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To be prepared in TRIPLICATE

GB.

REPORT OF INDUCTION OF SELECTIVE SERVICE MAN

35153811

Do not enter anything in this column	
Residence	
State	County
Place inducted	
Date inducted	
Day	Month / Year
Source	Nativity
Year of birth	
Race/Cit.	Education
Occupation	Marital

Grime (Last name) Doyle (First name) (D.) (Middle name) (Army serial No.)

Permanent address Cassian (Town) Wells (County) Indiana (State) {Urban†☐ Rural†☒} English (Mother tongue)

Birthplace Cassian (City, town, or county) Indiana (State or country) Birth date Jan. 6, 1918 (Month) (Day) (Year)

Age: 23 years 1 months. U. S. citizen Yes (Yes or No) Race White

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

If not a citizen, show country of allegiance: None

Grade completed in grammar school: 8; high school: 4; college or university None

Civilian trade or occupation: Constr. worker; years so engaged: 2; weekly wage: $25.

Marital status: Single (Single, married, widower, or divorced) Dependents: None (State number and relationship)

Previous service in United States military or naval service, Marine Corps, Coast Guard, or National Guard in active, inactive, or reserve status: None (State last service only)

† Place "X" in box opposite urban if community of 2,500 population or greater; otherwise place "X" in box opposite rural.

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Nearest relative Doris Grime (Other than wife or minor child) (Name in full)

Relationship Mother Address 1012 McKinzie Ave. (Number and street or rural route, if none, so state) Ft. Wayne (City, town, or post office) Indiana (State or country)

Person to be notified in case of emergency Same as above (Name in full)

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

DESIGNATION OF BENEFICIARY

The persons eligible to be my beneficiary are designated below:

1. Single (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

2. None (Full name and address of each minor child, and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

None

In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the relative whose name, relationship, and address are shown below:

3. Doris Grime (Mother) 1012 McKinzie Ave., Ft. Wayne, Indiana (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")

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

4. Wanda Grime (Sister) Same as above (If beneficiary is named in line 3 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary.")

The above recorded information is correct.

Signature of inducted man: (First name) (Middle initial) (Last name)

Witnessed at Fort Benjamin Harrison, Indiana on March 1, 1941

(Signature of witness attesting) John W. Ulery (Name of witness typed) Capt., CMC (Grade and organization)

COPY

INSTRUCTIONS

1. An original and two copies of this form will be prepared for each selectee. For each man inducted, the original signed copy accompanied by FBI Military Fingerprint Card will be forwarded from Induction Center to The Adjutant General, Washington, D. C. One unsigned copy will be sent to Reception Center for extraction of data; then to Corps Area Headquarters for machine record purposes; then to The Adjutant General. One signed copy will be given to the man. For each man rejected the original will be sent to the local board; one unsigned copy to The Adjutant General; one signed copy to the rejected man. All copies other than original will be clearly marked "Copy" in large red overprint letters diagonally across the face of the form.
2. Fingerprints are not required for rejected men; for inducted men they are required only on original copy and on FBI Military Fingerprint Card.
3. Forms of men rejected will be marked "Rejected" in large letters at the top of first page.

PHYSICAL EXAMINATION

1. Eye abnormalities: None
2. Ear, nose, throat abnormalities: None
3. Mouth and gum abnormalities: None
4. Teeth (Examinee's) — Right: 8 7 6 5 4 3 2 1 / 16 15 14 13 12 11 10 9 — Left: 1 2 3 4 5 X 7 8 / 9 10 11 12 13 14 15 16 (Strike out those that are missing; circle those that may be restored)
5. Skin: Normal
6. Varicose veins: None
7. Hernia: None
8. Hemorrhoids: None
9. Genitalia: Normal
10. Feet: Normal
11. Musculo-skeletal defects: Normal
12. Abdominal viscera: Normal
13. Cardiovascular system: Normal
14. Lungs, including X-ray, if made: Normal
15. Nervous system: reflexes, pupillary: Normal patellar: Normal
16. Endocrine disturbances: None
17. Results of laboratory examinations, when made: None
18. Remarks on defects not sufficiently described above: None
19. Summary of defects in order of importance, impression of physical fitness: Good

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

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

Height 73 in.
Weight 209 lb.
Girth (at nipples):
- Inspiration 41 in.
- Expiration 38 in.

Girth (at umbilicus) 34 in.
Posture Fair
Frame Medium
Color of hair Brown
Color of eyes Brown
Complexion Ruddy
Pulse:*
- Sitting
- After exercise
- 2 min. after exercise

Blood pressure:*
- Systolic
- Diastolic

Urinalysis:
- Sp. gr. 1.010
- Albumin Negative
- Sugar Negative
- Microscopic*

Other data*

*When required.

I certify that the above-named registrant was carefully examined; that the results of the examination have been correctly recorded and that to the best of my knowledge and belief he is—

*Mentally and physically qualified for the active military service of the United States.

*#Mentally #physically disqualified for the military service of the United States by reason of

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

Place Fort Harrison, Ind. Signature

Date April 1941 Name typed or stamped: CAPTAIN Medical Corps. (Grade)

I acknowledge receipt of copy of this report this date. 5-1-41 (Date) (Signature of inducted or rejected man. Required only on original)

The above-named registrant was this date—

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

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

Place Ft. Harrison, Ind. (Signature of inducting officer)

Date May 1, 1941 (Typed name of inducting officer) (Grade and organization)

*# Strike out clause or words not applicable.

FINGERPRINTS—RIGHT HAND

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