100 Bond | PLAN 7
<input type="checkbox"/> \$75 Allotment
<input type="checkbox"/> \$100 Bond | PLAN 8
<input type="checkbox"/> \$150 Allotment
<input type="checkbox"/> two \$100 Bonds | PLAN 9
<input type="checkbox"/> \$225 Allotment
<input type="checkbox"/> three \$100 Bonds | PLAN 10
<input type="checkbox"/> \$300 Allotment
<input type="checkbox"/> four \$100 Bonds | PLAN 11
<input type="checkbox"/> \$375 Allotment
<input type="checkbox"/> five \$100 Bonds |
|---|---|---|--|--|--|--|--|--|--|--|

List as Co-owner or my Beneficiary

Mr.
 Mrs.
 Miss

 Mr.
 Mrs.
 Miss

Alice M. Clark
(First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

Mall Bonds to

Alice M. Clark
(First name) (Initial) (Last name)

At 148 Willowdale Avenue Montclair
(Number and street or rural route) (City or post office)

6. Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to
At (Number and street or rural route) (City or post office)

7. Entered on service record or pay card
(Initials of person recording)

Select delivery desired—use one, not both.
Whenever a box appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.
U. S. G. O. Form No. 29-6
Approved by Comptroller General, U. S.
January 13, 1943

James J. Clark
(Signature of allotter)
John R. Moore
(Signature of personnel or other officer with grade or rank and)

ARMED FORCES INDUCTION STATION
2935 East Jefferson Avenue
Detroit 7, Michigan

14
of Mental Status and/or Occupational Classification.
RC, Fort Sheridan, Illinois or Camp Grant, Illinois.

Clark J F 297
(Last Name) (First Name) (Initial) (Number)

1. In accordance with WD letter, 11 May, 1943, AG 201.6, the above named inductee is classified as indicated below:

Acceptable by reason of high school graduation.

Passed minimum mental and literacy standards.

Passed minimum mental standards, failed minimum literacy standards and is acceptable for special training program for illiterates.

Disqualified for military service by reason of failure to meet minimum intelligence standards.

	TEST	FORM	RAW SCORE
<input type="checkbox"/> Literate (Meets AGD literacy standards)	Mental Qualification	2	
	Visual Classification	VC-1a	
	Block Counting	DST-10	
<input type="checkbox"/> Illiterate (Fails to meet AGD literacy standards)	Well's Concrete Directions	A	
	Classification Test	R-1	

2. In accordance with WD letter, 14 July, 1943, AG 220.01, the above named inductee is classified below general service level as indicated below:

Acceptable by reason of useful occupation.

(Occupation) S.S.N. D.O.T. O.I.S.

Acceptable by reason of ability to learn _____
R-1 Score

Acceptable for below _____ service level but _____
Board as 1-A (D _____ inducted la _____
returned with him. R _____

(Occupation) S.S.N.

_____ and _____

Army

NOTE: "Navy" includes Marine Corps and Coast Guard. Figures in parentheses indicate line # on Form "DSS 221".

ARMY
NAVY

14. Initials of Assignment Officers: Army *He* Navy

A
B

15. Service Preference

16. Illiterate and Non-English speaking pro-rated
----- Limited assignment for Army
17. Aliens, Army or Navy

18. SPECIAL ASSIGNMENT. White pro-rated, colored to Army
Mentally and physically qualified under HR 1-9.
(Other than limited assignment) State Reason

19. Venereal: (a) Syphilis, with inadequate treatment, to Army
(b) All other pro-rated

20. Previous Service (#19) Army Navy Marine Coast Gd.
Nat. Gd. ROTC-CMTC Navy, Mar. ROTC
"Long" (Over 18) Color Blind
VOC. APRIL

Moral Waiver

21. Position (#7) Grade

22. Unsk. (8, 9, 11,)
Some
SM

1918-1919-24-2
1920

REPORT OF BURIAL

TM 10-630 AND AR 30-1315

Name: **James F., Jr.** Initial: **Unknown** Rank: **Unknown** Serial No.: **3689041**
Unit: **Unknown** Organization: **KIA**
Date of Death: **15 February 1945** Cause of Death: **VK 6**
Place of Death: **U. S. Mil. Cem., Margraten, Holland** Name or Coordinates of Location: **Wooden cross**
Time and Date of Burial: **15-18 May 1945** Name of Cemetery: **U. S. Mil. Cem., Margraten, Holland** Type of Marker: **Wooden cross**
Grave Number: **78** Row Number: **4** Plot Number: **X**
Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?
Note below any identifying class markings, such as letters, photographs, probable organizations of deceased, etc.

To determine Right or Left use Deceased's Right and Left.

Who is buried on: **Barnhill, Foch M. 44011596 Pvt. Unknown** Grave No. **77**
Deceased's Right: Name: **Costantino, Nick** Serial No.: **32098297** Rank: **T/5** Hq. **231 AFA Bn.** Organization: **Hq. 231 AFA Bn.**
Deceased's Left: Name: _____ Serial No.: _____ Rank: _____ Organization: _____

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.
If print of identification tag is not affixed fill in below:
attach separate sheet.

JAMES F. CLARK, JR.
36890410 744-15

Emergency Addressee: **Unknown** Name: _____
Address: _____

Religion: _____

Only Personal Effects Found on Body and disposition of same:

NONE

[Signature]
Signature of _____

Detroit, Mich. 28 February 1945
APO 417, 7PM NY NY 28 APR 45

MIA

Current Pay
Nothing
Nothing
Nothing

Nothing

Nothing

28 February 45 P.H. STURTEVANT, Capt FD

Class N almt Six dollars and seventy cents (\$6.70)
per month from 1 March 1945. Class E almt fifteen dollars (\$15.00)
per month from 1 March 1945.

Trfd in gr fr Hq 47th Reinf Bn APO 129 to 69th Inf Div APO 417
per SO #26 Hq 47th Reinf Bn dtd 6 Mar/45 Atchd unused this orgn
per SO #33 Hq 271st Inf dtd 12 Mar/45 Jd same date. Fourteen
days lost under AW 107. Due soldier 20% increase in pay for
foreign service from 1 March 1945. Soldier not entitled to travel
pay. Soldier not entitled to mustering out pay.

10

I further certify that the payment to the enlisted man
shown on the within vouchers is not prohibited by any provision
limiting the availability of the appropriations(s)
mentioned.

For the Commanding Officer:

J. A. KAHN
Capt., 271st Inf., Personnel Office
XXXXXXXXXXXXXXXXXX

201 Clark, Jr., James F.
9 418

DS 606

18 October 1945

ENGRAVE

BRONZE STAR MEDAL

JAMES F
CLARK JR

Mr. James Clark
Lee High County Home
Allentown, Pennsylvania

Dear Mr. Clark:

I have the honor to inform you that, by direction of the President, the Bronze Star Medal has been posthumously awarded to your son, Private James F. Clark, Jr., Infantry. The citation is as follows:

BRONZE STAR MEDAL

"For heroic achievement in connection with military operations against the enemy on 22 April 1945, near *** Germany. Private Clark demonstrated outstanding courage and bravery by leading a patrol across the *** River into enemy territory. Since all bridges were blown, it was necessary to crawl over wreckage and debris to reach the opposite side. When the patrol was fired upon, Private Clark remained behind to cover his comrades as they withdrew. In paying the supreme sacrifice while protecting his comrades, Private Clark reflects the highest credit to himself and the Armed Forces of the United States."

...ation will be forwarded to the Commanding General, ...nd, Baltimore, Maryland, who will select an officer ...on. The officer selected will communicate ... about the presentation.

...extended to you ...

Sincerely yours,

18
HEADQUARTERS 69TH INFANTRY DIVISION
APO 417 U. S. ARMY

5 July 1945

SUBJECT: Award of Bronze Star Medal, (Posthumous).

TO : Private James F Clark, Jr., 36899418, Infantry,
APO 417, U. S. Army.

