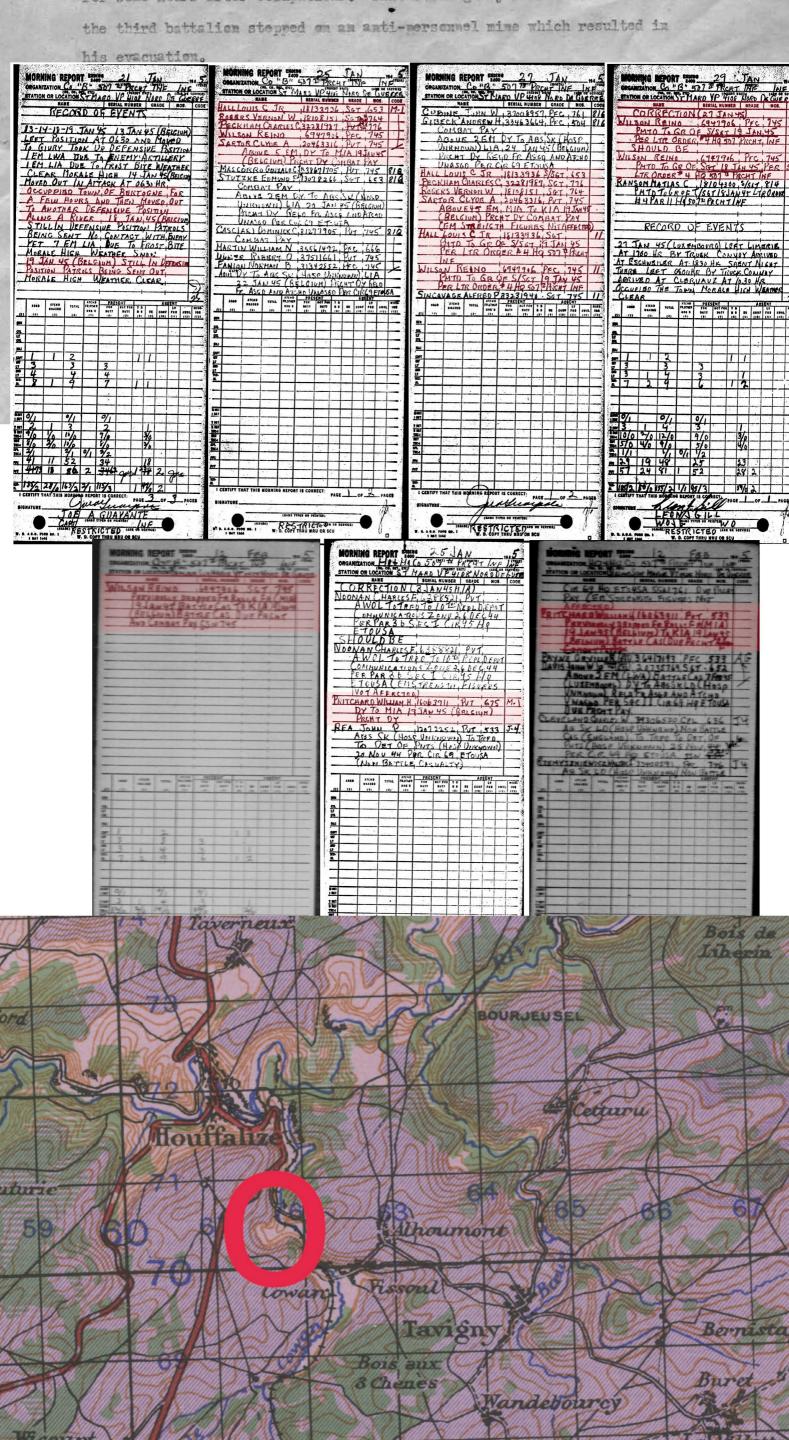
positions until 17th January 1945 when they moved east towards Houffalize releiving the 193rd Glider Infantry. The regiment set up it's C.P. 12 mile east of Houffalize while the battalion took up positions with front lines on Cowan Creek, 3rd battalion on the right, 1st battalion on the left and second battalion in reserve. Their regiment stayed until 20 January 1945 patrolling and probing the enemy positions on the other side of the Creek. On 20 January 1945 the regiment attacked, crossed Cowan creek and took Cowan, Vissoule and Alhoumont. C.P. spent the might at Alhoumont and the next day the attack was continued and Cettern, Chateau Liheraine, Steinbach and Limerle fell to our arms. The regimental C.P. was set up at Idmerle with the battalions disposed, 2nd on the right, lat on the left and 3rd in reserve with front lines generally from Halt 708740 through 715755 to 712763. On arribal at Limerle the towa was subject to intense enemy artillery fire for some hours after occupations. That evening Major Creek commander of the third battalion stepped on an anti-nersonnel mine which resulted in



