

342 LEONARD, FRED 20,523,483 PVT. 1CL. S.W. PACIFIC  
INF. (KY.) '43rd



293 LEONARD, FRED 20,523,483 PVT. 1CL. S.W. PACIFIC

~~CONFIDENTIAL~~



DEC 1 1949 LIST

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)	
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE <i>Nov 25 1940</i>	SERIAL No. <i>20523483</i>	EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN <input type="checkbox"/> HEBREW <input type="checkbox"/> NONE
<input type="checkbox"/> FLAT MARBLE MARKER	DISCHARGE DATE	PENSION No.	COMPANY
<input checked="" type="checkbox"/> FLAT GRANITE MARKER		STATE <i>Ky.</i>	RANK <i>PFC</i>
<input type="checkbox"/> BRONZE MARKER		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION <i>Infantry (Tank)</i>	
NAME (Last, First, Middle Initial) <i>LEONARD FRED</i>		LOCATION (City and State) <i>Harrodsburg Ky.</i>	
DATE OF BIRTH (Month, Day, Year) <i>Aug 12 1919</i>	DATE OF DEATH (Month, Day, Year) <i>July 11 1942</i>	NEAREST FREIGHT STATION (City and State) <i>Harrodsburg Ky.</i>	
NAME OF CEMETERY <i>Spring Hill Cemetery</i>		POST OFFICE ADDRESS OF CONSIGNEE <i>Harrodsburg Ky.</i>	
SHIP TO (CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) <i>appl</i> (SIGNATURE OF CONSIGNEE)		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense. <i>Alma Leonard</i> APPLICANT'S SIGNATURE DATE OF APPLICATION <i>Nov. 23 1949</i>	
DO NOT WRITE HERE FOR VERIFICATION <i>NOV 20 1949</i> ORDERED B/L SHIPPED		ADDRESS (Street, City, State) <i>Harrodsburg Ky.</i>	

OQMG FORM 623  
REV 6 JUL 48

IMPORTANT—Complete Reverse Side

16-11453-7 GPO

FOR ORD. 13 DEC 1949



I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

Date Nov 23, 1949.

Return to: OFFICE OF THE QUARTERMASTER GENERAL,  
MEMORIAL DIVISION,  
WASHINGTON 25, D. C.

*Robert J. [Signature]*  
(Signature of superintendent, sexton, or caretaker)





ORIGINAL ORDER

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

FRED LEONARD / KENTUCKY / PFC 192 TANK BN /  
WORLD WAR II / AUG 12 1919 AUG 28 1942

SHIP TO:

*Alma*  
~~ALICIA~~ LEONARD *Alma*  
HARRODSBURG  
KENTUCKY

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT:

~~XXXXXXXXXX~~

CEMETERY:

SPRING HILL  
HARRODSBURG  
KENTUCKY

OQMG FORM  
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

*Alma Leonard*  
SIGNATURE

*Alma Leonard*  
DEC 2 1949  
DEC 1949  
MIJ



FLAT GRANITE MARKER

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

ORIGINAL ORDER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the enclosed envelope which requires no postage. WHEN YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

FRED LEONARD \ KENTUCKY \ PFC  
WORLD WAR II \ AUG 12 1919 \ AUG 28 1945  
195 TANK BN \

R. R. STATION

SHIP TO:  
ALFRED LEONARD  
HARRISBURG  
KENTUCKY

SHIP TO:

R. R. STATION

FOR:

XXXXXXXXXX

APPLICANT:

CEMETERY

APPROVAL AND ACCEPTANCE

FORM NO. 312  
REV. 1 NOV. 45

SIGNATURE



61M



ORIGINAL

RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST. & 1st AVE., BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

ALEXANDER & ROYALTY

LEXINGTON STREET

HARRODSBURG KENTUCKY

REMAINS OF THE LATE PFC FRED LEONARD ACCOMPANIED BY AN  
ESCORT ARE SCHEDULED TO LEAVE JERSEY CITY ON TRAIN  
NUMBER 1 B&O RAILROAD AT TWO PM EST  
ON TUESDAY 25 OCTOBER AND DUE TO ARRIVE AT HARRODSBURG  
AT NINE THIRTY PM ON WEDNESDAY 26 OCTOBER  
PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND  
PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