CITATION

Private James F Clark, Jr., 36899418, Infantry, United States Army, for heroic achievement in connection with military operations against the enemy on 22 April 1945, near ****, Germany. Private Clark demonstrated outstanding courage and bravery by leading a patrol across the **** River into enemy territory. Since all bridges were blown, it was necessary to crawl over wreckage and debris to reach the opposite side. When the patrol was fired upon, Private Clark remained behind to cover his comrades as they withdrew. In paying the supreme sacrifice while protecting his comrades, Private Clark reflects the highest credit upon himself and the armed forces of the United States.

By command of Major General REINHARDT:

WAR DEPT

PHILADELPHIA QUARTERMASTER
POSITION FOR MEDAL OR MEDAL
ENGRAVING SHOULD BE DONE AS REQUIRED AND MEDAL
TO COMMANDING GENERAL INDICATED

COPY

DS 505

19
Private Clark, Jr., James F.
A18

16 October 1945

Mr. James Clark
Lee High County Home
Allentown, Pennsylvania



Dear Mr. Clark:

I have the honor to inform you that, by direction of the President, the Bronze Star Medal has been posthumously awarded to your son, Private James F. Clark, Jr., Infantry. The citation is as follows:

BRONZE STAR MEDAL

"For heroic achievement in connection with military operations against the enemy on 22 April 1945, near ~~the~~ Germany. Private Clark demonstrated outstanding courage and bravery by leading a patrol across the ~~the~~ River into enemy territory. Since all bridges were blown, it was necessary to crawl over wreckage and debris to reach the opposite side. When the patrol was fired upon, Private Clark remained behind to cover his comrades as they withdrew. In paying the supreme sacrifice while protecting his comrades, Private Clark reflects the highest credit upon himself and the Armed Forces of the United States."

The decoration will be forwarded to the Commanding General, Service Command, Baltimore, Maryland, who will select an officer for the presentation. The officer selected will communicate concerning your wishes about the presentation.

My deepest sympathy is extended to you in your loss.

Sincerely,

J. Edgar Hoover

European

Philadelphia OM Depot: A-100 and S-100

PURPLE HEART
(POSTHUMOUS)

JAMES F CLARK

AUTHORIZED DUPLICATE

E. P. WILSON

OCT 11 1945

15 Oct 45

Name and Address of Next of Kin

Relationship

20

Mr. James Clark
Lee High County Home
Allentown, Pennsylvania

Father

THE ADJUTANT GENERAL'S OFFICE
DECORATIONS AND AWARDS BRANCH
WASHINGTON, D. C.

RECORD OF POSTHUMOUS AWARD
OF
PURPLE HEART

James Clark
FILE IN ENLISTED

21

October 12, 1945.

My dear Mr. Clark:

At the request of the President, I write to inform you that the Purple Heart has been awarded posthumously to your son, Private James F. Clark, Jr., Infantry, who sacrificed his life in defense of his country.

Little that we can do or say will console you for the death of your loved one. We profoundly appreciate the greatness of your loss, for in a very real sense the loss suffered by any of us in the battle for our country, is a loss shared by all of us. When the medal, which you will shortly receive, reaches you, I want you to know that with it goes my sincerest sympathy, and the hope that time and the victory of our cause will finally lighten the burden of your grief.

Sincerely yours,

Mr. James Clark,
Lee High County Home,
Allentown, Pennsylvania.

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UNDELIVERED DECORATION CHECK SHEET

ARMY SERVICE FORCES

TO: DEMOBILIZED RECORD BRANCH HIGH POINT, NORTH CAROLINA

SUBJECT: Purple Heart Certificate (✓) Accolade (✓)
Secretary of War Letter ()
Communication from the Philadelphia Quartermaster Depot ()

File No. AGPD-R 201 *Clark, Jr. James F. 36 899 418 Pat*

FROM: Decorations and Awards Sub-Branch 72 Wall Street,
New York 5, New York, Hanover 2-3790

It is requested that a search be made of pertinent records and that the attached be remailed to addressee if a better address is of record. If better address is not of record, the documents should be filed.

Remailed to :
Mr. James Clark
Lee High County Home
Allentown, Pennsylvania

Smith
Sub-Sec II
7 Nov 45

24
WAR DEPARTMENT
 THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

Corrected Rpt1

REPORT OF DEATH Original issued 29 Jun 45

DATE 22 Apr 45

FULL NAME Clark, James F. Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF ENTRY ON ACTIVE SERVICE 23 July 1942
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 22 April 1945
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Feb 1944	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESS (NAME, RELATIONSHIP & ADDRESS)

* Mrs. Alice M. Clark, aunt, 148 Willowdale Ave., Montclair, N. J.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

* James Clark, father, Lee High County Home, Allentown, Pa.
 Declined to designate an alternate beneficiary.

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

ADDITIONAL DATA AND/OR STATEMENT

BATTLE

* Corrected to show designation of beneficiary and change in EA.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 Apr 1945 until such absence was terminated on 25 June 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

CORRECTED COPY

COPIES FURNISHED:

WAR DEPARTMENT

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

*Corrected Rpt1

REPORT OF DEATH Original issued 29 Jun 45

DATE 22 Aug 1945

FULL NAME Clark, James F. Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 July 1944
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 22 April 1945
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Feb 1944	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

* Mrs. Alice M. Clark, aunt, 148 Willowdale Ave., Montclair, N. J.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

* James Clark, father, Lee High County Home, Allentown, Pa.
Declined to designate an alternate beneficiary.

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YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES
											X	

ADDITIONAL DATA AND/OR STATEMENT

BATTLE

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CORRECTED COPY

WAR DEPARTMENT

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

*Corrected Rptl

Original issued 29 Jun 45

DATE 22 Aug 1945

FULL NAME Clark, James F. Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 Apr 1945
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 22 Apr 1945
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EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

* Mrs. Alice M. Clark, aunt, 148 Willowdale Ave., Montclair, N. J.

ALTERNATE BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

James Clark, father, Lee High County Home, Allentown, Pa.
Declined to designate an alternate beneficiary.

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

ADDITIONAL DATA AND/OR STATEMENT

BATTLE

* Corrected to show designation of beneficiary and change in EA.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 Apr 1945 until such absence was terminated on 25 June 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

CORRECTED COPY

UNCLASSIFIED

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

IN REPLY REFER TO
AG 201 Clark, James F., Jr.
(1 Aug 45) PC-O

3 August 1945

Not To Be Given To The Public
Re: Claim No. 705183

The records of this office show that

Grade, name, organization, and serial number	
Private James F. Clark, Jr., Infantry, 36 899 418,	died
Date	Place
22 April 1945,	in the European Area,
Actual cause—See instructions on reverse side	
killed in action.	
DATE OF BIRTH	
23 July 1919	

J. H. [Signature]
Adjutant General

To:

Metropolitan Life Insurance Company
Claim Division
One Madison Avenue
New York 17, New York

28
METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, *Chairman of the Board*

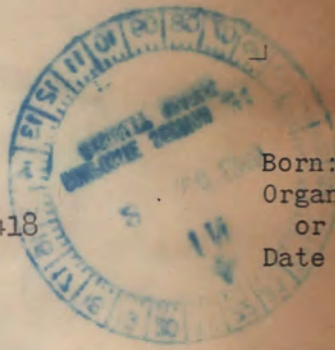
LEROY A. LINCOLN, *President*

ONE MADISON AVENUE, NEW YORK 10, N.Y.

August 1, 1945

LEWIS DOWLING
ASSOCIATE MANAGER
EDMUND W. SMITH
GENERAL SUPERVISOR
CLAIMS

Casualty Branch
The Adjutant General's Department
War Department
Washington 25, D. C.



Re: Name: CLARK, JAMES Born: 7-23-19
Rank or Rating: Pvt. Organization Army
Service Number: 36899418 or Ship:
~~Our Policy No.:~~ Date of Death: 4-22-45
Claim Number 705186

Sir:

The death of the insured named above has been reported to this Company.

In order to assist us in paying the claim on his policy, we shall appreciate it greatly if you will provide us with a copy of the official certificate of death issued by your Department.

