HOSPITAL ADMISSION CARDS CREATED 10/14/2009
BY THE OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF
THE ARMY (1942-1945) AND (1950-1954)
INFORMATION FOR THE YEAR 1944

SERVICE NUMBER: 33600839

CATEGORY:	CODE:	EXPLANATION:
RANK:	2	Enlisted Man
ARM OF SERVICE:	70	Engineers, General or Unspecified
AGE:	00	Unknown
RACE:	1	White, includes Mexican
YEARS OF SVC:	00	Unknown
MO/YR OF ADMISION:	064	June 1944
AREA ORIGINATED/DISP:	0-	Not found
DAYS IN EVAC HOSP:		
FINAL TRMT FACILITY:	-	Not in a medical installation prior to death
CIRCUMSTANCES:	9	Battle casualty or battle injury other than self-inflicted injury or injury intentionally inflicted by another person.
TYPE OF CASE:	4	Casualty, battle
TYPE OF ADMISSION:	1	New
TYPE OF DIAGNOSIS:	1	Sole diagnosis, no history of prior disease, injury or battle casualty
LINE OF DUTY:	1	In line of duty
FIRST DIAGNOSIS:	0010	Killed in action
LOCATION:	-	Not Found
OPERATION:	-	Not Found
SECOND DIAGNOSIS:	-	Not Found
LOCATION:	-	Not Found
CONV HOSP DAYS:	-	-
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	790	None or Unknown
FINAL RESULT:	001	Aid Station Unit
DISPOSITION:	0	
FIELD OF CAUSE OF DEATH OR DISCHARGE:	1	First diagnosis field
DISPOSITION DATE:	044	April 1944

NON-EFFECTIVE DAYS			
Total Days:	000	000	*000 = case incl
Hospital Days:	000	000	for statistical
Cur Yr/GenHosp OS:	000	000	purposes only

HOSPITAL OF CURE:		No entry made
SAMPLE SIZE:	C	Unknown

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.

Recorded

OTHER COMPONENTS

AUG 1944

ORIGINAL

WM. E. JOHNSON, Lt. Col., F. D.
(THIS FOLD FOR THE FINANCE OFFICER)

Voucher No. 2155

Symbol No. 210 796

(Name of finance officer)

FINAL STATEMENT of De Souza, Moses (NMI) AT 33600839 Pvt. Co "B" 307 A/B EngrBn
(Name of soldier) (Serial No.) (Rank) (Company) (Regiment)

ACCEPTED for enlistment at Philadelphia, Penn'a (See Instruction 5) Enlisted on 16 April, 1943

Died at APO 469, N. Y. (1) N. Y. on 12 June, 1944
(Discharged, retired, or died)

Reason killed in action
(State reason and order, if any, for discharge or retirement, and if discharged, whether honorable or otherwise)

Having over 1 years service at date of death
(Discharge, retirement, or death)

DUE SOLDIER for Base & Foreign Serv pay fr May 1 to June 12/44 incl

For additional pay for Prcht dy May 1 to June 12/44 incl
(See Instruction 6)

For clothing Nothing and 00/100 dollars ($ / / / /.)
(Words)

For deposits Nothing and 00/100 dollars ($ / / / /.)
(As per itemized list on outer fold) (Words)

For pay detained by court-martial Nothing and 00/100 dollars ($ / / / /.)
(See Instruction 14) (Words)

For Nothing
(Any other items, including allow. in lieu quarters, for which W. D. Form 369 must be attached hereto, see Instruction 15)

Last paid to include 30 April, 1944 by Wm. E. JOHNSON, Lt. Col., F. D.
(Name of finance officer)

DUE UNITED STATES for part pmt four dollars and three cents ($4.03) pd on vou #
(See Instructions 7 and 13)
10130 June/44 a/c Wm. E. JOHNSON, Lt. Col., F. D., Cl N almt six dollars and fifty cents ($6.50) for May/44; Cl B almt six dollars and twenty-five cents ($6.25) for May/44; Cl E almts twenty-five dollars and eleven cents ($25.11) for May/44.

REMARKS:
(See Instructions, especially 10 and 13)
Cl N almt six dollars and fifty cents ($6.50) fr Apr 1/43 discon May 31/44 Cl B almt six dollars and twenty-five cents ($6.25) fr May 1/43 discon May 31/44, Cl E almt five dollars and eleven cents ($5.11) fr Oct 1/43 discon May 31/44, Cl E almt twenty dollars and no cents ($20.00) fr Mar 1/44 discon May 31/44. Sol is not entitled to travel pay. No time lost under AW 107.

I CERTIFY that the foregoing Final Statement is correct, and that the employment of the person named on the within Final Statement is not prohibited by any provisions of law limiting the availability of the appropriations involved.
(Do not sign in duplicate)

A. T. ZBINDEN, *Commanding Organization.*
CWO., USA., 307 A/B Engr Bn, Pers. Adj.

WAR DEPARTMENT
Form No. 370
Form approved by the Comptroller General U. S.
December 4, 1925

Advisory: Left in appropriation 112.11)

FSA 1942-5 60-136 P414-01 A 212/50425

To Moses De Souza 33600839
(Name of soldier)
Pvt. Co. B 307th A/B Eng. Bn.
(Rank) (Organization from which discharged)

Insurance, Class	N	$	6.50
Allotment, Class	B	$	6.25
ALMT Cl	E		25.11

DUE SOLDIER

Pay, 19 (prior fiscal year)		$
Pay, 19		$
Interest		$
Allow. in lieu qrs.		$
Auth		
Total pay of Army, FSA 1942-5		
Allow. in lieu subsistence		
Auth		
Clothing		
Auth		
Travel pay		
Auth		
Deposits, Deposit Fund		
Auth		
Total amount due soldier		

60-136 P414-01 A 212/50425

DUE UNITED STATES

For		$
For		$
For		$
Total stoppages		
Balance due soldier		

Paid by check No. ____ on Treasurer United States, dated ____, 19____, for $ ____

Deposit with my new account $ ____

(Signature of soldier)

Post Exchange paid by Check No. ____ on TREASURER UNITED STATES, dated ____, 19____ for $ ____

(To be completely filled in before signature by payee without alteration or erasure thereafter)

Received AUG 18 1944, 19____, of Finance Department, U. S. A. ____ and 00/100 dollars in cash.

(Do not sign in duplicate)

NOTE—This fold will become the brief after payment by the finance officer

FINAL STATEMENT

OF

De Souza, Moses (NMI)
(Last name) (First name)

Pvt. Co "B" 307 A/B Engr Bn
(Rank) (Company) (Regiment)
(To be filled in by the organization commander)

For value received, transferred to

.....
(Name of assignee)

.....
(Soldier's signature)

Transfer witnessed and noted on discharge.

.....

.....
(See Instruction 8)

INSTRUCTIONS

1. **Final statement will be given as follows.**—Final statement, properly certified to by his immediate commander, will be given to every soldier upon his discharge from active service (except as otherwise prescribed by Army Regulations) or upon retirement, and will be presented to the finance officer for the pay due him. The payment made will be noted on the discharge certificate of every discharged soldier except when the final statement has been transferred.

2. **Letter of notification.**—Notification of discharge will be furnished only in case of an enlisted man who is discharged from active service at a place at which there is available no officer provided with funds to make payment on final statements. In these cases the officer who prepares the final statement will, at least one week before the discharge takes effect, send by mail to the finance officer who is to pay the account a notification of discharge, stating therein, in his own handwriting, the date of last payment to the soldier, and his credits and debits, both in words and figures and other data essential for proper payment or identification. The officer will require the soldier to affix his signature to the notification, or if he can not write his name such fact will be stated thereon. (See A. R. 345–465.)

Blank forms for this notification will be supplied by The Adjutant General of the Army. The officer issuing the final statement will inform the soldier of the location of the finance officer to whom he shall apply for payment.

3. **Responsibility of certifying officer.**—Officers signing and certifying to the correctness of final statements will be held responsible for their accurate preparation and also for disregard of plain instructions as made known through Army Regulations, orders, and notes on the blank forms. Officers responsible for overpayment on erroneous final statements will be required to refund the amounts overpaid if it is found impracticable to make collection from the party overpaid.

4. **Money amounts to be written in words and figures.**—Money amounts, in all cases, except in the case of the "List of Deposits" on the outer last fold will be written out in full, the writing to commence close to printed matter on left-hand side, and also expressed in figures.

5. **Travel allowances.**—Enlisted men of the Regular Army when entitled to travel allowances upon discharge from active service are entitled to same from place of discharge to place of acceptance for enlistment, regardless of place at which actually enlisted. The place of actual enlistment, if different from the place of acceptance, will in no case be considered in determining the travel allowances due.

INSTRUCTIONS—Continued

6. **Additional pay.**—In the space for additional pay notation will be made of the pay due soldier for distinguished service awards, for special qualification in the use of arms, etc.

7. **Notation of stoppages.**—Under the heading "Due United States" will be noted all authorized stoppages for loss of or damage to Government property or supplies, the stoppages being made under the proper headings, e.g., "Clothing," "C & E," "RS," "Transportation," "Ordnance," etc., the names of the articles damaged, lost, or destroyed not being stated; amounts due on account of allotments, post exchange, post laundry, tailor, company fund, or transportation, and stoppages under sentence of a court-martial, showing nature and date of court-martial or date of order approving sentence, and the forfeiture as expressed in the sentence, e.g., "To forfeit $10 per mo. for 2 mos. SC Jan. 5/25." If any part of the forfeiture has been deducted, the amount and pay roll on which deducted will be stated. For further information see instructions and model remarks for preparation of pay rolls.

8. **Transfer of final statement.**—The transfer by an enlisted man of a claim for pay due on his final statement will be recognized only when made after discharge from active service, in writing, indorsed on the final statement, signed by the soldier, and witnessed by a commissioned officer or by some other reputable person known to the finance officer. The person witnessing the transfer must indorse on the discharge the fact of transfer of the final statement, and on the final statement the fact that such indorsement has been made on the discharge.

9. **Discharge by purchase.**—The final statement of a soldier discharged by purchase will show the amount of purchase price and a full statement of active service rendered in each previous enlistment terminated by honorable discharge since last discharge by purchase, giving dates of each enlistment and discharge, and reasons for each discharge. A soldier discharged by purchase is not entitled to travel pay.

10. **Deserters.**—In the case where final statements are given an enlisted man who has not been paid since return from desertion, his account will be so stated by the commanding officer as to enable the finance officer to determine definitely the amounts due the soldier and the United States at date of desertion as distinguished from those accruing or incurred after return to military control, together with a correct transcript of the order publishing the action disposing of the charge of desertion.

11. **Deceased soldiers.**—In the case of a deceased soldier, final statement and duplicate inventories of effects will be prepared and forwarded as soon as practicable to The Adjutant General. Nothing will be entered on the final statement regarding the cause of death or whether death occurred in line of duty or on account of the soldier's own misconduct. In the case of a soldier who dies within the first six months of enlistment, the total money value of clothing drawn and chargeable against his clothing account since enlistment will be entered on the final statement under "Remarks," in addition to any remarks regarding clothing entered under "Due Soldier" or "Due the United States" on such statement.

12. Before delivering final statement upon which deposits are credited, the officer signing it will ascertain whether the soldier has the deposit book; and, if so, instruct him to present it to the finance officer. Should he claim to have lost it, the officer will cause his affidavit to that effect to be taken and attached to the statement before he leaves the post. The affidavit will clearly state the circumstances attending loss of the book and show that the soldier had not sold or assigned it. Upon this evidence the finance officer may pay, and the responsibility for the correctness of amounts credited on the statement will rest with the officer certifying it. Deposit books will be taken up by the finance officers who make final payment and filed with their vouchers. Deposits forfeited by desertion will not be entered in column headed "List of Deposits," but will be entered in the space for remarks with citation of the order announcing the disposition of the charge of desertion.

