

RECEIPT OF REMAINS

DISTRIBUTION CENTER
AGR DISTRIBUTION CENTER, PHILA QM DEPOT

EARL E. YOUNG FUNERAL DIRECTOR
YOUNGSVILLE, PENNSYLVANIA

DAY LETTER O.I. 3355
630666

REMAINS CONSIGNED TO:

297
REMAINS OF THE LATE PRIVATE FIRST CLASS JOE B. GURDAK, 33038069 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE HUNDRED EIGHTY ONE PENNSYLVANIA RAILROAD LEAVING PHILADELPHIA EIGHT TWENTY PM NINETEEN APRIL AND DUE TO ARRIVE YOUNGSVILLE PENNSYLVANIA RAILROAD TIME SEVEN THIRTY THREE AM TWENTY APRIL REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL REQUEST YOU NOTIFY NEXT OF KIN.

RECORDS BRANCH
MAY 18 10 47 AM '48
MEMORIAL DIVISION

FRANK M. GREEN, JR.
MAJOR, QMC

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 20th DAY OF April, 19 48

Robert E. Wilson
WITNESS (Escort)

Earl E. Young
CONSIGNEE

File
not available
21 May 48
in Book
Rob Green

MMM

DISINTERMENT DIRECTIVE

1

SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 01928

DATE
15 11 47
DAY MONTH YEAR

NAME
GURDAK JOE B

SERIAL NUMBER
33038069

RANK
PFC

ARM
1

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
1 3200 03
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
I 1 19 FRANCE

CAUSE OF DEATH
2

SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**MIKE J. GURDAK EARL E. YOUNG
RURAL DELIVERY #1 FUNERAL DIRECTORS
SPRING CREEK, PENNSYLVANIA YOUNGSVILLE PENNA**

NAME AND ADDRESS OF NEXT OF KIN
**MR. MIKE GURDAK (FATHER)
RURAL DELIVERY #1
SPRING CREEK, PENNSYLVANIA**

SECTION C— DISINTERMENT AND IDENTIFICATION

NAME
Gurdak, Joe B.

SERIAL NUMBER
33038069

RANK
Pfc

DATE OF DEATH
Utd

DATE DISTINTERRED
16 Dec 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
Cath.

IDENTIFICATION VERIFIED BY
JOHN H. CLARK 2d LT QMC
NAME AND TITLE

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Uniform

CONDITION OF REMAINS
Adv. Decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE **26 Jan 48** BY **H.A. Gentzel**
CASKET SEALED BY
H.A. Gentzel

EMBALMER (Signature)
H.A. Gentzel

CASKET BOXED AND MARKED
DATE **26 Jan 48** BY **R. Cook**

SHIPPING ADDRESS VERIFIED BY
JOHN PALYOK JR 1st LT, FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

JOHN PALYOK JR 1st LT, FA
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Pt. A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Sgt. Augustino	
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W.T. DAILEY, CAPT. QMC	DATE 23 Jan 48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. CIAMPO, 1st LT, FA	DATE 23 Jan 48

2. SHIPPED

FROM Casketing Pt. A		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>John Hendry Jr.</i>	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. CIAMPO, 1st LT, FA	DATE 26 Jan 48	SIGNATURE OF RECEIVER <i>John Hendry Jr.</i> JOHN HENDRY JR. MAJ. CAC	DATE 26 Jan 48

3. SHIPPED

FROM PORT UNIT CHERBOURG		TO NYPOE	
KIND OF CONVEYANCE USAT MC CARLEY		NAME OF CONVOYER ROBERT V. SCHNEIDER 1st Lt. TC	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR. Major CAC	DATE 10 March 1948	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 Mar. 1948

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr.</i>	DATE	SIGNATURE OF RECEIVER <i>L. McKinnon</i> L. MCKINNON COLONEL, T. C.	DATE APR 5 1948

PORT TRANSPORTATION OFFICER

5. SHIPPED

FROM <i>NYPOE</i>		TO DC 3	
KIND OF CONVEYANCE SPRING CREEK		NAME OF CONVOYER <i>Anthony G. ...</i>	
SIGNATURE OF SHIPPER <i>L. McKinnon</i> L. MCKINNON COLONEL, T. C.	DATE APR 9 - 1948	SIGNATURE OF RECEIVER <i>...</i>	DATE APR 10 1948

PORT TRANSPORTATION OFFICER

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

O.I. 3355		INSPECTION CHECK LIST (For Use at Distribution Point)		
Name GURDAK, JOE B. ✓		Rank FFC ✓	Serial Number 33038069 ✓	
Source Mr. Mike Gurdak (Father) RD No. 1, Spring Creek, Pa.		Consignee Mr. Mike Gurdak <i>EARL E. YOUNG</i> RD No. 1, Spring Creek, Pa. <i>YOUNGSVILLE, PA.</i>		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory		
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		Remarks <i>Change Consignee</i> <i>4/10/48 JMR</i>		
CASKET - General Appearance (Check ONLY Discrepancies)		Condition of Casket (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory		
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE		Remarks <i>Touch up</i> <i>4-16-48</i> <i>JMR</i>		
ROUTED THROUGH				
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP		
Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Casket Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No		
Necessary Disinfection (Explain)		Casket Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Shipping Case Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Remarks		
Time	Date	Signature or Mortician	Time	Date
				<i>16 April 48</i>
		Signature of Inspector <i>Frank E. Anderson</i>		
Remarks <i>on</i> <i>Sat. for Ship.</i>				