| 4   | INTERME        | NT IN      | THE        | ARI             | INGI                                  | ON N   | ATION.   | AL                  |                               | ERYNRIGI         | 3 A Lat I'm sace         | 9 1949          |
|---|----------------|------------|------------|-----------------|---------------------------------------|--|--|---------------------|-------------------------------|------------------|--------------------------|-----------------|
| TO:   |                |            |            |                 |                                       |  |  |                     |                               | BLEM (Check One  |                          |                 |
| THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C. |                |            |            |                 |                                       | LATIN CROSS STAR OF DAVID  |  |                     |                               |                  |                          |                 |
| NAME (Last, first, middle initial)              |                |            |            |                 | STAT                                  | E  | mo   |                     | SERVICE DATA<br>branch of ser | (Company, reg    | iment, or other if any.) | organization or |
|   |                |            |            |                 | 1 1/2 10                              | 12   |  |                     |                               |                  |                          |                 |
|   |                |            |            |                 | RANK                                  |  |  |                     |                               |                  |                          |                 |
| WILSON, Reino (White)                           |                |            |            |                 | Sgt.                                  |  |  |                     | U.S. A. AGF Co B. 507th Par   |                  |                          |                 |
|   |                |            |            |                 | SERIA                                 | L NO.  | /  |                     | Inf.                          | 19th Ai          | rborne D                 | iv.,            |
|   |                |            |            |                 |                                       | 6947   | 906  |                     | wwIF                          | -/               |                          | -kng-           |
| DATE OF BIRTH                                   | DATE           | OF DEATH   |            | DATE C          | F INTER                               | MENT   | GRAVE L  | OCATION             | DATES OF SERVICE              |                  |                          |                 |
| MONTH DAY YEAR                                  | MONTH          | DAY        | YEAR       | MONTH           | DAY                                   | YEAR   | SEC. OR<br>PLOT  | GRAVE OR<br>LOT NO. | ENLISTMENT                    | DIED ON A. D.    | DISCHARGE                | RETIREMENT      |
|   |                | 100        |            |                 |                                       |  |  |                     |                               | /                |                          |                 |
| 105 20  |                | 114        | 0          | Apr             | 18                                    | 1949   | 34   | 2127                |                               |                  |                          |                 |
| REMARKS (Authority for interment                | nension or c   | laim numb  | er disinte | rment etc )     |                                       |  | L. Marie   | LAVA AME            | DATE HEADSTO                  | NE ORDERED AND   | B/L NUMBER               |                 |
| REMARKS ( Macholity for the little meeter       | , pension or c | earne name | cr, worner | i mecree, cec., |                                       |  |  |                     |                               |                  |                          |                 |
| Returned with WW.                               | II Dead        | Prog       | ram f      | rom I           | oy .                                  | - Bast   | ogne-  |                     | Mary Sales I                  |                  |                          |                 |
| Belgium   |                | grand .    |            |                 | 19 19                                 |  |  |                     | IN MOUNT                      | TAIN, VT.        | O IIIA                   | 1040            |
|   |                |            |            |                 |                                       | <b>G4B</b>   | energed ti   |                     | THE PROPERTY                  |                  | JUN                      | 1343            |
|   |                |            |            |                 |                                       | olo:   | PENDI  | NG                  |                               | 385              | 7959                     |                 |
|   | SHIPPING POI   | NT FOR HEA | ADSTONES   |                 | SE SEE                                | MAKE THE RES   |  |                     | RINTENDENT OF I               | NATIONAL CEMETE  |                          | T OR POW        |
| RAILROAD STATION FOR FREIGHT                    |                |            |            |                 |                                       |  | CEMET  | ERY                 |                               |                  |                          | 1               |
|   |                |            |            | ROSS            | SLYN                                  | , VA.  |  | 1                   | trans.                        | 1. () (          | 11-11                    | . 5 %           |
|   |                |            |            |                 | · · · · · · · · · · · · · · · · · · · | 6 6 6 66   |  | 1                   | July 1                        | Uy.              | Malan                    | SXIVe. V        |
| POST OFFICE ADDRESS                             |                |            |            |                 |                                       |  |  | 1                   |                               | 1                |                          | 1 1             |
|   |                |            |            |                 |                                       |  |  |                     |                               |                  |                          | KOM.            |
|   |                |            | 0          |                 | C                                     | A Comment of the Comm | 0  |                     |                               | (SIGNATURE)      | CITITITY OF              | ****            |
| OMC FORM A A -                                  |                |            |            |                 | A.A.S.                                | 44.0   | The state of the s | 2007                | ()                            | See instructions | n reverse side           | WALSH, Sr.      |
| QMC FORM 14 Previous e<br>REV 19 NOV 48         | ditions may    | be used    |            |                 |                                       |  |  |                     |                               |                  | Superin                  | tendent         |