13. **Absences.**—When a soldier is held to service to make good time lost by unauthorized absences; absence from duty on account of injury or disease resulting from his own intemperate use of drugs or liquors or other misconduct; while in confinement awaiting trial or disposition of his case if the trial results in conviction; or, while in confinement under sentence, a statement should be entered on the final statement under the head of "Remarks" substantially as follows: "Held to service to make good time lost by AWOL from Oct. 1 to 10/15 and Nov. 5 to 12/15; sick not L/D AR 35–1440 and AW 107, from Jan. 5 to 20/16, incl.; in confinement awaiting trial, convicted, AW 107, from Feb. 2 to 6/16; in confinement awaiting trial and serving sentence, AW 107, from Mar. 10 to 25/16." In the event that stoppages of pay for absence without leave or absence sick, not in line of duty under AR 35–1440 and AW 170, occurring prior to the date to which last paid, have not been made, and if any such absences have occurred since date to which last paid, these facts and the periods of such absences should be also entered on the final statement under the heading "Due United States," in addition to their entry under "Remarks."

14. Pay detained pursuant to sentence of court-martial will be detained by the Government until the soldier is discharged from active service or retired, at which time the total amount detained, if not forfeited, will be noted on the final statement in the space provided therefor, and paid to him out of Pay of the Army (or Pay of the Military Academy if soldier's pay is payable from that appropriation) for the fiscal year in which discharged or retired. (AR 35–2460.)

15. The final statement of an enlisted man who is entitled to allowance in lieu of quarters will show in the space provided therefor the inclusive dates for which such allowances are due, and the soldier will execute War Department Form No. 369, in so far as it pertains to this allowance, for file as a subvoucher to the final statement. The payment will be made on the final statement as, in this case, Form 369 is simply a supporting paper.

LIST OF DEPOSITS

(To be filled in by organization commander)

Date	Amount Dolls.	Amount Cts.	Date	Amount Dolls.	Amount Cts.
None			Brought for'd		
X			X		
X			X		
X			X		
D			X		
S			X		
X			X		
X			X		
X			X		
X			X		
X			X		
		X		X	
		X		X	
		X		X	
		X		X	
Amount			X Total		

OFFICIAL STATEMENT of the DEATH

of

MOSES DE SOUZA
Service Number 33 600 839

The official records show that Private Moses DeSouza, service number 33 600 839, was killed in action 12 June 1944 in the European Area.

This official statement was furnished 17 May 1956 to Mr. Ellis DeSouza, father, 1216 Greeby Street, Philadelphia 11, Pennsylvania.

By Authority of Wilber M. Brucker, Secretary of the Army:

JOHN A. KLEIN
Major General, USA
The Adjutant General

Refile
17 May 56
Moore

OFFICIAL STATEMENT of the MILITARY SERVICE and DEATH

of

MOSES DE SOUZA
Army Serial Number 33 600 839

The official records show that Moses DeSouza, Army serial number 33 600 839, was inducted into the military service 16 April 1943 at Philadelphia, Pennsylvania and transferred to the Enlisted Reserve Corps the same date at which time he gave his address as 1331 North Franklin Street, Philadelphia, Pennsylvania. He reported for active duty 23 April 1943 and left the United States for foreign service 11 February 1944. He was killed in action 12 June 1944 in France while serving as a private, Company B, 307th Airborne Engineer Battalion.

This official statement furnished 30 July 1948 to Mr. Ellis DeSouza, father, 1331 North Franklin Street, Philadelphia 22, Pennsylvania.

BY AUTHORITY OF THE SECRETARY OF THE ARMY:

Countersigned

C. T. Lanham

Adjutant General

EDWARD F. WITSELL
Major General
The Adjutant General

27 AUG 1948

FILE
Lamb-S

S
7/12

July 8th 48

The Adjutant-General Office
Records Adm. Center

Dear Sirs -

Would you please send me Death Certificate of my Son the late Pvt- Moses De-Souza 33660839 & if you have Army records of date of enlistment - if not please advise me where I could get same.

Sincerely
Jorris Ellis De-Souza
1331 N Franklin St-
Phila 22, Pa

J. E. De Souza
1331 N Franklin St
Phila 22,

PHILA, PA. 5
JUL
10³⁰ PM
1948

SAVE THE
BUY U.S
PAYROLL SAVINGS

The Adjutant-General Office
Records Adm Center
4300 Goodfellow Boulevard
St- Louis (20) Missouri

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

JRM:NM:slb

Case No. 163136 M

Date 30 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Moses DeSouza (Name of deceased) 33600839 (Army Serial Number) late a

Private (Grade), Corps of Engineers (Organization, Army or Service), who died

on the 12th day of June, 19 44, at European Area.

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate $ none, of which the sum of none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. none.)

c. Decedent owed undisputed local creditors the sum of $ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt none, Incl. none.)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below.)

FINDING:

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 29 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Ellis DeSouza for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Ellis DeSouza (Name of person found entitled) of 1331 North Franklin Street (Number, Street or Avenue), Philadelphia (City, Town or Village) State of Pennsylvania, is the Father (Relationship or Capacity) of the

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
Washington, D. C.

AG 201 [illegible] (24 Aug 44) PD-C

NOTICE OF AWARD OF DECORATION

Date of Action 24 August 1944

Last Name	First Name	Middle Initial	Serial No.	Grade	To be engraved as follows:
DeSouza	Moses		33 600 859	Pvt.	Moses DeSouza

Organization	Component	Foreign	Others
Engineers			

Home address — upon entry into service

Present station if living; otherwise present status | Station or APO | DO NOT WRITE IN COLUMN BELOW

Next of kin (Name & Address) Mr. Ellis DeSouza, 1331 N. Franklin Street, Philadelphia, Pennsylvania. | Relationship: Father

GO AUTHORIZING AWARD			Headquarters
GO No.	Sec.	Year	

Type of Award and Date: Purple heart | Posthumous: Yes

Oak-Leaf Clusters to the: | Number | Posthumous

Presentation to be made by: next Ship to next of kin. | Name of officer recommending award

BY ORDER OF THE SECRETARY OF WAR.

Adjutant General

CITATION

This soldier was killed in action 12 June 1944, in the European Area.

Pete WW II
adj 24 Aug 44

W.D. AGO Form No. 078
1 October 1943.

To: Officer's or Enlisted Man's 201 File

September 1, 1944.

My dear Mr. DeSouza:

At the request of the President, I write to inform you that the Purple Heart has been awarded posthumously to your son, Private Moses DeSouza, Engineers, who sacrificed his life in defense of his country.

Little that we can do or say will console you for the death of your loved one. We profoundly appreciate the greatness of your loss, for in a very real sense the loss suffered by any of us in this battle for our country, is a loss shared by all of us. When the medal, which you will shortly receive, reaches you, I want you to know that with it goes my sincerest sympathy, and the hope that time and the victory of our cause will finally lighten the burden of your grief.

Sincerely yours,

GCM

Mr. Ellis DeSouza,
1331 North Franklin Street,
Philadelphia, Pennsylvania.

mlm-C
Policy No. 120599

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
Demobilized Personnel Records Branch
~~WORLD WAR II RECORDS BRANCH~~
HIGH POINT, N. C.

IN REPLY REFER TO
AGRD-C 201 DeSouza, Moses,
(24 Aug 44)

2 September 1944.

Not To Be Given To The Public

The records of this office show that Private
Moses DeSouza, 33600839, Corps of Engineers,
(Grade, name, organization, and serial number)

died 12 June 1944 xx at in France,
(Date) (Place)

~~of~~ Killed in action.
(Actual cause—See instructions on reverse side)

Date of birth 11 September 1924.

DISPATCHED 4 SEP 1944 AGO MESSAGE CENTER HIGH POINT, N. C. 6

A. Greenberg
Adjutant General.

To: Philadelphia Life Insurance Company,
111 North Broad Street,
Philadelphia 7, Pennsylvania.

File
McKinney
2 Sep 44

*W. D., A. G. O. Form 0670-1
9 September 1943

* This form supersedes W. D., A. G. O. Form No. 0670–1, 9 April 1942, which will not be used after receipt of this revision.

16—35164-1

Philadelphia Life Insurance Company

111 North Broad Street, Philadelphia 7

ACTUARIAL DEPARTMENT

August 24, 1944

Casualty Branch,
Adjutant General's Department,
War Department,
Washington 25, District of Columbia

Dear Sir:

In re - Policy #120599
Name - Moses Meyer DeSouza
Rank - Private
Organization - Company B-307th Airborne Eng.Batt.
Serial No. 33600839

We have been advised that the above insured was killed in action.

In order to enable us to make settlement, will you kindly furnish us with Certificate of Death Form 0670-1.

Yours very truly

Roland Pierce

Loan and Claim Division

M

DPRB 8/8/44

METROPOLITAN LIFE INSURANCE COMPANY

CLAIM DIVISION

JOHN B. NORTHROP
Manager of Claim Division
J. EDWIN DOWLING
Assistant Manager
GEORGE W. SMITH
General Supervisor

FREDERICK H. ECKER, *Chairman of the Board*
LEROY A. LINCOLN, *President*

NEW YORK CITY

Aug. 28, 1944

Casualty Branch
The Adjutant General's Department
War Department
Washington, 25, D.C.

Re: **Name:** DE SOUZA, MOSES **Born:** 9-11-24

Rank or Rating: Pvt. **Organization** U.S.Army

Service Number: 33600839 **or Ship:**

Our Policy No.: 103216505 **Date of Death:** 6-12-44
France

Sir:

We have been advised of the death of our above-named insured.

In order to assist us in making payment of our claim, may we ask you kindly to furnish us with a copy of the official certificate of death issued by your Department.

Yours very truly,

Records to WDPRB
8 Aug 44

John B. Northrop
Manager of Claim Division.

Form 9487
(6-44)

CW/C5

If You Reply to This Letter, Be Sure to Give the Policy Number and Name of the Insured Appearing in the Heading.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
Demobilized Personnel Records Branch
~~WORLD WAR II RECORDS BRANCH~~
HIGH POINT, N. C.

WSA-G

IN REPLY REFER TO
AGRD-C 201 DeSouza, Moses
(10 Aug 44)

25 August 1944.

Not To Be Given To The Public

The records of this office show that Private

Moses DeSouza, 33600839, Corps of Engineers,
(Grade, name, organization, and serial number)

died 12 June 1944 (Date) at in France, (Place)

~~of~~ Killed in action.
(Actual cause—See instructions on reverse side)

Date of birth 11 September 1924.

DISPATCHED
25 AUG 1944
AGO MESSAGE CENTER
HIGH POINT, N. C.
5

O. M. Janes
Adjutant General.

To: Ancient Order of United Workmen of Kansas

Claim Department

Newton, Kansas.

FILE:
Anderson
25 Aug 44

*W. D., A. G. O. Form 0670-1
9 September 1943

* This form supersedes W. D., A. G. O. Form No. 0670-1, 9 April 1942, which will not be used after receipt of this [illegible].

CASUALTY MESSAGE TELEGRAM

Not to be delivered between the hours of 10 PM and 7 AM.

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM WAR DEPARTMENT
BUREAU A. G. O.
CHG. APPROPRIATION
DEK 3814

AG 201

DE SOUZA MOSES (26 JUN 44)
ASN 33 600 839

SPXPC-N ETO 104 — 27 JUNE 1944 (DATE)

MRS GWENDOLINE A DE SOUZA
1331 NORTH FRANKLIN STREET
PHILADELPHIA PENNSYLVANIA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

SON (RELATIONSHIP) PRIVATE (GRADE) MOSES DE SOUZA (NAME)

HAS BEEN REPORTED MISSING IN ACTION SINCE

SIX JUNE (DATE) IN FRANCE (LOCALITY)

IF FURTHER DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED

FDE { Enlisted Branch, AGO ☐ Officers' Branch, AGO ☐

ULIO
THE ADJUTANT GENERAL
CASUALTY BRANCH, AGO,

OFFICIAL: Albert Block
1st Lt., A. G. D.

ADJUTANT GENERAL

AG 704.1(

BATTLE

(Initials & Date)

GILMAN FANFOLD CORP.