WESTERN
UNION

WU AA152 22 6 EXTRA COLLECT

A.G.R. DIVISION
PHIL & QM DEPOT

WARREN PENN MAR 29 209P

PHILADELPHIA QUARTERMASTER DEPOT

1948 MAR 29 PM 3:17

ATTN AMERICAN GRAVES REG DIV

RE PFC JOE B GURDAK. EARL E YOUNG FUNERAL DIRECTOR

YOUNGSVILLE, PA WILL ACCEPT REMAINS

MIKE GURDAK RD NO 1 SPRING CREEK PA.

RD NO 1.

255P.



WESTERN
UNION

RN
N

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT		
		CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS		GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY						
FROM: (Originator) PHILADELPHIA QUARTERMASTER DEPOT PHILADELPHIA, PENNA.				SECURITY CLASSIFICATION		
ACTION TO: MR. MIKE GURDAK RD No. 1 SPRING CREEK, PENNA. INFORMATION TO: DLR & CHECK ANY CHGS WAR DEPARTMENT WILL DELIVER REMAINS OF LATE <u>PTC JOE B. GURDAK</u> _____ IN NEAR FUTURE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO YOU AT ABOVE ADDRESS. PLEASE MAKE ARRANGEMENTS WITH FUNERAL DIRECTOR OF YOUR CHOICE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REQUEST YOU FURNISH IMMEDIATELY BY TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION PHILADELPHIA PENNA CONFIRMATION OF ABOVE SHIPPING INSTRUCTIONS AND NAME AND ADDRESS OF FUNERAL DIRECTOR SELECTED TO ACCEPT REMAINS UPON ARRIVAL AT RAILROAD STATION. PRIOR TO SHIPMENT FUNERAL DIRECTOR WILL BE NOTIFIED / 72 HOURS IN ADVANCE OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS' ORGANIZATION OF YOUR CHOICE TO MAKE ARRANGEMENTS. NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM.				PRECEDENCE FOR ACTION INFORMATION DAY LETTER 01-5355 <input type="checkbox"/> ORIGINAL MESSAGE <input checked="" type="checkbox"/> REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
				GOVT PD		
SECURITY CLASSIFICATION		AUTHORIZATION				
ORIGINATING AGENCY		SIGNATURE		OFFICIAL TITLE		
SYMBOL	DATE-TIME GROUP			PAGE	OF	

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMH 293

Gurdak, Joe B.
SN 330 38 069

17 June 1948

Mr. Thomas W. Musant, Supt.
St. Joseph's Cemetery
Warren, Pennsylvania

Dear Mr. Musant:

This office is in receipt of an application for a Government stone to mark the grave of the late Joe B. Gurdak, who died 8 June 1944.

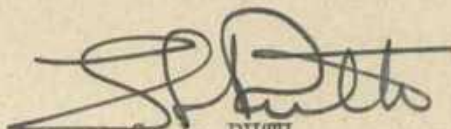
The applicant has requested the stone be shipped direct to you. Before shipping the stone this office desires to know if arrangements have been made with you by the applicant regarding the removal of the stone and erection at the grave of the decedent.

Upon assurance from you that the stone will be removed promptly from the freight station upon arrival, steps will be taken to place the order with the contractor. Unless such assurance is given the stone will not be ordered, as the Government is not responsible for storage charges which accrue when stones are not promptly removed from freight stations.

Further action toward ordering this stone is suspended until your reply is received.

A return envelope is inclosed for your reply.

Sincerely yours,



G. L. RUTH
Memorial Division

Incl
env

All markers upto Date have been delivered to Cemetery by R. R. Without question

I thank you

Thomas W. Musant Supt

FILE 28 JUN 1948
R. M. Field
WAT



THE POLICE DEPT.

CORRESPONDENCE ACTION SLIP

NAME <i>Quedak, Joe B-</i>		SERIAL NUMBER <i>39038069</i>	INITIALS <i>J.P.</i>	DATE <i>6-4-48</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO:	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE--DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

JUN 8 - 1948
FILE *28 JUN 1948*
R M Fields
Quedak

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO
QCQCMH 295
Gurdak, Joe B.
SN 330 38 069

17 June 1948

Mr. Thomas W. Musant, Supt.
St. Joseph's Cemetery
Warren, Pennsylvania

Dear Mr. Musant:

This office is in receipt of an application for a Government stone to mark the grave of the late Joe B. Gurdak, who died 8 June 1944.

