

STATE HEADQUARTERS ALIEN RECORD

Alien's name **Medlock** **Fred**

(Last) (First) (Middle)

Order No. **1195** Local Board No. _____

Kansas City **Missouri**

(City) (County) (State)

ACTION TAKEN

DATE

1. Original and 3 copies of Alien's Personal History and Statement (Form 304) received from local board **9-17-42**
 2. Local board receipt portion of this form forwarded to local board **9-17-42**
 3. Original and 3 copies of Alien's Personal History and Statement (Form 304) forwarded to Corps Area Commander (or representative of the Navy or Marine Corps) **9-17-42**
 4. Two copies of Alien's Personal History and Statement (Form 304) received from Corps Area Commander (or representative of the Navy or Marine Corps) **10-22-42**
- Alien was found to be { acceptable, if otherwise qualified.
not acceptable.
5. One completed copy of Alien's Personal History and Statement (Form 304) transmitted to local board **10-22-42**
 6. One completed copy of Alien's Personal History and Statement (Form 304) transmitted to the Director of Selective Service **10-22-42**
 7. This record transferred to completed alien files **10-22-42**