

National Archives & Records Administration
War Department Files

PVT Joseph Cammarata

ID: 36584267

Branch of Service: U.S. Army

Hometown: Wayne County, MI

Status: KIA



MORNING REPORT

ENDING 2400

20 Feb

1945

ORGANIZATION **Cg 401st Glider Inf**

STATION OR LOCATION **Normanton VT 7404 Nord de Guerre**

NAME	SERIAL NUMBER	GRADE	NOE	CODE
Garrett John A	33 540 694	Sgt		
(553) Sk in head (JWA 16 Jan 45) to dy 14 Feb 45 (20)				
CORRECTION (15 Jan 45)				
Cammarata Joseph H	36 584 267	Pvt		
(746) Dy to MIA 23 Dec 44				
SHOULD BE				
Cammarata Joseph H	36 584 267	Pvt	746	
(746) Dy to MIA 23 Dec 44				
CORRECTION (15 Jan 45)				
Epson William J	31 306 907	Pfc		
(504) Dy to MIA 23 Dec 44				
SHOULD BE				
Epson William J	31 306 907	Pfc	504	
(504) Dy to MIA 23 Dec 44				
CORRECTION (15 Jan 45)				
Marine Frank A	33 429 481	Pfc		
(745) Dy to MIA 23 Dec 44				
SHOULD BE				
Marine Frank A	33 429 481	Pfc	745	
(745) Dy to MIA 23 Dec 44				

RESTRICTED

ASST	ASST UNASS	TOTAL	ASST PLUNGED	PRESENT			ABSENT				ASST	
				REG DUTY	REG/TOG DUTY	T O D S S	VE	COMP	PER	AWOL		REG
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
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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	36584267
Rank	Enlisted Man
Arm of Service	Infantry, General or Unspecified
Age	21
Race	Unknown
Length of Service	
Month of Admission	December
Year of Admission	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.

Use also **WORLD WAR II DECEASED** *27746*

ORIGINAL

FLAT GRANITE

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

3/20/1943

DISCHARGE DATE

SERIAL No.

36584267

PENSION No.

EMBLEM (Check one)

- CHRISTIAN
- HEBREW
- NONE

NAME (Last, First, Middle Initial)

Cannarata, Joseph

STATE

Mich

RANK

Pvt.

COMPANY

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

401st Infantry Regt

17th Airborne Div

DATE OF BIRTH (Month, Day, Year)

7/18/1925

DATE OF DEATH (Month, Day, Year)

12/23/44

NAME OF CEMETERY

MT-OLIVET & SIX MILE RD

LOCATION (City and State)

+ VANDYKE DETROIT, MICH

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)

NEAREST FREIGHT STATION (City and State)

Union Depot DETROIT, MICH

Mary Cannarata
(SIGNATURE OF CONSIGNEE)

POST OFFICE ADDRESS OF CONSIGNEE

3649 Baldwin Detroit, Mich

DO NOT WRITE HERE

FOR VERIFICATION

MAY 26 1949

ORDERED

W. CHELMSFORD, MASS. 8 JUN 1949

B/L

6291403

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.

Mary Cannarata
APPLICANT'S SIGNATURE

5/20/49
DATE OF APPLICATION

ADDRESS (Street, City, State)

3649 Baldwin Detroit, Mich