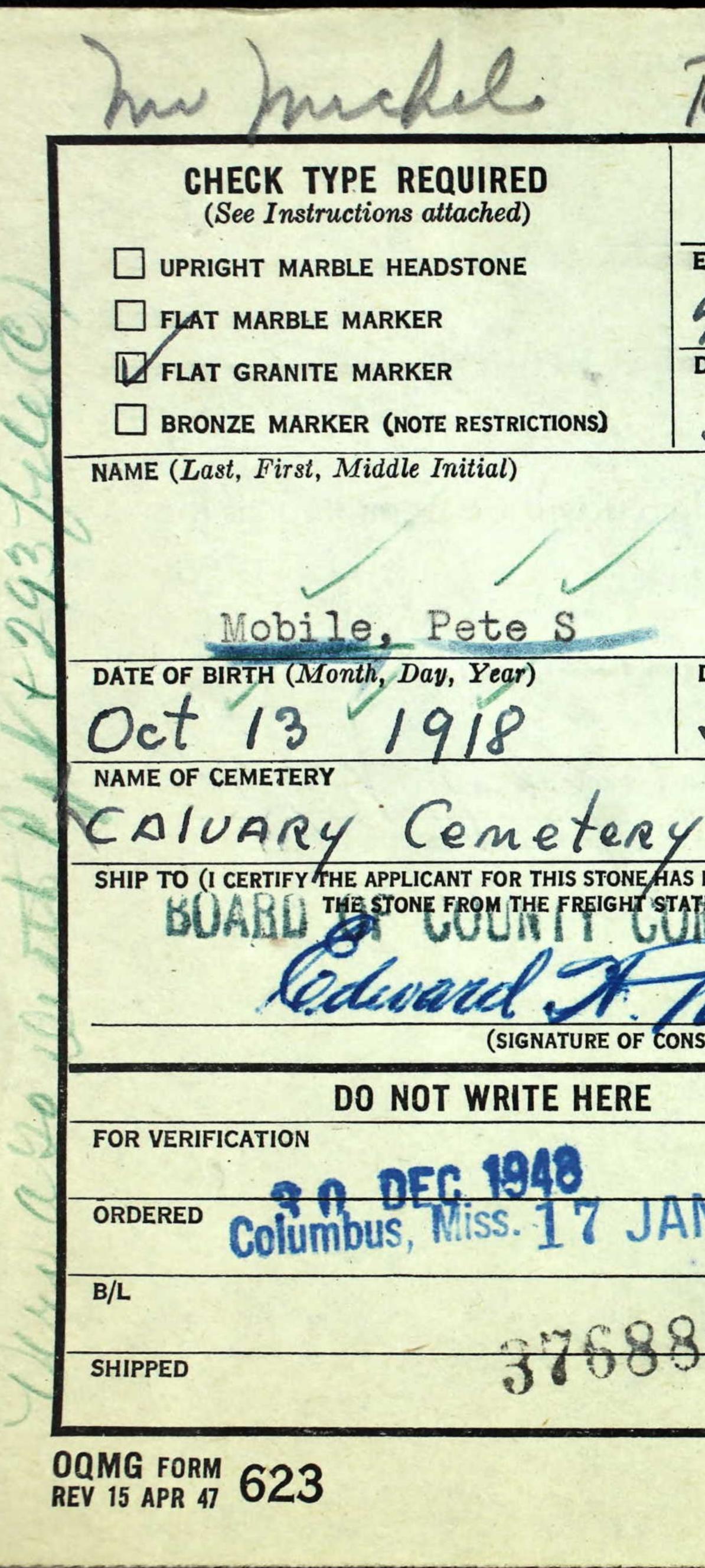


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Information from the Hospital Admission Cards created 1/20/2015 by the office of the Surgeon General, Department of the Army (1944-1945). Information for the year 1944

Service Number	35289859		
Rank	Enlisted Man		
Arm of Service	Infantry, General or Unspecified		
Age	26		
Race	Unknown		
Length of Service			
Month of Admision	September		
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	ı		
2nd Operation			
3rd Diagnosis			
Causative Agent	None or Unknown		
Final Result:			
Disposition			
Cause of Disposition	First diagnosis field		
Month of Disposition	September		
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		

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.

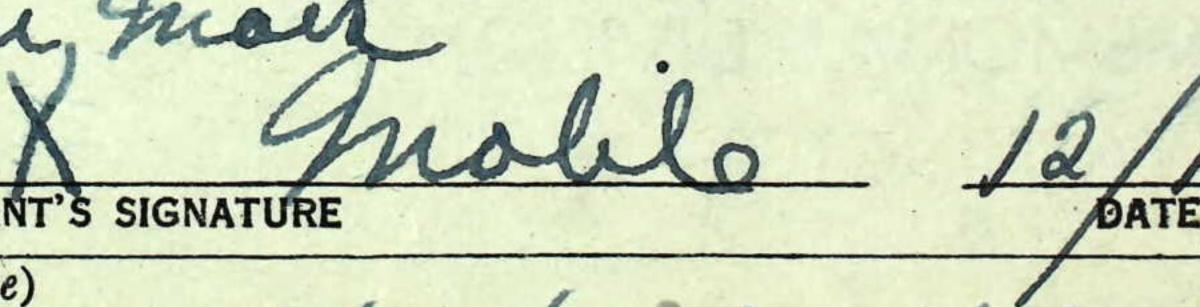


APPLICATION FOR HEADSTONE OR (Please make out and return in duplicate) ENLISTMENT DATE SERIAL No. 35289859 **DISCHARGE DATE** PENSION No. Killed STATE RANK Ohio Pvt **U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION** DATE OF DEATH (Month, Day, Year) USAGF Jeb LOCATION (City and State) 4255 8 999th ClevelAnd Ohio NEAREST FREIGHT STATION (City and State) WITH ME TO TRANSPORT THIS STONE HAS MADE THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) Ohio POST OFFICE ADDRESS OF CONSIGNEE Two Court House 00mu4 (SIGNATURE OF CONSIGNEE) I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense. ACAL APPLICANT'S SIGNATURE ADDRESS (Street, City, State) Cleveland Ohio **IMPORTANT-Complete Reverse Side**

MARKER

CHRISTIAN HEBREW **NONE**

COMPANY



EMBLEM (Check one) 0.6 AIRBORNE DATE OF APPLICATION 16-11453-6 GPO