To whom it may concern, Privacy Act Section

I am requesting all of my service medical records be sent to me. There are 2 of particular interest to me and my pending case.

My basic training was at Camp Crowder, Neosho, Missouri May 15, 1945. I then had additional training at Camp Crowder for many more weeks for Field Medic Training and Cook School.

When I had additional weeks of training for Field Medic, they did 2 things to me in the gas chamber. They rubbed a liquid chemical on my bare arm / hand and had me breathe a gas without a mask on. I had no protective clothing in the gas chamber.

I was told these 2 things were done to me, so I would know, as a Field Medic - how to treat people. I was instructed not to talk to any one at Camp Crowder about this experience in the gas chamber.

I became violently ill and was hospitalized at Camp Crowder. Please send me that record.

I was sent to Germany, I became violently ill again. This was the 2nd time I was put in the hospital. This hospitalization was at the 98th General Hospital, Munich Germany. I was in the 119 APO.
Please send me that record.

Dates of service May 15, 1945 to Sept. 15, 1948

PRIVACY ACT COMPLETED
DATE APR 0 8 2008
INITIALS

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ENLISTMENT RECORD

37813644

Harrell Arla W
(Last name) (First name) (Middle initial) (Army serial No.)

Born 19 March 1927 Buffalo Mo.
(Month, day, and year) (City or town) (State or country)

Height 5 ft. 9 in. Weight 142 lb. Eyes Grey Hair Brown

Complexion ruddy Size of gas mask ..... Size of shoe .....

Married or single S Occupation .....

EDUCATIONAL QUALIFICATIONS

Years in: Grammar school ..... High school ..... College or university .....

Graduate work ..... Specialized in .....

Speaks *English, French, Spanish, German.

OCCUPATIONAL QUALIFICATIONS

..... $.....
(Main occupation) (Weekly wages)

Years ..... as *apprentice, journeyman, expert.

Just what did he do? .....

..... $.....
(Next best occupation) (Weekly wages)

Years ..... as *apprentice, journeyman, expert.

Just what did he do? .....

HOME ADDRESS AND NEAREST RELATIVE

Home address Plad Star Route
(Number and street or rural route; if none, so state)

Buffalo Mo.
(City, town, or post office) (State or country)

Name and address of nearest relative Leota F Harrell
(Name)

sister RR4
(Relationship) (Number and street or rural route; if none, so state)

Broken Arrow Okla.
(City, town, or post office) (State or country)

Person to be notified in case of emergency Mabel Hackler
(Name)

friend Plad Star Route
(Relationship; if friend, so state) (Number and street or rural route; if none, so state)

Buffalo Mo.
(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

.....
(Name and degree of relationship of beneficiary)

.....
(Address)

Leota Fern Harrell (sister)
(Name and degree of relationship of alternate beneficiary)

RR4 Broken Arrow Okla.
(Address)

Forest Roosevelt Harrell (brother)
(Name and degree of relationship of alternate beneficiary)

Plad Star Route Buffalo Mo.
(Address)

CURRENT ENLISTMENT

(See "Remarks—Financial" (par. 3a, AR 345-125))

Age at enlistment ..... years ..... months.

†Accepted for service at .....

†Enlisted at ..... on the

..... day of ....., 19....

in grade of ..... by .....

for .....
(Company, regiment, arm, or service)

to serve ..... years.
(Words and figures)

Completed ..... years ..... months ..... days for longevity pay

at enlistment. Has over ..... years' service. .....
(Initials of officer)

Physical defects at enlistment .....

.....

* Strike out words not applicable.
† No entry required for men secured through Selective Service.

13—27559-2

PRIOR SERVICE

First show prior service in the Regular Army, then insert headings to show service in the United States Army, Volunteers, Navy, Marine Corps, and National Guard or Organized Militia, in the order named.

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

..... from ....., 19...., to ....., 19....
(Co., regt., arm, or service)

Discharged as .....; .....; By reason of .....
(Grade) (Character)

.....
(Data required by par. 8, AR 345-125)

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NAME	GRADE	SERIAL NO.	AGE	WARD
HARRELL, ARLA W.	Sgt	37813644	21	B-1

PART TO BE EXAMINED (OR TREATED)

Rt. Chest

CLINICAL DIAGNOSIS (INCLUDE OPERATIONS)

Balanitis, Acute, Non-Venereal

HOSPITAL	DATE	SIGNATURE
98th General Hospital	28 July 48	L.J. ARDUINO MAJ., M. C.

28 July 1948

CHEST: Heart and lungs within normal limits.

H GARRISON:
CAPT MC

20324
~~30960~~

Film No. ..... Date ..... M. C.

WD AGO FORM 8-63 1 DEC 1944 Replaces WD MD Form 56 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT** ☆ GPO 7-50 M-12655

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C L E A R A N C E

for

HOSPITAL LIBRARY

The following patient is not charged with any books from the Hospital Library

Name: Art. Arla Harrell

Ward: D 15

Date: July 4 1945

Signed: ~~[illegible]~~

Helen Schayer

FOR THE HOSPITAL LIBRARY

...al Hospital, 7SvC
...rowder, Missouri

CCRH-204

INFORMAL TRANSFER

From Dispensary No. 2

Last Name	First Name	
Harrell	Arla	W

ASN	Grade	Organization
37813644	Pvt	A 36

Age	Race	Nativity	Service
18	W	Mo	1/12

Date of Admission 7/29/45

Source of Admission

Inf. 2

83826

C-8

Tentative Diagnosis

Tempt. 100.8
Sore throat 24 hours duration
Pharynus infected. Acute N.P.H.
S. S. Burden 1st Lt
M. C.

Infirmary Officer

CCRH-204 CPCFP 3-26-45-6000