G. H. BARE

ESCORT: SGT JOHN J AUSTIN  
RA20126878 DET #5 1300

COLONEL, QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
this 26 day of October, 1949  
(Day) (Month)

FILE  
15 NOV 1949  
REPAIRATION  
BRANCH  
WEST, CIV. *Ward*

*John J Austin*  
Sgt. RA20126876  
(Witness (Escort))

*Alexander & Royalty*  
By *C. M. Alexander*  
(Consignee)



/hce

BHR

DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 07949

DATE  
15 05 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

LEONARD FRED

20523483

PFC

1

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

1

DISPOSITION OF REMAINS

5200 07  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

3 21 2660 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ALEXANDER AND ROYALTY  
LEXINGTON STREET  
HARRODSBURG, KENTUCKY

NAME AND ADDRESS OF NEXT OF KIN

ALMA LEONARD (MOTHER)  
HARRODSBURG, KENTUCKY

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

LEONARD, Fred

20523483

20 05 48

28 Jan 49

IDENTIFICATION TAG ON

2 REMAINS

1 MARKER

ORGANIZATION

USAGF

RELIGION

P

IDENTIFICATION VERIFIED BY

RICHARD HOYT

Embalmer

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 Jan 49

BY

C. RICHARD HOYT

CASKET SEALED BY

RICHARD HOYT C. MAXLEE FANN

EMBALMER (Signature)

RICHARD HOYT C. MAXLEE FANN

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 28 Jan 49 BY EARL McDANIEL, Capt., Inf.

LORENZO T. OJEDA, 1st Lt., Inf.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

LORENZO T. OJEDA, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS Remains Depot	TO	USAT JOSEPH E. GARRARD
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	WEYMAN L. McGUIRE, S. Sgt., MC Sgt., OMC
SIGNATURE OF SHIPPER	<i>Gerard A. Bruck</i>	SIGNATURE OF RECEIVER	<i>Paul S. Rudisill</i>
DATE	6 Aug 49	DATE	6 Aug 49

2. SHIPPED

FROM	AGRS Port Officer	TO	USAT 2d MORRIS E. GRAIN
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	D. I. ADAMS, Major, TC	SIGNATURE OF RECEIVER	<i>[Signature]</i>
DATE	SEP 21 1949	DATE	SEP 21 1949

3. SHIPPED

FROM	HQ SEPE, Ft MASON, CALIF.	TO	DC-1 Brooklyn Army Base NYPE
KIND OF CONVEYANCE	RAIL	NAME OF CONVOYER	<i>[Signature]</i>
SIGNATURE OF SHIPPER	MAJOR C. ARTHUR	SIGNATURE OF RECEIVER	<i>[Signature]</i>
DATE	SEP 21 1949	DATE	OCT 10 1949

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	



CASE NO.		INSPECTION CHECK LIST					SPACE NO.	
NAME OF DECEASED (Last, First, Middle Initial)			BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
LEONARD FRED			AGF	W				
RANK OR GRADE		SERIAL NUMBER	CONSIGNEE					
PTC		20523483	ALEXANDER AND ROYALTY LEXINGTON ST HARROLSBURG KY					
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF SHIPPING CASE (Check One)				
				<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)				REMARKS  OK				
FINISH (Interior)								
HANDLES								
HANDLE BOLTS								
STENCILING—NAME PLATE								
HEALTH PERMIT MARKER								
HEALTH PERMIT NUMBER								
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF CASKET (Check One)				
				<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)				REMARKS  Retouch casket  OK				
HANDLES AND FASTENINGS								
STENCILING—NAME PLATE								
CAM LOCKS (Sealing)								
ODOR OR MOISTURE								
ROUTED THROUGH								
<input type="checkbox"/> MORTUARY OPERATING ROOM				<input type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS				CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				<input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION (Explain)				CASKET EXCHANGED				
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
				SHIPPING CASE REPAIRED				
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
				SHIPPING CASE EXCHANGED				
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
				REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR		
						inspected Hanell		
REMARKS								