CASUALTY MESSAGE TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM WAR DEPARTMENT
BUREAU A. G. O.
CHG. APPROPRIATION
RH 3818

AG 201 DESOUZA, MOSES (23 JULY 44)
ASN 33 600 839

SPXPC-N RTO 131 — 25 JULY 1944 (DATE)

MRS GWENDOLINE A DESOUZA

1331 NORTH FRANKLIN STREET

PHILADELPHIA PENNSYLVANIA

THE SECRETARY OF WAR DESIRES THAT I TENDER HIS DEEP SYMPATHY TO YOU IN THE LOSS OF YOUR SON PRIVATE MOSES DESOUZA WHO WAS PREVIOUSLY REPORTED MISSING IN ACTION CORRECTED REPORT NOW RECEIVED STATES HE WAS KILLED IN ACTION TWENTY FOUR JUNE IN FRANCE [illegible] FOLLOWS

DISPATCHED 25 JUL 1944 SERVICE UNIT NOTIFICATION AND CASUALTY BR.

ULIO
THE ADJUTANT GENERAL

BATTLE
CASUALTY BRANCH FILE COPY

OFFICIAL:

ADJUTANT GENERAL

HANDLE WITH CARE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DE SOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	*12	JUN	44	J	KIA	137

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED

NO. AND NAME OF STREET—CITY—STATE

REMARKS:

☐ CORRECTED COPY

*CORRECTION IN DATE WAS 24 JUNE 44

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ____ AG 201 REQ ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ____ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

FORWARDED TO ➔	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
	☐	☐	☐	☐	☐	☐	✓	☐	☐

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY [illegible] REVIEWED BY ____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

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(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
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COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

Member of A. O. U. W. Congress

A·O·U·W

Ancient Order of United Workmen

OF KANSAS

Newton, Kansas

August 10, 1944

In reply please refer to File

F- 1000N-73308-21287
Moses DeSouza.

War Department
Munitions Building Room 4636
The Adjutant General's Office
Washington, D. C.

Gentlemen;

Please may we be in receipt of death proof papers for,

Private Moses DeSouza
Co. D. 2nd. Bn.
541st. Parachute Inf.
Ft. Benning, Ga.
Serial Number 33600839

Pvt. DeSouza was reported killed in Action on June 24th. 1944.

Thanking you,
I remain,

Very truly yours,

W. L. Duby
Grand Recorder pro tem
Claim Department

NV

Records to DPRB
7 Aug 84

MJS/ojg

AGPC-G 201 DeSouza, Moses
(9 Aug 44) 33,600,839

24 August 1944.

Mrs. Ellis DeSouza,
1331 North Franklin Street,
Philadelphia 22, Pennsylvania.

Dear Mrs. DeSouza:

Reference is made to your recent letter in which you requested information relative to your son, Private Moses DeSouza.

Your desire to learn more of the details surrounding the death of your son is fully understood and it is regretted that no further information is available as the original casualty message in which he was reported killed in action in France did not contain any details. Actually, in order to service casualty reports expeditiously and furnish essential information in all cases, it has been found necessary to omit from reports made to this office, detailed items of evidence and to include only the ultimate facts. The military authorities on the scene make every effort to positively identify a soldier before reporting his death.

In all probability you have received my letter of 11 August in which you were informed that your son was killed in action on 12 June 1944 instead of 24 June 1944 as previously reported.

My deepest sympathy is with you in the loss you have sustained.

Sincerely yours,

A.G.O. 25 AUG 1944 DISPATCHED INVES. & CORRES. SECTION

J. A. ULIO
Major General,
The Adjutant General.

A.G.O. 25 AUG 1944 RECEIVED

FILE IN DEMOBILIZED PERSONNEL REC. BR.

Copy for file

Cas

1331 No Franklin St
Philadelphia 22 Penna
Aug. 9, 1944

The Adjutant General
War Dept
Washington D.C.

My dear Sir,
my son Pvt Mason DeSouza
#33600839 of A/B Eng. 307 has been
reported killed in Action over
Normandy on June 24.

My heart is over burdened
with the great loss. I can't believe
that it is true. He was so young.
Is it not possible that some mistake
was made? Could he not be
a prisoner or maybe hiding with
some friendly Frenchmen?

If these things are not
possible please send me
news or information that will

drive the torture of doubt away from me
The uncertainty is sending me mad.
Please, I beg you, tell me if
you have found his body & in
what manner he met his death?

I'm not a crank just a
poor, heart broken mother who
would appreciate even "the
crumbs from the children's table."

Respectfully
(Mrs) E Reis De Souza

505/W 5/9

1216 Greeby St
Phila 11 Pa
May 4th 1956

Adjutant General
War Dept
Washington D.C

Dear Sir

I would like to get a death certificate of my son Moses De Souza 33,600,839 who was killed in action June 1st 1944.

Thanking you in advance.

yours truly
Ellis De Souza

AGPC-G 201 [illegible]uza, Moses
(11 Aug 44) [illegible] 137

11 August 1944.

Mrs. Gwendoline A. De Souza,
1331 North Franklin Street,
Philadelphia, Pennsylvania.

Dear Mrs. De Souza:

Reference is made to the telegram and letter from this office of 25 and 27 July, respectively, regarding your son, Private Moses De Souza, 33,600,839.

A report has now been received that your son was killed in action on 12 June 1944 in France instead of 24 June 1944 as was previously reported.

My heartfelt sympathy is again extended to you in the loss of your son.

Sincerely yours,

Harold L. Stiece
Major, A. G. D.

J. A. ULIO
Major General,
The Adjutant General.

DEMOBILIZED PERSONNEL REC. [illegible]

Certification for File

copy furn. for Casualty + BPR

sfm

STATEMENT OF DEATH

OF

MOSES DESOUZA

The records of the Department of the Army show that Private Moses DeSouza, 33 600 839, Corps of Engineers, who gave his date of birth as 11 September 1924, was killed in action in the European Area on 12 June 1944.

This official statement furnished 10 August 1948 to Mr. Ellis DeSouza, father, 1331 North Franklin Street, Philadelphia 22, Pennsylvania.

By authority of the Secretary of the Army:

EDWARD F. WITSELL
Major General
The Adjutant General of the Army.

REPORT OF DEATH - WORK SHEET

DATE 5 August 1944
ac-4627

LAST NAME - FIRST NAME - MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE
DeSouza, Moses	33 600 839	Pvt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Philadelphia, Pa.	Corps of Engineers	11 Sep 1924

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in Action	12 Jun 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSE		
		YEARS	MONTHS	DAYS
European Area	16 Apr 1943	1	1	27

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP AND ADDRESS)

Gwendoline A. DeSouza mother, 1331 N. Franklin St., Philadelphia, Pa.

BENEFICIARY (NAME, RELATIONSHIP AND ADDRESS)

Gwendoline A. DeSouza, mother, 1331 N. Franklin St., Philadelphia, Pa.
Ellis DeSouza, father, Same as above.

X

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY OTHER) BELOW	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 Jun 1944 and subsequently reported killed in action on 12 Jun 1944 such absence was terminated on 25 July 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

OFFICER'S INITIALS

BATTLE / NON-BATTLE	CLERK WORKING CASE	REVIEWED BY	FORM 41 REC'D	FORM 43 REC'D	DATE S/R RECEIVED
X		ADB 8/5/44	[ ] YES [✓] NO	[✓] YES [ ] NO	

RECORDS TO DEMOBILIZE PERSONNEL RECORDS BRANCH		RECORDS TO OFFICERS BRANCH	
CLERK	DATE	CLERK	DATE
Branch	8 Aug 44		10/7/46

W.D., A.G.O. FORM NO. 51

FORM 51		REQUIRED / RECEIVED / NOT REQUIRED	DATE FORM 51 SENT TO	
				INVESTIGATION AND CORRESPONDENCE SEC., CAS, BR., A.G.O. James W. Reinhart
				DEMOBILIZED PERSONNEL RECORDS BRANCH, A.G.O.
				OFFICERS BRANCH, A.G.O.

INSURANCE COMPANY REQUESTS

NAME OF REQUESTING INSURANCE CO.	DATE OF REQUEST	DATE SENT TO D.P.R. BR.
Philadelphia Life Ins. Co.	8/24/44	8/27/44
Metropolitan Life Ins. Co.	24 Aug 44	30 Aug 44

W.D., A.G.O. FORM NO. 0400 1a JUNE 1944 (over) 24-88860-10M

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 5 August 1944
ac-4627

FULL NAME	ARMY SERIAL NUMBER	GRADE
DeSouza, Moses	33 600 839	Pvt.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Philadelphia, Pa.	Corps of Engineers	11 Sep 1924

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in Action	12 Jun 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS	MONTHS	DAYS
European Area	16 Apr 1943	1	1	27

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Gwendoline A. DeSouza, mother, 1331 N. Franklin St., Philadelphia, Pa.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Gwendoline A. DeSouza, mother, 1331 N. Franklin St., Philadelphia, Pa.
Ellis DeSouza, father, Same as above.

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X	*X	

ADDITIONAL DATE AND/OR STATEMENT

*On Parachute Pay.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 Jun 1944 and subsequently reported killed in action on 12 Jun 1944 such absence was terminated on 25 July 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

DEMOBILIZED PERSONNEL REC. [illegible]

adB 8/8/44

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S. G. O.	F. B. I.	F. O., U. S. A.
S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

[X] BATTLE
[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart
ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 29 MAY 1944

HANDLE WITH CARE

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DE SOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	06	JUN	44	J	MIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP

NO. AND NAME OF STREET	CITY	COUNTY	STATE

REMARKS:

☐ CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO ✓ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ✓ CHECKED BY _____ REVIEWED BY _____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

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- ☐ BUREAU OF PUBLIC RELATIONS
- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
- ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
- ☐ SOCIAL SECURITY BOARD
- ☐ SURGEON GENERAL
- ☐ THE ADJUTANT GENERAL
- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

PARAPHRASED CLASSIFIED INFORMATION

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

1307

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DESOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	24	JUN	44	J	KIA	131

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS GWENDOLINE DA DESOUZA	MOTHER	25 JULY 1944

NO. AND NAME OF STREET—CITY—STATE

1331 NORTH FRANKLIN STREET PHILADELPHIA PENNSYLVANIA

REMARKS:

☐ CORRECTED COPY

EVIDENCE OF DEATH RECEIVED OF W D (23 JULY 44)

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ___ AG 201 REQ 23 July 44

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO ___ DATE ___

PREVIOUSLY REPORTED NO ___ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
Shipment	#104	MIA	6 June 44 ETO	27 June 44

FORWARDED TO ➤

SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
☐	✓	☐	☐	☐	☐	☐	☐	☐

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ___ CHECKED BY ___ REVIEWED BY ___

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

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W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

serv. con. 2

DEMOBILIZED PERSONNEL [illegible] BR.

HANDLE W[illegible] CARE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DE SOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	06	JUN	44	J	MIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP

NO. AND NAME OF STREET	CITY	COUNTY	STATE

REMARKS:

☐ CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO ✓ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ✓ CHECKED BY Wilm 26 Jun 44 REVIEWED BY Jeel

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
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- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DE SOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	06	JUN	44	J	MIA	104

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MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	GWENDOLINE	A	DE SOUZA	MOTHER

NO. AND NAME OF STREET	CITY	COUNTY	STATE
1331 NORTH FRANKLIN	PHILADELPHIA		PENNSYLVANIA

REMARKS:

☐ CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ✓ YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ___ CHECKED BY ____ REVIEWED BY ____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

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- ☐ CHIEF OF ARM OR SERV. CONCERNED
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- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
- ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
- ☐ SOCIAL SECURITY BOARD.
- ☐ SURGEON GENERAL
- ☐ THE ADJUTANT GENERAL
- ☐ U.,S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

FRAGILE - HANDLE WITH CARE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
DE SOUZA MOSES	33600839	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	24	JUN	44	J	KIA	131

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED

NO. AND NAME OF STREET—CITY—STATE

REMARKS:

☐ CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ___ AG 201 REQ 23 July 44

CASUALTY BRANCH FILE ATTACHED ___ OR CHARGED TO ___ DATE ___

PREVIOUSLY REPORTED NO ___ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
Supplement	#104	MIA	6 June '44 ETO to 2 June '44	

FORWARDED TO →

SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
	✓							

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ___ CHECKED BY [illegible] REVIEWED BY ___

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

DISTRIBUTION "A" ☐ 32 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ ___ COPIES
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

serv. com. 2

ms/wh

AG 201 De Souza, Moses
PC-N ET0131

27 July 1944

Mrs. Gwendoline A. De Souza
1331 North Franklin Street
Philadelphia, Pennsylvania

Dear Mrs. De Souza:

It is with profound regret that I confirm the recent telegram informing you of the death of your son, Private Moses De Souza, 33,600,839, Corps of Engineers, who was previously reported missing in action in France.

