

Name HENNINGSEN Wallace
LAST FIRST Female: Last name when in service

Address _____

Birth date 19 22 Birth Place Miles. Iowa Yr moved to LW 1988

MILITARY HISTORY

Branch Navy Entry date and Location 6-4-40 Great Lakes, Ill. Rank AppSea

Disch. date & location 6-9-46 Mpls, Mn Rank CPhM

Military Speciality Medical Corp

Theatre of Operation, Unit

United States

Overseas

Great Lakes Training Center U.S. Naval Hospital, Pearl Harbor 11-40--6-42

Hospital Corp. School, San Deigo U.S. Bennett (DD473) 6-42--4-44

U.S. Marine Base, San Diego 4-44-1-45 U.S. Fergus (APA) #82 1-45 10-45

U.S. Tatum APD 81 1045 6-46

AWARDS/ CITATIONS

Presidential Unit Citation Numerous citations for south pacific and Japanese campaigns.

SPECIAL/UNUSUAL SERVICE AND ACCOMPLISHMENTS

Post WWII Reserve Duty, Location and Activity

(Please submit additional Korean or Vietnam duty on separate sheet)

Date 9-18-01

Biographical Data Form

To ensure inclusion in the Veterans History Project, this form must accompany each submission. **Please use reverse or additional sheet if service was in more than one war or conflict.**

PLEASE PRINT CLEARLY

Veteran Civilian WALLACE LEO HENNINGSEN
first middle last maiden name
Address _____

Place of Birth CLINTON COUNTY, IOWA Birth Date _____ month/day/year

Race/Ethnicity (optional) WHITE Male Female

Branch of Service or Wartime Activity US NAVY

Commissioned Enlisted Drafted Service dates _____ to _____

Highest Rank CHIEF PHARMICIST MATF

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) U.S. NAVAL HOSPITAL, PEARL

HARBOR, USS MEDUSA COM SERVIPAC, USS BIRMINGHAM, USS FERGUSON
USS MOBIL HOSP US GENAVJOUTH PERS, SEE ATTACHED
War, operation, or conflict served in SOUTH PACIFIC

Locations of military or civilian service _____

Battles/campaigns (please name) _____

Medals or special service awards. If so, please list (be as specific as possible): PRESIDENTIAL UNIT
CITATION - FOR PEARL HARBOR NAVAL STATION - 12-7-41

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

Did the veteran or civilian sustain combat or service-related injuries? Yes No

Interviewer (if applicable) _____

(Please use reverse for any additional biographical information.)