FORM APPROVED Budget Bureau No. 33-R012-42

REGISTRATION CARD (Men born on or after July 1, 1924, and on or before December 31, 1924) (Also for the registration of men as they reach the 18th anniversary of the date of their birth on or after January 1, 1943.)

SERIAL NUMBER	1. NAME (Print)	4			ORDER NUMBER
W-421	900	Leo	Leo Hammes		11833
W	(First)	(Middl	e) (Last)	
2. Place of Residence (Print)					
Sigourney		Keoku	kuk Io		
(Number an	d street)	(Town, township, village, o	r city)	(County)	(State)
[THE PLACE OF RESIDENCE GIVEN ON LINE 2 ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]					
2 Milling Ampress					
3. Mailing Address Route # 1 Box 70					
(Mailing address if other than place indicated on line 2. If same, insert word same)					
4. TELEPHONE		5. AGE IN YEARS		6. PLACE OF BIR	TH
Happer		18 Sigo		Sigour	ney, Iowa
		DATE OF BIRTH		(Town	or county)
STREET, AND ASSOCIATION OF THE PROPERTY OF THE		September 20, 1928		Keekuk	
(Exchange) (Number)		(Mo.) (Day) (Yr.)			or country)
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS					
C. P. Hammes Sigourney, Iowa					
8. Employer's Name and Address					
School Senior					
9. Place of Employment or Business					
경영화 등 경험 경험 하는 경험하다. 하는 아이는 아이는 아이는 아이는 아이는 아이를 하는데 하는데 하는데 없다.					
(Number and street or R. F. D. number) (Town) (County) (State)					
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.					
1901 20					
DSS Form 1 (Rev. 11-16-42) 16-21680-4 (OVER) (EQ. (D. (Registrant's signature))					
(OVER) (Registrant's signature)					

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT HEIGHT WEIGHT RACE (Approx.) (Approx.) COMPLEXION 6 1 1621bs White Sallow EYES HAIR Light Negro Blue Blonde X Ruddy Gray Red Dark Indian Hazel Brown Freckled x Filipino Brown Black Light brown Black Gray Dark brown Japanese Bald Black Other Oriental Other obvious physical characteristics that will aid in identification_____ I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows: (Signature of registrar) Keokuk Registrar for Local Board_ (State) (Number) (City or county) Date of registration_



(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)