National Archives & Records Administration War Department Files

PFC Joseph F. Rusin

ID: 31007929 Branch of Service: U.S. Army Hometown: Hampden County, MA Status: KIA



1 of 1 1/18/2015 6:47 PM

COMPANY MORNING REPORT TO 18 July 100 4 Camp Farch Hare, Leicester summer Teicestarsaire ORGANIZATION CO. BER 4018t GTi. Inf. STREE NUMBER NAME GRADE CODE 342555711 Carroll. Conrad Fyt Remark 2 July 11 Fr duty to Slightly Infured in Action to Lost to hosp per Sec II Cir 69 HG ETCUSA 14 June AL is erroneous should be fr duty to Slightly Wounded in action to lost to hosp ter Sec II Cir 69 HO ETOUSA 4 July 1944. Rusin: Joseph F: 31007929 LAF 11-7 34235152 Ivey, Curtis F. PV 21187 larcum. Howard R. Pus 20101602 Ichamara. Thomas W.Pvt Hinz. Gus W. 38409605 FVE 34255906 Hardy. Roger FVE Fearce, Arlin 0. FVE 3843309I 19192843 Krohnke, Everett L. Pvt Above 8 KM Aptd PFC fr Pvt per Col July 1944. RECORD OF EVENTS Usual Cann Duties RBGBCBT: ISTET . . . 15 LT. CIPICIE STREET PRESIABIT PRESIABST FRESIABST FRESIABST PRESIABST ATTRE C12 /8 TOTAL ! T CHEST AVIATION CAPETS STENER PRESENT! ASSENT FOR MET ARSENT ... 1552 57 272 TETES. ESTRATED NUMBER OF L DAY OF MEET BATIGMS REQUIRED FOR CATE BESS ATTENDANCE FOR DAY OF THIS REPORT STELLTAST DINNER SUPPLE REM AUTHORIZED TO HER ATCHO FOR RATIONS OPEN FOR RATIONS XET 69 LESS PAGE

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

Service Number 31007929

Sample Size

Rank Enlisted Man (includes Aviation Ca

 Age
 26
 26

 Race
 Unknown

Length of Service 3-5 yr.

Arm of Service Infantry, General or Unspecified

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

Admission Station European Area

Month of Admision January
Year of Admision 1945

Last Treatment Facility Not in Medical Installation Prior to Death

Type of Case Casualty, battle

Type of Admission New, not EPTS

1st Diagnosis Killed in action

1st Anatomical Location Unknown, code not applicable

1st Operaction

2nd Diagnosis

2nd Anatomical Location

2nd Operation 3rd Diagnosis

Causative Agent None or Unknown

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

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.

Verials MA	17293 lee	(11)	ORIGINAL
CHECK TYPE REQUIRED (See Instructions attached)	WW II APPLICAT	TION FOR HEADSTONE OR (Please make out and return in duplicate)	MARKER
UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check one)
FLAT MARBLE MARKER		31007929	CHRISTIAN
FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	HEBREW
BRONZE MARKER			NONE
NAME (Last, First, Middle Initial)		STATE PFC	COMPANY
RUSIN JOSEPH F		U. S. REGIMENT, STATE ORGANIZATION, AND DIVIS	SION
DATE OF BIRTH (Month, Day, Year) DATE OF DEATH (Month, Day, Year) DATE OF DEATH (Month, Day, Year)		4-01 Helder In	4
Stanislaus		Chicopee Falls, Mass.	
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) Chuck bee	mass
Mgrienk / Agy Couske (SIGNATURE OF CONSIGNEE)		POST OFFICE ADDRESS OF CONSIGNEE 245 Fairver	aue Chuckelle
DO NOT WRITE HERE		nis application is submitted for a stone for the	
FOR VERIFICATION AUG 9 1949 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.			
W. CHELMSFORD, MASS.	91 CED 10 co	n - 100	
B/L 77731	47	APPLICANT'S SIGNATURE	DATE OF APPLICATION
SHIPPED	ADDRESS (Street, C	State) State	

OQMG FORM 623

IMPORTANT—Complete Reverse Side