

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS Richard Thomas KNOWLES		2. STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY ON ACTIVE DUTY			
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) Dick		4. PERMANENT MAILING ADDRESS [REDACTED]			
5. DATE OF BIRTH (Day, month, year) 20 Dec 1916	PLACE OF BIRTH (City, County, State, and Country) Chicago, Cook County, Illinois	PLACE CERTIFICATE RECORDED Cook County			
HEIGHT Sluoft 4 in	WEIGHT 203	COLOR OF EYES Blue	COLOR OF HAIR Brown		
SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS Scar over right eye					
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20					
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO. N/A	IF DERIVED, PARENTS' CERTIFICATE NO(S). N/A		
DATE, PLACE, AND COURT N/A					
ALIEN <input type="checkbox"/>	REGISTRATION NO. N/A	NATIVE COUNTRY N/A	DATE AND PORT OF ENTRY N/A		
DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
8. MILITARY SERVICE					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. MG - [REDACTED]	SERVICE AND COMPONENT US Army Gen Off	ORGANIZATION AND STATION ODCSOPS, Washington	DATE CURRENT ACTIVE SERVICE STARTED 23 May 1942		
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. N/A	SERVICE AND COMPONENT N/A	ORGANIZATION AND STATION OR UNIT AND LOCATION N/A			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM--	TO--		YES	NO	
1923	1929	Bark Manor - Grammar School - Chicago	<input checked="" type="checkbox"/>		
1929	1931	Hirsh Jr High - Chicago	<input checked="" type="checkbox"/>		
1931	1933	Calumet High - Chicago		<input checked="" type="checkbox"/>	
1938	1942	University of Illinois - Urbana, Illinois		<input checked="" type="checkbox"/>	
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)					
RELATION AND NAME		DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING		U. S. CITIZEN
					YES NO
FATHER John T. Knowles		5 Aug 1892 - Chicago			<input checked="" type="checkbox"/>
MOTHER (Maiden name) Stepmother Signe Almerantz		15 Dec 1894 - Chicago	[REDACTED]		<input checked="" type="checkbox"/>
SPOUSE (Maiden name) Barbara Jane Smaus		12 Nov 1921 - Oak Park Illinois	[REDACTED]		<input checked="" type="checkbox"/>
OTHER (Specify) Mother Elma Diechel		1893 - Chicago	Deceased		<input checked="" type="checkbox"/>
Parents in Law Nina Reeves Smaus		17 Jan 1889, Iowa City	"		<input checked="" type="checkbox"/>
Frank Smaus		4 Nov 1891, Chicago	"		<input checked="" type="checkbox"/>

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
Unknown				

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
None			

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
1930	1936	Herald & Examiner - Chicago	Unknown	Better job
1936	1937	American Utensil Co - Chicago	Unknown	To travel
Nov 37	Dec 37	Buckley Dentist - Chicago	Unknown	Seasonal job
Jan 38	Aug 38	Research Lab American Can Co., Maywood, Ill.	Robert Edison	To attend College
Aug 38	Jun 42	4 yrs at University of Illinois - 2 summer vacations working for American Can Co. in Maywood, Ill. Last vacation employed by Libby, McNeil & Libby's in Chicago		
Jun 42	To date	US Army		

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? YES NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? YES NO HAVE YOU EVER BEEN REFUSED BOND? YES NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20

SOCIAL SECURITY NO.

[REDACTED]

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
CREDIT	The Army National Bank	16	Ft Leavenworth, Kansas		Kansas
	Commercial Credit Corp	17	Hyde Park	Chicago	Illinois
	A.L. Staff & Co	3	Broadway	New York	New York
CHARACTER	Grant De Normandie	35	3534 W. 98th Place	Evergreen Park	Illinois
	Robert Ingey	27	2270 Winrock	Aitadens	Calif
	Willard McClellan	11	7303 Inzer	Springfield	Virginia
	Joseph Richard	18	1305 Cherry	Lanston	Ohio
	W. Charles Corcoran	25	ACofS, Operations, J-3,	WASDCV	ADO OF 06222