An official message has now been received which states that he was killed in action on 24 June 1944. If additional information is received it will be transmitted to you.

I realize the burden of anxiety that has been yours since he was first reported missing in action and deeply regret the sorrow this later report brings you. May the knowledge that he made the supreme sacrifice for his home and country be a source of sustaining comfort.

My sympathy is with you in this time of great sorrow.

Sincerely yours,

J. ULIO
Major General,
The Adjutant General.

1 Inclosure
Bulletin of Information.

Casualty Branch

William Yeates
Lt. Col., A. G. D.

bcc

FREib Ia

AG 201 De Souza, Moses
PC-N ETO104

2 July 1944

Mrs. Gwendoline A. De Souza
1331 North Franklin Street
Philadelphia, Pennsylvania

Dear Mrs. De Souza:

This letter is to confirm my recent telegram in which you were regretfully informed that your son, Private Moses De Souza, 33,600,839, Corps of Engineers, has been reported missing in action in France since 6 June 1944.

I know that added distress is caused by failure to receive more information or details. Therefore, I wish to assure you that at any time additional information is received it will be transmitted to you without delay, and, if in the meantime no additional information is received, I will again communicate with you at the expiration of three months.

The term "missing in action" is used only to indicate that the whereabouts or status of an individual is not immediately known. It is not intended to convey the impression that the case is closed. I wish to emphasize that every effort is exerted continuously to clear up the status of our personnel. Under war conditions this is a difficult task as you must readily realize. Experience has shown that many persons reported missing in action are subsequently reported as prisoners of war, but as this information is furnished by countries with which we are at war, the War Department is helpless to expedite such reports. However, in order to relieve financial worry, Congress has enacted legislation which continues in force the pay, allowances and allotments to dependents of personnel being carried in a missing status.

Permit me to extend to you my heartfelt sympathy during this period of uncertainty.

Sincerely yours,

William Yeates
Lt. Colonel, A.G.D.

J. A. ULIO
Major General,
The Adjutant General.

DISPATCHED 8 JUL 1944 SERVICE UNIT NOTIFICATION SEC CASUALTY

Cas. Br.
Suspense

File in Enlisted Br. FREib Rm. 3847 1 July 1944

July 30th 48.

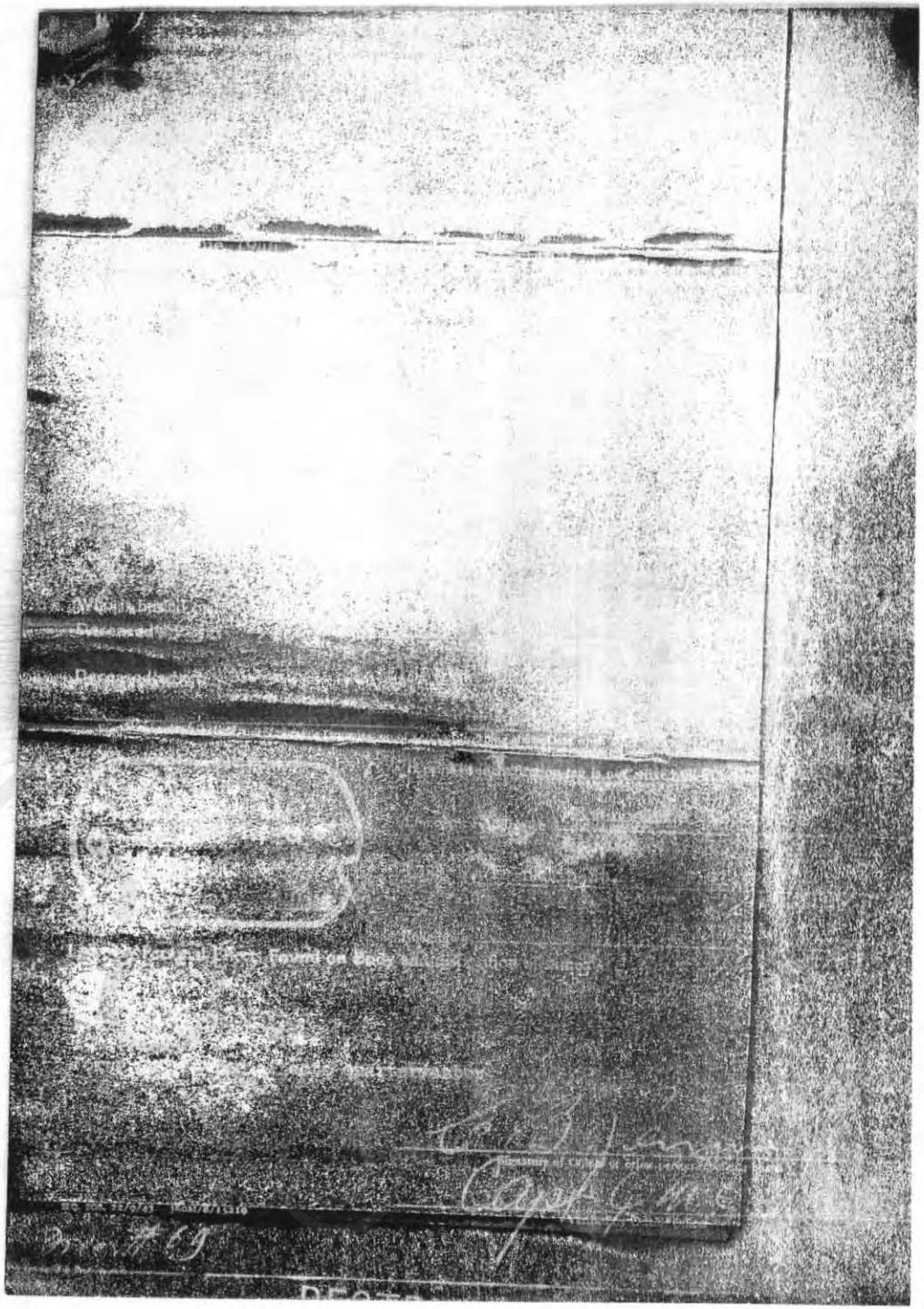
War Department

Dear Sirs -

Would you please send me as early as possible death artifical of my son the late Pvt- Moses DeSouza 33600839

Thanking You

Ellis DeSouza
1331 N Franklin St
Phila 22, Pa.



Best copy

MJS/bjg

AGPC-G 201 DeSouza, Moses
(9 Aug 44) 33,600,839

24 August 1944.

Mrs. Ellis DeSouza,
1331 North Franklin Street,
Philadelphia 22, Pennsylvania.

Dear Mrs. DeSouza:

Reference is made to your recent letter in which you requested information relative to your son, Private Moses DeSouza.

Your desire to learn more of the details surrounding the death of your son is fully understood and it is regretted that no further information is available as the original casualty message in which he was reported killed in action in France did not contain any details. Actually, in order to service casualty reports expeditiously and furnish essential information in all cases, it has been found necessary to omit from reports made to this office, detailed items of evidence and to include only the ultimate facts. The military authorities on the scene make every effort to positively identify a soldier before reporting his death.

In all probability you have received my letter of 11 August in which you were informed that your son was killed in action on 12 June 1944 instead of 24 June 1944 as previously reported.

My deepest sympathy is with you in the loss you have sustained.

Sincerely yours,

J. A. ULIO
Major General,
The Adjutant General.

jm

AGPC-G 201 De Souza, Moses
(11 Aug 44) ETO 137

11 August 1944.

Mrs. Gwendoline A. De Souza,
1331 North Franklin Street,
Philadelphia, Pennsylvania.

Dear Mrs. De Souza:

Reference is made to the telegram and letter from this office of 25 and 27 July, respectively, regarding your son, Private Moses De Souza, 33,600,839.

A report has now been received that your son was killed in action on 12 June 1944 in France instead of 24 June 1944 as was previously reported.

My heartfelt sympathy is again extended to you in the loss of your son.

Sincerely yours,

Harold L. Strobel
Major, A. G. D.

J. A. ULIO
Major General,
The Adjutant General.

Copy for Casualty

sfm

AGPO-CO 201 DeSouza, Moses
(30 Jul 48)

10 August 1948.

Mr. Ellis DeSouza
1331 North Franklin Street
Philadelphia 22, Pennsylvania

Dear Mr. DeSouza:

Inclosed is an official statement confirming the death of your son, Private Moses DeSouza, 33 600 839, Corps of Engineers, as requested in your letter of 30 July 1948.

Sincerely yours,

EDWARD F. WITSELL
Major General
The Adjutant General of the Army.

1 Incl.
Statement of death.

COPY FOR CASUALTY BR. AGO
10 AUG 1948

sfm

AGPO-CO 201 DeSouza, Moses
(30 Jul 48)

10 August 1948.

Mr. Ellis DeSouza
1331 North Franklin Street
Philadelphia 22, Pennsylvania

Dear Mr. DeSouza:

Inclosed is an official statement confirming the death of your son, Private Moses DeSouza, 33 600 839, Corps of Engineers, as requested in your letter of 30 July 1948.

Sincerely yours,

Edward F. Witsell

EDWARD F. WITSELL
Major General
The Adjutant General of the Army.

1 Incl.
Statement of death.

AGO 11 AUG 948 M.C. OUT

FILE IN
DEMOBILIZED PERSONNEL REC. BR.
10 AUG 1948

(PO (73))

MEDDP 201(De Souza, Moses)EM 1st Ind

Department of the Army, S.G.O., Washington 25, D. C., 3 August 1948

To: The Office of The Adjutant General, Department of the Army, Washington 25, D. C.

1. Forwarded as a matter pertaining to your office.

2. The writer has been informed of this reference.

FOR THE SURGEON GENERAL:

(R)

PAUL W. HAYES
Lt. Colonel, Medical Corps
Physical Standards Division

MEDDP201(De Souza, Moses)EM 1st Ind

Department of the Army, S.G.O., Washington 25, D. C., 3 August 1948

To: The Office of The Adjutant General, Department of the Army, Washington 25, D. C.

1. Forwarded as a matter pertaining to your office.

2. The writer has been informed of this reference.

FOR THE SURGEON GENERAL:

PAUL W. HAYES
Lt. Colonel, Medical Corps
Physical Standards Division

101 Rb — NAME AND ARMY SERIAL NUMBER — 1

DeSouza, Moses (Nmi) 33600839

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt	82nd AB		W	Penn	

LOCATION WHERE TAGGED: VII Corps CCP — DATE: 6/12/44 — HOUR:

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED: K / A

LINE OF DUTY: Yes

TREATMENT GIVEN:

TETANUS TOXOID: DOSE — TIME:
OR
ANTITETANIC SERUM: DOSE — TIME:
MORPHINE: DOSE — TIME:

DISPOSITION: VII Corps CCP Fenic — DATE: 6/13/44 — HOUR:

SIGNATURE, WITH RANK: 1st Sgt Shumate

Form No. 52b— MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942) 16—15434-1

---

101 Rb — NAME AND ARMY SERIAL NUMBER — 1 H

DeSouza, Moses (Nmi) 33600839

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt	82nd AB		W	Penn	

LOCATION WHERE TAGGED: 307 Hosp Evac Hosp — DATE: 6/12/44 — HOUR:
VII Corps CCP

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED: K / A 12 June 44

LINE OF DUTY: Yes

TREATMENT GIVEN:

TETANUS TOXOID: DOSE — TIME:
OR
ANTITETANIC SERUM: DOSE — TIME:
MORPHINE: DOSE — TIME:

DISPOSITION: VII Corps CCP Fenic — DATE: 6/13/44 — HOUR:

SIGNATURE, WITH RANK: 1st Shumate

Form No. 52b— MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942) 16—15434-1

(See AR 600-550)

De Souza Moses (NMI)
(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt Co B 307 A/B Engr Bn
(Grade) (Organization or arm or service)

who died on the 24th day of June, 19 44

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Packet of Letters	
1	Pair Paratrooper Wings Insignia	
2	Address Books	
1	Wallet	
1	Personal Papers (Packet)	
1	Broken Pen	
1	Part of Pencil	
1	Book "Twelfth Night"	
1	Book "Macbeth"	
1	Packet of Stationery	
6	Picture Portraits	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
	None

W.D., A.G.O. Form No. 54
July 1, 1933

EMERGENCY ADDRESSEE AND PERSONAL PROPERTY CARD

33600839 (SERIAL NUMBER) — CHECK ONE: OFFICER / ARMY NURSE / WARRANT OFFICER / X ENLISTED MAN / W.A.A.C.