| 5—If Death of Veteran Occurred Aft   |  |   |  |  |  |
|--|--|---|--|--|--|
| Month Day  | Year   | City Town   |  | County   | State  |
| Date and Place Veteran Was Hono  | rably Discharged F   | rom Active Service.   |  |  |  |
| Month  | Year   | Pla   | ЭӨ   |  |  |
| If Veteran is Mentally Incompetent   |  |   |  |  |  |
|  |  |   |  |  |  |
| Name of Hospital or Institution in Whic  | h Veteran is Patient   |   | Location   |  |  |
| Home Address of Veteran—House No.  |  | St.   | City—Town  | County   | State  |
| -Was a Bonus or Similar Gratuity R<br>of the Deceased or Mentally Incomp   | eceived From Any etent Veteran Descri  | Other State or From   | Any of the Allies<br>wer is Yes—Amt.   | of the United States Ba<br>Received. Source.   | sed Upon the Service   |
| Complete the Following ONLY in cor Units—At, On, or With Which Beginning and Date of Ending of E   | Veteran Served From  | m December 7, 1941  | to March 2, 1946   | . (Both Dates Inclus   | Post—Camp—Vesse<br>ive) Showing Date   |
|  |  |   |  |  |  |
| Station-Post-Etc.  |  | Beginning Date  |  |  | Ending Date  |
| Following Information Must Be Fu   | rnished Showing N  | Iarriage of VETERA  | IN.  |  |  |
| Verenau-   | NETERN   | MARRIE  | 0.   |  |  |
|  |  |   |  |  |  |
| Date and Place of Each Marriage  |  | To Whom Married   |  | How  | Marriage Terminated  |
| Following Information Must Be Fur  | nished Showing Ma  | rriage of Widow or  | Wife.  |  |  |
| Date and Place of Each Marriage  |  | To Whom Married   |  | How  | Marriage Terminated  |
|  |  | . O WINDIN MAILICA  |  |  |  |
| Did Applicant Divorce Veteran?   | Ves No   | - C WINDIN WILLIAM  |  |  |  |
| Did Applicant Divorce Veteran?   | Yes No<br>Neve   |   | 20151  |  |  |
| Did Applicant Divorce Veteran?  Date   | Yes No<br>Neve   |   | 2/5/)  |  |  |
| Date   | Neve   | P 114 1 Place   |  |  | APPLICANT  |
| Date   | Neve   | P 114 1 Place   |  |  | APPLICANT 18   |
| Date Was Applicant Living With Deced Verenal 3   | sed At Time of D   | Place eath? If Answ PROSS W   | er is NO—Explain.  AS SAM  |  | Applicant 18 P/ICANT,  |
| Date Was Applicant Living With Decea   | sed At Time of D   | Place eath? If Answ PROSS W   | er is NO—Explain.  AS SAM  |  | APPlicANT 18   |
| Date Was Applicant Living With Deced Verenaus  | sed At Time of D   | Place eath? If Answ PROSS W   | er is NO—Explain.  AS SAM  |  | Applicant To   |
| Date Was Applicant Living With Deced Verenaus  | sed At Time of D   | Place eath? If Answ PROSS W   | er is NO—Explain.  AS SAM  |  | Applicant To   |
| Date Was Applicant Living With Deced Verenaus 76   | sed At Time of D   | Place eath? If Answ PROSS W   | er is NO—Explain.  AS SAM  n Of Deceased.  |  |  |
| Was Applicant Living With Deced Verenaus Name of Child   | sed At Time of Dome ADA  | Place  eath? If Answer  PROSS  iving Minor Childre  Date and Place of Bir   | er is NO—Explain.  AS SAM  n Of Deceased.  |  | Applicant Policant Policant,  With Whom Living   |
| Was Applicant Living With Deceased Leteral S 70 Control of Child  Name of Child  Following Information Must Be Fundamental Surface Sur | sed At Time of Dome ADA  rnished Showing L   | Place  Place  Place  Place  If Answ.  Pross  Wiving Minor Childre  The Answ.  It is a second to be a second to | er is NO—Explain.  AS SAM  n Of Deceased.  | LIVED WITH 10 AT   | With Whom Living   |
| Was Applicant Living With Deced Verela 18 76  Following Information Must Be Fundament of Child  Following Information Must Be Fundament of Mother  Name of Mother  | sed At Time of Dome ADA  rnished Showing L   | Place  Place  Place  Place  If Answ.  Pross  Wiving Minor Childre  The Answ.  It is a second to be a second to | er is NO—Explain.  AS SAM  n Of Deceased.  |  | With Whom Living   |
| Date  Was Applicant Living With Decea  Verenaus hours he Fullowing Information Must Be Fullowing | sed At Time of Dome ADA  rnished Showing L   | Place eath? If Answ. PROSS was iving Minor Children  Date and Place of Bir arents of Deceased:  RD #457/ Address  | er is NO—Explain.  AS SAM  n Of Deceased.  | LIVED WITH 10 AT   | With Whom Living   |