Yours very truly,

L. Ecker

Associate Manager

D/c41

If you reply to this letter, be sure to give the policy number and name of the insured appearing in the

AG 201 Clark, James F. Jr.
(11 Jul 45) PC-0

21 July 1945

2 29
Mrs. Margaret White,
1818 North Croskey Street,
Philadelphia 21, Pennsylvania.

Dear Madam:

In compliance with your letter of 11 July 1945 there is
inclosed an official statement covering the death of Private
James F. Clark, Jr., Army Serial Number 36 899 418.

Very truly yours,

EDWARD F. WITSELL
Major General
Acting The Adjutant General
By *[Signature]*

1 Incl:
Statement of death.

7/23/45
[Handwritten signature]

PC-0

STATEMENT OF THE DEATH

OF

30

James F. Clark, Jr.

Private, Infantry

The records of this office show that Private James F. Clark, Jr., Army Serial Number 36 899 418, Infantry, who gave his date of birth as 23 July 1919, was killed in action 22 April 1945, in the European Theater Area.

This official statement furnished 21 July 1945 to Mrs. Mary White, 1818 North Croskey Street, Philadelphia 21, Pennsylvania.

By authority of the Secretary of War:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

17R

PC

Phila., Pa.

July 11, 1946

Mar Dept., Bureau of Information:
Dear Sirs:

CLARK

I heard that Pvt.

James H. Clarke. 368 99418-

31

467th. Amphibian Truck Co.

~~A.P.O 228~~ Postmaster were killed
in Germany April 22, 1945.

Which is my nephew. I would
like to get Official Proof of
death. Thanking you in
advance.

Yours Respectfully

Mrs Margaret White
1818 - N. Crosskey St
Phila., Pa.

File
10. P.P.B.
70/PC
21 July 5

address Alue M. Clark
148 Willbroadale Ave
Montclair N.J.

33

Handwritten initials

June 25th 1945

Dear Sir.

Clark

I have heard through
my neighbors that my boy
was killed in Germany.
we could not believe it as
we have heard nothing
from the war department
I am quite sure
we have our names
next to him

POST OFFICE

4

James Franklin Clark 368. 14. 18.

K Co 3rd Bn - 2719th Regt.

APO 417-10 Post Master

New York.

Will you please send me
any information you have
about him. I am worried
sick about the whole thing
and not being informed

at what ever is the trouble
with him. Thanking you in
advance

I am yours truly

M. Clark.

inquired there he was told
that a girl by the name
of Margaret Wells of
4666 Brush St

Detroit Mich. was left to
be sent any notice about
him. he was engaged to
this girl but was not
married. so I can not
find her as she is not
even known at that
address I have sent
telegrams and
tried to

I think I should have had
 a notice of any thing that
 happen to him, he wrote
 me some times twice a week
 I had his last letter in April
 he sent me a small
 allotment each month from
 his wages and I sent under
 that that he could be
 sent to me.



... is wrong. The
 ... boy is

CASUALTY BRANCH, A.G.O.
FILE CHARGE-OUT AND TRANSFER FORM

35

CASUALTY BRANCH FILE ON:

NAME	FIRST NAME	MIDDLE INITIAL	SERIAL NUMBER	GRADE
SECTION	FOR: CLERK'S LAST NAME		GROUP NO.	ROOM NO.

SEARCHER'S REPORT

CASUALTY BRANCH FILE ATTACHED NO CASUALTY BRANCH FILE

CHARGED OUT TO:

CLERK'S LAST NAME	GROUP NO.	ROOM NO.	DATE
NAME	GROUP NO.	DATE	

TRANSFERRED TO:

CLERK'S LAST NAME	ROOM NO.	DATE AND INITIALS
-------------------	----------	-------------------

RETURN FILE TO:

NO VERIFICATION

WOUNDED STATUS AND MOC
SUB-SECTION

OTHER (SPECIFY)

CASUALTY BRANCH
RECORD SECTION

Name: Clark James F. ³⁶ Serial Number: 36

Grade: 1st Lt.

Organization: Inf.

OFFICIAL REPORTS: (IMPORTANT - Unofficial reports or information will not be reported below. This information will be indicated -- "Code X".)

Type of Casualty	Date and Area	Classification & Message No.	Battle	Non-battle	Date notified
<u>MIA</u>	<u>22 Apr 45 Germany ETO</u>	<u>126</u>	<u>✓</u>		<u>11 Jun 45</u>
<u>KIA*</u>	<u>23 Apr 45 ETO</u>	<u>173</u>	<u>✓</u>		<u>25 Jun 45</u>

** E. A. Alice M. Clark (Aunt) - 148 Willowdale Ave Montclair, N.J.

REMARKS: * Germany
** Mrs. M. Wells Mays (Sister) 2033 Willow St - Oakland, Calif.

No Casualty Reported

Is there a Casualty Branch File? No Yes

Form No. 43? No Yes

Clerk furnishing report

Date of Report

PURPLE HEART
(POSTHUMOUS)

Philadelphia QM Depot, Englewood

JAMES F. CLARE

E. P. WILSON

O.R. 12 July 1945

37 Name and Address of Next of Kin

Relationship

Mrs. Margaret W. Nays
2033 Willow Street
Oakland, California

Friend

THE ADJUTANT GENERAL'S OFFICE
DECORATIONS AND AWARDS BRANCH
WASHINGTON, D. C.

RECORD OF POSTHUMOUS AWARD
OF
PURPLE HEART

Amelia R...

FILE IN EXISTING BRANCH

July 13, 1945.

My dear Mrs. Mays:

You will shortly receive the Purple Heart medal, which has been posthumously awarded by direction of the President to your friend, Private James F. Clark, Jr., Infantry. It is sent as a tangible expression of the country's gratitude for his gallantry and devotion.

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

Sincerely yours,

E. P. WILSON

Mrs. Margaret W. Mays,
2033 Willow Street,
Oakland, California.

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

DATE 29 Jun 1945

REPORT OF DEATH

FULL NAME Clark, James F., Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt.
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 23 July 1919
PLACE OF DEATH European Theater Area	CAUSE OF DEATH Killed in Action		DATE OF DEATH 22 April 1945
STATION OF DECEASED European Theater Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Feb 1944		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Margaret Wells Mays, Friend, 2033 Willow Street, Oakland, California

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 none shown.

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

BATTLE NON-BATTLE

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 April 1945 until such absence was terminated on 25 June 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Theater of Operations.

COPIES FURNISHED:
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 1. Chief Clerk (1)
 1. Com. (1)
 1. Ident. (1)
 1. Insp. (1)
 1. Int. Sec. (1)
 1. Legal Coun. (1)
 1. Plan. (1)
 1. Rec. (1)
 1. Training (1)
 1. War. Sec. (1)
 1. Chief of Staff (1)
 1. G. S. (1)
 1. S. S. (1)
 1. C. S. (1)
 1. M. S. (1)
 1. P. S. (1)
 1. T. S. (1)
 1. A. S. (1)
 1. C. S. (1)
 1. M. S. (1)
 1. P. S. (1)
 1. T. S. (1)
 1. A. S. (1)

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

DATE 29 June

40

REPORT OF DEATH

NAME Mark, James F., Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt.
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 23 July 1918
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EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Margaret Wells Mays, Friend, 2033 Willow Street, Oakland, California

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 None shown.

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

ADDITIONAL DATA AND/OR STATEMENT BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 April 1945 until such absence was terminated on 25 June 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Theater of Operations.

COPIES FURNISHED:
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 U. S. A.

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

DATE 29 June 1945

REPORT OF DEATH		ARMY SERIAL NUMBER	GRADE
NAME Mark, James F., Jr.		36 899 418	Pvt.
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 23 July 1918
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EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Margaret Wells Mays, Friend, 2033 Willow Street, Oakland, California

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 None shown.

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

ADDITIONAL DATA AND/OR STATEMENT BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department as missing in a missing in action status from 22 April 1945 until such absence was terminated on 25 June 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Theater of Operations.