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
Jan 37	May 37	Lawson YMCA - 30 W. Chicago	Chicago	Illinois
May 37	Nov 37	Travel on West Coast		
Nov 37	Aug 38	Champaign Ave	Chicago	Illinois
Aug 38	Jun 42	University of Ill (several addresses— most of the time at 303 E. Armory	Urbana	Illinois
Jun 42	Sep 42		Lawton	Oklahoma
Sep 42	Nov 43	Temple, Texas - Camp Hood		Texas

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—
Tribe of Illini	Champaign, Ill	Vice Pres(1942)	1940	1942
Scabbard & Blade	Champaign, Ill		1940	1942
THE Kappa ALPHA	" "		1939	1942
YMCA	" "		1938	1942
Band of X	" "		1941	1942
Sachsen	" "		1940	1941

17.

YES	NO	
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U S A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
	<input checked="" type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
	<input checked="" type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. YES NO IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

19.

20.

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES NO IF "YES" GIVE DETAILS

20. REMARKS

Dates of employment, Item 13, and residences, Item 15, are all based on memory. I do not have any records showing exact information.

Item 15. After about November 43 I went on several maneuvers, overseas, and the usual assignments that are expected of an Army Officer.

Item 16. Additional organizations that I belonged to while at the University of Illinois are shown in the Illinois Year Book.

EDUCATION (Indicate all schools attended from high school through college)	DEGREE	CLASSIFICATION	DATE	PLACE
University of Illinois	B.S.		1943	Urbana, Ill.
High School			1939	Urbana, Ill.

EMPLOYER	SERVICE	COMPONENT	GRADE	DATE	PLACE

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE: 20 May 1968
 SIGNATURE OF PERSON COMPLETING FORM: *Robert T. Kowalec*
 TYPED NAME AND ADDRESS OF WITNESS: CORWIN A. MITCHELL, LTC, Springfield, Va.
 SIGNATURE OF WITNESS: *Corwin A. Mitchell*

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

Additional information on Item 15, DD Form 398

List of all Residences from 1 January 1937

Month and Year		Street and Number	City State & Country	
From	To -			
Jun 42	Aug 42	Lawton Hotel & two other addresses (?)	Lawton	Oklahoma, USA
Aug 42	Oct 43	Kyle Hotel & N.C. Erskine's residence on A St and F. Erskine apt, address unk.	Temple	Texas, USA
Oct 43	Feb 44	Fort Jackson Motel	Columbia,	South Carolina
Feb 44	Apr 44	16th TD Gp	Tennessee	Maneuvers
Apr 44	Oct 44	Camp Breckenridge & Mrs. Hunt's Res.	Henderson,	Kentucky, USA
Oct 44	Sep 45	16th TD Gp		ETO
Sep 45	Mar 46	Camp Swift, Address unknown	Taylor	Texas, USA
Mar 46	May 46	Fort Lewis, Washington		Washington, USA
May 46	Aug 46	Fort Benning		Georgia, USA
Aug 46	Feb 49	Rising Sun Hotel, & Sebu Courts Sagiyma Rd	Yokohama,	Japan
Feb 49	Jul 50	Two addresses in Lawton & 1419 N 24th St	Lawton,	Oklahoma, USA
Jul 50	Jun 51	96th FA Bn		Korea
Jun 51	Jul 55	Fort Leavenworth		Kansas, USA
Jul 55	Jan 56	Armed Forces Staff College	Norfolk,	Virginia, USA
Feb 56	May 58	7305 Inzer Street	Springfield,	Virginia, USA
Jun 58	Jul 59	Carlisle Barracks	Carlisle,	Penn., USA
Jul 59	Sep 59	Belfast Hotel	Paris,	France
Sep 59	Jun 61	21 Rue Gustave Lambert	Garches,	France
Jun 61	Jun 62	19 Ave Lily La Celle St Cloud		
Jul 62	Jan 63	Ft Bragg, North Carolina		
Jan 63	Aug 65	Fort Benning, Ga		
Aug 65	Aug 67	Vietnam		
Oct 67	Present	Fort Myer, Va.		

DATE

Signature of person completing form

20 May 1968

Typed name and address of Witness

Signature of Witness

CORWIN A. MITCHELL, LTC,
Springfield, Va.