The applicant has requested the stone be shipped direct to you. Before shipping the stone this office desires to know if arrangements have been made with you by the applicant regarding the removal of the stone and erection at the grave of the decedent.

Upon assurance from you that the stone will be removed promptly from the freight station upon arrival, steps will be taken to place the order with the contractor. Unless such assurance is given the stone will not be ordered, as the Government is not responsible for storage charges which accrue when stones are not promptly removed from freight stations.

Further action toward ordering this stone is suspended until your reply is received.

A return envelope is inclosed for your reply.

Sincerely yours,

G. L. RUTH
Memorial Division

Incl
env

gbh

OFFICE OF THE QUARTERMASTER GENERAL

Washington 25, D. C.

293 Gurdak, Joe B.

Washington May 25 1948

Your request for a headstone for the veteran named on the attached application has reached this office.

Please fill in on the enclosed application or form attached, the information requested where the items are checked in red and return the application and form to us immediately. No further action can be taken on this case until the application and form fully completed regarding additional information are returned.

Complete shipping instructions should be given. PLEASE FURNISH SIGNED STATEMENT AND COMPLETE ADDRESS OF PERSON WHO WILL BE RESPONSIBLE FOR REMOVAL OF STONE FROM FREIGHT STATION.

Exact date of death - month, day and year should be furnished.

The Railroad will Deliver the stone to Cemetery it is with in their limits.
Give name and location of cemetery in which deceased is buried.

AS THE RECORDS SHOW THE FOUNDATIONS FOR HEADSTONES OR MARKERS MUST BE PAID FOR PRIOR TO ERECTION, ACTION ON THIS APPLICATION IS BEING WITHHELD PENDING RECEIPT OF A SIGNED STATEMENT FROM THE SUPERINTENDENT OF THE CEMETERY ADVISING THAT THE FOUNDATION HAS BEEN TAKEN CARE OF AND THAT THE HEADSTONE OR MARKER CAN BE ERECTED UPON ARRIVAL.

The records of this office show there are restrictions with regard to headstones and markers in the cemetery in which this veteran is buried. It will be necessary, therefore, that you obtain from the cemetery officials a permit for the erection or placing of the government headstone or marker at the head of the veteran's grave.

THE GOVERNMENT FURNISHES AN UPRIGHT HEADSTONE OF MARBLE OR A FLAT MARKER OF EITHER MARBLE, GRANITE OR BRONZE.

CHECK THUS: (X) WHICH TYPE PERMITTED:

UPRIGHT MARBLE

FLAT MARBLE MARKER

FLAT GRANITE MARKER

BRONZE (furnished only where other type stones not permitted.)

PLEASE RETURN THE APPLICATION WITH THE CEMETERY PERMIT PROMPTLY.

*File - 4 June 1948
Tracy R. Feliz
Nat
Czw. Bk.*



RECEIVED
JUN 1 1958

1530
WW II

CERTIFICATE

WORLD WAR II DEC'D (AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A			
REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES			
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
JOE B GURDAK	PTG	33038069	AGF
<p>I certify that the sum of \$ <u>170.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.</p>			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
St. Joseph's Cemetery	Warren	PA.	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
<ol style="list-style-type: none"> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: Commanding Officer Philadelphia GM Depot 2800 S. 20th St. Phila. 45, Pa. ATTN: AGR Division 		Mike J. Gurdak GURDAK	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		Rd #1 Spring Creek, PA	
		RELATIONSHIP TO DECEDENT	DATE
		Father	4/21/48

PART B - NATIONAL OR POST CEMETERY

B			
REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES			
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:</p>			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
<ol style="list-style-type: none"> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: 			
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE

PAID

QMC FORM 1236
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5046
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

REC'D
26 APR 1948
PHILADELPHIA
A. B. B. B.

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

Pfc. Joe B. Gurdak, 33 038 069
Flot I, Row 1, Grave 19,
United States Military Cemetery
Blotville, France

15 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Mike W. Gurdak
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD

RELATIONSHIP OTHER THAN ABOVE (Specify) SAME

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

St. Joseph's Cemetery, Warren, Pennsylvania
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMETLAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

None

DD processed 21 Nov 47

Coded
28 Oct 47
M Baker

OCT 11

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME GurdaK	FIRST NAME Mike	MIDDLE INITIAL J.
NUMBER AND STREET Rd #1	CITY OR TOWN Spring Creek	COUNTY OR PROVINCE Warren
EXPRESS OFFICE (Nearest railroad passenger station) Youngsville, Pa.	TELEGRAPH ADDRESS Warren, Pa.	STATE OR TERRITORY OF U. S. A., OR COUNTRY PA.
		TELEPHONE No. Youngsville 132441

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME GurdaK	FIRST NAME MARY	MIDDLE INITIAL S.	RELATIONSHIP TO DECEASED Mother
NUMBER AND STREET Rd #1	CITY OR TOWN Spring Creek	COUNTY OR PROVINCE Warren	STATE OR TERRITORY OF U. S. A., OR COUNTRY PA.