COPIES FURNISHED:
 U. S. A.
 U. S. ARMY
 U. S. NAVY
 U. S. MARINE CORPS
 U. S. AIR FORCE
 U. S. AIR MAIL

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

DATE 29 June 1945

REPORT OF DEATH

FULL NAME Clark, James F., Jr.		ARMY SERIAL NUMBER 36 899 418	GRADE Pvt.
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EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Margaret Wells Mays, Friend, 2033 Willow Street, Oakland, California

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 none shown.

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

BATTLE

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 1. Training (1)
 1. War. (1)
 1. Chief of Staff (1)
 1. G-1 (1)
 1. G-2 (1)
 1. G-3 (1)
 1. G-4 (1)
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 1. G-28 (1)
 1. G-29 (1)
 1. G-30 (1)

AG 201 Clark, James F., Jr.
PC-N HRO 173

28 June 1945

43

Mr. James Clark
Lee High County Home
Allentown, Pennsylvania

Dear Mr. Clark:

It is with regret that I inform you of the death of your son, Private James F. Clark, Jr., 36,899,418, Infantry, who was previously reported missing in action on 22 April 1945 in Germany.

A casualty report has now been received which states that he was killed in action on the date he was previously reported missing in action. Reports of our men who have given their lives in battle do not reveal details of the heroic action which led to their deaths.

The significance of his supreme sacrifice for his country will be preserved and commemorated by a grateful nation. It is hoped that this thought may give you strength and courage in this time of sorrow.

I extend to you my deepest sympathy.

Sincerely yours,

JAW
J. A. ULLI
Major General
The Adjutant General

1 Inclosure
WD Pamphlet No. 20-15

201 Clark, James F., Jr.
FO-3 WFO 173

28 June 1945

44

Miss Alice M. Clark
148 Willowdale Avenue
Montclair, New Jersey

Dear Miss Clark:

It is with profound regret that I confirm the recent telegram informing you of the death of your nephew, Private James F. Clark, Jr., 36,899,418, Infantry, who was previously reported missing in action on 22 April 1945 in Germany.

An official message has now been received which states that he was killed in action on the date he was previously reported missing in action. Provisions have been made for the unit commander or chaplain to send a letter containing further information to the emergency address or next of kin of each person who dies overseas in the service of our country. It is not known just when the letter can be expected, but it is hoped that it will not be long delayed.

I realize the anxiety you have suffered since he was first reported missing in action and deeply regret the sorrow this later report brings you. May the knowledge that he made the supreme sacrifice for his home and country be a source of sustaining comfort.

My sympathy is with you in this time of great sorrow.

Sincerely yours,



J. A. ULLIO
Major General
The Adjutant General

1 Inclosure
WD Pamphlet No. 20-15

AG 201 Clark, James F., Jr.
PC-N EIO 173

28 June 1945

45
Mrs. Margaret W. Mays
2033 Willow Street
Oakland, California

Dear Mrs. Mays:

It is with regret that I confirm the recent telegram informing you of the death of your friend, Private James F. Clark, Jr., 36,899,418, Infantry, who was previously reported missing in action on 22 April 1945 in Germany.

A casualty report has now been received which states that he was killed in action on the date he was previously reported missing in action. Reports of our men who have given their lives in battle do not reveal details of the heroic action which led to their deaths.

The significance of his supreme sacrifice for his country will be preserved and commemorated by a grateful nation. It is hoped that this thought may give you strength and courage in this time of sorrow.

I extend to you my deepest sympathy.

Sincerely yours,

J. A. [Signature]

J. A. [Signature]
Major General
The Adjutant General

1 Inclosure
WD Pamphlet No. 20-15

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR
BUREAU	
REG	

AG 201 CLARK JAMES F JR
ASN 36 899 418

PVT
NEP

46
25 JUN 45

SPXPC-H ETO 173

ALICE M CLARK
148 WILLOWDALE AVE
MONTCLAIR NEW JERSEY

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR
NEPHEW PRIVATE JAMES F CLARK JR WAS KILLED IN ACTION IN GERMANY
TWO APRIL HE HAD PREVIOUSLY BEEN REPORTED MISSING IN ACTION CONFIRMING
LETTER FOLLOWS

OFFICIAL JOHN H. MARLTON
John H. Marlton

ADJUTANT GENERAL

J A ULIO

THE ADJUTANT GENERAL OF THE ARMY



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

47 — BATTLE CASUALTY REPORT

AG 201	NAME CLARK JAMES F JR ASN 36 899 418	GRADE PVT INF	DATE CAS. REPORTED
NAME AND ADDRESS OF E. A.	MRS W WELLS CLARK MAYS 2033 WILLOW STREET OAKLAND CALIFORNIA		DATE TELEGRAM SENT 25 JUNE 1945

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

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

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	P OR J STATUS
PVT	CLARK JAMES F JR	56899418	INF	INDIA	TD
TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY		CASUALTY	
KILLED IN ACTION	IN GERMANY	DAY	MONTH	YEAR	
		28	APR	45	18

HE HAD PREVIOUSLY BEEN REPORTED MISSING ~~INF~~ IN ACTION CONFIRMING LETTER FOLLOWING

OFFICIAL: **JOHN H. MORION** ADJUTANT GENERAL
REMARKS: **1st Lt.** CORRECTED COPY **NYO**



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____
PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW)
FILE NO. _____ MESSAGE NO. _____ TYPE _____

SEARCHED _____ INDEXED _____ TELEGRAM _____ WOUNDED _____ LETTER _____
NO FORM 43 - 10 OCT 45

AG 201 Clark, James F., Jr.
PC-M BFO 126

17 May 1945

Miss Margaret Wells
355 Leicester
Detroit, Michigan

Dear Miss Wells:

This letter is to confirm my recent telegram in which you were regrettably informed that your friend, Private James F. Clark, Jr., 36,899,418, Infantry, has been reported missing in action in Germany since 22 April 1945.

I realize the distress caused by failure to receive more information or details; therefore, I wish to assure you that in the event additional information is received at any time, it will be transmitted to you without delay. If no information is received in the meantime, I will communicate with you again three months from the date of this letter.

Inquiries relative to allowances, effects and allotments should be addressed to the agencies indicated in the enclosed Bulletin of Information.

Permit me to extend to you my heartfelt sympathy during this period of uncertainty.

Sincerely yours,

J. A. WILCOX
Major General
The Adjutant General

Bulletin of Information
I Enclosure



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

49 — BATTLE CASUALTY REPORT

AG 201	NAME CLARK JAMES F JR ASN 36 899 418	GRADE PVT FRI	DATE CASUALTY REPORT MADE 15 27
NAME AND ADDRESS OF E. A.	MISS MARGARET WELLS 355 LEICESTER DETROIT MICHIGAN		DATE TELEGRAM RECEIVED 11 MAY 1945

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

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

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	STATUS
PVT	CLARK JAMES F JR	36899418	INF	ETO	FRIEND
HAS BEEN	TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY		CASUALTY
MISSING IN ACTION	IN GERMANY	SINCE	28	APR	45

IF FURTHER DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED BY A CONFIRMING LETTER FOLLOWS

OFFICIAL: *JAB* ADJUTANT GENERAL J. A. ULIO THE ADJUTANT GENERAL

REMARKS: CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____

PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED ELSEWHERE)

FILE NO. _____ MESSAGE NO. _____ TYPE _____

SEARCHED _____ INDEXED _____ TELEGRAM _____ WOUNDED _____ LETTER _____

NO FORM 42-1 NO CASUALTY REPORT

CASUALTY BRANCH

AG 201 (15 May 45) PG-R

50

DATE 19 45

LAST NAME Clark, James F. Jr.	FIRST	MIDDLE INITIAL	A.S.N. 36,899,418	GRADE Pvt.
---	-------	----------------	-----------------------------	----------------------

PERSON TO BE NOTIFIED OTHER THAN EMERGENCY ADDRESSEE

NAME

PRESENT ADDRESS

FORMER ADDRESS

SOURCE OF INFORMATION

DATE

NAME AND CHANGE OF ADDRESS OF EMERGENCY ADDRESSEE

NAME

Mrs. Margaret Wells Mays,

RELATIONSHIP
Friend

PRESENT ADDRESS

**2033 Willow Street,
Oakland, California.**

FORMER ADDRESS and name:
**Miss Margaret Wells, Friend,
355 Leicester,
Detroit, Michigan.**

SOURCE OF INFORMATION

Service Message

STATUS: MIA

ROOM

3843

Nonelivery S. S.