*Murphy  
1st cover*

RECEIVED

1949 SEP 16 17 56

GREENWICH MEAN TIME (Z)  
U. S. ARMY CONCENTER  
NO. 1000 BROOKLYN, NY

WU026 12 2 EX GOVT COLLECT

HARRODSBURG KY SEP 16 1120A

DISTRIBUTION CENTER ONE

NEWYORK PORT OF EMBARKATION BROOKLYN NY

RETEL FOLLOW ORIGINAL INSTRUCTIONS FOR LATE PFC FRED LEONARD

ALMA LEONARD HARRODSBURG KY

1255P



IN OUT

SEP 16 2 26 PM 1949

DC #1: AGRS  
NYPE

HOUSE IS 3 EX GOVT COLLECT

HARRISBURG PA SEP 16 1949

DISTRIBUTION CENTER ONE

NEW YORK PORT OF DEPARTURE BROOKLYN NY

RETEL FOLLOW ORIGINAL INSTRUCTIONS FOR LATE PAC FRED LEONARD

ALMA LEONARD HARRISBURG PA

1949



RECEIVED

Distribution center #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

1949 SEP 8 certify that this message is an official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

AIMA LEONARD

HARRODSBURG KY

MERRELL

*James McCarthy*  
JAMES MCCARTHY  
Major, TC  
Admin O, AGR Div.

PLEASE BE ADVISED THE REMAINS OF THE LATE **PTC FRED LEONARD**  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO **ALEXANDER AND ROYALTY LEXINGTON ST HARRODSBURG KY**

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

DOG (REV)

G. H. BARE  
COL, QMC

RELEASED TO W U  
16 SEPT 49

193







113345

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES <small>(Read Explanation on Reverse Side before completing form)</small>		DATE
NAME OF DECEDENT (Last, First, Middle Initial) <b>LEONARD FRED</b>		TO BE FILLED IN BY CLAIMANT <b>PAID</b> A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
BRANCH OF SERVICE <b>AGF</b>		
RANK OR GRADE <b>PTC</b>	SERIAL NO. <b>20523483</b>	

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

- 1. This form is NOT to be signed by Funeral Director.
- 2. Fill in as required and sign four copies.
- 3. Check Box "A" or Box "B" above, not both.
- 4. Check Box "A" when interment is in a civilian or private cemetery.
- 5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED	FILL IN THIS STATEMENT IF BOX "B" IS CHECKED
I certify that the sum of \$ <b>75.00</b> was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: <b>Spring Hill Cemetery</b> CITY OR COUNTY: <b>Harrodsburg Ky</b> STATE: <b>Ky.</b>	I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped) TO: (Name and Location of National or Post Cemetery) <b>Alma Leonard.</b> SIGNATURE OF CLAIMANT ADDRESS (Street number or RFD, City and State) <b>Harrodsburg Ky.</b> RELATIONSHIP TO DECEDENT <b>Mother.</b>
RETURN FOUR COPIES TO	

REMARKS

J. C. Kovarik  
Col., F. D.  
Brooklyn, N. Y.  
NOV 1949  
Sym. 215-130  
Sta. C-1



## PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

## PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



293. Leonard, Fred  
20523483

at

Report of Death 1949  
Name - LEONARD, FRED. Rank Pfc. Co. 192  
20523483  
Age 25 Born Aug 12, 1917.  
Home Address Harrisonburg, Kentucky.  
Time of Death - 3:30 A.M. Aug 28, 1942. Cause Malaria  
Next of Kin - Mr. F. Leonard  
Home Address. Belonging, None  
Burial 28  
Hospital Area 306  
H.C. M.C.