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Mike GurdaK (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)
MIKE GURDAK (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29 day of September, 1947, at city (or town) of Youngsville, county of Warren, and State (or Territory or District) of Pennsylvania

*NOTE.—Page 4 is part of the notarial attestation.

Henry A. Shipe
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)
 MY COMMISSION EXPIRES
MARCH 27, 1951

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)
 NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.
 THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

(DATE)

(SIGNATURE OF NEXT OF KIN) _____
(STREET AND NUMBER)

(NAME PRINTED OR TYPED) _____
(CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

(DATE)

(SIGNATURE) _____
(STREET AND NUMBER)

(NAME PRINTED OR TYPED) _____
(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Memorial Attestation.

Lined area for entering remarks and instructions.

RECORDS BRANCH

OCT 1 5 36 PM '47

MEMORIAL DIVISION



Pfc. Joe B. Gurdak, 33 038 069
Plot I, Row 1, Grave 19,
United States Military Cemetery
Bosville, France

15 September 1947

Mr. Mike J. Gurdak
Rural Free Delivery #1
Box 45
Spring Creek, Pennsylvania

Dear Mr. Gurdak:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.
mg

SEP 18 1947
22
SEP 18 1947

QMGMF 293
Gurdak, Joe B.
SN 33 038 069

20 August 1947

Mrs. Mary Gurdak
Route #1, Box 45
Spring Creek, Pennsylvania

Dear Mrs. Gurdak:

Your letter pertaining to your son, the late Private First Class Joe B. Gurdak, has come to my attention.

The Return of World War II Dead Program provides for the return of the deceased and their return to the next of kin in an orderly sequence of the cemeteries in which they now rest. The magnitude of this world wide Return Program, already in progress, requires close adherence to predetermined schedules respecting exhumation, supplies, labor, transportation and weather.

Because these schedules are subject to unforeseen and unpreventable delays, it is impossible to predict when the remains of your son may be returned. A definite date for their return will be transmitted later but sufficiently in advance to permit such funeral and personal arrangements as you may desire.

Meanwhile please rest assured that every possible effort is being made to speed their return in the reverent and dignified manner due the honored dead.

Sincerely yours,

RICHARD B. COOMES
Major, QMC
Memorial Division

Aug 20 2 53 PM '47
MEMORIAL DIVISION
REPARATION
RECORDS BRANCH

JRS
RBC

Aug 20 3 24 PM '47
MAIL ROOM
D. H. G.
RECORDS BRANCH

CORRESPONDENCE ACTION SHEET

~~Mr.~~
~~Miss.~~
 Addressee: Mrs. Mary Gurdak Relationship Mother
 State R.F.D. #1 Box 45
 City, State Spring Creek, Pennsylvania '47 Date letter
 Cemetery
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

165-A son, the late Private First Class Joe B. Gurdak.

186-D #2 - omit the late --- omit the second sentence of the second Paragraph.

166c

Decedent:

Gurdak, Joe

B

Off

33 038069

ASN

File 47
8-20-47

Jaylor

Analyst Typist Reviewer

Modifications

8-8-47

OKed

17011

July 6, 1947
Spring Creek, Pa.

Dear Sir;

Could you please give me any information, concerning my son, whom was killed June the 8th, & if possible if he could be brought to the States for burial.

As I have a place picked out here in the Waverly, Pa. Cemetery.

Am very anxious to know if its possible for this to go through.

Yours truly
Mrs Mary
Gullak,



10000



2047

SP0YU 293
Gurdak, Joe B.

18 March 1946

Mr. Mike J. Gurdak
R.F.D. #1, Box 45
Spring Creek, Pennsylvania

Dear Mr. Gurdak:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Joe B. Gurdak, A.S.N. 33 038 069.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloesville, France, plot I, row 1, grave 19.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Garentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

17011

MAR 18 3 41 PM '46
MAIL & RECORDS DIVISION

as

JK



128

RESTRICTED 7323

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

I-19-1

REPORT OF BURIAL

TM 10-630 AND AR 30-1815 REBURIAL 519 3 July 1944 Date

REBURIAL

093

Gurdak Joe B. ~~Unknown~~ 33038069
 Last Name First Initial Rank Serial No.
 Unknown 506 Para ~~Infantry~~ 101st Airborne
 Unit Organization
 France 8 Jun 44 Unknown KIA
 Place of Death Date of Death Cause of Death
 Reburial 1900 3 July 1944 Blosville France
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 19 1 I Temp.
 Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags How were remains identified?

Reinterred from Hiesville Cemetery

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

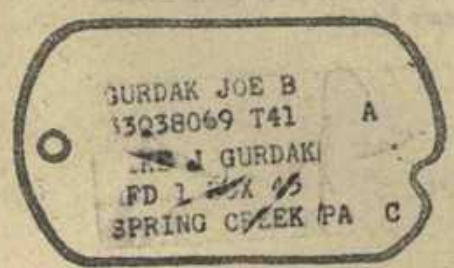
Who is buried on:

Deceased's Right: Emerson, Charles S. 31331207 Unknown 101st AB 20
 Name Serial No. Rank Organization Grave No.

