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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	36239138
Rank	Enlisted Man
Arm of Service	Infantry, Airborne or Glider Units
Age	32
Race	White
Length of Service	2 Year(s), 3 Month(s)
Month of Admision	June
Year of Admision	1944
Last Treatment Facility	Not in a medical installation prior to death
Circumstances Surrounding Injury	Battle casualty or battle injury other than ; self-inflicted injury or injury intentionally ; inflicted by another person.
Type of Case	Casualty, battle
Type of Admission	New
Type of Diagnosis	Sole diagnosis, no history of prior disease, injury; or battle casualty
Line of Duty	In line of duty
1st Diagnosis	Wound(s), Penetrating
1st Anatomical Location	Head, generally
1st Operation	
2nd Diagnosis	Killed in action
2nd Anatomical Location	1
2nd Operation	
3rd Diagnosis	
Causative Agent	Bullet, Missile Not Stated
Final Result:	Aid Station Unit
Disposition	
Cause of Disposition	First diagnosis field
Month of Disposition	June
Year of Disposition	1944
Total Days (non-effective	9)
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.

CHECK TYPE REQUIRED **APPLICATION FOR HEADSTONE OR** MARKER (See Instructions attached) (Please make out and return in duplicate) UPRIGHT MARBLE HEADSTONE ENLISTMENT DATE SERIAL No. UPRIGHT GRANITE HEADSTONE 36239138 **K** CHRISTIAN FLAT MARBLE MARKER PENSION No. **DISCHARGE DATE** HEBREW FLAT GRANITE MARKER NONE BRONZE MARKER (NOTE RESTRICTIONS) NAME (Last, First, Middle Initial) RANK COMPANY STATE SGT U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION NYCZ HENRY J. ARMY DATE OF DEATH (Month, Day, Year) DATE OF BIRTH (Month, Day, Year) 6-19-1944 - 8-1912. LOCATION (City and State) NAME OF CEMETERY HOLY CROSS CEMETERY MILWAUKEE WISC. NEAREST FREIGHT STATION (City and State) SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) C.M.+S. PAUL R.R. MILW. WISC. POST OFFICE ADDRESS OF CONSIGNEE 1829-50.21 ST. ST. MILW. 4, WISC. (SIGNATURE OF CONSIGNE **DO NOT WRITE HERE** I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon FOR VERIFICATION arrival at destination, and properly place it at the decedent's grave at my expense. nsford, Mass. 28 SEP 1948 ORDERED APPLICANT'S SIGNATURE ADDRESS (Street, City, State) 6.00 SHIPPED 21st ST. OQMG FORM 623 REV 6 NOV 45 **IMPORTANT—Complete Reverse Side**