Where there is a W.D., A.G.O. Form 43 or 41 in the file, the next paper immediately above such forms, persons to be notified may be readily available.

52
EMERGENCY ADDRESSEE AND PERSONAL PROPERTY CARD

299418
 CHECK ONE OFFICER ARMY NURSE WARRANT OFFICER ENLISTED MAN
 CLARK, JAMES F. JR. 36 899 418 PVT

(FIRST NAME) (MIDDLE INITIAL) (GRADE)
 (LAST NAME) (FIRST) (M.I.) (SERIAL) (RACE) (WHITE) (COLORED) (OTHER)
 (M.I.) (SERIAL) (WHITE) (COLORED) (OTHER)

MICH (STATE) MISS MARGARET (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

355 LEICESTER (STREET) DETROIT (CITY) WAYNE (COUNTY)

SAME AS ABOVE

DESIGNATION OR CHANGE OF RELATIVE TO BE PAID SIX MONTHS' GRATUITY IN CASE OF DEATH
 IMPORTANT: THIS FORM DOES NOT PERTAIN TO INSURANCE. (See Army Regulation 600-600)

Name of designator Clark Jr., James F 36899418 Pvt Co II, APO
 (Last name) (First name) (Middle name) (Serial number) (Grade and organization)

The persons eligible to receive this pay are designated below:

1. _____
 (Full name and address of wife; give wife's first name) (If no wife, or if deceased or divorced, so state)

2. _____
 (Full name and address of each unmarried minor child and each unmarried dependent child over

14 years of age. If there are no such children, write NONE on line 2)

(If designation of dependent relative is declined, designator must state in own handwriting on line 3: "I decline to designate any person to receive this pay.")

In the event of my leaving no widow or eligible child, or of their decease or disqualification before payment is made, I then designate payment be made to dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 3.

(If dependent relative is named on line 3 but name of alternate is declined, designator must state on line 4 in own handwriting: "I decline to designate any person as alternate relative to receive this pay.")

In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate the dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 4.

(OVER)



Next relative _____ (Name in full) (Other than wife or minor child) _____ (Relationship)

Address _____

Person to be notified in case of emergency Allice M. Clark _____ (Name) _____ (Relationship) Aunt

Address 148 Willowdale Ave, _____ Montclair, N. J.

Signature of designator: * James Franklin Clark Jr. _____ (First name) _____ (Middle name) _____ (Last name) _____ (Grade) Capt 36899018 _____ (Serial number)

Witnessed at 11th Repl Depot, APO 131 _____ on _____ 31 Aug 1941 _____

Signature of witness _____ Bernard J. Browe

Name of witness (printed or typed) BERNARD J. BROWE, 1st Lt., AUS, Personnel Officer _____ (Full name) _____ (Grade and organization) _____ (Serial number)

* Should be witnessed by an officer, if available, otherwise by a notary public.
W.D., A.G.O. Form No. 41
† 6 September 1943

† This form supersedes W. D., A. G. O. Form No. 41, 17 July 1940, which will not be used after receipt of this revision.

53

ATTACH FORM 41 HERE

ATTACH FORM 43 HERE

54
**CLINICAL RECORD
BRIEF**

Register No. 121043 Hospital _____ Station _____
Name Clark, James F. Jr. Serial No. 3687
Grade pyt Co. D Regt. and Arm or Service 1632 S
Age 24 Race C Nativity Pa.
Service 1/365 Date of admission 15 Feb 1944
Source of admission _____ Command _____
Station _____ Fort Sheridan, Ill
Ward Sec V Previous admission none
Religion prot Home address 355 Leicester, Detroit, M
Name and address of nearest relative Margaret Wells (friend)
s/a
NWP/lhw
(Initials of admitting officer)

Disposition CRO Date FEB 18 1944, 19__

Final diagnosis:

*Syphilis, latent, new, duration und
manifested by a positive Serology
and a negative spinal fluid (spinal)*

Additional diagnoses (Complications, special treatment and operations):

Place of duty EPIC NP
Condition on completion of case _____

Confirmed or not confirmed _____

THE PAGES IN THIS MYLAR L-SLEEVE ARE STUCK TOGETHER AND ARE FROM A MOLD CONTAMINATED AREA. DO NOT TRY TO SEPARATE THESE PAGES. IF INFORMATION IS NEEDED, PLEASE CONTACT THE PRESERVATION BRANCH. THANK YOU.

Form 55 A-1
MEDICAL DEPARTMENT, U. S. ARMY
(Authorized Dec. 31, 1942)

55
ABBREVIATED CLINICAL RECORD

Name _____ Grade _____ Ward _____

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

1943 - May - Pos Bw R at S. S. exam
Denis early lesion.
Mo Rt

Spinal Meq - 7 Wayne 1-25-44 - Pos Evol
Complete physical examination is negative except for the following:
Mo discharge - no lesion.

124
80

Progress:

Syphilis, lateral
dura

Full con

THE PAGES IN THIS MYLAR L-SLEEVE ARE STUCK TOGETHER AND ARE FROM A MOLD CONTAMINATED AREA. DO NOT TRY TO SEPARATE THESE PAGES. IF INFORMATION IS NEEDED, PLEASE CONTACT THE PRESERVATION BRANCH. THANK YOU.

Form 55 A-1
MEDICAL DEPARTMENT, U. S. ARMY
(Authorized Dec. 31, 1942)

55
ABBREVIATED CLINICAL RECORD

Name _____ Grade _____ Ward _____

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

1943 - May - Pos BwR at S. S. exam
Denis early lesion.

No Rt

Spinal Meq - 7 Wayne 1-25-44 - Pos Syphilis
Complete physical examination is negative except for the following:

no discharge - no lesion.

124
80
Progress:

Syphilis, latent
dura

Full con

REG. NO. (to be filled in by clinic)

ORG. AGE. RACE REG. NO.

Discharges:
 1st Glass
 2nd Glass
 Urethra
 Prostate
 Urine Sed.
 Urethra
 Prostate
 Urine Sed.
 Reactions

18
inist

56

Date First Symptoms _____ Date Diagnosis _____
 Number of Hospital Days (if any) _____

First Course	Second Course	Sulf. Resistant	Other
5. Complications E Epididymitis P Prostatitis A Arthritis G Sem. Vesiculitis	7. Oral Treatment S1 Sulfathiazole S2 Sulfadiazine S3 Other Sulfonamide (specify)	9. Reactions M Mild S Severe B Blood D Dermal G G.I. F Febrile K Kidney C Other (specify)	10. Status H Hospital D Duty Q Quarters
Serologic Test Syphilis Positive	8. Local Treatment M Massage K Pot. Permang. MSP Mild Silver Prot. SPS Strong Silver Prot.		

57

121043

Station

Clark, James F. Jr.

36899219

1692 DU ("I") yes

pvt

D

Pa.

24

C

1/365

15 Feb 1944

Command

Fort Sheridan, Ill

none

355 Leicester, Detroit, Mich.

Sec V

prot

Margaret Wells (friend)

s/a

NWR/lhw

CRO

58
**CLINICAL RECORD
BRIEF**

Register No. 36177 Hospital Sta Hosp NOPT Serial No. 36 893 413
Name CLARK, James F. Grade Pvt Co. B Regt. and Arm or Service 1st Br 280
Age 24 Race C Nativity Pa. Service 3/12sel Date of admission 8 June 9:30PM
Source of admission Command Station Camp Flauche N.O., LA Ward Wa 10 Previous admission No ne
Religion Baptist Home address 148 Willowdale Ave., Mt. Airy, N.C.
Name and address of nearest relative Aunt: Alice Clark (Same address)
Maj. Wood
(Initials of admitting officer)

disp 1

Disposition duty Date 11 June 1941

Final diagnosis:

Observation, no disease.