Deceased's Left: Matesich, Stephen L. 33110046 Unknown 101st AB 18
 Name Serial No. Rank Organization Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:



Emergency Addressee _____ Name

_____ Address

Religion _____

List only Personal Effects Found on Body and disposition of same.

NONE

REBURIAL

Previously buried in Hiesville cemetery
 Plot 7 Row 13 Grave 124

Signature of Officer or other person reporting burial

[Signature]

H. A. Chandler 2nd Lt. QMC. Verified by G.R.S. Officer

File May 7, 1945
ava

Dec 37

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

- | | |
|----------------|--------------------------|
| Height: | Laundry Marks: |
| Weight: | Number of Rifle: |
| Color of Eyes: | Wear Glasses? |
| Color of Hair: | Is Tooth Chart Attached? |
| Race: | |

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

TOOTH CHART

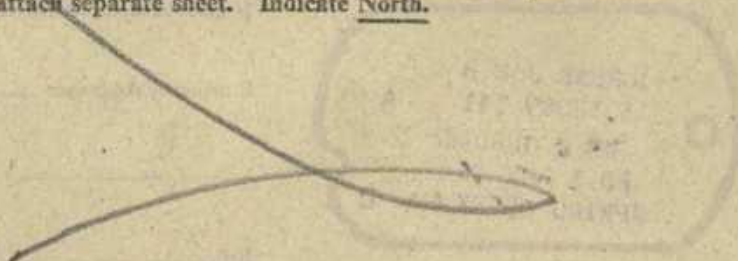
Deceased's Right								Deceased's Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper								Lower							

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙ linking anchor teeth; replacements by artificial teeth X

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

7323

Date 29 1944

29 Gurdak, Jose B.
 Last Name Gurdak First Joe B. Initial J.B. Rank Pfc Serial No. 33038069
 Unit Co "G", 506th Parachute Infantry Regiment Organization 101st Airborne Division
 Place of Death Frank Date of Death 8-6-44 Cause of Death MIA
 Time and Date of Burial 2100 9 June 1944 Name of Cemetery Meuseville Name or Coordinates of Location 388925
 Grave Number 124 Row Number 13 Plot Number A Type of Marker Cross

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

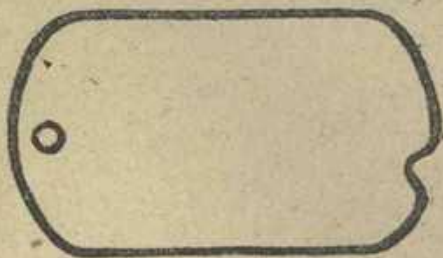
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on:
 Deceased's Right: Emevson, Chas S Grave No. 125 ✓
 Deceased's Left: Schinkoeth, Donald E Grave No. 123 ✓

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Mike J. Gurdak Name
RDD # 1 Box 45, Spring Creek, Penna. Address
 Religion Catholic

List only Personal Effects Found on Body and disposition of same:

- 800 Francs (Withdrawn)
- 2 Rosaries
- 1 Cigarette Lighter
- 17 Photos
- 2 Prayer Books
- 1 Protractor
- 1 AGO Form 65-4

92

R. O. Linker
 Signature of Officer or other person reporting burial
R. O. LINKER, Capt., Q.M.C., DGRSO

20 OCT 1944 FILL

Handwritten initials

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

- | | |
|----------------|--------------------------|
| Height: | Laundry Marks: |
| Weight: | Number of Rifle: |
| Color of Eyes: | Wear Glasses? |
| Color of Hair: | Is Tooth Chart Attached? |
| Race: | |

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand		Right Hand
2		2
1		1
Thumb		Thumb

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

	Deceased's Left															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 4 July 1944
HK/mbb 4635

FULL NAME <u>Gurdak, Joe B</u>		ARMY SERIAL NUMBER <u>33 038 069</u>	GRADE <u>pfc</u>
HOME ADDRESS <u>Spring creek, Pennsylvania</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>5 Nov 1915</u>
PLACE OF DEATH <u>France</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>8 June 44</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>1 May 41</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>3 1 8</u>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mike J. Gurdak (mother) RFD #1, Box 45, Spring Creek, Pa.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mary S. Gurdak (mother) R D #1, Spring Creek, pa.</u> <u>Mike J. Gurdak (father) R D #1, Box 45, Spring Creek, pa.</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
	<u>X</u>	<u>X</u>	<u>X</u>
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
<u>X</u>			
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		
<u>X</u>			

ADDITIONAL DATA AND/OR STATEMENT

On Parachute Pay.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
C. M. G.	OFF. FIS. DIR.	