- 896 -

NAN  
File 1 Per  
Sidenton  
5 Feb 52



293 FILE		DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED			
NAME (Last, First, Middle Initial) <i>LEONARD, Fred</i>		GRADE Pfc		PRESENT SERIAL NUMBER 20 523 483	
ORGANIZATION <i>192 Tank Bn.</i>		RACE <input checked="" type="checkbox"/> <i>White</i>		CREED <i>Not Shown</i>	
DATE OF DEATH/MIA <i>28 Aug 42</i>		CAUSE OF DEATH <i>Malaria and Splenitis</i>		PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>Cabanatuan Prison Camp</i>	
DATE OF BOD <i>31 July 45</i>		WEIGHT <input checked="" type="checkbox"/> <i>141</i>		SHOE SIZE <input checked="" type="checkbox"/> <i>Not Shown</i>	
HEIGHT <input checked="" type="checkbox"/> <i>70 also shown 71</i>		COLOR EYES <input checked="" type="checkbox"/> <i>Blue</i>		COLOR HAIR <input checked="" type="checkbox"/> <i>Brown</i>	
Induction DENTAL CHART Date <i>19 Nov 40</i>					
UPPER RIGHT <input checked="" type="checkbox"/> <i>X</i> 7 6 5 4 3 2 1			UPPER LEFT <input checked="" type="checkbox"/> 1 2 3 4 5 <i>X</i> 7 <i>X</i>		
LOWER RIGHT <input checked="" type="checkbox"/> <i>X</i> 15 <i>X</i> 13 12 11 10 9			LOWER LEFT <input checked="" type="checkbox"/> 9 10 11 12 13 14 15 <i>X</i> 16		
X = Extracted      O = Cavious      1 = Cavious Non-Restorable					
FRACTURES AND/OR BREAKS <input checked="" type="checkbox"/> <i>None Shown</i>			TATTOOS AND/OR BIRTHMARK <input checked="" type="checkbox"/> <i>None Shown</i>		
ADDITIONAL INFORMATION					

NAN  
File  
*Sanderson*  
OCT 17 1940  
Identification Branch





RECEIVED  
PENTAGON LIAISON  
SEP 25 1950  
MEM. DIV. CQMG



LEONARD Fred

REGISTER OF DENTAL PATIENTS AT

20523483

Camo Polk. Ia.

(1) SURNAME

(2) CHRISTIAN NAME

Leonard. Fred None

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt.

Ha.

192nd. Tk. Bn.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE YEARS

24

W

Kv.

7 yrs.

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

Car. R-14-H

Car. L-14\*H

Cal

Ginseng

(11) DATES AND NATURE OF TREATMENTS  
AND OPERATIONS

A

A
---

ICR Pr1.x

GT

## (12) RESULTS AND REMARKS

57

7

Cherif

RS  
1-1-4

RALPH S. HUNT, Jr.

MAJOR DENTAL CORPS  
*Dental Corps, U. S. A.*

Form 79—MEDICAL REPORT (Rev. April 14, 1943)

GPO 3-10597



Date 10/7 1941

Report of Dental Survey

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X												X	X		X

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X														X

CLASS I

O Tooth crowned / Missing tooth  
O/O Fixed bridge / Partial denture

Occlusion \_\_\_\_\_ Periodontoclasia \_\_\_\_\_

\*Caries \_\_\_\_\_

Calculus: Slight, Medium, Heavy

Dental foci suspected: Yes No

Other conditions \_\_\_\_\_

Ralph S. Hunt  
Dental Officer.



## REGISTER OF DENTAL PATIENTS AT

Fort Knox, Kentucky

(1) SURNAME		(2) CHRISTIAN NAME	
Leonard Fred		(20523483)	
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
Pvt.	Hq.	192nd Tank Bn.	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
3	"	Ky.	8/12 (N.G.)

[illegible]

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised Feb. 24, 1941)

16-20622



\*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

Right									Left						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

CLASS -----

Occlusion -----: Calculus: Slight, Medium, Heavy  
Periodontoclasia -----  
Dental foci suspected:      Yes              No  
Other conditions -----

Date -----, 19-----

Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge  
(oval to include abutments)

--



REQUEST FOR DISPOSITION OF REMAINS

BUDGET BUREAU No. 49-R277.