DeSouza (LAST NAME) Moses (FIRST NAME) (none) (MIDDLE INITIAL) Pvt. (GRADE) Co. B 307 A/B Engr Bn (ORGANIZATION)

COMPONENT (CHECK ONE): 1 (REG. ARMY) 3 (RES.) 2 (N.G.) 4 (A.U.S.) X 7 (S.S.) — RACE (CHECK ONE): X 1 (WHITE) 2 (COLORED) 3 (CHINESE) 4 (JAPANESE) 5 (HAWAIIAN) 6 (AMER. IND.) (FILIPINO) 7 (P.R.) 8 (OTHER)

PERMANENT OR LEGAL RESIDENCE: Pa. (STATE) Philadelphia (COUNTY)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: Mrs. (MR.-MRS.-MISS) Gwendoline (FIRST NAME) A. (MIDDLE INITIAL) DeSouza (LAST NAME) Mother (RELATIONSHIP)

ADDRESS OF PERSON TO BE NOTIFIED: 1331 N. Franklin St. (STREET NO. & NAME) Phila. (CITY) Phila. (COUNTY) Pennsylvania (STATE)

LOST OR MISLAID PERSONAL PROPERTY TO BE MAILED TO: Mrs. (MR.-MRS.-MISS) Gwendoline (FIRST NAME) A. (MIDDLE INITIAL) DeSouza (LAST NAME)

WHOSE ADDRESS IS: 1331 N. Franklin St. (STREET NO. & NAME) Phila. (CITY) Phila. (COUNTY) Pa. (STATE)

SIGNATURE OF INDIVIDUAL: [illegible] DATE: Jan. 13, 1944

VERIFIED BY: RICHARD ENGLE 2nd Lt. INF DATE: [illegible]

DO NOT USE — STATE COUNTY — RACE COMP.

W.D., A.G.O. FORM NO. 43, JUNE 16, 1942

IBM 721797 — LICENSED FOR USE UNDER PATENT 1,772,487

_________ Ind

Hq AGF RD #1
Ft Geo G. Meade, Md. 3 February 44
TO: CO GI 816 A
This Sol Trfd to YOUR COMMAND
Per Par 3 SO 31 Hq AGFRD 1 Dtd 31 Jan 44 and left this Org 3 Feb 44
He was last pd to incl 31 Jan 44
By G. M. PERFATER Lt Col FD
Due United States: If nothing so state
SEE REMARKS FINANCIAL

Due Sol at date Trfd: Accr Pay & Alws

Sol has - ~~has not~~ a Cl E Almt which has been ded from his pay to incl (Date Sol was last pd otherwise notation will be made on financial page)
Sol has authorized a Cl N ded for Govt insurance which has been ded from his pay to incl 31 Jan 44
His Character is UNKNOWN
Efficiency rating as Sol UNKNOWN
I have personally verified all entries in this indorsement.

H.R. Adamson
H.R. ADAMSON, 2nd Lt. AGD
Ass't Pers. Officer

This Sol reported 22 FEB 1944 19__
Form P-60
[illegible signature]

Remarks–Administrative
#(INSERT ADDED Oct 13-43

Qualified as Parachutist Par 33
SO 253 HQ TPS [illegible]
DATE Oct 1 1943

Infiltration Course Completed 1-4-44
Gas Chamber 1-4-44
COMP. COURSE MALARIA
PREVENTION AND DISCIPLINE 1-8-44

Favorably considered for
Good conduct medal 1-20-44

Wp	Crse	Qual	Score	Date
Rifle	136 "A"	MM	[illegible]	28 Aug 43
LMG	240	Exp	195	30 Aug 43
BAR	53	Marks		11 Jan 43
Carbine	10	Marks		19 Jul 43
LMG .30	1000" R - MM 148 - S.O. 27			[illegible]

Prcht Inf 3 Jan 44

Sex Morality Lecture 24 FEB 1944
U.S. Indoctrination Lecture 24 FEB 1944

MIA IN FRANCE 6 JUN 44

Sol MADE COMBAT PRCHT JUMP IN VICINITY OF CHERBOURG, FRANCE, 6 JUNE 44

Killed IN ACTION IN VICINITY OF CHERBOURG FRANCE 12th JUNE 44. DIRECT CAUSE OF DEATH UNKNOWN

CLASS II—Continued.

NUMBER	ARTICLES
	None
	~~Effects were sent to: 82nd~~ A/B Div "QM" for delivery to: ~~Effects QM, ETOUSA, APO 871~~ U. S. Army. ~~Gwendoline De Souza - Mother~~ 1331 North Franklin Street ~~Philadelphia, Penn'a.~~
1	U. S. Postal Money Order
	#17911 $1.20

Money { Specie ~~$.30~~ (1s 6d) / Notes $1.00 (

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered to _____
(Give name and degree of relationship; if legal representative or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

A. T. ZBINDEN,
~~CWO., USA., Personnel Adjutant~~

~~APO 460 NY (1) NY~~
(Station)

~~3 July~~, 1944
(Date)

*Strike out words not applicable.

~~No~~

Soldier has Cl__ Allmt
~~has not~~

~~No other allotments desired.~~

Class N Allotment - $6.50
Class E " 5.11
Class B " 6.25

4th Ind.

HQ, FFRD NO 8
APO 153 12 March 1944
TO: C G, 82nd A/B Inf Div APO 469
This Sol Trfd to YOUR COMMAND
Per Par 1 SO 52 HQ, FFRD NO 8, dtd
12 March 44 and left this Org 13
March 44.
He was last pd to incl 29 Feb 44
By H. D. CALDWELL, Maj, FD
Due U. S.: (If nothing, so state)
SEE REMARKS FINANCIAL

Due SOL at date Trfd: ACCR pay & ALWS

Sol (has - has not) a Cl E Almt
which has been ded from his pay
(Date Sol was last pd otherwise
notation will be made on Fin page.)
Sol has authorized a Cl N ded for
Gov't insurance which has been ded
from his pay to incl 29 Feb 44
His Character is UNKNOWN
Efficiency rating as Sol UNKNOWN
I have personally verified all entries in this indorsement.

James M. McCoy, Jr
JAMES M. McCOY, JR, 1st Lt
AGD, Asst Opns Div.
This Sol reported 16 March 1944
Form P-60

REPORT OF STATUS FOR INVES && CORRES SECTION

Ale, Souza
STATUS OF D Souza, Moses 33 600 839 Pvt
is KIA ETO, 12 June 44 (Date)
EA NOTIFIED ON 11 Aug 44 (Date)
Coutu (Name of clerk) Gr. No. SS
23 Aug 44 (Date)

DC-1 REGISTER OF DENTAL PATIENTS AT

Camp J T [illegible]obinson 33600839

(1) SURNAME	(2) CHRISTIAN NAME
De Souza	[illegible]s NMI

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Pvt	B	72-15

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
18	W	Pa	4/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Crs. R-15 o I-15 lc	Aug 1943 OA 11 OA	AAR Cl-2u 4

[illegible]
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

REGISTER OF DENTAL PATIENTS AT

[illegible] Camp Hackett

(1) SURNAME	(2) CHRISTIAN NAME
DeSouza	Moses [illegible]MI 33600839

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Pvt.	D	541 Prcht Inf

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
19	W	Pa.	9/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Defil L-14 o	1944 1-14 Exas. 1-14 OA	Cl-2 wdc Cl-2-4 Sullivan Closed.

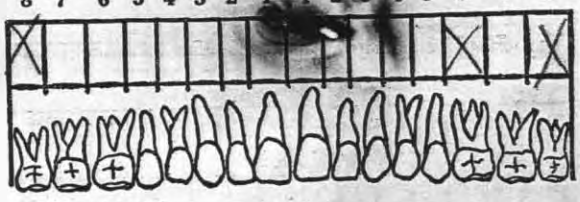
Mj WDean
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

*REPORT OF DENTAL SURVEY

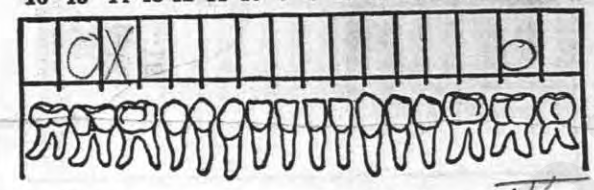
UPPER TEETH

Right 8 7 6 5 4 3 2 1 — 1 2 3 4 5 6 7 8 Left



LOWER TEETH

Right 16 15 14 13 12 11 10 9 — 9 10 11 12 13 14 15 16 Left



CLASS II C - IV

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes ~~No~~

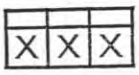
Other conditions _____

Date 11 August, 19 42

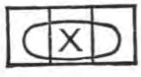
Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



16—20622

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right 8 7 6 5 4 3 2 1 — 1 2 3 4 5 6 7 8 Left

LOWER TEETH

Right 16 15 14 13 12 11 10 9 — 9 10 11 12 13 14 15 16 Left

CLASS II

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 14 August, 19 42

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)

Teeth replaced by fixed bridge (oval to include abutments)

16—20622

NOTICE OF MISSING
ENLISTED RECORDS

DeSouza, Moses
Last name First Middle Init.

Army Serial No. 33 600 839

Was reported as killed in action or as having died at

European Area
(Place)

on 12 Jun 1944
(Date)

per radio report (See extract radio, 201 file).

No additional enlisted records are expected.

Service Record expected.

IE and service Record not in CASUALTY BRANCH

By Chipouras 4627

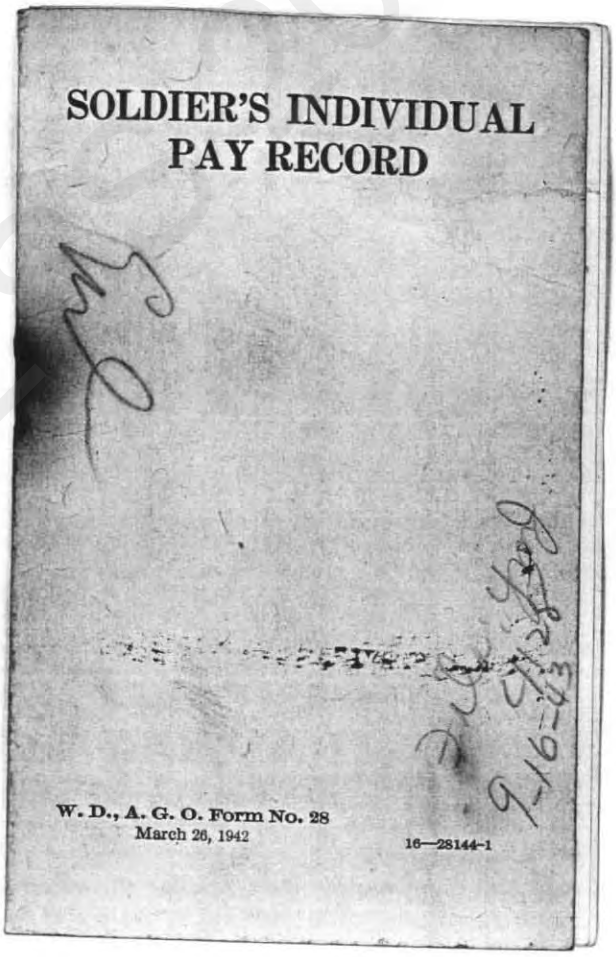
Casualty Death Sub-Section
Section, subsection, unit or group-I

Date 5 Aug 44

This form is placed by casualty Branch in the enlisted record jacket which will be accepted by World War II Records Branch for file.

In the event any missing records are received at some future time, the date of receipt in World War II Records Branch will be placed on any enlisted records hereafter inserted in this enlisted jacket.