| Name of Mother  Date  Date  Was Applicant Living With Decea  Verenaus  Note  Following Information Must Be Fu  John Name of Child  Following Information Must Be Fu  John Name of Mother  DECEASED  Name of Father   | sed At Time of Dome ADA rnished Showing L  A SON   | Place eath? If Answer PROSS was diving Minor Children  Date and Place of Bir arents of Deceased:  RD 457 Address  Address   | er is NO—Explain.  AS SAM  n Of Deceased.  | LIVED WITH 10 AT 1 | With Whom Living  H, PENI  |
| Name of Child  Following Information Must Be Fu  JOHANNA  Name of Mother  DECEASED  Name of Father  The Applicant, Whose Signature A War II Veterans' Compensation, Ar   | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answ. PROSS was  aiving Minor Childre  Date and Place of Bir  arents of Deceased:  RD #457  Address  Address  Address  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL.   | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wes   |
| Was Applicant Living With Deceaule Telegrand To The Applicant Living With Deceaule Telegrand To The Applicant, Whose Signature A   | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answ. PROSS was  aiving Minor Childre  Date and Place of Bir  arents of Deceased:  RD #457  Address  Address  Address  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL.   | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wes   |
| Name of Child  Following Information Must Be Fu  JOHANN A  Name of Mother  DEC EASED  Name of Father  The Applicant, Whose Signature A War II Veterans' Compensation, And Law.   | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answer PROSS was diving Minor Childre arents of Deceased: RD 457 Address Address ics to THE ADJUTA 8, Approved June 1  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL, 1, 1947—P. L. 565,  | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wor   |
| Name of Child  Following Information Must Be Fu  John Ann A  Name of Mother  DECEASED  Name of Father  The Applicant, Whose Signature A War II Veterans' Compensation, Au  Law.  MARCH 6, 1952  Date of Application  | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answer PROSS was diving Minor Childre arents of Deceased: RD 457 Address Address ics to THE ADJUTA 8, Approved June 1  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL.   | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wor   |
| Was Applicant Living With Decease Letela 13 76  Following Information Must Be Fuel 10 10 10 10 10 10 10 10 10 10 10 10 10  | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answer PROSS was diving Minor Childre arents of Deceased: RD 457 Address Address ics to THE ADJUTA 8, Approved June 1  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL, 1, 1947—P. L. 565,  | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, DENIL  nsylvania, For Wor   |
| Was Applicant Living With Decease Letela 13 76  Following Information Must Be Fuel 10 10 10 10 10 10 10 10 10 10 10 10 10  | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answer PROSS was diving Minor Childre arents of Deceased: RD 457 Address Address ics to THE ADJUTA 8, Approved June 1  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL, 1, 1947—P. L. 565,  | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wor   |
| Was Applicant Living With Deceause 10 to 1 | sed At Time of Dome ADA  rnished Showing L  A SON  ppears Below, Appli   | Place eath? If Answer PROSS was diving Minor Childre arents of Deceased: RD 457 Address Address ics to THE ADJUTA 8, Approved June 1  | er is NO—Explain.  AS SAM  n Of Deceased.  th  NT GENERAL, 1, 1947—P. L. 565,  | LIVED WITH  10 AS AT  2 WN, WAS  Commonwealth of Pen   | With Whom Living  H, PENIL  nsylvania, For Wor   |