Additional diagnoses (Complications, special treatment and operations):

Case of duty Yes
Disposition on completion of case Yes

Diagnosis confirmed or not confirmed

THE PAGES IN THIS MYLAR L-SLEEVE ARE STUCK TOGETHER AND ARE FROM A MOLD CONTAMINATED AREA. DO NOT TRY TO SEPARATE THESE PAGES. IF INFORMATION IS NEEDED, PLEASE CONTACT THE PRESERVATION BRANCH. THANK YOU.

ARMY
42)

ABBREVIATED CLINICAL RECORD

59

Name Clark - James F Grade PX Ward _____

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

5 hrs. ago developed pain in r. l. q. not associated with vomiting - some nausea. Bowels moved 2x - loose watery stools. No urinary symptoms.

Complete physical examination is negative except for the following:

Tenderness R. L. Q. No rigidity.
Temp. 97.6

Treat: _____
Progress:

9 June 44.
No tenderness or rigidity in R. L. Q. Tenderness present but very slight.

10 June 44. No constipation. Tenderness rigidity absent.

THE PAPER IN THIS ENVELOPE IS NOT TO BE USED FOR ANY OTHER PURPOSE THAN THAT FOR WHICH IT IS DESIGNED. CONTACT THE MANUFACTURER FOR INFORMATION.

TEMPERATURE—TREATMENT—NURSE'S NOTES

A. M.			P. M.			St	Wt	MEDICATION AND NURSE'S NOTES
T	P	R	T	P	R			
			97.6	74	90			Pt. admitted ambulatory at 10 ³⁰ pm to ward 10. Evening W.B.C. taken - Dec 10 to R.L.G.
			97.2	70	18			nothing by mouth ice cap to R.L.G.
			97	74	20			No complaints this P.M. Routine care. Liquid diet.

LABORATORY REPORTS

Name: John J. ... Serial No. ... Rank Pvt.
 Ward ... M. C. 60
 Examination requested by ...
 INDICATE EXAMINATION REQUESTED BY CHECK (✓) BELOW
 W. B. C. 6320 Hb. ...
 Neutrophils ... Lymphocytes ...
 Eosinophiles ... Basophiles ...
 Platelets ... Color index ...
 Bleeding time ...
 Hematocrit ...
 M. C. ...

61 *Pvt.*

Serial No. *36899418* Rank _____

Ward *10* M. C. _____

Indicate examination requested by check (✓) below

Wassermann _____

Tularemia _____

Undulant fever _____

Weil-Felix _____

Department *222*

Date *9 June 41*

Signature *Clark, James G.*

Signature *NO PE*

Signature *Kahn*

62

Form 75
DEPARTMENT, U. S. ARMY
(Revised April 11, 1936)

PATIENT'S PROPERTY CARD

Hospital _____

Date _____, 19____

Name _____

Rank _____ Co. _____ Organization _____

NAME OF ARTICLE	NO. OF EACH	WHERE STORED (Tag No., Locker No., Envelope, etc.)
Belts	1	
Blankets		
Breeches, khaki		
Breeches, o. d.		
Caps		
Coats, dress		
Coats, khaki		
Coats, o. d.		
Collars		
Drawers	1	
Leggings	1	
Letters, U. S.		
Marksman's badge		
Ornaments, cap		
Ornaments, collar		
Overcoats		
Shirts, civilian		
Shirts, o. d.		
Shirts, white		
Shoes	1	
Shoes, cap		

(OVER) 16-9123

63

ARMY SERVICE FORCES
New Orleans Port of Embarkation
Station Hospital
New Orleans 12, Louisiana

18 November 1943

INFORMATION FOR PATIENTS

1. The following regulations are to be read by all patients upon admission to the Hospital unless their condition prevents. All patients who have read and signed this memorandum will be held accountable for its observance.

a. Control of Patients. Patients are under the command of the Commanding Officer of the Hospital; they are under the direct command of the ward officer, ward nurse, and wardmaster, in the order named.

b. Conduct. Loud noise, boisterous or improper actions, the use of profane language and gambling are forbidden. No food, drugs, narcotics, intoxicants, or drinks, except as prescribed or authorized, will be brought within the reservation. Smoking in bed is prohibited to all except bed patients, and they may smoke in bed only when they have the permission of the Ward Officer and are supervised by a ward attendant. Military personnel, although wearing hospital clothing, are still expected to observe the same military courtesies and customs of the service as they would in their own organization, whenever their physical condition is such as to permit it.

c. Money and Valuables. The Hospital can accept no responsibility for money or valuables unless deposited with the Custodian of the Patients Fund.

d. Passes and Absences. (1) Unless sent elsewhere in the Hospital by the ward officer or ward nurse, patients will remain in their wards until the ward officer has completed morning rounds and will not then be permitted to leave until permitted to do so by the ward officer. They will be required to be in their wards from 1:00 PM to 2:00 PM and will be in bed at 9:00 PM.

(2) Except when on authorized pass, patients will remain in the Hospital Area. Patients are not permitted to visit other patients. Patients are not permitted to walk or be in the area between the Hospital and Quarters.

(3) Passes are given for treatment only and will be confined to one normal weekly pass. Passes will be permitted during the first 15 days of an emergency, which will be stated on the pass. The normal distribution to each ward is as follows:

f. Financial Transactions. Patients are forbidden to have financial dealings of any kind with hospital personnel. This includes the borrowing or lending of money or the purchase or other sale of property. Tips to ward attendants are forbidden.

g. Telephones. Telephones will not be used by patients at any time.

h. Radios. The use of radios on wards is limited to the hours between 7:00 AM and 9:00 PM at the discretion of the ward officer and ward nurse, and at no time shall radios be played loudly enough to disturb other patients.

i. Ward Rules. Rules posted on bulletin boards in the wards have the same force as orders given to patients personally. Noncommissioned officer patients may be detailed to take charge of patients for work, but not to take charge of Medical Department personnel on duty in the hospital. Patients may be required to do work when able and are detailed to do this by the ward officer. Each ambulatory patient is responsible for the policing of his own bed and its surroundings. He will keep his person clean, his clothing neat, his hair cut, his face shaved, and his shoes shined. Patients are prohibited from using towels, basins, toilet articles, eating utensils, or other articles pertaining to other patients. Patients will not enter the ward kitchen and offices unless to accomplish assigned duties requiring their presence there.

j. Automobiles. Automobiles belonging to patients will not be parked in the Hospital Area.

2. Violations of these and other hospital regulations are punishable by disciplinary action under the 104th Article of War or by sentence of court martial in the case of military personnel; in the case of civilians, by other disciplinary action or summary dismissal under Army Regulations.

By order of Colonel BITNER:

GEORGE B. CURTIS
1st Lt, MAC
Adjutant

Curtis

64

ARMY SERVICE FORGES
New Orleans Port of Embarkation
Station Hospital
New Orleans 12, Louisiana

12 June 1944

Register No. 36177

SUBJECT: Discharge from Hospital.

TO : Commanding Officer B, 1st Bn 2nd Regt ASF TC

THRU : Surgeon Disp 1

1. In compliance with Par 7 c (3), AR 40-590, the following information is furnished:

a. Report that Crew, James F. 36 899 418 SGT
(Name) (Serial No.) (Grade)

your organization, who was admitted to this Hospital on 8 June 1944

was discharged from this Hospital on 11 June 1944.

b. Diagnosis: Observation, no disease

Line of Duty: Yes

Recommendation:

INFORMED NOTICE

65

API

36177

CLARK, James F.

Pvt

B

24

C

3/12sel

Command

Camp Plauche N.O., LA

Wd 10

Baptist

DIS

Sta Hosp HOPE

36 899 418

1st Bn 2nd Regt

Pa.