24-72845ABCD-10M



Name DeSouza, Moses (None)

Army serial No. 33,600,839

Grade Pvt.

Years of service none
(On date of opening this book)

Insurance, amount and class $

Insurance premium, monthly $

Allotments, amount and class $

Compulsory allotments, amount and class $

Pay reservation, class A $

Technician grade

Additional pay for

Person to be notified in case of emergency:

(Name)

(Relationship; if friend, so state)

(Number and street or rural route; if none, so state)

(City, town, or post office) (State or country)

Date of opening this book APR 24 1943

Moses DeSouza
(Signature of enlisted man. Name, grade, and arm or service only. Do *not* enter organization)

Witness to signature by officer preparing book:

(Signature—Name, grade, and arm or service only. Do *not* enter organization)

G. W. THOMAS, W (2) (jg), A.U.S.

(2)

CHANGES AFFECTING PAY STATUS

CASUAL DATA

Date reported or picked up. (Do *not* enter organization)	Name, grade, and arm or service only of personnel officer or commanding officer

16—28144-1

(3)

Date from and to —	DEDUCTION				Pay reservation class A	Net amount paid	DISBURSING OFFICERS			Name, grade, and arm or service only of personnel officer or detachment commander
	Government insurance class —	Allotment class E	Compulsory allotment class —				Voucher No.	Month	Name, grade, and arm or service only	

(4)

(5)

16—28144-1

WAR DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

THE ADJUTANT GENERAL
UNITED STATES ARMY
WASHINGTON, D. C.
U. S. A.

SOLDIER'S INDIVIDUAL PAY RECORD

W. D., A. G. O. Form No. 28
March 26, 1942

16—28144-1

INSTRUCTIONS GOVERNING THE ISSUANCE AND USE OF SOLDIER'S INDIVIDUAL PAY RECORD

When issued.—Upon enlistment. Date of issue will be endorsed in soldier's service record on page 13.

Preparation.—Carefully complete all entries on page 2.

Purpose.—To identify and authorize payments to the soldier to whom issued and is to be kept by him in his personal possession at all times except when in the hands of personnel officers for preparation of pay rolls or vouchers, or verification with service record.

Payments.—Casual payments not in excess of amount due computed from the information contained in this book are authorized by AR 345–155, the provisions of which will be fully complied with. Entry of all amounts paid will be made on pages 4, 5, 6, or 7, together with complete information called for thereon. Amount due will be computed from and not in excess of amount earned since the first of the month prior to date shown in "Casual Data" on page 3; and collection will be made for all allotments, insurance premiums, and class A pay reservations. If again paid while absent from his organization, pay will be computed from date of last payment, in which event settlement should bring soldier's account to the end of the month, unless he is being returned to his organization, in which event he may be paid a partial payment, and entry made on pages 4, 5, 6, or 7. In exceptional cases where there is no Army Finance Officer available, this pay record may be presented to Navy, Marine, or State Department disbursing officers for pay.

Changes.—Any changes in status affecting the pay due will be entered on page 3.

Lost.—If this pay record becomes lost, duplicate may be issued only by the personnel officer having custody of soldier's service record.

All entries in this book will be authenticated by the signature (name, grade, and arm or service only) of a commanding officer.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—28144-1

SOLDIER'S INDIVIDUAL PAY RECORD

IMPORTANT

No payments to you will be made without this pay record if you are separated from your organization. Retain on your person at all times.

No changes or alterations will be made in this record other than as provided in instructions on page 8.

If this pay record is lost, report at once to your organization commander.

If this pay record is found and owner cannot be located, drop in U. S. mail—without postage.

W. D., A. G. O. Form No. 28
March 26, 1942

16—28144-1

DeSouza — 33,600,839
(Last name) — (Army serial No.)

Moses — (none)
(First name) — (Middle initial)

Infantry
(Arm or service for which enlisted or inducted)

Color or race White

(PLACE X IN BOX INDICATING COMPONENT)

☐ Regular Army. ☐ National Guard of the United States.

Army of United States:

☐ For Regular Army units.

☐ For National Guard units.

☒ Selective Service and Training.

☐ Regular Army Reserve—Active duty.

☐ Enlisted Reserve Corps—Active duty.

DeSouza

SERVICE RECORD

covering period

From APR 16 1943, 19..., to AR June 12, 1944, 19...

For Instructions see AR 345-125

W. D., A. G. O. Form No. 24
(March 1, 1941)

FILE IN DEMOBILIZED PERSONNEL REC. BR.

16—25250-1

D-8

INDUCTION RECORD

(This induction record will be filled out only in case the man enters the service through induction by selective service)

Local board of origin [illegible]

Date of arrival at induction station APR 16 1943

Date and place of induction APR 16 1943 PHILADELPHIA, PA.

By whom inducted M. SHULMAN, 1st Lt., A. G. D.
(Name)

(Grade and arm or service)

Place to which sent NEW CUMBERLAND, PA.
(Post, camp, or reception center)

Date sent APR 23 1943

RECORDS OF IMMUNIZATION

(See par. 6, AR 40-215, for details relative to immunization records)

SMALLPOX VACCINATION

Date	Result [1]
4-24-43	Vaccinoid
3-8-44	

TYPHOID VACCINATIONS

5-21-43	Course Comp.
3-8-44	Stim

OTHER VACCINATIONS

Kind	Date
Tet. Tox. Comp.	6-11-43
Tet. Tox Booster	1-12-44
[illegible] 3-8-44 [illegible]	
Blood Type - O.	

DIPHTHERIA SUSCEPTIBILITY TEST—SCHICK

Date	Result [2]
2/15/44	[illegible]
[illegible]	
[illegible]	

CARRIER EXAMINATIONS
(See AR 40-310)

Date	Parasite examined for	Kind of specimen [3]	Positive or negative
APR 16 1943	X-RAY TAKEN		

[1] Record as vaccinia, vaccinoid, or immune reaction.
[2] Record as positive, positive combined, negative-pseudo or negative.
[3] Record as feces, urine, sputum, blood, etc.

ENLISTMENT RECORD

(Last name) (First name) (Middle initial) (Army serial No.)

Born ______________________
(Month, day, and year) (City or town) (State or country)

Height ____ ft. ____ in. Weight ____ lb. Eyes ____ Hair ____

Complexion ____ Size of gas mask A Size of shoe 10 B

Married or single ____ Occupation ____

EDUCATIONAL QUALIFICATIONS

Years in: Grammar school ____ High school ____ College or university ____

Graduate work ____ Specialized in ____

Speaks *English, French, Spanish, German.

OCCUPATIONAL QUALIFICATIONS

____ $ ____
(Main occupation) (Weekly wages)

Years ____ as *apprentice, journeyman, expert.

Just what did he do? ____

____ $ ____
(Next best occupation) (Weekly wages)

Years ____ as *apprentice, journeyman, expert.

Just what did he do? ____

HOME ADDRESS AND NEAREST RELATIVE

Home address ____
(Number and street or rural route; if none, so state)

____
(City, town, or post office) (State or country)

Name and address of nearest relative ____
(Name)

____
(Relationship) (Number and street or rural route; if none, so state)

____
(City, town, or post office) (State or country)

Person to be notified in case of emergency ____
(Name)

____
(Relationship; if friend, so state) (Number and street or rural route; if none, so state)

____
(City, town, or post office) (State or country)

DESIGNATION OF BENEFICIARY

(To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)

____
(Name and degree of relationship of beneficiary)

____
(Address)

____
(Name and degree of relationship of alternate beneficiary)

____
(Address)

____
(Name and degree of relationship of alternate beneficiary)

____
(Address)

CURRENT ENLISTMENT

(See "Remarks—Financial" (par. 3a, AR 345-125))

Age at enlistment ____ years ____ months.

†Accepted for service at ____

†Enlisted at ____ on the

____ day of ____, 19____

in grade of ____ by ____

for ____
(Company, regiment, arm, or service)

to serve ____ years.
(Words and figures)

Completed ____ years ____ months ____ days for longevity pay,

at enlistment. Has over ____ years' service. ____
(Initials of officer)

Physical defects at enlistment ____

* Strike out words not applicable.
† No entry required for men secured through Selective Service.

16—2527

PRIOR SERVICE

First show prior service in the Regular Army, then insert headings to show service in the United States Army, Volunteers, Navy, Marine Corps, and National Guard or Organized Militia, in the order named.

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

____ from ____, 19____, to ____, 19____
(Co., regt., arm, or service)

Discharged as ____; ____; By reason of ____
(Grade) (Character)

____
(Data required by par. 8, AR 345-125)

MILITARY QUALIFICATIONS

Served as ______________ in the United States Army in the World War
(Highest grade held)

Holds commission as ______________ in the Officers' Reserve Corps
(Grade) (Section)

Graduate of Parachute School, Ft. Benning, Ga
(Noncommissioned officers' or special service school)

ARMY SPECIALTY

Specialty	*Rating, with date	*Rerating, with date
QUAL. PRCHTIST 328	Exc 5-13-43	
RIFLEMAN 745	G 1-14-44	

* Ex=Excellent; VG=Very good; G=Good; F=Fair.

SPECIAL DUTY

As	At	From	To	Authority

ARTICLES OF WAR

(Read to soldier as required by the 110th Article of War)

Date	Initials	Date	Initials
APR 26 1943	[illegible]	18 MAY 44	ATZ
SEP 29 1943			
JAN 22 1944			
24 FEB 1944			

SEX MORALITY

Course completed (see AR 40-235) APR 26 1943, 19__

QUALIFICATION IN ARMS

(Special qualifications attained in the use of the various arms and additional compensation therefor)

Qualified as ______________, 19__
(Grade designation)
Compensation $________ per month. Aggregate or final score ________
Order publishing fact of qualification ________
(Number) (Source) (Date)

Qualified as ______________, 19__
(Grade designation)
Compensation $________ per month. Aggregate or final score ________
Order publishing fact of qualification ________
(Number) (Source) (Date)

Qualified as ______________, 19__
(Grade designation)
Compensation $________ per month. Aggregate or final score ________
Order publishing fact of qualification ________
(Number) (Source) (Date)

Qualified as ______________, 19__
(Grade designation)
Compensation $________ per month. Aggregate or final score ________
Order publishing fact of qualification ________
(Number) (Source) (Date)

Qualified as ______________, 19__
(Grade designation)
Compensation $________ per month. Aggregate or final score ________
Order publishing fact of qualification ________
(Number) (Source) (Date)

16—25259-1

MILITARY RECORD

APPOINTMENT, PROMOTION, OR REDUCTION, WITH AUTHORITY THEREFOR

Grade	Date	Authority	Initials
Pvt	4/16/43	Induction	[illegible]

SPECIALIST RATINGS

Class	Qualification	From	To	Authority	Initials

ORGANIZATIONS TO WHICH ATTACHED

Organization	From	To
1590 [illegible] S. U. [illegible]	APR 23 '43	APR 26 1943
B CO. 72 TNG. BN. CAMP ROBINSON, ARK.	4-28-43	AUG 19 1943
AGFRD #1 Ft. Meade Md	22 JAN '44	3 FEB '44
CAS. DET. No. 63 (479th Repl Co)	24 FEB 44	13 MAR 44

ORIGINAL ASSIGNMENT AND ORGANIZATIONS TO WHICH SUBSEQUENTLY ASSIGNED DURING THIS ENLISTMENT PERIOD

Assigned to company, regiment, arm, or service	Station	Date
[illegible]	[illegible]	[illegible]
Co [illegible] 591st PIR	[illegible]	[illegible]
Co B 307 Abn Engr Bn	APO 469 PM NY NY	Mar 15/44

FURLOUGHS

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined Oct 28 1943

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

From ______ to ______
Authority ______
Extended ______ (Number of days) per ______
Rejoined ______

FOREIGN SERVICE

Left United States for duty in ETOUSA
From Brooklyn NY on 11 Feb, 194
Arrived at N. Ireland on [illegible] FEB 1944, 19
Left N. IRELAND for the ~~United States~~ ENGLAND on 14 MAR, 1944
Arrived at STRANRAER, SCOTLAND on 15 MAR, 1944

Left United States for duty in ______
From ______ on ______, 19__
Arrived at ______ on ______, 19__
Left ______ for the United States on ______, 19__
Arrived at ______ on ______, 19__

MEDALS, DECORATIONS, AND CITATIONS

Name of decoration	Authority and date
ETO Ribbon	WD Cir #1 – 1 JAN 43

TIME LOST PRIOR TO THE NORMAL DATE OF EXPIRATION OF TERM OF ENLISTMENT TO BE MADE GOOD UNDER 107th ARTICLE OF WAR:

(a) Absence without proper authority or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

ABSENCE SUBSEQUENT TO THE NORMAL DATE OF EXPIRATION OF TERM OF ENLISTMENT

(a) Absence without proper authority or in desertion.

