

**National Archives & Records Administration
War Department Files**

SGT Walter P. Niezgocki

ID: 36176437

Branch of Service: U.S. Army

Hometown: Wayne County, MI

Status: KIA



COMPANY MORNING REPORT FORM 100 **10 October 1944**
Camp March Hare DATE **10 October 1944** REPORTED
STATION Leicester, Leicestershire, England
ORGANIZATION Company "B" 401st Glider Infantry
(CO. DET. ETC.) (PARAGRAPH) (NAME OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
36176437	Niagocki, Walter P	Sgt 1	M
Fr duty to Killed in Action 1 Oct 44. 653			
36774619	De Prates, Billy J.	Pvt	M
Fr duty to Killed in Action 1 Oct 44. 745			
36070847	Malton, Ben W.	PFC	
Fr duty to abs sk 303d Sta Hoop APO 68 (non-battle) ID 9 October 44. 746.			

RECORD OF EVENTS

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ADD	1		2		5	1				
STCHD										
STCHD FR OTHER ORGS										
TOTAL	1		2		5	1				

AVR CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ADD			209		12	221
STCHD						
STCHD FR OTHER ORGS						
TOTAL			209		12	221

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
		DATE	
T H I S M O R N I N G	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL + AVERAGE
	BREAKFAST	DINNER SUPPER	
M E N	MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR OTHER ORGS FOR RATIONS _____ MEN PRESENT: 209 LESS _____	MEN ATCHD FOR RATIONS _____ O & OTHERS MESSD 7 NET 209 PLUS 7	TOTAL 216

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED THEREIN ARE BASED ON ACTUAL CONDITIONS REPORTED TO ME

SIGNATURE **F. L. WYANT, JR.**, 1st Lt., 325th GI, Inc.
 PERSONNEL Adjutant
NO COPY THERE HERE OR SCO (GRADE) (NAME OR SERVICE)

Information from the Hospital Admission Cards created 1/18/2015
by the office of the Surgeon General, Department
of the Army (1944-1945).
Information for the year 1944

Service Number	36176437
Rank	Enlisted Man
Arm of Service	Infantry, Airborne or Glider Units
Age	
Race	White
Length of Service	
Month of Admission	October
Year of Admission	1944
Last Treatment Facility	Not in a medical installation prior to death
Circumstances Surrounding Injury	Battle casualty or battle injury other than ; self-inflicted injury or injury intentionally ; inflicted by another person.
Type of Case	Casualty, battle
Type of Admission	New
Type of Diagnosis	Sole diagnosis, no history of prior disease, injury; or battle casualty
Line of Duty	In line of duty
1st Diagnosis	Wound(s), penetrating (point of entrance only: includes incised, puncture or stab wound) with no nerve or artery involvement
1st Anatomical Location	Eye, not elsewhere classified
1st Operation	
2nd Diagnosis	Killed in action
2nd Anatomical Location	Unknown, code not applicable
2nd Operation	
3rd Diagnosis	
Causative Agent	Bullet, Missile Not Stated
Final Result:	Graves Regis/Not in Med Instal prior to Death
Disposition	
Cause of Disposition	First diagnosis field
Month of Disposition	October
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.

Veri ago death rpt # 2937 (D)

WORLD WAR II DECEASED

ORIGINAL

CHECK TYPE REQUIRED
(See Instructions attached)

- UPRIGHT MARBLE HEADSTONE
- FLAT MARBLE MARKER
- FLAT GRANITE MARKER
- BRONZE MARKER (NOTE RESTRICTIONS)

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

ENLISTMENT DATE

MARCH 19, 1942

SERIAL No.

36176437

DISCHARGE DATE

PENSION No.

EMBLEM (Check one)

- CHRISTIAN
- HEBREW
- NONE

NAME (Last, First, Middle Initial)

Niezgocki, Walter P.

STATE

Mich.

RANK

Sgt.

COMPANY

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

A/2 - inf 82 A/B Div

DATE OF BIRTH (Month, Day, Year)

AUG 9, 1917

DATE OF DEATH (Month, Day, Year)

OCT. 1, 1944

USAGE

401 Eldridge Street

NAME OF CEMETERY

MT. OLIVET

LOCATION (City and State)

DETROIT MICHIGAN

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

ANGELINE NIEZGOCKI

(SIGNATURE OF CONSIGNEE)

NEAREST FREIGHT STATION (City and State)

DETROIT MICHIGAN

POST OFFICE ADDRESS OF CONSIGNEE

2313 ZINOW AVE.

DO NOT WRITE HERE

FOR VERIFICATION

4 MAY 1949

ORDERED

W CHELMSFORD, MASS. MAY 10 1949

B/L

5924237

SHIPPED

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.

ANGELINE (+) NIEZGOCKI 4-26-49

APPLICANT'S SIGNATURE

DATE OF APPLICATION

ADDRESS (Street, City, State)

2313 ZINOW AVE. HAMTRAC 12, MICH.

Zinow Ave

FLAT GRANITE