8 June 9:30AM

No ne

148 Willowdale Ave., Mt. Clair

Aunt: Alice Clark (Same address)

Maj. Wood

disp 1

68

CLINICAL RECORD BRIEF

TD Gonorrhea

Register No. 15434 Hospital Sta Hosp
 Name Clark, James F. Jr. ** Serial No. 36 899 418
 Grade Pvt Co. B 1st Gp Regt. and Arm or Service 1st Regt
 Age 25 Race Col Nativity Pa.
 Service 15 Feb 44 (5/12) Date of admission 27 July
 Source of admission Command
 Station Camp Reynolds, Pa.
 Ward 141 Previous admission No
 Religion Prot Home address 148 Willowdale Ave. Montclair, N.J.
 Name and address of nearest relative (Aunt) Mrs. Alice Clark
Same
 6:40 PM CM/dk
(Initials of admitting officer)

Disposition Duty Date 2 August
 Final diagnosis: Duty 2 August

"New" Gonorrhea, acute.

Gonorrhea, New, acute

Additional diagnoses (Complications, special treatment and operations):

Reconditioning - 27 July - 31 July

Class 3.

Class of duty 10-AR35-1440 No

Condition on completion of case Supp

Diagnosis confirmed or not confirmed

69
ABBREVIATED CLINICAL RECORD

Name Clark, James J. Grade Pvt. Ward 1

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Discharge started July 27, 1944.
Last contact 15, 1944 - no protection.
Denies previous G.C. Is now taking treatment for same.

Contact history taken by V.D.C. Officer
Complete physical examination is negative except for the following:
Moderate purulent urethral discharge

Diagnosis, Gonorrhoea, new, acute
Progress:

Rx. Sulfathiazole 900 mg. in
q. 4 h. thereafter for 5 days.

Discharge, no more
at this time

70

SPECIAL EXAMINATION OR ADDITIONAL DATA

Name Clark James F. Grade Pvt. Ward 147

(This sheet to be used for extension from Forms 55 B and 55 C-1 when the space allotted in the regular form is insufficient. Notation of such extension will be recorded in the regular space provided in the history.)

27 July 44 - Referred to G.U. Clinic for smear. Positive for G.C. Request for admission to 141 by Hans Newbery, Capt.

Impression
Gonorrhoea
P. Munkes, Capt.

2
GLASS TEST

DATE	DIS.	1 st	2 nd
7/27/44	+	-	-
7/28/44	±	sh	c
7/29/44	-	sh	c
7/30	-	sh	c
7/31	-	c	c
8/1	-	c	c

TEMPERATURE—TREATMENT—NURSES NOTES

Name: *SEARIS, JAMES F* Grade: *PVT.* Ward: *141*

Date	A.M.			P.M.			St	Wt	Medication and Nurses Notes
	T	P	R	T	P	R			
				98°	72	18			July 27, 1944 Sup Hingale qm 10 PM S.M. Brandy
									Sup Hingale qm 10 2-6 S.M. Brandy
									July 28, 1944 Sup Hingale qm 10 11-1 S.M. Brandy
									Sup Hingale qm 10 10-1 S.M. Brandy
									July 29, 1944 Sup Hingale qm 10 S.M. Brandy
									Sup Hingale qm 10 S.M. Brandy
									July 31, 1944 Sup Hingale qm 10 S.M. Brandy
									Sup Hingale qm 10 S.M. Brandy
									Aug 1, 1944 Sup Hingale qm 10 S.M. Brandy

75
 Name Clark, James F. Serial No. 36899
 Station Hosp Ward T-141
 Examination requested by L.H. Waller
 Specimen G.C. S. Source
 Type of examination G.C. S.
 Report

74
 Name Clark, James F. Serial No. 36899
 Station Hosp Ward T-141
 Examination requested by
 INDICATE EXAMINATION REQUESTED BY CHECK ONE OF THE FOLLOWING
 Color yellow Character cloudy
 Sp. G. 1.009 Albumen neg
 Acetone Disacetic acid
 Blood Indican
 Microscopic

73
 Name Clark, James F. Serial No. 36899
 Station Hosp Ward T-141
 Examination requested by
 INDICATE EXAMINATION REQUESTED BY CHECK ONE OF THE FOLLOWING
 Color yellow Character prec. Reac
 Sp. G. 1.012 Albumen neg S
 Acetone Diaetic acid
 Blood Indican
 Microscopic many sulf a

77

STATION HOSPITAL
OFFICE OF THE REGISTRAR
ASF REPLACEMENT DEPOT
CAMP REYNOLDS, PENNSYLVANIA
P. O. - Glacerville, Pa.

SPRMA

GFT/yk
2 Aug 1944

SUBJECT: Physical Profile Serial,

TO : Classification and Assignment Officer, Bldg. 606,
ASF Repl Depot, Camp Reynolds, Pa.
Attention of: Major Austin L. Wells.

1. In compliance with par 7c War Department Memorandum No. W 40-44, Washington 25, D.C., dtd 18 May 1944, the following named enlisted man (Repl) was discharged from Station Hospital, this station, to duty on 2 Aug 44 and his Physical Profile Serial is as follows.

NAME: Clark, James F. Jr.
RANK: Pvt
ASN : 36 899 418
ORGN: Co B, 1st Gp 1st Regt
PPS : 111111

For the Commanding Officer:

GEORGE
2nd Lt

UNIVERSITY OF PENNSYLVANIA
STAFFORD HOSPITAL
AND POLYCLINIC BUILDING
CAMP HATFIELD, PENNSYLVANIA

Form No. 3

DIAGNOSIS CARD

Reg. No. 15934 Date 12/29/1944

CLARK, JAMES F.
Last Name) (First Name) (Initial)

REASON OF ADMISSION: (List all diagnoses on admission; if tentative, so indicate):

Gonorrhoea, new acute

Reason of duty for each: Yes or No No
HR 35-1440
Additional Diagnoses, complications, sequelae, intercurrent diseases, etc. Give date of each.

Reason of duty for each: Yes or No
W. C. [Signature], M. C.
Ward Officer

This card will be submitted to the
48 hours after admission.
It is to be returned if there is a change in
diagnosis in

Adm for limb puncture
blood serology to
determine status of syphilis

Ward: _____
Date: _____
of duty: _____
of duty: _____
of duty: _____

Administration admission with
MD Form 78.

Admitting Diag: _____
67th Evac Hosp (Sem), APO 230 17 Mar 45
Admitted at (Hosp and Location):
25 : W : ra : 1st : 5th Evac Hosp
Age : Sex : State : Source of Admissi
HQ : 271st Inf : 69th
Company : Regt and Arm or Serv : Division
Army Serial No : _____
Grade : _____
Clark James F

First Name Initial
D-16002

ETOUSAMD 55F
508 2-43/1000M/6211
Complications and changes in diagnosis to be entered on
this sheet.

18 MAR 1945
Henderson
921
(20 units)

20 MAR 1945

Name: _____
Grade: _____
Ward: _____
Date: _____

PROGRESS NOTES

80



Wahne
for 90 cents
90 March

The fragment on the right is a piece of aged, light brown paper with irregular, torn edges. It features faint, horizontal lines, suggesting it was part of a lined document. The text is written in cursive and is oriented upside down relative to the paper's original position. The paper shows signs of wear, including small holes and discoloration.

Applications and changes in diagnosis to be entered on this sheet.)
SOS 2-43/1000M/6211
FTOUSAMD 55F

15 MAR 1945

*Leon Blomane
captain*

Name *Schafer Chas* Grade *10 MED* Ward *8*
Date *10 MED*

PROGRESS NOTES

82

Name *Schafer Chas* Rank _____ Ward *8*
 Hosp. *67 EH* Lab. _____

Kahn _____ Wassermann _____
 Quantitative Kahn _____

Widal _____ Gonococcus _____
 Para A _____ Tularemia _____
 Para B _____ Undulant fever _____

Remarks *negative* *Leon Blomane
captain*

2777

14 MAR 1945 M. C. _____

FORM 55 L-3
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised May 31, 1939) SEROLOGY Date _____

83

PROGRESS NOTES

Name *Schafer, Chas* Grade *Pfc* Ward _____
 Date *4th Com. Hosp.* *10th*
Darkfield - penile lesion

Negative for Treponema Pallidum

*Leon Blomane
captain*

15 MAR 1945

Applications and changes in diagnosis to be entered on this sheet.)