From	To	Days

(b) Time actually in confinement under sentence or while awaiting trial and disposition of case, if trial resulted in conviction.

From	To	Days

(c) Unable to perform duty through the intemperate use of drugs or alcoholic liquor or through disease or injury the result of his own misconduct.

From	To	Days

RECORD OF TRIALS BY COURTS MARTIAL

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization) 16—25259-1

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

______ C. M., ______ (No.) A. W. ______ (Date of offense), 19____ ______ (Synopsis of specifications) ______

Sentence announced and adjudged ______, 19____

Sentence as approved ______

______ Approved ______, 19____

I certify the above is correct.

______ (Name, grade, and organization)

Unexecuted portion of confinement and forfeiture remitted per ______

Released from confinement ______, 19____

______ (Name, grade, and organization)

CLASS E ALLOTMENTS

Class E allotments of pay authorized as follows:

$ 5.11 per month for Indef. months, commencing Oct. 1, 1943

and expiring Indefin., 19____, in favor of A.O.U.W. Kansas [illegible] for the purpose of [illegible]

Discontinued ______, 19____, reason ______

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., ______, 19____, by ______ (Name and grade of forwarding officer)

Acknowledgment of discontinuance received ______, 19____

ALLOTMENTS (B A L)

$ 6.25 per month for ____ months, commencing May 1, 1943

and expiring ____, 19__, in favor of [illegible]

____ for the purpose of [illegible]

Discontinued July 31, 1944, reason Automatic

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C. Not required, 19__, by [illegible]
(Name and grade of forwarding officer)

Acknowledgment of discontinuance received ____, 19__

E Allot

$ 25.00 per month for indef months, commencing 1 March, 1944

and expiring Indef, 19__, in favor of Mrs. Gwendoline V. De Souza (M)

for the purpose of Savings

Discontinued ____, 19__, reason ____

W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., ____, 19__, by ____
(Name and grade of forwarding officer)

Acknowledgment of discontinuance received ____, 19__

NATIONAL SERVICE LIFE INSURANCE

GOVERNMENT INSURANCE

Allot NSL

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $ 6.50 per month for indef months,

commencing April 1, 1943, and expiring [illegible], 19__

for payment of monthly premium on $ [illegible] Discontinued ____, 19__

reason ____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on ____, 19__

by ____
(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $____ per month for ____ months,

commencing ____, 19__, and expiring ____, 19__

for payment of monthly premium on $____ Discontinued ____, 19__

reason ____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington D. C., on ____, 19__

by ____
(Name and grade of forwarding officer)

Deduction of pay for Government insurance authorized as follows:

Class D insurance deduction of $____ per month for ____ months,

commencing ____, 19__, and expiring ____, 19__

for payment of monthly premium on $____ Discontinued ____, 19__

reason ____ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on ____, 19__

by ____
(Name and grade of forwarding officer)

16—25259-1

DEPOSITS

Date	Amount		Total amount		Name and grade of finance officer accepting deposit	Initials
	Dol.	Ct.	Dol.	Ct.		
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						
____ and ____/100 Dollars.						

PAY DETAINED BY COURTS MARTIAL ENTERED ON PAY ROLL

Month	Amount		Vou. No.	Name and grade of finance officer	Accounts for
	Dol.	Ct.			
____, 19__					
____, 19__					
____, 19__					
____, 19__					

28 Oct. 42.

CLOTHING ACCOUNT

CLOTHING DRAWN

Date of issue	Money value clothing	Initials	Date of issue	Money value clothing	Initials

GRATUITOUS ISSUE OF CLOTHING

MAY 13 PAID

CLOTHING SETTLEMENTS

Date	Due soldier	Due United States	Roll on which collected	Initials*
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	
			and ____/100 Dollars.	

* Initials of organization commander.

16—25259-1

28 Oct 43

REMARKS—FINANCIAL

Under this heading will be shown all financial matters not entered elsewhere such as stoppages for loss of or damage to Government property, amounts due on account of partial payments, overpayments, etc.

Enlistment allowance of $ ____

for the grade of ____

paid by ____

on ____, 19__

Entitled to travel pay to *Philadelphia, Pa.*
(Place at which accepted for previous enlistment)

Received no travel pay upon discharge on ____, 19__ to reenlist.

Date	Description and amount due U. S. or soldier	Roll on which collected
	WDAGO Form 28 issued	
7/24/43	Due U.S. $6.50 Adv. prem. On N.S.L. Ins.	
5-11-43	Cl "B" Allot $ 6.25 per mo fr May 43	3
	MAY 43 PAID	
	DUE U.S. MR GPLD $	3
	JUN 43 PAID	
7/8/43	DUE US MR LDRY $ 1.00	
7-30-43	DUE U.S. MR GPLD $ 2.60	8
8-6-43	DUE US MR LDRY $ 1.50	
8.12.43	DUE US MR GPLD $ 3.76	R
8/18/43	DUE US MR LDRY $ 0.50	
	DUE US PART PMT $25.00 AUG. 1943	
		SEP 30 PAID
Oct. 4	[illegible] month beginning Oct [illegible]	
SEP 27 1943	Placed on Jump Status	
Oct 43	Due U.S. PIP 50.00	OCT 31 PAID
Sep 43	Due US. MR LDRY $1.50	
Oct 43	Due US MR LDRY $.50	
	Due U.S. GPLD $.41	NOV 30 PAID
		DEC 43 PAID
Jan 1944	[illegible] for Oct 29 43 [illegible]	

WD AGO Form No. 28 Issued 28 Oct. 43.

REMARKS—FINANCIAL—Continued

Date	Description and amount due U. S. or soldier	Roll on which collected
	[illegible]	
	[illegible]	
	Due U.S. M.R. Lory [illegible]	
	Due U.S. GPLD $1.57	
	JAN 44 PAID	
	Pd partial pay to [illegible] 21 Jan 44	
	FEB [illegible]	
	31 MAR PAID	
22 Mar 44	[illegible]	
	Fr Mar 1/44 [illegible]	
	[illegible]	
	24 APR PAID	
15 Jun 44	Due U.S. [illegible] $4.02 [illegible]	
	[illegible]	
	[illegible] Johnson Lt Col. [illegible]	
4 Jul 44	FINAL STATEMENT	
	SUBMITTED IN TRIPLICATE	
	TO LT COL. WM. E. JOHNSON, [illegible]	
A/B DIV.	FO APO 469 [illegible]	
	4 July 44	
5 Jul 44	[illegible] $26.00 per	
	mo. fr Oct 1/43 discon	
	[illegible] 31/44.	
5 Jul 44	[illegible] alot $6.25 per	
	mo. fr May 1/43 discon	
	May 31/44	
5 Jul 44	[illegible] alot $5.11 per mo	
	fr May 1/44 discon	
	[illegible] 31/44	
5 Jul 44	CH N alot $6.[illegible] per	
	mo fr Apr 1/43	
	discon May 31/44	

16—25259–1

REMARKS—ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete.

F. B. I. Card Accomplished
Religious Preference [illegible]
Service period governed by
Service Extension Act of 1941
Transferred to the Enlisted Reserve Corps APR 16 1943 [illegible] (pursuant to Letter AG 324.71 (2-25-42) ES and furnished transportation to Local Board. This reservist was ordered to active duty to report to the Reception Center at
at NEW CUMBERLAND, PA.
on APR 23 1943 and was furnished transportation and subsistence for the journey. M. Shulman

M. SHULMAN, 1ST LT., [illegible]

Amendment Selective Tng & Serv Act of 1940, Approved 12/20/41, EXPLAINED

FM 21-100 ISSUED APR 23 1943

INSERT ADDED [illegible]

Reported for AD at New Cumberland, Pa. on APR 23 1943

[signature]

G. W. THOMAS, W.O. (jg), A.U.S.

I certify that to the best of my knowledge I am in as good physical condition as at the time of induction.

Moses De Lazo

A physical inspection indicates that this man is in the same physical condition as at the time of induction.
APR 23 1943

[signature]

WD Cir 7, 1942, complied with.
Sex Morality Lecture Given SEP 29 1943

16

INDORSEMENTS

These indorsements are filled out in all cases when a soldier deserts or is transferred from one company or detachment to another company or detachment and in all changes of station except with an organization.
These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

Headquarters 1301st Service Unit, R.C. New Cumberland, Pa. April 26 43

To: CG: BI RTC, Camp Robinson, Ark.

This soldier was transferred to your command

per P/24 SO 116

and left this organization April 26 43

He was last paid to include Pay due fr date of reporting for A/D, 19

by (Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state See Remarks Financial

*Due soldier at date transfer; nothing

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include ____, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ____, 19

His character is not observed

Efficiency rating as soldier not observed

I have personally verified all entries in this indorsement.

Authorized

G. W. THOMAS, W.O.(jg), A.U.S.
(Name)
(Grade and organization)

This soldier reported 4-23-43, 19

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

17

2d Ind.

HEADQUARTERS BIRTC

Camp J. T. Robinson, Ark. AUG 16 1943

To CO Pcht Sch Ft Benning Ga.
Your Command

This soldier was transferred to

per Tel 2 SO #228 HQ, BIRTC, Camp J. T. Robinson, Ark.

and left this organization AUG 19 1943

He was last paid to include JUL 31 1943, 19

by E. J. KLECKNER, LT. COL., F.D.
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

DUE US MR TDRY $ 7.00

DUE U.S. MR GPLD $ 6.34

C "B" Allot $6.25 per mo fr MAY 43

Ded to incl JUL 31 1943

* Due soldier at date of Transfer: Accrued pay & allow.

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include ____, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include JUL 31 1943, 19

His character is Excellent

Efficiency rating as soldier Satisfactory

I have personally verified all entries in this indorsement.

F. H. Roonan
(Name)

F. H. ROONAN, 2nd Lt., Inf.
Ass't Personnel Adjutant
(Grade and organization)

This soldier reported ____, 19

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

3d Ind.

Hq 501st Parachute Infantry
[illegible], 19 44

To [illegible]

This soldier was transferred to Your Command

per [illegible], 19

and left this organization ____, 19

He was last paid to include DEC 3 1 1943

by [illegible]
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

Due U.S. M.R. Ldry 1.50
[illegible] 20 Dec 43 to 27 Dec 43 incl. [illegible]

Due U.S. GPLD .57

Sol (has) (has not) Cl D almt
which has been last ded to
incl DEC 3 1 1943

* Due soldier at date of Transfer Accrued pay

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include DEC 3 1 1943, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include DEC 3 1 1943, 19

His character is Excellent

Efficiency rating as soldier Satisfactory

I have personally verified all entries in this indorsement.

W. J. HUTCHESON
(Name)

WOJG, USA
(Grade and organization)

This soldier reported ASSISTANT ADJUTANT, 19
22 JAN 44

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

GSDDA [illegible]

4th Ind.

____, 19

To

This soldier was transferred to

per ____, 19

and left this organization ____, 19

He was last paid to include

by
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state

* Due soldier at date of

This soldier †has †has not a Class E allotment running which has been deducted from his pay to include ____, 19

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ____, 19

His character is

Efficiency rating as soldier

I have personally verified all entries in this indorsement.

(Name)

(Grade and organization)

This soldier reported at ____, 19

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

Insert Added

5th Ind.

____

______________________________, 19___

To ______________________________

This soldier was transferred to ______________________________

per ______________________________

and left this organization ______________________________, 19___

He was last paid to include ______________________________, 19___

by ______________________________
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state ______________________________

* Due soldier at date of ______________________________

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include ______________________________, 19___

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ______________________________, 19___

His character is ______________________________

Efficiency rating as soldier ______________________________

I have personally verified all entries in this indorsement.