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

Pfc Fred Leonard, 20 523 483  
Plot 3, Row 21, Grave 2660,  
United States Armed Forces Cemetery  
Manila #2, Philippine Islands

21 November 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.  
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Alma Leonard (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- ☐ WIDOW
- ☐ WIDOWER
- ☐ SON OVER 21 YEARS OLD
- ☐ DAUGHTER OVER 21 YEARS OLD
- ☐ FATHER
- ☒ MOTHER
- ☐ BROTHER OVER 21 YEARS OLD
- ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- ☐ 3 BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- ☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

None

DDPROC 6/15/48  
Coded 5/24/48  
Shunee



## PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE No.

OR  
I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
Alexander and Royalty			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Lexington St	Harrodsburg	Mercer	Kentucky
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Harrodsburg Ky.	Harrodsburg Kentucky	116	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Leonard	Fred Sr.	G	father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
XXXXXXXXXX	Harrodsburg	Mercer	Kentucky

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Alma Leonard  
(SIGNATURE OF NEXT OF KIN)

Alma Leonard

(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

Harrodsburg Kentucky

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 4 day of December, 1947, at city (or town) of Harrodsburg, county of Mercer, and State (or Territory or District) of Kentucky

Wm L Menard  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
(OFFICIAL TITLE)

\*NOTE.—Page 4 is part of the notarial attestation.



PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED  
(PLEASE INSERT RELATIONSHIP)  
NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.  
THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

(SIGNATURE OF NEXT OF KIN)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
	(CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

(SIGNATURE)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
	(CITY AND STATE)

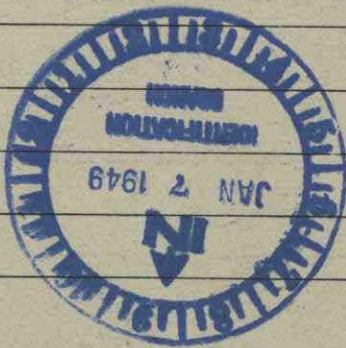




ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.

RECORDS BRANCH  
DEC 8 9 41 AM '47  
MEMORIAL DIVISION





OQMG FORM 381 11 MAR 47			NOTICE OF CHANGE IN ADDRESS		
NAME OF DECEASED Fred Leonard		RANK PFC	SERIAL NUMBER 20 523 483		
NAME OF NEXT OF KIN Alma Leonard		RELATIONSHIP mother			
OLD ADDRESS RFD #1 Maywood Missouri					
NEW ADDRESS <del>XXXXXXXXXXXX</del> , Harrodsburg Ky					
REMARKS					
U. S. GOVERNMENT PRINTING OFFICE 10-51932-1					

File  
NAT  
RP  
12/12/47



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.  
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)



OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION, R. R. BRANCH  
WASHINGTON 25, D. C.





293  
Pfc Fred Leonard, 20 523 483  
Plot 3, Row 21, Grave 2660,  
United States Armed Forces Cemetery  
Manila #2, Philippine Islands