Battle

BY ORDER OF THE SECRETARY OF WAR:
John T. Winn

11 JUL 1944

ADJUTANT GENERAL

MWR

WAR DEPARTMENT
 THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
GURDAK JOE B		33038069			PFC	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE		DAY	MONTH	YEAR	J	KIA	105

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	MIKE	J	GURDAK	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
RURAL FREE DELIVERY ROUTE ONE BOX 45		SPRING CREEK	PENNSYLVANIA	

REMARKS:

CORRECTED COPY

26 JUNE 1944 FMC

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY Blagg REVIEWED BY Asper

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		CORP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION 4(45)

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| <input type="checkbox"/> AMERICAN RED CROSS | <input type="checkbox"/> CHIEF, WAR BOND OFFICE | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G. |
| <input type="checkbox"/> ARMY EFFECTS BUREAU | <input type="checkbox"/> C.G., ARMY GROUND FORCES | <input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. |
| <input type="checkbox"/> ASST. CHIEF OF STAFF, G-1 | <input type="checkbox"/> C.G. SERVICE COMMAND | <input type="checkbox"/> SOCIAL SECURITY BOARD |
| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV. | <input type="checkbox"/> SURGEON GENERAL |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D. | <input type="checkbox"/> DIRECTOR, W.A.C. | <input type="checkbox"/> THE ADJUTANT GENERAL |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED | <input type="checkbox"/> ENLISTED BRANCH, A.G.O. | <input type="checkbox"/> U.S. EMPLOYEE'S COMPENS. COMM. |
| <input type="checkbox"/> CHIEF OF STAFF | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR. | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O. | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS | |

4 JUL 1944 FILE
Mae

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 13 JUN 1944
10/11/44 4635

FULL NAME Gurdak, Joe B		ARMY SERIAL NUMBER 33 038 069	GRADE Pfc
HOME ADDRESS Spring Creek, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 5 Nov 1915
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 8 June 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 May 41	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 3 1 8
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mike J. Gurdak (mother) RFD #1, Box 45, Spring Creek, Pa.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary S. Gurdak (mother) R D #1, Spring Creek, Pa. Mike J. Gurdak (father) R D #1, Box 45, Spring Creek, Pa.			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO		YES NO	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
OTHER PAY STATUS (SPECIFY BELOW) <input checked="" type="checkbox"/> <input type="checkbox"/>			



ADDITIONAL DATA AND/OR STATEMENT

On Parachute Pay.

COPIES FURNISHED:

S. G. O. F. B. I. F. O. U. S. A., WASH., D. C.
G. A. O. VET. ADMIN. ARMY EFFECTS BUREAU
Q. M. G. OFF. FIS. DIR.

Battle

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

ADJUTANT GENERAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

13
ali

NAME		SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
GURDAK JOE B		33038069			PFC	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE		DAY	MONTH	YEAR	J	KIA	105

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	MIKE	J	GURDAK	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
RURAL FREE DELIVERY ROUTE ONE BOX 45		SPRING GREEK	PENNSYLVANIA	

REMARKS:

CORRECTED COPY

26 JUNE 1944 FMC



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY W. Leggett REVIEWED BY W. Cooper

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

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| <input type="checkbox"/> AMERICAN RED CROSS | <input type="checkbox"/> CHIEF, WAR BOND OFFICE | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G. |
| <input type="checkbox"/> ARMY EFFECTS BUREAU | <input type="checkbox"/> C.G., ARMY GROUND FORCES | <input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. |
| <input type="checkbox"/> ASST. CHIEF OF STAFF, G-1 | <input type="checkbox"/> C.G. <u>3</u> SERVICE COMMAND | <input type="checkbox"/> SOCIAL SECURITY BOARD |
| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV. | <input type="checkbox"/> SURGEON GENERAL |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D. | <input type="checkbox"/> DIRECTOR, W.A.C. | <input type="checkbox"/> THE ADJUTANT GENERAL |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED | <input type="checkbox"/> ENLISTED BRANCH, A.G.O. | <input type="checkbox"/> U.S. EMPLOYEE'S COMPENS. COMM. |
| <input type="checkbox"/> CHIEF OF STAFF | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR. | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O. | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS | |

135712

RTB:WA:am
August 3, 1945

Mr. Mike J. Gurdak
R.F.D. #1, Box 45
Spring Creek, Pennsylvania

Dear Mr. Gurdak:

The Army Effects Bureau has received some additional property of your son, Private First Class Joe B. Gurdak.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Yours very truly,

P. L. KOOB
1st. Lt., QMC
Officer-in-Charge
SJ Unit

gm

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Mr. Mike J. Gurdak

ORDER FOR SHIPMENT

R.F.D. #1, Box 45

Spring Creek, Pennsylvania

SHIP TO: B. Gurdak

33038069

Effects of:

Name

135712 D

ASN

Case No.

Wt.