____
(Name)

____
(Grade and organization)

This soldier reported ______________________________, 19___

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

6th Ind.

____

______________________________, 19___

To ______________________________

This soldier was transferred to ______________________________

per ______________________________

and left this organization ______________________________, 19___

He was last paid to include ______________________________, 19___

by ______________________________
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state ______________________________

* Due soldier at date of ______________________________

This soldier †has / †has not a Class E allotment running which has been deducted from his pay to include ______________________________, 19___

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include ______________________________, 19___

His character is ______________________________

Efficiency rating as soldier ______________________________

I have personally verified all entries in this indorsement.

____
(Name)

____
(Grade and organization)

This soldier reported ______________________________, 19___

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

7th Ind.

_____, 19__

To _____

This soldier was transferred to _____

per _____

and left this organization _____, 19__

He was last paid to include _____, 19__

by _____
(Name and grade of finance officer or agent officer, if any)

Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier [has / has not] a Class E allotment running which has been deducted from his pay to include _____, 19__

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19__

His character is _____

Efficiency rating as soldier _____

I have personally verified all entries in this indorsement.

_____
(Name)

_____
(Grade and organization)

This soldier reported _____, 19__

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
†Strike out words not applicable.

16—25259-1

FINAL INDORSEMENT

Co B 307 A/B Engr. Bn
(Company or detachment)
APO 469 N.Y.(U) N.Y.
(Place)
July 4, 1944

To The Adjutant General:

DE SOUZA Moses (NMI) 33600339
(Last name) (First name) (Middle initial) (Army serial No.)
Pvt 82d A/B Engr. Bn.
(Grade) (Organization)
was separated from the service by reason of Killed in Action
(State specific cause. See par. 37c, AR 345-125)
on 12 MN 24 June 1944
(Date)
at France (Place) authority _____

Retained in service 0 days to make good time lost (A. W. 107).

Absent from duty 0 days subsequent to normal date of expiration of term of enlistment.

Retained in service 0 days for convenience of the Government on account of _____

His character is Excellent

Efficiency rating as soldier Excellent

*Final statement furnished. *Paid on final pay roll.
*Discharge certificate furnished, W. D., A. G. O. Form No. 55, 56, 57.

Due United States; if nothing, so state PART PMT #4.03 Pd ON VOU #10130 JUN 144 a/c WM E. JOHNSON, LT. Col. FD. Due US CIN ALMT $6.50 MAY 144. CI B ALMT $6.25 FOR MAY 144. CI E ALMT $25.11 MAY 144

†Due soldier at date of U.S.A.T.H. BASE, FOREIGN SERV & PRCHT PAY FR MAY 1 TO JUN 24 12 144 INCL A/B

Address furnished for future references: _____
(Number and street or rural route)

_____
(City, town, or post office) (State or country)

Signature of soldier: (NOT PRESENT)

I have verified the foregoing entries.

Name signed A.T. Zbinden

Name typed or printed A.T. ZBINDEN,
CWO, USA, 307 A/B Engr Bn
Personnel Adjutant
(Grade and organization)

*Strike out words and figures not applicable.
†Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.

Initials	Name, grade, and organization (Typewritten or printed)
GWT	G. W. THOMAS, W.O. (jg), A.U.
FHR	F. H. ROONAN, 2nd Lt., Inf.
	V. J. HUTCHESON WOJG, USA. ASSISTANT ADJUTANT
SHB	SAM H. BAILEY, JR., 1st Lt. Inf. ~~Personnel Officer,~~ ~~F. H. DESORMEAU~~ ~~1st Lt., AGD~~ ~~Asst. Pers. Off.~~
TJG	THOMAS J. GRACE, JR 2/LT, AGD ASST OPNS. DIV
ATZ	A.T. ZBINDEN, CWO 307th Airborne Engr Bn, Pers, Adj.

U. S. GOVERNMENT PRINTING OFFICE : 16—25259-1

DE SOUZA- MOSES
33 600 839

aug 7th 48.

PO

The Adjutant General
Department of the Army
Washington 25 D.C.

Dear Sirs —

Some time ago I wrote to ask for a certificate of the death of my son the late Moses De Souza 33,600,839, & up to time of writing have not received same, it is very important that I should have same. Would you be so kind as to send me certificate at your earliest convenience.

Thanking you in anticipation

Sincerely yours

Ellis De Souza
4331 N Franklin St
Phila 22, Pa.

16 Aug 48

FILE IN DESIGNATED PERSONNEL REC. BR.

Armed Forces' Original
D. S. S. Form 221
January 30, 1942

BI-RTC
Camp Robinson, Ark. 4-26-43

Local Board No. 17
Philadelphia City
APR 1 1943
8th & Jefferson Sts.
Philadelphia, Pa.
(Local Board Date Stamp With Code)

REPORT OF
PHYSICAL EXAMINATION AND INDUCTION

First examination [X] Second examination [ ] Third examination [ ] Fourth examination [ ]
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

(To be filled in by Armed Forces) 33,600,839 (Armed Forces Serial No.)

1. Name (page 1) Moses (First) (Middle) DeSouza (Last)
2. Address (page 1) 1331 N. Franklin St. (Street or rural route) Phila. (Town or city) Phila. (County) Pa. (State)
3. Social Security No. (Series I, line 5) [redacted] 4. Registrant's order number (page 1) 11,888
5. Physical or mental defects or diseases (Series II, line 1) none
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no (Yes or no)
7. Education (Number years completed) (Series III): Elementary school 8 High school 4 Vocational school, college, or university 0
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Shipfitter's helper
(b) Duties (Series IV, line 2 (b)) fairing, flushing, putting in strongbacks
(c) Title of last job, if unemployed (Series IV, line 3)
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 1 month
10. Income (Series IV, line 2 (d)): Average weekly (Weekly, monthly, annual) earnings $ 50.
11. Employment class (Series IV, line 2 (e)): Permanent employee [X]; Temporary employee [ ]; Apprentice [ ]; Independent worker [ ]; Unpaid family worker [ ]; Employer [ ]; Student (Series IV, line 4 (a)) [ ]
12. Business of present employer (Series IV, line 2 (g)) shipbuilding
13. Marital status (Series VII, line 1): Single [X]; Widower [ ]; Divorced [ ]; Married, not separated [ ]; Married, separated [ ]
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 0
15. Birthplace (Series IX, line 1) Phila. (Town or city) Pa. (State) U.S.A. (Country)
16. Birth date (Series IX, line 2) 9 (Month) 11 (Day) 1924 (Year)
17. Race (Series IX, line 3): White [X] Negro [ ]; Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes (Yes or no); Declarant alien (Series IX, line 7) (Yes or no)
19. Previous U. S. military service (Series XII): None [X]; Army [ ]; National Guard [ ]; Navy [ ]; Marine Corps [ ]; Coast Guard [ ]
20. Type of discharge (Series XII): Specify
21. Date of registrant's affidavit (top of page 8) 30 (Day) 1 (Month) 1943 (Year)

Do Not Enter Anything in This Column
Residence
State
County
Place inducted
Date Inducted
Day
Month
Year
Source
Nativity
Year of birth
Race/citizenship
Education
Occupation
Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Navy or Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants w[illegible] F. B. I. Military Fingerprint Card.

ORIGINAL COPY

NING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☐; Yes ☐

24. Serological test (syphilis): Date 2/11/43 Result Truly Neg.

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Samuel M Gross

(e) Place Phila (Town or city) Phila (County) Pa. (State) (f) Date 2/11/43

27. (a) This Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board Clarence Greenberg

(c) Place Phila (Town or city) Phila (County) Pa. (State) (d) Date _____

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Gwendoline DeSouza (Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address 1331 N. Franklin St., Phila., Pa. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Gwendoline DeSouza (Name in full)

32. Relationship Mother (If friend, so state) 33. Address Same as above (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) None (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Gwendoline DeSouza (Mother) Same as above

(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Ellis DeSouza (Father) Same as above

(If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant Morris DeSouza (First name) (Middle name) (Last name)

38. Witnessed at Phila., Pa. on 4/16/43, 19__

_____ (Signature of witness attesting), W. J. Lyons Pvt. 1311 S. U. (Name of witness typed) (Grade and organization)

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c16—26941-2

3: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. Board at the Induction Station of the Armed Forces.)

K

Do Not Write in This Column

39. Eye abnormalities: None

40. Ear, nose, throat abnormalities: None

41. Mouth and gum abnormalities: None

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right								EXAMINEE'S								*Left*
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9		9	10	11	12	13	14	15	16

(b) Remarks, including other defects: None

(c) Prosthetic dental appliances: None

(d) Remediable dental defects: None

43. Skin: Normal

44. Varicose veins: None

45. Hernia: None

46. Hemorrhoids: None

47. Genito-urinary (non-venereal): Normal

48. Venereal diseases: None

49. Feet: Normal

50. Musculoskeletal defects: None

51. Abdominal viscera: Normal

52. Cardiovascular system: Normal

53. Lungs: Negative

54. Chest X-ray: Negative

55. Mental: Normal

56. Nervous system: Normal

57. Endocrine system: Normal

58. Other defects and/or diseases or other remarks: Serology negative. [redacted] ND [redacted] ND

59. Summary of defects in order of significance: None

60. Vision, without correction:
(a) Right eye: 20/20
(b) Left eye: 20/20

61. Vision, with correction:
(a) Right eye:
(b) Left eye:

62. Color perception*:

63. Hearing:
(a) Right ear: 20/20
(b) Left ear: 20/20

64. Height: 66½ inches.

65. Weight: 149 pounds.

66. (a) Girth, at nipples; inspiration: 36 inches.
(b) Girth, at nipples; expiration: 33 inches.
(c) Girth, at umbilicus: 29½ inches.

67. Posture: Good [X] Fair [ ] Poor [ ]

68. Frame: Heavy [ ] Med. [X] Light [ ]

69. Color of hair: Black

70. Color of eyes: Brown

71. Complexion: Dark

72. Pulse, sitting: 88

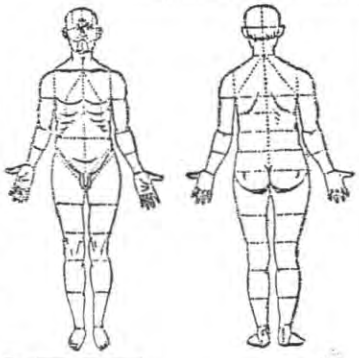
73. Pulse, after exercise*:

74. Pulse, 2 minutes after exercise*:

75. Blood pressure:
(a) Systolic: 115
(b) Diastolic: 80

76. Urinalysis:
(a) Specific gravity: 1.026
(b) Albumin: Neg
(c) Sugar: Neg
(d) Microscopic*:

77. Other data:



* When indicated.

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a18—26941-2

TS—Continued.

ully examined, that the results of the examination have been correctly recorded, ge and belief—

(a) _____ is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)

reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)

satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of
(Enter name of registrant if this subsection is applicable)

(g) Signature _____ (h) Title _____
Medical Examiner.

(i) Name typed or stamped H S Wieder, 1st Lt M C

79. (a) Moses DeSouza was this date inducted for (general; ~~limited~~) [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Army of the United States and sent to New Cumberland, Pa
(Enter name of registrant if this subsection is applicable)

(b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)

service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Philadelphia Pa (d) Signature _____

(e) Date April 16, 1943 (f) Name typed or stamped M Shulman, 1st Lt, AGD
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

Plate 4

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HEADQUARTERS
307TH AIRBORNE ENGINEER BATTALION
APO 469, U. S. ARMY

37

PARACHUTE CERTIFICATE

I certify that Moses (NMI) De Souza, Pvt., 33600839 during the period from May 1 to June 12/44 inclusive has not been in a flying-pay status; has been assigned or attached as a member of a Parachute unit, or Parachute jumping schools, for whom parachute jumping is an essential part of his military duty; and has received a rating as Parachutist or has undergone training for such a rating and has been engaged upon duty designated by the Secretary of War as Parachute duty.

For the Commanding Officer:

A. T. ZBINDEN,
CWO., USA., 307 A/B Engr. Bn.,
Personnel Adjutant.