81

RECEIVED

67th Evac. Hosp (Sem) APO 230

FACE OF VALUABLES TAG

85

67th Evac. Hosp (Sem) APO 230

LOCATOR NUMBER: 15-244 DEPOSITOR: Schaler, Charles 2084
(Type or print) (Name)

CONSCIOUS ON ADMISSION X UNCONSCIOUS ON ADMISSION

ARTICLE LIST

ARTICLE LIST (CONT'D)

1. Brown German

1. The above articles were received for safekeeping.

SIGNATURE

Paul A James S/SGT
(Name) (Rank or grade)

2. To be signed by the patient on leaving the hospital.

I have received the above listed articles which were deposited by me with this hospital for safekeeping.

Pts. Signature

AFFIDAVIT

1. Full explanation has been made to me that no responsibility for safeguarding my valuables will accrue to this hospital if I deposit such valuables with the hospital.

2. Understanding this, I do not wish to deposit my valuables with this hospital.

Name

30 June 1945.

Clark, James F. Jr., Pvt., 36899418, Co K, 271st In

RECOMMENDED BY: Capt. Herbert R Pickett,

APPROVED BY: Col. Henry B Margeson,

AWARD FOR WHICH RECOMMENDED: BSM(HA) POSTHUMOUSLY

PERIOD OF SERVICE : 23 April 1945

NARRATIVE:

BOARD PROCEEDINGS

Recommendation of Decorations Board which convened at APO 417 in accordance with Letter Hq European Theater of Operations U. S. Army, file AG 200 6 MPOA subject: "Decorations Boards", dated 22 March 1944 (Board appointed by Orders this Hq, dtd 21 Feb 45), to review recommendations for award of decorations:

<u>OK</u>	<u>IK</u>		
Vote	Initials	Vote	Initials
<u>OK</u>	<u>IK</u>		
Vote	Initials	Vote	Initials
<u>OK</u>	<u>IK</u>		
Vote	Initials	Vote	Initials

Hq 69th Infantry Division,

Approved ER

By command of Major General REINHARDT

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CONFIDENTIAL

COMPANY K, 271ST INFANTRY

APO 417, U. S. ARMY

29 June 1945

SUBJECT: Recommendation to Award the Bronze Star Medal

TO : COMMANDING GENERAL, 69th Infantry Division, APO 417, U. S. ARMY

1. a. It is recommended that Pvt James F. Clark, Jr., 36899418
(Grade, name, ASN, and unit)
271st Infantry be awarded the Bronze Star Medal (HA) (Posthumously)

b. James F. Clark, Jr., 36899418 was serving
(Name) (ASN, if different than above)

Pvt, Squad Leader and was Squad Leader Of Colored Platoon which
(Grade and Duty) (explain duty)

was assigned to Co K, 271st Infantry was attached to Co K, 271st Infantry
(assigned, attached or on duty with)
at the time of the act or service for which this award is recommended.

c. James F. Clark, Jr., Pvt. while serving
(Name and Grade)
Army of the United States, distinguished himself by heroic achievement
in connection with military operations against an armed enemy.

d. Date 23 April 1945; Location Near Wurtzen, Germany
; Terrain flat & rolling Hostile observation
; Enemy fire Small arms
Visibility Good; Time 2330; Proximity of enemy
; Morale Excellent

2. a. Name, address, relationship of nearest relative
Mr. James Clark-father, Lee High County, Georgia


b. James F. Clark Jr. Pvt
(Name and grade)

Detroit, Michigan

(City and State)

5. The following citation is suggested:

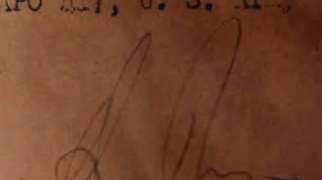
Private James F. Clark, Jr., 36899418, Infantry, heroic achievement in connection with military operations on 23 April 1945 near Wurtzen, Germany. Private Clark demonstrated gallantry and bravery by leading a patrol across the Mulde River into Germany when all bridges were blown, it was necessary to crawl over wrecks to reach the opposite side. When the patrol was fired upon, Private Clark bravely cover his comrades as they withdrew. In paying the supreme sacrifice, he exemplified the highest qualities characteristic of the highest members of the Armed Forces.


HERBERT R. PICKART
Capt., 271st Inf.
Commanding

1st Ind
HEADQUARTERS 271ST INFANTRY; APO 417, U. S. ARMY
TO: CG, 69th Inf Division
HBM:tfm
APO 417, U. S. Army

29 June 1945

Approved.


HENRY B. MARSTON,
Colonel, Infantry,
Commanding
APO 417, U. S. Army

2d Ind

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Approved.

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CONFIDENTIAL

APQ 412

15 June 1951

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SUBJECT : Statement on Heroism

TO : COMMANDING GENERAL, 69th Inf Div, APQ 412
U S ARMY

1. Private James F Clark, Jr. 36899-1B, Co. 271st Infantry was in command of a reconnaissance patrol across the Mulde River, of which I was a member. All bridges in this sector had been blown up, and it was necessary for the patrol to crawl over the debris in order to cross the river. Private Clark was the first to cross the river and reconnoitered the ground on the opposite bank before calling for the rest of the patrol to follow. The patrol moved forward approximately 300 yards when they were fired upon, forcing the patrol to retire. Private Clark stayed behind to cover the river. Private Clark then crossed, it was then that he lost his life.

2. Private Clark displayed great bravery in being the first to cross the river into enemy held territory, and then remaining behind to cover the return across the river.

Raymond P. Washburn
TAYLOR, RAYMOND P.
Sergeant, 3rd
"J" Platoon, Co.
James F. Clark
CLARK, JAMES F.
Sergeant, 3rd
"J" Platoon, Co.

Sworn and subscribed to before me this 15th June 1951

Private James F. Clark, Jr., 56899418, 40
States Army, for heroic achievement in connection
with operations against the enemy on 23 April 1945
in Germany. Private Clark demonstrated courage,
bravery and pluck in leading a patrol across the
enemy territory. Since all bridges were blown
up, it was necessary to crawl over wreckage and debris
to the opposite side. When the patrol was fired upon
Clark remained behind to cover his comrades as they
drew. In paying the supreme sacrifice with his
comrades, Private Clark reflects the highest
upon himself and the armed forces of the United States.

CITATION

SUBJECT: Award of Bronze Star Medal, (Posthumous)
PO : Private, James F. Clark, Jr., 56899418, 40
APO 417, U. S. Army.

HEADQUARTERS 68TH INFANTRY DIVISION
APO 417

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APQ 417

15 June 1954

88

SUBJECT : Statement on Heroism

TO : COMMANDING GENERAL, 69th Inf Div, APQ 417
U S ARMY

1. Private James F Clark, Jr. 36899-18, Co. 1, 271st Infantry was in command of a reconnaissance patrol across the Mulde River, of which I was a member. All bridges in this sector had been blown up, and it was necessary for the patrol to crawl over the debris in order to cross the river. Private Clark was the first to cross the river and reconnoitered the ground on the opposite bank before calling for the rest of the patrol to follow. The patrol moved forward approximately 300 yards when they were fired upon, forcing the patrol to retire. Private Clark stayed behind to cover the river. Private Clark did not cross, it was then that he lost his life.

2. Private Clark displayed great bravery in being the first to cross the river into enemy held territory, and then remaining behind to cover the patrol's return across the river.

Lawrence P. Taylor
TAYLOR, LAWRENCE P.
Sergeant, 3rd Battalion
"J" Platoon, 69th Infantry

James E. Taylor
JAMES E. TAYLOR
Sergeant, 3rd Battalion
"J" Platoon, 69th Infantry

Sworn and subscribed to before me this 15th