| Name of Child  Following Information Must Be Fu  John Hann of Child  Following Information Must Be Fu  John Hann of Mother  DECEASED  Name of Father  The Applicant, Whose Signature A War II Veterans' Compensation, Au  Law.  MARCH 6, 1952  Date of Application  FATE OF Jennaghan  OUNTY OF Jennaghan  Personally appeared befor   | sed At Time of Dome ADD  rnished Showing L  rnished Showing Pa  L S O N  ppears Below, Appliathorized by Act 24  | Place eath? If Answ. PROSS W.  iving Minor Childre  Date and Place of Bir arents of Deceased:  RD 457/ Address  Address  ics to THE ADJUTA 8, Approved June 1  Signature  | er is NO—Explain.  AS SAM  n Of Deceased.  th  DAISIT  ANT GENERAL, 1, 1947—P. L. 565,  of Applicant   | Commonwealth of Penas the Rightful Claim   | with Whom Living  H. PENIL  Insylvania, For Wornant According to the sark  Lower for the sark  Lower for the sark  Notary Publication of E.  |
| Name of Child  Following Information Must Be Further States  Name of Mother  DECEASED  Name of Father  The Applicant, Whose Signature Array War II Veterans' Compensation, Array Date of Application  ATE OF  Personally appeared before aforesaid State and County, she is the person who has signature with the compensation of the county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county.  | sed At Time of Dome ADA  rnished Showing La  rnished Showing Pa  L 50 N  ppears Below, Application and this application application application application and the state of the shown application app | Place eath? If Answ PROSS  Aiving Minor Childre  Date and Place of Bir arents of Deceased:  RD #37/ Address  Address  Address  Signature  Adapplicant, who applicant, who applicant, and that he  | er is NO—Explain.  AS SAM  n Of Deceased.  th  DAISIT  ANT GENERAL, 1, 1947—P. L. 565,  of Applicant  being properly e or she is far                 | Commonwealth of Penas the Rightful Claim  Wilson  Wilson  Wewies, Dans  Western or affirmed  | with Whom Living  H. PENIL  Insylvania, For Wornant According to the states that he will be a states the will be a states that he will be a states that he will be a states |
| Name of Child  Following Information Must Be Fuel State  Name of Child  Following Information Must Be Fuel State  Name of Mother  DECEASED  Name of Father  The Applicant, Whose Signature A War II Veterans' Compensation, August Law.  MARCH 6, 1952  Date of Application  ATE OF Language County, She is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county, she is the person who has signature and county.   | sed At Time of Dome ADA  rnished Showing La  rnished Showing Pa  L 50 N  ppears Below, Application and this application application application application and the state of the shown application app | Place eath? If Answ Place eath? If Answ Place of Bir aving Minor Childre  arents of Deceased:  RD 457  Address  Address  ics to THE ADJUTA 8, Approved June 1  Signature  d applicant, who tion, and that h wledge, informat  | er is NO—Explain.  AS SAM  n Of Deceased.  th  DAISIT  ANT GENERAL, 1, 1947—P. L. 565,  of Applicant  being properly e or she is far ion and belief. | Commonwealth of Penas the Rightful Claim  Wilson  Wilson  Sworn or affirmed miliar with the cor  | with Whom Living  H. PENIL  Insylvania, For Wornant According to the states that I   |
| Name of Child  Following Information Must Be Fundament of Child  Following Information Must Be Fundament of Mother  DECEASED  Name of Father  The Applicant, Whose Signature And War II Veterans' Compensation, And Law.  MARCH 6, 1952  Date of Application  TATE OF Fundament of Must Be Fundament of Application  TATE OF Fundament of Must Be Fundament of Application  TATE OF Fundament of Must Be Fundament of Application  TATE OF Fundament of Must Be Fundament of Application of Application of March 1952  DUNTY OF Must fundament of Must Be Fundament of Application of Applicatio | sed At Time of Dome ADD  Irnished Showing Land Showing Part ADD  ppears Below, Application of the above named this application in the state of the s | Place eath? If Answ. PROSS W.  Aiving Minor Children  Date and Place of Bir arents of Deceased:  RD 457  Address  Address  ics to THE ADJUTA 8, Approved June 1  Signature  d applicant, who tion, and that h wledge, informat  | of Applicant  being properly e or she is far ion and belief.   | Commonwealth of Penas the Rightful Claim  Wilson  Wilson  Wewies, Dans  Western or affirmed  | with Whom Living  H. PENIL  Insylvania, For Wornant According to the state of the states that he atents thereof are  |

