

**REPORT OF INDUCTION OF  
SELECTIVE SERVICE MAN**Do not enter anything  
in this column

\_\_\_\_\_  
 (Last name) (First name) (Middle name) (Army serial No.)

Permanent address \_\_\_\_\_  
 (Town) (County) (State) (Urban ☐ Rural ☒ English (Mother tongue)

Birthplace \_\_\_\_\_  
 (City, town, or county) (State or country) Birth date June 10 1910  
 (Month) (Day) (Year)

Age: 30 years 9 months. U. S. citizen Yes Race Colored  
 (Yes or No)

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: 0; high school: 0; college or university: 0

Civilian trade or occupation: Musician; years so engaged: 10; weekly wage: \$10.00

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

Previous service in United States military or naval service, Marine Corps, Coast Guard, or National Guard in an active, inactive, or reserve status: \_\_\_\_\_  
 (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.

Residence		
State	County	
71	037	
Place inducted		
7-17		
Date inducted		
Day	Month	Year
9	04	41
Source		
Nativity		
45		
Year of birth		
10		
Race/Cit.	Education	
2	0	
Occupation	Marital	
024	4	

**NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Nearest relative Dock Burnett  
 (Other than wife or minor child) (Name in full)

Relationship Father Address Rt. #2, Box #94-A Parkin Arkansas  
 (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

Person to be notified in case of emergency Dorothy May Burnett  
 (Name in full)

Relationship Sister Address Rt. #2, Box #94-A Parkin Arkansas  
 (If friend, so state) (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. (none)  
(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)

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. Dorothy May Burnett, sister - Rt. #2, Box #94-A, Parkin, Arkansas  
(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. Dock Burnett, father - Rt. #2, Box #94-A, Parkin, Arkansas  
(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: Chester A. Burnett  
 (First name) (Middle initial) (Last name)

Witnessed by:

Witnessed at Camp Joseph T. Robinson Ark. on April 9 1941  
 (Signature of witness attesting) (Name of witness typed) (Grade and organization)

men

**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.

\* See AG 201 (3-6-40) ER to 5/1/41



# PHYSICAL EXAMINATION

1. Eye abnormalities None
2. Ear, nose, throat abnormalities None
3. Mouth and gum abnormalities None
4. Teeth {
 

Right	(Examinee's)	Left	
8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	(Strike out those that are missing; circle those that may be restored)
16 15 14 13 12 11 10 9		9 10 11 12 13 14 15 16	
5. Skin Normal
6. Varicose veins None
7. Hernia None
8. Hemorrhoids None
9. Genitalia Normal
10. Feet Normal
11. Musculo-skeletal defects None
12. Abdominal viscera Normal
13. Cardiovascular system Normal
14. Lungs, including X-ray, if made Normal Clinically, X-ray: Chest: Negative  
Heart: Negative
15. Nervous system: reflexes, pupillary Normal patellar Normal
16. Endocrine disturbances None noted
17. Results of laboratory examinations, when made None made
18. Remarks on defects not sufficiently described above None
19. Summary of defects in order of importance, impression of physical fitness VOD 20/20-4 etc  
Class 1-A.

Vision:  
 Right eye 20/ 20-4  
 Left eye 20/ 20  
 Hearing:  
 Right ear 20/ 20  
 Left ear 20/ 20  
 Height 73 in.  
 Weight 208 lb.  
 Girth (at nipples):  
 Inspiration 39 in.  
 Expiration 37 in.  
 Girth (at umbilicus) 37 in.  
 Posture Good  
 Frame Heavy  
 Color of hair Black  
 Color of eyes Brown  
 Complexion Colored  
 Pulse:\*  
 Sitting 74  
 After exercise  
 2 min. after exercise  
 Blood pressure:\*  
 Systolic  
 Diastolic  
 Urinalysis:  
 Sp. gr. 1.018  
 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 and physically qualified 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 Camp Joseph T. Robinson Ark. Signature Vernon H. Coughlan

Date April 9, 1941

Name typed or stamped: VERNON H. COUGHLAN Capt. Medical Corp.

I acknowledge receipt of copy of this report this date 4/-9/41

The above-named registrant was this date—

\*Accepted for #active military service #inducted and inducted into the Army of the United States and sent to Camp Joseph T. Robinson Ark.

\*#Referred for service in the Army of the United States

Place Camp Joseph T. Robinson Ark.

Date April 9, 1941.