21 November 1947

Mrs. Alma Leonard  
Rural Free Delivery #1  
Maywood, Missouri

Dear Mrs. Leonard:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

4 Incls.  
faj

NOV 21 1947  
MAIL & RECORDS SECTION


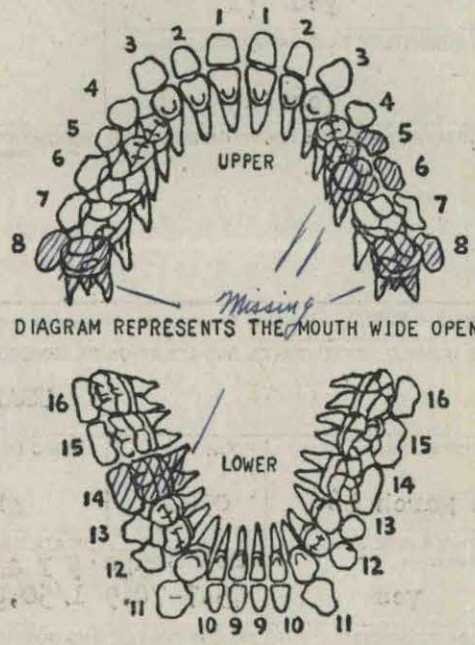





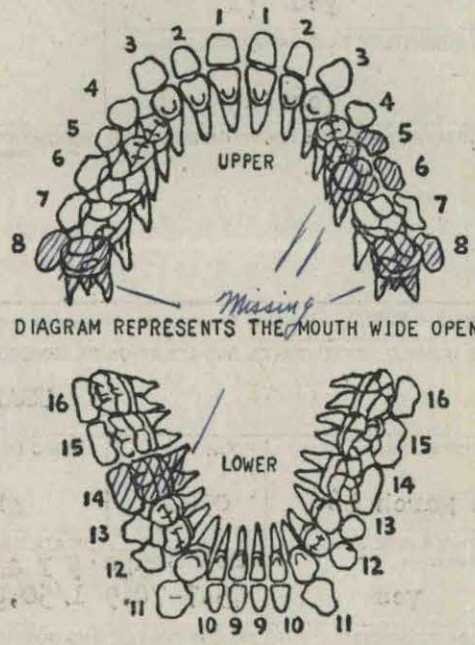





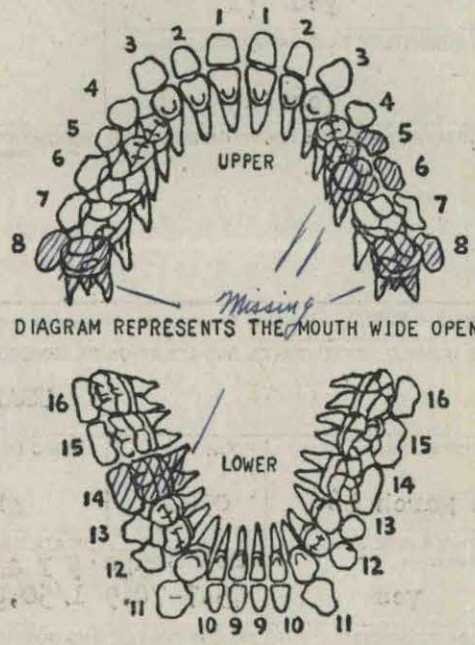




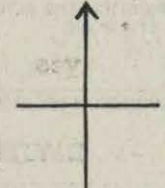


WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		RESTRICTED RE		34950		
REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 29 Mar 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) LEONARD, Fred		SERIAL No. 20523483		
GRADE Pvt		ORGANIZATION 192nd tank bn.		BRANCH OF SERVICE Army		
RACE		RELIGION protestant		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH POW Camp, cabanatuan, Luzon, P. I.		CAUSE OF DEATH malaria, sphenitis		DATE OF DEATH 28 Aug. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) Mr. F. Leonard, Harrisburg, KY.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) yes (1)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) yes (1)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, P. I.						
DATE OF BURIAL 4 March 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) shelter half	TYPE OF GRAVE MARKER cross	PLOT No. 3	ROW No. 21	GRAVE No. 2660
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps # I & II cemetery, cabanatuan, Luzon, P. I. 45.7-70.9 1/50,000.			PLOT No. 3	ROW No. 0	GRAVE No. 306
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) DAVIS, Raymond W.			RANK Pfc	SERIAL No. 19051350	ORGANIZATION 808th mp	GRAVE No. 2659
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) COLOMBERO, Tony			RANK Pfc	SERIAL No. 6571780	ORGANIZATION 20th AB AC	GRAVE No. 2661
SIGNATURE OF PERSON PREPARING REPORT L. VENAFRA, PFC. GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt. QMC.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED



RESTRICTED

Section UNIDENTIFIED REMAINS.														
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.													
APR 1946	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS													
LEFT RING FINGER	WEAPON AND SERIAL No. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND													
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES													
LEFT INDEX FINGER	<table border="1"><tr><td>FILLINGS</td><td></td><td rowspan="6"></td></tr><tr><td>CAVITIES</td><td></td></tr><tr><td>MISSING TEETH</td><td></td></tr><tr><td>CROWNED TEETH</td><td></td></tr><tr><td>BRIDGE WORK</td><td></td></tr><tr><td colspan="2">FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</td></tr></table>	FILLINGS			CAVITIES		MISSING TEETH		CROWNED TEETH		BRIDGE WORK		FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY	
FILLINGS														
CAVITIES														
MISSING TEETH														
CROWNED TEETH														
BRIDGE WORK														
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY														
LEFT THUMB														
RIGHT THUMB														
RIGHT INDEX FINGER														
RIGHT MIDDLE FINGER														
RIGHT RING FINGER														
RIGHT LITTLE FINGER	REMARKS: <div></div>													







WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON  
REPORT OF DEATH

22/23

\*Corrected Report  
Original Report Dated  
9 July 1943.

DATE 6 December 1943  
mew/amb 4632.

FULL NAME <b>Leonard, Fred</b>		*Japanese (P.O.W., P.I.)	ARMY SERIAL NO. <b>20 523 483</b>
GRADE <b>PFC</b>	ARM OR SERVICE <b>Infantry</b>		DATE OF BIRTH <b>12 Aug 1918</b>
HOME ADDRESS <b>Harrodsburg, Kentucky</b>			
DATE OF DEATH <b>11 Jun 1943</b>	PLACE OF DEATH <b>*P.O.W. Philippine Camp, P.I.</b>	CAUSE OF DEATH <b>Cerebral Malaria</b>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) <b>Frank Leonard, grandfather, R.F.D. #4, Harrodsburg, Ky.</b>			
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) <b>Alma Leonard, mother, R.F.D. #1, Maywood, Missouri</b> <b>Frank Leonard, grandfather, R.F.D. #4, Harrodsburg, Ky.</b>			

THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

BY ORDER OF THE SECRETARY OF WAR:  
**J. A. Marshall**  
ADJUTANT GENERAL



ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED *\* P.O.W. Philippine Camp, P.I.*

DEC 8 3 07 PM '41

MEMORIAL DIVISION

\* The individual named on the obverse side of this report is shown by the records of the War Department to have been in a beleaguered status from 8 December 1941 to and including 6 May 1942 (Section 14, Public Law 490) and absent in a missing in action status on and subsequent to 7 May 1942 and until such absence was terminated by a report of prisoner of war status on 23 January 1943. The prisoner of war status was terminated by the receipt in the War Department of evidence of death transmitted by the Japanese Government through the International Red Cross, date of said termination being 22 June 1943.

REPORT OF DEATH

WASHINGTON

THE ADJUTANT GENERAL'S OFFICE  
WAR DEPARTMENT

22/32

5553



WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON  
REPORT OF DEATH

9 July 1943  
DATE who/gls 4632

FULL NAME <b>Leonard, Fred</b>		ARMY SERIAL NO. <b>20 523 483</b>
GRADE <b>Pvt. 1 Cl.</b>	ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>12 Aug. 1918</b>
HOME ADDRESS <b>Harrodsburg, Kentucky</b>		
DATE OF DEATH <b>11 June 1943</b>	PLACE OF DEATH <b>Southwest Pacific Area</b>	CAUSE OF DEATH <b>Cerebral Malaria while Prisoner of War.</b>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) <b>Frank Leonard, grandfather, RFD #4, Harrodsburg, Ky.</b>		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) <b>Alma Leonard, mother, RFD #1, Maywood, Missouri</b> <b>Frank Leonard, grandfather, RFD #4, Harrodsburg, Ky.</b>		

BY ORDER OF THE SECRETARY OF WAR:  
**J. A. Marshall**  
(OVER) ADJUTANT GENERAL

ADDITIONAL DUTY: (COPIES OF THIS REPORT)  
THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)



ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

*Southwest Pacific Area (Philippine Camp)*

Jul 10 3 28 PM '41

MEMORIAL DIVISION

REPORT OF DEATH

WASHINGTON

THE ADJUTANT GENERAL'S OFFICE

WAR DEPARTMENT