## COMMONWEALTH OF PENNSYLVANIA

WORLD WAR II VETERANS' COMPENSATION BUREAU

## APPLICATION FOR WORLD WAR II COMPENSATION—TO BE USED IN CASE OF DEATH IN SERVICE OR IN CASE OF DEATH AFTER HONORABLE DISCHARGE—OR OF MENTALLY INCAPACITATED VETERAN

| IMPORTANT—Before Filling Colow Instructions—Print Plainly              | on Ink. or Use Typewri                           | t Carefully—Read and F<br>ter. DO NOT Use Pencil   | Ol- Applicant Write In Sp |   |
|--|--|--|---------------------------|---|
| All Signatures Must Be Signed  |  |  | TANY19                    |   |
| 1-Name of Applicant Filing as Repr                                     | resentative of Veteran.                          |  | Date Application          | Was Received  |
| //// Say   | Tohana   |  |                           |   |
| Last   | First  | Middle or Initial  | Batch Conti               | ol Number   |
|  |  |  |                           | 80552   |
| Last   | First  | Middle or Initial  |                           |   |
| 2-Address to Which CHECK and MA  | IL is to be Sent.                                |  | Active Dome               | stic Service  |
| RA MUST  | DAISYTOWN  | WASH. PE   | VIV 9Months \$            |   |
| House No. St. R. D. P. O. Box  | City—Town  | County State   | JIVIOITUIS \$             |   |
|  | 14.41  |  | — Days \$                 |   |
| 3—Relationship of Applicant to Decea                                   | sed or Mentally Incompetent                      | . , _  | Amount Due \$             |   |
| MOTHER   |  |  | Timount Due \$            |   |
| Explain Fully—See Instructions   |  |  | Active Forei              | gn Service  |
| Information Required Relative to                                       | Deceased or Mentally Inco                        | mpetent Veteran-Answer Ea  | ich                       |   |
| Question.  |  |  | Months \$                 |   |
|  |  |  | Days \$                   |   |
| 4—Name   |  |  |                           |   |
| WILSON   | REINO  |  | Amount Due \$             |   |
| Last   | First  | Middle or Initial  |                           |   |
| 5-Name Under Which He (She) Serv                                       | ved in World War II.                             |  | Total Amount Due          | \$  |
|  | PEIMO  |  |                           | - n1  |
| WILSON   | First D  | Middle or leitiel  | Full Compensation \$      | 500   |
| Last   | First  | Middle or Initial  | Compensation \$           |   |
| 6—Date and Place of Birth.   |  |  | Audited (1)               | ut  |
| OCT. 5 1920  | REDHIH. DAISS                                    | TOWN WASH. PA  | EUNBA                     |   |
| Month Day Year   | City—Town  | County State   |                           |   |
| Date of Beginning and Date of En                                       | ding of Each Dowing of San                       | wice Detween December " 10   | Service Computed By       |   |
| 7—Date of Beginning and Date of En<br>and March 2, 1946—(Both Dates In |  |  | 941                       |   |
|  |  | IDSTE  | Amounts                   |   |
| DEC. 7, 1941   |  | FEBUNKNOWN 44  | Extended By               | ,   |
|  |  |  | Approved Fo               | Payments  |
| Date of Beginning  |  | Date of Ending   | SED 18                    |   |
| 8—Date of Beginning and Date of En                                     | ding of Each Period of Ser                       | vice Between December 7 .19  | Date                      |   |
| and March 2, 1946-(Both Dates In                                       | nclusive) During Which Vet                       | eran Was in Foreign Servi  | ce.                       | to a series   |
| FEB ( PATE NOWN) 194   |  | THE STATE OF THE S | - Tol A. G.               | V Cho Si Al   |