(Signature of inducting officer)

John R. Dale, Capt. Inf- RO  
 (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



# ENLISTED RECORD OF

Burnett  
(Last name)

Chester  
(First name)

A.  
(Middle initial)

37063900  
(Army serial number)

T/5  
(Grade)

Born in **Aberdeen**, in the State of **Mississippi**  
 [redacted] inducted April 9, 1941, at **Camp James T. Robinson, Arkansas**  
 When enlisted or inducted he was **Thirty and Nine-twelfths** years of age and by occupation  
 a **Farmer**  
 He had **Blue** eyes, **Black** hair, **Colored** complexion,  
 and was **Six** feet **One** inches in height.  
 Completed **2** years, **0** months, **5** days service for longevity pay.  
 Prior service: **Tr "G" 9th Cav from April 9, 1941 to October 28, 1941. Discharged as Pfc**  
**Character "Excellent"; By reason of Convenience of the Government. Transferred to**  
**Enlisted Reserve Corps. No time lost under AW 107.**

Noncommissioned officer **Technician Fifth Grade January 25, 1943**  
 Military qualifications: **Marksmen 1903 Rifle April 20, 1943.**  
 Army specialty **Lineman April 5, 1943**  
 Attendance at **None**  
 (Name of noncommissioned officers' or special service school)

Battles, engagements, skirmishes, expeditions

None

Decorations, service medals, citations

None

Wounds received in service

None

Date and result of smallpox vaccination: **April 28, 1943 Vaccinoid**  
 Date of completion of all typhoid paratyphoid vaccinations: **April 21, 1942 Completed**  
 Date and result of diphtheria immunity test (Schick): **Not Given**  
 Date of other vaccination (specify vaccine used): **Tetanus Toxoid May 13, 1942 Completed**  
 Physical condition when discharged **GDD, Sec II AR 615-360** Married or single **Single**  
 Honorably discharged by reason of **GDD, Sec II AR 615-360, 2nd Ind Hq Cp Adair, Ore dtd 9/24/43**  
**Character "Excellent" LHS** Periods of active duty: **April 9, 1941 to November 3, 1943**  
 Remarks: **No time lost under AW 107. Soldier not entitled to travel pay per AR 35-2560. Enlisted Reserve Corps from October 28, 1941 to January 28, 1942.**

APPLICATION FOR READJUSTMENT ALLOWANCE PUBLIC LAW #348	
MADE THROUGH	
STATE	<i>Indiana</i>
DATE	<i>8-23-45</i>

Print of Right Thumb

Signature of soldier

*L. L. Sutherland*  
**L. L. SUTHERLAND**  
 Capt, MAC CO Det of Patients

~~(Name and title)~~

## INSTRUCTIONS FOR ENLISTED RECORD

1. Enter date of induction only in case of trainee inducted under Selective Training and Service Act of 1940 (Hull 25, W. D., 1940); in all other cases enter date of enlistment. Eliminate word not applicable.

2. For each enlistment, give company, regiment, or arm or service with inclusive dates of service, grade, cause of discharge, number of days lost under AW 107 (if none, so state), and number of days retained and cause of retention in service for convenience of the Government, if any.

3. Enter qualifications in arms, horsemanship, etc. Show the qualification, date thereof, and number, date, and source of order announcing same.

4. See paragraph 12, AR 40-219.

5. If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.

6. Enter periods of active duty of enlisted men of the Regular Army Reserve and the Enlisted Reserve Corps and dates of induction into Federal Service in the case of members of the National Guard.

7. In all cases of men who are entitled to receive Certificates of Service under AR 345-300, enter here appointments and ratings held and all other items of special proficiency or merit other than those shown above.

## INSTRUCTIONS FOR CERTIFICATE OF DISCHARGE

AR 345-470.

Insert name, as "John J. Doe," in center of form.

Insert Army serial number, grade, company, regiment, or arm or service, as "1620302", "Corporal, Company A, 1st Infantry", "Sergeant, Quartermaster Corps."

The name and grade of the officer signing the certificate will be typewritten or printed below the signature.





## Honorable Discharge

*This is to certify that*

CHESTER A. BURNETT

37063900; Technician Fifth Grade; Unassigned Station  
Hospital, Service Command Unit 1911

