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COMPANY MORNING REPORT ENDING 15 Jan 194 5
STATION Mourmelon, VT 5464, Mord de'Guerre
ORGANIZATION CO C 401st Glider Inf
SERIAL NUMBER NAME GRADE CODE
33 557 111 Bowen Robert M (653) S Sgt]
36 584 267 Gammarata Joseph INT (746) Pvt
31 305 907 Epsom William J (50%) Pro-
36 625 981 Kloczkowski Joseph & (653) Set M
35 290 789 Knapp Oakley G (653) Set
33 429 481 Marine Frank A (745) Pfc (23)
37 606 767 Meinhardt Fred L (604) Pfc
13 068 934 Miller George A (607) Ffc -
32 478 638 Rehler Robert W (653) Set
32 204 SS2 Zimberg Bernard NMT (745) Pvt
Above 12 E dy to MIA 23 Dec 44
59 BY asad and id fr 11th Repl Depot APO 131 USA
30 Dec 14 per par 1 So #7 Hq 327 th dli Inf APQ.
472 USA dtd 13 Jan 45
15 064 433 Byrd Conley E (653) Set 6 834 553 Ivester Jevel H (745) Pec 5 (5)
32 OEL 225 Meinberger Leonard MMI (653)Cal
36 684 387 Blezien Frank MMI (746) Pvt (20
32 000 700 Calarco Patsy NMI (745) Pvt 10
42 125 377 Dingman Harry NMI (745) Pvt / 000
OFFICER FLD O & CAPT IST LT 20 LT WO FLT O
ASSIGNED
ATTACHED +> FRID
ATTACHED FR OTHER ORGN
TOTAL
AVN CADET AVIATION CADETS ENLISTED MEN
A FULISTED PRESENT ABSENT ABSENT PRESENT PRESENT ABSENT ABSENT AND ADSENT
ASSIGNED
UNASSIGNED ATTACHED FR
OTHER ORGN
R STINATED NUMBER OF / DAY OF NEEK NUMBER
A RATIONS REQUIRED FOR DATE
T II MESS ATTENDANCE FOR DAY OF THIS REPORT TOTAL + AVERAGE
I SREAKFAST DINNER SUPPER 3
O NEW AUTHORIZED TO NESS SEPARATELY MEN ATCHD FOR RATIONS
N III MEN ATCHO TO OTHER OR OTHERS NET OR OTHERS TOTAL
S PRESENT LESS PLUS
PAGEOFPAGES
THAT RATION FIGURES IN PART IS REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.
WOJG USA
IGNATURE (GRAED I (NAME) . (GRAED LARM OR SKRVICE)

Information from the Hospital Admission Cards created 1/15/2015 by the office of the Surgeon General, Department of the Army (1944-1945). Information for the year 1944

Service Number	31305907
Rank	Enlisted Man
Arm of Service	Infantry, General or Unspecified
Age	20
Race	Unknown
Length of Service	
Month of Admision	December
Year of Admision	1944
Last Treatment Facility	Not in a medical installation prior to death
Circumstances Surrounding Injury	Injuries intentionally inflicted by another person ; (except Military Enemy or Guard, Sentry, MP, etc.)
Type of Case	Casualty, battle
Type of Admission	New
Type of Diagnosis	Sole diagnosis, no history of prior disease, injury; or battle casualty
Line of Duty	In line of duty
1st Diagnosis	Killed in action
1st Anatomical Location	Unknown, code not applicable
1st Operation	
2nd Diagnosis	
2nd Anatomical Location	n
2nd Operation	
3rd Diagnosis	
Causative Agent	None or Unknown
Final Result:	
Disposition	
Cause of Disposition	First diagnosis field
Month of Disposition	December
Year of Disposition	1944
Total Days (non-effective)	
Hospital Days	
Current Days /Gen Hosp (
Place of Final Cure	
Sample Size	Remaining 1944 case
	Source: This information was obtained from the Hospital Admission Card

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.

APPLICATION FOR HEADSTONE OR MARKER CHECK TYPE REQUIRED WW II (See Instructions attached) (Please make out and return in duplicate) ENLISTMENT DATE SERIAL No. UPRIGHT MARBLE HEADSTONE arch 31, 1943 **X** FLAT MARBLE MARKER PENSION No. **DISCHARGE DATE FLAT GRANITE MARKER** HEBREW! -NONE BRONZE MARKER (NOTE RESTRICTIONS) NAME (Last, First, Middle Initial) COMPANY RANK STATE ass. PFC **U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION** EPSOM WITTTHM (1) 0 1 1 2 DATE OF DEATH (Month, Day, Year) DATE OF BIRTH (Month, Day, Year) nor ng DEC. LOCATION (City and State) assachusetts NAME OF CEMETERY aslon uinc) NEAREST FREIGHT STATION (City and State) SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) ridozwaler, POST OFFICE ADDRESS OF CONSIGNEE 15 TOU 20b. 062 (SIGNATURE OF CONSIGNEE) DO NOT WRITE HERE I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon FOR VERIFICATION arrival at destination, and properly place it at the decedent's grave at my expense. 1949 ORDERED B/L APPLICANT'S SIGNATURE ADDRESS (Street, City, State) Dridgewater, Mass. SAL A SHIPPED OQMG FORM 623 REV 15 APR 47 623 **IMPORTANT—Complete Reverse Side**