| FEBILIADUN) 199  | 14 - UNILL DEA                                   | 14-19-194  | For Aud. G.               |   |
|  |  |  | For S. T.                 | Contract of the second of the |
| - */** *·  | 19.3   |  | Disapproved By            |   |
| Date of Beginning  |  | Date of Ending   | Disapproved By            |   |
| 9-Service or Serial Numbers Assigned                                   | l to Veteran.                                    |  |                           |   |
| 6947906  |  |  | Titter de 1915 Million.   |   |
| 674/700  | $m_{ij}$ , $T^{ij}$ , $J^{ij}$ $G^{ij}$ $G^{ij}$ |  |                           |   |
| 10-Mark "X" Above Name to Indicate                                     | Sex and Branch of Service.                       |  |                           |   |
|  | k  |  |                           |   |
| Male—Female  | Army-Navy-Marine Core                            | s-Coast Guard-Other-Describe   |                           |   |
|  |  | Out Guard Other Describe   |                           |   |
| 11—Date and Place Veteran Entered A                                    |  |  |                           |   |
| UPRIL 20   | 1939 UN  | ION TOWN F   | AYETTE                    | PENNA   |
| Month Day  | Year (   | City or Town   | County                    | State   |
| 12—Veteran's Residence at Time of Ent                                  | ry into Active Service.                          |  |                           | -2111 Va.   |
|  |  | Dnis 11 marie 11   | 1110-11                   | Donne   |
| House No. Street   | P D D D  | UMILIA OW IV   | WHIT                      | PEIVIVIS  |
| House No. Street   | R. D. P. O. Box                                  | City or Town   | County                    | State   |
| 13—Veteran Was Registered Under Sele                                   |  |  |                           |   |
| #3   | ('EN   | TERVILLE   | 10175H                    | PENNIS  |
| Draft Board No.  |  | City or Town   | County                    | State   |
| 4—If Death of Veteran Occurred in Se                                   | emica Civa Data and Diago                        |  |                           |   |
| Totall of veterall occurred in Se                                      | or vice—Give Date and Place.                     |  |                           | 2773111   |
| 0/7N, 19   | 1445   | DE   | -LG-10M                   | -1-72-7-3 1   |
| Month Day  | Year   |  | lace                      |   |

## Information from the Hospital Admission Cards created 3/1/2023 by the office of the Surgeon General, Department of the Army (1944-1945). Information for the year 1945

Service Number 06947906

Sample Size

Rank Enlisted Man (includes Aviation Ca

Age 34 34

Race White (includes Mexican)

Length of Service Unknown

Arm of Service Infantry, General or Unspecified

AAF Status Neither assigned nor attached to AAF (includes all unassigned, ;

Admission Station

Month of Admision January

Year of Admision 1945

Last Treatment Facility Not in Medical Installation Prior to Death

Special Class of Case None

Type of Case Casualty, battle

Type of Admission New, not EPTS

1st Diagnosis Wound(s), character not stated (includes Wound(s), multiple, Not Elsewhere Classified;

Wound(s) unqualified) with no nerve or artery involvement

1st Anatomical Location Thorax, generally

1st Operaction

2nd Diagnosis

2nd Anatomical Location

2nd Operation

3rd Diagnosis

Causative Agent Bullet, Missile Not Stated

Circumstances Surroundir All battle casualties, and all battle injuries not intentionally inflicted by self or another person

Final Result

Total Days (non-effective)

Hospital Days

Overseas Days

Type of Discharge Died

Field of Cause of Disposit First Diagnosis field

Unit Number 000

Month of Disposition January

Year of Disposition 1945

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.