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Information from the Hospital Admission Cards created 1/20/2015 by the office of the Surgeon General, Department of the Army (1944-1945). Information for the year 1944

Service Number	31245630
Rank	Enlisted Man
Arm of Service	Infantry, Airborne or Glider Units
Age	
Race	White
Length of Service	
Month of Admision	June
Year of Admision	1944
Last Treatment Facility	Not in a medical installation prior to death
Circumstances Surrounding Injury	Battle casualty or battle injury other than ; self-inflicted injury or injury intentionally ; inflicted by another person.
Type of Case	Casualty, battle
Type of Admission	New
Type of Diagnosis	Sole diagnosis, no history of prior disease, injury; or battle casualty
Line of Duty	In line of duty
1st Diagnosis	Killed in action
1st Anatomical Location	
1st Operation	
2nd Diagnosis	
2nd Anatomical Location	1
2nd Operation	
3rd Diagnosis	
Causative Agent	None or Unknown
Final Result:	Aid Station Unit
Disposition	
Cause of Disposition	First diagnosis field
Month of Disposition	June
Year of Disposition	1944
Total Days (non-effective	ə)
Hospital Days	
Current Days /Gen Hosp	
Place of Final Cure	
Sample Size	Remaining 1944 case

Source: This information was obtained from the Hospital Admission Card data file (1944-1945) created by the Office of the Surgeon General Department of the Army. In 1970 the National Research Council first compiled this for statistical purposes using the EMTs (Emergency Medical Tags) and other Office of the Surgeon General Office Records during WWII.

ORIGINAL **APPLICATION FOR HEADSTONE OR** CHECK TYPE REQUIRED MARKER WWI (See Instructions attached) (Please make out and return in duplicate) **ENLISTMENT DATE** UPRIGHT MARBLE HEADSTONE SERIAL No. EMBLEM (Check one) FLAT MARBLE MARKER 31245630 CHRISTIAN PENSION No. **FLAT GRANITE MARKER DISCHARGE DATE** HEBREW **NONE** BRONZE MARKER (NOTE RESTRICTIONS) AME (Last First Middle Initial) STATE RANK COMPANY PFC Charbonneau, Alexander J U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION DATE OF DEATH (Month, Day, Year) DATE OF BIRTH (Month, Day, Year) une LOCATION (City and State) NAME OF CEMETERY NEAREST FREIGHT STATION (City and State) SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) POST OFFICE ADDRESS OF, CONSIGNEE (SIGNATURE OF CONSIGNEE) DO NOT WRITE HERE MEN I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon FOR VERIFICATION arrival at destination, and properly place it at the decedent's grave at my expense. M1959 ORDERED LLMSTUNU B/L APPLICANT'S SIGNATURE DATE OF APPLICATION ADDRESS (Street, City, State) SHIPPED Juliac OQMG FORM 623 REV 15 APR 47 623 16-11453-6 **IMPORTANT-Complete Reverse Side** GPO