DATE 3 August 1945

RTB:WA:np

M. J. Gurdak

FOE: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item
 Ship "Valuables" item(s)

 Remove G.I.
 Note discrepancy in
 Films removed
 Diary removed
 Laundry removed

ROUTING:

1 Accounting Branch
 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS:

Franked **FRANKED** AUG 10 1945
Est. Exp. Chgs.
Est. Int. Chgs.
No. of packages

M. J. Gurdak
Shipping Clerk

PACKAGE DESCRIPTION # 1 ctin	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input type="checkbox"/>
	135712 MA		MISSING <input checked="" type="checkbox"/>
			P.O.W. <input type="checkbox"/>
			ABANDONED <input type="checkbox"/>
			TALLY NO. 9056
			INV. DATE 23 July 45
			ORIG. NO. OF PKGS. 1
			BOX NO.
			SHEET OF 1 SHEETS
			ORGANIZATION Co G. 506th Pabst Inf
NAME JOE B GURDAK			
A.S.N. 35038067 RANK PFC			

Belt	TOWELS & WASHCLOTHS	WINGS
WALLET, MONEY (NO MONNY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	1 BRACELET IDENT. ✓	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	2 KIT, SKN, TUC, OR WRITING
Handkerchiefs	Knives	X BOOKS ✓
Headwear	Lighters	Books, Address
Jackets	X MISC. ✓	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DOR)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	X RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Rings	Shoe shine Articles
Trousers, Pr.	Tobacco	SHORT SHORTER
1 Trunks, Pr. ✓	Toilet articles	SOUVENIRS
Underwear	2 WATCH with (broken) ✓	SOUVENIR MONEY ✓
		stationery
		X TESTAMENTS ✓
		05 U.S. MONEY (AMOUNT) ✓

1 Sweater ✓
1 Record ✓
dy

REMARKS *Relationship Unknown*
Mrs Mike Gurak
Rd #1 Box 45
Spring Creek Pa.

ATTACHMENTS *None*

C.A.T. <i>None</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE 3160		SHORTAGE ON REVERSE
INVENTORIED BY <i>Layton</i>	STORIED BY <i>W.K.</i>	IDENT. TAGS REMOVED
PACKED BY <i>Layton</i>	DATE SHIPPED AUG 10 1945	DIARY REMOVED
CHECKED BY <i>[Signature]</i>		LOCKED STORAGE
	X #45 OR ADDITIONAL	LAUNDRY REMOVED
		FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME GURDAK, JOSEPH B. 8069

BAY	PALLET	BOX	TALLY
52	80		9056

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-110)

GURDAK, JOSEPH B. 33038096

(Last name) (First name) (Middle initial) (Army serial number)
late a PFC 506th FRONT INF.

(Grade) (Organization or arm or service)
who died on the 6th day of June, 1944

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
4	BIBLES ✓	
2	WATCHES ✓	
	INSIGNIA CASE ✓	
1	PACKAGE	
1	KNIFE	
	PERS. PAPERS AND NOTE BOOKS	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	SWEATER ✓
1	PR. GLOVES ✓
1	SWIM TRUNKS ✓



Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

Case No. 135712-W ng
Date 20 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Joe B. Gurdak, 33038069 late a
(Name of deceased) (Army Serial Number)
Private First Class, Infantry, who died
(Grade) (Organization, Army or Service)
on the 8th day of June, 1944, ~~xxx~~ European Area.

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court Martial.

b. Local debtors owed decedent's estate None, of which the sum of \$ was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. .)

c. Decedent owed undisputed local creditors the sum of \$None, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt , Incl. .)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below.)

FINDING:

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 20 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mike J. Gurdak for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mike J. Gurdak of R.F.D. #1, Box 45, Spring Creek State of Pennsylvania, is the Father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. F. HEHMAN, Major Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO: 135712 W

JRM:MW:elb
November 21, 1944

Mr. Mike J. Gurdak ✓
R.F.D. #1, Box 45 ✓
Spring Creek, Pennsylvania ✓

Dear Mr. Gurdak:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Joe B. Gurdak. ✓

I am inclosing a check for \$16.14, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence. ✓

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son. ✓

Yours very truly,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

1 Incl—
Check

November 20, 1944 ng *ga*

ROUTING

- 1. Automatic Typewriter ✓
- 2. Accounting Branch ✓
- 3. Capt Eckhardt
- 4. _____

Case No. 135712-W

Attach Bureau Check:

Account No. 45910 Amount \$16.14 *90*

Account No. _____ Amount _____

Payable to:

Mike J. Gurdak

R.F.D. #1, Box 45

Spring Creek, Pennsylvania

mw/vm
(Correspondent)

Attach following item(s) from Office Safe:

Check No. 34663

Initials emh

Soldier's name: ⁴⁵⁹¹⁰ Pfc. Joe B. Gurdak

Relationship ¹³⁵⁷¹² Father

November 22 44

Mike J. Gurdak

16.14

Sixteen and 14/100

Major Q.M.C.
Asst.

