National Archives & Records Administration War Department Files

PFC Ernest R. Edgell

ID: 35136957 Branch of Service: U.S. Army Hometown: Braxton County, WV Status: KIA



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

Service Number 35136957

Rank Enlisted Man

Arm of Service Infantry, Airborne or Glider Units

Age 25

Race Unknown

Length of Service

Month of Admision December

Year of Admision 1944

Last Treatment Facility Not in a medical installation prior to death

Circumstances Surrounding Injury Injuries intentionally inflicted by another person; (except Military Enemy or Guard, Sentry, MP, etc.)

Type of Case Casualty, battle

Type of Admission New

Type of Diagnosis Sole diagnosis, no history of prior disease, injury; or battle casualty

Line of Duty In line of duty

1st Diagnosis Killed in action

1st Anatomical Location Unknown, code not applicable

1st Operation

2nd Diagnosis

2nd Anatomical Location

2nd Operation

3rd Diagnosis

Causative Agent None or Unknown

Final Result:

Disposition

Cause of Disposition First diagnosis field

Month of Disposition December

Year of Disposition 1944

Total Days (non-effective)

Hospital Days

Current Days /Gen Hosp (

Place of Final Cure

Sample Size Remaining 1944 case

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

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00 NOT WRITE HERE	l certify th	this application is submitted for a stone for the unmarked grave of a veteran.				
FOR VERIFICATION 17 JAN 1949		I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.				
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5920368		APPLICANT'S SIGNATURE	DATE OF APPLICATION			
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OQMG FORM 623

IMPORTANT—Complete Reverse Side

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