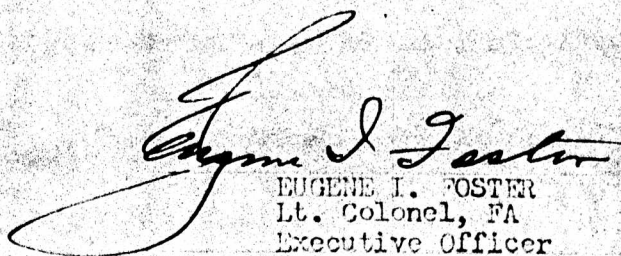
Army of the United States

*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 his country.*

*Given at* Camp Adair, Oregon

*Date* November 3, 1943

  
EUGENE I. FOSTER  
Lt. Colonel, FA  
Executive Officer

NAME: Burnett, Chester A

SERIAL/SERVICE NUMBERS: 37 063 900

DATE OF BIRTH: June 10, 1910

DATES OF SERVICE: April 9, 1941 to November 3, 1943

CITY/TOWN AND STATE OF RESIDENCE, DATE OF ADDRESS: Memphis, TN. / November 3, 1943

MARITAL STATUS: Single

DEPENDENTS: Not Available

RANK/GRADE: Technician Fifth Grade

SALARY: Not Available

ASSIGNMENTS AND THEIR GEOGRAPHICAL LOCATION: 29th Signal Construction Battalion  
Hospital Service Command Unit 1911, Camp Adair, OR

SOURCE OF COMMISSION: Not Available

MILITARY AND CIVILIAN EDUCATIONAL LEVEL: Not Available

PROMOTION SEQUENCE NUMBER: Not Available

DECORATIONS AND AWARDS: World War II Victory Medal, American Campaign Medal

DUTY STATUS: Not Available

PHOTOGRAPH: Not Available

RECORDS OF COURTS-MARTIAL TRIALS: None

PLACE OF INDUCTION AND SEPARATION: Camp J. T. Robinson, AR / Memphis, TN

IF VETERAN IS DECEASED: PLACE OF BIRTH: Aberdeen, MS

LAST KNOWN ADDRESS: 829 E. 88th Street, Chicago, ILL

DATE AND GEOGRAPHICAL LOCATION OF DEATH: January 10, 1976

PLACE OF BURIAL: Hillside, ILL

## REPORT OF BOARD OF MEDICAL OFFICERS

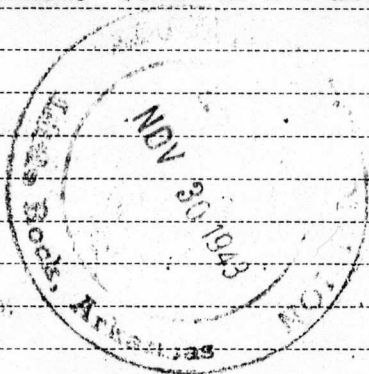
From a careful consideration of all the evidence obtainable in the case and a critical examination of the soldier (see sec. I, Cir. No. 146, W. D., 1941), (for Line of Duty see par. 18, AR 40-1025),

WE FIND:

That he is unfit for service as a soldier because of

**Psychoneurosis, hysteria, anxiety type.**

**Manifested by recurrent attacks of anxiety during which patient is tense, fearful, shows emotional instability and is destructive to ward furniture. Chief of Neuropsychiatric Section concurs in diagnosis and states that soldier is to be discharged in the custody of a Medical officer and two enlisted men. Incapacitates so that soldier is not able to perform the drill, marches, and other duties required of enlisted men by reason recurrent attack of hysteria, and probability of future hospitalization. Maximum hospital improvement has been obtained. Fraud is not involved.**



THE ARMY OF THE UNITED STATES

CERTIFICATE OF DISABILITY FOR DISCHARGE

(See AR 600-500 and AR 615-300)

OF

**Burnett** **Chester** **A.** **37063900**  
(Last name) (First name) (Middle Initial) (Army serial number)

**T/5** **Unasgd., SCU 1911, Sta. Hosp.**  
(Grade) (Regiment or arm or service)

**Enlist April 9, 1911 at Camp J. T. Robinson, Ark.**

by **JOHN R. DALE, Capt**

Age at enlistment **30** yrs. and **9** mos.; occupation **Farmer**

Prior service (total) **0** yrs. and **6** mos. Last discharged **10/28/41**

Recommended for discharge on account of **Psychoneurosis,**  
**anxiety type, hysteria.**  
(State nature of disability)

Became unfit for duty from present disease or injury (date) **Aug. 27, 1943**

Disease contracted or injury received (date and place) **Existed prior**  
**to induction.**

When disability arose soldier was (state duty and service. If absent from company,  
cause and date) **On full duty status with**  
**organization.**

Cause of disease, or circumstances under which it appeared:  
**Cause undetermined.**

Disability <sup>was</sup> ~~was not~~ incurred in line of duty.

**W. E. Abrams.**

**W. E. ABRAMS**

**Capt MAC Asst CO Det of Pat.**

**Camp Adair, Oregon**

**September 24, 43**

\*Strike out words not applicable.