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship To: Mr. Mike J. Gurdak
R.F.D. #1, Box 45
Spring Creek, Pennsylvania

Effects of
Name Pfc. Joe B. Gurdak
ASN 33038069
Case No. 135712-D
Wt.

File def

Ship Via FRANKED G B/L No. _____

Date November 20, 1944
WHIPPLE:ng *Virginia Howell*
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL 1 WT. _____
Fracked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped NOV 23 1944

NOV 22 1944 *2*

REMARKS:

NOV 24 1944

AD

Shipping Clerk

Set 1 of 1 Sheets
No. _____

ARMY EFFECTS BUREAU
INVENTORY

Deceased
Missing
P.O.W.
Abandoned

Pal 17
Box 256

SHOWN ON TALLY-IN AS CURDAK, JOE B. Pfc, ORIGINAL NO. OF PKGS. _____

TALLY-IN NO. 5486 INVENTORY DATE 11-1-44 CASE NO. 135712 ^{LS}

EFFECTS OF Joe B. Hurdak RANK Pfc.

A.S.N. 33028069 ORG. Co. H. 506 Prcbt. Inf.

PACKAGE DESCRIPTION: <u># 1 Pkg</u>	
ARTICLE DESCRIPTION	
1- <u>Pillbox / Souvenirs</u> <u>Coins, Photos</u>	
2- <u>Prayer Books</u>	
1- <u>Cigarette lighter</u>	
2- <u>Combs, 1 broken</u>	
1- <u>Religious medal</u>	
1- <u>Ring</u>	

REMARKS:

no other information available
no correspondence

ATTACHMENTS:

1- U.S. label
1- Form 65-1

NO CORRESPONDENCE
SHORTAGE ON REVERSE
G.I. ON REVERSE

AS

at: Mike J. Hurdak
Rfd. 1 Box 45
Spring Creek, Pa.

STORAGE) 1717
SPACE)

SAFE STORAGE _____
VAULT STORAGE _____

WEIGHT _____
SHIPPED _____

Inventoried by Bauerle Packed by Erickson

INVENTORY OF EFFECTS

Gurdak, Joe B 33038069
(Last Name) (First) (MID. Init.) (ASN)

1st Lt 131 AB Division
(Grade) (Origin or unit of service)

who died on 11/14/49 11/14/49

- 600 Francs (Withdrawn) ✓
- 2 Rosaries ✓
- 1 Cigarette Lighter ✓
- 17 Photos ✓
- 2 Prayer Books ✓
- 1 Protractor ✓
- 1 AGO Form 65-4 ✓

I certify that the effects of Class I and those of Class II have been delivered to the 11th Depot and that all funds have been delivered to the Finance Officer.

W. W. Waddle
2nd Lt. QMC.

Serial No. 3303 7069 Name GURDAN, JOE B
 Grade _____ Rank Pfc
 Organization Co. B- 506 Inf.
 Address _____
 Nearest Relative Mike J. Gurdan
 Address RED 1 Box 45, Spring Creek, Pa
 Killed in Action _____ Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____
 Place of Burial _____
 Point of Coordination _____
 Description of Body _____
 Members Missing _____
 Signed _____

HEADQUARTERS, 506TH PARACHUTE INFANTRY
APO 472, United States Army

135712

file
11-Aug-44

SUBJECT: Disposition of Effects,

TO : Effects Quartermaster, Warehouse Division, Stanley Warehouse,
U. S. Forces, Liverpool.

1. Disposal of effects made on the following individual:

Name: Gurdah, Joseph B.
Grade: P.E.C.
ASN: 33038096
Organization: 506 Pch Inf.
Status: KIA Date: 6 June



2. Personal effects of the above individual transported via truck to Quartermaster, 101st Airborne Division, for forwarding to Effects Quartermaster, ETOUSA, Warehouse Division, Stanley Warehouse, U. S. Forces, Liverpool.

3. Following items transmitted herewith:

----- Money orders
----- Will
----- Deeds
----- Travelers Checks
----- 3 Copies of A.G.O. Form No. 54

4. Private debtors known:

5. Private Creditors known:

6. Bank in the United Kingdom:

WILLIAM D. CANN
1st Lieut., 506th Parachute Infantry
Personal Effects Officer



KANSAS CITY, MO.

OCT 17 1944 PM

TO: [Faint recipient address]

[Faint, illegible typed text]

[Faint, illegible typed text]

[Faint, illegible typed text]

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

JRM:NW:ng
20 November 1944

In Reply Refer To: SPQDK 201 (135712-W)

SUBJECT: Disposal of Personal Records

TO : The Adjutant General, Washington 25, D.C.

Transmitted herewith for disposition certain personal record of
Joe B. Gurdak, 33038069, Pfc., Inf., deceased.

For the Commanding Officer

G. H. CALVIN, JR.
Captain Q.M.C.
Assistant

1 Incl. --W.D., A.G.O. Form No. 85-4 - Identification Card



11/11/54
11/11/54
11/11/54